

Member Administration

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Member Identification Cards

The cards shown below are samples of member (patient) identification (ID) cards for MedStar Medicare Choice Plan (Medicare Choice).

MedStar Medicare Choice Member ID Card

<p>Health Plan (80840): 6102890012 Member ID: 200001252323 Member: MARY R MEMBER PCP: MEDSTAR MEDICAL GROUP AT CAMP</p>	<p>Plan: CHOICE CARE ADVANTAGE HMO CSNP Group: MCH105-501</p>	 <p>MedStar Medicare Choice</p>		<p>Member Services: 855-222-1041 TTY: 855-250-5604 24-Hour Nurse Line: 855-242-4873 TTY 855-250-5604 Web: MedStarMedicareChoice.com MedStar Health Plan Claims: PO Box 1200, Pittsburgh, PA 15230 Provider Services: 855-222-1042 Prior Authorization: 855-242-4875 Pharmacy Services: 855-266-0712 Behavioral Health Services: 800-230-4978 Behavioral Health Claims: PO Box 30760, Salt Lake City, UT 84130-0760 E50</p>	<p>Rx processed by:  EXPRESS SCRIPTS®</p>
<p>Rx BIN: 003858 Rx PCN: MD Rx GRP: PMDA Copays: PCP: \$5 SPEC: \$45 ER: \$75</p>	 <p>Medicare Rx Prescription Drug Coverage</p>	<p>CMS: H9915-007</p>	<p>Issued: 12/14/2015</p>		

MedStar Dual Advantage ID Card

<p>Health Plan (80840): 6102890012 Member ID: 60000881301 Member: JEROME A MEMBER PCP: MEDSTAR MEDICAL GROUP WASHINGT</p>	<p>Plan: CHOICE DUAL ADVANTAGE HMO DSNP Group: MCH103-500</p>	 <p>MedStar Medicare Choice</p>		<p>Member Services: 855-222-1041 TTY: 855-250-5604 24-Hour Nurse Line: 855-242-4873 TTY 855-250-5604 Web: MedStarMedicareChoice.com MedStar Health Plan Claims: PO Box 1200, Pittsburgh, PA 15230 Provider Services: 855-222-1042 Prior Authorization: 855-242-4875 Pharmacy Services: 855-266-0712 Behavioral Health Services: 800-230-4978 Behavioral Health Claims: PO Box 30760, Salt Lake City, UT 84130-0760 E50</p>	<p>Rx processed by:  EXPRESS SCRIPTS®</p>
<p>Rx BIN: 003858 Rx PCN: MD Rx GRP: PMDA Copays: PCP: \$0 SPEC: \$0 ER: \$75</p>	 <p>Medicare Rx Prescription Drug Coverage</p>	<p>CMS: H9915-006</p>	<p>Issued: 12/14/2015</p>		

MedStar Care Advantage Member ID Card

<p>Health Plan (80840): 6102890012 Member ID: 200001252323 Member: MARY R MEMBER PCP: MEDSTAR MEDICAL GROUP AT CAMP</p>	<p>Plan: CHOICE CARE ADVANTAGE HMO CSNP Group: MCH105-501</p>	 <p>MedStar Medicare Choice</p>		<p>Member Services: 855-222-1041 TTY: 855-250-5604 24-Hour Nurse Line: 855-242-4873 TTY 855-250-5604 Web: MedStarMedicareChoice.com MedStar Health Plan Claims: PO Box 1200, Pittsburgh, PA 15230 Provider Services: 855-222-1042 Prior Authorization: 855-242-4875 Pharmacy Services: 855-266-0712 Behavioral Health Services: 800-230-4978 Behavioral Health Claims: PO Box 30760, Salt Lake City, UT 84130-0760 E50</p>	<p>Rx processed by:  EXPRESS SCRIPTS®</p>
<p>Rx BIN: 003858 Rx PCN: MD Rx GRP: PMDA Copays: PCP: \$5 SPEC: \$45 ER: \$75</p>	 <p>Medicare Rx Prescription Drug Coverage</p>	<p>CMS: H9915-007</p>	<p>Issued: 12/12/2015</p>		

Member (Patient) Rights and Responsibilities

The Medicare Choice Plan recognizes that healthcare providers have rights and responsibilities related to their work with patients, other healthcare providers and Medicare Choice. See the Provider Standards and Procedures section for further information on provider rights, roles and responsibilities.

Member (patient) rights and responsibilities can be found on the Medicare Choice website, www.MedStarmedicarechoice.com. These rights and responsibilities are reviewed annually. Providers practicing in Maryland should contact Provider Relations at **800-905-1722**, with any questions and/or comments. Providers practicing in Washington, DC should contact Provider Relations at **855-210-6203**, with any questions and/or comments.

Patients have the right:

- To get information in a way that works for them (in Braille, in large print, or other - alternate formats, etc.)
- To be treated with fairness and respect at all times
- To receive timely access to covered services and drugs
- To have privacy regarding personal health information
- To receive information about the plan, its network of providers, and their covered services
- To receive support regarding their right to make decisions about care
- To make complaints and to ask Medicare Choice to reconsider decisions that have been made
- To obtain information on what can be done if they believe they are being treated unfairly or not respected
- To get more information about your rights

Patients have the responsibility to:

- Be familiar with their covered services and the rules to be followed to get these covered services
- Let us know if there are other health insurance or prescription drug coverages in addition to our plan
- Tell their doctor and other health care providers that they are enrolled in a Medicare Choice plan
- Help their doctors offer the best level of care by informing them of all necessary medical information, asking questions, and following the treatment plans and instructions upon which they have agreed
- Be considerate and act in a way that supports a patient healing environment
- Pay plan premiums, co-payments, or co-insurance potentially owed for covered services received
- Notify Medicare Choice if moving from current address
- Contact Medicare Choice Member Services for help with questions, concerns, problems or suggestions, and to make recommendations regarding Medicare Choice's rights and responsibilities policy

If your patient would like a paper copy of the member's rights and responsibilities, please contact Member Services at **855-222-1041**.

ANTI-GAG PROVISIONS

Participating providers will not be restricted from discussing information that is necessary or appropriate for the delivery of health care services with a patient, enrollee, subscriber, public official, or other person. This information includes:

- Treatment alternatives including medication treatment options regardless of benefit coverage limitations;
- Communications necessary or appropriate in maintaining the provider-patient relationship while the patient is under the Participating Physician's care;
- A patient's, enrollee's or subscriber's right to appeal a coverage determination with which the participating physician, patient, enrollee, or subscriber does not agree; and
- Opinions and the basis of an opinion about public policy issues

Thus, participating providers agree that a determination by Medicare Choice that a particular course of medical treatment is not a covered benefit pursuant to the Covered Person's coverage plan shall not relieve participating provider from recommending such care to covered persons as he/she deems to be appropriate nor shall such benefit determination be considered to be a medical determination.

Participating providers further agree to inform Covered Persons of their right to appeal a coverage determination pursuant to the applicable Coverage Plan's grievance procedures and according to law.

Identifying Patients and Verifying Eligibility

Providers have several methods to identify a Medicare Choice patient and verify their eligibility. Some of these methods are:

Identification Card

Each patient receives an identification card, which can be used only by the person listed on the card. Use of a patient's card by another person is insurance fraud and is grounds for the patient's termination from Medicare Choice.

Possession of a patient ID card does not guarantee eligibility. Providers must request any and all insurance cards from the patient before performing services. Providers should verify Medicare Choice eligibility by going online at www.MedStarProviderNetwork.org or by calling **Provider Services** at **855-222-1042**.

Online

Medicare Choice offers providers the ability to verify eligibility by going online at www.MedStarProviderNetwork.org. This website requires a user ID and password. To view information about an eligible patient, providers need either the patient's home telephone number or ID number. The database then reveals the patient's benefits, including riders and the date such benefits take effect.

Provider Services

To verify whether a patient's card is valid, call **Provider Services** Monday through Friday, 8 a.m. to 5 p.m. at **855-222-1042**.

Checking the patient eligibility report or verifying eligibility does not constitute prior authorization or guarantee claim payment, nor does it confirm benefits or exclusions. Patients must acknowledge in writing their financial responsibility before services are provided.

Updating Coordination of Benefits (COB) Information

When providers identify that coordination of benefits or other insurance coverage information for a patient is missing or incorrect, they should notify Medicare Choice immediately by contacting **Provider Services** at **855-222-1042**. To assist with timely and accurate processing of COB claims and minimize adjustments and overpayment recoveries, the following information is required:

- Insured ID number
- Effective date of coverage
- Insured name
- Subscriber name
- Relationship to patient
- Other insurance name
- Other insurance phone
- Other insurance address
- Term date of coverage, if applicable
- Type of coverage (e.g., medical, dental, auto insurance, hospital only, vision, worker compensation, major medical, prescription, or supplemental)

Determining Primary Insurance Coverage

These guidelines will help providers determine primary insurance coverage for Medicare Choice Plan patients.

For Medicare Choice Plan Patients

Typical scenarios providers may encounter include the following:

- **If a Medicare Choice patient has any type of Medical Assistance coverage**, then Medicare Choice is primary to the Medical Assistance coverage. Patients may transfer in or out of this “dually eligible” status month to month. The provider is permitted to collect the Medical Assistance copayment, if applicable, for any service that is covered by Medical Assistance.

This includes DSNP and CSNP plans

- **If a Medicare Choice patient presents a traditional Medicare card and a Medicare Choice identification card**, then Medicare Choice is primary. Patients must show both identification cards to the provider.

This includes DSNP and CSNP plans.

- **If a Medicare Choice patient is also covered by a group health plan**, then Medicare Choice is primary.
- **If a Medicare Choice patient is eligible for Medicare because of disability, and is covered by a group health plan from current employment or a family member’s current employment**, then Medicare Choice is primary.
- **If a Medicare Choice patient is eligible for Medicare because of end-stage renal disease (ESRD) and also has group health plan coverage**, then the group health plan is primary for the first 30 months of eligibility or entitlement to Medicare. Please note, Medicare Choice is primary after a 30-month coordination period.
- **If a Medicare Choice patient is covered under workers’ compensation because of a job-related illness or injury**, then workers’ compensation is primary for all workers’ compensation-related services.

Selecting or Changing a Primary Care Provider

Selecting a Primary Care Provider (PCP)

We recommend that Medicare Choice patients select a PCP. Selecting a PCP will help coordinate care across all of your physicians and throughout the plan. If a patient would like assistance in selecting or changing their PCP, they should contact Member Services at **855-222-1041**.

To select a PCP online, your patients should visit www.MedStarMedicareChoice.com and click on “Members” on the top left of the screen. They have the option to create a new account or login using your existing account.

After logging in, patients should click on “Find a Doctor” on the right side of the screen and enter search criteria into the search boxes:

- Enter preferred location of a PCP
- Under Type of Provider, add Primary Care Physician (PCP)
- Add any additional criteria that may be helpful. These criteria are not required.
- Press Search

Your patients will see a list of PCP's show up, based on search criteria. Once they have a PCP nominated, they should click on that PCP's practice. This will bring a more detailed list of the PCP. Just above the PCP's name, your patient should click on the button that says: “Select this physician as my PCP”. A pop-up will appear asking for their confirmation. Once they click YES, this PCP will be linked with their name and Medicare Choice. Patient may change their PCP selection when necessary.