

### Provider Portal:

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

Just log onto our Website at [www.careimprovementplus.com](http://www.careimprovementplus.com)

In the blue Provider Portal box, highlight your state. Click "Select". This will route you to the appropriate 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. Referrals are not required. Providers may refer to any provider who participates with Medicare and is willing to bill Care Improvement Plus.

### Preauthorization Required for the Following:

- Skilled Nursing Facility (SNF), Comprehensive Inpatient Rehab (Acute Rehab) and LTAC Confinement
- Home Health Services
- Outpatient Rehabilitation Therapies
- Durable Medical Equipment (DME) Select DME Items: Power Wheelchair/POV Scooter (MAE), Prosthetics, negative Pressure Wound Therapy, Bone Growth Stimulators (Ultrasonic Osteogenesis Stimulator), Spinal Cord Stimulators (Dorsal Column Stimulators), Pressure Reducing Support Surfaces (Low air loss & air fluidized beds, air/water mattresses, gel pads, sheepskins, etc.), Lymphedema Pumps (Pneumatic Compression Devices)
- Experimental procedures (not FDA approved), transplants, weight loss procedures  
**SC/GA – 1-888-625-2204**  
**AR/MO/TX – 1-877-625-2201**
- To preauth certain Part B office administered medications  
**1-866-904-6561**

### Authorization Required:

- Inpatient Hospital Admissions: Medical & Psychiatric-Emergent/Urgent/Elective  
**SC/GA – 1-888-625-2204**  
**TX/AR/MO – 1-877-625-2201**

### 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 4347**  
**Scranton, PA 18505**

### Claims Processing:

Log onto [www.careimprovementplus.com](http://www.careimprovementplus.com) and click on the "Claims" section for important information on avoiding processing delays and denials.

### 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 Phone Numbers:

- MTM Transportation Services  
**1-888-240-6435**
- Vision/Dental Services  
**1-800-828-9341**

For additional information about joining our network, or to assist you with billing questions, member eligibility, and any other issues that require assistance, call Provider Relations at **1-866-679-3119**.

## Example of Care Improvement Plus Membership ID Card

 <p><b>CARE IMPROVEMENT PLUS</b> Specialized care for Medicare beneficiaries</p>	
MEMBERSHIP ID CARD Care Improvement Plus	
[Product Name]	
Name [member name]	
ID # [XXXXXXXXXX]	
RxBIN [610014]	
RxPCN [MEDDPRIME]	
RxGRP [CARERX01]	
Issuer [80840]	
Prescription Benefits administered by Medco	
M0031_NAE09O_1200	
CMS Approved XXXX	
	<p>Copays:</p> <p>Primary Physician [XXX]</p> <p>Specialist [XXX]</p> <p>ER copay [XXX]</p> <p>Urgent Care [XXX]</p>
	 <p>Prescription Drug Coverage</p>
	[CMS Contract #] [PBP #]

Submit Medical Claims to:	[Care Improvement Plus P.O. Box 4347 Scranton, PA 18505]
Submit Pharmacy Claims to:	[Medco Health Solutions, Inc. P.O. Box 14718 Lexington, KY 40512]
IMPORTANT PHONE NUMBERS	
Member Services: [1-800-204-1002 (TTY: 1-800-713-1603)]	
To Pre-Auth Hospital, SNF, Home Health, Rehab, Outpatient Services and DME: [1-XXX-XXX-XXXX]	
Provider Services: [1-866-679-3119]	
[Medco] Pharmacy Services: [1-XXX-XXX-XXXX (TTY: 1-XXX-XXX-XXXX)]	
To Pre-Auth certain office administered medications [1-800-204-1002 (TTY: 1-800-713-1603)]	
Transportation Services: [1-888-240-6435]	
For Vision & Dental Services call [AVESIS]: [1-800-828-9341]	



Arkansas and Missouri



**CARE IMPROVEMENT PLUS**

Specialized care for Medicare beneficiaries

**Patient Eligibility Requirements:**

- Entitled to Medicare Part A and enrolled in Part B (Members must continue to pay their \$96.40 Medicare Part B Premium if not otherwise paid for under Medicaid or another third party)
- Diagnosed with at least one of the following: diabetes, heart failure, chronic obstructive pulmonary disease, and/or end stage renal disease (individuals with ESRD can only join the Silver Rx plan)
- Reside in the service area: Arkansas and Missouri

Highlights of Benefit Design	Silver Rx Plan	Gold Rx Plan			Platinum Rx Plan		
	Silver Rx	Gold Rx	Gold Rx Advantage	Gold Rx Plus	Platinum Rx	Platinum Rx Advantage	Platinum Rx Plus
<b>Total Monthly Premium</b>	\$28.40	\$19	\$29	\$142	\$242	\$266.50	\$354
<b>Annual Part B Deductible</b>	\$135	\$0	\$0	\$0	\$0	\$0	\$0
<b>Inpatient Hospital</b> Plan covers 90 days each benefit period.  Plan covers 60 lifetime reserve days.	\$1,068 deductible \$0 Days 1-60 \$267 Days 61-90 \$534 per lifetime reserve day	\$160 Days 1-10 \$0 Days 11-90 Lifetime reserve days \$0	\$130 Days 1-10 \$0 Days 11-90 Lifetime reserve days \$0	\$225 Days 1-10 \$0 Days 11-90 Lifetime reserve days \$0	\$125 Days 1-10 \$0 Days 11-90 Lifetime reserve days \$0	\$60 Days 1-10 \$0 Days 11-90 Lifetime reserve days \$0	\$125 Days 1-10 \$0 Days 11-90 Lifetime reserve days \$0
<b>Outpatient Care</b> PCP Visit Specialist Visit Routine Podiatry	20% 20% \$0 (6 visits per year)	\$15 copay \$30 copay \$0 (6 visits per year)	\$15 copay \$30 copay \$0 (6 visits per year)	\$25 copay \$40 copay \$0 (6 visits per year)	\$5 copay \$15 copay \$0 (6 visits per year)	\$5 copay \$15 copay \$0 (6 visits per year)	\$5 copay \$15 copay \$0 (6 visits per year)
<b>Outpatient Medical Services &amp; Supplies</b> Diabetes Monitoring/Supplies Clinical/Diagnostic Lab Services X-ray Visits Radiation Therapy & Chemotherapy	20% 20% 20% 20%	\$0 20% 20% 20%	\$0 20% 20% 20%	\$0 20% 20% 20%	\$0 \$0 \$0 20%	\$0 \$0 \$0 20%	\$0 \$0 \$0 20%
<b>Preventive Services</b> BMI, Mammograms, Cancer Screenings, other	20%	\$0	\$0	\$0	\$0	\$0	\$0
<b>Additional Benefits</b> Preventive Dental Office Visit  Routine Eye Exam Glasses/Contact Lenses  Health & Wellness Education  Transportation  Formulary Number of Tiers Coverage through the Gap (Donut Hole)	\$15 (including dentures)  \$10 (every 12 months) \$0 copay (\$200 allowance/year)  \$0 copay  \$0: 24 one-way trips  Enhanced 4 No	\$10  \$30 (every 12 months) \$0 copay (\$150 allowance/year)  \$0 copay  \$0: 12 one-way trips  Enhanced 4 No	\$10  \$30 (every 12 months) \$0 copay (\$150 allowance/year)  \$0 copay  \$0: 12 one-way trips  Enhanced 4 No	\$10  \$30 (every 12 months) \$0 copay (\$150 allowance/year)  \$0 copay  \$0: 12 one-way trips  Enhanced 5 Select Generic / Select Brand	\$10  \$10 (every 12 months) \$0 copay (\$150 allowance/year)  \$0 copay  \$0: 12 one-way trips  Enhanced 4 No	\$10  \$10 (every 12 months) \$0 copay (\$150 allowance/year)  \$0 copay  \$0: 12 one-way trips  Enhanced 4 No	\$10  \$10 (every 12 months) \$0 copay (\$150 allowance/year)  \$0 copay  \$0: 12 one-way trips  Enhanced 5 Select Generic / Select Brand

**Additional Information:**

- Open network of physicians
- Members can go to any Medicare-approved provider who accepts payment from our Plan
- Personal nursing support, health education, and, for those who qualify, in-home health monitoring equipment. No referral required.

**Contact Information:**

Member Services: 1-800-204-1002  
 Provider Services: 1-866-679-3119