

We hope you had a terrific summer! Thank you for helping us to provide affordable, high-quality healthcare that promotes health and wellbeing for the people of Maine. We're excited to introduce this bi-monthly bulletin designed to provide you with timely information to serve your patients.

In this bulletin, we'll update you on our member experience survey results, share some exciting news on free fitness opportunities and provide important resources. We'll share future bulletins in our [Availity](#) Provider Portal. If you have not yet done so, [please sign up](#) for an Availity account.

### Just in: Member Experience Results

By working together, our efforts earned a **four-star global Quality Rating System ranking in our 2022 Qualified Health Plan Enrollee Experience Survey**, based on consumer feedback on patient

Marketplace PPO			
Access to Medical Care		Care Coordination	
Question	Rating	Question	Rating
Getting care quickly	73.7 %	Doctors had treatment information	91.7 %
Getting urgent care	77.1 %	Receipt/timeliness of test results	81.2 %
Getting Routine Care	75.5 %	Discussed prescription medicines	87.8 %
Getting care, tests, or treatment	77.6 %	Obtained help from Dr's office to manage care	77.9 %
Getting specialist appointment	64.4 %	Doctors were informed about specialist care	71.3 %
Rating of Health Care			81 %
Rating of personal Doctor			86.4 %
Rating of specialist			84.2 %

experience, clinical quality management and plan efficiency. We earned **five stars for plan efficiency**—a mark we're extremely proud of—along with four stars for clinical quality management, and a **three-star rating for patient experience and outcomes** (see breakdown in charts).

We can't be complacent, and we always have room to improve

patients' experience and their perception of access to care. Despite the lower patient experience rating, there were highlights, especially for care. Patients, for example, gave their doctors scores of more than 90% for treatment in HMOs and PPOs, and scores of over 90% for getting care and help to manage care for HMOs. Scores were lower for getting routine care, urgent care and specialist appointments.

Patient experience is critical, of course, when it comes to keeping them engaged in their own care—but perhaps even more so as we come out of the pandemic. A recent CVSHealth [study](#) of how attitudes have changed found people “view their health encompassing social, emotional, and mental health, in addition to physical health—and are increasingly searching for a health care experience that is more holistic, collaborative, affordable and convenient.”

Marketplace HMO			
Access to Medical Care		Care Coordination	
Question	Rating	Question	Rating
Getting care quickly	91.5 %	Doctors had treatment information	93.1 %
Getting urgent care	69 %	Receipt/timeliness of test results	86.3 %
Getting Routine Care	74 %	Discussed prescription medicines	83.6 %
Getting care, tests, or treatment	77.4 %	Obtained help from Dr's office to manage care	90.6 %
Getting specialist appointment	67.1 %	Doctors were informed about specialist care	73.3 %
Rating of Health Care			78.3 %
Rating of personal Doctor			85.4 %
Rating of specialist			85.1 %

## New Fitness Courts: Free Exercise Opportunities for Patients



Community Health Options is excited to team up with Maine communities and [National Fitness Campaign](#) (NFC) to bring outdoor Fitness Courts® throughout the state of Maine as part of our commitment to encourage physical activity and improve overall health and wellbeing. The first two opened this month in partnership with the City of Lewiston and the Town of Hampden. The Fitness Courts enable people of varying abilities to get a workout in as little as seven minutes. NFC and Community Health Options will continue to accept grant applications to build more Fitness Courts from municipalities, schools and other organizations that own qualified public space.

More information about the program and how to apply is available on our [Maine Statewide Campaign website](#).

## Save the Date: Provider Regional Meetings

Please block your calendars and plan to join us in November for our annual Fall Provider Regional Meetings. We'll be hosting virtual sessions from 1 p.m. to 3 p.m., Tuesday, Nov. 8, and from 9:30 a.m. to 11:30 a.m., Thursday, Nov. 10. Keep an eye out for an invitation to register.

## Community Health Options Resources

See our [Policy Updates](#):

- ✓ **NDC Billing Requirements**  
[Valid NDC codes](#), which identify a drug's name, manufacturer, dosage, strength, package size and quantity are required on claim forms or the electronic equivalent for appropriate reimbursement of covered drug services.
- ✓ **Hearing Aid Billing Guidelines**  
[Modifiers are required for reimbursing monaural hearing aids](#)—with the highest-level specificity—to avoid claim denial.

## Prior Authorizations, Reconsiderations and Appeals

[Visit our website](#) or the Resources tab in Payer Spaces on the Provider Portal for prior authorization forms and guides for medical and behavioral health needs, along with guides for durable medical equipment, medical, medication and behavioral health. To request a prior authorization, reach out via the portal or fax. And for urgent requests, please contact us by phone.

- ✓ **Portal:** [Provider.HealthOptions.org](https://Provider.HealthOptions.org)
- ✓ **Fax:** (877) 314-5693
- ✓ **Urgent Requests by Phone:** (855) 542-0880

In the case of a denial, providers may request a [reconsideration](#) up to 15 calendar days from the date of denial for medically necessary or experimental/investigational services with new clinical information and supporting documentation. In addition, providers may be able to resolve issues for patients by contacting Member Services at (855) 624-6463 to review any adverse decision or payment reduction before submitting a claim reconsideration form.

**Peer-to-peer reviews** are also available for medically necessary denials. To speak with a member of our Medical Division, please call (207) 402-3755 for information.

Finally, You may also [appeal and review your rights](#) and options. To send requests:

- ✓ **By Mail:**  
Community Health Options, Mail Stop 800  
P.O. Box 1121  
Lewiston, ME 04243
- ✓ **Fax:** (877) 314-5693

**For more information:** Answers to questions about utilization management, prior authorization requirements and clinical criteria are available from Community Health Options Utilization Management Team from 8 a.m. to 5 p.m., Monday through Friday, at 855-542-0880.

**Affirmative Statement:** Community Health Options coverage decisions are based on the appropriateness of care and existence of benefits. Health Options does not pay or give incentives to our employees or contracted providers to improperly deny or withhold benefits. Health Options staff involved in Prior Approval decisions must sign a conflict-of-interest statement each year.

Read [Community Health Options 2021 Annual Report, \*By the Numbers, For the People.\*](#)

### [Stay in Touch](#)

Let us know what you'd like to see in our next bulletin and what kinds of information will help you best. Contact us by email at [communications@healthoptions.org](mailto:communications@healthoptions.org)