

Member Administration

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Member Identification Cards

The card shown below is a sample of an identification (ID) card for a MedStar Select Plan associate.

MedStar Select ID Card

 <p>Member: DANIELLE A MEMBER ID#: 75000174801 Group ID#: M00015-303</p> <p>Office Visits: \$0 ER: \$100 Specialists: \$20 Urgent Care: \$10</p> <p>www.MedStarMyHealth.org</p>	 <p><i>MedStar Select contracts with Evolent Health to provide health plan administrative services.</i></p> <p>Member Services: (855) 242-4872 TTY (855) 250-5604 24-Hour Nurse Line: (855) 242-4873 TTY (855) 250-5604 Provider Services: (855) 222-1042 www.MedStarProviderNetwork.org Pharmacy Services: Provided by CVS/Caremark, Reference your CVS/Caremark ID card Prior Authorization: (855) 242-4875 Medically Covered Pharmacy Services: (855) 286-0712 Magellan Behavioral Health Services: (800) 327-7855 PHCS/MultiPlan: For care outside the primary service area, call Member Services at (855) 242-4872</p> <p>MedStar Select Claims: PO Box 1200, Pittsburgh, PA 15230 Electronic Payer ID #251MS</p> <p>Magellan Behavioral Health Claims: PO Box 2188 Maryland Heights, MO 63043</p> <p>This card does not guarantee coverage Issued: 12/22/2015</p> <p>PHCS  Outside MedStar Service Area MultiPlan  Complimentary</p> <p>E60</p>
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Member Rights and Responsibilities

The MedStar Select Plan recognizes that healthcare providers have rights and responsibilities related to their work with associates, other healthcare providers and MedStar Select. See the Provider Standards and Procedures section or go online at www.MedStarProviderNetwork.org for further information on provider rights, roles and responsibilities.

Associates rights and responsibilities can be found on the MedStar Select website, www.medstarmyhealth.org.

Associates have the right to:

- Get information in a way that works for them (in Braille, in large print, or other - alternate formats, etc.)
- Be treated with fairness and respect at all times
- Receive timely access to covered services and drugs
- Have privacy regarding their personal health information
- Receive information about the plan, its network of providers, and covered services
- Receive support regarding their right to make decisions about their care
- Make complaints and to ask us to reconsider decisions we have made
- Obtain information on what they can do if they believe they are being treated unfairly or their rights are not being respected
- Get more information about their rights

Associates have the responsibility to:

- Be familiar with covered services and the rules they must follow to get these covered services.
- Let us know if they have any other health insurance coverage or prescription drug coverage in addition to our plan.
- Tell their doctor and other health care providers that they are enrolled in a MedStar Medicare Select plan.
- Help their doctors and other providers help them by giving them information they need to care for them, asking questions, and following the treatment plans and instructions upon which they and their doctor have agreed.
- Be considerate and act in a way that supports a patient healing environment.
- Pay their plan premiums, co-payments, or co-insurance they may owe for covered services they receive.
- Notify MedStar Select if they are moving from you current address.
- Contact MedStar Select Member Services for help if they have questions, concerns, problems or suggestions, and to make recommendations regarding the MedStar Medicare Select's rights and responsibilities policy.

If you would like a paper copy of the associates' rights and responsibilities, please contact Member Services at **855-242-4872**.

Anti-Gag Provisions

Participating Provider will not be restricted from discussing with or communicating to an associate, enrollee, subscriber, public official, or other person information that is necessary or appropriate for the delivery of health care services, including:

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

Thus, Participating Provider agrees that a determination by MedStar Select 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 Provider further agrees 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 Associates and Verifying Eligibility

Providers have several methods to identify a MedStar Select Plan associate and verify their eligibility. Some of these methods are:

Identification Card

Each associate receives an identification (ID) card, which can be used only by the person listed on the card. Use of an associate's card by another person is insurance fraud and is grounds for the associate's termination from MedStar Select.

Enrollment forms for newborns and adopted children must be submitted within the first 31 days of life or placement. The child will receive an ID card within 14 days after that.

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

Online

MedStar Select 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 associate, providers need either the associate's home telephone number or ID number. The database then reveals the associate's benefits, including riders and the date such benefits take effect.

Provider Services

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

Checking the associate's eligibility report or verifying eligibility does not constitute prior authorization or guarantee claim payment, nor does it confirm benefits or exclusions. Associates 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 an associate is missing or incorrect, they should notify MedStar Select 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 associate
- 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 MedStar Select Plan associates.

If an associate is covered under two group health plans, one as the employee and the other as the spouse of an employee, then the group health plan covering the associate as a subscriber or a retiree is primary. The group health plan covering the associate as a dependent is secondary.

If an associate is a subscriber on more than one group health plan, then the plan that has been active the longest is the primary health insurance carrier.

If a woman has a baby, then the newborn is covered under the mother's benefits using the mother's identification number for the first 31 days of life. If the mother does not have insurance, the baby is covered under the father's benefits, using the father's identification number, for the same period. The MedStar Select associate (the mother or the father) must add the newborn to the family plan within the first 31 days of life by submitting a completed enrollment form to the employer. For the first 31 days, if the newborn is covered under both parents, other coordination of benefits rules may apply.

If a child is adopted, then child is covered using the mother's ID number for the first 31 days following placement. If the mother does not have insurance, the child is covered under the father's benefits, using the father's identification number, for the same period. The MedStar Select associate (the mother or the father) must add the child to the family plan within the first 31 days of life by submitting a completed enrollment form to the associate's employer.

If a child has dual coverage from both parents who are not legally separated or divorced, then the child's primary insurance carrier is the parent or guardian whose birth date falls earlier in the calendar year. (This is known as the "birthday rule.")

If a child has dual coverage from both parents and the parents are divorced or separated, then child's primary insurance carrier is the plan of the parent who has custody of the child or as indicated by court order. The secondary insurance carrier would be the plan of the spouse of the parent with custody. The tertiary insurance carrier would be the plan of the parent who does not have custody. The quaternary insurance carrier would be the plan of the spouse of the parent without custody.

- **Court decree exception:** *If a court decree makes the non-custodial parent responsible for the child's health care or for providing health insurance, the non-custodial parent's plan is primary*
- **Joint custody situations:** *If a court decree awards joint custody without specifying that one parent has the responsibility to provide health care coverage, the birthday rule is followed. (i.e., Coverage is through the parent or guardian whose birth date falls earlier in the calendar year.)*

If an associate is laid off or retired, then plan that covers a person as an employee (or that employee's dependent) who is neither laid off nor retired is primary.

If an associate has MedStar Select as secondary insurance and the primary

insurance carrier authorizes coverage for a service or procedure for which MedStar Select requires prior authorization, then authorizations/referrals are not required. If the primary carrier authorized but did not pay the service, the provider must appeal with the primary carrier. The provider must comply with all primary insurance carrier requirements for the claim to be considered by MedStar Select as the secondary carrier.

If a MedStar Select associate is 65 or older and is covered through current employment or a spouse's current employment and also has Medicare coverage, then MedStar Select is primary.

If a MedStar Select associate has Medicare due to a disability, is under age 65, and also has coverage through current employment or a family associate's current employment and also has Medicare coverage, then MedStar Select is primary.

If a MedStar Select associate is eligible for Medicare because of end-stage renal disease (ESRD) and also has group health plan coverage, then group health plan is primary for the first 30 months of eligibility or entitlement to Medicare. MedStar Select is primary after a 30-month coordination period.

If a MedStar Select associate is covered under workers' compensation because of a job-related illness or injury, then workers' compensation is primary for all workers' compensation-related services.

If a MedStar Select associate has been in an accident where no-fault or liability insurance is involved, then no-fault or liability insurance is primary for all accident-related services.

Selecting or Changing a Primary Care Provider

MedStar Select is a PPO plan – associates can see any provider for care in the MedStar Select Provider Network. We recommend that MedStar Select associates select a PCP. Selecting a PCP will help coordinate care across physicians and throughout the plan.

If an associate would like assistance in selecting or changing their PCP, associates should contact **Member Services at 888-242-4872** or access the provider directory online at **MedStarMyHealth.org**.

Selecting a Primary Care Provider (PCP)

To select a PCP online, visit **MedStarMyHealth.org** and click on “Members” on the top left of the screen. You have the options to create a new account or login using your existing account.

After you log in, click on “Find a Doctor” on the right side of your screen. You will need to enter search criteria into the Search Boxes:

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

You will see a list of PCP’s show up, based on your search criteria. Once you have a PCP nominated, click on that PCP’s Practice. This will bring you to a more detailed list of the PCP you may nominate. Just above your PCP’s name, click on the button that says: “Select this physician as my PCP”. A pop-up will appear asking you to confirm the PCP. Once you click YES, this PCP will be linked with your name with MedStar Select. You may change your PCP when you feel it is necessary.