

HealthVoice

A Newsletter Provided by HealthChoice Winter 2015

Deductibles and Out-of-Pocket Maximums Start Over for New Plan Year

On Jan. 1, 2015, deductibles and out-of-pocket maximums started over for the new plan year for all HealthChoice pre-Medicare health plans. The amounts for Network services are listed below. **These amounts do not apply to the Medicare supplement plans.**

HealthChoice Plans	Deductible Individual/Family	Out-of-Pocket Maximum* Individual/Family
High and USA	\$500/\$1,500	\$3,300/\$8,400
High Alternative	\$750/\$2,250	\$3,550/\$8,400
Basic	\$1,000/\$1,500	\$4,000/\$9,000
Basic Alternative	\$1,250/\$1,750	\$4,000/\$9,000
High Deductible Health Plan (HDHP)	\$1,500/\$3,000	\$3,000/\$6,000

Basic – Deductible applies after Plan pays first \$500 of Allowable Fees
 Basic Alternative – Deductible applies after Plan pays first \$250 of Allowable Fees
 HDHP – Only the family deductible applies if two or more family members are covered. The combined medical and pharmacy deductible must be met before benefits, other than for Preventive Services, are paid.

*A \$2,500 individual/\$4,000 family pharmacy out-of-pocket maximum applies to the High, High Alternative, Basic, Basic Alternative and USA Plans.

Correction to the HealthChoice Medicare Supplement Plans Handbook

There was an error in the 2015 HealthChoice Medicare Supplement Plans Handbook that affects members who receive Extra Help from Medicare. The premium reduction amount for the Medicare Low Income Subsidy was listed as \$31.20; however, the actual reduction amount is \$30.20.

The error appeared on page 6 of the printed version of the handbook that was originally mailed to members prior to Option Period. Please note: the online version of the handbook has been updated and a correction page added to the front of the book.

Allowed Charge is Now Allowable Fee

Historically, HealthChoice used the term *Allowed Charge* when referring to the set dollar amount allowed under the Plans for a covered service or supply. To be consistent with industry standards, HealthChoice now uses the term *Allowable Fee* when referring to this amount. This change in terminology has no impact on your benefits or your costs for covered services or supplies.

You will see this change in terminology as the handbooks, online FAQs, website and other plan materials are updated. If you have questions, please contact member services at 1-405-717-8780 or toll-free 1-800-752-9475. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

Prior Authorization Programs Updated

Updated Prior Authorization Rules for 2015

Beginning Jan. 1, 2015, all HealthChoice health plans, **except the Medicare supplement plans with Part D**, adopted the Express Scripts Advantage Plus Prior Authorization Program. The program updates our current prior authorization guidelines to industry standard recommendations and introduces new prior authorizations for several classes of medications. The new program also ensures our guidelines are routinely updated.

Notifications have been mailed to all members taking a medication that requires a new prior authorization. If you have any questions related to this new program, please contact the pharmacy benefit manager helpline at 1-800-903-8113. TDD users call toll-free 1-800-825-1230.

New Prior Authorization Program for Compound Medications

As of Sept. 15, 2014, the HealthChoice pharmacy benefit manager implemented a new prior authorization program on compounded medications for HealthChoice health plan members, **except those enrolled in a Medicare supplement plan with Part D**. A number of ingredients will require a prior authorization to be covered as part of this program. Non-covered ingredients can be switched to covered ingredients with your prescribing physician's approval, or you can switch to an FDA-approved drug. Your doctor can request a prior authorization through the pharmacy benefit manager at 1-800-753-2851.



Protect Children From Injury

All parents want to protect their children from harm and keep them safe. Unfortunately, while this is every parent's intent, it is not always the case. In fact, preventable injury is the number one killer of children in the United States.

According to the Centers for Disease Control and Prevention (CDC), each year, nearly 9 million children ages 0 to 19 years are treated in emergency departments for preventable injuries. Sadly, in 2009, more than 9,000* died as a result of their injuries.

The treatment of preventable injuries is the leading cause of medical spending related to children. The estimated annual cost of treatment is nearly \$11.5 billion.

Furthermore, statistics show that every hour, one child dies from an injury. Childhood injuries are preventable, yet car crashes, suffocations, drownings, poisonings, fires and falls are some of the most common causes of childhood injuries and deaths. Of these, motor vehicle crashes are the leading cause of death among children ages 5 to 19 years.

Childhood safety must be an everyday priority because the prevention of injury is key to keeping children safe and well.

Around the nation, there are numerous organizations dedicated to preventing childhood injuries. Safe Kids Oklahoma, a non-profit organization representing the state as part of a global network of Safe Kids Worldwide, is Oklahoma's leading coalition in this battle. Safe Kids Oklahoma offers community-based programs on child passenger and pedestrian safety and water and fire safety, as well as other safety concerns. Car seat check-up events are scheduled at various locations around the state. For details and more information on preventing childhood injuries, visit www.safekidsok.org.

*This is the most recent data available from the CDC.

**SAFE
KIDS
OKLAHOMA**

The 4 Rs in Preventing Medicare Fraud and Abuse

Record, Review, Report and Remember

If you are a Medicare beneficiary, you are the first line of defense against Medicare fraud and abuse. Here are some relatively simple ways you can protect yourself and your loved ones from Medicare fraud:

1. Record

Record the dates of your provider appointments on a calendar. Note any tests and services you receive and save the receipts and statements from your providers. If you need help recording the dates and services, ask a friend or family member to assist you. You can also contact your local Senior Medicare Patrol (SMP) program to get a free *Personal Health Care Journal*. This journal may make it easier for you to track dates and services.

In Oklahoma, the SMP is located in the offices of the Oklahoma Insurance Department. The SMP takes complaints about fraud from Medicare beneficiaries and consumers. The program also trains community volunteers to assist their friends and neighbors in identifying fraud as they access the health care system. Contact the SMP in Oklahoma by calling toll-free 1-800-763-2828 or by visiting www.smp.oid.ok.gov.



2. Review

Carefully review your *Medicare Summary Notices* (MSNs) and look for signs of fraud, including claims from providers you do not recognize. Be wary of advertisements or phone calls from companies offering free items or services to people covered by Medicare.

Compare the dates and services in your records with your MSNs to make sure you received each service listed. If you find your claims don't match your records, it is possible you may have been billed for services or items you did not receive. The Oklahoma SMP program is available to help you check your MSNs for errors or suspected fraud.

For additional information, visit MyMedicare.gov or call Medicare toll-free at 1-800-MEDICARE (1-800-633-4227) to review your Medicare claims. TTY users call toll-free 1-877-486-2048. You can also call the HealthChoice medical claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218 to obtain more information about a claim. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

3. Report

If you believe the information on your MSN is incorrect, you should first call your provider or make a personal visit to their office to discuss the claim. Your provider's office may be able to give you information that helps you understand, or they may discover a billing error that can be corrected. If the provider's office does not resolve the matter and you still believe that an error has been made, you can report suspected Medicare fraud by calling Medicare. When using the automated phone system, have your Medicare card with you and clearly speak or enter your Medicare number and letter(s). The Oklahoma SMP can also assist you in making a report to Medicare. You can also report suspected fraud to HealthChoice by calling our toll-free fraud hotline at 1-866-381-3815. TDD users call toll-free 1-866-447-0436.

4. Remember

- It is important to protect your Medicare number. Do not give it out to anyone, except to your doctor or other health care provider.
- Never give out your Medicare number in exchange for a special offer.
- Medicare already has your personal Medicare number on file. Medicare will never contact you and ask for personal information, like your Medicare or bank account numbers.
- Never let someone use your Medicare card, and never use another person's card.

To learn more about recognizing and reporting fraud and protecting yourself and your loved ones, visit www.stopmedicarefraud.gov. You may also consider volunteering with the SMP program in an effort to help beneficiaries and their caregivers. Volunteering provides you an excellent opportunity to enhance your knowledge and serve your community.

(Source: Medicare.gov)

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