Martin's Point HealthCare | US Family Health Plan

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.

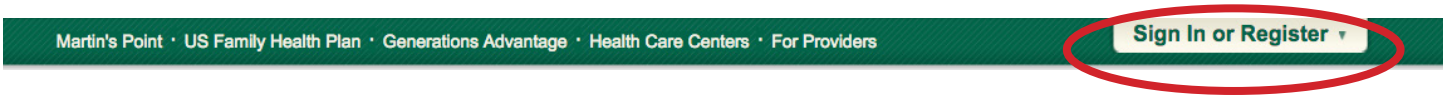
The following guide explains how to register for and use this time-saving tool.

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.

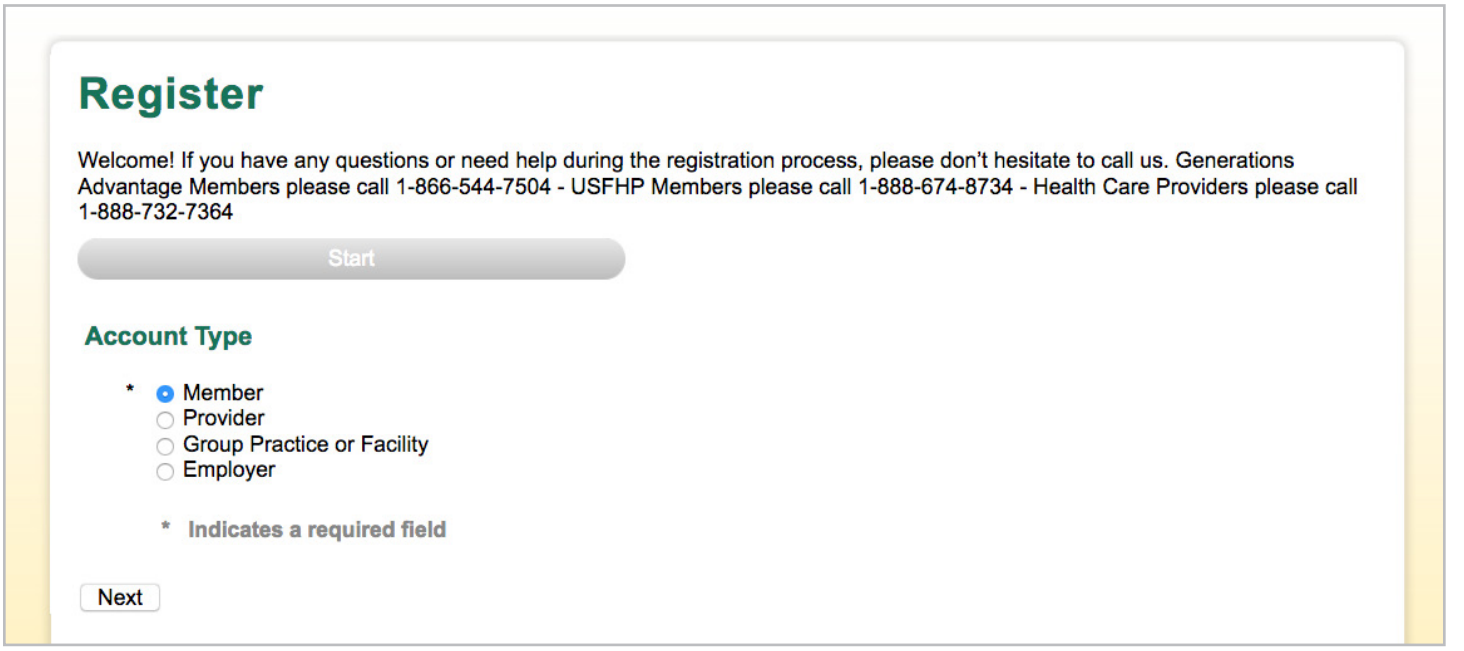
Click on the *Sign In or Register* button on the top of the page (in the green bar).

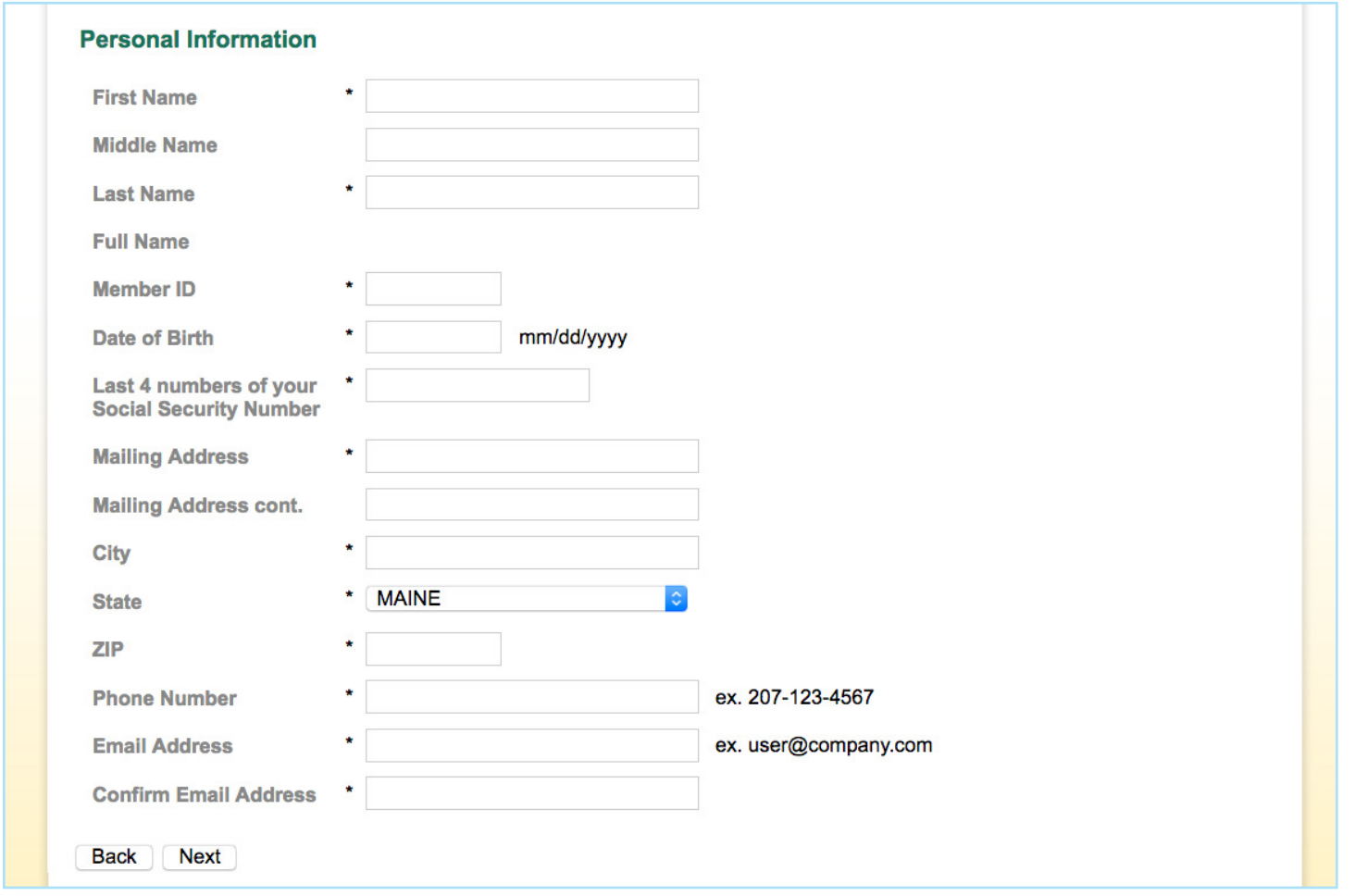


If you already have login information, log in. If you do not, you will need to register:

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.





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

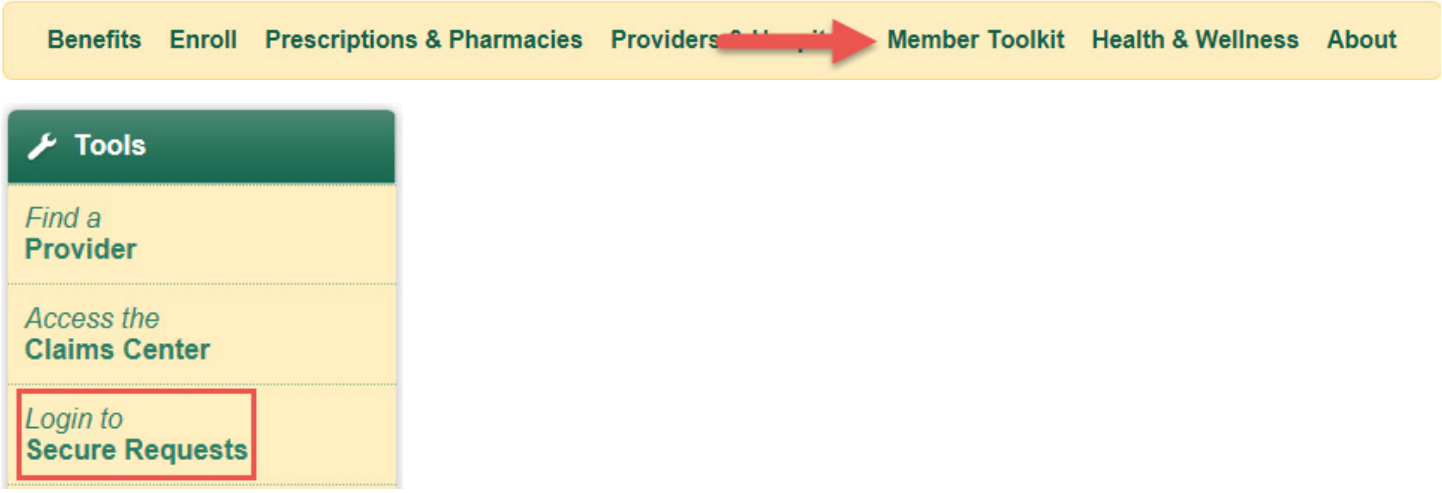
Once you complete all the registration steps, you can use the secure features by logging in at the top of the screen.

Secure Requests

Requests are monitored by Member Services daily.

To access the Secure Request tool:

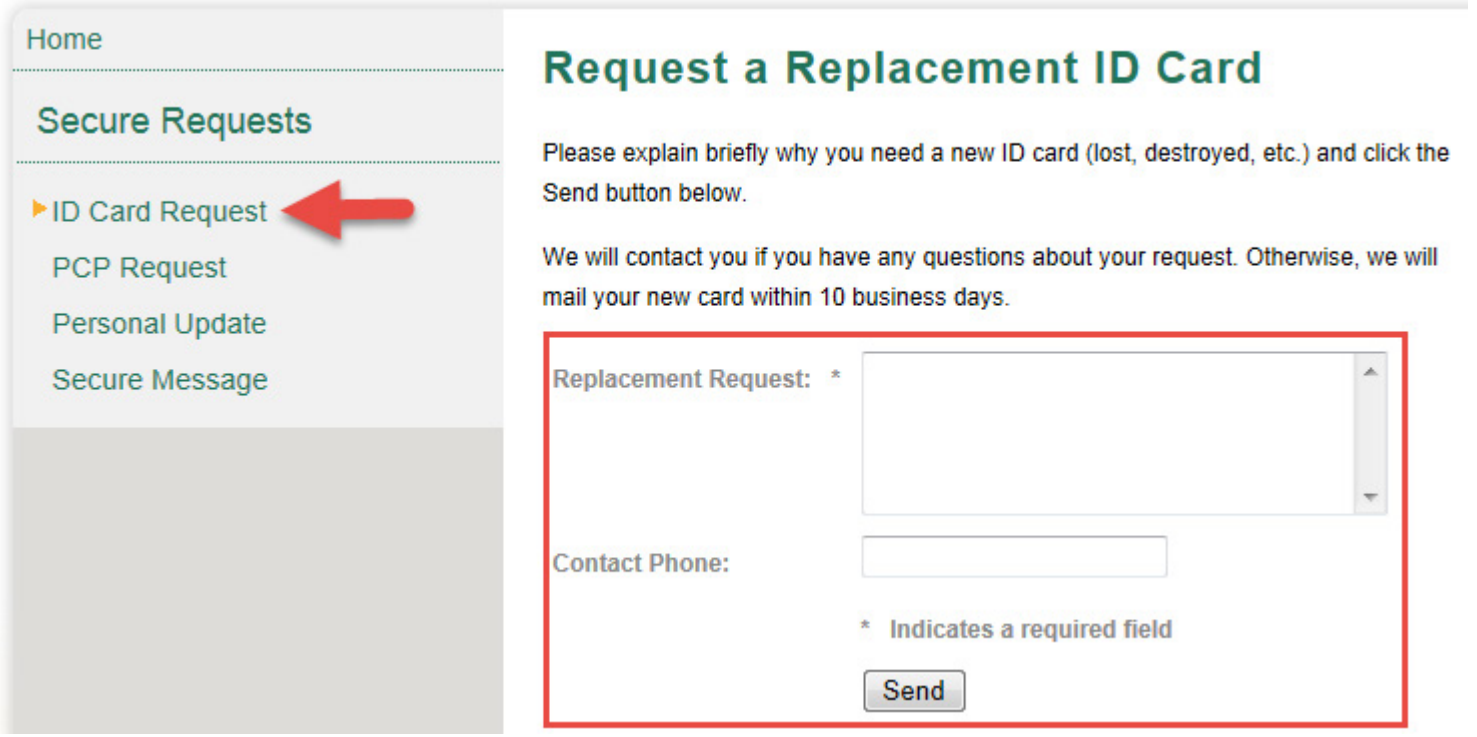
- Select *Member Toolkit*.
- Then select *Login to Secure Requests.*



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

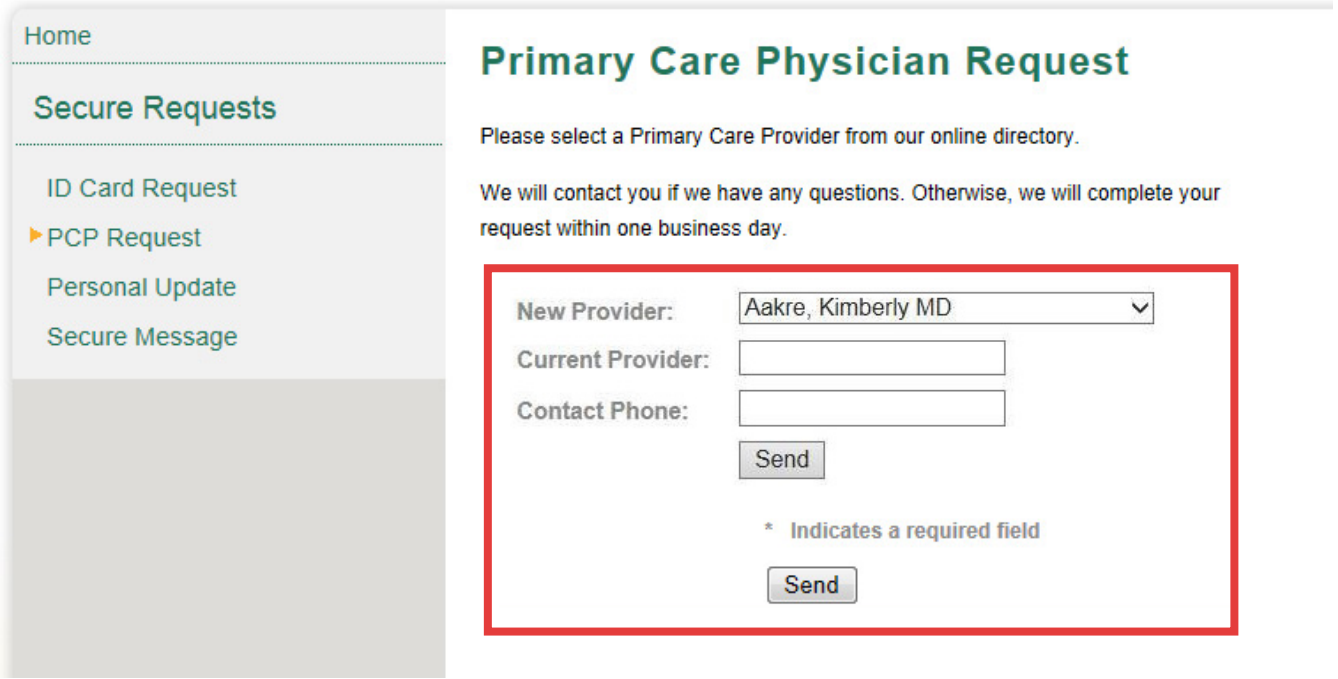
ID Card Request:

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



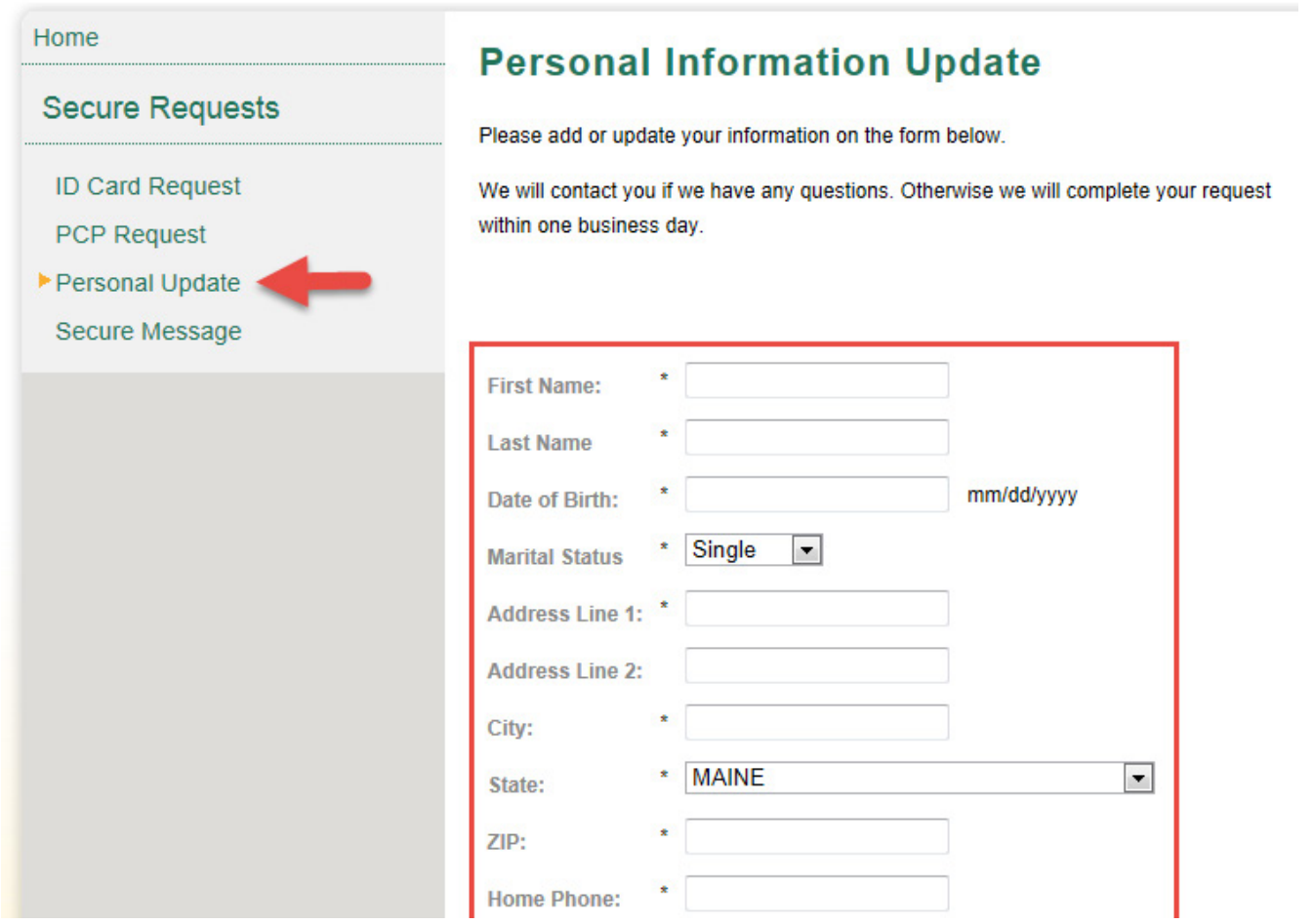
PCP Request:

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



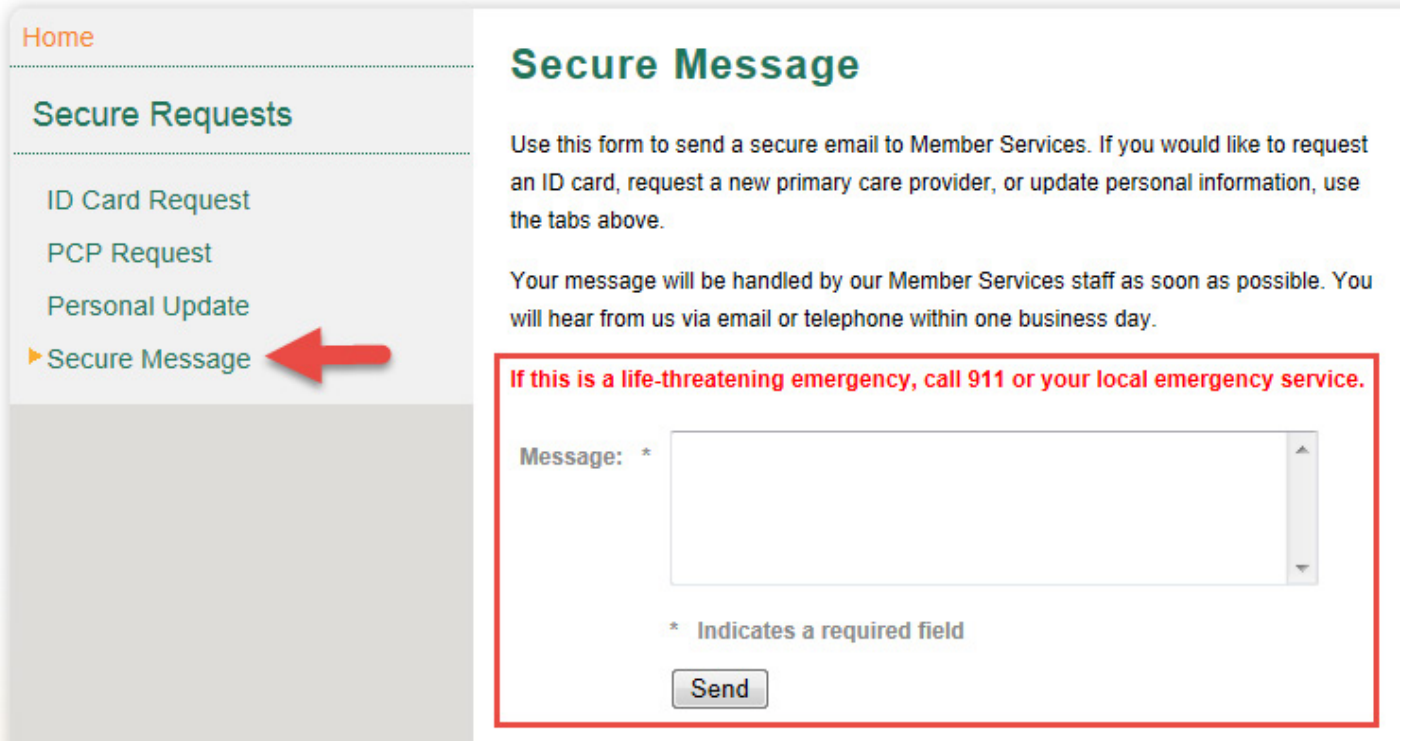
Personal Update:

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



Secure Message:

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



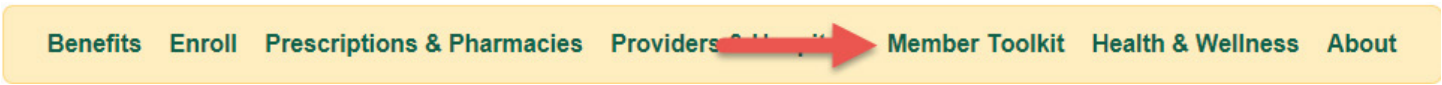
Secure Message Inbox:

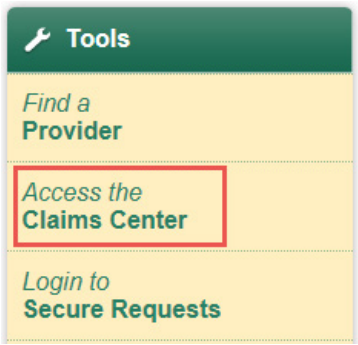
- The *New Secure Messages* box will indicate if you have any items in your inbox.

Claims Center

To access the Claims Center tool:

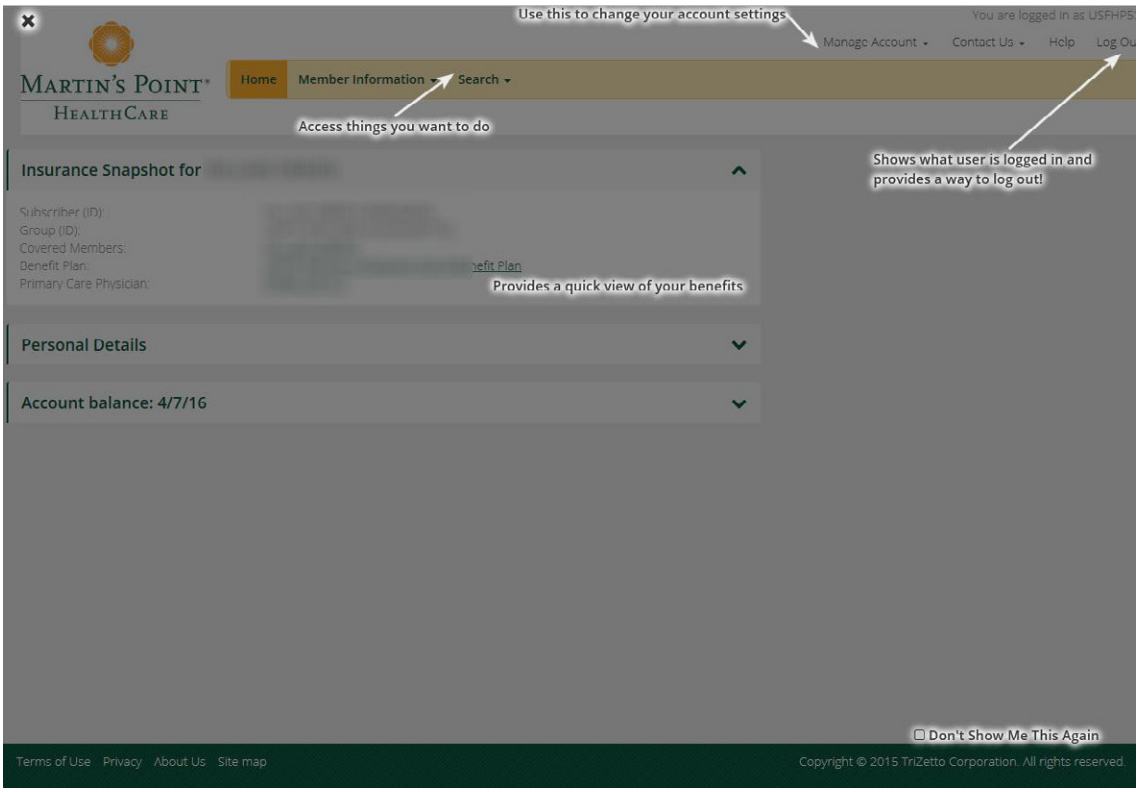
- Select *Member Toolkit*.
- Then select *Access the Claims Center.*





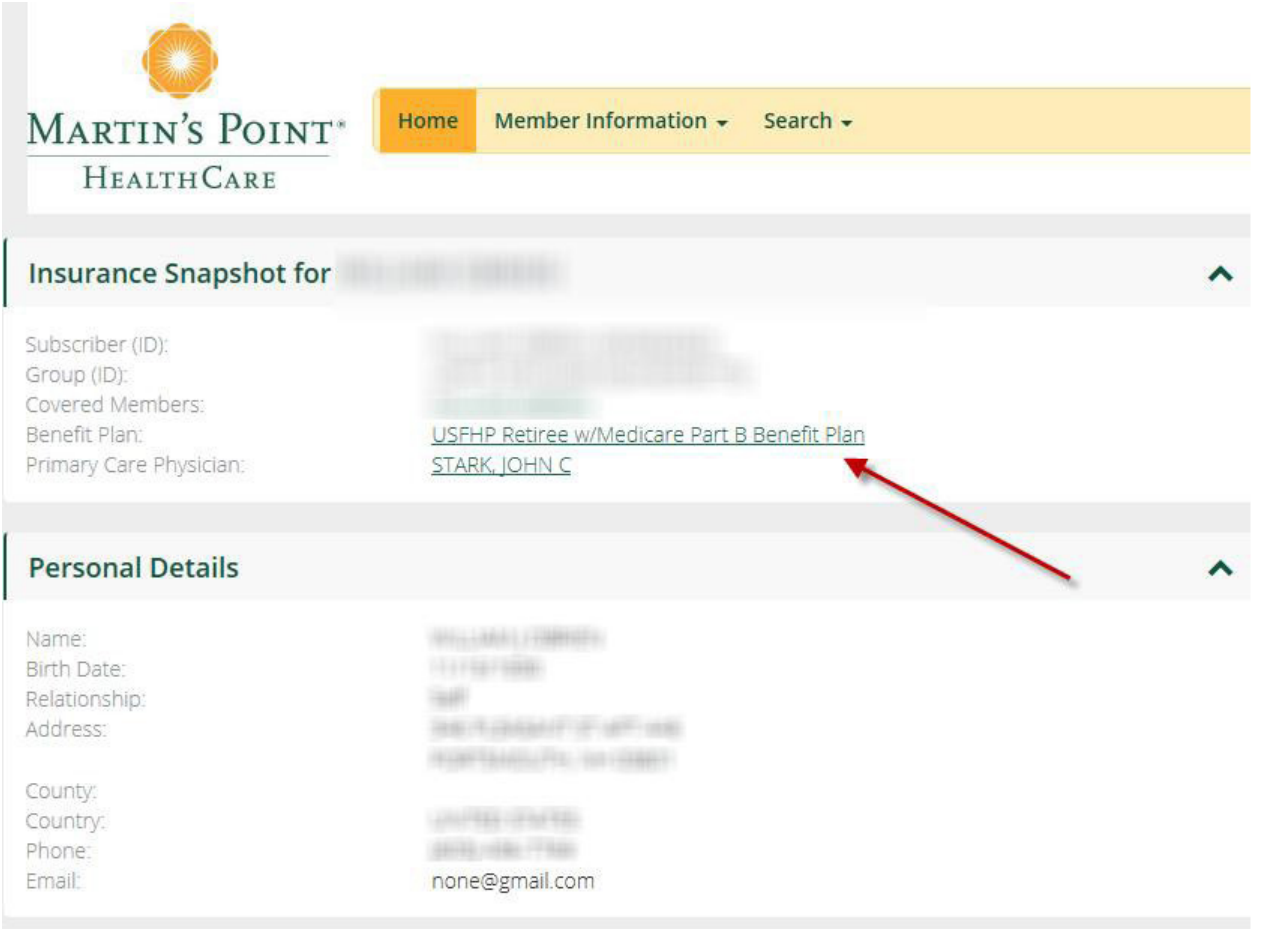
Member Home Screen

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.

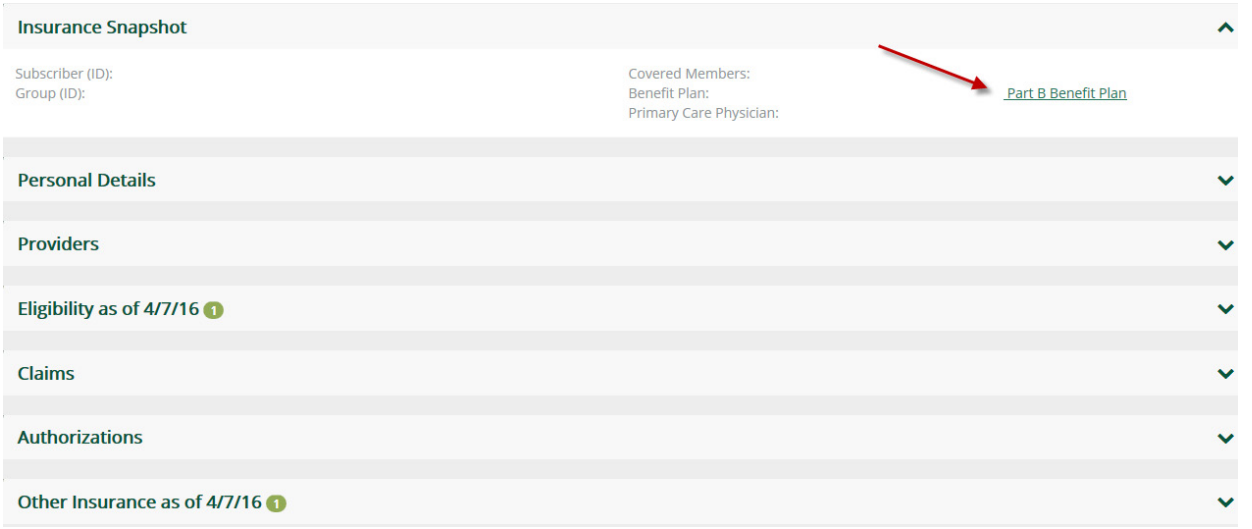
- If you have any changes to this information (such as PCP, your address, or phone), please go to the Secure Requests page or contact Member Services.



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.

Insurance Snapshot

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



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): [redacted]
Subscriber:
Policy#: USFHP Org Policy
Group: USFHP SPONSOR
Covered Under: 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 Hide	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

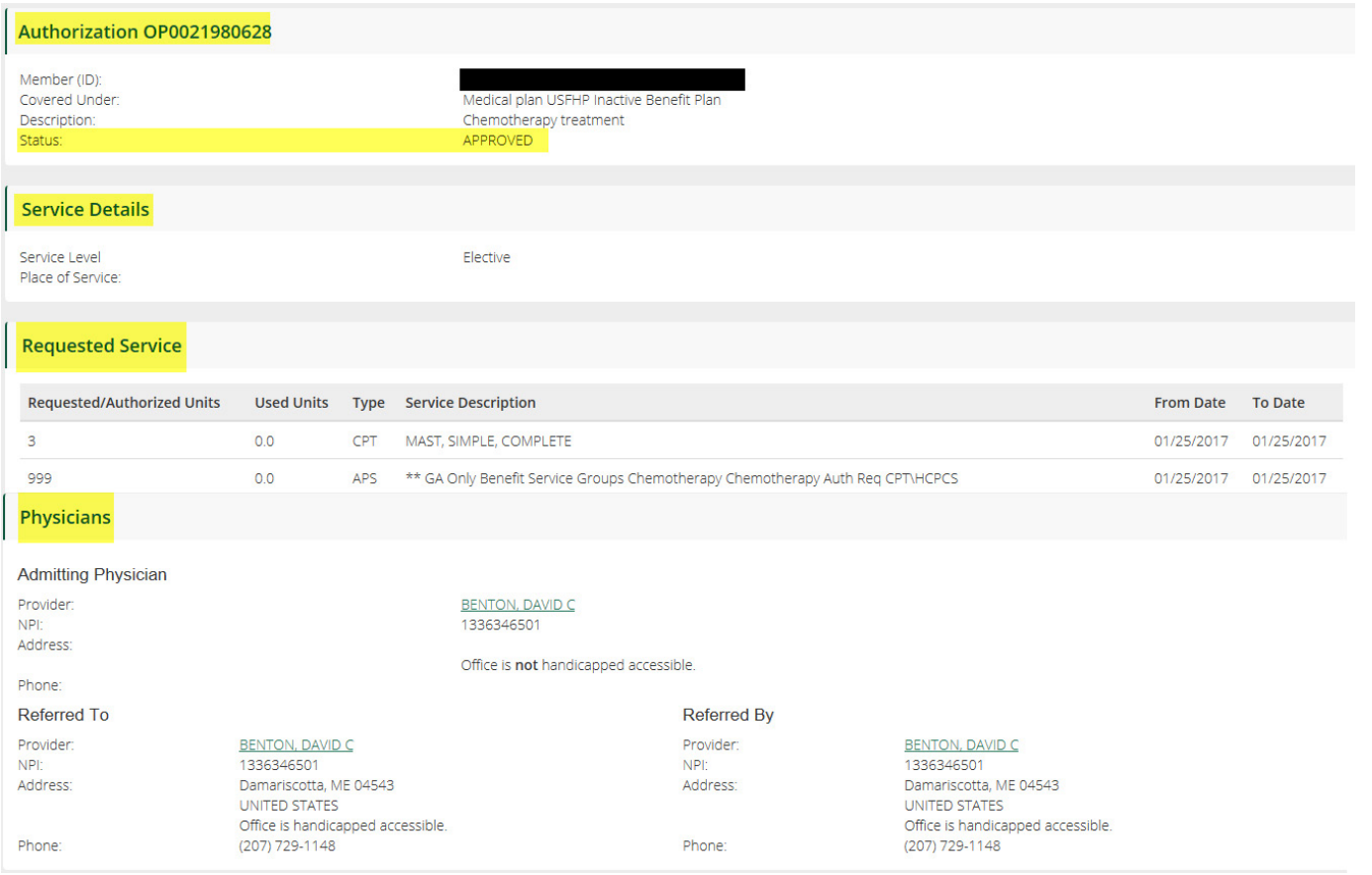
When you click *Authorizations* you will see a list of authorizations received from your providers. Click the *ID* number to see the authorization information.

- 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): [redacted]
Covered Under: Medical plan USFHP Inactive Benefit Plan
Description: Chemotherapy treatment
Status: APPROVED

Service Details

Service Level: Elective
Place of Service:

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: BENTON, DAVID C
NPI: 1336346501
Address:
Office is **not** handicapped accessible.
Phone:

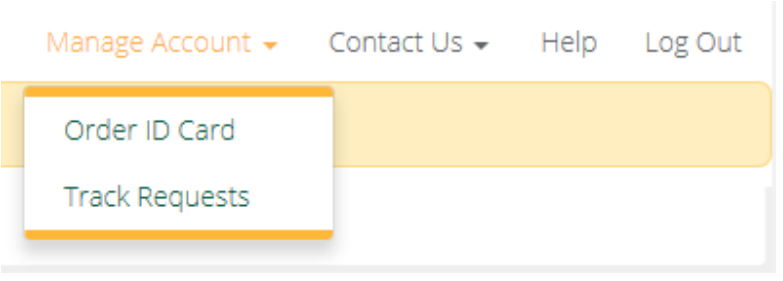
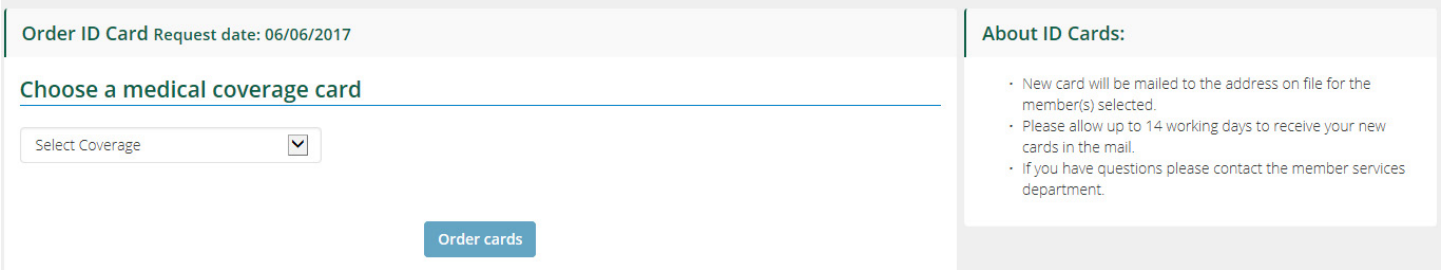
Referred To

Provider: BENTON, DAVID C
NPI: 1336346501
Address: Damariscotta, ME 04543 UNITED STATES
Office is handicapped accessible.
Phone: (207) 729-1148

Referred By

Provider: BENTON, DAVID C
NPI: 1336346501
Address: Damariscotta, ME 04543 UNITED STATES
Office is handicapped accessible.
Phone: (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.