

Member Newsletter

Winter 2017



Tell Us How We're Doing

Providing the best possible service to help you get the healthcare you need is a top priority for us. To help us keep track of how we're doing with this, we survey a random group of our members each year. Surveys like this help us improve your member experience, our provider networks, and quality of care. Your feedback is anonymous, and we only receive overall results.

Survey results help us make thoughtful improvements to the services we offer and how we build our health plans. Based on previous feedback, here are some improvements we made in 2016:

- Enhanced the look and feel of InTouch, our online member site, to be more user friendly
- Simplified plan offerings
- Improved our online provider directory so that you can more easily search for providers participating in your plan's network

So, what's the survey?

The **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey** collects information about your experience and satisfaction with the healthcare you've received in the last 12 months. It asks about your experience with PacificSource as well as your personal doctor, specialist, access to care, etc. You'll answer questions such as:

- In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?
- In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other healthcare providers?
- In the last 12 months, how often did your health plan's customer service (PacificSource Customer Service, in this case) treat you with courtesy and respect?

The CAHPS survey is a standardized and nationally recognized survey. We have partnered with a certified vendor, Morpace, to administer the CAHPS survey from February to May.

If you receive a CAHPS survey in the mail or via email, please complete it so that we know what we can do to serve you better. The survey will either come in a light green or white envelope.

We're Improving Our Newsletter

Good news! We're revamping our newsletter to bring you information in a more reader-friendly format. Here's what you need to know about this update:

- We're not going to spam you. You'll receive the newsletter email four times a year. If you don't want to wait that long for great content, subscribe to our blog at Blog.PacificSource.com.
- The newsletter will focus on content to help you live healthy, understand the ins and outs of healthcare, highlight community stories, and more.
- This new format will make it easier for you to join the conversation and share content with friends and family.
- When we have information to share with you about your health insurance plan, regulations, or coverage, we'll send you that information separate from the newsletter. We don't want you to miss the important stuff.

We're looking forward to improving the way we provide thoughtful, inspiring content to help you live well.



How and Why to Review the Outcome of Your Claims

When your doctor submits a claim on your behalf, it's pretty convenient for you because usually you don't need to do anything. A claim is the information your provider sends us so that we can pay your doctor based on the services you received and your health insurance benefits. We always strive to handle your claims quickly and correctly.

Why You Should Review an Explanation of Benefits

Once a claim has been processed, you can review the outcome using your explanation of benefits (EOB) statement. Since you know best what services you had, reviewing this information is important.

Your explanation of benefits statement will show you how we applied your insurance benefits to a claim. Reviewing this statement gives you the opportunity to make sure that everything was processed and paid correctly.

Review a Claim Using Your Explanation of Benefits

InTouch is our secure website for our members to view their health insurance plan information. Among the valuable information you'll find in InTouch, you'll also find information about all of the claims processed for your plan. This information is included in your explanation of benefits statements.

Here's how to review an explanation of benefits:

1. Sign up for or sign into InTouch at [InTouch.PacificSource.com/members](https://PacificSource.com/members).
2. Once you've signed up, the top menu, go to "Records" and click "Explanation of Benefits."
3. Choose a statement from the list, and click on it to review a summary and claims information. You may also download a PDF of your explanation of benefits.

When you select a particular statement, you get information such as:

- How much your provider billed PacificSource for the services you received, and when
- How much your PacificSource insurance plan paid for that service, and when
- How much you are responsible for paying your provider; this is broken out by co-pays, deductibles, and co-insurance

Questions about Claims

If you review an explanation of benefits statement and something doesn't look quite right, let us know! Contact our Customer Service team, and we'll investigate promptly. If any action is needed at that point, we can walk you through it. We'll do our best to make it as easy as possible.

How to File a Claim

The good news is you won't likely need to file a claim as long as you see doctors and other providers who are in your plan's network and you have a current PacificSource member ID card at the time of your appointment or service.

However, if at some point you do need to file your own claim, here's how to do that:

1. Gather the necessary information and documentation. This includes a copy of your provider's itemized bill. An itemized bill lists all services and their costs. It should include your name, your PacificSource member ID number or social security number, and the patient's name. You may need to write this information on the bill if it isn't already listed.
 - If you were treated for an accidental injury, you'll also need to include the date, time, place, and circumstances of the accident.
2. Send us your claim. No need to fill out a form. Once you have the information and documentation, send it to:
PacificSource Health Plans
Attn: Claims
PO Box 7068
Springfield, OR 97475-0068

When it comes to filing a claim, send us the information as soon as you can. How long you have to submit a claim will depend on your plan. You can find this information in your member handbook or policy.

You're also welcome to contact our Customer Service Department toll-free at (888) 977-9299. We'll be happy to answer questions you have about submitting your claim.



Five Tips to Help You Set and Achieve Health Goals

If you've ever been ready to make a change to improve your health, but you weren't sure where to start, you're not alone. Here are a few things to consider to help you set and achieve your health goals:

- **Check in with your doctor.** Your primary care doctor can help you figure out which health goals may be best for you to start with and ensure your goals are healthy and realistic.
- **Think SMART.** SMART goals are specific, measurable, attainable, realistic, and timely. You can get more information about setting SMART goals at PacificSource.com/HealthGoals/SMART.pdf.
- **Start small.** Think about your goal, and pick one small thing—one behavior change—that will help you succeed with that goal. Practice that activity or behavior change for a week or two, or as long as it takes to become a comfortable part of your routine.
- **Be realistic.** Choose behavior changes that align with



things you like. If running isn't your idea of fun, then getting yourself to run several times a week may not be a good choice for you. Being realistic about what you will and will not do will improve the likelihood that you'll stick with it.

- **Track your progress.** This can be simple or detailed—whatever works for you, as long as you can gauge your progress. Be honest. Tracking setbacks can help you identify things you can do to achieve your goals.

For more tips to help you set and achieve your health goals, visit PacificSource.com/HealthGoals.

Healthcare Information Forms Coming Your Way

You may soon receive one or more IRS forms providing you with information about the health insurance coverage you had or were offered in 2016. These forms provide information to help you complete your Federal tax return:

- **Form 1095-A:** The Health Insurance Marketplace (also known as the healthcare exchange) sends this form to individuals who enrolled through the Marketplace. The form includes information about the coverage, who was covered, and when.
- **Form 1095-B:** Health insurance companies send this form to their subscribers. If you're a PacificSource subscriber (not a dependent) on your plan, you should get this form from us in the mail around the last week of January.
- **Form 1095-C:** If you have health insurance through your employer, and your employer has more than 50 full-time employees in the prior

calendar year, you will also receive a Form 1095-C from your employer.

Watch your mail for your form(s). The IRS extended the deadline for employers and health insurers to send the 1095-B and 1095-C forms to individuals. This means you might not get all your forms until as late as March 2, 2017.

Verify your information. No matter which 1095 forms you receive, please verify the information on the forms as soon as you get them. If any information is incorrect, you'll need to correct the information right away. Here's who to contact if you need to make corrections or if you have questions:

- **Form 1095-A:** Contact the Marketplace directly. You can call toll-free (800) 318-2596 or visit Healthcare.gov for more information.
- **Form 1095-B:** Contact PacificSource Membership Department at (866)

999-5583. This number will also be on your form. Call us right away so we can generate and send you a corrected form.

- **Form 1095-C:** Contact your Employer's Human Resources department.

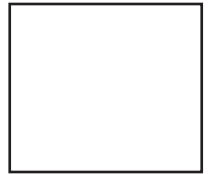
File your taxes. You might not need to wait to receive all your 1095 forms to file your tax return. You also don't need to send the forms to the IRS. Simply save them for your records. This year, the deadline for individuals to file their 2016 tax return is April 18, 2017.

For more information, including frequently asked questions, visit the IRS website at: IRS.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals.

If you have tax-related questions, please talk with a tax advisor or IRS representative.



PO Box 7068 • Springfield OR 97475-0068



Have you moved?

To update your address, talk to your employer, or visit **PacificSource.com**, and log into InTouch.

Feel free to contact us toll-free:

Idaho: (800) 688-5008
Montana: (877) 590-1596
Oregon: (888) 977-9299

Email: cs@pacificsource.com

What's Inside

- CAHPS Survey: Tell Us How We're Doing
- We're Improving Our Newsletter
- How and Why to Review the Outcome of Your Claims
- Five Tips to Help You Set and Achieve Health Goals
- Healthcare Information Forms Coming Your Way

Find Us Online

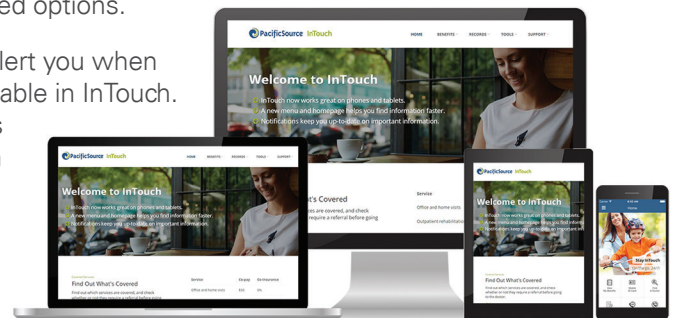


Go Paper-free: Sign Up for InTouch

Help us reduce our reliance on paper resources by going paper-free. In doing so, you'll get email notifications about things like billing notices and your explanation of benefits (EOB). Here's how:

1. Sign up for or sign into InTouch at InTouch.PacificSource.com/members.
2. Select "Profile" at top of the page.
3. Select "Communication Preferences."
4. Choose your preferred options.

The email notices will alert you when new information is available in InTouch. Note: All covered adults in your household, such as your spouse, would also need to update their communication preferences to go paper-free.



This newsletter is provided for general information only and is not to be used to determine benefits. Your benefits are determined only by your policy. Please refer to your plan materials or our Customer Service Department for specific benefit information.