

## Need Assistance?

### Meritain Health Customer Service

(available beginning January 1, 2014)

**Phone:** 1-800-925-2272

Representatives are available from 5 a.m. to 6 p.m. PST, Monday through Friday

**Email:** ServiceHelp@meritain.com

**Fax:** 763-852-5057

*Note: You will first need to obtain your ID card before you are able to contact Meritain Customer Service.*



## PHR Shared Services

**Phone:** 1-877-608-0044

Representatives are available from 7:30 a.m. to 5:30 p.m. PST, Monday through Friday

**Email:** PHRSharedServices@kp.org

**Secure Fax:** 626-628-3789

## Additional Resources

Active SCPMG Physicians & Employees	Retired SCPMG Physicians
Refer to the SCPMG Physician Portal: <a href="http://scpmgphysician.kp.org">http://scpmgphysician.kp.org</a>	Refer to the SCPMG Retiree Website: <a href="http://scpmgretiree.kp.org">http://scpmgretiree.kp.org</a>

## Benefits On the Move

New Third-Party Claims Administrator for Supplemental Medical, Alternate Mental Health and Comprehensive Medical Plans

As part of ongoing efforts to enhance the level of service provided by our vendors, Permanente Human Resources is pleased to announce a change in the third-party claims administrator for Supplemental Medical, Alternate Mental Health and Comprehensive Medical Plans. **Effective January 1, 2014**, the claims administrator will transition from Harrington Health Services to **Meritain Health**.

Meritain will process claims for services dated on or after January 1, 2014. Harrington Health Services will continue to process claims for services provided in 2013.

In addition to improved customer service, the transition to Meritain will also include several new features including:

- **Website** – On the myMERITAIN website you will be able to view historical information for claims processed by Meritain and access informational materials to help you understand your plan benefits. You will also be able to opt-in to receive an electronic notification each time a claim is processed.
- **Provider Network Discounts** – You will have access to Aetna’s network of preferred providers. Network providers agree to charge lower fees for services rendered, giving you an opportunity for significant cost savings.



- **Monthly Statements** – Meritain will mail you monthly statements showing all claims processed in the prior month.
- **ID Cards** – You and your eligible dependents over age 19 will receive an ID card directly from Meritain by the end of December. The card contains information needed to register on the website, provides instructions to your provider for billing and lists important phone numbers.
- **Call Center** – A designated team of Meritain representatives will be available to assist with your questions at 1-800-925-2272, Monday through Friday, 5 a.m. to 6 p.m. PST.

The information provided in this packet includes important information on the new services and features available to you as a result of our new partnership with Meritain Health. To ensure accurate and timely processing of your 2013 and/or 2014 claims, please review the brochure carefully.

# Creating an Account in 4 Easy Steps



Once you receive your new member ID card in the mail at the end of December, accessing the myMERITAIN website is as easy as 1-2-3-4!

At myMERITAIN, you have 24-hour access to a number of tools and resources to help you manage your health benefits. You can:

- View your claim history
- View your Explanation of Benefits (EOB)
- Find a doctor or hospital
- Compare cost information

**1.** Visit [www.myMERITAIN.com](http://www.myMERITAIN.com)

**2.** Register your account by clicking “Create a new user account”

*Your spouse and dependents over the age of 18 will have to create their own accounts. See the box below for more information*

**3:** Enter your:

- |                       |                                       |
|-----------------------|---------------------------------------|
| - Group number        | - Zip code                            |
| - Member ID           | - Personal email address              |
| - Date of birth       | - Member type (employee or dependent) |
| - First and last name |                                       |

**4:** Set up your username and password and you're done!

## Spouses and Dependents

Per HIPAA Privacy Regulations, spouses and dependents over age 18 have partially protected health care information. To access their information, spouses and dependents must register for their own myMERITAIN account.

Financial information can be viewed for all dependents, regardless of age.

# Frequently Asked Questions



## How does dual coverage work with Meritain?

When possible, Meritain will coordinate coverage so you are able to maximize utilization of your benefits. If you are currently receiving dual coverage, complete the Coordination of Benefits form that will be included with the ID cards mailed to homes by the end of December. This information will prevent a delay in claims processing.

## For an SCPMG physician married to another SCPMG physician:

If you are covered under your spouse/domestic partner's plan as a dependent, you will benefit from coverage as both a dependent and subscriber. You will each receive two ID cards – one as a subscriber and one as a dependent. Please present both cards to your provider when receiving services.

## For an SCPMG physician married to a Kaiser Permanente employee:

File an initial reimbursement claim with the vendor providing coverage for you as a subscriber, and then file a second claim for the remaining balance with the vendor providing coverage to you as a dependent.

*For example: If you are an SCPMG physician also receiving coverage under your spouse or domestic partner who is a Kaiser Permanente employee, you would first file a claim with Meritain. After receiving an EOB from Meritain, you would then file a claim for the remaining balance with Harrington Health.*

## For an SCPMG employee married to a non-Kaiser employee:

Depending on your spouse/domestic partner's coverage, Meritain may be able to coordinate benefits so that both medical plans can be billed for services provided to you and/or your covered dependents.

## Am I required to use a network provider?

No. If your current provider is out of the network, you may continue to receive services from the provider. However, there are advantages to choosing an in-network provider. See the “Aetna Provider Network Discounts” page.

## I have specific questions regarding my benefits. Where can I get more information?

Please refer to your Benefits Handbook for more details. For additional questions or assistance, call PHR Shared Services at 1-877-608-0044 or Meritain customer service at 1-800-925-2272.

## I'm receiving services that aren't covered by my Kaiser Foundation Health Plan coverage and I need a denial letter. How do I obtain one?

Call Membership Services at 1-800-464-4000 to request a denial letter. Once you receive the letter, send a copy to Meritain via email, fax or mail with your claim. See the “Filing Your Claims” page for specific contact information and instructions.

# Filing Your Claims

## For services rendered through December 31, 2013

For services provided through December 31, 2013, you must file claims with the current vendor, Harrington Health.

Claims must be submitted **within one year** from the date of service.

Complete the Harrington Health Benefit Claim Form (available on the SCPMG Physician Portal or SCPMG Retiree Website) and fax it to 1-877-779-9873.

If you have questions about your 2013 claims, contact Harrington Health customer service at 1-800-216-2166.

## For services rendered on or after January 1, 2014

For medical or prescription services provided on or after January 1, 2014, you must file a reimbursement claim only if you see an **out-of-network provider**. (A network provider will file claims for you.)

For **Alternate Mental Health** or **Supplemental Medical** claims, fill out a claim form (found on myMERITAIN.com, the SCPMG Physician Portal or SCPMG Retiree Website). Submit the form and a Kaiser denial letter (if applicable) to:

- Email: SCPMG.Claims@meritain.com
- Fax: 763-852-5016
- Mail: Meritain Health, PO Box 27267, Minneapolis, MN 55427-0267

For **Comprehensive Medical** claims, if you are age 65 or older with Medicare Part B, Medicare is the primary payor of your claims. You must receive an EOB from Medicare (CMS) before you can file an out-of-network claim with Meritain for the remaining balance. If you are under age 65, you can file a claim directly with Meritain.

To file a Comprehensive Medical claim with Meritain, send your completed claim form to: Meritain Health, PO Box 27267, Minneapolis, MN 55427-0267.

### My claim was denied – what do I do?

- Check the notes or remarks section on your EOB for an explanation of why the claim was denied.
- If the claim was not filed with the appropriate vendor based on date of service, you **must** re-file your claim with the correct vendor.
- For all other questions regarding denied claims, please contact PHR Shared Services at 1-877-608-0044 or PHRSharedServices@kp.org.

# Aetna Provider Network Discounts

## Advantages of using network providers

### Significant cost savings

If you choose to use a provider in the Aetna provider network, you will receive care for the lowest cost.

### Simplicity

When you use a network provider, you don't need to file a reimbursement claim. The provider's office will file the paperwork for you. Simply pay your co-insurance and you're on your way.

### Location

Your network providers are conveniently located near where you live and work.

## Finding network providers

- **www.myMERITAIN.com**  
Once you create a myMERITAIN account, click on "Find a Doctor or Hospital in Your Network," then follow the instructions to search for a provider.
- **www.aetna.com/docfind/custom/mymeritain/**  
Before you create a myMERITAIN account, you may use this link to find a provider or to check if your current provider is part of the network.

When choosing a network provider online, be sure to select **Aetna Choice® POS II**.

## Freedom to choose

You may continue to use your current provider, even if the provider is out of the network. You will still have benefits, however:

- Your share of costs will be higher because the amount you pay will not be based on the lower in-network rate.
- You may pay the entire cost of the service or your co-insurance amount at the time of service. You would then file a claim for reimbursement of these out-of-pocket expenses.
- *Please Note: If you choose to pay only your co-insurance at the time services are provided, Meritain may have the opportunity to search for and apply additional discounts when billing your provider for the balance due.*



# Keeping Track of Your Claims

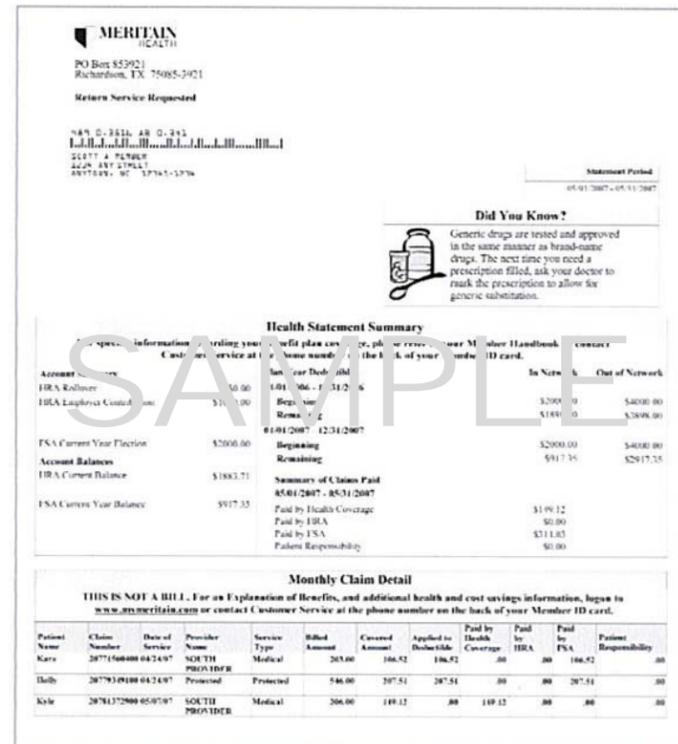
## Member Statements

Meritain will mail you a Member Statement the second week of each month. The layout, similar to a bank statement, summarizes all claims processed in the preceding month.

You will see the following information:

- Claim number
- Covered amount
- Provider
- Date of service
- Amount applied to deductible
- Amount of covered services
- Amount of member responsibility
- Billed amount

Monthly Statements will reflect the entire family's processed claims. However, protected medical information for dependents over age 18 will be blocked out when appropriate.



## Explanation of Benefits

A detailed Explanation of Benefits (EOB) will be generated for **each** claim.

A hard copy will not be mailed; instead, EOBs can be viewed and printed online using your myMERITAIN account.

### Sign up for electronic notifications

You can be notified via email when a claim has been processed and a new EOB is available. When you first create a myMERITAIN account, you will be able to opt-in for this feature.

# Meritain Health ID Cards

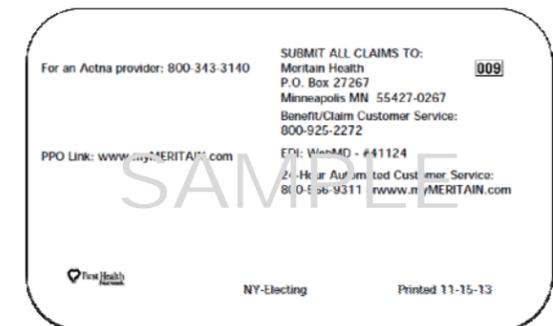
## Using your ID card

Your card will have:

- Name of the subscriber (*Note: The name listed on the ID card will be the subscriber's name, even on ID cards for their dependents.*)
- Member ID number
- Group number and name
- Important phone numbers for Meritain and Scrip World/Express Scripts

You will need to provide your ID card to your provider or pharmacy when you receive services. You can also use this information to log in to myMERITAIN.com, when you call customer service, or when you have a prescription filled at a pharmacy.

Current dependents over age 19 will get their own card in the mail by the end of December. However, when a dependent turns 19 years old, an ID card is not automatically generated. To request a new or replacement card, visit the myMERITAIN website or call Meritain customer service at 1-800-925-2272.



# Prescriptions



## Express Scripts

When you visit your Kaiser Permanente physician, you can fill all of your prescriptions at a Kaiser pharmacy. With Meritain, you now have access to an extensive network of Express Scripts pharmacies that can conveniently fill prescriptions issued by an Alternate Mental Health, Supplemental Medical or Comprehensive Medical provider. To locate a network pharmacy, visit myMERITAIN.com.

	If using an in-network pharmacy	If using an out-of-network pharmacy	Prescription must be supported by a medical claim
<b>Alternate Mental Health</b>	Show your ID Card -- Claims are filed by network provider	You must pay for prescription and then file a claim for reimbursement	Medical claim <b>NOT required</b> for prescription to be eligible for reimbursement
<b>Supplemental Medical</b>	You must pay for prescription and then file a claim for reimbursement	You must pay for prescription and then file a claim for reimbursement	Medical claim <b>required</b> for prescription to be eligible for reimbursement
<b>Comprehensive Medical</b>	Show your ID Card -- Claims are filed by network provider	Call Meritain Customer Service at 1-800-925-2272 for more information	Medical claim <b>NOT required</b> for prescription to be eligible for reimbursement