

HMSA Medicare Advantage Plans

Frequently asked questions from participating providers

What type of Medicare Advantage plans does HMSA offer?

- HMSA offers comprehensive Medicare Advantage plans that provide Original Medicare benefits, prescription drug coverage, and additional benefits and services. HMSA contracts with the federal government to offer HMSA Medicare Advantage plans.
- HMSA now offers PPO and HMO Medicare Advantage plan options for Oahu residents. This includes:
 - Essential Advantage (HMO).
 - HMSA Akamai Advantage Complete (PPO).
 - HMSA Akamai Advantage Complete Plus (PPO).
 - HMSA Akamai Advantage Dual Care (PPO SNP): Available to those eligible for both Medicare and Medicaid.
- Essential Advantage is an HMO plan for Oahu members. It has the lowest monthly premium of our individual non-DSNP plans while still providing great benefits for doctor visits, hospital stays, preventive care, and more. Members will receive all of their care from the Essential Advantage network, which includes more than 700 providers and facilities, including Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, and Straub Medical Center and its many clinics throughout Oahu.
- All HMSA plans, except Dual Care (PPO SNP), offer routine vision and eyewear benefits.
- Complete Plus and Standard Plus also offer tier 1 preferred generic drug coverage in the coverage gap.
- All HMSA plans, except Dual Care, offer a fitness benefit, Silver&Fit, at no additional cost.

When's the annual open enrollment for Medicare beneficiaries?

- October 15 through December 7, 2018. Plans will start January 1, 2019. Current members who want to continue their existing plan don't have to re-enroll.

Who's eligible to enroll in an HMSA Medicare Advantage plan?

- Hawaii residents with Medicare Part A and Part B.
- HMSA Akamai Advantage Dual Care members must be eligible for Medicare Part A and Part B, have a Medicaid plan, and pay their Part B premium if Medicaid or another source doesn't already pay for it.
- Only Oahu residents are eligible to enroll in the Essential Advantage (HMO) plan.
- Hawaii residents diagnosed with end-stage renal disease, which results in kidney failure, may not be eligible for HMSA Akamai Advantage. However, exceptions may apply. Please call HMSA for more information:
 - Oahu: 948-6235.

- Neighbor Islands: 1 (800) 693-4672 toll-free.
- TTY users: 711.

Are all Medicare Advantage plans offered in Hawaii the same?

- No. Each plan has different benefits and costs. Please refer to the *2019 HMSA Medicare Advantage Plan Comparison for Providers* brochure for details.

Why should my patient choose an HMSA Medicare Advantage plan?

- HMSA Medicare Advantage plans provide members with access to quality doctors, hospitals, and specialists.
- HMSA Akamai Advantage members can access a large network of Blue Cross Blue Shield providers in the Blue MA PPO Network when they're traveling on the Mainland.
- All plans, except Dual Care, offer members coverage during medical emergencies or urgent situations while traveling on the Mainland and worldwide.
- HMSA Medicare Advantage plans include comprehensive medical and drug benefits with many health screenings without a copayment.
- We offer friendly, local customer service and walk-in locations in Hawaii.
- All plans (Essential Advantage, Complete, and Complete Plus) except Dual Care offer a fitness benefit at no additional cost.
- Plans offer financial protection with annual dollar limits on member medical out-of-pocket costs.

Why are plan premiums and benefits different for Oahu and the Neighbor Islands?

- Generally, the cost of care differs by county, so premiums and benefits need to be adjusted accordingly.

If HMSA members select an HMSA Medicare Advantage plan, do they have to change doctors?

- Probably not. Most HMSA participating providers also participate with an HMSA Medicare Advantage plan. Essential Advantage members will need to choose a provider in the Essential Advantage network.
- Members considering an Essential Advantage plan are encouraged to check if their provider participates in Essential Advantage.

Why do HMSA Medicare Advantage plans require preauthorization for some services?

- Our preauthorization process helps ensure the safety of our members, promotes appropriate use of services, and keeps health care costs in check.

Do HMSA Medicare Advantage plans cover routine dental services?

- HMSA Akamai Advantage Dual Care includes routine and additional comprehensive dental benefits, including cleanings, exams, x-rays and fillings.
- Essential Advantage and HMSA Akamai Advantage Complete, and Complete Plus plans don't include routine dental care. HMSA offers individual dental plans to its members. If interested, members can visit an HMSA Center or office for more information. Also, members can call 948-6235, option 1, on Oahu or 1 (800) 693-4672 toll-free on the Neighbor Islands. For TTY, call 711.

Does HMSA have dental plan options?

- Yes. You may want to consider our Dental Plus Plan for seniors 65 years and older. If members have questions, they can call 948-5555, option 2, on Oahu or 1 (800) 620-4672 toll-free on the Neighbor Islands.

Can HMSA Medicare Advantage members use out-of-network providers?

- HMSA Akamai Advantage members can use out-of-network providers, but they may pay more out of pocket to see an out-of-network provider than if they see a participating provider in our network.
- Essential Advantage members can only use out-of-network providers in an emergency or urgent situation or if a network provider isn't available.

Are HMSA Medicare Advantage members covered while traveling on the Mainland?

- HMSA Akamai Advantage members with a PPO plan are covered while traveling on the Mainland. If they see a provider in the Blue Medicare Advantage PPO network, they'll pay the same as if they were seeing a network provider in Hawaii. They may pay more if they see an out-of-network provider. They won't pay extra if the care is for a medical emergency.
- For more information on benefits while traveling, members can:
 - Call Customer Relations during regular business hours at 948-6235 on Oahu or 1 (800) 693-4672 toll-free on the Neighbor Islands.
 - Call 1 (800) 810-BLUE (2583) to find a Blue Medicare Advantage PPO provider.
 - Visit provider.bcbs.com to find a doctor.
- Travel benefits don't apply to HMSA Akamai Advantage Dual Care and Essential Advantage, which don't have visitor and travel benefits. However, members traveling on the Mainland are covered for medical emergencies and urgent situations.

What's a maximum out-of-pocket amount?

- It's the most a member will pay out of pocket during the calendar year for Medicare-covered hospital and medical services. When members receive services, the out of pocket is the amount they pay through either a copayment or coinsurance to the doctor, hospital, or other health care provider.
- A maximum out-of-pocket amount provides financial protection for our members.
- When the annual maximum out-of-pocket amount is reached, HMSA Medicare Advantage plan will pay 100 percent of Medicare-covered medical and hospital services. See the *2019 Summary of Benefits* for details. The maximum out-of-pocket amount doesn't include out-of-pocket costs of prescription drugs or services not covered by Original Medicare.

How do I know if the drugs I prescribe for my patients are covered or if there are any changes?

- You or your patient can do one of the following:
 - Review the new drug formulary you received in your HMSA Medicare Advantage plan packet.
 - Go to hmsa.com/portal/provider/zav_dr.02.02.htm.
 - Call 948-6000 on Oahu or 1 (800) 660-4672 toll-free on the Neighbor Islands.
- Please refer any other questions about the drug formulary to HMSA's pharmacy benefits manager, CVS Caremark®. CVS Caremark can answer specific questions about the members' drugs and why prices have changed.

Can my patients buy prescription drugs while traveling on the Mainland?

- Yes. HMSA Medicare Advantage plans have a national pharmacy network that includes CVS Caremark, Target, Walmart, and Sam's Club.
- In an emergency or urgent situation when a network pharmacy isn't available, your patient can go to an out-of-network pharmacy for Medicare-qualified prescriptions. Your patient will pay the pharmacy the entire cost of the drug and submit a claim to HMSA for reimbursement when they return to Hawaii.

Does HMSA offer medical-only plans?

- HMSA offers medical only Medicare Advantage plans to some employer groups. We don't offer medical-only plans to individuals.

Does HMSA Medicare Advantage offer a stand-alone prescription drug plan?

- No. HMSA doesn't offer stand-alone prescription drug plans.

Does HMSA offer Medicare Supplement (Medigap) plans?

- Yes. HMSA Senior Connection is a Medicare supplement plan, but it's closed to new members.

Where can my patients get more information on HMSA Medicare Advantage plans?

Your patients can:

- Attend a free HMSA Medicare Advantage plan sales seminar. For information on the seminars, call 948-6402 on Oahu or 1 (800) 252-4137 toll-free on the Neighbor Islands.
- Go to hmsa.com/advantage for more information and a seminar schedule.
- Call HMSA at 948-6235 on Oahu or 1 (800) 693-4672 toll-free on the Neighbor Islands, 8 a.m. to 8 p.m., seven days a week. TTY users, call 711.
- Visit an HMSA Center or office.

Essential Advantage (HMO)

What's Essential Advantage?

- Essential Advantage (HMO) is HMSA's HMO plan in collaboration with Hawai'i Pacific Health (HPH) and Hawaii Health Partners (HHP). This plan has the lowest monthly premium of our plans on Oahu while still providing great benefits for doctor visits, hospital stays, preventive care, and more.
- This plan may be right for members who want the convenience of having all of their doctors and other providers at one health center.

What's the Essential Advantage network?

- When a member enrolls in Essential Advantage, they'll need to choose a PCP in the Essential Advantage network.
- The Essential Advantage network includes more than 700 providers and facilities, including Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, and Straub Medical Center and its many clinics throughout Oahu.
- The network also includes community physicians who are members of Hawai'i Health Partners, a care organization created by Hawai'i Pacific Health to support employed and independent physicians in providing quality care that's coordinated and cost-efficient.

Why is HMSA offering another Medicare Advantage plan to members?

- HMSA wants to offer our Medicare members another health plan choice to best fit their health care and budget needs.

Why is HMSA offering this plan only on Oahu and not on the Neighbor Islands?

- This is the first time HMSA is offering a Medicare Advantage HMO plan. Since this plan opened in 2018, we want to see how well it fits the needs of our members on Oahu before providing a similar plan on the Neighbor Islands.

If my patients ask me about Essential Advantage, what do I need to know?

- HMSA and HPH have collaborated to create a Medicare Advantage HMO plan called Essential Advantage.
- Members must choose a PCP from the Essential Advantage network, who will coordinate their care.
- Essential Advantage is a \$20 premium plan for members on Oahu only.
- Members have an exclusive provider network to choose from compared to the HMSA Akamai Advantage PPO plans.

Why is Essential Advantage an HMO network?

- This helps to keep monthly premiums low for our members while providing a high level of care.

What are the criteria for joining the Essential Advantage provider network?

- If you want to join Essential Advantage network, you must:
 - Have a valid HMSA participating provider agreement for Medicare plans.
 - Participate with Hawai'i Pacific Health and Hawaii Health Partners or participate to fill a needed specialty for the Essential Advantage network.

I'm a private practice specialist who receives referrals from Hawai'i Pacific Health. Am I considered an in-network provider?

- No. You can only be an in-network provider if you participate in the Essential Advantage network.

How does the referral process work?

- In-network referrals are submitted through EPIC or fax and received at the Hawaii Health Partners (HHP) Managed Care office. Out-of-network referral requests are submitted to the HHP Managed Care office. HHP will send the request to HMSA for review.

I'm a PCP with Health Plan Hawaii. Am I considered "in-network" under Essential Advantage plan?

- Not necessarily. Please contact Hawaii Health Partners if you have questions or would like to be in the network.

How does the prior authorization process work?

- The prior authorization guidelines are the same as for the other HMSA Medicare Advantage plans.
- View the guidelines on the HMSA provider portal at https://hmsa.com/portal/provider/zav_pel.aa.AKA.501.htm.

Who do I contact if I have a question about an out-of-network referral that I submitted?

- Call us at 948-6464 on Oahu or 1 (800) 877-5394 toll-free on the Neighbor Islands, Monday through Friday, 8 a.m.–4 p.m.
- Send a fax to 944-5611 on Oahu.
- Write to:
HMSA Medicare Advantage
Medical Management
P.O. Box 2001
Honolulu, HI 96808-2001

Will my PCP status be the same if I participate with both the HMO and PPO plans?

- Yes. Your PCP status would be the same for both HMSA Akamai Advantage (PPO) and Essential Advantage (HMO).

What fee schedule will be used to pay providers?

- Providers will be paid according to the fee schedule in their Medicare contract.

HMSA Akamai Advantage Dual Care

What's HMSA Akamai Advantage Dual Care?

- HMSA Akamai Advantage Dual Care is a plan that serves members who live in Hawaii and are enrolled in both Medicare and QUEST Integration (Medicaid). The plan started January 1, 2016.

Is HMSA Akamai Advantage Dual Care a Medicaid plan?

- No. HMSA Akamai Advantage Dual Care is an HMSA plan with a Medicare contract. The plan coordinates Medicare and Medicaid services for members.
- Members may get their Medicaid benefits through HMSA QUEST Integration or another QUEST Integration plan.

How is HMSA Akamai Advantage Dual Care different from other HMSA Medicare Advantage plans?

- HMSA Akamai Advantage Dual Care is a D-SNP plan.
- Members must have a Medicaid plan.
- In coordination with their Medicaid plan, members of Dual Care pay low- or no-cost sharing for their prescription drugs.
- Because members who have both Medicare and Medicaid often have special needs, this plan coordinates their health care with:
 - An individualized health assessment and care plan.
 - An engaging care team of providers and caregivers.
 - Ongoing assessments to ensure that we continue to meet their needs.
- HMSA Akamai Advantage Dual Care has a \$0 premium.
- HMSA Akamai Advantage Dual Care includes routine and additional comprehensive dental benefits.

Will my patient ever need to pay for services they receive?

- HMSA Akamai Advantage Dual Care members have Medicare and Medicaid Qualified Medicare Beneficiary (QMB) or QMB Plus status. The QMB program is a state Medicaid program that helps low-income Medicare beneficiaries pay for Medicare Part A and Part B premiums with cost sharing such as deductibles, coinsurance and copayments. Federal law bars Medicare providers and suppliers from billing an individual enrolled in the QUEST Integration program for Medicare Part A and Part B cost sharing under any circumstances. See the MLN article at cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1128.pdf.

How can my patient enroll in the HMSA Akamai Advantage Dual Care plan?

- Call HMSA at 948-6235 on Oahu or 1 (800) 693-4672 toll-free, 8 a.m. to 8 p.m., daily.
- For TTY, call 711.
- Visit hmsa.com/advantage.
- Or visit an HMSA Center or office to meet with us.