



Broker Newsletter



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Message from the CEO

With all the talk of some insurance companies leaving the Marketplace and the uncertainties around health care policy at the national level, there is at least one bedrock certainty that you should know: the steadfast commitment of Community Health Options to the people and businesses of Maine.

Our unwavering dedication to our mission is also our unwavering dedication to Maine's group and individual insurance consumers. On-going evidence of our fiscal turnaround reinforces that this commitment will endure.

Just as in our first year of operations in 2014 after which we rebated \$3 million back to our Members and paid \$2 million into the federal risk corridor program, we have returned

to being in the black in the first months of 2017. Continued discipline on our core operational pillars will be the focus in the months to come as we work through the rest of the year, and early indications show a positive 2017 ahead. As a nonprofit and as a CO-OP, all of our success stays here in our service area, with our Members. Our continued efforts to lower the total costs of coverage and provide relief to consumers and businesses alike will only add to these benefits here at home.

Our approach to lowering the total costs of coverage is rooted in three fundamental operational pillars:

Investments in new tools - While successfully cutting costs over the past two years, we've also placed our focus on gaining new efficiencies. Examples include the recent deployment of our new enrollment management system and development of a new invoicing and premium accounting system to provide stellar account management support. We continue to make enhancements to the broker portal to support your work on behalf of our Members and we are also revamping the provider and member portals.

Better value for our Members - With our switch to a new pharmacy benefits manager, we are continuing our efforts to maximize the value that our Members get out of their premium dollar. Enhanced mail order fulfillment and ease of access to information on lowering out of pocket costs are both meant to aid consumers and reduce total plan costs. Increased scrutiny of out of area, out of network treatment requests has been successful in connecting Members with in network options closer to home and often at less expense for everyone involved.

Focus on unparalleled excellence in service - In advance of the 2017 open enrollment period, we ramped up our capacity to receive calls from Members and providers alike resulting in a dramatic decline in hold times and better consumer access to timely information. Health Options remains committed to being available to our Members and we continue to refine our service model to benefit our membership, network of providers, and appointed brokers.

On behalf of the entire Maine-based Health Options team, we look forward to continuing to demonstrate the positive results of our work and giving you the highest amount of confidence in the only non-profit health insurer domiciled in Maine.

Kevin Lewis



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What's New for our Members

Saving Members Money on Prescription Medications

In keeping with our commitment to provide Members with tangible benefits, **Community Health Options** has partnered with **Rx Savings Solutions** to provide a no-cost benefit that helps save money on prescription medications. This is a free, confidential pharmacy benefit program that is an additional resource for Members and helps them determine if there is a lower cost prescription medication available under their health insurance plan.

For most prescriptions, Members can use any in-network pharmacy. For specialty medications, Members should fill their prescription via mail order from Accredo (an Express Script Specialty Pharmacy) or Apothecary By Design to avoid paying the entire

retail cost of the prescription medication.

Rx Savings Solutions works with Express Scripts, our Pharmacy Benefit Manager at Health Options as a partner and will also work with physicians and local pharmacies to ensure Members receive the most affordable access to medications. Logging into the Rx Savings Solutions portal will allow Members to see if any additional savings exist on current medications. Rx Savings Solutions will also send alerts via text or email on an ongoing basis when there are opportunities to save on prescription costs. This program is available now for all Members. For more information [click here](#).

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Bonus Program and Other Updates

Commissions: Broker New Business Bonus Program Extended!

We are happy to announce that the New Group Business Bonus Program has been extended to July 1, 2017. The new group bonus program is for appointed brokers who place new group business with effective dates from January 1, 2017 to July 1, 2017. If you have any questions, or would like to request a copy of the Group Business Bonus Program, please reach out directly to any member of the Business Development team.

Using ACH for Commission - Help us GO GREEN!

As a reminder, Health Options does allow ACH deposits for your commission payments, which will save you the time of cashing paper checks and trips to your local bank. In addition to convenience and faster deposit time, ACH payments are entered into a secure, encrypted system and sent electronically to protect your account. Please complete the Agency ACH Authorization form and return it with a voided check to [Sarah Timmermeyer](#) in Business Development. [Click here](#) for the ACH Form.

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Prevention and Patient Safety for our Members

Health Options 2017 Quality and Service Goals

Community Health Options is focused on helping Members live healthier lives and reduce the cost of care. Through our benefit plan designs, care management, and partnerships with local healthcare organizations we are developing initiatives which improve health, Member experience and affordability.

Health Options uses HEDIS quality measures to improve its overall performance and ensure superior coverage and service to its Members. HEDIS is one of the most common performance standards that health plans, healthcare facilities, the Center for Medicare and Medicaid Services (CMS) and the National Center for Quality Accreditation (NCQA) use to measure performance on important dimensions of care and service.

In 2017, we are focused on four specific quality and service measures that are part of our annual Healthcare Effectiveness Data and Information Set (HEDIS) review: Age appropriate preventive cancer screenings (i.e., colorectal, breast, and cervical cancer screenings); Maternity (postpartum) Care; Safe use of Medications; and Behavioral Health.

Health Options will be providing education, information, and assistance to Members throughout the year through email, newsletter, and social media. Additionally, the Population Health Team will identify and contact Members who may benefit from care management assistance to ensure healthy outcomes and Member safety.

Preventive Health Screenings Are Important to Living a Healthy Life

Regular preventive health screenings or exams are the foundation of your overall health and wellbeing, and are performed to detect the possible presence of a disease or other health problem. Preventive health screenings focus on preventive care, since diagnostic tests are often only run when a patient is already showing signs and symptoms of a condition. Early detection can result in better health outcomes, and lower your risk of serious complications.

For your clients:

What is the difference between preventive services and diagnostic services? [Click here](#) for more information.

To learn about the preventive care that you and your family may need, [click here](#) to identify your age- and gender-specific preventive care guidelines.

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Spring into Health and Wellness!

Sitting is the New Smoking

Does this daily ritual sound familiar? We move from the kitchen table to the driver's seat as we start the daily commute to work; we then move from the driver's seat to our office chair and, as the work day comes to an end, we move from our chair to the driver's seat and then the couch or recliner at home. We spend a lot of time sitting! Several articles have been written about the fact that Americans spend more time seated than ever, and it's wreaking havoc on our bodies.

One researcher, Dr. James Levine, summed up his findings in two sentences:

"Sitting is more dangerous than smoking, kills more people than HIV and is more treacherous than parachuting. We are sitting ourselves to death."

Levine is credited with coining that mantra – *"sitting is the new smoking."*

One study compared adults who spent less than two hours a day in front of the TV or other screen-based entertainment with those who logged more than four hours a day of recreational screen time. Those with greater screen time had a nearly 50 percent increased risk of death from any cause and about a 125 percent increased risk of events associated with cardiovascular disease, such as chest pain (angina) or heart attack.

People who sit for prolonged periods of time had a higher risk of dying from all causes - even those who exercised regularly. The negative effects were even more pronounced in people who did little or no exercise.

Log in to your Member Portal and select "*Healthy Options*" to find out what you can do to improve your health and wellbeing.

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Employer Billing and Payment Portal

At the end of 2016, the Employer Billing and Payment Portal (EBPP) was launched on the Employer Dashboard within the Employer and Broker portals. EBPP allows Employers and Brokers to access invoices, make payments, schedule payments online, and view historical employer payments. As a result of this launch, approximately 20% of our enrolled employer groups are setting up online and recurring payments. It is important to note that online payments may take seven days or more to process, depending on the group's financial institution. Please make your clients aware of the processing time delays they may experience, as this could impact employers who are late in payment.

Please encourage your clients, both large and small, to consider using EBPP to streamline invoicing and payments, for ease of payment administration, and for convenience. Employers and Brokers will be able to view invoices prior to receipt in the mail. Please note that brokers can view the same information employers can from within EBPP.

For your clients, here is more information about making payments on time.

Individual Enrollment Payment Guide - [Click here](#) for more information.

Group Enrollment Payment Guide - [Click here](#) for more information.

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Winter Broker Interviews and Administrator Survey Results

In February, Broker Interviews were conducted with six randomly selected agencies who have group business with Health Options. During that same time period, a Group Administrator Survey was sent to 1077 Group Administrators; 145 responded. The goal of both initiatives was to inform decision-making around 2018-2019 group plan design and strategy, spur improvement efforts internally, and better understand the needs of our Groups and Brokers.

The information collected during the interviews and survey helped solidify what is known and confirm we're on the right course. Key takeaways included:

- Brokers and Group Administrators state price is the dominant factor in selecting a health plan, along with value (the best plan at an affordable price).
- Uncertainty about the future of the ACA is the source of some negative perceptions, but communicating our [positive financial improvements](#) from 2016 is important to brokers and employers because that will impact their willingness to do business with us in the future.
- Brokers noted improvement and increased frequency of Health Options' communications to them.

We appreciate participation in these initiatives. We believe in top-notch, seamless operations and service, and streamlined communication with our key constituents of employers, Members, brokers and providers. We welcome your continued feedback to help us further improve the service we provide to you.

[Click here](#) to read the latest ***Health Options Member Newsletter***.

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Broker Portal Housekeeping Items

New!!!

Brokers and assistant users can now update Open Enrollment and Probationary Period information during a group's renewal. A new field has been added on the Group Details page that gives you the ability to track eligible employee hours worked per week.

All currently enrolled SHOP groups and Individual Exchange enrollments are now viewable in the broker portal. Keep in mind that this is view only, and all transactions for either line of business will continue to take place through SHOP or the exchange.

We want to make sure your agency information is accurate. Please take a few minutes to log into the broker portal to review and update your agency profile. We also ask brokers to visit their personal profile and be sure their information is up-to-date. This helps us maintain good contact information in the portal so we may provide timely and accurate updates to every appointed broker.

Last summer, we updated our brand of the Member enrollment portals and that work has spilled over into the broker and employer portals, as well as the website. The changes have refreshed our look without a major user interface overhaul particularly in the broker and Member portals. Some of our newly enrolled Members may not notice much of a difference in their experience on the Member portal, but current Members may have a new experience and ask about the updates. Please share with your clients that our goal was to create a unified look across all platforms for a consistent and positive user experience.

ID Numbers

Last fall we transitioned to a new enrollment system allowing our Enrollment and Eligibility team to better manage the enrollment data and processes across all lines of business.

It is important to note that this system is now assigning ID numbers for new Members, both on and off exchange and allows a Member to retain his or her Member ID Number as long as he or she remains enrolled with Community Health Options. Any existing Member effective prior to October 1, 2016, will see no impact and will not have a change in Member ID even when changing Groups, moving from Individual to Group coverage, or vice versa. The exception to this will be anyone who moves from being a Dependent on a policy to being the Subscriber, or from Subscriber to Dependent. Any new Member will be assigned a Member ID Number starting with 42, which will be reflected on the ID card. This functionality improves our ability to manage the fluidity of membership across multiple lines of business and the multiple platforms that we utilize, while giving greater control over reconciling membership with the exchange.

Many of you have become accustomed to obtaining ID numbers in the broker portal, but please be aware that the Subscriber ID Number shown there may not be their actual

Member ID Number. ***Please work with your account team or contact Member Services to obtain ID numbers as the broker portal will no longer be the source of Member ID Numbers.***

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