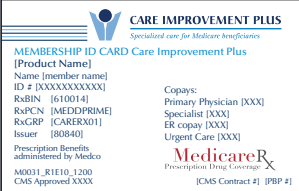


# 2010 BENEFITS OVERVIEW

## Arkansas and Missouri


### Care Improvement Plus Chronic Condition Special Needs Plan (RPPO)

Member ID Card	Patient Eligibility Requirements	Highlights of Benefit Design			
	<ul style="list-style-type: none"> <li>Entitled to Medicare Part A and enrolled in Part B (Members must continue to pay their Medicare Part B Premium if not otherwise paid for under Medicaid or another third party)</li> <li>Reside in Arkansas or Missouri</li> <li><b>Diagnosed with diabetes and/or heart failure</b></li> </ul>		<b>Silver Rx Plan</b>	<b>Gold Rx Plan</b>	<b>Gold Rx Advantage Plan</b>
		<b>Monthly Premium</b>	\$33.20*	\$0.00	\$14.00**
		<b>Retail Pharmacy</b> (30 day supply – generic)	\$0.00*	\$4.00	\$4.00
		<b>Inpatient Hospital</b> 90 days per benefit period 60 lifetime reserve days	\$1,100* deductible \$0* Days 1-60 \$275* Days 61-90	\$230 Days 1-10 \$0 Days 11-90	\$215 Days 1-10 \$0 Days 11-90
		<b>Outpatient Care</b> PCP Specialist	20%* 20%*	\$25.00 \$40.00	\$15.00 \$30.00


\*The Silver Rx Plan has \$0 premium and \$0 cost sharing for medical expenses for Medicare beneficiaries with full Medicaid.

\*\*With the Gold Rx Advantage Plan your cost may be as low as \$0 a month depending on your level of low income subsidy (LIS).

### Care Improvement Plus Dual Advantage Special Needs Plan (RPPO)

Member ID Card	Patient Eligibility Requirements	Highlights of Benefit Design	
	<ul style="list-style-type: none"> <li>Entitled to Medicare Part A and enrolled in Part B (Members must continue to pay their Medicare Part B Premium if not otherwise paid for under Medicaid or another third party)</li> <li>Reside in Arkansas or Missouri</li> <li><b>Enrolled in state Medicaid (QMB, QMB Plus, or other dual eligibles held harmless for Parts A and B cost-sharing)</b></li> </ul>		<b>Dual Advantage Plan</b>
		<b>Monthly Premium</b>	\$0
		<b>Retail Pharmacy</b> (30 day supply – generic)	\$0
		<b>Inpatient Hospital</b> 90 days per benefit period 60 lifetime reserve days	\$0 deductible \$0 Days 1-60 \$0 Days 61-90
		<b>Outpatient Care</b> PCP Specialist	\$0 \$0

### Care Improvement Plus Medicare Advantage Plan (RPPO) and (PPO)

Member ID Card	Patient Eligibility Requirements	Highlights of Benefit Design		
	<ul style="list-style-type: none"> <li>Entitled to Medicare Part A and enrolled in Part B (Members must continue to pay their Medicare Part B Premium if not otherwise paid for under Medicaid or another third party)</li> <li>Reside in Arkansas or Missouri</li> </ul>		<b>Medicare Advantage (RPPO) Plan</b>	<b>Medicare Advantage (PPO) Plan†</b>
		<b>Monthly Premium</b>	\$37.00	\$17.00
		<b>Retail Pharmacy</b> (30 day supply – generic)	\$9.00	\$9.00
		<b>Inpatient Hospital</b> 90 days per benefit period 60 lifetime reserve days	\$270 Days 1-10 \$0 Days 11-90	\$285 Days 1-10 \$0 Days 11-90
		<b>Outpatient Care</b> PCP Specialist	\$25.00 \$40.00	\$20.00 \$35.00

†Available in Select Arkansas Counties only.



# HELPFUL TIPS FOR ALL CARE IMPROVEMENT PLUS PLANS

Care Improvement Plus is owned by XLHealth, an industry leader in improving the quality of care for chronically ill and underserved Medicare beneficiaries.

### Provider Portal:

Need claims and eligibility information? Visit our Provider Portal. You can access critical information whenever you need it!

Just visit [www.careimprovementplus.com](http://www.careimprovementplus.com)

Click “Learn More” under “For Providers”, this will route you to the provider portal.

### Open Network of Physicians:

Members can go to any provider who participates with Medicare and is willing to bill Care Improvement Plus for services.<sup>††</sup> Referrals are not required. Providers may refer to any provider who participates with Medicare and is willing to bill Care Improvement Plus.

### Preauthorization (or Authorization) Required for the Following:

**Call 1-888-625-2204 for Medical/Surgical Services**

**Call 1-888-751-1235 for Behavioral Health Services**

- Hospital Admissions (Emergency, Direct and Elective admissions including Transplant and Bariatric Procedures whether inpt or outpt)
- Long Term Acute Care Facility
- Skilled Nursing Facility
- Inpatient Rehabilitation Facility
- Select Durable Medical Equipment - Power Wheelchair/POV Scooter (MAE), Lower Limb Prosthetics, Negative Pressure Wound Therapy (Wound Vac, etc), Bone Growth Stimulators (Ultrasonic Osteogenesis Stimulator), Spinal Cord Stimulators (Dorsal Column Stimulators), Low air loss & air fluidized beds such as Clinitron and Flexicair beds when used in the home setting), Lymphedema Pumps (Pneumatic Compression Devices)
- To obtain preauthorization for certain Part B office administered medications Call **1-866-904-6561**

<sup>††</sup>Cost sharing may be higher for out-of-network DME and home health providers.

### Claims:

Care Improvement Plus accepts EDI Claims. Please use Emdeon to submit claims electronically using Payor ID # 77082 for submission.

### Begin EDI Submission Today!

If you do not yet submit any claims electronically, and would like more information about Emdeon Business Services EDI solutions, please call **1-800-845-6592**.

Completed paper claims can be mailed to:

**Care Improvement Plus  
Attn: Claims Department  
P.O. Box 488  
Linthicum, MD 21090-0488**



**We are now partnering with Optum Health to provide claims processing for our Mental Health/Substance abuse claims.**

### Behavioral Health Claims:

OptumHealth  
P.O. Box 30757  
Salt Lake City, UT 84130-0757  
Payor ID# 87726  
1-888-751-1235

### Claims Processing:

Log onto [www.careimprovementplus.com](http://www.careimprovementplus.com) and in the Provider Portal click on the “Eligibility and Claims Status” section for important information.

### How do I Appeal a Claim?

Mail a letter that contains a narrative description of why you are appealing along with the claim(s) and clinical documentation to:

**Care Improvement Plus  
Attn: Appeals Department  
351 W. Camden Street, Suite 100  
Baltimore, MD 21201**

The toll-free number to call for additional Part C appeal information is: **1-800-213-0672**

Part D Appeals: **1-866-683-3275**

### Other Important Information:

- MTM Transportation Services: **1-888-240-6435**
- Vision/Dental Services provided by Avesis: **1-800-828-9341** or [www.avesis.com](http://www.avesis.com)

For additional information about joining our network, billing questions, member eligibility inquiries, or any other issues that require assistance, call Provider Relations at:

**1-866-679-3119** or email us at [providerrelations@careimprovementplus.com](mailto:providerrelations@careimprovementplus.com)