

Client Communication Binder



Egyptian Area Schools Benefit Trust



Upcoming System Enhancements

At Meritain Health, we take pride in providing our clients with the highest quality products and services. With the evolving healthcare industry, Meritain Health is changing to meet the demands placed on our clients, focusing on better ways to serve you. In order to do this, we are upgrading our technology systems and providing new and enhanced features.

Through these upgrades, our goal is to provide technological enhancements that will enrich the overall client, member and provider interaction with Meritain Health. These enhancements enable improved operational and customer service performance. Some of the new and/or enhanced features that you will see are:

- Compliance with CMS Regulations such as ANSI 5010.
- Electronic Funds Transfer/Provider Payment Consolidation.
- New robust reporting packages.
- Enhanced benefits plan customization options.
- Integrated Specific and Aggregate Stop Loss products.
- Earlier identification of high dollar claims.
- Faster claim turnaround time.

Your current service team will continue to be available to you to provide information and answer any questions you may have during this process. A dedicated systems upgrade liaison will be working closely with you and your Client Relationship Manager to address your unique service needs. In addition, your local team will be supported by a larger, national service team.

For your reference, we are providing you with the enclosed materials/information.

Section 1 - Contact Reference Guide

Section 2 - Timeline of Events

Section 3 - CMS Regulations

Section 4 - New Reporting Package information

Section 5 - Claims System Enhancements

Section 6 - Sample Member Communications

We look forward to working with you over the coming weeks. In the meantime, please feel free to contact your Client Relationship Manager or your dedicated liaison with any questions you may have.



Section 1



Contact Reference Guide





Contact Reference Guide

Egyptian Area Schools Employee Benefit Trust

Who do you contact?	What do you need?	How to reach Meritain Health?
Client Relationship Manager Karen Giles	<ul style="list-style-type: none">• Strategic coordination of plan• On-site visits or meetings• Consultation & coordination of renewal• Scheduled reporting of & interpretation/analysis of results• Meritain Health products and service offerings• Plan design coordination• Stop Loss contracts• Meritain Health fees	<p>Toll Free (866) 588-2431 Opt. 3, Ext. 6104 Fax (888) 525-2799</p> <p>Email: Karen.Giles@meritain.com</p> <p>Mailing Address: 13 Executive Drive, Suite 19 Fairview Heights, IL 62208</p>
Client Relations Coordinator Kristen Pattoli	<ul style="list-style-type: none">• Reports needed on an ad-hoc basis.• Explanation of all products, services & procedures/processes• Acts as back up for Client Relation Manager.• Group level ID Card changes/requests	<p>Direct (716) 319-5074 Toll Free (800) 844-7979 Ext. 5074 Fax (716) 319-5702</p> <p>Email: Kristen.Pattoli@meritain.com</p> <p>Mailing Address: 300 Corporate Parkway Amherst, NY 14226</p>
Client Relations Assistant Krista Breakfield	<ul style="list-style-type: none">• Employer Group Contact Changes (Superintendents, Business Managers, Bookkeepers, etc.)• Coordinates materials and supplies needed. (Plan Documents, Summary of Benefits, Enrollment Forms, Consult a Doctor, LabCard, etc.)• Group level Employer Portal• Passwords www.egtrust.org	<p>Toll Free (866) 588-2431 Opt. 3, Ext. 6105 Fax (888) 525-2799</p> <p>Email: Krista.Breakfield@meritain.com</p> <p>Mailing Address: 13 Executive Drive, Suite 19 Fairview Heights, IL 62208</p>

Client Liaison

Marie Mangan

- Overall issue resolution.
- Escalated service concern within Meritain Health
- Overall claim processing guidelines/PD interpretation
- Website/Portal assistance

Direct (716) 319-5084
Fax (716) 541-6785
Toll Free (800) 844-7979
Ext. 5084

Email:

Marie.Mangan@meritain.com

Mailing Address:

300 Corporate Parkway
Amherst, NY 14226

Eligibility Processing

Darlene North

- Process new hires, additions, terminations, status changes, open enrollment, late entrants, and eligibility issues
- Request and produce/email single ID Card
- Corrections/Concerns on monthly billing statements

Direct (716) 319-5242
Toll Free (800) 844-7979
Ext. 5242
Fax (716) 541-6729

Email:

Darlene.North@meritain.com

Mailing Address:

300 Corporate Parkway
Amherst, NY 14226

COBRA Administration

Sheila Wolschleger

- Send COBRA packet to members upon receipt of termination
- Process COBRA election form and update all systems/vendors if applicable
- Send election confirmation and coupons
- Process monthly payments and monthly client reporting
- Process COBRA termination and update all systems/vendors if applicable

Toll Free (800) 748-0003
Ext. 2211
Fax (716) 541-6612

Email:

Sheila.Wolschleger@meritain.com

Mailing Address:

2370 Science Parkway
Okemos, MI 48864

Please contact your client relationship manager with any questions or concerns to change of eligibility or plan provisions.

Section 2



Timeline of Events



System Enhancement Timeline

Egyptian Area Schools Benefit Trust

**Upgrade Date:
11/7/2011**



Activities	Target Dates	Task Completed
Client Communication Regarding Upgrade	Thirty to forty five days prior to Upgrade	
First Member Communication Letter Mailed	Ten days prior to Upgrade	
ID Cards Mailed with Second Member Notice	Seven days prior to Upgrade	
Meritain Portal Training with Client	Seven days prior to Upgrade	
Last Check Run before Upgrade	One day prior to Upgrade	
Full Meritain Health Portal Access Activated for Employer	On Upgrade Date	
Upgrade Transition Period	From Upgrade date to 14 days after	
Full myMeritain.com Access Activated for Members	On day claims go live for processing	
Effective Date- Go Live Claim Processing	Ten days after Upgrade	
First Check Run	Within fourteen days after Upgrade Date	
CRM to Review New Reporting Package with Client	Second week of the following month after Upgrade	

If you have any questions or concerns regarding the upgrade, please contact your Upgrade Liaisons: Tracy Matteson at 716.319.5905 or 716.536.1457; or Joe Green at 952.582.2837 or 952.807.3696.



Section 3



CMS Regulations



Compliance Changes

With the advent of the Patient Protection and Affordable Care Act (PPACA), the face of healthcare is changing across the nation, bringing with it numerous other required modifications health plans will need to make in order to be fully compliant with new legislation. The Centers for Medicare and Medicaid Services (CMS) have implemented new regulations effective January 1, 2012 for electronic claim and eligibility transactions. The new version of these transactions will be called the 5010 version. The purpose of these changes is to align us all along a single standard for information exchange and security of that information.

These changes will possibly impact your daily operational work, if you exchange electronic data in support of your health plan. The ANSI 5010 changes impact a broad spectrum of functions in the life of a claim and overall plan administration. The following transaction types identify the depth of these changes.

- Claim/Encounter (837-I, 837-P, 837-D, 837-I COB, 837-COB, 837-P COB, NCPDP)
- Claim Acknowledgement (997)
- Eligibility Inbound/Outbound (834)
- Remittance (835)
- Claim Status Inquiry/Response (276/277)
- Eligibility Inquiry/Response (270/271)
- Healthcare Services Review (278) Pre-certification and Referrals

The upgrade process will ensure that the new standards are applied consistently and appropriately, deepening the protection Meritain Health already provides through its administration of your plan.

The other compliance mandate that has been legislated is the adoption of the ICD-10 codes. This effort is already underway with a target date for full implementation of October 2013. The current ICD-9 CM has several limitations. Foremost, it is out of room. Because the classification is organized scientifically, each three-digit category can have only 10 subcategories. Most numbers in most categories have been assigned diagnoses. Medical science keeps making new discoveries, and there are insufficient remaining numbers to assign to these diagnoses.

Technological advancements, combined with new, more detailed codes of ICD-10-CM, will allow for better analysis of disease patterns and treatment outcomes that can advance medical care. These same details will also help clients better control their claims costs through more detailed predictive modeling capabilities based on more detailed codes.

Stay tuned for more detailed information over the next 24 months as Meritain Health continues to provide you with additional information regarding these two key compliance initiatives!



Section 4



New Reporting Package Information



Employer Web Portal

The self service tool available on www.meritain.com provides new capabilities for running any of the reports according to your eligibility structure and plan offerings. You can view reports online and also export the reports as Excel or PDF formats. Once the history of reports is built on the reporting tool, there will be 24 months of historical reports available for you. This tool will be available two months after your system upgrade.

After the upgrade an email will be generated to the designated employer contact from noreply@meritain.com. It will contain a link that will allow you to register and create an employer account on the Employer portal.

Please note: For security purposes this email registration expires after 5 days of receipt of the email. If this has occurred you can contact your Client Relationship Manager to have the email registration re-sent.

Stay tuned for our next steps.

Over the upcoming weeks, we will be providing you with more information on the progress of our processing enhancements. If you have any questions, please contact your Client Relationship Manager.

Section 5



Claims System Enhancements



Subrogation and Other Insurance Verification

Subrogation Process

As you know, many claims reach our system with diagnosis indicating they were related to an accident, or may include certain diagnosis codes that lead us to question whether they may have been due to an accident. In many cases there may be liability through another carrier like auto insurance, workers compensation or legal liens. In these scenarios your health plan's payment for the related claims may be significantly less. Meritain Health's ability to pursue information and other liability is much greater when payment has not already been made to the provider or participant. Our enhanced claims system includes the ability to hold payment on these claims until the determination of other liability is complete. This enhancement is now available to you with our platform upgrade.

Claims with a diagnosis with potential third party liability or indication that other liability may be involved will be accumulated and once a total of \$500 has been paid, we will send out a questionnaire asking for the details of the situation. If we have not received a response after a total of \$500 has been paid, we will hold the claims and advise that this additional information is needed and re-send the questionnaire.

Other Insurance Verification

Maintaining accurate eligibility in our system is a very important step of the claim adjudication process – this includes our ability to update and have current information when double coverage exists. As a financially prudent health plan, it is imperative to know which covered participants may have other coverage, particularly other primary coverage. Meritain Health now has available to you a system that is a more proactive approach to obtaining these updates. By requesting these updates on a more systematic basis, any instances of double coverage will potentially be identified earlier.

If a claim is received with other coverage information, or if we obtain other coverage information from the member or Plan Administrator, we will note the system and handle claims accordingly. Meritain Health will also send a letter requesting confirmation of existence of other coverage to all members with dependent coverage on the plan. This will occur in all instances in which we have not yet been able to obtain information regarding other coverage. If we have not received information within the last 12 months we will begin to send these letters to confirm or deny the existence of other coverage. If we have not received this information in the last 18 months we will hold the claims and indicate that additional information is needed and re-send the questionnaire.

Section 6



Sample Member Communications



Important Enhancements From Meritain Health

Accurate and efficient service is our goal for you as a valued Meritain Health member. To continue to meet – and exceed – the healthcare needs of you and your family, we are upgrading our benefits systems and adding new and enhanced features to your Meritain Health experience. Over the coming weeks, you will notice some important improvements that will help improve the way you access your healthcare benefits.

With our system enhancements, you will experience:

- **Easier-to-use, attractive new ID Cards.**
- **The option to “go green” with paperless correspondence.**
- **New customer service number with interactive voice response (IVR).**

The IVR system provides these significant new features without waiting to talk to a customer service representative:

- You and your providers will have access to claims information 24 hours a day, seven days a week.
- You will be able to obtain and/or confirm your eligibility information.
- You will have the ability to request additional ID Cards when needed.
- You will have the ability to request plan documents and confirm your plan benefits.
- You will experience quick and hassle-free customer service.

You are just one key-stroke away from a representative during business hours!

As a guide, enclosed you will find information regarding:

1. Member portal information, www.myMERITAIN.com.
2. Your new member ID Card, which you will be receiving in a separate mailing.

We will continue to communicate information that you need to know about the enhancements we are making to your Meritain Health service experience. If you have any questions, please contact Meritain Health customer service at the number listed on your ID Card.



On Your Mark, Get Set, Go Meritain!

Did you know?

You have access to a variety of online tools and resources through www.myMERITAIN.com!

Please note: If you already have access to myMERITAIN, you will need to re-register once you receive your new member ID Card.

What you'll find at myMERITAIN.com:

At myMERITAIN.com, you have 24-hour access to a number of tools and resources that can help you manage your health benefits. Below are a few of the tools available at myMERITAIN.com:

- Verify eligibility and benefits
- Find the status of claims
- View your Explanation of Benefits (EOB)
- Review your benefit plan document in its entirety

Access to myMERITAIN.com is as easy as 1-2-3-4!

Step 1:

Open your web browser and go to www.myMERITAIN.com.

Step 2:

Register your account. Click 'Create a new user account'.

Your spouse and dependents over the age of 18 will need to create their own accounts. Please see the reverse side of this flyer for more information.

Step 3:

Enter your group ID number. You can find this information on your new member ID Card, which you will be receiving in a separate mailing.

You will need to fill in your:

- Member ID (You will be able to find this on your new member ID Card).
- Date of birth
- First and last name of employee, spouse or dependent
- Zip code
- Group number
- Personal e-mail address
- Member type (employee or dependent)

Your group number and member ID can be found on your Meritain Health ID Card.

Step 4:

Set up your username and password and you're done!

For more information, please refer to the back page.

Register today!



Spouses and Dependents.

Per the HIPAA Privacy Regulations, spouses and dependents over age 18 have partially protected healthcare information. To access their information, they will need to register for their myMERITAIN account using the first three steps.

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

Returning User Login.

When returning to the website after your account has been created, enter your established username and password in the login box.

Incorrect Login.

Click 'Home' to return to the homepage and try again if you receive an incorrect login message.

Website Assistance.

If you need assistance with the login process or forgot your username or password, e-mail webmaster@meritain.com or contact customer service using the phone number printed on your ID Card.

Website Options.

Click the name of the function in the left navigation frame to access the functions below. Click 'Home' to return to the welcome page.

Account Manager

Click 'Account Manager' to change your password or to store your e-mail address.

Benefits at a Glance

Click 'Benefits at a Glance' to view and print your demographic information, list of dependents and benefit elections for the current or prior plan year(s).

Claims History

Click 'Claims History' to view your claims. Claim statuses of received, in review, processed, or void are displayed. Click the highlighted claim number to view and print the Explanation of Benefits (EOB).

Verification of Benefits

Click 'Verification of Benefits' to display some of the key features regarding your benefit plan.

Plan Documents and Forms

Click on the link for 'Plan Documents and Forms' to view all aspects of your benefits plan.



Important Information About Your New ID Card

Soon you will be receiving new ID Cards.

Your member ID Card is important, and you should always carry it with you.

Your card provides access to your health benefits when you see physicians and other healthcare providers, when you fill prescriptions and when you are admitted to hospitals and other healthcare facilities.

The information on your ID Card.

Your ID Card contains the following information:

■ **Your ID number and group number.**

Your ID and group numbers appear on the front of your card. These numbers tell physicians, hospitals, pharmacists and other healthcare providers and facilities that you are eligible for medical benefits. They will use it to when they apply for reimbursement of covered healthcare expenses.

Your ID number also connects you to the information and tools on your member website. You will use it whenever you log onto myMERITAIN.com.

■ **Telephone numbers.**

There are several telephone numbers on the back of your ID Card:

- The number that providers call for benefits and eligibility information.
- The number you or your physicians call for pre-certification of hospital admissions.
- The number you call when you have benefit and claim questions.

Questions? Contact Meritain Health using the number for customer service on your ID Card.

Helpful tips:

- Destroy your old ID Card and begin using your new card immediately
- Continue to verify participation at www.myMERITAIN.com or by calling the phone number for Meritain Health Customer Service printed on your ID Card.
- Show your ID Card whenever you visit a healthcare provider.



Meritain Health is proud to enhance another part of your health plan!

Group name: Egyptian Area Schools Employee Benefit Trust

Meritain Health is a nationwide healthcare benefits administrator, serving over 1.4 million members. We are the leading independent provider of Consumer-Directed Health Plans.

As a valued Meritain Health member, our goal is to provide you with high quality healthcare benefits that are both valuable and easy to use. We want you to have the information, tools and services you need to maximize your benefits.

We are enhancing our systems to improve the way in which you access your healthcare benefits. Enclosed, as a new feature, is your upgraded member ID Card.

Your ID Card enables access to your healthcare benefits when you visit healthcare providers, are admitted to the hospital or fill prescriptions. Your upgraded ID Card features an attractive, new design. All the information you need to access your healthcare benefits is neatly organized, for ease of use.

Please discard your current ID Card and begin using your new ID Card on November 7, 2011. It is especially important to present your new ID Card at the pharmacy, so they can make a copy for future reference.

You should always carry your ID Card with you, as it contains important information, such as:

- **Your ID number and group number.**

Please note: Your upgraded member ID Card contains a new member ID number and new group number, which appear on the front of your card. These numbers tell physicians, hospitals, pharmacists and other healthcare providers that you are eligible for healthcare benefits. Your providers will use the information on your card when they apply for reimbursement of covered healthcare expenses.

- **Telephone numbers.** There are several telephone numbers on the back of your ID Card:

- The number that providers call for benefits and eligibility information.
- The number you or your physicians call for pre-certification of hospital admissions.
- The number you call when you have benefits and claim questions.

If you have any questions, please contact Meritain Health using the phone number printed on your member ID Card.



www.meritain.com