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Member Services

MEMBER SERVICES

Phone: (800) 656-8991 (TTY 711)

Fax: (480) 784-2933

Email: Comments@iasishealthcare.com

Hours of Operations: 8 a.m. - 8 p.m., 7 days a week

Health Choice Generations Members and their medical care are very important to us. To ensure their needs are met, Health Choice Generations Member Services coordinates all membership activities.

The primary functions of Member Services include:

- Verification of Member eligibility
- Primary care physician (PCP) assignment and changes
- Responding to and resolving Member complaints
- Arranging translation services including hearing impaired and sign language
- Conducting Member Satisfaction Surveys

MEMBER ELIGIBILITY

There are two (2) ways for providers to check eligibility:

- (1) By accessing the Health Choice Generations **Web Address: www.hcgenerations.com**. All providers are required to pre-register on the website to gain access for member eligibility through the Provider Portal. If you need assistance registering, please contact your Provider Services Representative.
- (2) By calling Health Choice Generations Member Services at: **(800) 656-8991**.

The Member's ID card covers both Medical and Prescription benefits. All providers, including pharmacies, should ask to see the Health Choice Generations Member ID Card at each point of contact. See Exhibit 2.1 and 2.2 – examples of ID cards.

Health Choice Generations has asked members to keep their original "Red, White and Blue" Medicare card in a safe place, but the Health Choice Generations ID card is needed to get Medicare covered services. If the Member's Health Choice Generations card is damaged, lost or stolen, encourage the Member to contact Member Services at (800) 656-8991 for a replacement.

"Disenrollment" from Health Choice Generations means ending membership in Health Choice Generations. Disenrollment can be voluntary (member choice) or involuntary (not member choice).

Generally, there are limits on when and how often members can change the way they get Medicare. Switching from one plan like Health Choice Generations to a plan offered by another organization, or to Original Medicare, counts towards making a change.

Since members have Medicare and Medicaid coverage from AHCCCS, members can change to another plan at any time and the change is effective the first day of the following month. If the member lives in a long-term care facility like a nursing home, they may also change to another plan at any time.

Some of the reasons members might want to leave Health Choice Generations and join another plan:

- Voluntary: Members might leave Health Choice Generations because members have decided that they want to leave. Members can do this for any reason.
- Involuntary: There are also a few situations where members would be required to leave. For example, members would have to leave Health Choice Generations if members move permanently out of our geographic service area; if members lose Medicaid (AHCCCS) coverage or Medicare Parts A and B coverage; or if Health Choice Generations leaves the Medicare program.

We are not allowed to ask members to leave the plan because of their health status.

What happens if Member loses their Medicaid (AHCCCS) benefits?

Health Choice Generations Members must have Medicaid (AHCCCS) and have Medicare Parts A and B. If members lose AHCCCS eligibility, we are required by CMS to give members a six month grace period after which members will be disenrolled from Health Choice Generations if members do not re-establish their AHCCCS eligibility.

During this time, members will receive Medicare benefits through Health Choice Generations because they will be deemed eligible. In other words, if members lose AHCCCS eligibility, Health Choice Generations will pay for their Medicare benefits for six months from the date the member loses their AHCCCS benefits.

Health Choice Generations generally follows Medicare coverage rules for services, meaning when Original Medicare benefits run out, Health Choice Generations benefits will terminate. However, there may be instances where an addition or an extension of exhausted Medicare benefits is available from Health Choice Arizona or another AHCCCS plan.

Health Choice Generations encourages members to contact Member Services. Health Choice Generations will assist members in the coordination of medical care between Medicare services and Medicaid services - whether it is Health Choice Arizona or another AHCCCS health plan - with appropriate staff, to the extent possible.

If Members decide to Leave Health Choice Generations

What members must do to leave Health Choice Generations depends on whether members want to switch to Original Medicare or to another Medicare Advantage plan.

- Original Medicare** is available throughout the country. Original Medicare is fee-for-service coverage that lets members go to any doctor, hospital, or other healthcare provider who accepts Medicare. The government pays providers directly for the Medicare-approved amount, and members pay their share (coinsurance). For members with Medicare and AHCCCS, in most cases, their cost sharing is covered by AHCCCS.

- Medicare Advantage Plans** (including HMOs such as Health Choice Generations, PPOs, and Private Fee-for-service plans) are available in most parts of the country. In HMOs and PPOs, members get all their Medicare-covered Part A and Part B health care through the plan. Most Medicare Advantage Plans **also include prescription drug coverage** as part of the Medicare Prescription Drug (Part D) benefit. Medicare pays Medicare Advantage plans a set amount of money every month to cover services for its members.

PRIMARY CARE PHYSICIAN (PCP) SELECTION

Health Choice Generations contracts with General Practice, Family Practice, Internal Medicine, Obstetrics & Gynecology and Pediatric physicians to provide PCP services to enrolled Health Choice Generations Members. If a member does not choose a PCP, the Health Choice Generations Member Services Department assigns the member to a PCP based on geographic location and language preference.

Each new Health Choice Generations Member enrolled with Health Choice Generations will receive an Explanation of Coverage (EOC) that outlines the Member's Rights and Responsibilities. The EOC is a resource that provides assistance for members on how to obtain health care services through Health Choice Generations.

There are instances when Health Choice Generations may restrict a Member's choice of PCP. Examples include, but are not limited to, when a member frequently changes their PCP or for medically necessary reasons.

MEMBER ROSTERS

Member Rosters list PCPs' assigned members as of the first day of the month. This information can be accessed on the Health Choice Generations Provider Portal.

If a member seeking care is not listed on your roster, please have the member call Health Choice Generations Member Services to change PCPs. The panel addition form is also available for your use in adding a member to your panel. Please contact your Provider Service Representative for assistance.

Health Choice Generations Member Add To a Closed Panel

Should a provider whose panel is closed wish to add a member to their Health Choice Generations panel, it must be submitted in writing and signed by a practice representative with signature authority. You can fax or email the form to us. Contact your Provider Service Representative for the form and assistance.

Physician Request to Remove Health Choice Generations Member from Panel

Member removal from your roster should be considered as a last resort.

Rather than remove these members from your roster, we prefer to collaborate with members in managing their health care. Depending on the issue, we will either contact the member directly or coordinate with our Case Management Department to attempt to resolve the issue.

It is important for your office to continue providing care to the member during this process. If no improvement is achieved after our interventions, it may be agreed that the member needs a new primary care physician.

However should you request a Health Choice Generations Member be removed from your panel the following are required:

- It must be submitted in writing and signed by the physician.
- A copy of the notice to the member must also be given.

Member assignment changes are effective approximately 5 days following notification. Both Members and Providers can fax requests to Member Services.

RESOURCES AND CONTACTS FOR HEALTH CHOICE GENERATIONS MEMBERS

Medicare Program

Medicare is the federal health insurance program for people 65 years of age or older, some people under age 65 with disabilities, and people with End Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant). CMS is the federal agency in charge of the Medicare program. CMS stands for **C**enters for **M**edicare & **M**edicaid **S**ervices. CMS contracts with and regulates Medicare Health Plans (including Health Choice Generations). Here are ways to get help and information about Medicare from CMS:

- Call **(800) MEDICARE** (800-633-4227) toll free to ask questions or get free information booklets from Medicare. Members can call this national Medicare Help line 24 hours a day, 7 days a week. TTY users should call 711.
- Use a computer to look at www.medicare.gov, the official **government website for Medicare information**. This website gives members up-to-date information about Medicare and nursing homes and other current Medicare issues. It includes booklets members can print directly from their computer. It has tools to help members compare Medicare Advantage Plans and Prescription Drug Plans in your area. Members can also search the “Helpful Contacts” section for the Medicare contacts in your state. If members do not have a computer, your local library or senior center may be able to help members visit this website using their computer.

Arizona State Health Insurance Assistance Program (SHIP) – an organization in Arizona that provides free Medicare help and information

The Arizona State Health Insurance Assistance Program is paid by the federal government to give free health insurance information and help to people with Medicare. The Arizona State Health Insurance Assistance Program can explain Medicare rights and protections, help members make complaints about care or treatment, and help straighten out problems with Medicare bills. The Arizona State Health Insurance Assistance Program has information about Medicare Advantage Plans and about Medigap (Medicare supplement insurance) policies. This includes information about whether to drop Medigap policy while enrolled in the Medicare Advantage plan. This also includes special Medigap rights for people who have tried a Medicare Advantage Plan (like Health Choice Generations) for the first time.

Members can contact the Arizona State Health Insurance Assistance Program at:

Arizona Division of Aging and Adult Services
1789 West Jefferson, #950A
Phoenix, Arizona 85007
Phone: (800) 432-4040 (toll-free nationwide)

<https://des.az.gov/services/aging-and-adult/state-health-insurance-assistance-program-ship>

Members can also find the website for the Arizona Health Insurance Assistance Program at www.medicare.gov on the web.

Arizona Health Care Cost Containment System (AHCCCS) – Arizona's Medicaid agency that offers health care programs to serve Arizona residents that meet certain income and other requirements.

Medicaid is a joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Some people with Medicare are also eligible for Medicaid.

Health Choice Arizona is one of the AHCCCS health plans in Arizona.

Most healthcare costs are covered if members qualify for both Medicare and Medicaid.

Medicaid also has programs that can help pay for Medicare premiums and other costs, if members qualify. To find out more about Medicaid and its programs you can contact:

Arizona Health Care Cost Containment System (AHCCCS)
801 E. Jefferson, Phoenix, AZ 85034
Phone: (602) 417-4000

Alternatively, contact Health Choice Generations Member Services Department at (800) 656-8991 (TTY users 711), 7 days a week, 8 a.m. - 8 p.m.

Social Security Administration

The Social Security Administration provides economic protection for Americans of all ages. Social Security programs include retirement benefits, disability, family benefits, survivor's benefits, and benefits for the aged, blind, and disabled. Members can call the Social Security Administration toll free at (800) 772-1213. TTY users should call 711. Members can also visit www.ssa.gov on the web.

Railroad Retirement Board

If members get benefits from the Railroad Retirement Board, members can call (877) 772-5772 TTY users should call 711. Members can also visit <https://secure.rrb.gov/> on the web.

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Chapter 2: Member Services