

Member Administration

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Member Identification Card

The card shown below is a sample of member (patient) identification (ID) cards for MedStar Medicare Choice Plan (Medicare Choice).

MedStar Medicare Choice Member ID Card



Refer to the “Plan” section of the card to identify if the member is enrolled in MedStar Medicare Choice HMO, MedStar Medicare Choice Dual Advantage (DSNP), or MedStar Medicare Choice Care Advantage (CSNP.)

Member (Patient) Rights and Responsibilities

The MedStar 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 MedStar Medicare Choice website, www.MedStarMedicareChoice.com. These rights and responsibilities are reviewed annually. Providers should contact Provider Relations at **800-905-1722**, with any questions and/or comments.

Members have the right

- To get information in a way that works for them (in Braille, in large print, other languages 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 MedStar 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 their rights

Members 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 they have other health insurance or prescription drug coverage in addition to our plan
- Tell their doctor and other healthcare providers that they are enrolled in a MedStar Medicare Choice plan
- Help their doctors offer the best level of care by informing the doctors 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, copayments or coinsurance potentially owed for covered services received
- Notify MedStar Medicare Choice if moving from current address
- Contact MedStar Medicare Choice Member Services for help with questions, concerns, problems or suggestions and to make recommendations regarding MedStar 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 healthcare services with a member, 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 member is under the participating physician's care
- A member's, enrollee's or subscriber's right to appeal a coverage determination with which the participating physician, member, enrollee or subscriber does not agree
- Opinions and the basis of an opinion about public policy issues

Thus, participating providers agree that a determination by MedStar 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 the participating provider from recommending such care to the covered person 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 Members (Patients) and Verifying Eligibility

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

Identification Card

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

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

Online

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

Provider Services

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

Checking the member eligibility report or verifying eligibility does not constitute prior authorization or guarantee claims payment, nor does it confirm benefits or exclusions. Members 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 member is missing or incorrect, they should notify MedStar 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 MedStar Medicare Choice members.

For MedStar Medicare Choice Plan Members

Typical scenarios providers may encounter include the following:

- **If a Medicare Choice member has any type of Medical Assistance coverage**, then MedStar Medicare Choice is primary to the Medical Assistance coverage. Members 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 MedStar Medicare Choice patient presents a traditional Medicare card and a MedStar Medicare Choice identification card**, then MedStar Medicare Choice is primary. Members must show both identification cards to the provider.

This includes DSNP and CSNP plans.

- **If a MedStar Medicare Choice member is also covered by a group health plan**, then MedStar Medicare Choice is primary.
- **If a MedStar Medicare Choice member 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 MedStar Medicare Choice is primary.
- **If a MedStar Medicare Choice member 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, MedStar Medicare Choice is primary after a 30-month coordination period.
- **If a MedStar Medicare Choice member 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 (PCP)

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

To select a PCP online, your members 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 an existing account.

After logging in, members 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 members will see a list of PCPs based on search criteria. Once they have a PCP nominated, they should click on that PCP's practice. This will bring up a more detailed list about the PCP. Just above the PCP's name, your member should click on the button that says "Select this physician as my PCP". A pop-up box will appear asking for their confirmation. Once they click "YES," this PCP will be linked with their name and MedStar Medicare Choice. Members may change their PCP selection when necessary.