



Reminder – Model of Care Required Training

HAP Medicare Complete Duals (HMO D-SNP) & HAP Medicare Complete Assist (PPO D-SNP)

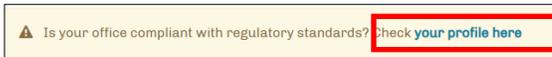
A Dual Eligible Special Needs Plan, or D-SNP is a special type of Medicare Advantage HMO or PPO plan. It provides health benefits to members who qualify for Medicare and are eligible for Medicaid services in their state. These members:

- Often have special health care needs such as chronic conditions.
- Have an income below the federal poverty line and receive extra help from the government to help pay for their health care costs, including health insurance premiums and prescription drugs.
- Are often transient, meaning they do not have a permanent residence and may stay with family members who can help care for them. Some may live in an institutionalized care facility.

Model of Care Training Requirement – Who Needs to Take It

Per The Centers for Medicare & Medicaid Services contracted and non-contracted providers who see HAP Medicare Duals (HMO D-SNP) and HAP Medicare Complete Assist (PPO D-SNP) beneficiaries on a regular basis are required to take our model of care training initially and annually. There are two ways to take our model of care training.

1. Log in at **hap.org**.
 - Refer to the alert and click on “check your profile here. There will be a link to the training deck or a note that training has already been completed.



2. Visit <https://www.hap.org/providers/provider-resources/medicare-101>.
 - Review the *Model of Care Training*.
 - Complete the *Model of Care Training Attestation* and follow the submission instructions.

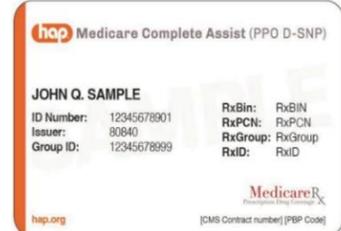
Who is Contracted to See Members and Primary Care Physician Requirements

Below is information about providers considered in-network and PCP requirements.

HAP Medicare Complete Duals (HMO D-SNP)	HAP Medicare Complete Assist (PPO D-SNP)
<ul style="list-style-type: none"> • Providers contracted with HAP Medicare HMO are participating. • HAP Medicare HMO contracted providers open to new patients are required to see these members. • Members must select a network provider as their PCP. We'll auto-assign a PCP if one is not selected. • When a HAP Medicare PCP sees a D-SNP member, they may not be the HAP CareSource Medicaid PCP on record. The provider only needs to be listed as the HAP Medicare PCP. • PCPs are not required to become a HAP CareSource Medicaid participating provider. 	<ul style="list-style-type: none"> • Providers contracted with HAP Medicare PPO and participating. • HAP Medicare PPO contracted providers open to new patients are required to see these members. • Members do not have to choose a PCP.

ID Cards

Members carry the ID card below. They also have a state-issued Medicaid ID card. They should show both cards at every provider visit.

HAP Medicare Complete Duals (HMO D-SNP)		HAP Medicare Complete Assist (PPO D-SNP)	
 <p>JOHN Q. SAMPLE ID Number: 12345678901 Issuer: 80840 Group ID: 12345678999</p> <p>RxBin: RxBIN RxPCN: RxPCN RxGroup: RxGroup RxID: RxID</p> <p>MedicareR <small>Prescription Drug Coverage X</small></p> <p>hap.org [CMS Contract number] [PBP Code]</p>	<p>Customer Service: (800) 848-8844 (TTY: 711) Dental (Delta Dental): (800) 330-2732 Pharmacy (ESI): (800) 922-1557 Hearing/OTC/Flex Card (National/Benefits): (877) 484-7977 Vision (EyeMed): (855) 982-7438 Fitness (SilverSneakers): (866) 553-8342</p> <p>Emergencies: Covered worldwide. Call within 48 hours of hospital admission.</p> <p>Members and Providers submit claims to: HAP Senior Plus 1414 E. Maple Rd, Troy MI 48063 Medical Claims - ATTN: Claims Pharmacy Claims - ATTN: Pharmacy Claims</p> <p>Providers: (800) 926-3436 Preauthorization: Approval may be needed for select outpatient medical services, prescription drugs, inpatient and behavioral health services.</p>	 <p>JOHN Q. SAMPLE ID Number: 12345678901 Issuer: 80840 Group ID: 12345678999</p> <p>RxBin: RxBIN RxPCN: RxPCN RxGroup: RxGroup RxID: RxID</p> <p>MedicareR <small>Prescription Drug Coverage X</small></p> <p>hap.org [CMS Contract number] [PBP Code]</p>	<p>Customer Service: (800) 848-8844 (TTY: 711) Dental (Delta Dental): (800) 330-2732 Pharmacy (ESI): (800) 922-1557 Hearing/OTC/Flex Card (National/Benefits): (877) 484-7977 Vision (EyeMed): (855) 982-7438 Fitness (SilverSneakers): (866) 553-8342</p> <p>Emergencies: Covered worldwide. Call within 48 hours of hospital admission.</p> <p>Members and Providers submit claims to: HAP Senior Plus (PPO) 1414 E. Maple Rd, Troy MI 48063 Medical Claims - ATTN: Claims Pharmacy Claims - ATTN: Pharmacy Claims</p> <p>Providers: (800) 926-3436 Preauthorization: Approval may be needed for select outpatient medical services, prescription drugs, inpatient and behavioral health services.</p> <p>Medicare limiting charges apply.</p>

Billing

The guidelines below apply to both HAP Medicare Complete Duals (HMO D-SNP) and HAP Medicare Complete Assist (PPO D-SNP).

For	Guidelines
Balance Billing	<ul style="list-style-type: none"> Providers may not balance bill D-SNP members who do not have cost share responsibility (including Qualified Medicare Beneficiary only members). Members who lost their Medicaid eligibility may have a cost share. D-SNP is a Medicare Advantage plan. The PCP is not required to become a HAP CareSource Medicaid participating provider. The member can't be held responsible for the remaining balance that Medicaid would cover.
Rules on billing Medicare or Medicaid first	<ul style="list-style-type: none"> Bill Medicare first. Federal rules dictate that Medicaid is the payer of last resort. When providers receive their HAP CareSource remittance advice, they may bill Medicaid for any remaining balance. Actual payment level depends on the state payment policies. Providers may be required to be enrolled in the state Medicaid program to bill the state Medicaid agency for eligible services. HAP does not coordinate the secondary payment. Members should never be balanced billed.
ID number to submit on electronic claims	The HAP ID Number found on the HAP ID card.
HEDIS initiatives	<p>To support Healthcare Effectiveness Data and Information Set (HEDIS) initiatives, be sure to submit encounter data for the Care for Older Adults (COA) measure. Requirements include:</p> <ul style="list-style-type: none"> Advanced Care Planning (CPTII: 1157F, 1158F) Functional Status Assessment (CPTII: 1170F) Medication Review (CPTII: 1159F & 1160F must both be submitted on the same claim, same day) Pain Screening (CPTII: 1125F, 1126F)

Service Area

Members must reside in a county where a D-SNP plan is offered by their health plan to be eligible.

HAP Medicare Complete Duals (HMO D-SNP) Counties	HAP Medicare Complete Assist (PPO D-SNP) Counties
Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Cass, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw and Wayne	Allegan, Arenac, Barry, Bay, Berrien, Branch, Calhoun, Clare, Clinton, Eaton, Genesee, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Iosco, Isabella, Jackson, Kalamazoo, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Van Buren, Washtenaw and Wayne