

## Section 2

### Health Choice Generations Member Services

#### Health Choice Generations (HC Generations) Member Services Department:

Phone: 1-800-656-8991

Fax: 480-784-2933

Email: [HCH\\_Comments@iasishealthcare.com](mailto:HCH_Comments@iasishealthcare.com)

Hours of Operations: Monday-Friday 8:00 AM - 8:00 PM

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

The primary functions of the Member Service Department 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:

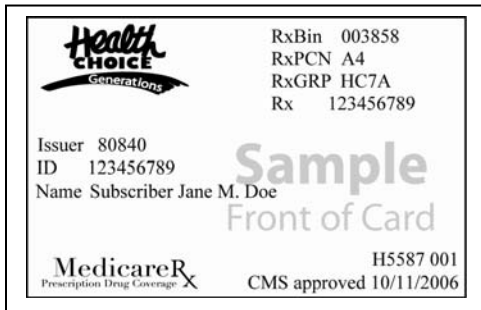
(1) By accessing the Health Choice Generations **Web Address: [www.hcgenerations.com](http://www.hcgenerations.com)**. All providers are required to pre-register on the website to gain access for member eligibility. If you need assistance registering, please contact your Network Services Representative.

(2) By calling Health Choice Generations Member Services **Monday-Friday 8:00 am - 8:00 pm at: 1-800-656-8991**.

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.

Health Choice Generations has asked members to keep their original "Red, White and Blue" Medicare card in a safe place as 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 1-800-656-8991 for a replacement.

## Example of Health Choice Generations ID card:



### Disenrollment

“Disenrollment” from Health Choice Generations means ending membership in Health Choice Generations. Disenrollment can be voluntary (members choice) or involuntary (not members 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, counts towards making a change.

Since members have Medicare and Medicaid coverage from AHCCCS, members can change to another plan at any time. If 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:

- Members might leave Health Choice Generations because members have decided that they want to leave. Members can do this for any reason.
- 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 30-day 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 because they will be deemed eligible. In other words, if members lose AHCCCS eligibility, Health Choice Generations will pay for their Medicare benefits for 30 days from the day the member loses their AHCCCS benefits.

Health Choice Generations generally follows Medicare coverage rules for services closely, 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 (the plan that coordinates AHCCCS benefits).

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 one of your other choices.

- **Original Medicare** is available throughout the country. Original Medicare is a fee-for-service health plan that lets members go to any doctor, hospital, or other healthcare provider who accepts Medicare. Members must pay a deductible. Medicare pays its share of the Medicare-approved amount, and members pay their share (coinsurance). Original Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance) and effective January 1, 2006 Medicare introduced Part D, the Medicare Prescription Drug program.
- **Other Medicare Advantage Plans** (including HMOs such as Health Choice Generations, PPOs, and Private Fee-for-service plans) are available in some parts of the country. In HMOs and PPOs, members generally get all their Medicare-covered Part A and Part B health care through the plan. Medicare Advantage Plans *may include prescription drug coverage* as part of the Medicare Prescription Drug (Part D) benefit. Medicare pays a set amount of money for their care every month to these private health plans whether or not members use services.

### **Primary Care Physician (PCP) Selection**

HC 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 HC Generations Member Services Department assigns the member to a PCP based on geographic location and language preference.

Each new HC Generations Member enrolled with HC Generations will receive written notification of their PCP by mail. In addition to the letter with the PCP information, an Explanation of Coverage (EOC) is provided 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 HC Generations.

There are instances when HC 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 PCP's or PCO's assigned members as of the first day of the month. Rosters are mailed to the PCP by the fifth day of every month. In addition to the Member Eligibility Roster, the PCP/PCO will receive regular updates for members assigned after the first of the month.

If a member seeking care is not listed on your roster, please have the member call HC Generations Member Services to change PCPs. HC Generations notifies PCPs of new member assignments on a monthly member roster or daily update.

### **HC Generations Member Add To or Remove From Panel**

To ensure services are not rendered to disenrolled members, notifications are sent to PCP/PCO via fax on a daily basis.

Should a provider whose panel is close, wish to add a member to their HC Generations panel, it must be submitted in writing and signed by a practice representative with signature authority.

**Physician Request to Remove HC 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 HC 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 the first of the month following notification.

Both Members and Providers can fax request 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 Centers for Medicare & Medicaid Services. CMS contracts with and regulates Medicare Health Plans (including Health Choice Arizona). Here are ways to get help and information about Medicare from CMS:

- Call **1-800-MEDICARE** (1-800-633-4227) 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 1-877-486-2048.
- Use a computer to look at [www.medicare.gov](http://www.medicare.gov), the official **government website for Medicare information**. This website gives members a lot of up-to-date information about Medicare and nursing homes and other current Medicare issues. It includes booklets members can print directly from your 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 Plan – an organization in your state that provides free Medicare help and information

The Arizona State Health Insurance Assistance Plan is paid by the federal government to give free health insurance information and help to people with Medicare. The Arizona State Health Insurance Assistance Plan 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 Plan 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. (Medicare Advantage is the new name for Medicare + Choice)

Members can contact the Arizona State Health Insurance Assistance Plan at  
Arizona Aging and Adult Services                      Phone: 1-800-432-4040 (toll-free nationwide)  
1789                                                              West                                                              Jefferson,                                                              #950A  
Phoenix, Arizona 85007

Website: <http://www.de.state.az.us/aaa/programs/ship/default.asp>.

Members can also find the website for the Arizona Health Insurance Assistance Plan at [www.medicare.gov](http://www.medicare.gov) on the web.

**AHCCCS (Medicaid) – a state government agency that handles healthcare programs for people with low incomes**

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.

In Arizona, the Medicaid plan is called Arizona Health Care Cost Containment System or AHCCCS. AHCCCS is responsible for providing health insurance to low-income Arizonans.

Health Choice is one of the AHCCCS health plans in Arizona. Health Choice offers medical, dental, and behavioral health services/benefits.

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, contact:

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

Alternatively, contact Health Choice Member Services Department at 1-800-656-8991 (TTY users 1-800-842-4681), 7 days a week, 8 am – 8 pm.

**Social Security Administration**

The Social Security Administration provides economic protection for Americans of all ages. Social Security programs include retirement benefits, disability, family benefits, survivors' benefits, and benefits for the aged, blind, and disabled. Members can call the Social Security Administration toll free at 1-800-772-1213.

TTY users should call 1-800-325-0778. Members can also visit [www.ssa.gov](http://www.ssa.gov) on the web.

**Railroad Retirement Board**

If members get benefits from the Railroad Retirement Board, members can call their local Railroad Retirement Board office or 1-800-808-0772 (calls to this number are free). TTY users should call 312-751-4701. Members can also visit [www.rrb.gov](http://www.rrb.gov) on the web.