



PRODUCTS FOR MEDICARE ELIGIBLE INDIVIDUALS

2023 Provider Resource Materials

Medicare Products Information Index

Medicare Cost plans	2
WI	
HealthPartners Freedom WI (Cost) – Medical only plans	2
(Freedom Basic, Freedom Vital, and Freedom Balance)	
.....	2
ND & SD	
HealthPartners Freedom (Cost) – Medical only plans.....	5
(Freedom Valley, Freedom Base, Freedom Plains, Freedom Prairie, and Freedom Crest)	
Medicare Advantage plans	8
IA & IL	
HealthPartners UnityPoint Health (PPO) (Align and Symmetry)	8
MN	
HealthPartners Journey (PPO) (Pace, Stride, Dash and Steady)	11
Northeast WI	
HealthPartners Robin (PPO) (Birch and Maple)	14
Medicare Select plan	17
MN HealthPartners Senior Health Advantage	17
Medicare Supplement plans	18
MN HealthPartners Medicare Supplement plans	18
Retiree National Choice (RNC) (PDP) – Group Retiree Only	19
Billing Expectation for Qualified Medicare Beneficiaries (QMBs)	21
Medicare Part D	22
2023 Key Points: HealthPartners Medicare products	23
Medicare Responsibilities for Providers and HealthPartners	24
Miscellaneous Medicare Information Websites	29

Medicare Cost plans

HealthPartners Freedom WI (Cost) – medical only plans (HealthPartners Freedom MN Cost plans are no longer offered for 2023)

- 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)**
[2023 HealthPartners Freedom Basic WI \(Cost\) EOC](#)
[2023 HealthPartners Freedom Vital WI \(Cost\) EOC](#)
[2023 HealthPartners Freedom Balance WI \(Cost\) EOC](#)

Additional Benefits covered by 2023 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 only)
- Knee walker/Crutch substitute (rental only)
- Nursing Hotline
- Nutritional counseling
- Online visits/Online clinics (including 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 video (expanded coverage)
- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care

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

[Link to 2023 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 Evidences 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. The card will indicate “**HealthPartners Freedom Cost**” in the Care Type field.



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

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

- HealthPartners Freedom Valley (Cost) - New plan for 2023
- 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 HealthPartners Freedom service area includes the following counties:

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

South Dakota: Brookings, Brown, Butte, Clay, Codington, Davison, Day, Deuel, 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)**
[2023 HealthPartners Freedom Valley \(Cost\) EOC](#)
[2023 HealthPartners Freedom Base \(Cost\) EOC](#)
[2023 HealthPartners Freedom Plains \(Cost\) EOC](#)
[2023 HealthPartners Freedom Prairie \(Cost\) EOC](#)
[2023 HealthPartners Freedom Crest \(Cost\) EOC](#)

Additional Benefits covered by 2023 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.*
- Fitness benefit (gym membership or home exercise kits)
- Hearing aids (purchased through TruHearing only)
- Knee walker/Crutch substitute (rental only)
- Nursing Hotline
- Nutritional counseling

- Online visits/Online clinics (including Virtuwell®)
- Over-the Counter (OTC) Benefit (purchased through NationsOTC only) (Valley plan only)
- Prescription Eyewear (Non-Medicare covered)
- 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 video (expanded coverage)
- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care

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

[Link to 2023 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:

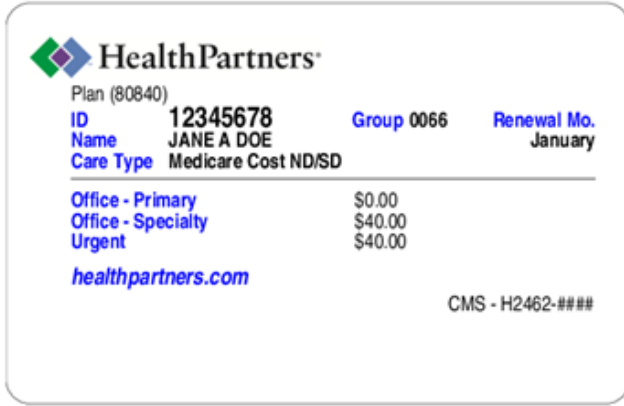
- **[Medicare Coverage Database](#)** - National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- **[MLN Matters Articles from CMS](#)**
- Member Evidences of Coverage (see links above)

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. The card will indicate “**Medicare Cost ND/SD**” in the Care Type field.



*ID card is for illustrative purposes only. Cost sharing can vary between HealthPartners Freedom (Cost) 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: Fulton, Henry, JoDaviess, Peoria, Rock Island, Stark, Tazewell and Woodford.

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)**

[2023 HealthPartners Unity Point Health Align \(PPO\) EOC](#)

[2023 HealthPartners Unity Point Health Symmetry \(PPO\) EOC](#)

Prescription Drug Formulary

[2023 HealthPartners Unity Point Health Medicare Formulary](#)

[Link](#) to the searchable formulary.

Additional Benefits covered by 2023 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)

- Hearing aids (purchased through TruHearing only)
- Knee walker/Crutch substitute (rental only)
- Nursing Hotline
- Online visits/Online clinics (including Virtuwell®)
- Over-the Counter (OTC) Benefit (purchased through NationsOTC only)
- Prescription Eyewear (Non-Medicare covered)
- 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 video (expanded coverage)
- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care

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

[Link to 2023 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 Evidences 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 card will indicate “**Medicare Advantage PPO HPUPH**” in the Care Type Field.

			
Plan (80840)		Group 0060	Renewal Mo. January
ID	12345678		
Name	JANE A DOE		
Care Type	Medicare Advantage PPO HPUPH		
Office Primary	\$##.00		
Office Specialty	\$##.00		
Urgent	\$##.00		
healthpartnersunitypointhealth.com		CMS - H3416-001	
RxBIN 015574 RxPCN ASPROD1			
RxGrp HMN02			
			

<p>Member Services 0121</p> <p>888-360-0544 (TTY 711)</p> <p>HealthPartners Member Services, P.O. Box 9463, Minneapolis, MN 55440-9463</p> <p>Emergency & Urgently Needed Care</p> <p>For emergencies, call 911 and/or get medical attention immediately.</p> <p>For medical advice call the CareLine™ nurse service any time at 800-551-0859.</p> <hr/> <p>Information for Providers</p> <p>Admissions: Fax information to 952-853-8705 or call 800-316-9807 for any hospital or facility admissions.</p> <p>Claims Submission: healthpartners.com/services</p> <p>Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289</p> <p>Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN 55440-1172</p> <p>Medicare limiting charges apply.</p> <hr/> <p style="text-align: right;">Offered by HealthPartners UnityPoint Health, Inc.</p>
--

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
- HealthPartners Journey Dash (PPO) – Metro-Central and Greater Minnesota
- HealthPartners Journey Steady (PPO) – Metro-Central
- HealthPartners Journey Group (PPO) – Metro-Central and Greater Minnesota

Description:

HealthPartners Journey is a Medicare Advantage Preferred Provider Organization (PPO) plan. HealthPartners Journey is an open access product and provides a broad network that includes providers across the entire HealthPartners Care Group for those living in the Twin Cities and St. Cloud areas.

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 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.

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)**

[2023 HealthPartners Journey Pace \(PPO\) EOC - Metro-Central](#)

[2023 HealthPartners Journey Pace \(PPO\) EOC - Greater Minnesota](#)

[2023 HealthPartners Journey Stride \(PPO\) EOC - Metro-Central](#)

[2023 HealthPartners Journey Dash \(PPO\) EOC - Metro-Central](#)

2023 HealthPartners Journey Dash (PPO) EOC - Greater Minnesota
2023 HealthPartners Journey Steady (PPO) EOC - Metro-Central

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

2023 HealthPartners Medicare Formulary I

[Link to the searchable formulary](#)

2023 HealthPartners Medicare Formulary II

[Link to the searchable formulary](#)

Additional Benefits covered by 2023 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.
- Fitness benefit (gym membership or home exercise kits)
- HealthPartners Choice Card (Card dollars may apply toward routine chiropractic services, non-Medicare covered prescription eyewear, and hearing aids purchased through TruHearing) (**Pace and Dash Metro-Central plans only**)
- 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/Online clinics (including Virtuwell®)
- Over-the Counter (OTC) Benefit (purchased through NationsOTC only) (certain plans only)
- Prescription Eyewear (Non-Medicare covered) (certain plans 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 video (expanded coverage)
- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care

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 2023 HealthPartners Medicare Products and Additional Items/Services Covered](#)

Verifying Coverage

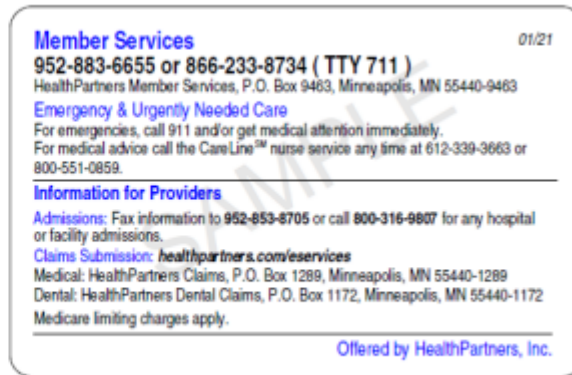
As a contracted provider, it is important to know what Original Medicare covers and also what additional benefits are covered by HealthPartners Journey (PPO) plans. Coverage resources may include but are not limited to the following:

- **Medicare Coverage Database** - National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- **MLN Matters Articles from CMS**
- Member Evidences 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 card will indicate “**Journey Medicare Advantage PPO MN**” in the Care Type field.



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)

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 plans.

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)**
[2023 HealthPartners Robin Birch \(PPO\) EOC](#)
[2023 HealthPartners Robin Maple \(PPO\) EOC](#)

Prescription Drug Formulary
[2023 HealthPartners Medicare Formulary I](#)
[Link](#) to the searchable formulary

Additional Benefits covered by 2023 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 routine chiropractic services, non-Medicare covered prescription eyewear, hearing aids purchased through TruHearing, and OTC items purchased through NationsOTC)
- Hearing Aids (purchased through TruHearing only)
- Knee walker/Crutch substitute (rental only)
- Nursing Hotline
- Nutritional counseling
- Online visits/Online clinics (including 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 video (expanded coverage)
- Travel Counseling (individual)
- Treatment at the Scene (no ambulance transport)
- Worldwide emergency and urgently needed care

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

[Link to 2023 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 Evidences 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 card will indicate “**Robin Medicare Advantage PPO**” in the Care Type field.

Robin
 HealthPartners

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

Office Primary \$##.00
Office Specialty \$##.00
Urgent \$##.00

healthpartners.com CMS - H4882-001

RxBIN 015574 RxPCN ASPROD1 **MedicareRx**
 RxGrp HMN02 Prescription Drug Coverage

Member Services 01/21
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.

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
 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.

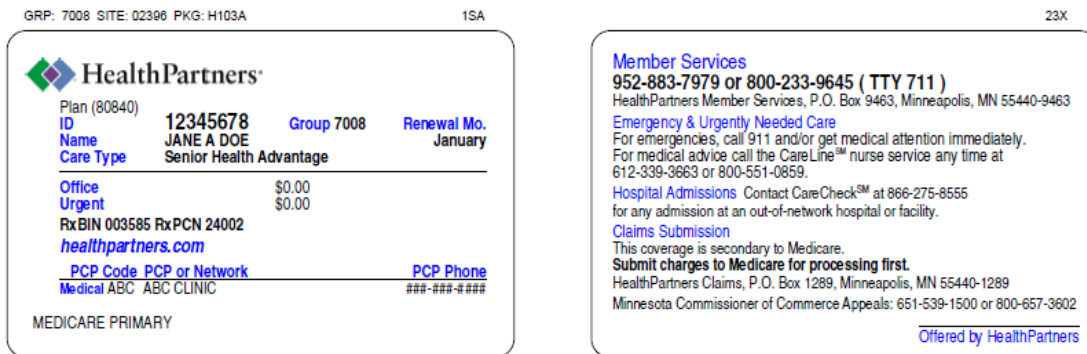
The HealthPartners Senior Health Advantage service area includes the following counties in Minnesota: Anoka, Benton, Carver, Chisago, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Hennepin, Houston, Isanti, LeSueur, McLeod, Meeker, Mille Lacs, Morrison, Mower, Olmstead, Ramsey, Rice, Scott,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



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

Medicare Supplement plan

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.

GRP: 60754 SITE: 03 PKG: HP300	1SP	23SX
 HealthPartners®		
Plan (80840)		
ID	12345678	Group 60754 Renewal Mo. January
Name	JANE A DOE	
Care Type	Medicare Supplement	
<hr/>		
Office	\$0.00	
Urgent	\$0.00	
healthpartners.com		
MEDICARE PRIMARY		
<p>Member Services 952-967-7877 or 833-256-7044 (TTY 711) HealthPartners Member Services P.O. Box 9463, Minneapolis, MN 55440-9463</p> <p>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.</p> <p>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</p> <p style="text-align: right;"><i>Offered by HealthPartners</i></p>		

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

Retiree National Choice (RNC)

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.
Medicare Eligibility:	Medicare beneficiaries must be entitled to Medicare Part A and enrolled in Part B.
Claims Administration:	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.
Status of Product:	Open to new enrollment.
Benefit information:	<p>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:</p> <ul style="list-style-type: none">• Local: 952-883-7373• Toll free: 877-816-9539 <p>Prescription Drug Formulary (Formulary varies by group; call member services to confirm the correct formulary) 2023 HealthPartners Medicare Formulary I Link to the searchable formulary 2023 HealthPartners Medicare Formulary II Link to the searchable formulary</p>
ID Card:	<p>There are two ID cards, one for the Medical plan and one for the Part D Prescription Drug Plan</p> <p>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.</p>

Retiree National Choice Medical card

GRP: 16001 SITE: N13333 PKG: RM14 13RN


HealthPartners®
 Plan (80840)
ID 12345678 **Group** 16001 **Renewal Mo.** January
Name JANE A DOE
Care Type Retiree National Choice

Office Visit \$15.00
Urgent \$15.00
healthpartners.com
 MEDICARE PRIMARY
 For Part D: RxBIN 015574 RxPCN ASPROD1
 RxGrp HMN08

68RN

Member Services
 Phone 952-883-7373 or 877-816-9539 (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 CareLineSM nurse service any time at
 612-339-3663 or 800-551-0859.


Claims Submission
 This coverage is secondary to Medicare.
Submit charges to Medicare for processing first.
 Medical: HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289
 Prevent Dental: HealthPartners Dental Claims, P.O. Box 1172, Minneapolis, MN
 55440-1172

Offered by HealthPartners Insurance Co.

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

Retiree National Choice Prescription Drug Plan card

46RQ


HealthPartners®
 RxBIN ##### RxPCN #####
 RxGrp HMN##
 Plan (80840)

ID 12345678 **Group** 12345 **Renewal Mo.** January
Name JANE K DOE
Care Type Retiree National Choice PDP

healthpartners.com CMS - S1822 ####

MedicareRx
Prescription Drug Coverage

69RP

09/18

Member Services
 Phone 952-883-7373 or 877-816-9539 (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 CareLineSM nurse service any time at
 612-339-3663 or 800-551-0859.

Claims Submission
Medicare primary for A and B services.
 Part D Claims:
 HealthPartners Pharmacy Department - MS 22205A
 2901 Metro Dr., Suite 500, Minneapolis, MN 55425
 Pharmacy Claims Help Desk 952-883-5813 or 800-492-7259

Offered by HealthPartners

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

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.

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 to:

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

2023 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.

Subject Medicare Responsibilities for Providers and HealthPartners	Attachments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Key words Medicare Responsibilities for Providers and HealthPartners	Number AM013
Category Business Practices (BP)	Effective Date November 1, 2003
Manual HealthPartners Administrative Manual	Last Review Date November 29, 2022
Issued By Provider Relations and Network Management	Next Review Date June 1, 2023
Applicable <ul style="list-style-type: none"> ▪ All Primary Care Medical Groups and Providers ▪ All Specialty Care Medical Groups and Providers ▪ All Facilities and Providers 	Origination Date November 1, 2003
	Retired Date

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. 42 CFR § 422.128(b)(1)(ii)(e-g)
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:
 - a. Disenrollment rates for Medicare members electing to receive benefits through the Medicare Plan for the previous two years; 42 CFR § 422.504(f)(2)(iv)(A)
 - 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