

Group Medicare Provider Information

Group Medicare and passive PPOs



What is a Group Medicare Advantage plan?

- Group Medicare plans are also known as Employer Group Waiver Plans (EGWPs). They are Medicare Advantage plans offered by an employer or union to their Medicare-eligible retirees.

Chosen by plan sponsor, not the member

- A passive preferred provider organization (PPO) (also known as a non-differential plan) is a PPO plan that has identical benefit structure or cost share for in- and out-of-network services. Members can use any provider who accepts Medicare assignment and bills Humana.
- Most Group Medicare PPO members are enrolled in passive PPO plans.

Same cost share when they see providers both in network and out of network



How will providers get paid for out-of-network members?

- Providers will receive reimbursement for treating Group Medicare PPO members, even if the providers are not contracted with Humana, if they are a Medicare-approved provider.
- Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility.



Why should a provider agree to accept on an out-of-network basis?

From a member/patient/retiree perspective

- Group Medicare members were not given a choice in their retiree coverage. The plan sponsor specifically chose this plan for retirees, and retirees cannot choose a plan with another carrier without losing their premium subsidy.
- Group members are likely unable to switch to another plan without forfeiting other retiree benefits, such as vision, dental, etc.

From a provider perspective

- The provider experience will closely mirror that of an Original Medicare member.
- Billing for Group MA members is streamlined, with providers only needing to bill Humana instead of separately billing Original Medicare and the Medicare secondary/supplemental carrier.
- Reimbursement will align with the standards set for Original Medicare members.
- Humana will only implement cost-containment policies consistent with what the Centers for Medicare & Medicaid Services does with Original Medicare.
- Group Medicare PPO members can see out-of-network Medicare providers without referrals, prior authorization or prior notification to Humana.

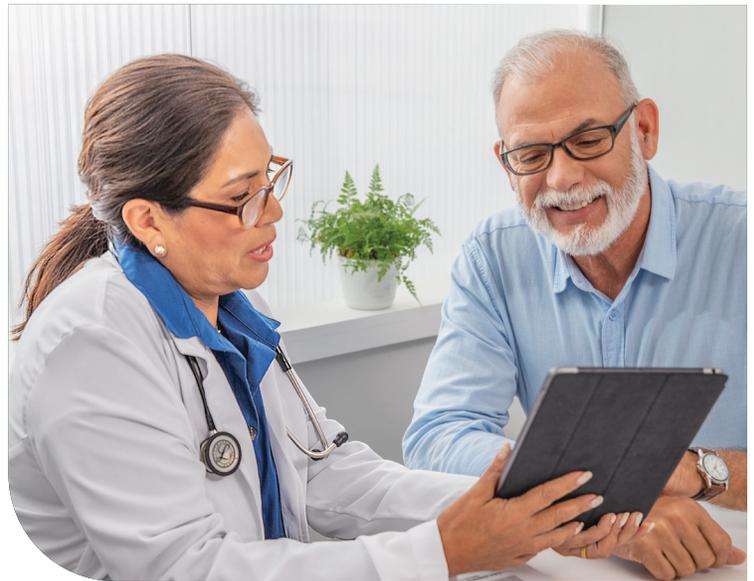


For more information, reach out to your Humana provider contracting team.

How to identify a Humana Group Medicare member

Look for “Humana Medicare (Employer PPO)” under the Humana logo on your patient’s insurance card to identify Group Medicare members.

View the example below of an ID card for Group Medicare retirees.



Humana.
HUMANA MEDICARE (EMPLOYER PPO)
A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: MM/DD/YYYY

MEMBER NAME
Member ID: HXXXXXXXXX
Plan (80840) 9140461101
COMPANY NAME

RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

Copayments
OFFICE VISIT: \$XX
SPECIALIST: \$XX
HOSPITAL EMERGENCY: \$XX

<Logo>

MedicareRx
Prescription Drug Coverage

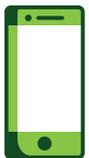
CMS XXXXX XXX



Member/Provider Service: 1-866-396-8810
If you use a TTY, call 711

Pharmacist/Physician Rx Inquiries: 1-800-865-8715
Claims, PO Box 14601, Lexington, KY 40512-4601
Medicare limiting charges apply
Please visit us at **Humana.com**

Additional Benefits: DENXXX VISXXX HERXXX



If you have questions or require additional resources, please reach out to your Humana network contact for assistance.

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