Youngstown State University
April HCAC Meeting

March 15, 2021
Presented by: Stephanie Mueller – Account Executive
Agenda

▪ My Health Plan Overview
  – Track Expenses
  – Track Claims
  – Provider Search Tool
  – Message Center
  – My Care Compare

▪ Prior Approval
  – Services Requiring Prior Approval
  – Submission for Prior Approval

▪ Forms

▪ SmartChoice – eviCore

▪ Appeals Process
My Health Plan Member Portal

- 24/7 access your health insurance plan

Track Expenses
Out-of-pocket costs, including deductibles and coinsurance

Provider Search
Find providers based on a variety of search criteria

Message Center
Custom alerts and messages just for you

Track Claims
See current and past claims and status

My Care Compare
Compare provider costs and quality ratings

Launch Demo
### My Health Plan

- **Track Expenses**

#### Deductible & Out of Pocket

**Deductible**
- $249.03 out of $5600

**Coinsurance**
- $0.00 out of $1800

![View Details]

---

### Deductible & Out of Pocket

**Display:** Previous Benefit Period | Current Benefit Period

#### In Network Services Deductible

<table>
<thead>
<tr>
<th>MEMBER NAME</th>
<th>MAX</th>
<th>ACCUMULATED</th>
<th>REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY</td>
<td>$5,600.00</td>
<td>$249.03</td>
<td>$5,350.97</td>
</tr>
<tr>
<td>STEPHANIE</td>
<td>$2,800.00</td>
<td>$122.71</td>
<td>$2,677.29</td>
</tr>
<tr>
<td>CHASE</td>
<td>$2,800.00</td>
<td>$126.32</td>
<td>$2,673.68</td>
</tr>
<tr>
<td>EMILEE</td>
<td>$2,800.00</td>
<td>$0.00</td>
<td>$2,800.00</td>
</tr>
</tbody>
</table>

#### Out of Network Services Deductible

<table>
<thead>
<tr>
<th>MEMBER NAME</th>
<th>MAX</th>
<th>ACCUMULATED</th>
<th>REMAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY</td>
<td>$11,200.00</td>
<td>$0.00</td>
<td>$11,200.00</td>
</tr>
<tr>
<td>STEPHANIE</td>
<td>$5,600.00</td>
<td>$0.00</td>
<td>$5,600.00</td>
</tr>
<tr>
<td>CHASE</td>
<td>$5,600.00</td>
<td>$0.00</td>
<td>$5,600.00</td>
</tr>
<tr>
<td>EMILEE</td>
<td>$5,600.00</td>
<td>$0.00</td>
<td>$5,600.00</td>
</tr>
</tbody>
</table>

View Details

Provides the Deduct/OOP expenses

---
My Health Plan

- Track Claims

### Claims Snapshot
(Most Recent)

<table>
<thead>
<tr>
<th>DATE OF SERVICE</th>
<th>TYPE</th>
<th>CLAIM #</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/13/2021</td>
<td>Medical</td>
<td>0004446784-000</td>
</tr>
<tr>
<td>03/13/2021</td>
<td>Medical</td>
<td>0014446784-000</td>
</tr>
<tr>
<td>03/13/2021</td>
<td>Medical</td>
<td>0024446784-000</td>
</tr>
<tr>
<td>03/13/2021</td>
<td>Medical</td>
<td>0034446784-000</td>
</tr>
<tr>
<td>03/02/2021</td>
<td>Medical</td>
<td>0056720719-000</td>
</tr>
</tbody>
</table>

- [View Your Claims](#)

### Claims Summary

- [View Details](#)

Provides Claim Detail and EOB

Processed on 3/14/2021

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Patient Name</th>
<th>Date of Service</th>
<th>Provider</th>
<th>Claim Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>0004446784-000</td>
<td>John E Doe</td>
<td>03/13/2021</td>
<td>Summa Physicians, Inc.</td>
<td>Medical</td>
</tr>
</tbody>
</table>

Provider Billed
$242.00

Your Responsibility
$93.54
My Health Plan

- Track Claims

Claim Detail

- **Patient Name**: John E Doe
- **Claim Type**: Medical
- **Date of Service**: 03/13/2021
- **Claim Number**: 0004446784-000
- **Service Provider**: Summa Physicians, Inc.
- **Claim Status**: Processed
- **Payment**: Check number 3164573 dated 12/22/2012 was sent to Summa Physicians, Inc.

Total Amount Billed: $242.00

Your Plan Benefit:
- **$148.46**
- **Insurance Discount**: $148.46
- **Insurance Paid**: $0.00

Your Responsibility:
- **$93.54**
- **Applied to Deductible**: $93.54

View Explanation of Benefits
My Health Plan

- Provider Search Tool

Find a Provider

Whether you're a current or future Medical Mutual member, we can help you find the right in-network provider.

Choose provider type:

- Medical
- Dental
- Vision
My Health Plan

- **Message Center**

  **Actions**
  Alert the member there is an action requiring their attention

  **Messages**
  Anything MMO feels is important and beneficial to the member

  - **12/10/2020**
    Your Medical Mutual Member Newsletter is Available
  - **11/09/2020**
    Mental Health Resources: Support Is Available

  [Go To Message Center]
Your Medical Mutual Member Newsletter is Available
Check out the Fall/Winter edition of Healthy Outlooks, your biannual member newsletter, to learn how to safely visit your healthcare provider during the COVID-19 pandemic, the health benefits of fostering or adopting a pet, and ways to manage low back pain without prescription medication.

Mental Health Resources: Support Is Available
It’s important to make your mental health a priority, especially during these unprecedented times. Whether you are feeling anxious due to COVID-19 or other stressors, have noticed major changes in your emotions or behaviors, or have identified areas you want to improve for your overall well-being, Medical Mutual is here to help. Review this guide on
My Health Plan

My Care Compare

It's your money and your health. My Care Compare gives you more control over both.

Like many of us, you probably have more information available to you when you choose a restaurant than when you select a doctor. It seems the things we use to decide where to eat, like quality, cost, and location, are readily available. Not so much for where we should have an X-ray or which doctor to choose. Medical Mutual aims to change that with My Care Compare.

With My Care Compare, you can:

- Get cost estimates for multiple services from routine lab work and office visits to minor and major surgeries
- Compare costs at different locations for the same medical procedure.
- View quality ratings of doctors and hospitals.

My Care Compare makes information on provider quality, treatment locations and procedure costs available so you can see and compare when making a healthcare decision. For example...

**Location, Location, Location**

Location can play a big role in many healthcare decisions you may need to make. Looking at where services are offered and comparing cost and convenience can make a big difference. For example, let's say your doctor recommends physical therapy.

---

Top Treatments

1. Comprehensive Metabolic Panel
2. Office Visit - Established Patient - 15 Minutes
3. Ultrasound Therapy
4. Colonoscopy - Diagnostic
5. X-ray - Hand
6. Breathing Test
7. Flu Shot
8. Knee Arthroscopy with Meniscectomy
9. Hip Replacement Surgery
10. Blood Lipid Panel Test (Cholesterol Test)

View All Treatments
Prior Approval

- Medical Mutual has to approve some procedures and services before you get them. This is called prior approval. It helps make sure you receive the right services for your condition or diagnosis.
  - These terms also mean the same process:
    - Preauthorization, Precertification, Predetermination, Prior Approval or Prior Notification
  - If you do not get prior approval, your service might not be covered.
  - View a list of Prior Approval Requirements on MHP

- Who is responsible for submission of a prior approval?
  - For PPO network providers: These providers are responsible for getting prior approval on your behalf.
  - For PPO non-network providers: You or your provider may request an Advanced Decision of Coverage.
### Example:
- **Cosmetic/Reconstructive Procedures**
- **Rhinoplasty**
- Submission goes to Care Management via the web [http://navinet.force.com](http://navinet.force.com) or fax 1-877-321-6664 using the Prior Approval Form

### Notes:
- All contracted providers need to submit via the web. Only non-contracted providers can submit via fax.
Forms

- Resources & Tools

Online Forms:
- Problems Scheduling a Behavioral Health Appointment
- Problems Scheduling a Medical Appointment
- Coordination of Benefits
- Workers Compensation
- Free of Care
- Member Appeal Form
- Designate or Change Your Life Insurance Beneficiary (For customers who have life insurance coverage through MedMutual Life Insurance. If unsure, please check with your employer)
- Quality of Care Complaint Form

Please complete the required fields and follow the submission instructions on the individual form. If you have questions, please contact our Customer Care Center.
Forms

- Resources & Tools

Downloadable Forms:

- Medical Claim Form
  Mail this form to the address listed on the back of your member identification (ID) card.

- Dental Claim Form
  Mail this form to: Medical Mutual, P.O. Box 6018, Cleveland, OH 44105

- Vision Claim Form for VSP Vision
  Mail this form to: VSP, P.O. Box 385018, Birmingham, AL 35238-5018

- Prescription Drug Claim Form for Major Medical Benefits
  For members with one deductible for both covered medical and prescription drug claims. Please Note: Use this form only if you forget your card at time of purchase. You will maximize your benefits and be guaranteed the lowest price when you use your ID card at time of purchase.

- Release of Protected Health Information Authorization Form

- Student Verification

- Disability Verification

- Beneficiary Designation Form

- Doctor's Visit Checklist
SmartChoice

- Concierge program to help guide members in choosing lower-cost network facilities for their approved MRI’s, CT and PET Scans.
  - Participation is Voluntary
  - Members can decline the suggestion
    - No further action will be taken
    - Services will continue to pay at members benefit levels

- How does it work?
  - Once services are submitted and approved, provider is notified of the high-cost facility
    - They have the option to choose a lower cost facility or proceed with original request
    - If they decline the lower-cost facility, outreach is provided to the member
SmartChoice Workflow

Step 1: Approved eligible cases are routed to the SmartChoice Team.

Step 2: SmartChoice representative contacts member and provides education on facility choices.

Step 3: Member selects facility that best meets his or her imaging needs.

Step 4: SmartChoice representative schedules the appointment and coordinates details between member and facility.

Step 5: Once confirmed, SmartChoice representative will provide an updated case status to the member, ordering provider, rendering site.
Appeal Process

- **Member Rights to Appeal**
  - Claim(s) payments, denials, reduction in payments or additional claim information.

- **File an appeal if your concern is related to one of the following:**
  - A determination that a service is not covered
  - A medical necessity determination
  - Any other adverse benefit determination

- **First appeal must be filed within 180 days original receipt of denial**

- **Appeal must come from member or appointed individual for minors**

- **How to file an appeal**
  - Member appeal form available on My Health Plan
    - Submit online or print and mail into MMO with supporting documentation
Thank You