

Gateway Health Plan *Medicare Assured*[®] Provider Manual 2010

Chapter II Member Eligibility

The Enrollment/Disenrollment Process

Gateway Health Plan *Medicare Assured*[®] is a Health Maintenance Organization "HMO" for people with Medicare Part A, Medicare Part B and Medicaid. Most Medicare plans have certain times of the year, called election or special election periods, when a person can apply or disenroll. Gateway Health Plan *Medicare Assured*[®] is a Special Needs Plan (SNP), which must allow the applicant to enroll or disenroll at any time during the year.

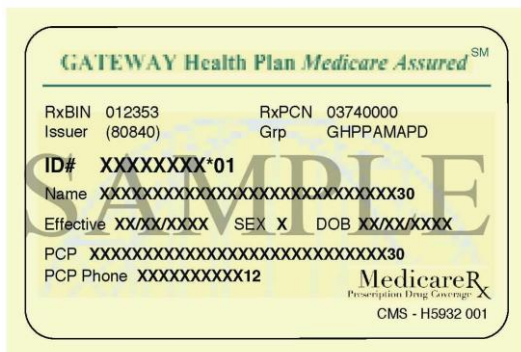
Members can enroll into our plan by using these methods: calling Gateway Health Plan[®]; a paper enrollment form; calling 1-800-MEDICARE; or enrolling on-line using www.medicare.gov or the Gateway Health Plan[®] website at www.gatewayhealthplan.com and clicking on the link for *Medicare Assured*[®].

Members can disenroll from Gateway Health Plan *Medicare Assured*[®] by calling Gateway Health Plan[®]; completing a paper disenrollment form; sending a letter/fax to Gateway Health Plan *Medicare Assured*[®] writing a letter to Social Security or Railroad Retirement Board; or by calling 1-800-MEDICARE. Members may also disenroll from Gateway Health Plan *Medicare Assured*[®] by simply enrolling in another Medicare Plan. Members that enroll and disenroll are made effective the first day of the calendar month.

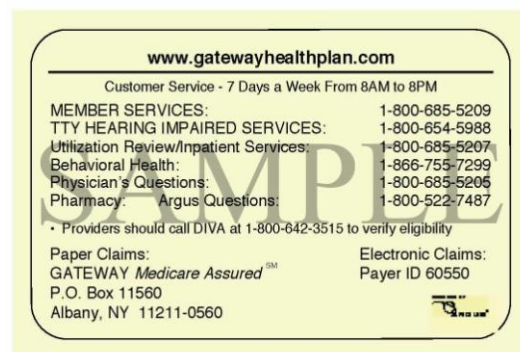
Member ID Cards

Each Gateway Health Plan *Medicare Assured*[®] member receives an ID card. The card is issued once, unless cards are requested or reissued due to a change. ID Cards are good for as long as the person is a member of Gateway Health Plan *Medicare Assured*[®]. (See sample ID cards below).

Front:



Back:



Determining Eligibility through Gateway Health Plan *Medicare Assured*[®]

Because of frequent changes in a member's eligibility, each participating provider is responsible to verify a member's eligibility with Gateway Health Plan *Medicare Assured*[®] **BEFORE** providing services. Verifying a member's eligibility will ensure proper reimbursement for services. To verify a member's eligibility, the following methods are available to all providers:

1. Gateway Health Plan *Medicare Assured*[®] Identification Card

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- The card itself does **NOT** guarantee that a person is currently enrolled in Gateway Health Plan *Medicare Assured*[®]. Members are **NOT** required to return their identification cards when they are no longer eligible for Gateway Health Plan *Medicare Assured*[®].

2. Gateway Health Plan[®] Digital Voice Assistant (DIVA)

- The Gateway Health Plan[®] DIVA System (1-800-642-3515) is available 24 hours a day, 7 days a week. To verify member eligibility at each visit, providers follow a few simple steps, which are listed below:

Member Identification Number

- Press 1 to verify eligibility using the patient's social security number, when prompted enter the patient's 9-digit social security number
- Press 2 to verify eligibility using the patient's Gateway Health Plan *Medicare Assured*[®] member identification number, when prompted enter the patient's 8-digit Gateway Health Plan *Medicare Assured*[®] identification number
- Press 3 to verify eligibility using the patient's Medical Assistance recipient identification number, when prompted enter the patient's Medical Assistance recipient identification number
- Press 4 to verify eligibility using the patient's Medicare Health Insurance Claim (HIC) number, when prompted; enter the patient's HIC number, followed by the # sign. (For letters press the corresponding key on your touch tone phone. For example: To enter an A, B, or C, press the 2 key. For Q, press the 7 key. For Z, press the 9 key.)
- Press 0 to speak to a Provider Services Representative
- Press 9 to repeat the menu

Verification of Date

- Press 1 to verify whether the patient is eligible TODAY
- Press 2 to verify whether the patient is eligible on a specific date (enter date)
- Press 9 to listen to the instructions again
- Press 0 to speak to a Provider Services Representative

Additional Instructions:

- Press 1 to receive additional information about the patient/member
- Press 2 to receive the patient's primary care practitioner name and telephone number
- Press 3 to fax information regarding the patient whose eligibility is being verified
- Press 4 to verify eligibility for another patient/member
- Press 5 to exit
- Press 0 to speak to a Provider Services Representative