

# Health Partners Plans

## Product Guide



### Health Partners (Medicaid)

#### Health Partners

MEMBER FIRST NAME MEMBER LASTNAME

ID: 9999999999

DOB: 99/99/9999

PCP: DR. NAME

999-999-9999

PROV #: 9999999999

RxBIN: 600428 RxPCN: 02530000

Health Partners Plans

SAMPLE

- \$0 copays (PCP/physician specialist)
- Behavioral health: contact Behavioral Health Managed Care Organization

### KidzPartners (CHIP)

#### KidzPartners

MEMBER FIRST NAME MEMBER LAST NAME

ID: 9999999999

DOB: 99/99/9999

PCP: DR. NAME

999-999-9999

PROV #: 9999999999

PCP \$XX SPEC \$XX ER \$XX RX \$XX/\$XX

RxBIN: 600428 RxPCN: 02530000

Health Partners Plans

SAMPLE

- Behavioral health: contact Magellan of PA at 800-424-3701

### General Information

- PCP required
- Balance billing restrictions apply in our Medicaid and Medicare Plans.
- OP lab services: Quest Diagnostics
- OP radiology (high-tech): contact MedSolutions at 888-693-3211 (Fax 888-693-3210) for prior authorization
- OP PT/OT/ST: contact eviCore Healthcare at 877-531-9139 (Fax 888-565-4225) for prior authorization
- Medical IP/OP: 866-500-4571 for prior authorization
- Member eligibility: 888-991-9023
- Pharmacy: 866-841-7659
- Pharmacy fax (Medicaid/CHIP): 866-609-9449
- Pharmacy fax (Medicare): 866-371-3239

#### Provider information and portal access:

HealthPartnersPlans.com

Provider helpline: 888-991-9023

# Health Partners Medicare (Medicare Advantage)

## Basic (HMO)

Health Partners Medicare

**Basic (HMO)**

MEMBER FIRST NAME LAST NAME  
 ID: 5000000  
 DOB: 00/00/0000  
 PCP: DR. FIRST NAME LAST NAME  
 999-999-9999  
 PROV#: 00000XX000000  
 PCP \$ 0 SPEC \$ 50 ER \$ 75  
 RxBIN: 012353 RxCPCN: 05650000

**SAMPLE**

**H P P**

Health Partners Plans

- \$0 copays (PCP)
- No referrals for plan specialists
- Part B prescription coverage only
- Behavioral health: contact Magellan of PA at 800-424-3706

## Special

### (HMO Dual-eligible Special Needs Plan)

Health Partners Medicare

**Special (HMO SNP)**

MEMBER FIRST NAME LAST NAME  
 ID: 5000000  
 DOB: 00/00/0000  
 PCP: DR. FIRST NAME LAST NAME  
 999-999-9999  
 PROV#: 00000XX000000  
 COPAY/COINSURANCE/DEDUCTIBLE MAY APPLY  
 RxBIN: 012353 RxCPCN: 05650000

MedicareRx  
 Prescription Drug Coverage X

**SAMPLE**

**H P P**

Health Partners Plans

- Requires Medicare and Medicaid eligibility
- No referrals for plan specialists
- Part D prescription coverage
- Behavioral health: contact Magellan of PA at 800-424-3706
- Supplemental benefits (including dental/vision/hearing)

## Prime (HMO)

Health Partners Medicare

**Prime (HMO)**

MEMBER FIRST NAME LAST NAME  
 ID: 5000000  
 DOB: 00/00/0000  
 PCP: DR. FIRST NAME LAST NAME  
 999-999-9999  
 PROV#: 00000XX000000  
 PCP \$ 0 SPEC \$ 50 ER \$ 75  
 RxBIN: 012353 RxCPCN: 05650000

MedicareRx  
 Prescription Drug Coverage X

**SAMPLE**

**H P P**

Health Partners Plans

- \$0 copays (PCP)
- No referrals for plan specialists
- Part D prescription coverage - \$300 deductible excluding \$7 generics
- Behavioral health: contact Magellan of PA at 800-424-3706
- Supplemental benefits (including hearing/vision)

## PrimePlus (HMO)

Health Partners Medicare

**PrimePlus (HMO)**

MEMBER FIRST NAME LAST NAME  
 ID: 5000000  
 DOB: 00/00/0000  
 PCP: DR. FIRST NAME LAST NAME  
 999-999-9999  
 PROV#: 00000XX000000  
 PCP \$ 0 SPEC \$ 35 ER \$ 65  
 RxBIN: 012353 RxCPCN: 05650000

MedicareRx  
 Prescription Drug Coverage X

**SAMPLE**

**H P P**

Health Partners Plans

- \$0 copays (PCP)
- No referrals for plan specialists
- Part D prescription coverage - \$7 generics
- Behavioral health: contact Magellan of PA at 800-424-3706
- Supplemental benefits (including dental/vision/hearing)