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Employer Benefit Adviser

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What to Know This Month

Here's a sneak peek at the highlights in this issue:

1. Southern Scripts has a new name
2. Spotlight on Kelly Bullard
3. Medicare Part D Due October 14
4. Life Scenarios Where Short-Term Health Plans Work Well

Your Southern Scripts Pharmacy Benefit Manager has a New Name - Liviniti

The company we use to manage our pharmacy benefits, Southern Scripts, has a new name, Liviniti. Southern Scripts has provided pharmacy services to members across the country and, after 12 years in business, felt it was time for a new name that reflects its national scope. Medications are a powerful tool in maintaining members' best possible health. Liviniti believes their new name acknowledges the infinite power of medication to improve lives.



If you're wondering whether there's anything you need to do to as a result of this change, the answer is no. Your Southern Scripts pharmacy ID card will still work, your pharmacy benefits and network pharmacies are the same, and you can still call the same phone number to reach Member Services.

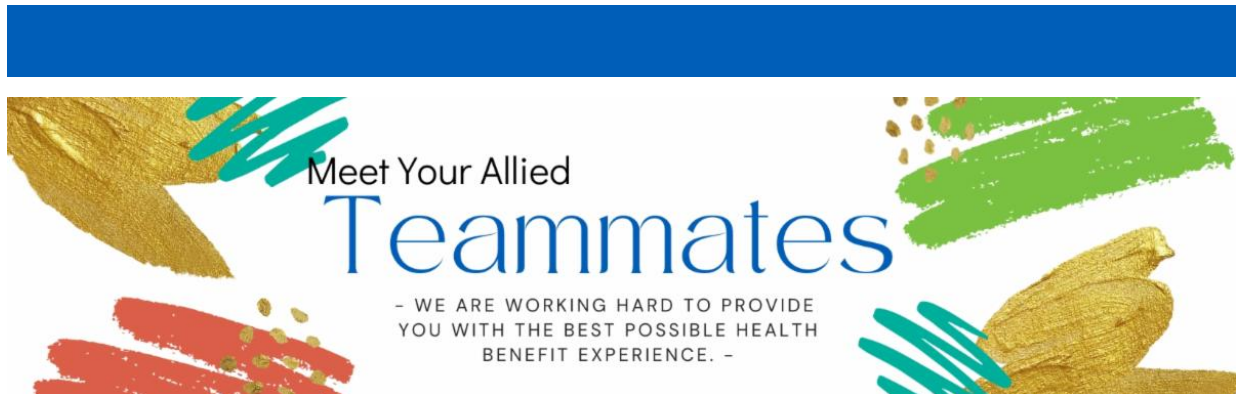
Beginning Sept. 13, your member portal, mobile app and pharmacy materials will reflect the Liviniti name, along with the new logo and colors. If you visit the member section on southernscripts.net after this date, you will be redirected to resources on the new website, [Liviniti.com](https://liviniti.com).

Care has been taken to make sure this change is easy for you. Liviniti will provide you with the same exceptional service you have come to expect from your pharmacy benefit manager.

Click on the button below to read frequently asked questions about the rebranding.



Liviniti FAQ for Members



Get to Know Allied's Kelly Bullard

The more you know about Allied National and our team members, the better we can serve you. This month we are introducing you to Kelly Bullard. Kelly is the Client Relations Manager in our Client Services Department. She joined Allied in January 2007. Prior to joining Allied, Kelly worked at MetLife for 20 years.



Q. What does a Client Relations Manager do?

A. I oversee a team of Senior Customer Service Representatives and the Elite Experience Team. The Senior Client Service Representatives handle all of Allied National's group benefit calls from providers, groups, employees and agents. They are a wealth of knowledge and very experienced in the group benefits space. In addition to basic manager duties, my responsibility is to take on issues that are escalated to find resolution, such as claims issues, enrollment issues and IT issues.

The Elite Team handles all balance bill issues that result from providers not accepting reference-based pricing. Their duties include calling providers to explain the plan and either getting acceptance, or, if a provider refuses – negotiate a single case agreement so our members will not have to pay up front. They also help members when they receive a balance bill by explaining the process, what their patient responsibility is and then they initiate the negotiation process. My role is to assist the team and jump in as needed, especially if there is a difficult provider, older bills, or if providers are being difficult.

Q. What information does a member need to have on hand before calling

Client Services?

A. We have multiple ways of identifying members in our system – they really only need their name and birth date; however, having their own member ID can make the search faster. Our team's goal is to make the calls as easy and informative for our callers as possible!

Q. How has Client Services changed over the years?

A. Technology has changed, it is faster and easier to assist our members – there is more information at our fingertips to provide callers what they need. We have a better ability to monitor calls to help mentor our staff and reporting has improved to help monitor and improve effective time management of our reps. The importance of providing excellent service has always been the primary objective of the Customer Service Department – and that remains the same!

Q. What is your favorite pastime?

A. Drag Racing is my favorite past time. My son drives a supercharged 2,500 horsepower drag racing fuel altered that goes about 175 mph in 4.12 seconds in the 1/8 mile. My husband is the Crew Chief/Tuner; my daughter-in-law is the BUG (back up girl) – she directs him as he backs to the starting line after his burn out. I am in charge of feeding everyone and making sure they have what they need...and, of course, I watch every race nervously with the grandkids!

Q. What do you wish people knew about Allied?

A. I hope everyone knows how important customer service is to Allied. I know a lot of companies claim to be customer service driven – but Allied National truly is. Every department at Allied is important to keeping the wheels turning. Customer Service is key when the wheels don't turn quite right. We are the voice and ears of the company and vital to notifying the correct department of issues; overseeing the issues get resolved, and keeping the customer informed through the process. Allied acknowledges this and gives customer service all the support it needs!

Medicare Part D Due October 14

Employers who provide a health care plan that includes a prescription drug benefit have until Oct. 14 to notify all Medicare-eligible members as to whether their current prescription plan is considered "creditable" or "non-creditable" coverage and what their options are through the federal Medicare Part D program.

Prescription drug coverage is creditable when it is at least "actuarially equivalent" in value to Medicare's standard Part D coverage.

The notification process for employers covered under one of Allied National's group health plans, is simple. During the first part of October, Allied will provide notices to anyone in your company age 64 or over (along with a copy for the employer). The letter informs employers and their employees if their prescription drug plan is considered creditable coverage or non-creditable and the consequences of employees' decisions on Part D coverage.

All an employer has to do is complete an online report with CMS (the Centers for Medicare and Medicaid Services) indicating whether or not they have "creditable

coverage". A link to the "Disclosure to CMS form" is below.

If Medicare-eligible members have creditable prescription drug coverage, they can opt to delay enrollment in Medicare Part D to a later date without penalty. Members with non-creditable coverage, and who elect not to enroll in Medicare Part D until a later date, will be subject to late entrant penalties.

[Disclosure to CMS Form](#)

Life Scenarios Where Short-Term Health Plans Work Well

According to the United States Census Bureau, more than 54% of workers have employer-based health insurance for some or all of the calendar year. And it's important to them. Reports from the Society for Human Resource Management found that 88% of workers consider better health insurance benefits as a top motivator when making a job move.



However, employee health insurance coverage can have gaps. Some employers have a health insurance waiting period when onboarding new team members. Some employees might retire before age 65 and don't yet qualify for a Medicare plan.

Other employees can lose or leave their positions with the choice of signing up for COBRA, finding an Affordable Care Act plan (possibly without a subsidy), or going uninsured. According to the U.S. Bureau of Labor Statistics, employers pay up to 71% of their employee health insurance premium costs. If an employee leaves their job and is eligible for COBRA coverage, they have to pay 100% of the premium plus an administrative fee. This is financially impossible for a majority of workers.

Life situations like these, coupled with personal finances, are a large reason why short-term medical insurance plans can be a great temporary solution and provide healthcare coverage in an interim period.

Short-term medical insurance by Pivot Health provides budget-friendly healthcare protection should a new or existing employee need health insurance outside of the company benefits program. Typically, short-term health insurance costs a fraction of major medical plans, and its affordability is due to the short-term nature of an average policy. Available for just 30 days, 180 or 364 days, or for up to three years, depending on the state of residence, short-term medical insurance can bridge a gap in coverage so no one is left without medical coverage.

Contact your agent to find out what short-term medical policies might be right for employees needing temporary coverage.

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