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SECTION 6: ELIGIBILITY, ENROLLMENT AND DISENROLLMENT

HEALTH PLAN ADVANTAGE D-SNP ELIGIBILITY

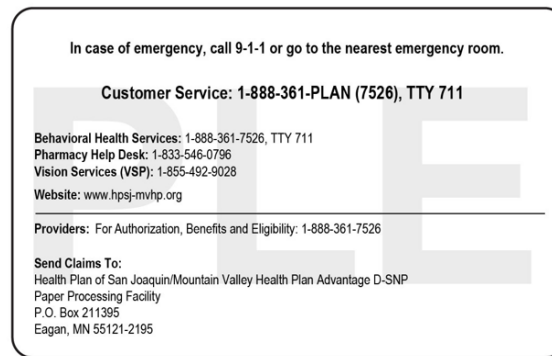
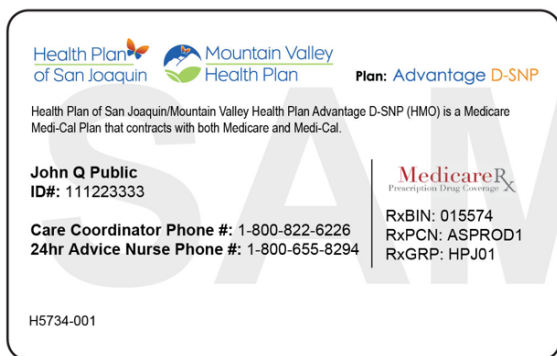
Health Plan Advantage D-SNP offers D-SNP (HMO) for individuals with Medicare Part A and Part B coverage and full benefits under the Medi-Cal program. Health Plan Advantage D-SNP is regulated by both federal and state agencies under Title 42, Chapter 4 of the Code of Federal Regulations and the provisions of Title 22 of the California Code of Regulations and the Department of Health Care Services (DHCS). Under this oversight, the D-SNP must comply with federal and state requirements. Health Plan Advantage D-SNP provides all benefits covered under Original Medicare Parts A, B and D and benefits under the Medi-Cal program.

The D-SNP permits enrollment during the annual election period (AEP) from October 15 through December 7 and when there is a change in an Enrollee's Medi-Cal entitlement which may occur outside of AEP. Enrollees may experience other changes which may permit an individual to enroll using a special election period (SEP). Contact Health Plan Advantage D-SNP's Member Services at 1-888-361-7526 (TTY: 711) for assistance to determine if a SEP is available to a prospective Enrollee.

Enrollees participating in this program must re-certify their Medi-Cal eligibility annually and may lose Medi-Cal eligibility, regain it at a later date or become effective for services retroactively throughout the year. When an Enrollee in D-SNP loses Medi-Cal eligibility during the benefit year, Health Plan Advantage D-SNP will continue to provide Medicare and Medi-Cal benefits to the Enrollee for a period of five months from the date of loss of Medi-Cal eligibility, referred to as a deeming period.

MEMBER IDENTIFICATION CARDS

Health Plan Advantage D-SNP issues all Enrollees an identification card that must be presented to Provider at the time covered services are requested. The Identification Card (ID Card) alone is not considered verification of Enrollee eligibility; the ID Card is issued for identification purposes only and does not guarantee eligibility. All Providers must verify eligibility on the date services are provided. A referral or authorization does not guarantee Enrollee is eligible on the date of service.



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VERIFICATION OF ELIGIBILITY

There are several ways to verify eligibility with Health Plan Advantage D-SNP. The methods listed below will provide various levels of detail about Enrollees including, but not limited to:

- Name
- Health Plan Advantage D-SNP identification number
- Birth date
- Gender (female or male)
- Language preference
- Eligibility status (eligible or termed) and effective dates
- PCP name and phone number
- PCP assignment effective date

Interactive Voice Response System (IVR)

IVR is another tool that is available 24 hours a day, seven days a week to verify Enrollee eligibility. To use IVR, please call 1-209-942-6303 and provide the Enrollee's nine-digit Health Plan Advantage D-SNP identification number. A confirmation number will be provided which should be maintained to document the verification of eligibility.

Member Service Department

Eligibility may be verified by calling the Member Services Department. representatives are available to assist with eligibility verification inquiries with live coverage Monday through Friday from 8:00 am to 8:00 pm April 1 – September 30 and seven days per week October 1 – March 31. Contact Member Services by phone at 1-888-361-7526 (TTY: 711)

HealthReach Advice Nurse Line

Health Plan Advantage D-SNP's Advice Nurse Carenet is available 24 hours a day, seven days a week to assist with eligibility inquiries and to assist in triaging Enrollees in need of covered services. To access CareNet please call 1-800-655-8294.

Edifecs

Health Plan leverages Edifecs for its X12N 270/271 Health Care Eligibility Request and Response, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Type 3 and Errata (also The X12N 270/271 version of the 5010 Standards for Electronic Data Interchange Technical Report referred to as Implementation Guides) for the Health Care Eligibility Request and Response Transaction has been established for eligibility status inquiry and response compliance. This document has been prepared to serve as a Health Plan specific companion guide to the 270/271 Transaction Sets. This document supplements but does not contradict any

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requirements in the 270/271 Technical Report, Type 3. The primary focus of the document is to clarify specific segments and data elements that should be submitted to Health Plan on the 270/271 Health Care Eligibility Status Request and Response Transaction. This document will be subject to revisions as new versions of the 270/271 Transaction Set Technical Reports are released. This document has been designed to aid both the technical and business areas.

For more information on how to implement the X12 270/271, please refer to:

https://www.hpsj.com/wp-content/uploads/2024/07/HPSJ-MVHP_-270271-electronic-eligibility-verification-companion-guide-07232024E.pdf

PRIMARY CARE PHYSICIAN (PCP) ASSIGNMENT AND CHANGE

PCPs are the primary Provider of covered services for Enrollees. They play a central role in coordinating care. For this reason, the selection or assignment of each Enrollee to a PCP is of critical importance. The PCP is the center of a multidisciplinary care team and coordinates all care for their assigned Enrollees while acting as their key contact and advocate.

The first and most important decision an Enrollee makes is the selection of a PCP. Health Plan Advantage D-SNP encourages individual PCP selection because it creates a better opportunity for an Enrollee to develop a one-on-one relationship with a physician who can personally engage with them in coordinating their care. This relationship creates continuity and improved quality and helps avoid confusion and duplication of services. Enrollees can find available PCPs on Health Plan Advantage D-SNP's website and are directed to choose PCPs for themselves and for each family member. If an Enrollee does not select a PCP, Member Services contacts the Enrollee to assist in selecting a PCP.

Enrollees can change PCPs by using the Member portal on Health Plan Advantage D-SNP's website or by calling the Member Services Department at 1-888-361-7526 (TTY: 711). Provider can also submit a PCP selection to Health Plan Advantage D-SNP by using the PCP Selection Form via secure Provider portal (DRE).

- PCP change requests made from the first through the 15th of the month will become effective the first day of the month of the request if the Enrollee has not accessed care with their current PCP during month of the request.
- PCP change requests made from 16th through the end of the month will become effective the first day of the following month.
- PCP changes requests made after the 15th can become effective the first day of the month of the request if:
 - The Enrollee has not seen their current PCP in the month of the request and the Enrollee is ill and need immediate medical attention
 - The Enrollee does not approve of a previous auto-assignment
 - The Enrollee previously requested a change and was not administratively processed

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GROUP/CLINIC ASSIGNMENT

Enrollees may select an individual PCP within a Group or clinic, a Federally Qualified Health Centers (FQHCs) or a Rural Health Centers (RHCs).

PRIMARY CARE PHYSICIAN (PCP) AUTO-ASSIGNMENT

If an Enrollee does not select a PCP in the enrollment process, Member Services will contact the Enrollee to assist in PCP selection. If Health Plan Advantage D-SNP is unable to contact the Enrollee, a PCP Selection form will be mailed to the Enrollee. No response to the mailing will result in Health Plan Advantage D-SNP assigning Enrollee to a PCP considering:

- Language, age and gender of Enrollee
- Language, age and gender restrictions for potential PCPs
- Current report of PCPs accepting new Enrollees
- Panel capacity of current PCPs
- Geographic accessibility (travel time and distance) based on Enrollee's zip code
- Availability of traditional safety net PCPs
- Culture and ethnicity of Enrollee and PCPs
- PCPs with whom Enrollee has had a previous relationship

PCPs are notified of newly assigned Enrollees on the monthly roster, which is available through the secure Provider portal (DRE) on Health Plan Advantage D-SNP's website, www.hpsj-mvhp.org.

MEMBER DISENROLLMENT

Health Plan Advantage D-SNP does not make Medicare or Medi-Cal eligibility determinations for Enrollees. The CMS retains responsibility for accurately determining Enrollee eligibility for, and enrollment in, Medicare.

The responsibility for the determination of Medi-Cal eligibility resides with the state and county Human Services Agency; it is subject to retroactive adjustment in accordance with the terms and conditions of coverage described in the *Evidence of Coverage and Disclosure Form*.

Voluntary Disenrollment

Enrollees can elect to discontinue participation in the D-SNP during a valid election period and receive Medicare-covered services through Original Medicare or may enroll in another plan in the service area.

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Involuntary Disenrollment

CMS identifies circumstances when an Enrollee must be disenrolled from Health Plan Advantage D-SNP. Enrollees must be disenrolled if Enrollee:

- Moves outside of Health Plan Advantage D-SNP Service Area
- Loses Medicare entitlement to Part A, Part B or Part D
- Fails to pay Part D-IRMAA
- Is not lawfully present
- Fails to requalify for full Medi-Cal at the conclusion of the deeming period.
- No longer qualifies for full Medi-Cal benefits as determined by DHCS

Health Plan Advantage D-SNP may request to disenroll an Enrollee who engages in disruptive behavior which substantially impairs Health Plan Advantage D-SNP's ability to arrange or provide for services to the Enrollee or other Health Plan Advantage D-SNP Enrollees. Health Plan Advantage D-SNP must make a serious effort to resolve the problems presented by the Enrollee before requesting disenrollment from CMS which will be made at their sole discretion.

Circumstances which may constitute or provide evidence of disruptive behavior include:

- Contracted Providers refuse to see or treat Enrollee due to his/her behavior or actions
- Incidents of physical violence or threats of harm that significantly impair Health Plan Advantage D-SNP's ability to provide services to the Enrollee or another Enrollee
- Abusive, inappropriate, obscene language that is accompanied by an act of violence, by a threat of harm or perceived as a threat of harm by a Provider, other patient, or Health Plan Advantage D-SNP employee
- Inappropriate conduct

Contact Customer Service at **1-888-361-7526 (TTY: 711)** and ask to speak to a Provider Services Representative for additional information about procedures for handling disruptive Enrollee