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# PRODUCTS FOR MEDICARE ELIGIBLE INDIVIDUALS

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2024 Provider Resource Materials

# Medicare Products Information Index

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## Medicare Cost plans

### HealthPartners Freedom WI (Cost) – medical only plans

- HealthPartners Freedom Basic (Cost)
- HealthPartners Freedom Vital (Cost)
- HealthPartners Freedom Balance (Cost)

**Description:** HealthPartners Freedom is an 1876 Medicare Cost plan. Freedom is an open access product for Medicare beneficiaries. The Freedom service area includes the following counties in **Wisconsin**: Burnett, Douglas, Dunn, Pierce, Polk, St. Croix and Washburn

All HealthPartners Freedom Individual plans provide coverage for all Medicare eligible services and some additional benefits.

**Eligibility:** Medicare beneficiaries can join HealthPartners Freedom if they are entitled to Medicare Part A and enrolled in Part B, or enrolled in Medicare Part B only, and live in the service area.

**Claims administration:** Claims administration for HealthPartners Freedom is shared by HealthPartners and Medicare. Generally, Medicare is primary for Medicare Part A eligible services. HealthPartners will serve as the secondary payer for these services. Generally, HealthPartners Freedom is primary for Medicare Part B services and any additional benefits that are received through the health plan's network.

**Benefit Information:** **Member Evidences of Coverage (EOCs)**  
[2024 HealthPartners Freedom Basic WI \(Cost\) EOC](#)  
[2024 HealthPartners Freedom Vital WI \(Cost\) EOC](#)  
[2024 HealthPartners Freedom Balance WI \(Cost\) EOC](#)

### **Additional Benefits covered by 2024 HealthPartners Freedom WI Cost Plans**

- Acupuncture (Non-Medicare covered)
- Dental Services\*
  - \* Comprehensive dental coverage is only available as an optional supplemental benefit for Vital and Balance plans. Check the plan EOC and verify member eligibility
- Fitness benefit (gym membership or home exercise kits)
- Hearing aids purchased through TruHearing
- Knee walker/Crutch substitute (rental only)
- Nursing Hotline
- Nutritional counseling
- Online visits through Virtuwell®
- Routine annual physical exam
- Routine eye exam
- Routine hearing exam
- Scheduled telephone visits

- Smoking and tobacco use cessation Program (additional visits and programming)
- Telehealth via interactive audio/video (expanded coverage)
- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care
- Worldwide emergency travel logistics (services arranged and coordinated through Assist America)

***See the member Evidence of Coverage (EOC) for specific details. Not all plans include all additional benefits.***

**[Link to 2024 HealthPartners Medicare Products and Additional Items/Services Covered](#)**

**Verifying Coverage**


As a contracted provider, it is important to know what Original Medicare covers and also what additional benefits are covered by HealthPartners Medicare Cost plans. Coverage resources may include but are not limited to the following:

- **[Medicare Coverage Database](#)** - National Coverage Determinations\_(NCDs) and Local Coverage Determinations (LCDs)
- **[MLN Matters Articles from CMS](#)**
- Member Evidence of Coverage (see links above)

**NOTE:** Providers are encouraged to use the Eligibility Inquiry Tool to verify specific member eligibility and plan coverage documents or contact Member Services. Providers are also encouraged to use the Claims Estimator Tool to assist in determining how a claim could be processed.

**Status of Product:** Open to new enrollment.

**ID Card:** One card. Care Type field - will indicate “**HealthPartners Freedom Cost**”


**HealthPartners®**  
 Plan (80840)  

<b>ID</b>	<b>12345678</b>	<b>Group 0066</b>	<b>Renewal Mo.</b>
<b>Name</b>	<b>JANE A DOE</b>		<b>January</b>
<b>Care Type</b>	<b>HealthPartners Freedom Cost</b>		

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<b>Office - Primary</b>	\$15.00
<b>Office - Specialty</b>	\$40.00
<b>Urgent</b>	\$40.00

[healthpartners.com](http://healthpartners.com)

CMS - H2462-####

**Member Services**  
**952-883-7979 or 800-233-9645 ( TTY 711 )**  
 HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN, 55440-9463

**Emergency & Urgently Needed Care**  
 For emergency situations, call 911 and/or get medical attention immediately.  
 For medical advice call the CareLine™ nurse service any time at  
 612-339-3663 or 800-551-0859

**Claims Submission providers: [healthpartners.com/eservices](http://healthpartners.com/eservices)**  
 Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289  
 Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN  
 55440-1172

The State of Wisconsin Office of the Commissioner of Insurance:  
 608-266-0103 or 800-236-8517

\*ID card is for illustrative purposes only. Cost sharing can vary between HealthPartners Freedom plans.\*

**HealthPartners Freedom (Cost) – ND and SD medical only plans:**

- HealthPartners Freedom Valley (Cost)
- HealthPartners Freedom Base (Cost)
- HealthPartners Freedom Plains (Cost)
- HealthPartners Freedom Prairie (Cost)
- HealthPartners Freedom Crest (Cost)

**Description:** HealthPartners Freedom is an 1876 Medicare Cost plan. The plan is an open access product for Medicare beneficiaries. The Freedom service area includes the following counties:

**North Dakota:** Barnes, Burleigh, Cass, Dickey, Grand Forks, Kidder, LaMoure, Morton, Oliver, Ransom, Richland, Sargent, Stutsman, Trail, and Ward.

**South Dakota:** Beadle, Brookings, Brown, Butte, Clay, Codington, Custer, Davison, Day, Deuel, Fall River, Grant, Lake, Lawrence, Lincoln, McCook, Meade, Minnehaha, Moody, Pennington, Sanborn, Turner, Union, and Yankton.

**Eligibility:** Medicare beneficiaries can join HealthPartners Freedom if they are entitled to Medicare Part A and enrolled in Part B or enrolled in Medicare Part B only and live in the service area.

**Claims administration:** Claims administration for HealthPartners Freedom is shared by HealthPartners and Medicare. Generally, Medicare is primary for Medicare Part A eligible services. HealthPartners will serve as the secondary payer for these services. Generally, HealthPartners Freedom is primary for Medicare Part B services and any additional benefits that are received through the health plan's network.

**Benefit Information:** **Member Evidences of Coverage (EOCs)**  
[2024 HealthPartners Freedom Valley \(Cost\) EOC](#)  
[2024 HealthPartners Freedom Base \(Cost\) EOC](#)  
[2024 HealthPartners Freedom Plains \(Cost\) EOC](#)  
[2024 HealthPartners Freedom Prairie \(Cost\) EOC](#)  
[2024 HealthPartners Freedom Crest \(Cost\) EOC](#)

**Additional Benefits covered by 2024 HealthPartners Freedom Cost Plans**

- Acupuncture (Non-Medicare covered)
- Dental services (certain plans only)\*  
*\* Limited embedded dental coverage. Check the plan EOC and verify member eligibility.*
- Eyewear (Non-Medicare covered)
- Fitness benefit (gym membership or home exercise kits)
- Hearing aids (purchased through TruHearing)
- Knee walker/Crutch substitute (rental only)

- Nursing Hotline
- Nutritional counseling
- Online visits through-Virtuwell®
- Over-the Counter (OTC) Benefit (purchased through NationsOTC only)
- Routine annual physical exam
- Routine eye exam
- Routine hearing exam
- Scheduled telephone visits
- Smoking and tobacco use cessation Program (additional visits and programming)
- Telehealth via interactive audio/video (expanded coverage)
- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care
- Worldwide Emergency Travel Logistics (services arranged and coordinated through Assist America)

***See the member Evidence of Coverage (EOC) for specific details. Not all plans include all additional benefits.***

**[Link to 2024 HealthPartners Medicare Products and Additional Items/Services Covered](#)**

### **Verifying Coverage**

As a contracted provider, it is important to know what Original Medicare covers and also what additional benefits are covered by HealthPartners Medicare Cost plans. Coverage resources may include but are not limited to the following:

- **[Medicare Coverage Database](#)** - National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- **[MLN Matters Articles from CMS](#)**
- Member Evidence of Coverage (see links above)

**NOTE:** Providers are encouraged to use the Eligibility Inquiry Tool to verify specific member eligibility and plan coverage documents or contact Member Services. Providers are also encouraged to use the Claims Estimator Tool to assist in determining how a claim could be processed.

**Status of Product:** Open to new enrollment.

**ID Card:** One card. Care Type field- will indicate: **“Medicare Cost ND/SD”**



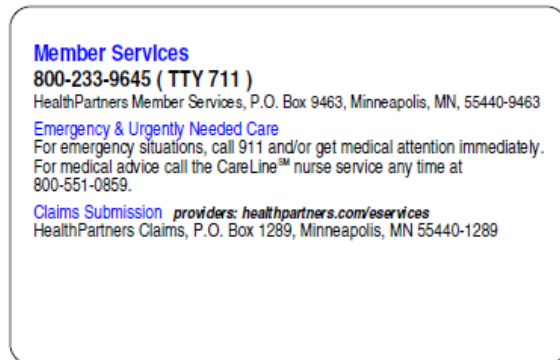

**HealthPartners**  
 Plan (80840)  
**ID** 12345678 **Group** 0066 **Renewal Mo.**  
**Name** JANE A DOE **January**  
**Care Type** Medicare Cost ND/SD

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Office - Primary	\$0.00
Office - Specialty	\$40.00
Urgent	\$40.00

[healthpartners.com](http://healthpartners.com)

CMS - H2462-###



**Member Services**  
**800-233-9645 ( TTY 711 )**  
 HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN, 55440-9463  
**Emergency & Urgently Needed Care**  
 For emergency situations, call 911 and/or get medical attention immediately.  
 For medical advice call the CareLine™ nurse service any time at  
 800-551-0859.  
**Claims Submission providers:** [healthpartners.com/eservices](http://healthpartners.com/eservices)  
 HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289

\*ID card is for illustrative purposes only. Cost sharing can vary between HealthPartners Freedom plans.\*



## Medicare Advantage plans

### HealthPartners UnityPoint Health (PPO) plans:

- HealthPartners UnityPoint Health Align (PPO)
- HealthPartners UnityPoint Health Symmetry (PPO)

**Description:**

HealthPartners UnityPoint Health is a Medicare Advantage Preferred Provider Organization (PPO) plan. HealthPartners UnityPoint Health is an open access product for Medicare beneficiaries.

The HealthPartners UnityPoint Health service area includes the following counties:

**Iowa:** Benton, Black Hawk, Boone, Bremer, Buchanan, Butler, Cedar, Cherokee, Clarke, Clayton, Clinton, Dallas, Delaware, Fayette, Greene, Grundy, Guthrie, Hamilton, Hardin, Humboldt, Ida, Iowa, Jackson, Jasper, Johnson, Jones, Linn, Madison, Mahaska, Marion, Marshall, Muscatine, Plymouth, Polk, Poweshiek, Scott, Sioux, Story, Tama, Warren, Washington, Webster, Woodbury and Wright.

**Illinois:** Henry, Jo Daviess and Rock Island.

HealthPartners UnityPoint Health plans provide coverage for all Medicare eligible services and some additional benefits in-network and out-of-network. Medicare Part D prescription drug is also included in the HealthPartners UnityPoint Health plans.

**Eligibility:**

Medicare beneficiaries can join HealthPartners UnityPoint Health if they are entitled to Medicare Part A, enrolled in Part B and live in the service area.

**Claims administration:**

HealthPartners UnityPoint Health is the primary payer for all plan covered services. There is no coordination with Medicare.

**Benefit Information:**

**Member Evidences of Coverage (EOCs)**

[2024 HealthPartners Unity Point Health Align \(PPO\) EOC](#)

[2024 HealthPartners Unity Point Health Symmetry \(PPO\) EOC](#)

**Prescription Drug Formulary**

[2024 HealthPartners Unity Point Health Medicare Formulary](#)

[Link](#) to the searchable formulary.

**Additional Benefits covered by 2024 HealthPartners UnityPoint Health (PPO)**

- Acupuncture (Non-Medicare covered) (Symmetry plan only)
- Admission to skilled nursing facilities without a required 3-day hospital stay prior to admission
- Dental services (limited embedded dental coverage)
- Fitness benefit (gym membership or home exercise kits)

- HealthPartners Choice Card (Card dollars may apply toward Non-Medicare covered eyewear, routine chiropractic services, hearing aids purchase through TruHearing, & meal benefit purchase through Mom's Meals)
- Hearing aids (purchased through TruHearing only)
- Knee walker/Crutch substitute (rental only)
- Nursing Hotline
- Online visits through Virtuwell®
- Over-the Counter (OTC) Benefit (purchased through NationsOTC only)
- Routine annual physical exams
- Routine eye exams
- Routine hearing exams
- Scheduled telephone visits
- Smoking and tobacco use cessation Program (additional visits and programming)
- Telehealth via interactive audio/video (expanded coverage)
- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care
- Worldwide emergency Travel Logistics (Services arranged and coordinated through Assist America)

***See the member Evidence of Coverage (EOC) for specific details. Not all plans include all additional benefits.***

### [Link to 2024 HealthPartners Medicare Products and Additional Items/Services Covered](#)

#### **Verifying Coverage**

As a contracted provider, it is important to know what Original Medicare covers and also what additional benefits are covered by HealthPartners UnityPoint Health (PPO) plans. Coverage resources may include but are not limited to the following:

- [Medicare Coverage Database](#) - National Coverage Determinations\_(NCDs) and Local Coverage Determinations (LCDs)
- [MLN Matters Articles from CMS](#)
- Member Evidence of Coverage (see links above)

**NOTE:** Providers are encouraged to use the Eligibility Inquiry Tool to verify specific member eligibility and plan coverage documents or contact Member Services. Providers are also encouraged to use the Claims Estimator Tool to assist in determining how a claim could be processed.

**Status of Product:** Open to new enrollment.

**ID Card:**

One card for Part C and Part D. Care Type field will indicate “**Medicare Advantage PPO HPUH**”



Plan (80840)  
**ID** 12345678      **Group** 0060      **Renewal Mo.** January  
**Name** JANE A DOE  
**Care Type** Medicare Advantage PPO HPUH

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**Office Primary**      \$0.00  
**Office Specialty**      \$35.00  
**Urgent**      \$40.00

[healthpartnersunitypointhealth.com](http://healthpartnersunitypointhealth.com)      CMS - H3416-###

RxBIN ##### RxPCN ???????  
 RxGrp MHN#

  
Prescription Drug Coverage

**Member Services**  
**888-360-0544 ( TTY 711 )**  
 HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN 55440-9463  
**Emergency & Urgently Needed Care**  
 For emergencies, call 911 and/or get medical attention immediately.  
 For medical advice call the CareLine<sup>SM</sup> nurse service any time at 800-551-0859.

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**Information for Providers**  
**Admissions:** Fax information to **952-853-8705** or call **800-316-9807** for any hospital or facility admissions.  
**Claims Submission:** [healthpartners.com/eservices](http://healthpartners.com/eservices)  
 Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289  
 Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN 55440-1172  
 Medicare limiting charges apply.

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*Offered by HealthPartners UnityPoint Health, Inc.*

\*ID card is for illustrative purposes only. Cost sharing can vary between HealthPartners UnityPoint Health plans.\*

**HealthPartners Journey (PPO) plans:**

- HealthPartners Journey Pace (PPO) – Metro-Central and Greater Minnesota
- HealthPartners Journey Stride (PPO) – Metro-Central and Greater Minnesota
- HealthPartners Journey Dash (PPO) – Metro-Central and Greater Minnesota
- HealthPartners Journey Steady (PPO) – Metro-Central
- HealthPartners Journey Group (PPO) – See the group specific Evidence of Coverage the group's service area

**Description:**

HealthPartners Journey is a Medicare Advantage Preferred Provider Organization (PPO) plan. HealthPartners Journey is an open access product and provides a broad network.

HealthPartners Journey plans are also offered to employer groups. All HealthPartners Journey Individual and Group plans provide coverage for all Medicare eligible services and some additional benefits in-network and out-of-network. Medicare Part D prescription drug coverage is included in all Journey individual and most group plans. The service area can vary by retiree group. Journey Group plans can be offered in Minnesota or Nationwide.

The HealthPartners Journey Metro-Central service area includes the following counties in **Minnesota**: Anoka, Benton, Carver, Chisago, Dakota, Douglas, Hennepin, Isanti, Kandiyohi, Meeker, Morrison, Pope, Ramsey, Redwood, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Washington, and Wright.

The HealthPartners Journey Greater Minnesota service area includes the following counties in **Minnesota**: Aitkin, Becker, Beltrami, Big Stone, Carlton, Cass, Chippewa, Clay, Clearwater, Cook, Crow Wing, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, McLeod, Mille Lacs, Murray, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Red Lake, Renville, Rice, Rock, Roseau, Sibley, Stevens, St. Louis, Traverse, Wilkin and Yellow Medicine.

HealthPartners Journey Group service area additionally includes Cottonwood and Jackson counties in Minnesota.

HealthPartners Journey plans provide coverage for all Medicare eligible services and some additional benefits in-network and out-of-network. Medicare Part D prescription drug is also included in the HealthPartners Journey plans.

**Eligibility:**

Medicare beneficiaries can join HealthPartners Journey plans if they are entitled to Medicare Part A, enrolled in Part B and live in the service area.

**Claims administration:**

HealthPartners Journey is the primary payer for all plan covered services. There is no coordination with Medicare.

**Benefit Information:****Member Evidences of Coverage (EOCs)**[2024 HealthPartners Journey Pace \(PPO\) EOC - Metro-Central](#)[2024 HealthPartners Journey Pace \(PPO\) EOC - Greater Minnesota](#)[2024 HealthPartners Journey Stride \(PPO\) EOC - Metro-Central](#)[2024 HealthPartners Journey Stride \(PPO\) EOC - Greater Minnesota](#)[2024 HealthPartners Journey Dash \(PPO\) EOC - Metro-Central](#)[2024 HealthPartners Journey Dash \(PPO\) EOC - Greater Minnesota](#)[2024 HealthPartners Journey Steady \(PPO\) EOC - Metro-Central](#)

**Prescription Drug Formulary** (Formulary varies by group; call member services to confirm the correct formulary)

[2024 HealthPartners Medicare Formulary I](#)[Link to the searchable formulary](#)[2024 HealthPartners Medicare Formulary II \(Group Retiree only\)](#)[Link to the searchable formulary](#)**Additional Benefits covered by 2024 HealthPartners Journey (PPO)**

- Acupuncture (Non-Medicare covered)
- Admission to skilled nursing facilities without a required 3-day hospital stay prior to admission
- Dental services\*
  - \* Limited embedded dental coverage. Certain plans also offer comprehensive dental coverage as an optional supplemental benefit which is not noted here. Check the plan EOC and verify member eligibility.
- Eyewear (Non-Medicare covered)
- Fitness benefit (gym membership or home exercise kits)
- HealthPartners Choice Card (Card dollars may apply toward non-Medicare covered eyewear, routine chiropractic services, hearing aids purchased through TruHearing, and meal benefits purchase through mom's meals)
- Hearing aids (purchased through TruHearing only)
- Home-based Palliative Care counseling and coordination visits
- Knee walker/Crutch substitute (rental only)
- Nursing Hotline
- Nutritional counseling
- Online visits through Virtuwell®
- Over-the Counter (OTC) Benefit (purchased through NationsOTC only)
- Routine annual physical exam
- Routine eye exam
- Routine hearing exam
- Scheduled telephone visits
- Smoking and tobacco use cessation Program (additional visits and programming)
- Telehealth via interactive audio/video (expanded coverage)

- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care
- Worldwide emergency travel logistics (services arranged and coordinated through Assist America)

**See the member Evidence of Coverage (EOC) for specific details. Not all plans include all additional benefits. Medicare Advantage Journey (PPO) employer group plan benefits may differ. Call member services to verify group benefits. Local 952-883-6655 or Toll-free 866-233-8734.**

### [Link to 2024 HealthPartners Medicare Products and Additional Items/Services Covered](#)

#### **Verifying Coverage**

As a contracted provider, it is important to know what Original Medicare covers and also what additional benefits are covered by HealthPartners Journey (PPO) plans. Coverage resources may include but are not limited to the following:

- [Medicare Coverage Database](#) – National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- [MLN Matters Articles from CMS](#)
- Member Evidence of Coverage (see links above)

**NOTE:** Providers are encouraged to use the Eligibility Inquiry Tool to verify specific member eligibility and plan coverage documents or contact Member Services. Providers are also encouraged to use the Claims Estimator Tool to assist in determining how a claim could be processed.

**Status of Product:** Open to new enrollment.

**ID Card:**

 One card for Part C and Part D. Care type field will indicate: **“Journey Medicare Advantage PPO MN”**



**HealthPartners**  
 Plan (80840)  
**ID** 12345678      **Group** 0076      **Renewal Mo.**  
**Name** JANE A DOE      **January**  
**Care Type** Journey Medicare Advantage PPO

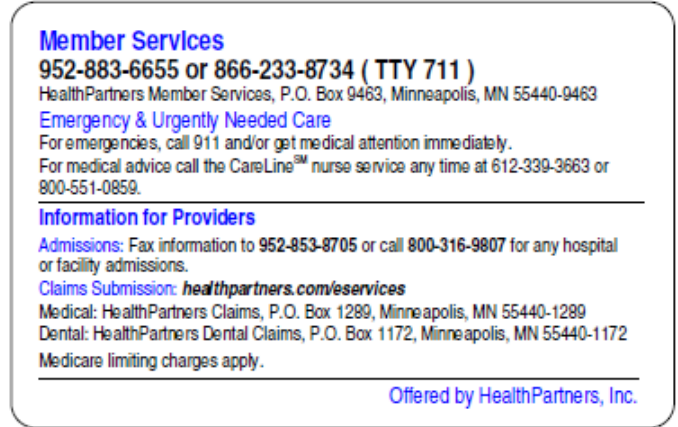
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**Office Primary**      \$0.00  
**Office Specialty**      \$25.00  
**Urgent**      \$30.00

[healthpartners.com](http://healthpartners.com)      CMS - H4882-###

RxBIN ##### RxPCN ???????  
 RxGrp MHN##

  
Prescription Drug Coverage



**Member Services**  
**952-883-6655 or 866-233-8734 ( TTY 711 )**  
 HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN 55440-9463  
**Emergency & Urgently Needed Care**  
 For emergencies, call 911 and/or get medical attention immediately.  
 For medical advice call the CareLine™ nurse service any time at 612-339-3663 or 800-551-0859.

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**Information for Providers**  
**Admissions:** Fax information to **952-853-8705** or call **800-316-9807** for any hospital or facility admissions.  
**Claims Submission:** [healthpartners.com/eservices](http://healthpartners.com/eservices)  
 Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289  
 Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN 55440-1172  
 Medicare limiting charges apply.

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Offered by HealthPartners, Inc.

\*ID card is for illustrative purposes only. Cost sharing can vary between HealthPartners Journey plans.\*

**HealthPartners Robin (PPO) plans:**

- HealthPartners Robin Birch (PPO)
- HealthPartners Robin Maple (PPO)
- HealthPartners Robin Glory (PPO) (no Part D)

**Description:**

HealthPartners Robin is a Medicare Advantage Preferred Provider Organization (PPO) plan. HealthPartners Robin is an open access product for Medicare beneficiaries.

The HealthPartners Robin service area includes the following counties in **Wisconsin**: Brown, Calumet, Door, Florence, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Waupaca, Waushara and Winnebago.

The HealthPartners Robin plans provide coverage for all Medicare eligible services and some additional benefits in-network and out-of-network. Medicare Part D prescription drug is also included in the HealthPartners Robin Birch and Maple plans. The Robin Glory plan does not include Part D prescription drug coverage.

**Eligibility:**

Medicare beneficiaries can join HealthPartners Robin if they are entitled to Medicare Part A, enrolled in Part B and live in the service area.

**Claims administration:**

HealthPartners Robin is the primary payer for all plan covered services. There is no coordination with Medicare.

**Benefit information:****Member Evidences of Coverage (EOCs)**

[2024 HealthPartners Robin Birch \(PPO\) EOC](#)

[2024 HealthPartners Robin Maple \(PPO\) EOC](#)

[2024 HealthPartners Robin Glory \(PPO\) EOC](#)

**Prescription Drug Formulary**

[2024 HealthPartners Medicare Formulary I](#)

[Link](#) to the searchable formulary

**Additional Benefits covered by 2024 HealthPartners Robin (PPO)**

- Acupuncture (Non-Medicare covered)
- Admission to skilled nursing facilities without a required 3-day hospital stay prior to admission
- Dental services (limited embedded dental coverage)
- Fitness benefit (gym membership or home exercise kits)
- HealthPartners Choice Card (Card dollars may apply toward non-Medicare covered eyewear, routine chiropractic services, hearing aids purchased through TruHearing, OTC items purchased through NationsOTC, and meal benefit purchase through mom's meals)
- Hearing Aids (purchased through TruHearing only)
- Knee walker/Crutch substitute (rental only)
- Nursing Hotline



- Nutritional counseling
- Online visits through Virtuwell®
- Over the counter (OTC) benefit (purchased through NationsOTC only)
- Routine annual physical exam
- Routine eye exam
- Routine hearing exam
- Scheduled telephone visits
- Smoking and tobacco use cessation Program (additional visits and programming)
- Telehealth via interactive audio/video (expanded coverage)
- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care
- Worldwide emergency travel logistics (services arranged and coordinated through Assist America)

***See the member Evidence of Coverage (EOC) for specific details. Not all plans include all additional benefits.***

**[Link to 2024 HealthPartners Medicare Products and Additional Items/Services Covered](#)**

**Verifying Coverage**

As a contracted provider, it is important to know what Original Medicare covers and also what additional benefits are covered by HealthPartners Robin (PPO) plans. Coverage resources may include but are not limited to the following:

- **[Medicare Coverage Database](#)** – National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- **[MLN Matters Articles from CMS](#)**
- Member Evidence of Coverage (see links above)

**NOTE:** Providers are encouraged to use the Eligibility Inquiry Tool to verify specific member eligibility and plan coverage documents or contact Member Services. Providers are also encouraged to use the Claims Estimator Tool to assist in determining how a claim could be processed.

**Status of Product:** Open to new enrollment.

**ID Card:**

One card for Part C and Part D. The Care Type will indicate: **“Robin Medicare Advantage PPO”**

**Robin**  
HealthPartners

Plan (80840)  
**ID** 12345678      **Group** 0076      **Renewal Mo.**  
**Name** JANE A DOE      **January**  
**Care Type** Robin Medicare Advantage PPO

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**Office Primary**      \$0.00  
**Office Specialty**      \$35.00  
**Urgent**      \$40.00

[healthpartners.com](http://healthpartners.com)      CMS - H4882-###

**RxBIN ##### RxPCN ????????**      **MedicareRx**  
**RxGrp MHN##**      Prescription Drug Coverage

**Member Services**  
**866-233-8734 ( TTY 711 )**  
 HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN 55440-9463

**Emergency & Urgently Needed Care**  
 For emergencies, call 911 and/or get medical attention immediately.  
 For medical advice call the CareLine™ nurse service any time at 800-551-0859.

**Hospital Admissions**  
 Contact CareCheck™ at 866-275-8555 for any admission at an out-of-network hospital or facility.

**Claims Submission providers: [healthpartners.com/eservices](http://healthpartners.com/eservices)**  
 Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289  
 Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN 55440-1172  
 Medicare limiting charges apply.

Offered by HealthPartners, Inc.

\*ID card is for illustrative purposes only. Cost sharing can vary between HealthPartners Robin plans.\*

## Medicare Select plan

### HealthPartners Senior Health Advantage

**Description:** HealthPartners Senior Health Advantage is a Medicare Select plan which is a type of Medicare Supplement Plan. HealthPartners Senior Health Advantage requires use of the plan network. This is a primary clinic-based plan. Members must utilize the primary clinic's panel of specialty providers or obtain a referral from the primary clinic for care outside of the specialty panel. Not all contracted providers will be considered in network for members with this plan type.


The HealthPartners Senior Health Advantage service area includes the following counties in Minnesota: Anoka, Benton, Carver, Chisago, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Hennepin, Houston, Isanti, LeSueur, McLeod, Meeker, Mille Lacs, Morrison, Mower, Olmstead, Ramsey, Rice, Scott, Sherburne, Stearns, Steele, Wabasha, Waseca, Washington, Winona and Wright.

**Eligibility:** Medicare beneficiaries can join HealthPartners Senior Health Advantage if they are entitled to Medicare Part A, enrolled in Part B and live in the service area.

**Claims Administration:** Medicare is primary for all Part A and Part B services. After Medicare pays, HealthPartners covers the Medicare coinsurance and copayments and, depending on the level of coverage purchased, the Medicare deductibles. Providers must submit claims to the Centers for Medicare and Medicaid Services (CMS).

**Status of Product:** Closed to new enrollment.

**ID Card:** Standard HealthPartners member card with "**Senior Health Advantage**" in the Care Type field.

			
Plan (80840)			
<b>ID</b>	<b>12345678</b>	<b>Group 7008</b>	<b>Renewal Mo.</b>
<b>Name</b>	<b>JANE A DOE</b>		<b>January</b>
<b>Care Type</b>	<b>Senior Health Advantage</b>		
<hr/>			
<b>Office</b>		\$0.00	
<b>Urgent</b>		\$0.00	
<b>RxBIN 003585 RxPCN 24002</b>			
<a href="http://healthpartners.com">healthpartners.com</a>			
<b>PCP Code</b>	<b>PCP or Network</b>	<b>PCP Phone</b>	
Medical ABC	ABC CLINIC	###-###-####	
<b>MEDICARE PRIMARY</b>			

**Member Services**  
**952-967-7877 or 833-256-7044 ( TTY 711 )**  
 HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN 55440-9463

**Emergency & Urgently Needed Care**  
 For emergencies, call 911 and/or get medical attention immediately.  
 For medical advice call the CareLine™ nurse service any time at 612-339-3663 or 800-551-0859.

**Hospital Admissions** Contact CareCheck<sup>SM</sup> at 866-275-8555 for any admission at an out-of-network hospital or facility.

**Claims Submission**  
 This coverage is secondary to Medicare.  
**Submit charges to Medicare for processing first.**  
 HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289  
 Minnesota Commissioner of Commerce Appeals: 651-539-1500 or 800-657-3602

**Offered by HealthPartners**

\*ID card is for illustrative purposes only. Cost sharing can vary between HealthPartners Senior Health Advantage plans.\*

## Medicare Supplement plans

### HealthPartners Medicare Supplement plans:

- HealthPartners Basic Medicare Supplement Plan
- HealthPartners Extended Basic Medicare Supplement Plan
- Medicare Supplement Plan with \$20 and \$50 Copayments (Plan N)

**Description:** HealthPartners Medicare Supplement plans are designed to help fill in the gaps in Medicare coverage. The HealthPartners Medicare Supplement plan service area includes all 87 counties in Minnesota.

**Medicare Eligibility:** Medicare beneficiaries must be entitled to Medicare Part A, enrolled in Part B and live in Minnesota at time of enrollment.

**Claims Administration:** Medicare is primary for all Part A and Part B services. After Medicare pays, HealthPartners covers the Medicare coinsurance and copayments and, depending on the level of coverage purchased, the Medicare deductibles. Providers must submit claims to the Centers for Medicare and Medicaid Services (CMS).

**Status of Product:** Open to new enrollment.

**ID Card:** Standard HealthPartners member card with “**Medicare Supplement**” in the Care Type field.



\*ID card is for illustrative purposes only. Cost sharing can vary between HealthPartners Medicare Supplement plans.\*

## Retiree Group Part D Prescription Drug Plans (PDP)

- Description:** HealthPartners Retiree National Choice (RNC) is a group retiree product. It is comprised of two plans – a Major Medical plan that coordinates with Medicare and a Part D Prescription Drug Plan (PDP). There is no network for this product. HealthPartners also offers the Medicare Group Part D plan, a stand-alone PDP, as another group retiree option.
- Medicare Eligibility:** RNC: Medicare beneficiaries must be entitled to Medicare Part A and enrolled in Part B.
- Medicare Group Part D plan: Medicare beneficiaries must be entitled to Medicare Part A, enrolled in Part B, or entitled to Part A and enrolled in Part B.
- Claims Administration:** RNC: Medicare is primary for Medicare Part A and Part B services. After Medicare pays, the RNC medical plan covers the remainder of the cost up to the group’s plan benefit. Providers must submit eligible medical claims to the Centers for Medicare and Medicaid Services (CMS). For services not covered by Medicare but covered under the RNC medical plan, HealthPartners is primary. Part D drug claims are billed through the pharmacy and claim processing is coordinated by our Pharmacy Benefit Manager.
- Medicare Group Part D plan: Coverage is only for Part D covered drugs. Part D drug claims are billed through the pharmacy and claim processing is coordinated by our Pharmacy Benefit Manager.
- Status of Products:** Open to new enrollment by retiree group
- Benefit information:** RNC: All Medicare Part A and B services are covered along with some additional benefits not covered by Medicare. Benefits vary by employer group. Please call HealthPartners Member Services to verify benefits:
- Local: **952-883-7373**
  - Toll free: **877-816-9539**
- Medicare Group Part D plan: Part D drug coverage only. Retirees also have a commercial group plan that covers medical services and coverage for other drugs.
- Toll-free: **844-440-1900**

**Prescription Drug Formulary (Formulary varies by group; call member services to confirm the correct formulary)**

**2024 HealthPartners Medicare Formulary I**

[Link](#) to the searchable formulary

**2024 HealthPartners Medicare Formulary II**


[Link](#) to the searchable formulary

**ID Card:**

**RNC: There are two ID cards, one for the Medical plan and one for the Part D Prescription Drug Plan**



Standard HealthPartners member card with “**Retiree National Choice**” in the Care Type field.

Standard HealthPartners member card with “**Retiree National Choice PDP**” in the Care Type field.

GRP: 16001 SITE: N13333 PKG: RM14	13RN	68RN
		
Plan (80840)		
ID	<b>12345678</b>	Group 16001    Renewal Mo. January
Name	JANE A DOE	
Care Type	Retiree National Choice	
<hr/>		
Office Visit	\$15.00	
Urgent	\$15.00	
<a href="http://healthpartners.com">healthpartners.com</a>		
MEDICARE PRIMARY		
For Part D: RxBIN 015574 RxPCN ASPROD1 RxGrp HMN08		
<p><b>Member Services</b> Phone <b>952-883-7373</b> or <b>877-816-9539</b> (TTY 711) HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN 55440-9463</p> <p><b>Emergency &amp; Urgently Needed Care</b> For emergencies, call 911 and/or get medical attention immediately. For medical advice call the CareLine<sup>SM</sup> nurse service any time at 612-339-3663 or 800-551-0859.</p> <p><b>Claims Submission</b> This coverage is secondary to Medicare. <b>Submit charges to Medicare for processing first.</b> Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289 Prevent Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN 55440-1172</p> <p style="text-align: right;"><a href="#">Offered by HealthPartners Insurance Co.</a></p>		

\*ID card is for illustrative purposes only. Cost sharing can vary between Retiree National Choice plans.\*

**Retiree National Choice Prescription Drug Plan card**

46RQ	69RP
	
RxBIN ##### RxPCN #####	
RxGrp HMN##	
Plan (80840)	
ID	<b>12345678</b> Group 12345    Renewal Mo. January
Name	JANE K DOE
Care Type	Retiree National Choice PDP
<a href="http://healthpartners.com">healthpartners.com</a>	
CMS - S1822 ####	
	
<p><b>Member Services</b> Phone <b>952-883-7373</b> or <b>877-816-9539</b> (TTY 711) HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN 55440-9463</p> <p><b>Emergency &amp; Urgently Needed Care</b> For emergencies, call 911 and/or get medical attention immediately. For medical advice call the CareLine<sup>SM</sup> nurse service any time at 612-339-3663 or 800-551-0859.</p> <p><b>Claims Submission</b> <b>Medicare primary for A and B services.</b> Part D Claims: HealthPartners Pharmacy Department - MS 22205A 2901 Metro Dr., Suite 500, Minneapolis, MN 55425 Pharmacy Claims Help Desk <b>952-883-5813</b> or <b>800-492-7259</b></p> <p style="text-align: right;"><a href="#">Offered by HealthPartners</a></p>	

**Medicare Group Part D Plan card**



**ID**     **12345678**    Plan (80840)    Payer ID 94267    Group 3052  
**Name**     **SAMPLE TEST MEMBER**  
**Care Type**   **Prescription Drug Benefit**                      CMS - S1822-801

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Coverage ID card for Medicare Group Part D Plan (PDP) and  
 Federal Employees Health Benefit Plan (FEHBP) dual enrollment

**Part D**    **RxBIN 015574**   **RxPCN ASPROD1**   **RxGRP HMN08**  
**FEHBP**   **RxBIN 003585**   **RxPCN ASPROD1**   **RxGRP HMN90**

Sign-in for important plan information: [healthpartners.com/fehb](https://healthpartners.com/fehb)



Print date 9/23

**Member Services 844-440-1900**  
 HealthPartners Member Services, PO Box 9463, Minneapolis, MN 55440-9463

For emergencies call 911 and/or get immediate medical attention. For medical advice call the CareLine<sup>SM</sup> nurse service any time 612-339-3663 or 800-551-0859.

**Claims Submission**  
 Pharmacy Claims Help Desk 952-883-5813 or 800-492-7259  
[healthpartners.com/eservices](https://healthpartners.com/eservices)

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Offered by HealthPartners

\*ID cards for illustrative purposes only. Cost sharing can vary between group retiree plans.\*

## Billing members eligible for both Medicare and Medicaid (QMB Program)

Federal law prohibits Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, coinsurance, or copayments from those enrolled in the Qualified Medicare Beneficiaries (QMB) program, a dual-eligible program which exempts individuals from Medicare cost-sharing liability.

These same laws may also apply to other dual-eligible beneficiaries in Medicare Advantage plans if the State Medicaid Program holds these individuals harmless for Part A and Part B cost sharing. Low Income Subsidy copayments still apply for Part D benefits.

Providers that are enrolled in Medicare have access to Medicare's HIPAA Eligibility Transaction System (HETS), which will identify QMB status. [Link to HETS website.](#)

Providers are responsible for identifying the QMB status of HealthPartners Medicare enrollees and for following QMB billing requirements. When a claim is processed by HealthPartners for a Medicare member enrolled in the QMB program, the provider remittance advice statement includes remarks alerting the provider of a member's QMB status.

For more information on the QMB program and requirements, see CMS' QMB webpage, click here: [QMB Program.](#)



## Medicare Part D

The Medicare prescription drug benefit (also known as Medicare Part D) was effective January 1, 2006. Part D coverage is only available through private insurance companies and is not available through Medicare.

Medicaid eligible Medicare beneficiaries (dual eligibles) will automatically qualify for low-income assistance through Medicare Part D. Beneficiaries that qualify for assistance will have help paying for their Part D premiums and cost-sharing. For more information about low-income subsidy assistance contact the applicable State Health Insurance Assistance Program (SHIP).

For more information on how Medicare Part D impacts HealthPartners members, please visit [healthpartners.com/medicare](https://healthpartners.com/medicare).

### *What is covered under Medicare Part D?*

- Prescription drugs
- Biological products
- Insulin (not used with a pump covered under DME)
- Certain vaccines
- Medical supplies associated with the injection of insulin

For additional information on Medicare Part D, visit [Medicare Drug Coverage \(Part D\)](#).

### *Where do providers submit claims for HealthPartners Medicare Part D beneficiaries?*

Submit claims electronically to our pharmacy benefit management company (PBM), MedImpact. Providers are encouraged to ask pharmacies to submit claims electronically to MedImpact.

If a Part D drug is dispensed in an outpatient setting and it is not possible to submit an electronic claim to MedImpact please send a paper claim including the drug name, dose, NDC to:

HealthPartners Pharmacy Department  
MS 21111B  
P.O. Box 1309  
Minneapolis, MN 55440-1309  
Fax number: **952-853-8700** or **888-883-5434**

## 2024 Key points: HealthPartners Medicare products

### General responsibilities of providers to HealthPartners Medicare members

1. **No discrimination:** Members will not be discriminated based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.
2. **Access to care:** Covered services are available 24 hours per day, 7 days per week, when medically necessary. General hours of operation will be convenient to, and not discriminate against, Medicare members.
3. **Inform members of follow-up care:** Members are informed of specific health care needs that require follow-up care and receive, as appropriate, training in self-care and other measures necessary to promote their health.
4. **Involve members in treatment:**  
Providers will:
  - a) Educate members regarding their health needs;
  - b) Share findings of history and physical examinations;
  - c) Discuss potential treatment options (without regard to plan coverage), side effects of treatment and management of symptoms.

However, the patient has the right to choose the final course of action among clinically acceptable choices. Members have the right to choose no treatment as an option.

5. **Include member input in treatment plan:** Members have a right to have input into their treatment plan. If they are unable to fully participate in their treatment decisions, they have the right to be represented by parents, guardians, family members or other conservators, as they choose.
6. **Encourage members to participate in decision making:** Providers will encourage members or their representatives to participate in decision making regarding their health care, including but not limited to, withholding resuscitative services or foregoing or withdrawing life-sustaining treatments.
7. **Confidentiality and communications:** There will be appropriate and confidential exchange of information among providers in the network. In addition, there will be appropriate communication between primary care and specialty care to assure continuity of care and coordination of services.
8. **Right to access medical records:** Members have the right to access their medical records per HealthPartners policies.
9. **Advise members when service is not covered:** Providers shall advise members when a service is not covered and follow the procedures and requirements outlined in the Administrative Policy: *Advanced Notice of Non-coverage for Medicare members*.
10. **Appeals, grievances and complaints:** Providers will fully cooperate with HealthPartners policies and procedures related to member complaints, grievances, and organization determinations involving benefits, appeals and expedited appeals.
11. **Respect, dignity and privacy:** Providers will ensure that all members are treated with respect, dignity, and are considerate of the enrollee's privacy.



<b>Subject</b> Medicare Responsibilities for Providers and HealthPartners	<b>Attachments</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Key words</b> Medicare Responsibilities for Providers and HealthPartners	<b>Number</b> AM013
<b>Category</b> Business Practices (BP)	<b>Effective Date</b> November 1, 2003
<b>Manual</b> HealthPartners Administrative Manual	<b>Last Review Date</b> June 1, 2023
<b>Issued By</b> Provider Relations and Network Management	<b>Next Review Date</b> June 1, 2024
<b>Applicable</b> <ul style="list-style-type: none"> <li>▪ All Primary Care Medical Groups and Providers</li> <li>▪ All Specialty Care Medical Groups and Providers</li> <li>▪ All Facilities and Providers</li> </ul>	<b>Origination Date</b> November 1, 2003
	<b>Retired Date</b>

**Products**

- Fully Insured  
  Self-Insured  
  Medicare Advantage  
  Medicare Cost  
  Medicaid  
  MSHO  
 SNBC  
  WI Marketplace

**I.**
**PURPOSE**

To explain the requirements for Providers and HealthPartners in providing care to Medicare members.

**II.**
**POLICY**

This policy outlines the requirements for Providers and HealthPartners in providing care to Medicare members.

**III. PROCEDURE(S)**
**Provider Responsibility:**

1. Provider will allow Medicare members direct access to mammography services, influenza and pneumococcal vaccinations and routine and preventive services to women's health specialists included in the Medicare network. 42 CFR § 422.100(g)(1); § 422.112(a)(3)
2. Provider will not collect a co-pay or co-insurance from Medicare members seeking influenza or pneumococcal vaccines. 42 CFR § 422.100(g)(2)
3. Provider will provide all Covered Services to Medicare members in a manner consistent with professionally recognized standards of care. 42 CFR § 422.504(a)(3)(iii)

4. Provider will ensure services are provided to Medicare members in a culturally competent manner 42 CFR § 422.112(a)(8)
5. Provider shall, and shall cause each Subcontractor to:
  - a. Document, in a prominent part of the Medicare member's current medical record whether or not the Medicare member has executed an advance directive 42 CFR § 422.128(b)(1)(ii)(E)
  - b. Not refuse care or otherwise discriminate against a Medicare member based on whether or not the Medicare member has executed an advance directive; and
- c. Comply with state laws regarding advance directives.
6. Provider must cooperate with HealthPartners in respect to HealthPartners obligation to disclose to Centers for Medicare and Medicaid Services (CMS) Medicare plan quality and performance indicators, including:
  - b. Information on Medicare member satisfaction; 42 CFR § 422.504(f)(2)(iv)(B) and
  - c. Information on health outcomes. 42 CFR § 422.504(f)(2)(iv)(C)
6. Provider must be knowledgeable of Medicare requirements as communicated in the HealthPartners Participating Provider Agreement, the HealthPartners Administrative Manual, and the Provider Training Manual.
7. Provider will not employ or contract with any providers that are excluded from participation in Medicare for the provision of any of the following:
  - a. Health care
  - b. Utilization review
  - c. Medical social work
  - d. Administrative services. 42 CFR § 422.752(a)(8)
8. Provider must certify (based on knowledge, information and belief) that encounter data and medical records it submits are accurate, complete and truthful. 42 CFR § 422.310(d)(3)-(4), 422.310(e), 422.504(d)-(e), 422.504(i)(3)-(4), 422.504(l)(3)
9. Provider will participate and fully cooperate with the activities of any independent quality review and improvement organization appointed by HealthPartners. In addition, Provider will participate and fully cooperate with HealthPartners' medical policies, quality assurance programs, practice guidelines and utilization management programs and will consult with HealthPartners, when requested, regarding these policies, guidelines and programs. 42 CFR § 422.504(a)(5) and § 422.202(b)
10. Provider will not deny, limit, or condition the coverage or furnishing of benefits to Medicare members on the basis of any factor that is related to health status, including but not limited to the following:
  - a. Medical condition, including mental as well as physical illness
  - b. Claims experience
  - c. Receipt of health care
  - d. Medical history
  - e. Genetic information
  - f. Evidence of insurability, including conditions arising out of acts of domestic violence
  - g. Disability 42 CFR § 422.110(a)
11. Provider must cooperate with HealthPartners in regard to HealthPartners obligation to provide to CMS all necessary information for:
  - a. Members and potential Members to make informed decisions regarding their Medicare choices
  - b. CMS to administer and evaluate the program 42 CFR § 422.64(a); § 422.504(a)(4); 422.504(f)(2);
12. Provider must cooperate with HealthPartners in regard to HealthPartners obligation to disclose information, in a manner and form required by CMS, to all Medicare members. 42 CFR § 422.64; § 422.504(a)(4); § 422.504(f)(2)

13. Provider will participate in and fully cooperate with HealthPartners policies and procedures pertaining to member complaints, grievances, organization determinations involving benefits and member liability, appeals and expedited appeals. 42 CFR § 422.562(a)

**HealthPartners Responsibility:**

1. HealthPartners will not deny, limit, or condition the coverage or furnishing of benefits to Medicare members on the basis of any factor that is related to health status, including but not limited to the following:
  - a. Medical condition, including mental as well as physical illness
  - b. Claims experience
  - c. Receipt of health care
  - d. Medical history
  - e. Genetic information
  - f. Evidence of insurability, including conditions arising out of acts of domestic violence or
  - g. Disability. 42 CFR § 422.110(a)
2. HealthPartners will make timely and reasonable payment to non-contracted suppliers or providers for services covered by the plan. These services include:
  - a. Ambulance services dispatched through 911 or its local equivalent
  - b. Emergency and urgently needed services
  - c. Maintenance and post-stabilization care services
  - d. Renal dialysis services provided while the Medicare member was temporarily out of the service area.
  - e. Services for which coverage has been denied by the health plan and found (upon appeal) to be services the Medicare member was entitled to have furnished or paid for. 42 CFR § 422.100(b), 422.100(b)(1)(iv)
3. HealthPartners will maintain and monitor a network of appropriate healthcare providers that is supported by written agreements and is sufficient to provide adequate access to covered services and meet the needs of the Medicare population. 42 CFR § 422.112(a)(1)
4. HealthPartners will make mammography, influenza vaccinations and routine and preventive services provided by women's health specialists in the Medicare Network available to Medicare members without a referral. 42 CFR § 422.100(g)(1); § 422.112(a)(3)
5. HealthPartners may only distribute marketing materials, election forms, or make such materials available to individuals eligible to select a Medicare product upon meeting the requirements as set forth in 42 CFR § 422.2262
6. HealthPartners must provide to CMS all necessary information required for:
  - a. Members and potential Members to make informed decisions regarding their Medicare choices
  - b. CMS to administer and evaluate the program. This information includes, but is not limited to:
    - i. The benefits covered under Medicare plans; 42 CFR § 422.504(f)(2)(i)
    - ii. The monthly basic and supplemental premium 42 CFR § 422.504(f)(2)(ii)
    - iii. The service and continuation area, if any, and the enrollment capacity in each plan 42 CFR § 422.504(f)(2)(iii)
    - iv. Plan quality and performance indicators for the benefits under the plan including:
      - a. Disenrollment rates for Medicare enrollees for the previous 2 years, excluding disenrollment due to death or moving outside the plan's service area, calculated according to CMS guidelines;
      - b. Information on Medicare member satisfaction;
      - c. Information on health outcomes;
      - d. Plan-level appeal data
      - e. The recent record regarding compliance of HealthPartners with the CMS requirements;
      - f. Other information determined by CMS to be necessary to assist members in making informed choices 42 CFR § 422.111(f)(8); 42 CFR § 422.504(f)(2)(iv)
    - v. Information about appeals and their disposition; and 42 CFR § 422.504(f)(2)(v)
    - vi. Information about all formal actions, reviews, findings, or similar actions by States, other regulatory agencies or any other certifying or accrediting boards. 42 CFR § 422.504(f)(2)(vi)

- vii. In addition, HealthPartners must also disclose information, in a manner and form required by CMS, to all Members. 42 CFR § 422.64; § 422.504(a)(4); § 422.504(f)(2)(vii)
  - viii. HealthPartners must establish a formal mechanism to consult with the network providers regarding the medical policy, quality assurance programs and medical management procedures. HealthPartners must ensure that practice and utilization management guidelines:
    - a. are based on reasonable medical evidence or a consensus of health care professionals in the particular field
    - b. consider the needs of the members
    - c. are developed in consultation with network providers and
    - d. are reviewed and updated periodically 42 CFR § 422.202(b)(1)
  - ix. In addition, the guidelines must be communicated to network providers, and as appropriate, to members. Decisions with respect to utilization management, member education, coverage of services and other areas in which the guidelines apply are consistent with the guidelines. 42 CFR § 422.202(b)(2-3)
7. HealthPartners must have an agreement with an independent quality review and improvement organization approved by CMS. In addition, HealthPartners must operate a Quality Assurance and Performance Improvement program. 42 CFR § 422.504(a)(5)
8. HealthPartners does not offer a continuation of enrollment option to Medicare members when they no longer reside in the service area. 42 CFR § 422.54(b)
9. Requirements of other laws and regulations. The MA organization agrees to comply with:
  - a. Federal laws and regulations designed to prevent or ameliorate fraud, waste, and abuse, including, but not limited to, applicable provisions of Federal criminal law, the False Claims Act (31 U.S.C. 3729 et. seq.), and the anti-kickback statute (section 1128B(b) of the Act); and HIPAA administrative simplification rules at 45 CFR parts 160, 162, and 164. 42 CFR § 422.504(h)
10. HealthPartners will not employ or contract with any providers that are excluded from participation in Medicare for the provision of any of the following:
  - a. Health care
  - b. Utilization review
  - c. Medical social work
  - d. Administrative services. 42 CFR § 422.752(a)(8)
11. HealthPartners will not impose cost sharing for influenza and pneumococcal vaccinations for Medicare members. 42 CFR § 422.100(g)(2)
12. HealthPartners must certify (based on knowledge, information and belief) that the encounter data it submits are accurate, complete and truthful. 42 CFR § 422.504(l)(2)
13. HealthPartners must establish and maintain the following in regard to grievances, organization determinations and appeals:
  - a. A grievance procedure for addressing issues that do not involve organization determinations
  - b. A procedure for making timely organization determinations
  - c. Appeal procedures that meet the requirements for issues that involve organization determinations 42 CFR § 422.562(a)
14. HealthPartners must ensure that all Medicare members receive written information about the grievance and appeal procedures as well as the complaint process available to them under the Quality Improvement Organization process. 42 CFR § 422.562(a)(2)

**IV. DEFINITIONS**

N/A

**V. COMPLIANCE**

Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

**VI. ATTACHMENTS**

N/A

**VII. OTHER RESOURCES**

CMS: 42 CFR §422  
CMS Managed Care Manual Chapters 4 &11

**VIII. APPROVAL(S)**

Sr. Director  
Provider Relations and Network Management

**IX. ENDORSEMENT**

N/A

## Miscellaneous Medicare Information Websites

**Centers for Medicare and Medicaid Services**

**Medicare Administrative Contractors**

**CMS Manuals**

**HealthPartners Medicare Website**

**HealthPartners UnityPoint Health Medicare Website**