

## **General**

### ***What is the difference between a Primary Care Provider (PCP) and a specialist?***

PCP - a Physician or group of Physicians, trained in family practice, general practice, geriatrics, internal medicine, pediatrics, psychiatry, psychology, neonatology, obstetrics, gynecology, or advanced practice nurses, licensed independent social workers, licensed professional clinical counselors and licensed marriage-family therapists

Specialist - a Physician or group of Physicians, in other than family practice, general practice, geriatrics, internal medicine, pediatrics, psychiatry, psychology, neonatology, obstetrics, gynecology, or advanced practice nurses, licensed independent social workers, licensed professional clinical counselors and licensed marriage-family therapists.

### ***I had a preventive service performed, however, the claim was not paid at 100% and my provider billed me?***

Please access the preventive service page link on our website for a detailed listing of covered preventive services. Please keep in mind that these services must be billed with a routine diagnosis code in order to receive 100% coverage at no cost to you. If your provider bills one of these services with a medical diagnosis, these services are covered but subject to your deductible and coinsurance. Please contact your plan administrator if you have any further questions regarding your particular claim.

## **Humana**

### ***Will I able to receive an incentive for completion of the Humana phone Health Assessment in 2013?***

No - you will need to complete a Health Assessment online at [www.humana.com/opers](http://www.humana.com/opers).

### ***Does the Humana Plan have lower copays for PCMH providers or if you have a chronic condition?***

No. The Centers for Medicare & Medicaid Services (CMS) have stringent guidelines that define coverage rules for Medicare Advantage Plans. For this reason, we are unable to have lower copays for PCMH providers or for those with a chronic condition.

### ***What is required to join a Silver Sneakers fitness center?***

First, please access silversneakers.org to find a list of participating fitness centers in your area. Upon your first visit, please give your Humana ID card to the front desk staff and they will have you fill out some paperwork to enroll in the Silver Sneakers program. This will allow you to have a basic fitness center membership at \$0 cost while having access to available Silver Sneakers classes and educational opportunities.

### ***Can I have free fitness center memberships at multiple Silver Sneakers fitness centers?***

Yes. Just present your Humana ID card at each fitness center.

***Does Humana offer any discounts for weight loss programs?***

Yes. Humana offers discounts to the Nutrisystem weight loss program. This discount could result in up to a \$45 reduction in your cost for the program. Please visit [www.nutrisystem.com/humana](http://www.nutrisystem.com/humana) or call 1-866-942-6874 for more information.

**Medical Mutual**

***Why is OPERS discontinuing the Disease Management program for pain management and depression?***

Effective January 1, 2013, OPERS has decided instructed Medical Mutual not to allow disease management program self-referrals for depression and pain due to the low volume of self-referrals and unsatisfactory results. However, if you are in a management program for CHF, COPD, Diabetes, Asthma, CAD and also have depression or pain, those will be addressed during your program.

***Will I have an RMA deposit because of my health care plan selection?***

Effective 1/1/2013, The OPERS Retiree Health Care Plan has one plan level. The Intermediate and Basic Plan is no longer offered. Therefore, you cannot receive money into your RMA because of your health care plan selection. If you were enrolled in the Intermediate or Basic Plans in 2012, your RMA balance will remain until you have filed enough claims to exhaust your account. Also, you can still participate in qualifying wellness activities (online Health Risk Assessment, routine physical, wellness program) to receive a maximum of \$100 per year.

***Does Medical Mutual offer discounts to any fitness centers?***

Yes, however it is a discount and not a free membership. Please contact Medical Mutual at 1-877-520-6728 for more information, including a list of participating fitness centers.

**Value Based Plan Design**

***What is Value Based coverage?***

Value-based coverage is designed to support participants' efforts to improve their health and quality of life and help OPERS in preserving the health care fund. OPERS began offering some value-based coverage elements to participants in the Intermediate Plan in 2012 and is expanding the program to include all non-Medicare participants in 2013.

***What is a Patient Centered Medical Home (PCMH)?***

Effective January 1, 2013, the OPERS Retiree Health Plan now offers lower office visit copays for care received from a provider who has achieved recognition as a Patient Centered Medical Home (PCMH) from the National Committee for Quality Assurance (NCQA). A Patient Centered Medical Home is a model of care that allows a team of health professionals to work together to provide comprehensive

and coordinated care covering all of your wellness and illness needs. PCMH models coordinate care among primary care physicians, specialists, hospitals, home health care and even community services and other resources.

***How do I find Patient Centered Medical Home (PCMH) in my area?***

There are 110 PCMH providers in Ohio. Please ask your current doctor if he or she is considered a PCMH provider. You can also contact Medical Mutual to find a PCMH nearest to you. Another way is to access the Ohio Dept. of health's website at <http://www.odh.ohio.gov/landing/medicalhomes/pcmh.aspx> and access the map link at the top.

***I don't want to switch from my doctor or I don't have a PCMH close to me. Can I also receive a lower copay in 2013?***

The PCMH copay will be \$10. Our standard primary care physician (PCP) copay will be \$20 or \$10 if you have any of 8 chronic conditions. Our standard specialist copay will be \$35 or \$20 if you have any of 7 chronic conditions.

***What are the chronic conditions that qualify for a lower copay through Medical Mutual?***

High blood pressure, high cholesterol, asthma, congestive heart failure, coronary artery disease, diabetes, depression and coronary artery disease

***How do I get enrolled in Chronic Disease Self-Management, End-of-life planning education or Medical Nutritional Counseling?***

Contact Medical Mutual at 1-877-520-6728.

