Frequently Asked Questions

Abilis Health Plan

What is an ISNP?

ISNP is short for Institutional Special Needs Plan. The Abilis Health Plan HMO FI-SNP (formerly Signature Advantage, transition effective January 1, 2026) is designed to meet the special needs of long-term care residents through its unique model of care. You must be a long-term care resident of a nursing facility to be a member of this plan and have Medicare Parts A & B.

What unique benefits are included in my plan?

This plan covers your Medicare benefits and offers unique services as well. These services are designed specifically with long-term care nursing home residents in mind. Supplemental benefits include services such as routine foot care, hearing, vision, dental services, telehealth, and on-site Primary Care Physician and Nurse Practitioner visits. Refer to Chapter 4 of the *Evidence of Coverage* for a full description of your plan benefits.

What is the advantage of having a Nurse Practitioner dedicated to my care?

Each Abilis Health Plan member works with a Nurse Practitioner whose proactive focus is on wellness care. Initial membership starts with the completion of a thorough Health Risk Assessment. The results are used to create a personalized care plan in coordination with the on-site Primary Care Physician and Skilled Nursing clinical team. The result is meaningful patient education, comprehensive clinical services, and reduced hospitalizations.

What about my prescriptions?

Abilis Health Plan (formerly Signature Advantage, transition effective January 1, 2026) includes coverage for your Part D prescription drug plan Your Nurse Practitioner will review your medications upon enrollment to ensure you have the right medications for your individualized care plan.

What if I need a service that Abilis Health Plan does not provide?

Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Abilis Health Plan (formerly Signature Advantage, transition effective January 1, 2026) will coordinate access to and pay for the cost of an out-of-network provider. In most cases, a prior authorization form is required.

What if I have questions about my bill?

If you receive a bill for services you received, you or your authorized representative can seek guidance from your nursing facility's Business Office Manager.

You can also contact our Member Services team at 1-844-214-8633: Hours: 8am - 8pm, 7-days a week, from October 1 - March 31 (excluding Thanksgiving and Christmas); and 8am - 8pm, Monday – Friday, from April 1 - September 30 (except federal holidays) to help you with getting the claims resolved accordingly. TTY call 711.

What does it mean to be *dual eligible*?

If you are dual eligible, you have qualified for both Medicare and Medicaid benefits. As a dual eligible Abilis Health Plan (formerly Signature Advantage, transition effective January 1, 2026) member, you can expect $0 premium, lower out of pocket costs and continue to receive Medicaid services not typically covered by Medicare nor the plan.

Will I keep the same primary care physician I have at my nursing facility?

Abilis Health Plan (formerly Signature Advantage, transition effective January 1, 2026) works with your nursing facility to identify key providers for our plan, including their current credentialed Medical Directors and attending physicians. These key providers are contracted with our plan and are "in-network." If you use "out-of-network" providers, the plan may not pay for these services. However, by coordinating care with your nursing home facility, you may maintain in-network coverage. In limited cases, such as if you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Abilis Health Plan. To find out if your doctors are in the plan's network, call our Member Services team at 844-214-8633, 8am - 8pm EST, 7-days a week, from October 1 - March 31 (except Thanksgiving and Christmas); and 8am - 8pm EST, Monday - Friday from April 1 - September 30 (except federal holidays). TTY call 711.
You can also go on-line for our Interactive Provider Directory at www.abilishealth.com.

What type of mailings can I expect to receive from Abilis Health Plan?

You can expect to receive mail that is related to enrollment, medical (authorization, claim) and prescription drug coverage. These communications are required by CMS and are mailed to you or someone you designate. You may elect to receive communications electronically.

Customer Service: 1-844-214-8633; **TTY** 711 | **Fax:** 1-800-880-3263

Our hours are 8:00 a.m. to 8:00 p.m. EST, 7-days a week, from October 1 through March 31 (except Thanksgiving and Christmas), and 8:00 a.m. to 8:00 p.m. EST, Monday – Friday, from April 1 through September 30 (except federal holidays).

Abilis Health Plan, an HMO FI-SNP and Abilis Health Community Plan, an HMO IE-SNP –formerly Signature Advantage, transition effective January 1, 2026—offered by Signature Advantage Plan, LLC, is a Health Maintenance Organization Special Needs Plan (FI-SNP / IE-SNP) with a Medicare contract. Enrollment in Abilis Health Plan depends on contract renewal.

Abilis Health Plan (formerly Signature Advantage, transition effective January 1, 2026) complies with applicable federal civil rights laws and does not discriminate or exclude individuals on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-214-8633 (TTY/TDD: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-214-8633 (TTY：711)。