

It's hard to believe that we've reached the end of another year! As always, thank you for your partnership in providing affordable, high-quality healthcare that promotes health and wellbeing for the people of Maine. Wishing you the happiest of holidays and continued success in the New Year!

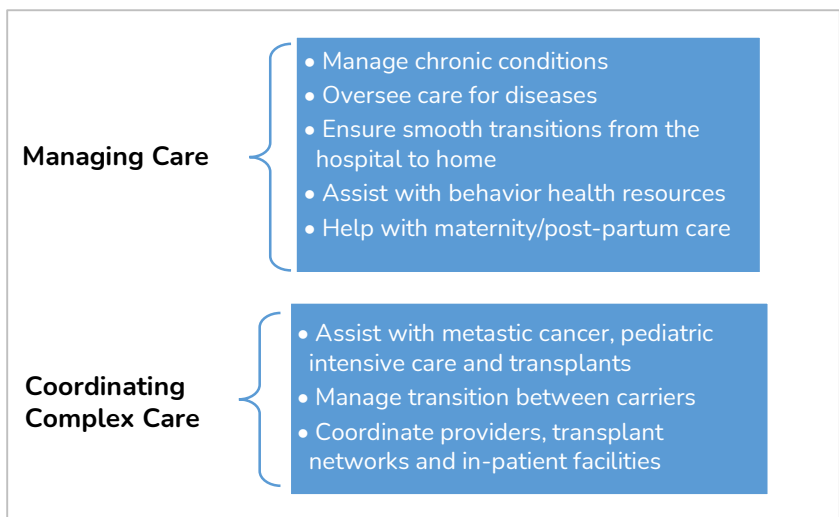
In this bulletin, we'll share some insight into our Care Management team, along with some important updates about the Health Options' leadership team, policy updates to the annual fee schedule, important information about experimental/investigational services, and other important resources.

Care Management: Working Toward Better Outcomes

When a woman broke her femur in a recent fall at home, she was admitted to a rural Maine hospital where doctors discovered she had a pulmonary embolism that may have triggered her fall. That made the Member's case much more complicated.

So, a Health Options Care Management team member called the hospital, making simple introductions and offering to assist. The hospital's care manager wasn't sure how an insurer could help—what they really needed, she said, was someone who could find a rehabilitation facility.

That's exactly how Care Management could help. Care Management found an in-network rehabilitation facility and helped obtain durable medical equipment. Once the woman was at the rehab facility, Care Management scheduled weekly updates with the social worker there to ensure a smooth transition and help coordinate care.



Even amid a setback—the woman wound up back at the hospital with sepsis where Care Management continued to help with coordination, ensuring continuity of care and getting the patient back to the rehabilitation center.

Through this kind of collaboration between providers and facilities, Health Options looks to create better health outcomes for Members, often while keeping costs down.

To access these services, providers can refer patients to Member Services at **(855) 624-6463**. The Member Services Team is available **Monday through Friday, from 8 a.m. to 6 p.m.**

[Health Options Appoints Dave Stuart Chief Operating Officer; Andrew Goodman to Lead Provider Network Operations](#)

Community Health Options recently promoted Dave Stuart to Senior Vice President and Chief Operating Officer, while naming Andrew Goodman Director of Provider and Network Operations. Stuart replaces Robert Hillman, who left Health Options to pursue other opportunities.

Stuart joined Health Options nine years ago and has more than 20 years of experience in the healthcare industry, holding roles in payer and provider organizations across Northern New England. He was most recently assistant vice president of operations at Health Options.

Goodman has more than 15 years of experience in the healthcare industry and joins Health Options from Humana, most recently leading market engagement. Earlier, he oversaw the provider network in the Northeast and had been responsible for provider relationships in Maine and New Hampshire.

[Policy Updates](#)

✓ **Appeals/Reconsiderations**

Members, providers or authorized representatives can appeal any adverse benefit or healthcare determination by Health Options or its designated partners. Claim reconsiderations, meanwhile, must be submitted by providers on behalf of a Member. Each appeal or reconsideration will receive prompt, through and impartial review. [See full policy.](#)

✓ **Surgery: Computer-Assisted and Robotic**

Health Options does not provide additional reimbursement, regardless of instruments, supplies, techniques or the approach used in surgical procedures. Computer-assisted navigation and robotic surgery are considered integral to the primary procedure. [See full policy.](#)

✓ **Medication-Assisted Treatment for Opioid Use Disorder**

Health Options recently updated its reimbursement policy for medication-assisted treatment for opioid use disorder to include billing and coding guidelines for office-based addiction treatment (OBAT) and opioid treatment programs (OTPs). [See full policy.](#)

[Annual Fee Schedule Update](#)

[CMS has issued the 2023 Physician Fee Schedule \(PFS\)](#) with important updates regarding expanded access to behavioral healthcare, dental care and cancer screening coverage.

Payment Rates for Calendar Year (CY) 2023:

The CY 2023 PFS conversion factor is \$33.06, down \$1.55 from the CY 2022 PFS conversion factor of \$34.61. This reflects the statutorily required update of 0% for CY 2023, the expiration of the temporary 3% supplemental increase in PFS payments for CY 2022 provided by the Protecting Medicare and American Farmers from Sequester Cuts Act, and the statutorily required budget neutrality adjust to account for changes in payment rates. To see the fee schedule, please [visit CMS.gov](#).

[Coding Corner: Experimental and Investigational Services](#)

New medical procedures and treatments often provide hope for Members that they may have found the answer to an ongoing medical problem. But whether Health Options covers that new treatment often depends on guidance from MCG® clinical guidelines created by a team of medical experts and drawn from unbiased reviews of current evidence-based literature.

These MCG guidelines exclude procedures or treatments without established safety and efficacy or are designated “current role remains uncertain.” This applies to procedures (including behavioral health procedures), treatments, services, equipment, supplies, devices, drugs and medications—all considered experimental or investigational and ineligible for coverage unless required by state or federal law.

Health Options doesn’t cover newly released codes and services for medical procedures, new-to-market drugs and new U.S. Food and Drug Administration (FDA)-approved indications for existing drugs for up to 180 days after release onto the market pending an internal clinical review. The same is true for new technologies for medical procedures, new behavioral health practices and services, and new medical devices.

That said, Health Options continually evaluates new indications for the use of products and services considered experimental/investigational and will consider adjusting benefit coverage for a Member. Health Options also evaluates all newly released codes to ensure their clinical utility, safety and value to determine eligibility. Importantly, Health Options may delay coverage determinations for an item or service while following its established procedure to review all newly released codes and services considered “experimental and/or investigational” to determine benefit coverage.

Health Options identifies newly released CPT® and HCPCS codes on a quarterly basis when released by the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) for code designation, which includes new technologies regarding medical procedures, behavioral health procedures, prescription drugs (including new-to-market drugs) and medical devices.

Reasonable effort will be made to review and evaluate newly released codes, newly launched medications, and new FDA approved indications for existing drugs within 90 days of release and final decisions of benefit coverage will be made and implemented within 180 days of introduction to the marketplace.

Please visit the authorization section on the provider portal at [Availity.com](https://www.availity.com) or call Member Services at **(855) 624-6463, Monday through Friday, from 8 a.m. to 6 p.m.**, for prior authorization requirements for CPT/HCPCS codes.

Resources

- ✓ Our relationship with our Members is a vital partnership when it comes to improving their health and wellbeing. Read the **Member Rights and Responsibilities**, [here](#).
- ✓ Our **Pharmacy Medication Benefit Management Guide**, effective January 1, 2023, provides an overview of medication management for medical and pharmacy benefits, including information about prior authorization requirements through Health Options Medical Management and Express Scripts, our Pharmacy Benefit Manager. You can find it [on our website](#).
- ✓ [Please download](#) our **Pharmacy Express Scripts—National Preferred Formulary Exclusion List** changes, effective January 1, 2023. Please note, this list is not all-inclusive. We’ll continue to use this bulletin to share updates, which typically occur annually on January 1 and July 1.

Important update: PioneerASO Member ID Cards

Beginning in January, you may be seeing new membership cards from your patients who are part of one of our PioneerASO self-funded health insurance plans. PioneerASO is powered by Community Health Options, and you are an important part of our network of providers.

While the cards have a green PioneerASO logo and will bear the name of the group employer, you'll still be working directly with Community Health Options. If you have any questions, please call Member Services at **(855) 624-6463**. Samples of the new membership card and the Community Health Options Member card, are below:

Allergy & Asthma Associates of Maine, PA.

PioneerASO

Subscriber Name: John Doe
Member ID: 12345678912345 001

Group ID: FFMEXCHANGE
John Doe 002

BIN: 003858
PCN: A4
Rx GRP: COMMHOP

Plan Details	Individual	Family
INN Deductible	\$xxx,xxx	\$xxx,xxx
INN Maximum OOP	\$xxx,xxx	\$xxx,xxx
OON Deductible	\$xxx,xxx	\$xxx,xxx
OON Maximum OOP	\$xxx,xxx	\$xxx,xxx

*INN: In-Network, OON: Out-of-Network
OOP: Out-of-Pocket*

COMMUNITY Health Options

Plan Name:

www.PioneerASO.org

The plan is administered by PioneerASO, a division of Community Health Options. Services are provided in accordance with the Member's employer-sponsored plan. This card does not guarantee coverage: If you do not receive prior approval for your treatment when required, your benefits may be reduced.

Key Contact Information:
Member, Behavioral, and Provider Services 1.855.624.6463
Pharmacist Use Only 1.800.922.1557
TTY: Relay Service 711

Claim Submission (Medical and Behavioral):
Electronic filing of claims is preferred. The Payer ID number is: 45341.
The mailing address for paper claims is:
Community Health Options
Mail Stop 200, PO Box 1121, Lewiston, ME 04243

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Employer Name Here Employer Name
Employer Name Employer Name Emp

COMMUNITY Health Options

Subscriber Name: John Doe
Member ID: 12345678912345 001

Group ID: FFMEXCHANGE
John Doe 002

BIN: 003858
PCN: A4
Rx GRP: COMMHOP

Plan Details	Individual	Family
INN Deductible	\$6,200	\$12,400
INN Maximum OOP	\$7,000	\$14,000
OON Deductible	\$12,400	\$24,800
OON Maximum OOP	\$14,000	\$28,000

*INN: In-Network, OON: Out-of-Network
OOP: Out-of-Pocket*

Plan Name: Cornerstone Option PPO HSA \$6200 30% \$7000 Rx2 '21

www.HealthOptions.org

Benefits are administered by Community Health Options. This card does not guarantee coverage: If you do not receive prior approval for your treatment when required, your benefits may be reduced.

Key Contact Information:
Member, Behavioral, and Provider Services 1.855.624.6463
Pharmacist Use Only 1.800.922.1557
TTY: Relay Service 711

Claim Submission (Medical and Behavioral):
Electronic filing of claims is preferred. The Payer ID number is: 45341.
The mailing address for paper claims is:
Community Health Options
Mail Stop 200, PO Box 1121, Lewiston, ME 04243

EXPRESS SCRIPTS **First Health** **amwell**

Have an idea for the bulletin? Tell us what you want to know! Contact us by email at communications@healthoptions.org