



In This Issue

OhioHealthy News **p. 2**

- New Health Savings Account (HSA)
- New Debit Card for Health Reimbursement Accounts (HRA)

Provider Resources **p. 4**

- Tips for Accurate and Efficient Claims Processing — HSA and HRA

Pharmacy **p. 6**

- Formulary Changes for 2017

Reminders **p. 6**

- Keep Your Practice Information Up-to-Date



OhioHealthy News

New Health Savings Account

Effective January 1, 2017, OhioHealth will have a new OhioHealthy Health Savings Account (HSA) Plan for most of its associates that combines a medical plan with a HSA. The HSA works differently than the OhioHealthy Health Reimbursement Account (HRA) that is currently in place, and offers special advantages for the member.

HSA Plan Highlights

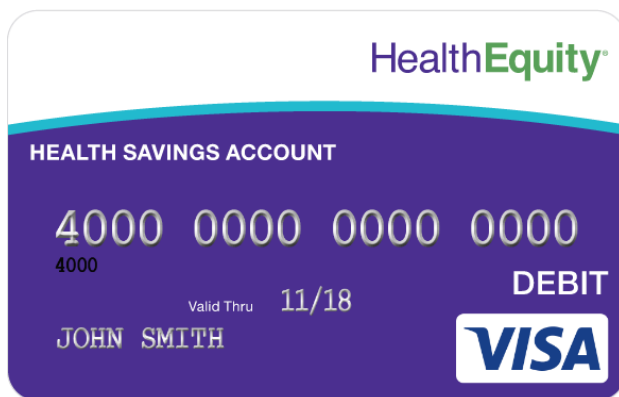
- There is a plan Deductible. Patients can use their HSA funds to pay out-of-pocket expenses or any other qualified medical expenses in their plan.
- If your patient does not have sufficient HSA funds or chooses to save those funds, they can pay out-of-pocket to meet the plan Deductible or coinsurance.
- HealthEquity Visa™ debit card is issued to access HSA funds for out-of-pocket expenses.
- In-network preventive care is not subject to the plan Deductible, and it is important to accurately code all preventive care services so patients receive their maximum plan benefit.
- The OhioHealthy Medical Plan has an in-network out-of-pocket maximum (OOPM) for medical and prescription drug expenses in a plan year. If the member reaches the plan's OOPM, they are not responsible to pay for any eligible, in-network healthcare or prescription expenses for the rest of the plan year. OhioHealthy will pay 100% of the remaining cost.



OhioHealthy News

New Debit Card for Health Reimbursement Accounts

The HRA will still be available to current associates that have chosen to stay with that plan in 2017. This means you may have some OhioHealthy patients with an HRA plan and others with a HSA plan. With both the HRA and HSA plan, associates will receive a new member ID card as well as a debit card. Member ID card images can be seen on P.4 and P.5.



**HealthEquity® Visa™ debit card
for Health Savings Account (HSA)**

**Choice Strategies™ Master-
Card® debit card for Health
Reimbursement Account (HRA)**



Provider Resources

Accurate and Efficient Claims-Processing Tips — HSA

Please review these tips for claims processing, billing, and collection in order to ensure that you receive timely and accurate payment for the services you provide:

- Obtain a copy of your patient’s member ID card. Eligibility can be verified online by visiting the Provider Connection section at <http://providers.optimahealth.com/ohio> or calling 1-844-853-4060 during business hours.
- Optima Health will pay you directly for eligible services reimbursed under the plan, and you will receive a claim remittance stating any amount owed by the patient. The patient receives an Explanation of Benefits (EOB) stating their payment responsibility.
- When you submit the claim to Optima Health, we will adjudicate it and determine if the Deductible has been met.
- Your patient’s financial responsibility may be reimbursable with their HSA. Since the amount is determined after the medical claim is processed, you can avoid incorrect billing and related administrative issues by billing your patient after you receive a claim remittance from Optima Health.

OhioHealth		Primary Network:
OHIOHEALTHY MEDICAL PLAN		HealthReach Preferred
OhioHealth Corporation		Health Savings Account
Member Name: John Doe		
Member Number: S011111*01	PCP: \$0.00	
Group Number: S6001	SPC: \$0.00	
RX PROCESSOR CONTROL#: OHPCOMM	RX BIN#: 610011	
Covered Dependent Number(s) and Name(s)		
02 Spouse	06 Dependent	
03 Dependent	07 Dependent	
04 Dependent	08 Dependent	
05 Dependent	09 Dependent	
<small>Detailed benefit information is available at optimahealth.com/ohiohealthy</small>		

Preauthorization may be required for: hospitalization, outpatient surgery, home health, skilled nursing, or acute rehabilitation.		
FOR PHARMACIST USE ONLY:		
OptumRx Pharmacist Help Desk:	1-866-244-9113	
Member Services:	1-844-200-OHMY (1-844-200-6449)	
After Hours Nurse Advice:	1-844-834-4375	
Medical/Pharmacy Pre Authorization:	1-800-229-5522	
Behavioral Health Pre Authorization:	1-800-648-8420	
PHCS National Provider Network:	1-888-817-7427	
Provider Relations:	1-844-853-4060	
HealthEquity:	1-844-311-9730	
Please submit claims to:		
CLAIMS		
P.O. Box 5806		
Troy, MI 48007-5806		
<small>A plan Administered by Sentara Health Plans of Ohio, Inc.</small>		

Provider Resources



Accurate and Efficient Claims-Processing Tips — HRA


Please review these tips for claims processing, billing and collection in order to ensure that you receive appropriate and timely payment for the services you provide:

- Obtain a copy of your patient's member ID card. Eligibility can be verified online by visiting the Provider Connection section at <http://providers.optimahealth.com/ohio> or calling 1-844-853-4060 during business hours.
- Your patient's financial responsibility may be reimbursable with their HRA. Since the amount is determined after the medical claim is processed, you can avoid incorrect billing and related administrative issues by billing your patient after you receive a claim remittance from Optima Health.
- Optima Health will pay you directly for eligible services reimbursed under the plan, and you will receive a claim remittance stating any amount owed by the patient.

Note: Should a member have remaining HRA eligible funds in 2016 and claims incurred but adjudicated in 2017, Choice Strategies will pay providers directly for any eligible dollars in the HRA. Optima Health will no longer report HRA payments on the remittance advice as of January 1, 2017. After your practice receives the Optima Health claim remittance and HRA payment, any remaining patient balance can be billed directly to your patient.

Note: Marion General Bargaining Unit Associates will not have a debit card, and any HRA funds will be paid for by Choice Strategies. Marion General Bargaining Unit members are identified by the group number S6500 on their ID card.

		Primary Network: 	
OHIOHEALTHY MEDICAL PLAN		Health Reimbursement Account	
OhioHealth Corporation			
Member Name: John Doe			
Member Number: S011111*01		PCP: \$0.00	
Group Number: S6000		SPC: \$0.00	
RX PROCESSOR CONTROL#: OHPCOMM		RX BIN#: 610011	
Covered Dependent Number(s) and Name(s)			
02	Spouse	06	Dependent
03	Dependent	07	Dependent
04	Dependent	08	Dependent
05	Dependent	09	Dependent
Detailed benefit information is available at optimahealth.com/ohiohealthy			

Preauthorization may be required for: hospitalization, outpatient surgery, home health, skilled nursing, or acute rehabilitation.			
FOR PHARMACIST USE ONLY:			
OptumRx Pharmacist Help Desk:		1-866-244-9113	
Member Services:		1-844-200-OHHY (1-844-200-6449)	
After Hours Nurse Advice:		1-844-834-4375	
Medical/Pharmacy Pre Authorization:		1-800-229-5522	
Behavioral Health Pre Authorization:		1-800-648-8420	
PHCS National Provider Network:		1-888-817-7427	
Provider Relations:		1-844-853-4060	
Choice Strategies:		1-888-278-2555	
Please submit claims to:			
CLAIMS		 	
P.O. Box 5806			
Troy, MI 48007-5806			
A plan Administered by Sentara Health Plans of Ohio, Inc.			

Pharmacy Formulary Changes for 2017

Effective January 1, 2017, all OhioHealthy associates will move to a standard formulary. The standard formulary will be available online at <http://providers.optimahealth.com/ohio>. Optima Health mailed a letter to associates impacted by this change. The letter identified the medication that the associate is currently taking and alternatives to that particular prescription. You may receive calls from your patients requesting a change in medication due to this change.

There is a Pharmacy/Medical drug necessity request form that the prescribing physician can complete if the formulary drug is determined to be inappropriate or if a member has experienced an adverse reaction. The form is available here: <http://providers.optimahealth.com/ohio/Pages/drug-authorization-forms.aspx>.

Keep Your Practice Information Up-to-Date

Please notify OhioHealth Group of any changes to provider or practice information as soon as possible, especially changes to:

- Tax identification number
- New practitioners
- Physical address/phone number
- Billing information

Please complete the form located on OhioHealth Group's website:

www.ohiohealthgroup.com/uploads/OHG%20Provider%20Address%20Change%20Form%20Revised%202.15.16.pdf

Thank you for your partnership in providing accurate information to our members!