

ONLINE ACCOUNT USER GUIDE

With the Martin's Point US Family Health Plan Member Online Account, users can:

- ▶ **Register for an Account:** US Family Health Plan members ages 18 and above can register.
- ▶ **Send Secure Requests:** Request new ID cards, PCP changes, or personal updates, and send secure messages to Member Services.
- ▶ **Access Claims:** Check claim or authorization status, view some plan details, and order new ID cards.

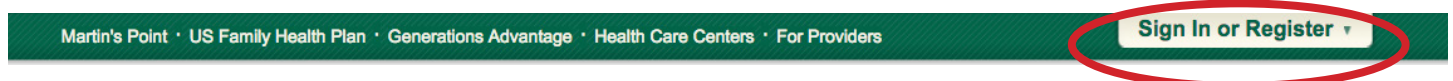
The following guide explains how to register for and use this time-saving tool.

For help with registering for or using a US Family Health Plan Online Account, please call Member Services at 1-888-674-8734 (TTY: 711), 8 am to 5 pm Monday–Friday.

Registration and Sign-In

To access your US Family Health Plan Online Account, go to MartinsPoint.org/Tricare.

Click on the *Sign In or Register* button on the top of the page (in the green bar).



If you already have login information, log in. If you do not, you will need to register:

Register or Sign-In for online account access, including updating password and security settings, requesting health plan communications via email or online, accessing the member Claims Center, and accessing Generations Advantage electronic Medication EOBs.

NOTE: Patients of Martin's Point Health Care Centers, please use your patient portal:
[MyMartinsPoint®](#)

First Time Logging In?
If you are a member of the US Family Health Plan or Generations Advantage plan, or a network provider, you can [register here](#).

REGISTER

Username:

☐ Remember Username

Password:

[Forgot your password?](#)

SIGN IN

To register for an Online Account:

- ▶ Select *Member* as the account type and complete the required fields on the following pages.
- ▶ Required fields are marked with an asterisk.
- ▶ If you have any questions during the registration process, please call Member Services.

Register

Welcome! If you have any questions or need help during the registration process, please don't hesitate to call us. Generations Advantage Members please call 1-866-544-7504 - USFHP Members please call 1-888-674-8734 - Health Care Providers please call 1-888-732-7364

Start

Account Type

- * ☒ Member
☐ Provider
☐ Group Practice or Facility
☐ Employer

* Indicates a required field

Next

Personal Information

First Name *

Middle Name

Last Name *

Full Name

Member ID *


Date of Birth * mm/dd/yyyy

Last 4 numbers of your Social Security Number *

Mailing Address *

Mailing Address cont.

City *

State * 

ZIP *

Phone Number * ex. 207-123-4567

Email Address * ex. user@company.com

Confirm Email Address *

Back

Next

On the next page, you will be asked to create a username and password and set up security questions.

Once you complete all the registration steps, you can use the secure features by logging in at the top of the screen.

Register or Sign-In for online account access, including updating password and security settings, requesting health plan communications via email or online, accessing the member Claims Center, and accessing Generations Advantage electronic Medication EOBs.

NOTE: Patients of Martin's Point Health Care Centers, please use your patient portal:
MyMartinsPoint®

First Time Logging In?
If you are a member of the US Family Health Plan or Generations Advantage plan, or a network provider, you can register here.

REGISTER

Username:

☐ Remember Username

Password:

[Forgot your password?](#)

SIGN IN

Secure Requests

Requests are monitored by Member Services daily.

To access the Secure Request tool:

- ▶ Select *Member Toolkit*.
- ▶ Then select *Login to Secure Requests*.

[Benefits](#) [Enroll](#) [Prescriptions & Pharmacies](#) [Providers & Specialists](#) [Member Toolkit](#) [Health & Wellness](#) [About](#)

Tools

[Find a Provider](#)

[Access the Claims Center](#)

[Login to Secure Requests](#)

Once you are logged in, you will have the following options:

Home

Secure Requests

ID Card Request

PCP Request

Personal Update

Secure Message

Secure Requests


Take advantage of the services listed to the left by logging in to Secure Requests.

To sign in or register to use Secure Requests, click on the "**Sign in or Register**" button to the right. Then select one of the services to the left.

New Secure Messages

No emails found

Secure Requests




ID Card Request:

- ▶ Select *ID Card Request*.
- ▶ Fill in the *Replacement Request* and *Contact Phone* fields.
- ▶ Click *Send*.

[Home](#)

Secure Requests

[▶ ID Card Request](#) 

[PCP Request](#)

[Personal Update](#)

[Secure Message](#)

Request a Replacement ID Card

Please explain briefly why you need a new ID card (lost, destroyed, etc.) and click the Send button below.

We will contact you if you have any questions about your request. Otherwise, we will mail your new card within 10 business days.

Replacement Request: *

Contact Phone:

* Indicates a required field

Send

PCP Request:

- ▶ Select *PCP Request*.
- ▶ Fill in the *Replacement Request* and *Contact Phone* fields.
- ▶ Click *Send*.

[Home](#)

Secure Requests

[ID Card Request](#)

[▶ PCP Request](#)

[Personal Update](#)

[Secure Message](#)

Primary Care Physician Request

Please select a Primary Care Provider from our online directory.

We will contact you if we have any questions. Otherwise, we will complete your request within one business day.

New Provider:

Aakre, Kimberly MD ▼

Current Provider:

Contact Phone:

Send

* Indicates a required field

Send

Personal Update:

- ▶ Select *Personal Update*.
- ▶ Fill in the fields that you would like to update.
- ▶ Click *Send*.

Home

Secure Requests

ID Card Request

PCP Request

▶ Personal Update

Secure Message

Personal Information Update

Please add or update your information on the form below.

We will contact you if we have any questions. Otherwise we will complete your request within one business day.

First Name:	*	<input type="text"/>	
Last Name	*	<input type="text"/>	
Date of Birth:	*	<input type="text"/>	mm/dd/yyyy
Marital Status	*	Single	<input type="button" value="v"/>
Address Line 1:	*	<input type="text"/>	
Address Line 2:		<input type="text"/>	
City:	*	<input type="text"/>	
State:	*	MAINE	<input type="button" value="v"/>
ZIP:	*	<input type="text"/>	
Home Phone:	*	<input type="text"/>	

Secure Message:

- ▶ Select *Secure Message*.
- ▶ Fill in the *Message* field.
- ▶ Click *Send*.

The screenshot shows a web interface with a sidebar on the left and a main content area on the right. The sidebar has a 'Home' link at the top, followed by a 'Secure Requests' section containing links for 'ID Card Request', 'PCP Request', 'Personal Update', and 'Secure Message'. A red arrow points to the 'Secure Message' link. The main content area has a heading 'Secure Message' and instructions: 'Use this form to send a secure email to Member Services. If you would like to request an ID card, request a new primary care provider, or update personal information, use the tabs above.' Below this, it states: 'Your message will be handled by our Member Services staff as soon as possible. You will hear from us via email or telephone within one business day.' A red-bordered box contains a warning: 'If this is a life-threatening emergency, call 911 or your local emergency service.' Below the warning is a text input field labeled 'Message: *'. Below the field is a note: '* Indicates a required field'. At the bottom of the box is a 'Send' button.

Home

Secure Requests

ID Card Request

PCP Request

Personal Update

▶ Secure Message

Secure Message

Use this form to send a secure email to Member Services. If you would like to request an ID card, request a new primary care provider, or update personal information, use the tabs above.

Your message will be handled by our Member Services staff as soon as possible. You will hear from us via email or telephone within one business day.

If this is a life-threatening emergency, call 911 or your local emergency service.

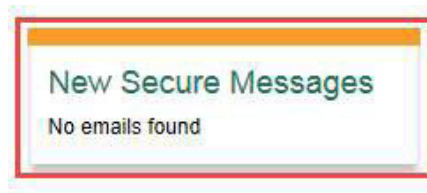
Message: *

* Indicates a required field

Send

Secure Message Inbox:

- ▶ The *New Secure Messages* box will indicate if you have any items in your inbox.



Secure Requests



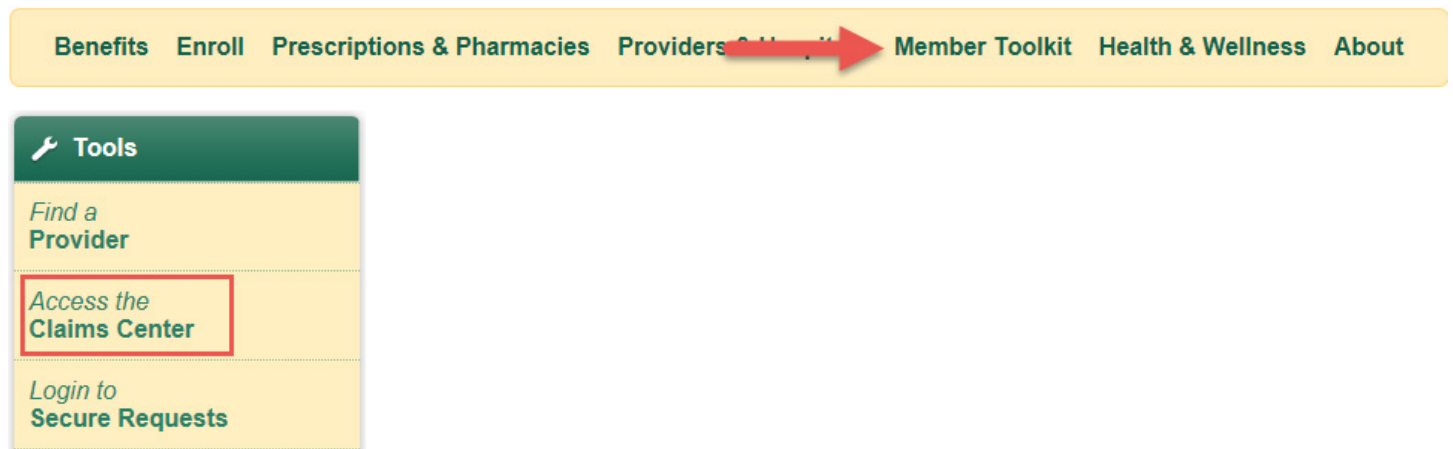
To sign in or register to use Secure Requests.

[Sign In or Register](#)

Claims Center

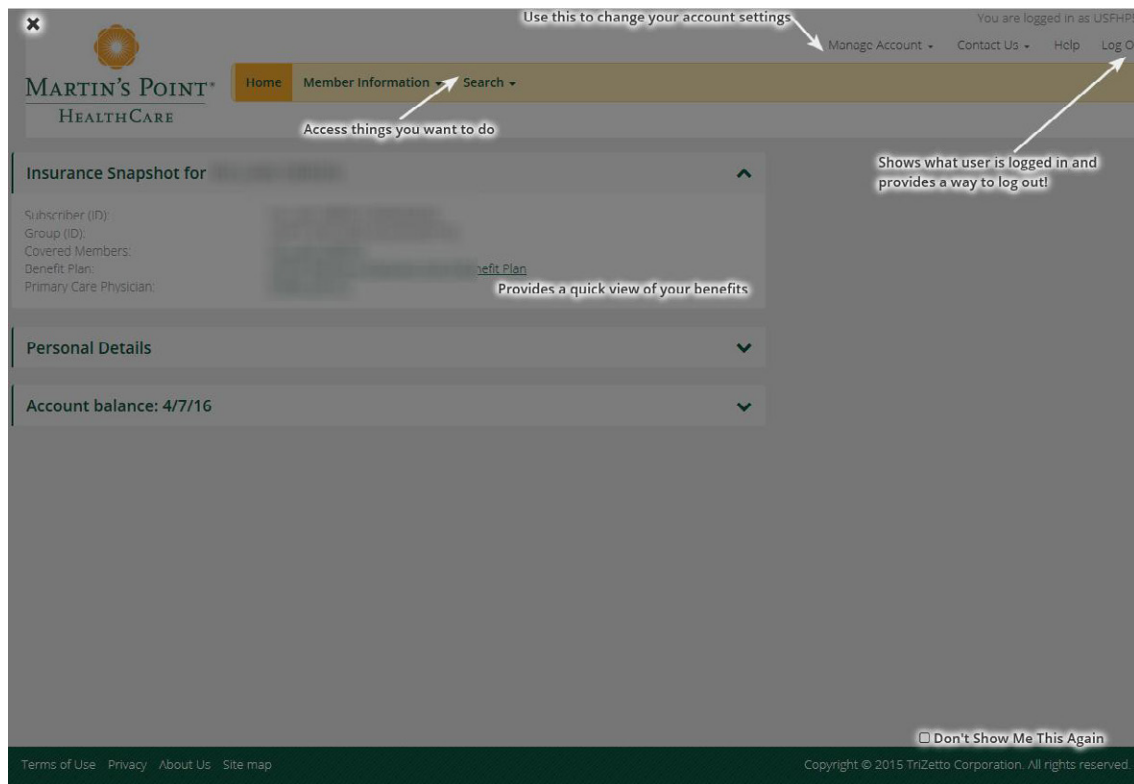
To access the Claims Center tool:

- ▶ Select *Member Toolkit*.
- ▶ Then select *Access the Claims Center*.



Member Home Screen

Your initial screen will have a gray background. This is an overlay screen that shows you quickly how to navigate. In the bottom right corner there is a box to check if you do not want to see this again. To move forward just click anywhere on the screen



From this home screen you will be able to see the details that we currently have on file for you.

- ▶ If you have any changes to this information (such as PCP, your address, or phone), please go to the Secure Requests page or contact Member Services.

MARTIN'S POINT[®]
HEALTHCARE

Home Member Information Search

Insurance Snapshot for [REDACTED]

Subscriber (ID): [REDACTED]
Group (ID): [REDACTED]
Covered Members: [REDACTED]
Benefit Plan: [USFHP Retiree w/Medicare Part B Benefit Plan](#)
Primary Care Physician: [STARK, JOHN C](#)

Personal Details

Name: [REDACTED]
Birth Date: [REDACTED]
Relationship: [REDACTED]
Address: [REDACTED]
County: [REDACTED]
Country: [REDACTED]
Phone: [REDACTED]
Email: none@gmail.com

You will also notice a section called **Account Balance**. *This is not your current balance information.* These are your health plan limits, otherwise known as threshold. If you are looking for your out-of-pocket expenditures information, please contact Member Services.

Account balance: 4/7/16			
Individual		Family	
Deductible	\$0.00	Deductible	\$0.00
Annual Limit	\$0.00	Annual Limit	\$0.00
Max Out-of-Pocket	\$0.00	Max Out-of-Pocket	\$0.00
Lifetime Maximum	\$0.00	Lifetime Maximum	\$0.00
Coinsured Charge Max	\$0.00	Coinsured Charge Max	\$0.00

Insurance Snapshot

The *Insurance Snapshot* is where you will find quick information about your plan benefits.

The screenshot shows the Martin's Point HealthCare website. At the top, there is a logo and a navigation bar with 'Home', 'Member Information', and 'Search'. A red arrow points to the 'Insurance Snapshot' option in the 'Member Information' dropdown menu. Below the menu, the 'Insurance Snapshot for NEWBOR' page is visible, showing fields for Subscriber (ID), Group (ID), Covered Members, Benefit Plan, and Primary Care Physician. A red arrow points to the 'Part B Benefit Plan' link in the 'Benefit Plan' field. Below this, a list of sections is shown with expand/collapse arrows: 'Insurance Snapshot', 'Personal Details', 'Providers', 'Eligibility as of 4/7/16', 'Claims', 'Authorizations', and 'Other Insurance as of 4/7/16'.

MARTIN'S POINT[®]
HEALTHCARE

Home Member Information Search

Insurance Snapshot for NEWBOR

Subscriber (ID):
Group (ID):
Covered Members:
Benefit Plan:
Primary Care Physician:

00880031
775)

Personal Details

Insurance Snapshot ^

Subscriber (ID):
Group (ID):
Covered Members:
Benefit Plan: [Part B Benefit Plan](#)
Primary Care Physician:

Personal Details v

Providers v

Eligibility as of 4/7/16 1 v

Claims v

Authorizations v

Other Insurance as of 4/7/16 1 v

There are two ways to view Claims and Authorizations:

- ▶ Select the *Claims* or *Authorization* options below the *Insurance Snapshot*.
- ▶ Select *Search* and enter a claim/authorization number or a date range.

Claims Sample

When you click *Claims* you will see a list of claims received from your providers. Click the *Claim ID* number to see the claim information.

- ▶ Claims information that you see here is a summary only and may not contain all information that is used to process your claim.
- ▶ Please note that there may be a system delay in receiving or updating of claims information. If you have a question about a claim, please contact Member Services.

Claims as of 6/6/17 47

Claim ID	Date	Description	Submitted By	Last Updated	Status	Amount
17153E06364	05/30/2017	Medical	TERASAKA, DAVID T	06/05/2017	In Process	\$0.00
17156E03503	05/27/2017	Hospital	SAMARITAN MEDICAL CENTER	06/06/2017	In Process	\$0.00
17156E00147	05/26/2017	Hospital	PORTSMOUTH REGIONAL HOSPITAL	06/06/2017	In Process	\$0.00
17153E04862	05/23/2017	Hospital	SAMARITAN MEDICAL CENTER	06/05/2017	In Process	\$0.00

The highlighted section below shows the *Status* of the claim, and *Member Responsibility*.

Claim 17153E06364 for [REDACTED]

Member (ID):
Subscriber:
Policy#:
Group:
Covered Under:

[REDACTED]
[REDACTED]
USFHP Org Policy
USFHP SPONSOR
[USFHP Inactive Benefit Plan](#)

Received: 06/01/2017
Status: **In Process**
Payments: No remittance found
Authorization ID:

#	Description	Claim Status	Units	Charge	Allowed	Plan Paid	Member Responsibility	Deductible	Coinsurance	Copay	Additional Cost
1	OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	OKAY	1	\$105.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals:				\$105.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Authorization Sample

When you click *Authorizations* you will see a list of authorizations received from your providers. Click the *ID* number to see the authorization information.

- ▶ Authorizations information that you see here is a summary and may not contain all information that is used to process your authorization.
- ▶ Please note that there may be a systems delay in receiving or updating of information. If you have a question about an authorization, please contact Member Services.

Authorizations as of 6/6/17 10

ID	Purpose	Description	Submitted On	Status
OP0021980628	Outpatient	Authorization request	02/02/2017	APPROVED
IP0022437105	Inpatient	Authorization request	03/13/2017	APPROVED
IP0022439629	Inpatient	Authorization request	03/13/2017	APPROVED

The highlighted sections below show details of the authorization.

Authorization OP0021980628

Member (ID):
Covered Under:
Description:
Status:

Medical plan USFHP Inactive Benefit Plan
Chemotherapy treatment
APPROVED

Service Details

Service Level
Place of Service:

Elective

Requested Service

Requested/Authorized Units	Used Units	Type	Service Description	From Date	To Date
3	0.0	CPT	MAST, SIMPLE, COMPLETE	01/25/2017	01/25/2017
999	0.0	APS	** GA Only Benefit Service Groups Chemotherapy Chemotherapy Auth Req CPT\HCPCS	01/25/2017	01/25/2017

Physicians

Admitting Physician

Provider:
NPI:
Address:
Phone:

[BENTON, DAVID C](#)
1336346501

Office is **not** handicapped accessible.

Referred To

Provider:
NPI:
Address:
Phone:

[BENTON, DAVID C](#)
1336346501
Damariscotta, ME 04543
UNITED STATES
Office is handicapped accessible.
(207) 729-1148

Referred By

Provider:
NPI:
Address:
Phone:

[BENTON, DAVID C](#)
1336346501
Damariscotta, ME 04543
UNITED STATES
Office is handicapped accessible.
(207) 729-1148

ID Cards

You can order new ID cards and track requests by clicking *Manage Account*. Select your coverage and click *Order Card*.

- ▶ The new card(s) will be mailed to the mailing address on file for the member(s) selected. Please allow up to 14 business days to receive your new card(s) in the mail. If you have questions, please contact Member Services.

Manage Account ▼ Contact Us ▼ Help Log Out

Order ID Card

Track Requests

Order ID Card Request date: 06/06/2017

Choose a medical coverage card

Select Coverage ▼

Order cards

About ID Cards:

- New card will be mailed to the address on file for the member(s) selected.
- Please allow up to 14 working days to receive your new cards in the mail.
- If you have questions please contact the member services department.