

VMERS VANTAGECARE RHS CLAIM SUBMISSION

PLEASE NOTE: You must be benefit eligible in order to submit for claim reimbursements. Please refer to the Plan Summary or contact your Plan Sponsor for benefit eligibility details.

Claim submissions can be done via mail, fax, or online.

Supporting documentation must be provided for each expense. Supporting documentation includes: Explanation of Benefits, Premium Notices, Receipts or Itemized Bills. All documentation must include patient name, date(s) of service, service provided, insurance payment if applicable and total patient out of pocket amount

Below are the instructions for each method:

Mail: Complete, sign, and date the VMERS VantageCare RHS Benefits Reimbursement Request form. Attach supporting documentation and mail it to Meritain Health at:

> VantageCare RHS Plan C/O Meritain Health PO Box 30136 Lansing MI 48909-7611

Fax: Complete the VMERS VantageCare RHS Benefits Reimbursement Request form and fax it along with the supporting documentation to 888-665-8495.

Online: Complete the online Claims Entry Submission Form found online. Print the confirmation page and use that page instead of the VMERS VantageCare RHS Benefit Reimbursement Request form. Attach supporting documentation and either fax or mail to Meritain Health.

Web site Instructions:

- Log in to your ICMA-RC account at www.icmarc.org/ ymersrhs.
- 2. Enter your Account Access User ID and Password. You will be redirected to Meritain Health's website with this single sign-on. If you do not have a password, click on "Request an Initial Password".
- 3. Click on "My Account View" and select from the submenu, "RHS Claims".
- 4. At the Welcome Screen, select "Submit your RHS Claims".
- 5. Click "select" beside the account you wish to be reimbursed from.

6. Enter the information in the submission form:

Service from date – the date of service or beginning of a multi-day service

Service to date – the date of service or end of a multi-day service

Amount – Enter in dollars and cents (i.e. \$150.50)

Claimant – the person the service is for

Provider – the company providing the service

- 7. Select "Enter Claim"
- 8. Check the claim information entered and if accurate, electronically "sign" your form by selecting a submission method (see below), and entering your social security number. Print the confirmation page and attach supporting documentation.

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Fax: 888-665-8495

Note: All documentation for online claims must be received by Meritain Health within 30 days of claim submission. Any claims unsubstantiated after 30 days will be denied.

Questions

- Meritain Health 888-587-9441 (Claims Processor)
 - For claim-related issues and forms upon benefit eligible
 - To change personal data if you are eligible for benefits (also inform ICMA-RC)
- ICMA-RC 800-669-7400
 - For account questions (not claim related)
 - To change personal data (also inform Meritain Health if you are benefit eligible)
 - To obtain forms
- VMERS 800-642-3191
 - For information on plan specifics (benefit eligibility, etc.)