



## Broker Newsletter



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### Message from the CEO

As we take stock in July of 2017, we first want to share that we have turned the corner financially. Specifically, we have positive net income for both first and second quarters with our June results buoyed by the success of our risk adjustment receivables for 2016. Membership composition remains consistent with the prior period and concentrated in the individual market, but we maintain a steady and important share of the small group market with a focus on steady, organic growth. We continue to turn claims around quickly and have achieved new thresholds for reduced claims inventory. Our claims payments have stayed true to projections through the first half of 2017 and we expect to contribute \$225 M in payments to providers by the end of the year. As one of the more than 150 non-profit health plans in the United States with at least 40,000 fully-insured enrollees, we continue to monitor the healthcare landscape at the local and national level. Health Options remains committed to offering high-quality group and individual health plans in Maine, and building on current successes.

This newsletter covers a variety of topics including our proposed rates for 2018 as well as our efforts to provide employer groups with more flexibility and plan options by extending the number of plan offerings they can offer to employees. In addition to showcasing our 2016 Annual Report, we highlight some key logistical details below including dates of plan preview availability for new and returning individual and group business, and how brokers can help groups set up autopay. Mark your calendars for the

Broker Training session in your area.

We ask for your assistance in sharing with your clients the easy steps to set up their account with Rx Savings Solutions, so each Member and our collective membership as a whole can realize savings on prescription medications. A brief synopsis of a recent Call Center Survey conducted by Member Services highlights the prompt, informative, and courteous service that our Members and others are reporting on as they conclude their calls to us.

Recently, Health Options leadership and our Business Development team held our Broker Appreciation Evening where we had the opportunity to hear directly from you about your needs and those of your clients. Our team also reiterated our commitment to both group and individual business and to improving the health of our Members while achieving the longer-term goal of reducing the costs of coverage.

We appreciate the varied ways that you work with us toward these goals, and recommit to providing you with the tools, information, and access to serve our Members, your clients, and to welcome additional groups and individuals to Health Options in the upcoming months.

Kevin Lewis



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## In Case You Missed It!

### **2016 Annual Report**

Each year, Community Health Options provides an annual report to the communities and constituencies that we serve to outline the year in review. Of equal importance, our 2016 Annual Report focuses on future initiatives designed to improve the Member experience, change the landscape of health insurance, and expand access to needed care for the people we serve in Maine. We continue to make prudent investments and improvements in operations, information technology, and outreach programs as well as medical management systems, premium billing, and benefits and claims administration systems.

View the [2016 Annual Report](#).

### **Mainebiz Series Featuring Interviews with CEO Kevin Lewis**

Mainebiz recently interviewed CEO Kevin Lewis about the challenges faced by health insurers and others during this dynamic and tumultuous time in the health insurance landscape. In June 2017, the magazine's five-part series, "How one ACA insurer is navigating the turbulent health insurance marketplace," delves into key issues of the health insurance debate.

In this series, Mainebiz reporting is augmented by relevant excerpts from the Kevin Lewis interview addressing a long list of critical topics such as the importance of stability in the small group market, cost-share reductions, educating Members to be savvy healthcare consumers, Advance Premium Tax Credits, aligning incentives to ensure that Members get what they need to maintain their own health, the individual mandate, aspects of alternative legislative proposals, premium increases, partnerships with providers and

nonprofits, high risk pools, and increased health coverage post-ACA.

The series also provides a detailed look into the turnaround by Community Health Options to make the transition from a difficult year to the current positive financial position in 2017, and the ways in which the organization took on the challenge of becoming more efficient, flexible, and resilient with a strong commitment to adapt to the future demands of this changing health insurance landscape. As Kevin concluded in one interview segment, "Regardless of what happens with the ACA, our commitment to Maine remains."

Learn more about Kevin's perspective and insights on the following subjects.

[Getting through a challenging year](#)

[Helping people improve their health](#)

['Repeal and replace' driving uncertainty about key Obamacare provisions](#)

[Thoughts on Sen. Susan Collins' co-sponsored replacement bill](#)

[What lies ahead for CHO?](#)

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## What's New?

### **2018 Individual and Group Proposed Rates Preview**

Community Health Options has filed proposed rate increases for 2018, which are now subject to regulatory approval. The Bureau of insurance held a public hearing on July 24, 2017 in the Central Conference Room at the Department of Professional and Financial Regulations, Gardiner Annex, 76 Northern Avenue, Gardiner, Maine. Public testimony was provided by Health Options Members. Input from Health Options Members, Group Administrators, and Broker partners is always welcome!

#### ***Individual Market***

We have advised our Members that our proposed rate increase for individual plans continued from Plan Year 2017 to Plan Year 2018 is 19.7% with a range from 15% to 25.9%. These individual market rates reflect an increase that is in part due to the uncertainty of the Marketplace around enforcement of the individual mandate and the resulting expectation of a shrinking risk pool. These proposed rates are still subject to review and approval from the Maine BOI and CMS. You can visit the [BOI website](#) for more information about the proposed 2018 plans or to access the BOI's ongoing monthly statements about Health Options.

We remind our partners and Members that Advance Premium Tax Credits will continue to be available to people who qualify in 2018, which provides some overall price stability regardless of any plan's rate increases.

Health Options will be offering a few new HMO plans in the individual market, both on and off exchange, which will add value to our portfolio. Changes to our Chronic Illness Support Program are also proposed and will be covered in detail in the fall Broker Education sessions. Free diabetic eye exams through non-HSA plans will help to incent this vital aspect of care to prevent blindness.

For individual business, all January renewals and new enrollments will be available for preview on October 15th, with plan selection being available on November 1st, the start of 2018 Open Enrollment.

## **Group Market**

Our proposed rate increase for small group plans continued from 2017 to 2018 is 7.8%, with a low of 4.2% and a high of 12.6%. Four new small group plans for 2018 are introduced in response to varying needs identified in this market and include a Silver-level HSA plan.

In recognition of the busy fall season and to get an early start for January group business, all January renewals and new business quotes will be live in the broker portal on October 3rd.

Health Options continues to improve efficiencies to help lower costs in both the short and long term, and is committed to providing our Members with the greatest benefit and service for the premium dollar.

### **Small Groups to Have Expanded Plan Offerings**

Our groups and our brokers tell us that they would like to increase their plan offering to employees. In response to their request to offer employer groups more flexibility around plan selection, Health Options has updated our policy, which is outlined below. These changes are effective as of August 1, 2017.

<b>Number of Enrolled Employees</b>	<b>Number of Plan Options Offered to Covered Employees</b>
1-10	Up to 2 plan options: plans must have no more than \$2500 spread in deductible amounts
11-19	Up to 2 plan options (deductible spread does not apply)
20 or more	Up to 3 plan options (deductible spread does not apply)

Please direct any questions about these changes to your account team. We look forward to serving our small groups going forward with this expansion of plan selection and with our new portfolio of our 2018 products!

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## **Updates**

### **Broker Appreciation Evening**

On July 29th, brokers and Health Options staff convened for an evening of conversation, tips from the golf pros, updates from leadership, and a Maine-themed dinner of lobster, clams, and steak at the Martindale Country Club in Auburn.

CEO Kevin Lewis and COO Rob Hillman spoke to the group about recent operational improvements, our progression toward solid financial status in 2017, and the plans, benefits, and enhancements in store for 2018. All attendees enjoyed the opportunity to socialize away from the busyness of daily operations. Bob Guerette, newly retired from Health Options and recently returned from his month-long trip out west, joined the festivities to bid a final farewell to our brokers.

Congratulations to our drawing winners who received Health Options golf shirts: Koriahn

Quint from Insurance Trust and Michael Newsom of W.J. Wheeler Insurance Agency! The evening was our way of thanking our brokers for their unwavering support and partnership, and a great opportunity to share recent good news and updates. We look forward to continuing this tradition of Broker Appreciation events in the future and connecting with our broker partners more frequently!

### **Rx Savings Solutions: Positively Impacting Members' Bottom Line**

Stakeholders in healthcare from patients to insurers, and from providers to brokers all agree that the high and ever-increasing costs of prescriptions is a serious driver of increases in overall healthcare spending and a significant health care burden.

Community Health Options has partnered with Rx Savings Solutions to provide our Members with a no-cost benefit that helps Members and their families save money on prescription medications. Rx Savings Solutions will also work with physicians and local pharmacies to ensure that Members receive the most affordable access to medications.

***Please encourage your clients/our Members - if they haven't already done so - to register with Rx Savings Solutions and start saving on prescription medications.***

Even if Members believe they are paying the lowest price available, logging into our portal will allow them to see if any additional savings exist on current medications. Rx Savings Solutions can also send alerts via text or email when opportunities to save on your prescription costs arise. ***Consider forwarding the information below to your Health Options clients:***

**\*\*\***

*To take advantage of the savings available from Rx Savings Solutions, Health Options Members can voluntarily follow these simple steps:*

#### **1. Register your account:**

*Log into your Member portal and create your account. Once you've logged on, you can adjust your preferences for text and email notifications by clicking "PROFILE" in the side navigation panel.*

#### **2. Review your available savings options:**

*Any existing medications will be displayed and Rx Savings Solutions will provide you with all possible clinical and financial alternatives to maximize your savings. You can also use the search feature to view different medications and any associated savings.*

#### **3. Start saving on prescriptions:**

*If savings are identified, you'll receive personalized savings alerts via text or email (based on your consent and the alert settings you select). With this information, you have the power to make more cost-effective choices.*

**\*\*\***

**Thank you for being a trusted partner in educating our Members about this important cost-saving opportunity!**

### **Caller Satisfaction Survey Results from Member Services**

Beginning in April 2017, callers to Member Services could opt in to take an automated post-call survey so Community Health Options could learn more about the

Member/partner call-in experience.

Three short questions were asked of respondents:

Q1: Did our Member Services Associate treat you with courtesy and respect?

Q2: Did our Member Services Associate give you the information or help you needed?

Q3: Was your call answered in a timely manner?

Over 200 survey participants responded to these questions. Ninety-eight percent of respondents indicated that they were treated with courtesy and respect, 90% reported that they were given the information or help needed, and 93% communicated that their call was answered in a timely manner.

Additional staff and enhanced education for our Member Services team has significantly improved the Member and Health Options' partner experience as they reach out to us! With our ongoing commitment to delivering excellent service, we continue to monitor our performance with an eye toward successfully meeting the busy demands of Open Enrollment.

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## Did You Know?

### **No Change to Q3 Rates!**

With renewed financial stability, and no changes to our small group rates for Q3, the entire Health Options team will be working hard to provide renewal information and other resources that you need for clients in a timely way. Does your small group client need additional information at this renewal cycle? Does a prior Health Options group need to know more about our current plans? We look forward to providing you with the tools, resources, and information you require to make all phases of the enrollment and renewal process successful for everyone involved.

**Our Q3 and Q4 group rates are highly competitive, and we encourage our brokers to think about engaging employer groups to come on board during the fall and early winter months, prior to January 1 and the busy Open Enrollment season.**

### **How Do I Set up Autopay for a Group?**

1. Locate and click on the Billing link in the upper right corner of your broker portal dashboard
2. Navigate to the new tab that opens and search for your group
3. Access the group billing dashboard by clicking on the group's account number
4. Click on the button that says Set Up Recurring Payment
5. Set the date that the payment will start; this will be the date the payment will pull each month and must be between the 20th and last day of the month
6. Select Balance Due or enter a fixed amount for payment
7. Select the payment profile you'd like to use, or select Bank Account to enter a new Payment Method (only ACH is accepted for group online payments)
8. Select the Account Type (checking or savings)
9. Enter the bank account Routing Number and Account Number and check the box if



- the account is a business account
10. Name the account in the Nickname field
  11. Review the payment details and payment method for accuracy, then click Submit

Please contact your account manager if you have any further questions about autopay or our online billing portal.

### **How Do I Cancel a Group on the Broker Portal?**

When a group decides to leave Community Health Options for any reason, whether off-cycle or at renewal, we need to process a cancellation for that group. This process is in place to ensure a timely and complete cancellation of the group, as well as for us to capture valuable information that will allow us to identify areas for improvement.

In order to properly cancel a group, you will need to send an email notification to your account manager. If you do not know who your account manager is, please call Business Development at (207) 402-3353.

The body of the email should include the following:

- Name and policy number of the group
- Reason for cancellation (premium cost, specific benefits, service issues, etc.)
- Name of the insurance carrier they are moving to
- Date of cancellation (always last day of the month)

We will also need a cancellation request letter on the group's company letterhead, dated and signed by the group administrator or owner, attached in the email. The letter should include:

- Name and policy number of the group
- Stated request to end coverage with Community Health Options
- Date of cancellation (always last day of the month)

Failure to follow this procedure may result in the group not receiving the cancellation date they request. It is also important that you respond in a timely manner to any request for further information by your account manager in response to the group's cancellation. In no circumstance should you ever just terminate the Members of a group in your portal in lieu of sending a cancellation request to Community Health Options.

Your account manager is available to assist you with any further questions about this process.

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## **On the Horizon**

### **New Commission Module Coming Soon!**

We're working hard to deliver on our promise to have broker commissions in the broker portal and at your fingertips this fall. Stay tuned for updates!

## Save the Date: Broker Education for the 2018 Plan Year

The Business Development team will be providing mandatory Broker Education highlighting new plan designs and products, and incorporating important updates for 2018. Please save the date and look for an upcoming invitation to join us at a venue most convenient for you!

- Tuesday, October 17th - Seasons Grille, Bangor
- Wednesday, October 18th - Senator Inn, Augusta
- Thursday, October 19th - MPX, Portland
- Tuesday, October 24th - Webinar

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### Stay Connected

