

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 and covered dependents.

MedStar Select ID Card



Member: **SAMPLE MEMBER**
ID#: 20000000001
Group ID#: M00018-302

Office Visits: \$0	ER: \$250
Specialists: \$30	Urgent Care: \$10

MedStarMyHealth.org



MedStar Select contracts with Evolent Health to provide health plan administrative services.

Member Services: 855-242-4872 TTY 711 24-Hour Nurse Line: 855-242-4873 TTY 711 Provider Services: 855-222-1042 MedStarProviderNetwork.org Pharmacy Services: Provided by CVS/Caremark. Reference your CVS/Caremark ID card Prior Authorization: 855-242-4875 Medically Covered Pharmacy Services: 855-266-0712 Magellan Behavioral Health Services: 800-327-7855 PHCS MultiPlan: For care outside the primary service area, call Member Services at 855-242-4872	MedStar Select Claims: PO Box 1200, Pittsburgh, PA 15230 Electronic Payer ID #251MS Magellan Behavioral Health Claims: PO Box 2188 Maryland Heights, MO 63043 Electronic Payer ID# 01260
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This card does not guarantee coverage
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PHCS **MultiPlan**

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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 and covered dependents, other healthcare providers and MedStar Select. See the Provider Standards and Procedures section or go online at www.MedStarProviderNetwork.com for further information on provider rights, roles and responsibilities.

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

Associates and covered dependents 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 and covered dependents 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 healthcare providers that they are enrolled in a MedStar Medicare Select plan
- Help their doctors and other providers help them by giving doctors/other providers 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, copayments or coinsurance they may owe for covered services they receive
- Notify MedStar Select if they are moving from their 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 an associate or covered dependent would like a paper copy of their rights and responsibilities, please contact Member Services at **855-242-4872**.

Anti-Gag Provisions

Participating providers will not be restricted from discussing with or communicating to an associate or covered dependent, enrollee, subscriber, public official or other person information that is necessary or appropriate for the delivery of healthcare 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 or covered dependent is under the participating physician's care
- Communications that relate to an associate or covered dependent's, enrollee's or subscriber's right to appeal a coverage determination with which the participating physician, associate or covered dependent, 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 Select 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 persons as he/she deem 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 Associates and Verifying Eligibility

Providers have several methods to identify a MedStar Select plan associate and covered dependents and verify their eligibility. Some of these methods are

Identification Card

Each associate and covered dependent receives an identification (ID) card, which can be used only by the person listed on the card. Use of an associate or covered dependent'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 or covered dependent before performing services. Providers should verify MedStar Select eligibility by going online at www.MedStarProviderNetwork.com 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.com. This website requires a user ID and password. To view information about an eligible associate or covered dependent, providers need either the associate or covered dependent's home telephone number or ID number. The database then reveals the associate or covered dependent's benefits, including riders and the date such benefits take effect.

Provider Services

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

Checking the associate or covered dependent's eligibility report or verifying eligibility does not constitute prior authorization or guarantee claims payment, nor does it confirm benefits or exclusions. Associates and covered dependents 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 or covered dependent 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 and covered dependents.

If an associate or covered dependent 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 or covered dependent as a subscriber or a retiree is primary. The group health plan covering the associate or covered dependent as a dependent is secondary.

If an associate or covered dependent 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 or covered dependent (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. As eligibility does not extend to children of dependent children, this section does not apply to a newborn of a dependent child.

If a child is adopted, then the 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 or covered dependent (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 healthcare 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 or covered dependent is laid off or retired, then the 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 or covered dependent 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 or covered dependent 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 or covered dependent 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 or covered dependent 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. Medicare is primary after a 30-month coordination period.

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

Selecting or Changing a Primary Care Provider (PCP)

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

If an associate or covered dependent would like assistance in selecting or changing their PCP, associates or covered dependents 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, associates or covered dependents should visit **MedStarMyHealth.org** 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, they should click on “Find a Doctor” on the right side of the screen and enter search criteria into the search boxes:

- Enter the 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”

Associates/covered dependents will then see a list of PCPs based on their 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, they should click on the button that says “Select this physician as my PCP”. A pop-up box will appear asking the associate/covered dependent to confirm the PCP. Once they click “YES,” this PCP will be linked with the associate’s or covered dependent’s name with MedStar Select. They may change their PCPs when they feel it is necessary.