

# Medicare Advantage FAQ

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## Medicare Advantage Talking Points

- Medicare Advantage plans are governed by the Centers for Medicare & Medicaid Services (CMS)
- A Medicare Advantage Plan, sometimes called “Part C” or “MA Plans,” is offered by private insurance companies approved by Medicare. Part C plans must provide, at a minimum, the same benefits as Original Medicare.
- Medicare pays a fixed amount for our Medicare Advantage members every month to the companies offering Medicare Advantage Plans. In return, the private insurance company administers the Medicare benefits along with value added benefits and services that original Medicare does not cover.
- In order to be eligible for a Medicare Advantage PPO Plan, you must be entitled to Medicare part A and continue to pay your Medicare part B premium.

# University of Richmond Medicare Advantage Plan Questions

## **What's new for 2018?**

The University of Richmond has asked Humana to offer you, your Medicare eligible spouse and dependent a health plan that covers both medical and prescription drug costs. The Humana Medicare Advantage PPO plan has similar benefits to your former plan. You can see any provider that accepts Medicare and agree to bill Humana. In addition, your prescription drug coverage is included with the Humana Medicare plan. You will have one ID card for both medical and prescription coverage.

After January 1, 2018 you will only need to present your Humana ID card to your providers and you will only receive one benefit statement for both Medicare and Humana. You will still need to keep your Medicare card in a safe place.

## **What do I need to do to enroll in the Humana Medicare Advantage plan?**

If you are currently enrolled in The Hartford and/or AARP, you will be moved automatically into the Humana Medicare Advantage Plan. No action is needed for you to enroll.

You should not enroll with any other Medicare Advantage or Prescription Drug Plan. Doing so will terminate your coverage in the Humana Medicare Advantage PPO plan.

## **Does the Humana Medicare Advantage plan cover both my medical and pharmacy benefits?**

Yes, the Humana Medicare Advantage plan covers both your medical and pharmacy benefits. You do not want to enroll in a separate Part D plan- doing so will terminate your Humana coverage.

## **Is Humana Medicare Advantage an HMO?**

The Humana Medicare Advantage Plan is not an HMO. With Humana Medicare Advantage you may see any provider that accepts Medicare. Humana Medicare Advantage Plan is a PPO, and there is a Humana Medicare Advantage network, but your benefits are the same regardless if you use an in-network or out-of-network provider, as long as the provider accepts Medicare.

## **Is the Humana Medicare Advantage Plan supplementary insurance?**

No. The Humana Medicare Advantage plan is not supplemental insurance to Medicare. A Medicare Advantage Plan is also known as Medicare Part C. The Humana Medicare Advantage Plan offered through University of Richmond is a bit different than most Medicare Advantage Plans. Claims should be submitted directly to Humana for payment-providers will not bill Medicare.

## Provider Acceptance Questions

### **What is the advantage of going to a Humana network doctor?**

Humana network providers recommend each other to patients, in part because they know they share the same philosophy of providing efficient, cost-effective, coordinated care. Humana providers also see the value in Humana's administrative and provider systems, which are designed to make it easier for them to file claims and receive payments. In addition, Humana providers appreciate the educational and training opportunities we offer providers and their staff.

### **How do I know if my doctor is participating in the Humana network?**

- You can visit [www.humana.com](http://www.humana.com) and look under "Find a Doctor"
- Call Humana Customer Care at (866) 396-8810.

### **My doctor says they will not accept the Humana Medicare Advantage Plan. What do I do?**

- a. Identify yourself as a Humana Group Medicare Advantage PPO Plan participant.
- b. Confirm with the provider that they take Medicare.
- c. Inform the provider that the plan has the same level of coverage for 2018 regardless if they are in or out of Humana's network.
- d. Call Humana's Customer Care to have them work with this provider regarding acceptance at (866) 396-8810.

Humana's Customer Care will follow up with you in 3 to 5 business days to advise if your provider has agreed to accept the Humana Medicare Advantage Plan. If the provider is not willing to accept, Humana will offer assistance in locating a new provider for you that will accept the Humana Medicare Advantage Plan.

### **What you can do if your doctor accepts Medicare, but will not accept Humana Medicare Advantage?**

If your provider accepts Medicare, but will not bill Humana, you will be responsible for paying up front for your services. You can submit your claims to Humana at the claims address on the back of your Humana ID card for services rendered in accordance with your Medicare Advantage PPO Plan benefits.

You can call Humana's Customer Care to have them work with this provider regarding acceptance at (866) 396-8810. Humana's Customer Care will follow up with you in 3 to 5 business days to advise if your provider has agreed to accept the Humana Medicare Advantage Plan. If the provider is not willing to accept, Humana will offer assistance in locating a new provider for you that will accept the Humana Medicare Advantage Plan.

**Do I have coverage under the Medicare Advantage plan if I live or travel outside of my state?**

Yes, under the Humana Medicare Advantage plan, all retirees and their dependents covered by the plan, have the same level of coverage no matter where they reside or travel throughout the United States when receiving treatment from any provider that accepts traditional Medicare and the payment terms of the Medicare Advantage plan which are based on the Medicare fee schedule.

## Claims Processing

### **How do providers submit claims?**

The provider will only be required to submit a claim to Humana. There is no need to bill Original Medicare. The provider can submit claims electronically or by paper.

### **Where would the provider submit a paper claim?**

The claims mailing address is located on the back of the ID card.

### **What if Humana doesn't cover a claim that I think should be paid?**

If the plan ever denies your claim or service, Humana will explain their decision to you. You always have the right to appeal and ask Humana to review the denied claim or service. If a decision isn't made in your favor, an independent organization that works for Medicare will review your appeal. These protections do not apply to the Value-Added benefits available under the Humana Medicare Advantage Plan.

### **How quickly are claims issues corrected?**

Humana Customer Care is available Monday- Friday from 8am-9pm, EST to answer questions about claims. If there is an issue and the claim needs to be reworked, Humana Claims Rework Unit would review corrected claims and/or processing errors. The reprocessing of the claim would be made within 30 days of submission.

## Frequently Asked Questions

### **What benefits do I receive under Humana Medicare Advantage that Original Medicare doesn't cover?**

Humana Medicare Advantage provides coverage for several services not covered by Medicare, such as maximum out-of-pocket protection and worldwide emergency services. Other value added services include Disease Management programs, SilverSneakers, Nursing Hotline, Health Education Services and Well Dine.

### **How will insurance coordinate with any other supplemental or primary insurance?**

The coordination of the Humana Medicare Advantage PPO Plan will vary depending on the retiree's specific circumstances. If the member has specific coordination of benefits questions they should contact Humana at (866) 396-8810. As a general rule VA Benefits, Tri-care for Life and Railroad Medicare coordination information is below:

- VA Benefits: VA and Medicare Advantage benefits are separate and cannot be combined. But enrolling in Medicare Advantage will not cause them to lose their VA benefits.
- Tri-care for Life (TFL): A member can have Humana and TriCare. Medicare plan pays for Medicare-covered services. TRICARE pays for services from a military hospital or any other federal provider.
- Railroad Medicare: The railroad assigns the Railroad Medicare benefits of the retiree to the University of Richmond Humana Medicare Advantage plan. Therefore, Humana will administer the Railroad Medicare benefits in the same manner as they do with Social Security Medicare retirees.

### **Do I need to select a primary care physician (PCP)?**

With the Humana Medicare Advantage PPO you don't need to choose a PCP. You can go to any doctor, and you don't need a referral to see a specialist. However, it is a good idea to have one primary doctor who is coordinating your medical care. Be sure to check that all doctors you use accept Medicare.

### **Are referrals required?**

Referrals are not required on the plan. However, some services may require prior authorization from Humana. To see if a specific service requires authorization, please contact Humana Customer Care.

### **Do I have to use Humana's mail-order pharmacy?**

You can utilize any mail-order pharmacy that is participating in the Humana network. Humana's preferred mail-order pharmacy is Humana Pharmacy. Many Humana members agree that Humana Pharmacy, a Humana company, is the pharmacy choice for value, experience, safety, accuracy, convenience and service. With flexible and convenient ordering options, your mail-order medications arrive right to your door, safely and promptly. For more information, please contact Humana Customer Care.