

OPTIMED'S PATIENT ADVOCACY PROGRAM AND CUSTOMER SERVICE UNIT:

- Provided in English or Spanish for the member's convenience.
- Single, toll-free call-center number for all customer issues and benefits.
- Assisting members in locating and contacting new providers.
- Explanation of benefits, coverage, claims payment and claim history.
- Verification of coverage to providers.
- Addressing the provider's expectations.
- Facilitating negotiations with hospitals and providers to obtain potential savings.
- Large claims negotiation assistance.

PPO PROVIDER RELATIONS DEPARTMENT

OptiMed will help answer the following questions:

- Is the provider accepting new patients?
- Is the office closed on specific days?
- What are the office hours?
- Does the provider offer bilingual staff assistance?
- Does the provider offer senior services?

HIGH DOLLAR CLAIMS NEGOTIATION

Should a member find they cannot afford a large medical bill, they may contact OptiMed customer service and request assistance. The member will be put in touch with an OptiMed claims negotiator who will gather the appropriate information from the member, including provider contact information. Once the OptiMed claims negotiator is familiar with the case they will call the provider and attempt to negotiate additional savings on behalf of the member or work to connect the member with any charity/assistance programs the provider may offer to members in financial distress.



HOW CAN I LOCATE A NETWORK PROVIDER?

Step 1:	<i>Contact OptiMed Customer Service (800-482-8770).</i>
Step 2:	<i>Member identifies their name, group and the type of doctor or facility they desire. OptiMed customer service will verify the member's status, coverage and specific PPO network.</i>
Step 3:	<i>OptiMed customer service will search for providers. If requested, OptiMed will contact providers specific to the member's zip code and verify that the physician/facility understands they are part of the PPO network and that they will accept the member's coverage.</i>
Step 4:	<i>Member will make appointment and visit one of the providers within the PPO network.</i>
Step 5:	<i>Provider will submit a bill directly to OptiMed. OptiMed will assign the appropriate PPO reduction, helping the member save out of pocket expense, and then OptiMed will pay the provider directly. The provider bills the member, if there is an additional portion owed by the member.</i>

Please Note: The member may log online and search for providers 24/7.

CUSTOMER SERVICE

OptiMed customer service is standing by to assist members with an explanation of benefits and coverage. The member is walked through their benefit program, how it works and how to best maximize their benefit dollars. In addition, OptiMed customer service is also available to explain claim payment and claim history.

OPTIMED FEELS COMMUNICATION IS KEY

Effective communication is key in the successful rollout and implementation of any limited benefit plan. The purpose of offering a benefit program is to provide your employees a valuable benefit which will in return help boost retention rates. OptiMed feels we can bring our unique energy, superior service, attention to detail and experience at performing large scale enrollments to the table to best suit your needs.

(Note: This is not an insurance benefit)

OPTIMED OFFERS A FULL SUITE OF OPTIONS FOR CLIENTS TO CONSIDER

ENROLLMENT SUPPORT OPTIONS

- Customizable bilingual communication template pieces: letters, payroll stuffers, posters, enrollment kits.
- Telephonic both inbound and outbound options by trained enrollment specialists.
- Full online functionality in both HR and member online tools:
 - HR Tools:** full suite of online HR tools permitting terms and adds, report generation, eligibility and bill review.
 - Member Tools:** Member online suite permits enrollment, plan design review, ID card request and printing of temporary ID cards, EOB and claims history review.
- Train-the-Trainers Support: Includes outbound telephonic management training sessions.

TELEPHONIC COMMUNICATION SUPPORT

- Toll-free number, bilingual benefits call center, customer services staffed by trained claim examiners.
- Benefit explanations available before and after enrollment.
- Benefit verification In-Bound and out-bound provider relations including: Access & benefit verification.
- Patient advocacy.
- Disease management & maternity care assistance programs staffed by registered nurses.
- Catastrophic Care Assistance Program: Helping members connect with local and federal aid agencies for outside assistance for catastrophic conditions should the member qualify.
- 24 Hour Nurse Line.

SIMPLE AND EASY PLAN ADMINISTRATION

OptiMed’s integrated seamless and simple approach to the administration process frees employers from major headaches associated with health plan administration.

- One dedicated account executive available by phone and email.
- One dedicated billing contact available by phone and email.
- “Train-the-Trainer” support for the employer’s managers & HR.
- Single source administration allows rapid support and issue resolution.
- Online HR administration tools and options allow immediate administration including adds/terms, report generation and a host of additional tools.
- Online member tools allow plan design information review, provider searches, EOB & claim history review, ability to print temporary ID cards, online enrollment options and email support.
- Free dedicated website for each client, upon request.
- Automated data/file exchange options.
- Point-to-Point online billing and email billing options.
- Simple list billing or direct member billing options
- High level direct access to Claims Manager, Manager of Administration and Chief Financial Officer via telephone and email should the client have the need.
- Free COBRA administration.



(Note: This is not an insurance benefit)