

# Member Orientation 2019



## Why We Are Here

We want to make it easier for you to understand your **Community Health Options**' health plan. This 90-minute session will cover a variety of topics, including:

- Ways you can save money on medical and prescription costs
- Features of your Member Portal
- Understanding your Explanation of Benefits and other forms
- Health Options Online, our new Behavioral Health Telemedicine benefit



# Today's Agenda

- Introduction
- Share features of the Member Portal
- Triple Aim approach
  - Better Health, Better Care, Lower Cost
- Introduce Health Options Online
- Review methods to save on medical and prescription costs
- Other important resources

## Before We Begin



Handouts that are referenced are posted on our website: [healthoptions.org](http://healthoptions.org). These slides will also be posted on our website. Some handouts are on back table that we'll discuss and you can pick up at the end of the session if they are applicable for you. Also, we do ask each of you to please fill out the evaluation that I hand out towards the end of the session.

# About Health Options

Our focus is on the wellbeing of our Members and communities. We are proud to be:

- Member-focused approach
- Members serve on the Board of Directors
- Broad Regional Network of Providers
- Headquartered in Lewiston, Maine
- Member Services Call Center is are located in Lewiston and Fort Kent
- Introduced HMO plan designs for 2018 plan year
- Serve individual- and employer-based (group) markets



## PPO and HMO Plan Designs

PPO plans are defined as “Preferred Provider Organization”

- Requires you select an in-network primary care provider (PCP)
- Does not require a referral for specialist care
- Includes out-of-network coverage
- Many include Chronic Illness Support Program

HMO Plans are defined as “Health Maintenance Organization”

- Requires you select an in-network primary care provider (PCP)
- Requires a referral for specialist care  
*\*\* Not required for 2019 but likely in 2020*
- Does not include out-of-network coverage
- Some include Chronic Illness Support Program



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Medically Necessary Emergency Services will be covered whether you get care from an In-Network or Out-of-Network Provider within the US. Emergency Care you get from an Out-of-Network Provider will be covered as an In-Network service, but you may have to pay the difference between the Out-of-Network Provider’s charge and the Maximum Allowed Amount (known as balance billing), in addition to the applicable cost-sharing (Deductible, Coinsurance or Copayments).

Treatment received after your condition is stabilized is not Emergency Care. Treatment received outside of Emergency Ambulance Service and the Emergency Room is not Emergency Care. If you continue to get care from an Out-of-Network Provider, Covered Services will be covered at the Out-of-Network level.

*PLEASE NOTE: There is out of country emergency coverage for people who are covered through their employer*

## Health Options' Provider Network

We offer the same broad regional network for *both PPO and HMO plans* and we contract with **every Maine hospital**, as well as many **New Hampshire hospitals** and providers.

In addition, select **Centers of Excellence in Boston and Eastern Massachusetts** are in-network including:

- Dana Farber Cancer Institute
- Boston Children's Hospital
- Massachusetts General Hospital
- North Shore Medical Center
- Spaulding Rehabilitation Hospital Boston\*
- Brigham and Women's Hospital
- Brigham and Women's Faulkner Hospital
- Newton-Wellesley Hospital
- Spaulding Hospital Cambridge\*

\*Spaulding Hospitals are for continued care/rehabilitation.

Please note: Services received outside this network are considered Out-of-Network, consult your Member Benefit Agreement for more information



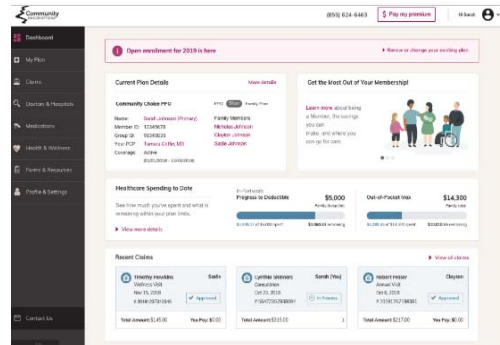
We encourage you to use the *Find Doctors and Hospitals* tool on right on the homepage of our website -- where you can look up in-network status for a laboratory or other facility (hospital, urgent care); a behavioral health specialist or facility; a primary care provider or specialist.

# Your Secure Member Portal

Our Member Portal will have some exciting new enhancements soon and will offer a more intuitive experience.

Here you can:

- Pay your bill online and set up your automatic bill pay
- Select or Assign your primary care physician (PCP)
- View your benefits and claims
- Enroll with Rx Savings Solutions to save money on prescription drugs
- Download your Member documents and ID card



To reap the many benefits of the Member portal, create an account if you haven't already and go green today!



slide 8

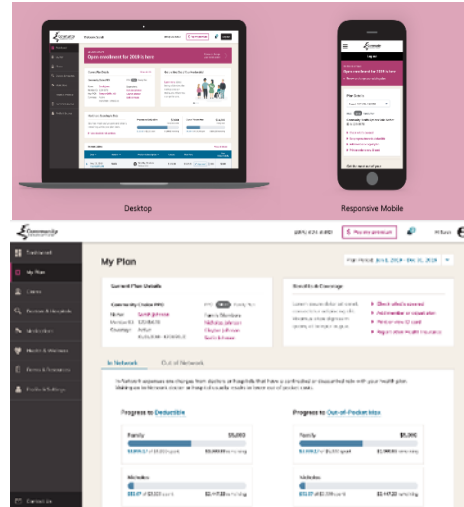
To access the many benefits of the Member portal, just click the “Sign In” on the upper right hand corner of our website, [healthoptions.org](http://healthoptions.org), to register as a new user, or sign in as a returning user.



# Your Secure Member Portal

Some improvements to the updated Member Portal (coming soon!) include:

- An easier, more intuitive way to access the information you need
- Better viewing on your mobile device
- Your claims and accumulator information will be updated even faster



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# Together, we can achieve The Triple Aim

## Better Health

- Select a Primary Care Provider (PCP)
- Complete your Wellness Assessment
- Tobacco Cessation
- Behavioral Health benefit

## Better Care

- Care Coordination and Care Management

## Lower Cost

- Where to access care
- Understanding the Formulary
- Rx Savings Solutions



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Health Options understands that we are all in this together – Health Options, Providers, and you – the Member. Together we can achieve the Triple Aim: Better Health, Better Care, Lower Cost.

The next few slides will walk us through how we provide you with the tools and resources to manage your health and wellness, and how to use your health plan to take advantage of all the benefits it offers

Taking personal responsibility for our health: Wellness Assessment  
Care Management

Lower your costs by accessing the right care at the right time and in the  
right place

Understand the formulary  
Saving \$ on prescription medications

## Better Health: Select a Primary Care Provider (PCP)



- Scheduling regular wellness visits with your PCP is one of the best things you can do to protect your health.
- When you enroll, you will need to choose an in-network PCP for yourself and your covered dependents. You can choose a different PCP for yourself and each dependent. If you do not choose a PCP when you first enroll, or if the PCP you choose is not available, we will assign one for you.

*Action Item: Go to your Member Portal and select "My Providers"*



You can select a PCP right in your Member Portal by selecting "My Providers" right from your dashboard, which will take you the provider directory.

Please note that free preventive screenings and wellness visits must be conducted by your PCP to get the cost-savings (exception of women's health services)

## **Better Health:** ***Complete Your Wellness Assessment***

The Wellness Assessment is quick and easy to use. It adapts to your answers. You only get asked about things that have to do with your lifestyle. In just 15 minutes you will see how your habits impact your health- both today and in the future. The Wellness Assessment asks about things like:

- What you eat
- How active you are
- How you feel

The report at the end will show you some of the things you can do to stay well. Often, it takes just a few simple changes to your daily habits.

Action Item: Go to your Member Portal and select "Health & Wellness"



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You can access your online wellness assessment on your portal dashboard, by clicking the Health and Wellness tab.

## **Better Health: *Tobacco Cessation***

Some plans cover the costs of nicotine replacement products and other medications approved by the FDA for tobacco cessation – both prescription and over-the-counter when prescribed by an in-network provider.

- Over-the-counter medicines covered at no out-of-pocket cost. May include nicotine patches, gum, or lozenges.
  - Prescription, FDA-approved medications are covered for two 90-day treatments (for a total of a 180-day supply) at no out-of-pocket cost.
  - Also covered are “quit tobacco” programs, education, and counseling. For additional support quitting tobacco, call (800) QUIT-NOW (784-8669) to reach the Maine Tobacco Quit Line.
- 
- These benefits are available to Members who are enrolled as a “tobacco user”



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Those who take advantage of tobacco cessation programs and are no longer tobacco users will have the opportunity to enroll without the additional tobacco surcharge on premiums the following year.

## **Better Health:**

### ***Health Options Online - Behavioral Health Telemedicine***

Our behavioral health telemedicine program and telephonic service provides online access to specialized behavioral health providers for mental health and substance use disorder services from the convenience of your home. Members can access Health Options Online through their smartphone, tablet or computer and receive:

**Behavioral Health Psychiatry** – Psychiatrists help Members manage and prescribe medications related to mental and behavioral health diagnoses.

**Behavioral Health Counseling** – Qualified practitioners provide counseling and therapy services.

This new feature:

- Reduces the need for Members to travel long distances to see a mental/behavioral health practitioner.
- Provides the same cost structure an office visit.
- Provides Members with another option to quickly see a psychiatrist for a follow-up visit after discharge from the hospital.

**Action Item:** Go to your Member Portal, select “Health & Wellness” and click “Health Options Online”



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New this year! We have an exciting new platform that increases access to a larger group of behavioral health providers for mental health and substance use disorder services by partnering with American Well. It has been used to overcome distance barriers and to improve access to behavioral health services that are not always available.

You can access HealthOptionsOnline through your secure Member Portal. After logging in, click on the Health and Wellness tab on the right, and then select Health Options Online.

Telemedicine does not include the use of audio-only telephone, facsimile machine, texting or email.

## Better Health: Conduct Preventive Care vs Diagnostic Care

Test/service/exam	Preventive	Diagnostic	Routine Chronic Care
Blood Pressure Check	A person with no history of high blood pressure gets a routine blood pressure check to screen for high blood pressure.	A person with risk factors for high blood pressure, like being overweight and smoking, visits the doctor because he or she has early morning headaches.	A person with a history of high blood pressure gets a blood pressure check to be sure his or her medication is helping
Mammogram	A 55-year-old woman gets a routine mammogram to screen for breast cancer.	A 55-year-old woman who noticed a lump in her breast gets a mammogram to evaluate the lump.	A 55-year-old woman who had a lump removed from her breast two years ago for cancer gets a follow-up mammogram.



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Many preventive healthcare exams and vaccines cost you nothing.

A few examples include:

- ‘Shots’ for children to protect them against diseases such as measles, mumps and more
- Annual mammograms for women age 40 and older
- Annual flu shots each year

Please note that free preventive screenings and wellness visits must be conducted by your PCP to get the cost-savings (exception of women’s health services)

Health Options website has a listing of current preventive services coverage at [www.healthoptions.org](http://www.healthoptions.org). From the home page, go to Individual & Families, then Resources, then Guides.

The Kaiser Family Foundation site also is a great resource with links to the various ACA requirements <http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/>

**Discuss Colonoscopy** - Evaluation and pathology of polyps will be covered with no cost-sharing to the Member when performed as part of a Preventive Screening colonoscopy.

Even if a polyp is found during a screening colonoscopy it remains a preventative exam.

**Discuss Mammograms** – Conducted annually are covered service; USPSTF current guidelines lists screening mammography every 1 to 2 years for women age 40 years and older is a preventive service.

**Discuss Annual Wellness Visit** and blood work – Only Lipid panel and Diabetes screening blood work covered at no cost.

***IMPORTANT:*** You have the right to know which tests your doctor wants to do and why. Ask questions, including whether you will have to pay for the test. For example, if you tell the doctor you have a sore throat and the doctor does a test for strep throat, you may have to pay something for it. That's because this kind of test is a diagnostic test, not a free preventive test.



## **Better Care:** ***Medical Management Team***

Our Care Managers are registered nurses, licensed social workers, dietitians, and certified health coaches who partner with providers, local services and other care managers to support our Members.

We help Members who need additional support to manage their health and healthcare by:

- Answering general or complex medical questions;
- Assisting Members to address barriers to care;
- Helping with Complex Care Management during critical events or diagnoses, care transitions, and with intensive Medical and Behavioral Health needs

To reach our Care Managers, simply call Member Services at (855) 624-6463 to be connected.



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Some examples of when a Member might need to have a quick call with Care Managers:

- discharge from hospital,
- new injury,
- new medications to manage

And some examples of when you may need to establish a longer relationship of support with a care manager.

- new diagnosis of serious illness,
- need for coordination with local resources and services, etc. They can also assist with barriers to care you may be experiencing.

## Lower Cost: *Know where to go for your healthcare*

Knowing where to go for your care can be confusing. This chart can help you understand where to go based on your healthcare needs – and help you save money too!

Where to Go	When	Cost
Health and Wellness tab in Member portal		\$0
Health Options Care Management Team (855) 624 6463		\$0
Primary Care Provider		\$
Specialists		\$\$-\$\$\$
Urgent Care		\$\$-\$\$\$
Emergency Department		\$\$\$\$

*Refer to the "Understanding your Medical Benefits" Handout*



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Understanding Your Medical Benefits handout in your folder and on the website, on the Individuals & Families tab, within Resources/Guides

## Lower Cost: Understanding The Drug Formulary

The formulary is the list of drugs covered by the pharmacy benefit, and is found on our website. The medications are listed by classification, and have three columns: Drug Name, Drug Tier, Requirements/Limits

The first column lists the name of the drug. **BRAND** name drugs are listed in UPPER CASE font, and *generic* drugs are listed in *lower case italic* font.

So, as an example, Ancobon Oral Capsule you see here is a Brand name drug, and is in the Tier 4 category.

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ANCOBON ORAL CAPSULE	4	
<i>clotrimazole mucous membrane troche</i>	2	
CRESEMBA ORAL CAPSULE	3	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	4	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	4	
DIFLUCAN ORAL TABLET 150 MG	4	QL
<i>fluconazole oral suspension for reconstitution</i>	1	



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The formulary can be found on our website by selecting “Medications & Pharmacy” towards the bottom on the homepage, and then clicking “View Drug Formulary” on the next page.

You can easily search for a specific medication on the Formulary by using the Find Feature (Ctrl + F)

Abbreviation meanings are listed at the front of formulary document

Updated monthly with additions/new medications. Also updated in Jan & July with any meds being removed. (this is based on Member Utilization and to provide Members with lowest cost options. Letters are sent with advance notice for any medication removals.

## Lower Cost: *Understanding The Drug Formulary*

The second column lists the Drug Tier. Out of pocket costs are determined by the Drug Tier.

Tier	Definition
1	Best value, preferred generics
2	Generics
3	Non-preferred generics, preferred brands
4	Non-preferred brands
5	Specialty medications (Specialty- SP, Mandatory Specialty Pharmacy – MSP)



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Make sure you look at the tier of your medication, not just if it is 'brand' or 'generic', because this will determine what you pay out of pocket.

## Lower Cost: *Express Scripts- Easy set up for home delivery*

Within the Member Portal, our Members can set up home delivery of your maintenance medications with Express Scripts, our Pharmacy Benefit Manager.

To take full advantage of this pharmacy benefit and activate the personalized services through Express Scripts online portal, Members simply need to sign into their Health Options portal and click "Get Started/Log in" for Express Scripts on the Medications tab.



Express Scripts Mail  
Order Pharmacy  
800-462-6605



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Once you are in the Express Scripts portal, you can sign up for home delivery, see ways to save money, look up prescription costs, and print forms.

Signing up for home delivery an example of savings opportunity! This is true especially for maintenance medications that have a copay - you can order a 90-day supply and get 3 months for 2 copays.

## Lower Cost:

### ***Understanding your Prescription Drug Benefits: Specialty and Mandatory Specialty Medications***

Accredo, the Express Scripts Specialty home delivery pharmacy, is Health Options' exclusive source for specialty medications. By filling specialty prescriptions through Accredo, Members pay only their plan's cost-share.

- **SP:** Specialty Drug. The Plan offers one courtesy fill at a retail pharmacy as a covered benefit. Then this drug must be obtained directly through Accredo or you pay 100% of the retail cost.
- **MSP:** Mandatory Specialty Pharmacy. This means the out-of-pocket cost is at the 'specialty' cost share and the Mandatory Specialty Pharmacy rule applies. This drug must be obtained directly through our exclusive mandatory pharmacy Accredo (mail order) or the drug is not covered.

# Lower Cost: Chronic Illness Support Program (CISP)

CISP reduces financial barriers (copays, deductible, coinsurance) for select services for Members living with these chronic conditions.

**Prescription Drug Benefit** (when filled through home delivery)

- \$0 Cost for specific Tier 1 generic medications used to treat the chronic illness.
- For select Tier 2 medications, the deductible is waived, and your cost share is reduced according to your plan design.
- For select Tier 3 medications, the deductible is waived, and your cost share is reduced according to your plan design.

**Medical Services** • \$0 Cost when performed by a network provider for the following services (unless otherwise noted).

Diabetes	Asthma/COPD	Hypertension	Coronary Artery Disease
Office visits to a PCP for routine management of Diabetes.	Office visits to a PCP for routine management of Asthma/COPD/Emphysema.	Office visits to a PCP for routine management of Hypertension.	Office visits to a PCP for routine management of CAD.
Endocrinology consultation and management of Diabetes.	Immunotherapy for Members diagnosed with Asthma.	Office visits for consultation and management specifically for a diagnosis of Hypertension with cardiology or nephrology specialists.	Cardiology consultation and routine management of CAD.
Pediatric consultation for routine diabetic foot care.	Inhaler adjuncts (e.g., spacer).	Lab services that are linked to a Hypertension primary diagnosis code and considered routine for the management of Hypertension.	Electrocardiogram (ECG)
Nutritional counseling, Diabetes education, and behavioral modification counseling.	Pulmonologist consultation and management of Asthma, COPD, or Emphysema.	Lab services linked to a hyperlipidemia primary diagnosis code and considered routine for the management of CAD.	Cardiac rehabilitation (deductible is waived and the coinsurance is reduced by half).
Annual diabetic eye exam.	Pulmonary function test once per year; home oxygen therapy assessment.		
One glucometer each year as specified on the formulary.	Asthma education.		
Glucose test strips listed on the formulary; up to 50 every 30 days or 150 every 90 days at \$0 out-of-pocket cost.	Pulmonary rehab and ongoing exercise program.		
Lab services linked to a Diabetes primary diagnosis code and considered routine for the management of Diabetes.	Asthma only: Up to \$75/year for environmental (home) assessment (requires Prior Approval).		
	Lab services that are linked to Asthma or COPD primary diagnosis code and considered routine for the management of the diagnosed condition.		



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Our CISP Program is a unique and signature benefit offered within certain Health Options plans. Members diagnosed with Diabetes, Asthma, Chronic Obstructive Pulmonary Disease (COPD), Hypertension, and Coronary Artery Disease receive lower out-of-pocket medical and pharmacy services for these conditions. Cost-savings data has been compiled and shows significant savings for our Members with chronic conditions who utilized the CISP program to help with reduced or no-cost medical services and prescriptions.

The bottom line on CISP is that it is working.

## Lower Cost: Rx Savings Solutions

We have partnered with Rx Savings Solutions to provide you with a personalized, easy-to-use search tool to help manage your prescription costs.

On average, our  
members save \$300  
per year!

HealthOptions.org  
info@rxsavingsolutions.com  
1-855-624-8463

“  
I picked up my prescription  
this weekend and my final  
cost was \$64.52. Quite a  
savings from the \$129 initial  
cost. Thank you so much!”

“  
I have been able to use one of  
the solutions provided to me  
on one of my prescriptions. It's  
given me a savings of about  
\$30 a month.”

“  
My prescription had climbed  
up to \$126 out of pocket  
each month. By using Rx  
Savings, that cost is now  
down to \$54 per month!”

You can access Rx Savings Solutions on the Member Portal at [HealthOptions.org](https://HealthOptions.org)



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Community Health Options continues to partner with Rx Savings Solutions to provide our Members with a no-cost benefit that helps them to save money on prescription medications.

Rx Savings Solutions works with the Member's physician and local pharmacy to ensure that the Member receives the most affordable access to medications.

Once you log in and register for this tool, Members may receive proactive savings alerts via text or email



# Reading your Invoice

Subscriber ID	Invoice Number	Billing Period	Prior Balance	Payment Received	New Charges	DUE DATE	TOTAL DUE
[REDACTED]	I-0019344-062019	05/01/2019 - 05/31/2019	\$392.12	\$392.12	\$1,366.12	5/1/2019	\$392.12

INVOICE	
Current	Amount
Prior Balance	\$ 392.12
Payment Received - Thank You	\$ 392.12
Current Medical Premium	\$ 1,366.12
Less: Advance Premium Tax Credit Subsidy (APTC)	\$ 974.00
Subtotal	\$ 392.12
Adjustments	Amount
Medical Premium	\$ 0.00
Less: Advance Premium Tax Credit Subsidy (APTC)	\$ 0.00
Subtotal	\$ 0.00
<b>AMOUNT DUE</b>	<b>\$ 392.12</b>



Subscriber ID	Invoice Number	Billing Period	Prior Balance	Payment Received	New Charges	DUE DATE	TOTAL DUE
[REDACTED]	I-0019344-062019	05/01/2019 - 06/31/2019	\$392.12	\$392.12	\$1,366.12	5/1/2019	\$392.12

TOTAL AMOUNT ENCLOSED [REDACTED]

COMMUNITY HEALTH OPTIONS  
PO BOX 326  
LEWISTON, ME 04243



Subscriber ID	Invoice Number	Billing Period	Prior Balance	Payment Received	New Charges	DUE DATE	TOTAL DUE
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Subtotal	\$ 0.00
<b>AMOUNT DUE</b>	<b>\$ 392.12</b>

Subscriber ID	Invoice Number	Billing Period	Prior Balance	Payment Received	New Charges	DUE DATE	TOTAL DUE
[REDACTED]	I-0019344-062019	05/01/2019 - 05/31/2019	\$392.12	\$392.12	\$1,366.12	5/1/2019	\$392.12

TOTAL AMOUNT ENCLOSED [REDACTED]

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**This invoice example applies to Individual Members only- not Group Members**

We split out the invoice into the top and bottom sections, so it was a bit easier to see. The full thumbnail on the invoice is also shown in the upper right corner of the slide.

Its important to remember that the invoice shows what the full monthly premium would be, and also lists any Advance Premium Tax Credits (APTC) you may receive. The "Amount Due" is the actual amount you owe.

# Payment Options

## Members can make a payment by:

- Logging into your Member Portal and clicking the "Pay My Premium" button. If this is your first time using the Member Portal, [click here](#) for a step by step guide.
  
- Accessing the automated payment line at (844) 722-6243.
  - For debit card payments, please have your member ID number and debit card number, security code and expiration date ready.
  - For payments by check, please have your Member ID number, bank routing number and account number ready.
  
- Mailing a check to Community Health Options, P.O. Box 326, Lewiston, Maine 04243. Please include your invoice coupon and policy number on the check or money order

*Please note: Community Health Options does not accept credit card payments.*



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We encourage our Members to set up Autopay, which can be done in your Member portal. Online payments can be made for one time only, or can be set up to be recurring.

# Explanation of Benefits Form

02/16/17



Community Health Options  
 300 West 100  
 PO Box 1121  
 Lewiston, ME 04240

**THIS IS NOT A BILL**  
 Please keep for your records.

**Questions?**  
 Contact us at healthoptions.org  
 1-855-624-6463  
 Or write to the address shown above.

**Statement Date: May 10, 2017**

**Member:** Jason [REDACTED]  
**Member ID:** [REDACTED]  
**Group #:** FFMEXCHANGE  
**Group Name:** Maine On Exchange  
**EOB Number:** [REDACTED]

## Your Claim Detail

Claim ID	Date of Service	Patient	Provider	Paid Date	Service	Amount Billed	Allowed	Plan Pays	Your Responsibility	Copay	Coinsurance	Deductible	Not Payable	Claim Remark Codes
[REDACTED]	07/05/2016	Jason [REDACTED]	None	11/1/2016	Routine Exam	\$5.14	\$5.00	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.47	1000 MX
[REDACTED]	07/05/2016	Jason [REDACTED]	None	11/1/2016	Routine Exam	\$25.10	\$14.00	\$0.00	\$4.00	\$0.00	\$0.00	\$14.00	\$11.00	1002 1
[REDACTED]	07/05/2016	Jason [REDACTED]	None	11/1/2016	Routine Exam	\$28.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.00	\$15.00	1000 MX
[REDACTED]	07/05/2016	Jason [REDACTED]	None	11/1/2016	Routine Exam	\$22.26	\$13.75	\$0.00	\$0.75	\$0.00	\$0.00	\$10.75	\$11.00	1002 1
TOTAL						\$92.45	\$55.00	\$27.00	\$25.00	\$0.00			\$35.79	

### Claim Remarks

VBID - COST SHARING WAIVED DUE TO CHRONIC ILLNESS SUPPORT PROGRAM.  
 MX - PROCESSED PER PARTICIPATING CONTRACT OR FEE SCHEDULE  
 2 - COINSURANCE AMOUNT  
 1 - DEDUCTIBLE AMOUNT

Action Item: Go to your Member Portal, select "My Claims"



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These forms are available on your Member Portal

# Viewing Claims in your Member Portal

**Claims**

Here you can see claims that have been submitted for medical, pharmacy and dental visits. You can view individual claim details to identify the services you received and the amounts, including what you are responsible for.

Showing 1-12 of 20 claims [Download OIG](#) [Print PDF](#)

All Claim Types | All Members | All Service Dates | Status | Search by claim number or description

Date	Member	Provider & Description	Amount	PDI Pmts	Your Responsibility
Nov 15, 2018 ▶ 21JUL2712215	Sarah	Houkins, Timothy Internal Visit	\$165.00	\$177.14	Approved EOB \$0.00
Oct 12, 2018 ▶ 20121220294	Sarah (You)	Shaw, Cynthia Internal Visit	\$115.00	\$7.50K	On Hold EOB \$0.00
OCT 5, 2018 ▶ 21JUL2712215	Clayton	Fraser, Robert Internal Visit	\$217.00	\$198.74	Approved EOB \$0.00
Sep 13, 2018 ▶ 21JUL2712215	Nicholas	Birdley, Philip Internal Family Practice	\$749.96	\$108.74	On Hold EOB \$78.11
Aug 2, 2018 ▶ 20102010075	Sarah (You)	Internal Family Practice Internal Visit	\$115.00	\$7.50K	Approved EOB \$0.00
Aug 2, 2018 ▶ 161012411006	Sarah (You)	Internal Lab Internal Visit	\$43.00	\$18.41	Approved EOB \$17.59
Aug 2, 2018 ▶ 21JUL2712215	Sarah (You)	CVS Pharmacy Pharmacy	\$26.77	\$14.11	Approved EOB \$12.29

**Select EOB**

There are several EOBs available for this claim. Please select which one you want to view.

- EOB number 1 (filter to be defined)
- EOB number 2
- EOB number 3

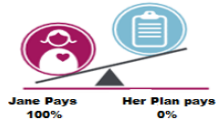
# Putting it all Together

January 1<sup>st</sup>

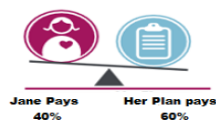
December 31<sup>st</sup>

Beginning of Coverage Period

End of Coverage Period



Jane has not reached her **DEDUCTIBLE** yet. She pays a **\$20 COPAY** for some Provider visits and medications. Jane pays **100%** for other costs, such as lab work, or out-patient services until she meets her deductible



Jane reaches her **\$2500 deductible**, **40% COINSURANCE** begins. She still pays a set copay for some Provider visits and medications. For other healthcare costs, Jane now pays **40%** and Health Options pays **60%**.



Jane reaches her **\$7150 MAXIMUM OUT-OF-POCKET** limit. Jane has seen her providers often and had some surgery. She has paid **\$7150** on her OOP total. Health Options now pays **100%** of all covered costs for the rest of the year, including office visits and medications.

# Important Numbers to Remember

## MEMBER SERVICES

Monday - Friday: 8:00 AM - 6:00 PM

(except holidays)

Telephone: (855) 624-6463

Automated information is available 24/7

## MEDICAL MANAGEMENT TEAM

Care Managers are available to assist Members with various Disease Management Programs and the Community Health Options' Chronic Illness Support Program.

Monday - Friday: 8:00 AM - 5:00 PM (except holidays)

Telephone: (855) 624-6463

## BEHAVIORAL HEALTH TEAM

Community Health Options' Behavioral Health Partner, MMC Behavioral HealthCare Program (BHCP), is available to assist Members with Behavioral Health requests.

Monday - Friday: 8:00 AM - 6:00 PM

Telephone: (855) 481-7047 (Available 24/7 as a *CRISIS LINE* for Members)

## CONTACT US BY MAIL

If you need to contact us by mail, please use the following mailing address: (Note: not for payments)

Community Health Options

Mail Stop 100

PO Box 1121

Lewiston, ME 04243



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Please note: if you want us to speak to someone else on your behalf, you need to fill out a PHI Form available on our website under Individuals & Families, Resources, Forms. Otherwise, you can grant verbal permission which only lasts for 24 hours.

# Informational Videos

Community Health Options  
48 subscribers

Created playlists

Webinars  
VIEW FULL PLAYLIST

For Members  
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YouTube link:

<https://www.youtube.com/c/CommunityHealthOptionsCOOP>

You can also go to YouTube and search for “Community Health Options”

Health Options website link:

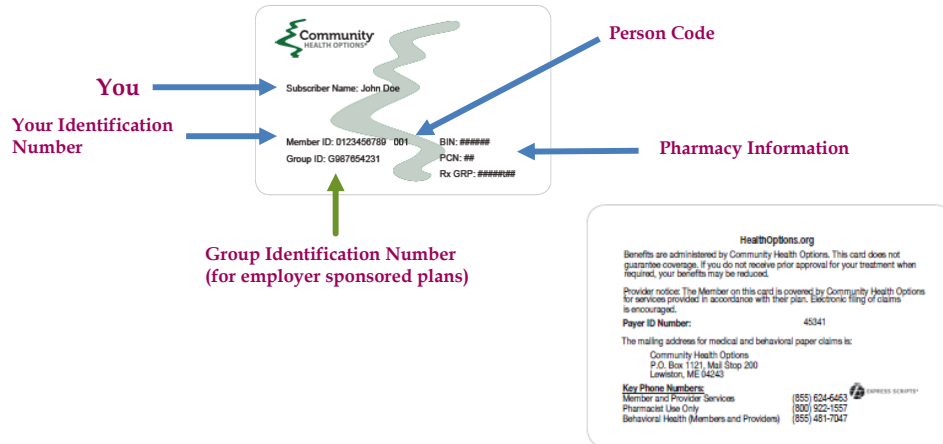
<https://www.healthoptions.org/individuals-families/resources/>

# Questions?





# Your Member ID Card



Note: This is a group ID card but individual cards look very similar.

Note: Each Member of the family will have a suffix number (001 for primary person, 002 etc.)

BIN, PCN and RX numbers are all for use with pharmacy.

Please note specific contact information on the back of the card including Member Services and Behavioral Health Care Program numbers.

**Telephone: (855) 481-7047 (Available 24/7 as a CRISIS LINE for Members) This is a behavioral health crisis line,**