



## 2019 Financial Incentive Claim Form

Members enrolled in a small group HSA plan may qualify for a financial incentive if they shop for and receive certain health care from a low-cost, high-quality, In-Network Providers. Health Options will provide a financial incentive for each covered service that qualifies for our Financial Incentive Program.

The following services are eligible for financial incentives:

1. Physical and occupational therapy; radiology and imaging; and laboratory service financial incentive: Covered services include a set of Current Procedural Terminology (CPT) codes within each of three categories of services: physical and occupational therapy (97161, 97162, 97163, 97165, 97166, 97167, and 97110); radiology and imaging (72148, 73221 and 73721); and laboratory services (80061, 84443, and 85025). If you shop for these services and elect to receive covered services from a low-cost, high-quality, In-Network Provider, you may qualify for a \$5.00 gift card. The program is limited to the identified, covered services within the three service categories and to a maximum number of services per calendar year (four for CPT code 97110 and one for all other CPT codes).
2. Infusion drug therapy financial incentive: Covered services include a set of Healthcare Common Procedure Coding System (HCPCS) codes for the following medications: Actemra (generic name tocilizumab) HCPCS J3262, Inflectra (generic name infliximab) HCPCS Q5103, Renflexis (generic name infliximab) HCPCS Q5104, Remicade (generic name infliximab) HCPCS J1745, and Stelara (generic name ustekinumab) HCPCS J3358. If you shop and receive your infusion drug therapy in a preferred setting (e.g., Home infusion, infusion center, provider office) through a defined list of high-quality, low-cost In-Network Providers, you may qualify for a \$100.00 gift card. The program is limited to the identified covered services and defined providers.

**NOTE:** The infusion therapy drugs subject to this program are only available after receipt of Prior Authorization from our Medical Management team.

### How to Request a Financial Incentive

**IMPORTANT:** Only small group HSA plan Members are eligible for this incentive. You must be enrolled in one of the following plans to qualify:

Community Access HSA    Community Option HSA    Community Basic HSA    Community Relate HSA  
Community Beacon HSA    Community Core HSA    Community Balance HSA

If you qualify for this incentive and have received one of the services indicated above, you must compare the “allowed amount” for that service as noted on your Explanation of Benefits (EOB) to the “Maine State Average” for that service as noted on [comparemaine.org](http://comparemaine.org), a website maintained by the Maine Health Data Organization (MHDO). If the allowed amount for the service you received is less than the Maine state average, you may qualify for a gift card. If you do not have access to the internet, the MHDO will provide the required information over the phone. Contact the MHDO at (207) 287-6722, Monday through Friday 8:30 a.m. to 5 p.m.

The CPT code or HCPCS code for the service you received must match one of the CPT or HCPCS codes listed above. Please confirm with your provider the CPT or HCPCS code used in the claim submission, and include that code on the form that follows.

Complete, sign, and date the form on the next page, and return to:

**Community Health Options  
Mail Stop 200  
PO Box 1121  
Lewiston, ME 04243**

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Please fill in the following information:

SUBSCRIBER INFORMATION				
Last Name	First Name	M.I.	Member ID #	
Your Plan				
<input type="checkbox"/> Community Access HSA <input type="checkbox"/> Community Option HSA <input type="checkbox"/> Community Basic HSA <input type="checkbox"/> Community Relate HSA <input type="checkbox"/> Community Beacon HSA <input type="checkbox"/> Community Core HSA <input type="checkbox"/> Community Balance HSA				
PATIENT INFORMATION (IF DIFFERENT FROM SUBSCRIBER)				
Last Name	First Name	M.I.	Date of Birth	
			/ /	
Mailing Address			Member ID #	
City	State	Zip Code		
PROVIDER INFORMATION				
Provider Name				
Facility or Practice Name				
CLAIM(S) INFORMATION				
Date of Service	Claim Number	CPT or HCPCS Code	Allowed Amount (on EOB)	Maine State Average (per comparemaine.org)
/ /			\$	\$
/ /			\$	\$
/ /			\$	\$
/ /			\$	\$
/ /			\$	\$
/ /			\$	\$
ATTESTATION AND SIGNATURE				
I attest that the above information is true and accurate, and I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be cancelled, and I may be subject to criminal and/or civil penalties for false health care claims.				
<b>Print Name</b>	<b>Member/Guardian Signature</b>		<b>Date</b>	
			/ /	

Preferred Gift Card

- Walmart       Amazon

**NON-DISCRIMINATION NOTICE**

Community Health Options does not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the number on the back of your member ID card.

If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. If you need help filing a complaint, please contact Nancy Johnson, Assistant Vice President of Compliance and Regulatory Affairs at P.O. Box 1121, Lewiston, ME 04243; by telephone at 1-855-624-6463 TTY/TDD 711; by email at [Compliance@healthoptions.org](mailto:Compliance@healthoptions.org); or by fax to 207-402-3318.

You can also contact the U.S. Department of Health and Human Services at the Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<p><b>French</b> ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-624-6463 (TTY/TDD: 711)</p>	<p><b>Spanish</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-624-6463 (TTY/TDD: 711)</p>	<p><b>Chinese</b> 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-624-6463 (TTY/TDD: 711)。</p>
<p><b>Cushite</b> XIYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-624-6463 (TTY/TDD: 711)</p>	<p><b>Vietnamese</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-624-6463 (TTY/TDD: 711)</p>	<p><b>Arabic</b> ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-624-6463 رقم والبكم: 711 TTY/TDD.</p>
<p><b>Cambodian, Mon-Khmer</b> ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយខ្មែរ, សំខាន់ៗនៃជំនួយភាសាខ្មែរមិនគិតថ្លៃឡើយ គឺជាជំនួយសំខាន់ៗនៃការងាររបស់យើង។ ទូរស័ព្ទ 1-855-624-6463 (TTY/TDD: 711)។</p>	<p><b>Russian</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-624-6463 (телетайп: 711)</p>	<p><b>Tagalog</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1855-624-6463 (TTY/TDD: 711).</p>
<p><b>German</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-624-6463 (TTY/TDD: 711).</p>	<p><b>Thai</b> ้ยน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-624-6463 (TTY/TDD: 711).</p>	<p><b>Nilotic-Dinka</b> PIN KENE: Na ye jam në Thuonjan, ke kuony yenë koc waar thook atō kuka lëu yök abac ke cin wënh cuatë piny. Yuopë 1-855-624-6463 (TTY/TDD: 711).</p>
<p><b>Korean</b> 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-624-6463 (TTY/TDD: 711)번으로 전화해 주십시오.</p>	<p><b>Polish</b> UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-624-6463 (TTY/TDD: 711).</p>	<p><b>Japanese</b> 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-624-6463 (TTY/TDD: 711) まで、お電話にてご連絡ください。</p>