

PROVIDER Bulletin



December 3, 2018

This Provider Bulletin applies to the lines of business and provider types checked below:

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| <input checked="" type="checkbox"/> PHP (Medicare) | <input checked="" type="checkbox"/> Primary Care Physicians | <input checked="" type="checkbox"/> Specialists |
| <input type="checkbox"/> PHC (Medicaid) | <input checked="" type="checkbox"/> Ancillary | <input checked="" type="checkbox"/> Hospitals |

Effective Jan. 1, 2019, PHP (Medicare Advantage plan) has a new benefit design for plan year 2019. Below are the updated/new benefits, all other PHP benefits remain unchanged. For a copy of the PHP Summary of Benefit, please contact your Provider Relations Representative.

Benefit	2019 Plan Benefit Package Changes
Dental Services	<p><i>Change in Comprehensive Dental Services Limit for 2019</i> - Supplemental benefit - \$0 copay for preventive services, i.e., oral exams, 2 cleanings/year, 1 set of x-rays/year, 2 fluoride treatments/year. \$0 copay for comprehensive dental services up to \$800 for the 2019 plan year limit. Comprehensive services include:</p> <ul style="list-style-type: none"> • Non-routine services • Diagnostic services • Restorative services • Endodontics/ • periodontics/ • extractions • Prosthodontics, other oral/maxillofacial surgery, other services <p>The cost of preventive services <u>does not</u> go against the \$800 allowance for comprehensive services.</p>
Therapeutic Massage	<p>NEW Supplemental Benefit for 2019 - \$0 copay for up to 2 one-hour therapeutic massage sessions to increase blood circulation for enrollees with certain medical conditions. Prior authorization required.</p>
Part D Drugs	<p><i>Change in Cost Sharing for 2019</i> - \$415 deductible; 25% coinsurance up to initial coverage limit of \$3,820; in coverage gap, no more than 25% of plan's cost for brand drugs plus dispensing fee and 37% of plan's cost for generic drugs until catastrophic limit of \$5,100; in catastrophic stage, 5% coinsurance or \$3.40 copay for generic and \$8.50 copay for brand, whichever is greater.</p>

Providers located in Broward County:

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Provider located in Duval County:

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Providers located in Miami-Dade County:

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Please be reminded that PHP/PHC dual members are not subject to copay. Copay and cost share are limited to PHP (Medicare) members only.

The copay and cost share are both due at the time services are rendered and are limited to the above services. This cost-sharing applies to PHP enrollees who are *not* dual eligible.

Tips for Verifying Member Eligibility and Benefits

Remember to ask members for a copy of their identification (ID) card at each visit and verify eligibility and benefits by calling 855.318.4387 to determine copayment and cost share.

Helpful Tips:

- If a member does not have an ID card and does not know their member ID number, use the member's name and date of birth to check eligibility when calling 855.318.4387.
- Be sure to confirm the current effective date of the member's policy and ID number.
- You may also ask the member to call the number on the back of their ID card.
- Visit www.positivehealthcare.org to obtain a copy of the PHP Summary of Benefits

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org