

## COMPANY PROFILE, MAY 2021

Community Health Options (“Health Options”), a nonprofit Consumer Operated and Oriented Plan, was founded in 2011. Its mission: To partner locally with Members, businesses, and health professionals to provide affordable, high-quality benefits that promote health and wellbeing.

### How It Started

The founders built the organization from the ground up. They assembled a dedicated staff in Lewiston, Maine, obtained state licensure and NCQA accreditation, established a robust network of providers throughout the state and broader area, and developed operational capabilities. The company began offering coverage both on and off the Marketplace effective January 1, 2014, after which a Member-led Board of Directors was established.

### Operational Success

Health Options has consistently valued Member-centered care, quality, and service. We have been driven by purpose and created to serve Members, not profit off of them. Over time, the organization has enhanced its core processes, including implementing a best-in-class claims adjudication platform, developing an expert in-house Medical Management Team to include Care Management, and strengthening our Maine-based Member Services Team. Today, Health Options is proud to partner with 48,000 healthcare providers in New England, including 100% of hospitals in Maine\* and most in New Hampshire. Our network also includes the finest centers of excellence in Massachusetts and a supplemental, wrap-around national network for group Members. We continue to be one of the largest carriers in the individual market and partner with 1,300 groups, a number that continues to grow. Our financial position is strong, as we hold \$140.2 million in capital and surplus as of February 2021 and have paid over \$2.17 billion in claims through March 2021.

### Responding to COVID-19

Providing Members with enhanced access to healthcare took on even greater prominence during the COVID emergency. Accommodations made to date include removing financial barriers to testing, vaccination and treatment, extending premium payment terms, and expanding offerings.

### What Comes Next

Health Options continues to focus on both strengthening and broadening our Member base. We recently decreased small group rates by 4.0% over previously filed rates and introduced 12 new large group plans for July 1, 2021. New health plan solutions in our self-funding PioneerASO portfolio will be announced in the very near future. Enhancement in our telehealth program through Amwell® is scheduled this summer to include urgent care.

#### Key Metrics Q1 2021

**\$2.17 B**

Payments to Providers

**\$140.2 M**

Capital & Surplus

**24,000+**

Members

**91%**

Group Retention

\*With the exception of Togus VA Medical Center

## Key Differentiator: A Genuine Commitment to Members

### MEMBER SERVICES TEAM

Supporting Members is one of Health Options' highest priorities. The Member Services team is committed to following through on promises, including ensuring callbacks are made when indicated, and guaranteeing that Members never have homework. If a matter requires additional follow-up, our Member Services Team supports the Member in finding the answers. Additionally, specialized Claims Associates address callers' claims-related concerns, and all callers are invited to take a brief post-call survey, which consistently yields a satisfaction rate of 99%. The team serves all callers with the highest level of quality, including Members, prospective Members, providers, and brokers. Recent comments from Members about their experiences include:

A provider who is also a Member of Community Health Options stated, "Every time I reach out to Member Services everyone is so dedicated, extremely educated, professional and efficient with their time. I love being a member and feel honored to also be a provider."

A Member stated, "Whenever I call in, I feel confident that Member Services will answer all my questions in a friendly and timely manner."

### MEDICAL MANAGEMENT

Our collaborative approach helps distinguish Health Options as a caring health plan provider focused on positive health outcomes, which ultimately impact the total cost of care. The Care Management Team, which is an important part of Medical Management, partners with a range of local agencies to provide one-touch resolution when assisting Members with financial, transportation, housing and other issues affecting their wellbeing. Additionally, on-staff medical and healthcare experts help Members with barriers to care including medication, durable medical equipment, authorization support, provider outreach, and formulary education. The team makes outbound calls to those with complex needs to assist with chronic illnesses and to provide support post-discharge from the hospital. Some recent feedback from a Member highlights Health Options' commitment to Members:

**The Member stated, "I recently had knee replacement surgery and was very pleased with the coverage, and was thankful for the additional outreach to ensure it was a smooth process."**

Medical Management also includes a comprehensive Pharmacy Team with two in-house pharmacists. Their priority is to keep Members updated about drug recalls, changes in medication availability, and to suggest ways to access prescription medications at a lower cost. The team provides outreach to Members with chronic conditions, including asthma and diabetes, to offer education and assistance with the cost of medications.

## Philanthropic Work

Last year, Health Options kicked off a Community Benefit Expenditure (CBE) to award grants that support community-based health and wellness programs in our service area. In 2020, we awarded \$115,000 across 16 different community-based organizations (CBOs) that were impacted by the COVID-19 pandemic. We have just completed our 2021 spring cycle of giving, which was focused on CBOs that promote community health, with preference given to those helping to treat and manage chronic illnesses. We received 33 applications and awarded \$50,000 in grants to 8 recipients. We will have a second cycle of giving during the fall of 2021.

### ADDITIONAL ACHIEVEMENTS

Our Script Saver program, led by in-house pharmacists, provided personal outreach to Members, leading to out-of-pocket savings of \$98,000 on medications in 2020, with 2021 on track for even more.

The Care Management Team continues to add to savings, totaling \$12 million since 2017 with programs that improve health outcomes and reduce the total cost of care.