

New Case Document

Lexington-Fayette Urban County
Government - CEPF

(Effective Date 01/01/2013)

NEW/CASE DOCUMENT (NCD)

NCD completed by: Crystal Taylor Wendolowski	Date: 8/10/2012
Sales Account Representative: Robin Han	
Account Installation Manager: Crystal Taylor Wendolowski	

AUTHORIZATION

By signing below, the Employer:

Authorizes Humana to draft the Evidence of Coverage based on the NCD; acknowledges that it is the Employer's responsibility to review and verify that the NCD and all document drafts are correct and if not correct to make necessary corrections in a timely manner; and select one of the following:

This authorizes Humana to build product, plan benefits and process claims based upon this final approved NCD.

This authorizes Humana to postpone product, plan benefit builds and postpone claim processing until the document is finalized and sign off has been received.

This authorization and agreement is made and entered into by Lexington-Fayette Urban County Government and Humana, effective January 1, 2013.

Between the time successor drafts of the NCD are prepared and exchanged, any changes to the documents describing the Plan for these purposes must be in writing, state the effective date, and must be communicated to and accepted by Humana claims administration in a timely fashion.

New Client

Renewing Plan for Existing Client

Effective date of Plan:

Effective date of Plan:

Employer Name:	Lexington-Fayette Urban County Government
Signature:	<u>X</u>
Title:	
Date:	

Authorized Humana Signature:	<u>X</u>
Title:	
Date:	

The Client and Humana have caused this agreement to be executed by their respective officers or representatives as duly authorized.

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1. EMPLOYER / GROUP INFORMATION

1. Legal Name of Employer:	Lexington-Fayette Urban County Government City Employees Pension Fund
2. Employer DBA Name:	Lexington-Fayette Urban County Government City Employees Pension Fund
3. Common Name of Employer:	LFUCG City Employees Pension Fund
4. Federal Tax ID Number:	61-0923115

Name provided must match the tax ID number reported to the IRS

5. Location Address: (No PO Boxes)	200 E. Main Street Lexington, KY 40507
County:	Fayette

6. Mailing Address:	200 E. Main Street Lexington, KY 40507
County:	Fayette

7. Management Contact: (Primary plan decision maker)	Lillian Bland
Title:	Benefits Administrator
Mailing Address:	200 E. Main Street Lexington, KY 40507
Telephone:	859-258-3300
Fax Number:	
Email Address:	lillianb@lexingtonky.gov

8. Administrative Contact: (Day to day administrative contact)	Lillian Bland
Title:	Benefits Administrator
Mailing Address:	200 E. Main Street Lexington, KY 40507
Telephone:	859-258-3300
Fax Number:	
Email Address:	lillianb@lexingtonky.gov

9. What type of group sponsor is this account?
 Employer
 Trustees of a Fund
 Union – Non-Taft Hartley
 Union – Taft Hartley

10. What type of organization is the group?
 State Government
 Local Government
 Publicly Traded Corporation
 Privately Held Corporation
 Non-Profit Organization
 Church / Religious Order
 Other:

2. PRODUCT INFORMATION

1. What is the effective date of the Plan(s)?



01/01/2013

2. Is this a calendar or non-calendar year plan?

Calendar Year

Non-Calendar Year

3. What is the Plan/Option and Prescription Rider being sold?

Type of Plan	Plan Number	Option Number	Rx Option	Medical Benefit Slick	Rx Benefit Grid
LPPO	079	060	1	 2013_LFUCG_LPPO_ 060_Rx1.pdf	 2013 Standard Rx 1 Proposal Slick.pdf

4. Will a benefit review be conducted with the group?

Yes

No

Date of Benefit Review:

3. ID CARD INFORMATION

1. Indicate Product Type

MA (Medical only)

MAPD (Medical with RX rider)

PDP (RX benefits only)

2. The benefits that are checked below will appear on the ID Cards.

(Coinsurances do not display on the card – if all three are coinsurances, then there is no co-payment information listed.)

Office Visit

Specialist

Hospital Emergency

Customizations (Customizations are limited to a select few items)

3. Will the Company Name be displayed on the card? Yes No

If yes, please indicate the group name as it will appear on the ID card:

(26 characters; M and W count as 1.5)

L	F	U	C	G		C	E	P	F																											
---	---	---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Will the Company Logo be displayed on the card? Yes No
 (If Yes, the logo must be in the bottom left front corner only and must meet quality guidelines to ensure that it looks sharp and clean on the card).

5. Will the group have their own customer service phone number? Yes No
 If yes, please provide the phone number: _____

6. Any additional notes:
 (Any deviation requested from the standard card must be noted. If the group needs a sample ID card for a particular product, notify the ID Card team and they will send it to the group).

None

4. ENROLLMENT INFORMATION

1. What is the total number of eligible enrollees?

200 Retirees

2. What type of initial enrollment method will be used?

- Paper Applications Telephonic Applications
- Electronic Spreadsheet (one time only) EDI File

3. What type of on-going enrollment method will be used?

- Paper Applications Telephonic Applications
- EDI File

4. For paper applications, where should applications be sent?

Note: If applications are not sent directly to Humana, the applications will need to be forwarded to Humana within seven business days of the member signature date.

- Humana Group's Office TPA Office

5. How often will enrollment changes be provided?

- As Needed Weekly
- Monthly Annually
- No Changes are allowed

6. Will the retirees have other insurance options offered through the group?

- No (Full Replacement) Yes (Slice Business) Yes (Voluntary)

If this is slice business, what other carriers are available?

7. Will there be an initial open enrollment period?

- Yes No

Starting Date: _____ Ending Date: _____

8. Is there an annual open enrollment period that differs from the initial enrollment period?

- Yes No

Starting Date: _____ Ending Date: _____

Comments:

9. Are Medicare Age-Ins allowed to enroll throughout the year, or will they have to wait until the next plan year or open enrollment period?

- Aging-in retirees can enroll at any time
- Aging-in retirees must wait until the next open enrollment period

Comments:

10. Can we accept enrollments after the Open Enrollment period?

(Other than retirees aging-in to Medicare)

- Yes No

11. If a retiree terminates their coverage from the plan, will they be allowed to elect back into the plan at a later date?
 Yes No

Comments:

12. Are there any additional options or potential consequences if a retiree terminates or opts out of coverage?
(Does the retiree lose all coverage offered by the group such as Dental, Life or Vision?)

Comments:

None

13. Will Medicare eligible spouses or dependents be able to enroll?
 Spouses Dependents Neither (Employees Only)

Comments:

14. If spouses and/or dependents may enroll, may they remain on the plan if the retiree terminates coverage?
 Yes No N/A

Comments:

15. If multiple plan options are offered and spouses and/or dependants may enroll, will a split of coverage on separate plans be allowed?
 Yes No N/A

Comments:

16. Are surviving spouses allowed to join the plan at the time of implementation?
 Yes No N/A

Comments:

17. If spouses and/or dependents may enroll and the retiree passes away, will the spouse or dependent have the option to remain on the plan?
 Yes No N/A

Comments:

No time limit imposed

Please note that if time limit is set that allows the spouse or dependant to remain on the plan, the group is responsible for informing Humana 45 days prior to the desired termination date.

18. Will Humana coordinate Eligibility/Enrollment with a Third Party Vendor?

- No
 Yes, Specify _____

Administrator's Name:	
Address:	
Phone Number:	
Fax Number:	
Contact Name:	
Email Address:	

Administrator's Name:	
Address:	
Phone Number:	
Fax Number:	
Contact Name:	
Email Address:	

Additional Group Specific Enrollment Notes:

None

Medicare Advantage Enrollment Notes:

Note: Enrollment effective date is always the 1st of the month, following the receipt date or a future effective month specified by the group.

Terminations:

Voluntary terminations are initiated by the member. Requests for terminations must be made by a signed and dated letter submitted by the member specifically requesting a termination date.

Involuntary terminations are initiated by the employer group. These requests must be made in enough time for Humana to provide the member 30 days notice of termination. No terminations can be accepted within 30 days of the termination date per CMS regulation.

6. BILLING SETUP INFORMATION

1. Is the premium a blended rate or different for each market?
 Blended Market

2. If blended, what is the composite rate?

Plan Type/Option	Blended Rate
079/060	\$271.00

3. What is the level of Billing?
 Employer (E-Billed) Individual (I-Billed) Split-Billed (certain criteria must be meet)

4. Will the group make a contribution to the premium?
 Yes No

5. What amount will the group contribute to the premium?

100% for retirees, 0% for spouses

6. Can customer service provide premium information to the members?
 Yes No

If no, is there a phone number that the members can be referred to? 859-258-3300

7. If the group is Employer- billed or Self-billed, will the group be Pay as billed or Self-billed?
 Pay as billed Self-billed

Pay as billed: Humana bills group monthly via invoice, each group number will have a separate bill unless requested otherwise.

Self-billed: Group provides roster to Humana on a monthly basis

8. Will the group receive a single invoice for all accounts and markets or a single invoice for each market?
 Single invoice for whole group Single invoice for each market

9. If this group is self-billed, how will Humana reconcile account and report discrepancies?

N/A

10. How will you pay your bill?
 (Payment is due at the 1st of the month. Example: January premium is due January 1st.)

Check
 Wire (push from group to Humana)

Name of Bank:	
Routing Number:	
Account Number:	

11. Will there be a separate billing address for the invoices?

Yes No N/A

11a. If yes, who would be the contact and what is their contact information?

Billing Contact:	
Mailing Address:	
Telephone:	
Fax Number:	
Email Address:	

12. Does the group receive the Retiree Drug Subsidy (RDS) or do they have an Employer Group Waiver Plan (EGWP)?

RDS EGWP Neither

13. Does the group have another Prescription Drug Plan?

Yes No

14. Is the group able to attest that all of the retirees enrolling in our plan(s) have had Creditable Prescription Drug Coverage prior to enrolling? Medicare requires continuous prescription drug coverage at or above the Original Medicare level since the member became Medicare Eligible. Continuous coverage means going no more than 63 days without coverage.

Yes No N/A

15. Will the group be willing to pay for Late Enrollment Penalties, assessed by CMS for member's that did not have Creditable Drug Coverage?

Yes No N/A

Please note that if the group does not pay for the members' late enrollment penalty, Humana will send the member a coupon booklet to pay for the LEP portion of their premium.

Any additional notes:

None

6. RENEWALS

Each year we must conduct a renewal process for group Medicare plans. In the interest of protecting the member's coverage, we will automatically terminate the Medicare Advantage plan if the employer does not respond to their renewal prior to December 1, 2012.

1. Renewal Date for next plan year: 01/01/2014

7. ANNUAL MEMBER MAILINGS

Coordination of Benefits (COB)

Humana's standard is to obtain Coordination of Benefit information at time of enrollment, and then annually thereafter. This information is collected in compliance with the Medicare Secondary Payer Act to ensure that Medicare should be the primary payer for the member.

Annual Notification of Change (ANOC) Information

Renewing members will receive an ANOC informing members of changes to their plan from one year to the next. The members will receive this information during the fourth quarter of each year, provided that the employer group has chosen to renew their plan.

Evidence of Coverage (EOC)

All new members receive a detailed description of their specific benefits through the Evidence of Coverage, which will arrive within 30 days of the effective date. Renewing member will receive a copy of the upcoming year's EOC along with the ANOC.

Clinical Programs	Costs	Description of Program	Vendor Name
ActiveHealth Management Care Engine (Available to groups with 1,000 +)	Additional Charge	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, ActiveHealth Humana partners with ActiveHealth Management (AHM), a care management vendor that works with providers and members to improve members' quality of health care AHM partners with other insurance companies, employers, and government payors to: <ul style="list-style-type: none"> • Improve the quality of care for patients with ongoing illnesses, • Prevent medical errors, and • Reduce medical costs. AHM has developed technology that analyzes a member's claims, pharmacy information, and lab data to evaluate gaps in care and offer recommendations on a patient's care to members and providers. AHM offers the following programs: <ul style="list-style-type: none"> • Case Management (CM) • Utilization Management (UM) • Informed Care Management • Maternichek • CareEngine • Health Risk Assessment (HRA) 	
Bariatric Management	Automatically included	Dedicated Bariatric RNs, provide Bariatric Case Management to eligible members during the surgery process through 6 months after surgery. This includes inpatient and outpatient surgeries, discharge planning, coordination of care, including post surgery home health needs.	
Case Management	Automatically included	Assist members with short-term case management needs following a hospitalization or health event Program Components: <ul style="list-style-type: none"> • Coordination of medical services such as home health • Assessment for unmet medical needs and working with provider to address those concerns • Educate member on medications, physician's treatment plan, and care following a health event • Referral to appropriate disease management and condition management programs as appropriate 	

Clinical Programs	Costs	Description of Program	Vendor Name
Disease Management	Automatically included	<p>Disease Management is the proactive management of a relatively few members with chronic medical conditions that require frequent and costly medical care. The main tenet of disease management is an intervention (education, medication compliance, prevention and/or maintenance) that changes the natural course of the condition to create better outcomes and lower costs. Disease Management contains all elements of case management enhanced by evidence-based guidelines/protocols for a defined set of medical conditions.</p>	
Utilization Management (UM) (Medical/Surgical Authorizations)	Automatically included	<p>Utilization Management is the series of processes related to managing the authorization and notification requirements of our insurance products. This includes a clinical review of services that are prospective, concurrent, and retrospective. -10% reduction in admissions per thousand over traditional Medicare.</p> <p>Humana consistently refines its clinical review processes to provide guidance around the appropriate use of providers who participate in the network. Opportunities to positively impact cost through care delivery include authorization requirements on high-volume or high-risk procedures such as experimental or investigational treatments.</p> <p>Prior to a hospitalization or service, Humana's Clinical Intake Team completes a preauthorization review for medical necessity and length of stay. This gives Humana an opportunity to impact care delivery through authorization requirements on high-volume or high-risk procedures such as experimental treatments. -10% reduction in admissions per thousand over traditional Medicare</p>	
Transplant Management	Automatically included	<p>The specialized Transplant Department provides effective ways to help members and their families manage the complex and emotional process of organ and tissue transplants. These specialists review coverage, coordinate benefits, facilitate services, and follow the transplant recipient's progress from initial referral through treatment and recovery.</p> <p>Humana's NTN reduces costs of transplant services by nearly 50% on average</p>	

Clinical Programs	Costs	Description of Program	Vendor Name
Therapeutic Review Services (Utilization Management of Physical Therapy, Occupational Therapy, Speech Therapy, and Spinal Fusion)	Automatically included	<p>OrthoNet services include an array of medical management, claims, and administrative services.</p> <ul style="list-style-type: none"> ▪ Manage all physical, occupational, and speech therapy (PT, OT, and ST) requests provided in an outpatient setting ▪ Manage post-acute inpatient musculoskeletal care (Acute Rehab, Skilled Nursing Facility, and Long-Term Acute Care) ▪ Review focused claims (based on provider) for variances and communicating claims adjustments to Humana for payment ▪ Provide and administer an acute back pain case management program ▪ Manage the pain management services listed on Humana's Commercial and Medicare Preauthorization and Notification Lists in an outpatient and inpatient setting, including spinal fusion 	Humana has a partnership with OrthoNet, an expert vendor that offers orthopedic utilization and network management. The agreement with OrthoNet gives Humana access to their large network of providers and also assists in the easing of health care costs among Humana's members utilizing inpatient and outpatient therapeutic services.
RadConsult – Radiology Authorizations	Automatically included	Provides evaluation and consultation for providers ordering radiology services for members. Providers can request consultation via the telephone, fax, or internet.	Humana has a partnership with HealthHelp, an expert vendor who offers guidance and programs to ensure patients receive the appropriate outpatient advanced imaging radiology tests and treatments. HealthHelp's services improve the quality of care patients receive and also prevent illnesses caused by unnecessary exposure to radiation.

Clinical Programs	Costs	Description of Program	Vendor Name
Radiation Therapy	Automatically included	<p>In an effort to control radiology expenses while also improving patient safety, this call center service offers convenient scheduling of imaging procedures as well as peer-to-peer consultation. Inappropriate and unnecessary imaging studies are a significant source of expense and patient inconvenience. This program is designed to help avoid those issues by educating ordering physicians on imaging procedures and best practice guidelines before the procedure is scheduled. Physicians call a toll-free number to initiate the consultation.</p>	<p>Humana has a partnership with HealthHelp, an expert vendor who offers guidance and programs to ensure patients receive the appropriate outpatient advanced imaging radiology tests and treatments. HealthHelp's services improve the quality of care patients receive and also prevent illnesses caused by unnecessary exposure to radiation</p>
Humana Cares	Automatically included	<ul style="list-style-type: none"> • Involves the assignment of complex-chronic Members to one primary nurse who will become the Members primary contact • Builds long term relationships while actively managing their co-morbidities and coordinating access between internal/external programs • Supports the most fragile of our Members with a multidisciplinary team comprised of medical, behavioral, social work, pharmacy, and home visits • Applies evidence-based medicine to drive Member adherence to proven standards of care • Comprised of a centralized management team to ensure consistency, performance, and flexibility • Member for life 	
HumanaFirst (Nurse Assistance)	Automatically included	<p>Members are provided an easy way to get information on health care questions by calling the HumanaFirst phone number. A staff of registered nurses listens to the caller's symptoms and helps direct the caller to the appropriate level of care based on the responses to physician-developed questions that assess specific medical complaints.</p> <p>HumanaFirst is also able to provide information unique to the member's participating provider network; to make sure the member is directed to a participating physician or facility. Thirty percent of the callers are given self care instructions and do not have to seek care elsewhere making HumanaFirst a value-added service.</p>	

Clinical Programs	Costs	Description of Program	Vendor Name
Humana Active Outlook	Automatically included	<p>Humana Active Outlook (HAO) is a health and wellness program that offers timely, interesting information on healthy living, invites members to members-only local classes and national health education events and brings them discounts and money-saving offers on products they use most.</p> <p>Elements of the program include:</p> <ul style="list-style-type: none"> • HAO Magazine • Live It Up! Digest • www.HumanaActiveOutlook.com • Classes • Seminars • Personalized Health Programs • HAO Marketplace 	
Member Assistance Program (MAP) [Telephonic]	Automatically included	<p>The program provides counseling, support and guidance in the form of health and wellness information to help seniors face everyday challenges. Members experiencing stress, anxiety or any other personal or emotional issue can benefit from the Lifeworks program.</p>	
Humana <i>Beginnings</i> (Maternity Program)**	Automatically included	<ul style="list-style-type: none"> ▪ Provides prenatal and postpartum guidance, education and support to all eligible pregnant Humana members. ▪ Humana <i>Beginnings</i> nurses work with ALL eligible pregnant members regardless of gestational age or pregnancy risk status. (Note: eligible age 12-50) 	
Telephonic Health Coaching and Tailored Web Program	Automatically included	<p>These programs connect members to a personal health coach, who will schedule calls with members focused on changing behaviors. Members may call in to their health coach as often as needed.</p> <p>Programs:</p> <ul style="list-style-type: none"> • Educate members about preventive care screenings and health practices to maintain good health • Identify appropriate candidates for clinical programs and initiatives • Provide education and guidance in maintaining good health and reducing risk factors that lead to illness 	

9. VENDOR INFORMATION

If any of the clinical programs has been outsourced, list the name of the organization below:

Vendor #1	Service Provided	
	Company Name	
	Address	
	Telephone Number	
	Point of Contact	
	Hours of Operation	

Vendor #2	Service Provided	
	Company Name	
	Address	
	Telephone Number	
	Point of Contact	
	Hours of Operation	

10. HUMANA UTILIZATION MANAGEMENT

Definition of Medical Necessity:

Medically necessary or medical necessity means the extent of services required to diagnose or treat a bodily injury or sickness which is known to be safe and effective by the majority of qualified practitioners who are licensed to diagnose or treat that bodily injury or sickness. Such services must be:

1. Appropriate for and consistent with your symptoms or diagnosis of the sickness or bodily injury
2. Furnished for an appropriate duration and frequency in accordance with accepted medical
3. Substantiated by the records and documentation maintained by the provider of service
4. Achieves optimally efficient use of medical resources

Humana MA HMO and PPO members will follow Humana Standard Preauthorization guidelines (found on Humana.com) for preauthorization.

Referrals (HMO Products Only):

Humana will receive and complete all referral requests for members with an HMO product. All of Humana's HMO markets require referrals, except for those listed below.

No referral required. Preauthorization may be required.

Alabama
Louisiana
Mississippi
Puerto Rico
Tennessee

11. HUMANA CLINICAL PROGRAMS

Disease Management: Groups will be enrolled into all programs by default if they select Humana as their choice for Disease Management services unless otherwise specified.

12. OUTSOURCED DISEASE MANAGEMENT

Outsourcing to another Vendor:

If the group is outsourcing Disease Management to another vendor, list the clinical conditions the outsourced vendor will follow:

Clinical Conditions: (example Asthma, Diabetes, etc):

None
