

# HEALTH PARTNERS PLANS

## PRODUCT GUIDE



### HEALTH PARTNERS (MEDICAID)

#### Health Partners

MEMBERFIRST Q LASTNAME

ID: 9999999999

DOB: 99/99/9999

PCP: DR. FIRST LASTNAME

999-999-9999

PROV #: 9999999999

RxBIN: 600428 RxCPCN: 02530000

SAMPLE

Health Partners Plans

- \$0 PCP/physician specialist copay
- No referrals for plan specialists
- Behavioral health: contact county-specific Behavioral Health Managed Care Organization

### KIDZPARTNERS (CHIP)

#### KidzPartners

MEMBERFIRST Q LASTNAME

ID: 9999999999

DOB: 99/99/9999

PCP: DR. FIRST LASTNAME

999-999-9999

PROV #: 9999999999

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

RxBIN: 600428 RxCPCN: 02530000

SAMPLE

Health Partners Plans

- No referrals for plans specialists
- Behavioral health: contact Magellan of PA at 1-800-424-3701

### GENERAL INFORMATION

- PCP required
- Balance billing restrictions apply in our Medicaid and Medicare plans
- OP lab services: Quest Diagnostics
- Member eligibility: 1-888-991-9023
- Pharmacy: 1-866-841-7659
- Pharmacy fax (Medicaid/CHIP): 1-866-609-9449
- Pharmacy fax (Medicare): 1-866-371-3239

### PROVIDER INFORMATION AND PORTAL ACCESS:

[HPPlans.com](http://HPPlans.com)

Provider Helpline: 1-888-991-9023



Health Partners Plans

# Health Partners Medicare (Medicare Advantage)


## BASIC (HMO)

Health Partners Medicare

**Basic (HMO)**

MEMBERFIRST Q LASTNAME  
ID: 5999999  
DOB: 99/99/9999  
PCP: DR. FIRST LASTNAME  
999-999-9999  
PROV #: 99999XX999999  
PCP \$0 Specialist \$40 ER \$80

**SAMPLE**

H9207-001 Health Partners Plans 

- \$0 PCP copay
- Referral required for plan specialists
- Part B prescription coverage only
- Behavioral health: contact Magellan of PA at 1-800-424-3706
- Supplemental benefits (including vision/hearing)

## SPECIAL (HMO Dual-Eligible Special Needs Plan)

Health Partners Medicare

**Special (HMO SNP)**

MEMBERFIRST Q LASTNAME  
ID: 5999999  
DOB: 99/99/9999  
PCP: DR. FIRST LASTNAME  
999-999-9999  
PROV #: 99999XX999999  
COPAY/COINSURANCE/DEDUCTIBLE MAY APPLY  
RxBIN: 012353 RxCN: 05650000

**SAMPLE**

MedicareRx  
Prescription Drug Coverage X  
H9207-004 Health Partners Plans 

- Requires Medicare and Medicaid eligibility
- Referral required for plan specialists
- Part D prescription coverage
- Behavioral health: contact Magellan of PA at 1-800-424-3706
- Supplemental benefits (including dental/vision/hearing)


## PRIME (HMO)

Health Partners Medicare

**Prime (HMO)**

MEMBERFIRST Q LASTNAME  
ID: 5999999  
DOB: 99/99/9999  
PCP: DR. FIRST LASTNAME  
999-999-9999  
PROV #: 99999XX999999  
PCP \$0 Specialist \$45 ER \$80  
RxBIN: 012353 RxCN: 05650000

**SAMPLE**

MedicareRx  
Prescription Drug Coverage X  
H9207-002 Health Partners Plans 

- \$0 PCP copay
- Referral required for plan specialists (except in plan for Lancaster/Lehigh/Northampton County residents)
- Part D prescription coverage: \$350 deductible excluding preferred generics/generics
- Behavioral health: contact Magellan of PA at 1-800-424-3706
- Supplemental benefits (including dental/vision/hearing)


## VALUE (HMO)

Health Partners Medicare

**Value (HMO)**

MEMBERFIRST Q LASTNAME  
ID: 5999999  
DOB: 99/99/9999  
PCP: DR. FIRST LASTNAME  
999-999-9999  
PROV #: 99999XX999999  
PCP \$10 Specialist \$50 ER \$80  
RxBIN: 012353 RxCN: 05650000

**SAMPLE**

MedicareRx  
Prescription Drug Coverage X  
H9207-007 Health Partners Plans 

- \$10 PCP copay
- Referral required for plan specialists (except in plan for Lancaster/Lehigh/Northampton County residents)
- Part D prescription coverage: \$350 deductible excluding preferred generics/generics
- Behavioral health: contact Magellan of PA at 1-800-424-3706
- Supplemental benefits (including vision/hearing)