

2023 Member Portal Member Manual



Last Updated: 10/10/2023

MEMBER PORTAL – MEMBER ROLE MANUAL

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1 I am an active member and registered on OTC (Over the Counter and Diabetic Supplies). Why do I need to register through the Member Portal to access OTC?

The Member Portal is part of our ongoing initiative to make sure that our members have easy accessibility to plan related information.

The Member Portal is the central destination for all information related to your health, benefits, providers, claims and medication. OTC is also part of Member Portal which is why you have to register on the Member Portal.

Registration is easy. Please refer to Question 2 for the Registration process.

2 I am new to the Member Portal. How do I register?

You can register on the Member Portal by following the below steps. Please have your Member ID and last four characters of your Medicare Beneficiary Identifier (MBI) ready.

Step 1: Click on the “New User Sign Up” button.

Need Assistance?
Toll free: 1-800-401-2740 | TTY/TDD: 711 8:00 A.M. to 8:00 P.M. EST. 7 days a week from October 1st to March 31st, and 8:00 A.M. to 8:00 P.M. EST. Monday through Friday April 1st to September 30th

Sign in to Member Portal

Email:

Password:

[Secure Log In](#)

[Privacy Policy](#)

[Forgot Password](#)

First Time User

Please create a username and password.

You will need your Member ID number from your ID card and Medicare last four characters from your Medicare card.

[New User Sign Up](#)

[FAQ](#)

[Help Manual](#)

Step 2: The ‘New Member Registration’ page will be displayed. Please enter the required information and click on “Next Page” button.

New Member Registration

*First Name:

*Last Name:

*Email ID:

*Confirm Email ID:

*Date of Birth (MM/DD/YYYY):
Month: Days: Year:

*Member ID:

*Last 4 Characters of MBI Number: (eg. For MBI# TEG4-TE5-MK74 Enter MK74)

Your Registration Code is:

Please enter your Registration Code from above:

[Next Page](#)

[Please Click here to Go Back](#)

If you have trouble registering, please contact Member Service. [Click here for more detail.](#) [Contact US](#)

* Required

View ID and MBI Number Sample Below to locate your **Member ID** and **MBI Number last 4 Characters**.

SAMPLE

Freedom Health

Member ID: 0000000000

First Name: LAST

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY: JOHN DOE

MEDICARE CLASSIFICATION: 000-00-0000-A

SEX: MALE

ENROLLMENT DATE: 01-01-2007

EXPIRES DATE: 01-01-2007

MEDICARE HEALTH INSURANCE

Member Name: JOHN L SMITH

Member Number (MBI) and MBI Number: 1EG4-TE5MK72

Enrollment Date: 03-01-2016

Coverage Start/Effective Date: 03-01-2016

Step 3: Once the information on the ‘New Member Registration’ is verified by the system, the ‘Security Question’ page is displayed.

Security Question

Security Question:

Security Question:

Security Question:

[Submit](#) [Reset](#) [Back To Registration](#)

[Contact Us](#) [Site Map](#) [Disclaimer](#)

Please select three **unique** security questions from the drop down options.

The screenshot shows a web form titled "Security Question". It features a dropdown menu with the text "Select One..." and a list of 15 potential security questions. The questions are: "What is the name of the city you were born?", "What is your mother's maiden name?", "What was the name of your first pet?", "What was your favorite teacher's name?", "What is the name of your favorite childhood friend?", "What was the name of your favorite movie as a child?", "What was the make and model of your first car?", "What was your childhood nick name?", "In what city or town was your first job?", "What was the name of your elementary / primary school?", "What was your high school mascot?", "What year did you graduate from High School?", "What is the name of the first school you attended?", "What is your preferred musical genre?", and "What is the street number of the house you grew up in?". To the right of the dropdown is a "Reset" button and a red "Back To Registration" button. At the bottom right of the form are links for "Contact Us", "Site Map", and "Disclaimer".

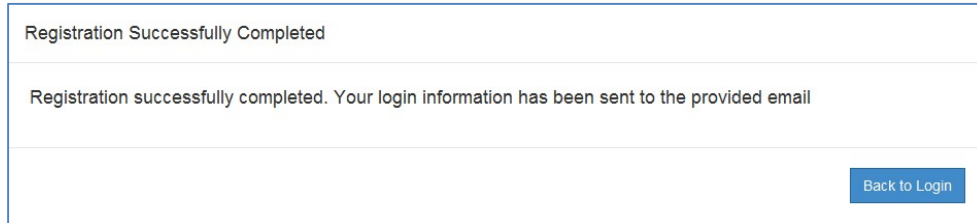
Once a security question is selected, the system will display an 'Answer' text box for the same.

This screenshot shows a single instance of the security question form. The "Security Question:" dropdown menu is set to "What is the name of the city you were born?". Below it is an empty "Answer:" text input field.

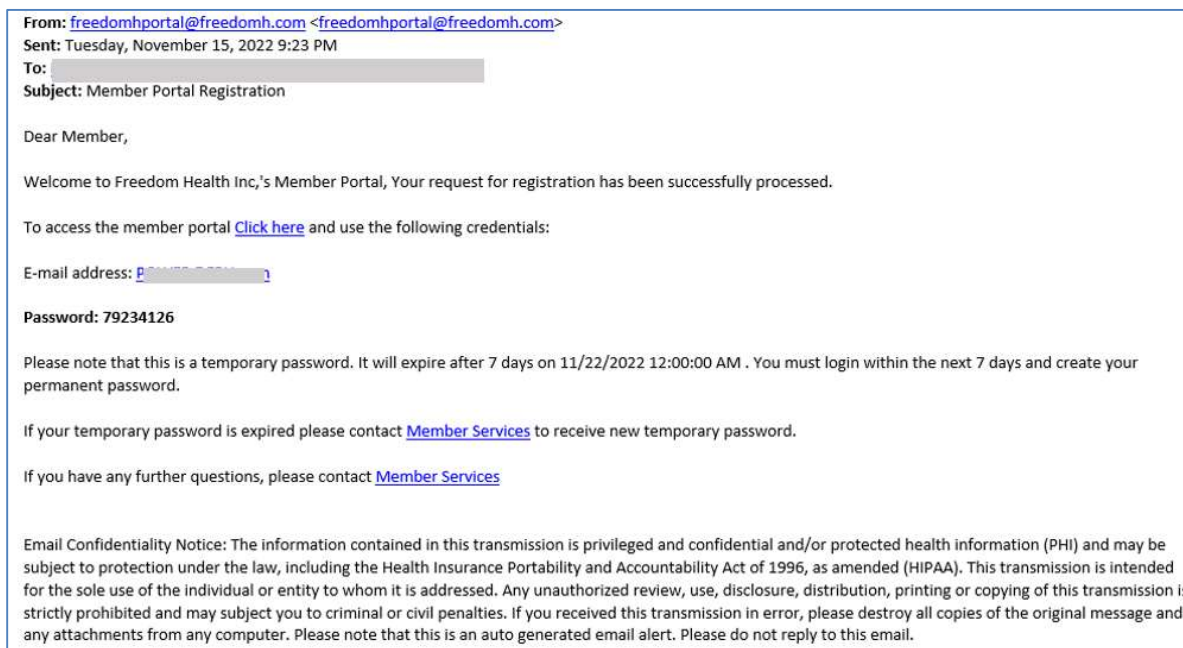
Once all three questions and answers are entered, click on the 'Submit' button.

The screenshot displays the completed security question form. It contains three rows of questions and answers. The first row has the question "What is the name of the city you were born?" and the answer "city". The second row has the question "What is your mother's maiden name?" and the answer "mother". The third row has the question "What year did you graduate from High School?" and the answer "school". At the bottom of the form are three buttons: "Submit" (blue), "Reset" (grey), and "Back To Registration" (red). The footer links "Contact Us", "Site Map", and "Disclaimer" are also visible.

After submitting the security questions registration will be complete and the following message will display.



Step 4: Upon successful registration on the Member portal, you will receive an email notification (as shown below) confirming successful registration on the Member Portal along with a temporary password to the Member Portal. The temporary password will expire in 7 days.



Please log into Member Portal with the temporary password provided in the email. You will be required to change the password on your first log in. Once you enter a new password that meets all the criteria, click on the 'Submit' button.

Change Password

* Current Password:

* New Password:

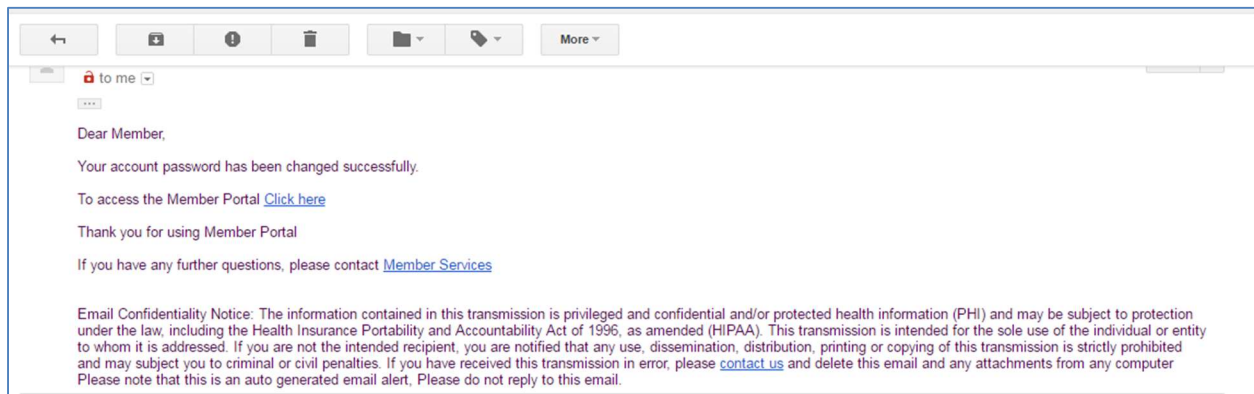
* Confirm New Password:

- Password be at least eight (8) characters in length
- Password must contain at least one letter (A-Z) or (a-z) and one number (0-9).
- Password can not be previous 3 passwords

[Submit](#) [Reset](#) [Back](#)

[Contact Us](#) [Site Map](#) [Disclaimer](#)

Once the password is changed successfully, you will receive an email notification confirming the password change for your records. An example is shown below.



3 I am trying to register but the system is unable to verify my information. What do I do?

During the registration process, please make sure that you enter the following required information accurately:

First Name:

Last Name:

Email ID:

Confirm Email ID:

Date of Birth: (MM/DD/YYYY)

Member ID:

Last 4 Characters of Medicare ID/MBI Number:

Verification code that appears on the screen

Please note that your email ID will be your User ID to log into the Member portal so make sure that you enter an email ID which is active and currently in use.

If you are still unable to register, please call Member Services.

4 I forgot my password. What do I do?

4.1 Clicking on the 'Forgot Password' link

Step 1: On the login page, click on the 'Forgot Password' link.

The screenshot shows the Member Portal login interface. At the top, there is a 'Need Assistance?' section with contact information. Below this is the 'Sign in to Member Portal' section, which includes input fields for 'Email:' and 'Password:', a 'Secure Log In' button, and a 'Forgot Password' link highlighted with a red box. To the right is the 'First Time User' section, which includes instructions for new users and buttons for 'New User Sign Up', 'FAQ', and 'Help Manual'. A blue arrow points from the 'Forgot Password' link to the text in the 'Step 1' instruction above.

Step 2: The 'Forgot Password' page will be displayed as below. Enter your Email ID (User ID), last 5 digits of Member ID and year of birth. Click on the 'Submit' button.

Forgot Password

Email:

Member ID Last 5 Digits:

Birth Year 4 Digits (Ex. 1900):

[Submit](#) [Reset](#) [Back To Login](#)

SAMPLE

FREEDOM HEALTH

RxBIN#: 610011 RxCN#: 15
RxGrp#: MPDH5427 Issuer#: 80840
RxID#: <insert member ID#>

<INSERT PLAN NAME>

ID: <0000000000> **Member ID last 5 Digit**

<FIRST><MI><LAST>

Eff. Date: <xx/xx/xxxx>
PCP: <FIRST><LAST>
Phone: <xxx-xxx-xxxx>

MedicareRx
Prescription Drug Coverage

H5427 - PBP <xxx>

[Contact Us](#) [Disclaimer](#)

Step 3: The 'Security Question' page will be displayed as below. Answer the Security Question and Click 'Submit'.

Security Question

Security Question:
What year did you graduate from High School?

Answer:

Answer required

[Submit](#) [Reset](#) [Back To Forgot Password](#)

[Contact Us](#) [Disclaimer](#)

Step 4: After completing the Security Question, the 'Change Password' page will be displayed as shown below. Enter the Password that matches the minimum Password Criteria and click on the 'Submit' button.


Change Password

* Current Password:

* New Password:

* Confirm New Password:

- Password be at least eight (8) characters in length
- Password must contain at least one letter (A-Z) or (a-z) and one number (0-9).
- Password can not be previous 3 passwords




[Contact Us](#) | [Site Map](#) | [Disclaimer](#)

After clicking on the 'Submit' button, you will be navigated to the Member Portal Home Page as shown below.

Navigate to...

- Over The Counter
- Member Materials
- Claims And EOB
- Track Your Out of Pocket Expenses
- Change Your Primary Care Provider (PCP)
- Change Your Address/Phone Number
- Change Your Language Preference
- Health Assessment & Appraisal
- Find Doctor, Pharmacy or Facility
- Find A Prescription Drug
- Preventive Health Screening
- E-Inquiries
- Personal Health Tracker
- Disease Management
- Important Documents
- Member Benefits
- Health Education



Welcome to the Member Health Portal

This is your one destination for all information related to your health, benefits, providers, claims and medication.

[Click here to find out more ...](#)

Member Profile & Plan Details

Name:

Member ID:

Plan:

Last Login:


My Alerts

The COVID-19 crisis presents a major challenge to our nation and our communities. During this unprecedented time, our team and employees are working tirelessly to meet your over the counter (OTC) medication needs. However, from time to time you may notice that some of the products are out of stock and order deliveries may take longer than usual.

We thank you for your understanding, support and patience.


Please complete your [Health Assessment](#). If you have already completed in the last 60 days, please disregard this message.

View Your Claims




[Learn more](#)

Find Doctor, Pharmacy or Facility




[Learn more](#)


Newsletters



Disaster Preparation Guide

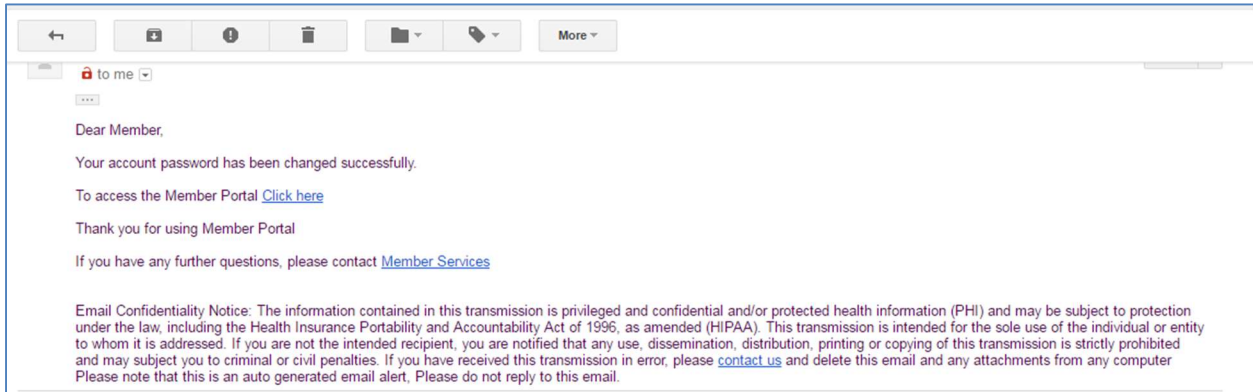


Flu Guide



[Click Here to Find a Form](#)

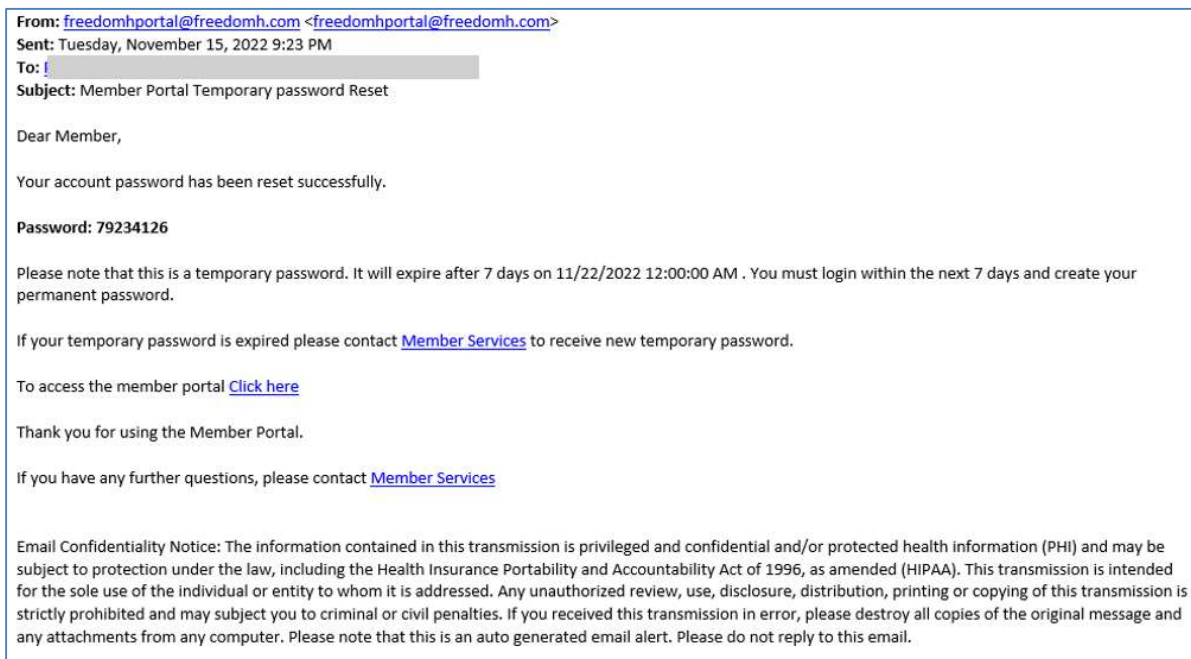
The System will also send you an email notification confirming that your password has changed for your records. An example is shown below.



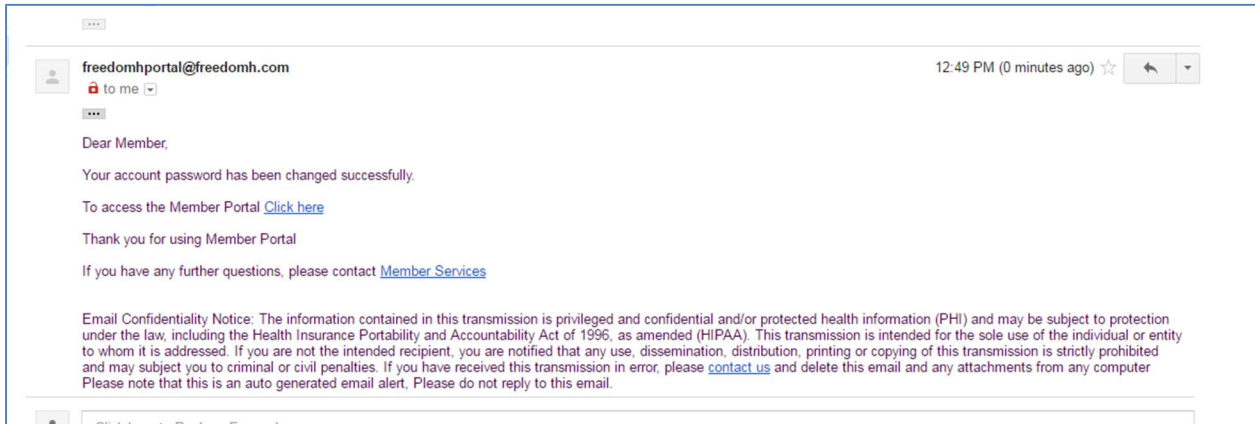
4.2 Contact Member Services

You can also contact Member Services to request a password reset.

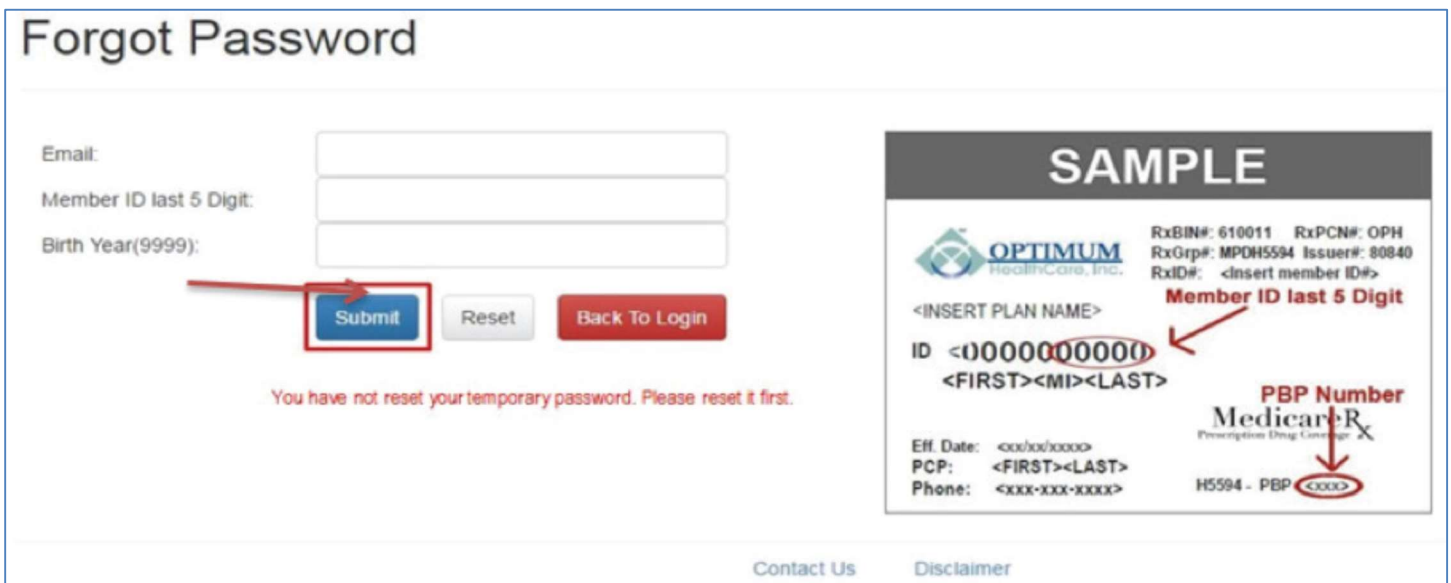
When Member Services resets your account password, you get an email with the temporary password. The temporary password will expire in 7 days. An example is shown below.



After you receive the email, log into the 'Member Portal' with the temporary password. You will then be required to enter a new permanent password. Once your password has been successfully changed, you will receive an email confirmation for your records. An example is shown below.



NOTE: If you have received an email with the temporary password and you have not logged into the 'Member Portal' to reset the temporary password, you will not be able to navigate through the 'Forgot Password' link. You will receive the following message.



5 I was able to successfully log into the 'Member Portal'. How do I start using it?

The 'Member Portal' is a one stop shop to access your plan related information. You can:

- Place order for Over The Counter / Diabetic Supplies
- Track Your OTC Order
- Print / Order ID Card
- Order Member Material (such as Evidence of Coverage, Provider/Pharmacy Directory etc.)
- View your claims and Explanation of Benefits
- Track Your Out of Pocket Expenses
- Change your Primary care Provider
- Complete Your Health Assessment Form and view your Health Appraisal Profile
- Find Doctor, Pharmacy or Facility
- Find a Prescription Drug
- View Preventive Health Screening information
- E-Inquiries
- Personal Health Tracker
- Disease Management
- View Important Documents (such as Summary of Benefits, Evidence of Coverage, OTC/DVH Flyers etc.)
- View Member Benefits e.g. Benefit Information (such as copay, out of pocket cost etc.) and View Benefit Summary.
- Health Education (Various Health Education Topics including Calculating the Body Mass Index)
- Find a form

You can also view the newsletter, plan star rating and other information, including the plan disclaimer.

5.1 Dashboard / Home Page

The Member Portal Page, which is displayed after you login, is called your Dashboard or Home Page.

You can view the details below on this page:

- On the top right corner, your name, login date and time, and Member ID is displayed
- Under Member Profile & Plan Details section: your name, Member ID, Plan ID & Last Login Date is displayed
- Under My Alerts: This section will display any Prescription drugs you are currently taking, which has the refill due in the next 7 days. All other prescriptions drugs will not show up in this section.
- On the bottom of the page, you can find additional links to 'Contact Us', see the 'Site Map' or view the 'Disclaimer'.

The screenshot displays the Freedom Health Member Health Portal. At the top left is the Freedom Health logo. A red banner for COVID-19 information is visible. The top right shows a welcome message for 'JOHN DOE' with a Member ID of 'P0001XXXXXX' and a Logout button. A navigation bar includes links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. A left sidebar lists various services like 'Over The Counter', 'Member Materials', and 'Track Your Out of Pocket Expenses'. The main content area features a 'Welcome to the Member Health Portal' message, a 'Member Profile & Plan Details' box, a 'My Alerts' section with a message about a health assessment, and several service tiles for 'View Your Claims', 'Find Doctor, Pharmacy or Facility', 'Newsletters', 'Disaster Preparation Guide', and 'Flu Guide'. A 'Click Here to Find a Form' button and a 'Feedback' icon are located at the bottom.

You will find links to different menu options on this page. You can also find quick links to: Change Password, Change Email and Change Security Questions. Please note that these links are also available under the Personal Information link in the Tool bar.

5.2 Personal Information

In the Personal Information section, you can view the 'Current Permanent Address' and 'Current Mailing Address', 'Change Email' Link and the 'View/Change Security Questions & Answers', 'Change Password', and 'Setup Alert' links.



If you click on the Personal Information link, the following page is displayed.

A screenshot of the 'Personal Information' page. The title 'Personal Information' is at the top left. Below it is a message: 'If you wish to change your Permanent or Mailing Address Click Here or contact Member Services by clicking Contact Us for our contact information.' The page is divided into two columns: 'Current Permanent Address' and 'Current Mailing Address'. Each column has a form with fields for Address Line 1, Address Line 2, City, State (a dropdown menu), Zip Code, and Phone Number. Below the forms are several navigation links: Change Email, Change Phone Number, View/Change Security Questions & Answers, Change Password, and Alert Setup. A red 'Back' button is centered below these links. At the bottom right of the page are links for Contact Us, Site Map, and Disclaimer.

5.2.1 Current Permanent Address / Current Mailing Address

You can request to change your permanent and/or mailing address by clicking on “Click Here”.

Personal Information

If you wish to change your Permanent or Mailing Address [Click Here](#) or contact Member Services by clicking [Contact Us](#) for our contact information.

Current Permanent Address

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Phone Number:

Current Mailing Address

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Phone Number:

[Change Email](#) [Change Phone Number](#) [View/Change Security Questions & Answers](#) [Change Password](#) [Alert Setup](#)

[Back](#)

[Contact Us](#) [Site Map](#) [Disclaimer](#)

You will be taken to a screen where you can request to change your Permanent Address, Mailing Address, and Phone Number. Click on the appropriate button at the top to request the change you want.

Please select the appropriate tab to start your address or phone number change.

[Permanent Address Change](#) [Mailing Address Change](#) [Phone Number Change](#)

Permanent Address Change Request

Your current Permanent Address:

Please make changes here

*Address:

Address 2:

*Zip Code:

*County:

*City:

*State:

*Effective Date:

[Permanent Address Change Submit](#) [Back](#)

Please note that your permanent address must be inside our service area in order for you to be a member of Freedom Health. You may request that we send mail to you at another address outside of our service area. You may also temporarily reside for up to six months outside our service area and remain a member of Freedom Health. But if you permanently move outside our service area or if you temporarily live outside our service area for more than six months in a row, we must disenroll you from Freedom Health.

On the **Permanent Address Change** tab, you can view your current Permanent Address and fill in your new permanent address information in the required fields. Select the “Permanent Address Change Submit” button to submit your request.

Note: The Effective Date field at the bottom must be the date this new address became your permanent address. It must be entered in the format of MM/DD/YYYY.

Please select the appropriate tab to start your address or phone number change.

Permanent Address Change Mailing Address Change Phone Number Change

Permanent Address Change Request

Your current Permanent Address: [Redacted]

Please make changes here

*Address: [Text Field]
Address 2: [Text Field]
*Zip Code: [Text Field]
*County: [Dropdown Menu: Select One...]
*City: [Dropdown Menu: Select One...]
*State: [Dropdown Menu: Select One...]
*Effective Date: [Text Field]

Permanent Address Change Submit Back

Please note that your permanent address must be inside our service area in order for you to be a member of Freedom Health. You may request that we send mail to you at another address outside of our service area. You may also temporarily reside for up to six months outside our service area and remain a member of Freedom Health. But if you permanently move outside our service area or if you temporarily live outside our service area for more than six months in a row, we must disenroll you from Freedom Health.

After selecting the “Permanent Address Change Submit” button, you will see a pop-up reiterating the effective date of the change, and a question asking if you want to request to change your mailing address as well.

Selecting “Yes” will also request a change to your Mailing Address.

Address Change

These changes are effective from [Redacted]. Do you want to edit your mailing address?

Yes No

A confirmation message will appear and you can view your request in the Member Permanent Address Change Request History table at the bottom. A request is created with the status of "In Process".

Please select the appropriate tab to start your address or phone number change.

[Permanent Address Change](#) [Mailing Address Change](#) [Phone Number Change](#)

Permanent Address Change Request

Your current Permanent Address: [Redacted]

Please make changes here

*Address: [Text Field]
Address 2: [Text Field]
*Zip Code: [Text Field]
*County: [Select One...]
*City: [Select One...]
*State: [Select One...]
*Effective Date: [Text Field]

[Back](#)

Please note that your permanent address must be inside our service area in order for you to be a member of Freedom Health. You may request that we send mail to you at another address outside of our service area. You may also temporarily reside for up to six months outside our service area and remain a member of Freedom Health. But if you permanently move outside our service area or if you temporarily live outside our service area for more than six months in a row, we must disenroll you from Freedom Health.

Member Permanent Address Change Request History					
Request DateTime	Requested Permanent Address	Effective Date	Status	Cancel Request	Comments
12/23/2022 8:00:32 AM	[Redacted]	01/01/2023	In Process	Cancel	

[Contact Us](#) [Site Map](#) [Disclaimer](#)

As long as the request is open, you can cancel the request by selecting the "Cancel" button.

Please select the appropriate tab to start your address or phone number change.

Permanent Address Change Mailing Address Change Phone Number Change

Permanent Address Change Request

Your current Permanent Address: [REDACTED]

Please make changes here

*Address: [Text Field]
Address 2: [Text Field]
*Zip Code: [Text Field]
*County: [Dropdown: Select One...]
*City: [Dropdown: Select One...]
*State: [Dropdown: Select One...]
*Effective Date: [Text Field]

[Back](#)

Please note that your permanent address must be inside our service area in order for you to be a member of Freedom Health. You may request that we send mail to you at another address outside of our service area. You may also temporarily reside for up to six months outside our service area and remain a member of Freedom Health. But if you permanently move outside our service area or if you temporarily live outside our service area for more than six months in a row, we must disenroll you from Freedom Health.

Request DateTime	Requested Permanent Address	Effective Date	Status	Cancel Request	Comments
12/23/2022 8:00:32 AM	[REDACTED]	01/01/2023	In Process	Cancel	

[Contact Us](#) [Site Map](#) [Disclaimer](#)

A Customer Service Representative will review and approve as necessary. Once the request is complete, you can view any comments on the right side of the History table.

If approved, you will see your updated current Permanent Address at the time of the Effective Date.

On the **Mailing Address Change** tab, you can view your current Mailing Address and fill in your new mailing address information in the required fields. Select the “Mailing Address Change Submit” button to submit your request.

Note: The Effective Date field at the bottom must be the date this new address became your mailing address. It must be entered in the format of MM/DD/YYYY.

Please select the appropriate tab to start your address or phone number change.

Permanent Address Change | **Mailing Address Change** | Phone Number Change

Mailing Address Change Request

Your current Mailing Address: 3-12345678901234567890

Please make changes here

*Address:

Address 2:

*Zip Code:

*County:

*City:

*State:

*Effective Date:

Mailing Address Change Submit | Back

Please note that your permanent address must be inside our service area in order for you to be a member of Freedom Health. You may request that we send mail to you at another address outside of our service area. You may also temporarily reside for up to six months outside our service area and remain a member of Freedom Health. But if you permanently move outside our service area or if you temporarily live outside our service area for more than six months in a row, we must disenroll you from Freedom Health.

Member Mailing Address Change Request History

Contact Us | Site Map | Disclaimer

After selecting the “Mailing Address Change Submit” button, you will see a message confirming your change request.

Please select the appropriate tab to start your address or phone number change.

Permanent Address Change | Mailing Address Change | Phone Number Change

Thank you for your request. We have received your Mailing Address Change Request From: [redacted] To: [redacted]

Mailing Address Change Request

Your current Mailing Address: 3-12345678901234567890

Please make changes here

*Address:

Address 2:

*Zip Code:

*County:

*City:

*State:

*Effective Date:

Mailing Address Change Submit | Back

Please note that your permanent address must be inside our service area in order for you to be a member of Freedom Health. You may request that we send mail to you at another address outside of our service area. You may also temporarily reside for up to six months outside our service area and remain a member of Freedom Health. But if you permanently move outside our service area or if you temporarily live outside our service area for more than six months in a row, we must disenroll you from Freedom Health.

Member Mailing Address Change Request History

Contact Us | Site Map | Disclaimer

The request details can be found on the “Permanent Address Change” screen at the bottom in the History table.

Please select the appropriate tab to start your address or phone number change.

Permanent Address Change | Mailing Address Change | Phone Number Change

Permanent Address Change Request

Your current Permanent Address: [Redacted]

Please make changes here

*Address: [Text Field]
Address 2: [Text Field]
*Zip Code: [Text Field]
*County: [Select One...]
*City: [Select One...]
*State: [Select One...]
*Effective Date: [Text Field]

[Back](#)

Please note that your permanent address must be inside our service area in order for you to be a member of Freedom Health. You may request that we send mail to you at another address outside of our service area. You may also temporarily reside for up to six months outside our service area and remain a member of Freedom Health. But if you permanently move outside our service area or if you temporarily live outside our service area for more than six months in a row, we must disenroll you from Freedom Health.

Request DateTime	Requested Permanent Address	Effective Date	Status	Cancel Request	Comments
12/23/2022 8:00:32 AM	[Redacted]	01/01/2023	In Process	Cancel	

[Contact Us](#) | [Site Map](#) | [Disclaimer](#)

On the **Phone Number Change** tab, you can change your Home phone number and/or your Work phone.

Please select the appropriate tab to start your address or phone number change.

Permanent Address Change Mailing Address Change **Phone Number Change**

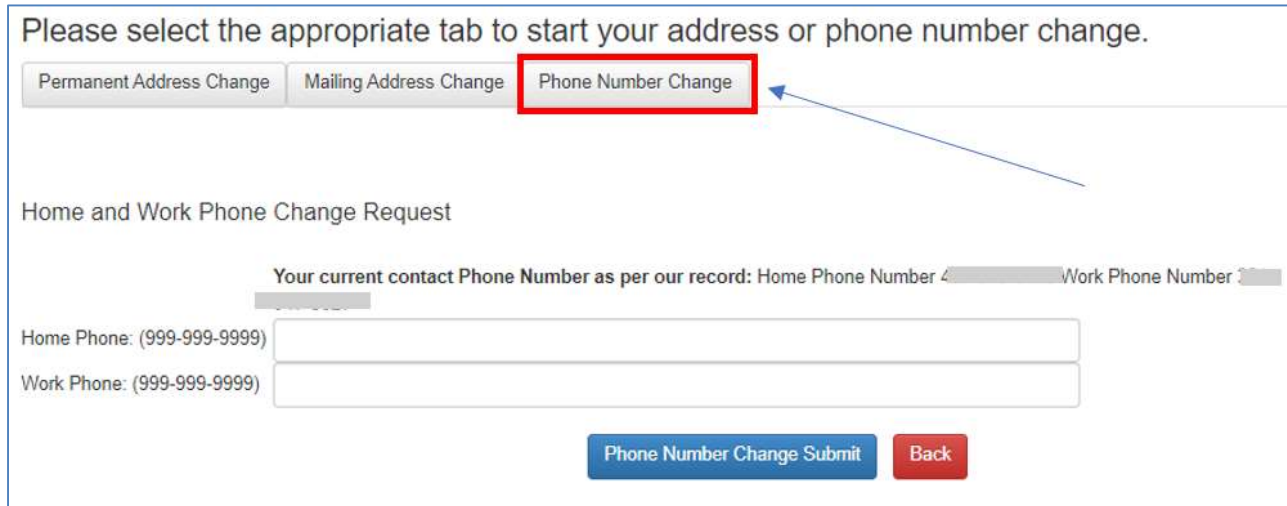
Home and Work Phone Change Request

Your current contact Phone Number as per our record: Home Phone Number 4- Work Phone Number 2-

Home Phone: (999-999-9999)

Work Phone: (999-999-9999)

Phone Number Change Submit Back



Note: See the upcoming “Change Phone Number” section in this document for additional details on how to change a phone number.

5.2.2 Change Email link

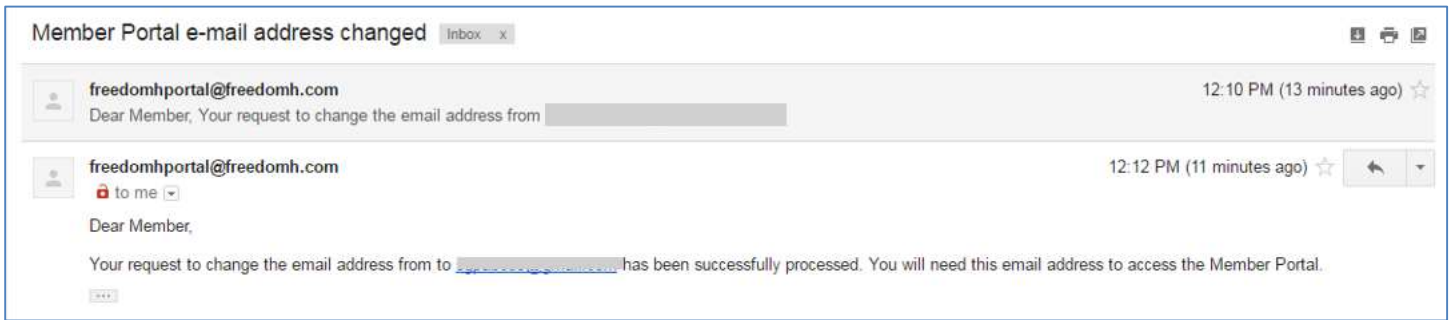
On the Personal Information screen, you can change your Email ID, which is also your User ID, by clicking on the 'Change Email' link.

The screenshot shows the 'Personal Information' page. At the top, it says 'Personal Information'. Below that, there is a message: 'If you wish to change your Permanent or Mailing Address [Click Here](#) or contact Member Services by clicking [Contact Us](#) for our contact information.' There are two columns of address fields: 'Current Permanent Address' and 'Current Mailing Address'. Each column has fields for 'Address Line 1:', 'Address Line 2:', 'City:', 'State:', 'Zip Code:', and 'Phone Number:'. Below the address fields, there is a row of links: 'Change Email', 'Change Phone Number', 'View/Change Security Questions & Answers', 'Change Password', and 'Alert Setup'. The 'Change Email' link is highlighted with a red box and an arrow pointing to it from the left. Below the links is a red 'Back' button. At the bottom right, there are links for 'Contact Us', 'Site Map', and 'Disclaimer'.

When the link is clicked, the system will display the 'Change Email' page.

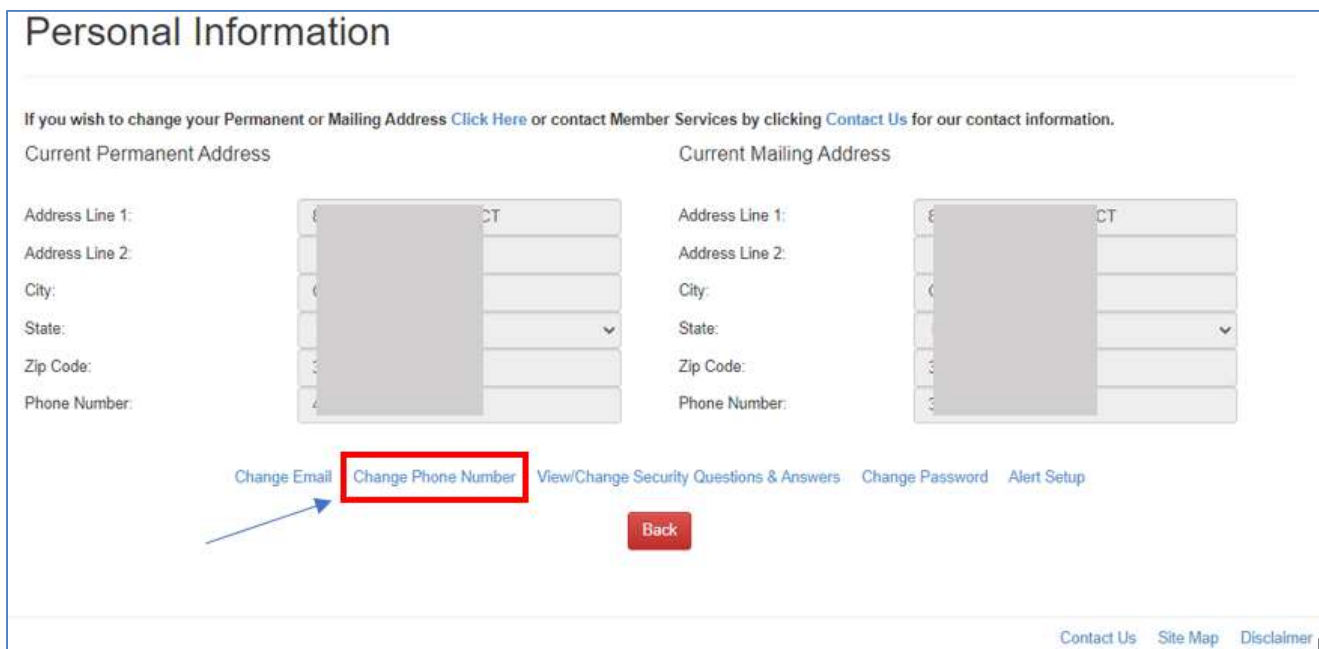
The screenshot shows the 'Change Email' page. At the top, it says 'Change Email'. Below that, there is a form with a 'New Email Address:' label and an input field. A red box highlights the input field with the text 'Enter your alternate email ID'. Below the input field are three buttons: 'Submit', 'Reset', and 'Back'. The 'Submit' button is highlighted with a red box and an arrow pointing to it from the text 'Click on the 'Submit' button to save the email'. To the right of the form is a photograph of an elderly couple smiling and looking at a laptop. At the bottom right, there is a 'Feedback' button. At the bottom, there are links for 'Contact Us', 'Site Map', and 'Disclaimer'.

You will receive an email on both your old and new email IDs confirming the change. An example is shown below.



5.2.3 Change Phone Number

From the Personal Information screen, you can change your Home phone number and/or your Work phone number by selecting the “Change Phone Number” button.



On the next screen, click on the “Phone Number Change” tab. After clicking, your current contact phone numbers will be listed and you can enter your new Home/Work phone numbers in the fields.

After the information has been entered, select the “Phone Number Change Submit” button at the bottom.

Note: The phone numbers you enter must be in the format of ###-###-####.

Please select the appropriate tab to start your address or phone number change.

Permanent Address Change Mailing Address Change **Phone Number Change**

Home and Work Phone Change Request

Your current contact Phone Number as per our record: Home Phone Number [redacted] Work Phone Number [redacted]

Home Phone: (999-999-9999)

Work Phone: (999-999-9999)

Phone Number Change Submit Back

A confirmation message will appear and you can view your request in the Phone Number Change Request History table at the bottom. A request is created with the status of "In Process".

Please select the appropriate tab to start your address or phone number change.

Permanent Address Change Mailing Address Change Phone Number Change

Home and Work Phone Change Request

Your current contact Phone Number as per our record: Home Phone Number [redacted] Work Phone Number [redacted]

Home Phone: (999-999-9999)

Work Phone: (999-999-9999)

Phone Number Change Submit Back

Request DateTime	Home Phone	Work Phone	Status	Cancel Request	Comments
10/21/2022 10:14:47 AM	[redacted]	[redacted]	In Process	Cancel	

Contact Us Site Map Disclaimer

As long as the request is open, you can cancel the request by selecting the "Cancel" button.

Please select the appropriate tab to start your address or phone number change.

Permanent Address Change Mailing Address Change Phone Number Change

Home and Work Phone Change Request

Your current contact Phone Number as per our record: Home Phone Number [redacted] Work Phone Number [redacted]

Home Phone: (999-999-9999)

Work Phone: (999-999-9999)

Phone Number Change Submit Back

Request DateTime	Home Phone	Work Phone	Status	Cancel Request	Comments
10/21/2022 10:14:47 AM	[redacted]	[redacted]	In Process	Cancel	

Contact Us Site Map Disclaimer

A Customer Service Representative will review and approve as necessary. Once the request is complete, you can view any comments on the right side of the History table.

If approved, you will see your updated current phone number(s) .

5.2.4 View/Change Security Questions & Answers

If you wish to change one or more Security questions and answers that were previously entered during registration, you can do so by clicking on the 'View/Change Security Question' link.

Personal Information

If you wish to change your Permanent or Mailing Address [Click Here](#) or contact Member Services by clicking [Contact Us](#) for our contact information.

Current Permanent Address

Address Line 1: [Redacted] CT
Address Line 2: [Redacted]
City: [Redacted]
State: [Redacted] ▼
Zip Code: [Redacted]
Phone Number: [Redacted]

Current Mailing Address

Address Line 1: [Redacted] CT
Address Line 2: [Redacted]
City: [Redacted]
State: [Redacted] ▼
Zip Code: [Redacted]
Phone Number: [Redacted]

[Change Email](#) [Change Phone Number](#) [View/Change Security Questions & Answers](#) [Change Password](#) [Alert Setup](#)

[Back](#)

[Contact Us](#) [Site Map](#) [Disclaimer](#)

The 'Default' screen will display previously selected questions with the answers.

Change Security Question

Security Question: What is the name of the city you were born?
Answer: TEST

Security Question: What is your mother's maiden name?
Answer: TEST

Security Question: What was the name of your first pet?
Answer: TEST

[Submit](#) [Reset](#) [Back](#)

[Contact Us](#) [Site Map](#) [Disclaimer](#)

You can choose to select alternate questions from the drop down options and enter the relevant answer for the question. Once you make the changes, click on the 'Submit' button to save the changes.

Change Security Question

Security Question:

Answer:

Security Question:

Answer:

Security Question:

Answer:

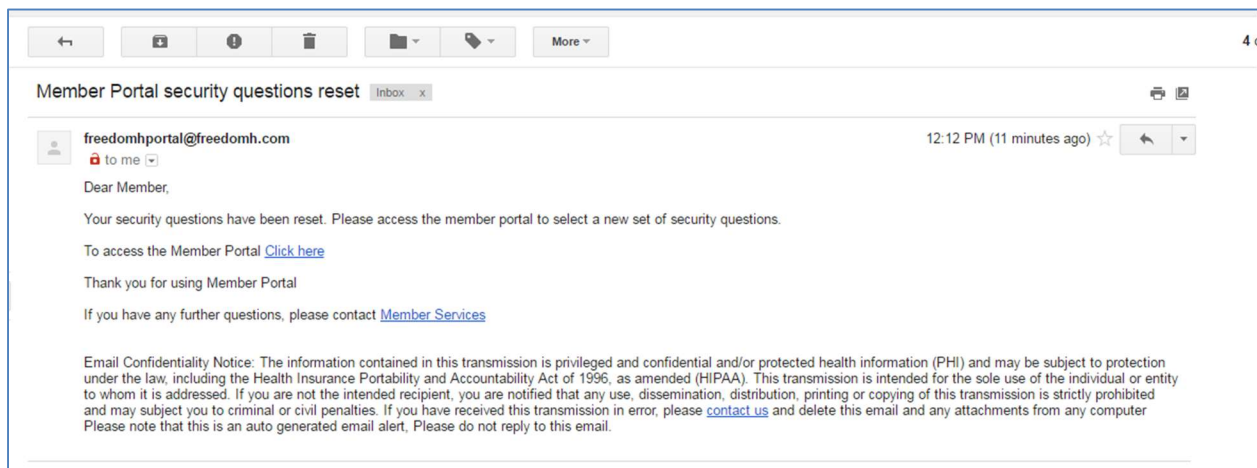
Submit **Reset** **Back**

[Contact Us](#) [Site Map](#) [Disclaimer](#)

Callout 1: You can choose an alternate question of your choice and enter answer for the same

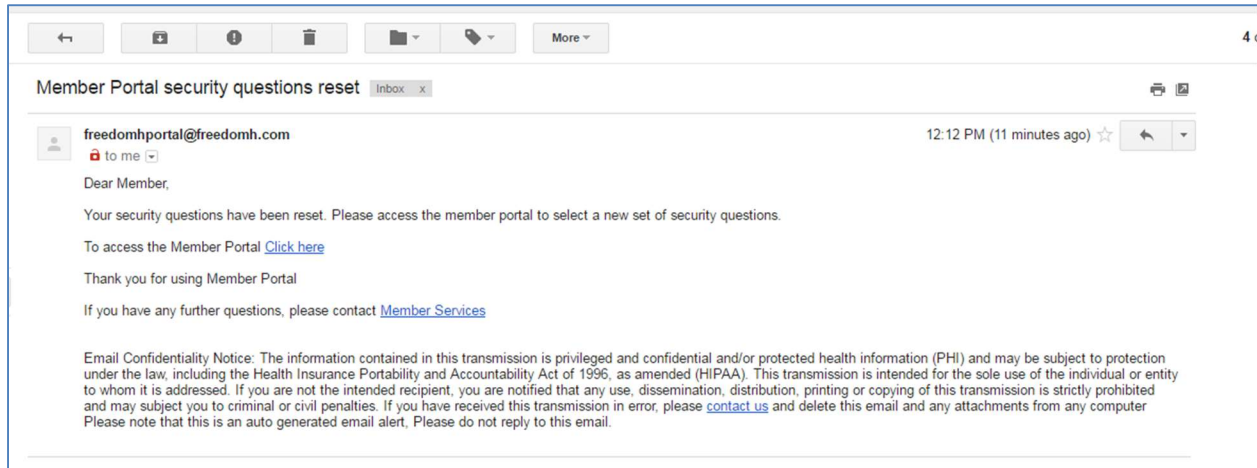
Callout 2: Click Submit button to save the changes

After you have successfully reset your Security Questions and Answers, you will receive an email notification confirming that the security questions have been reset. An example is shown below.



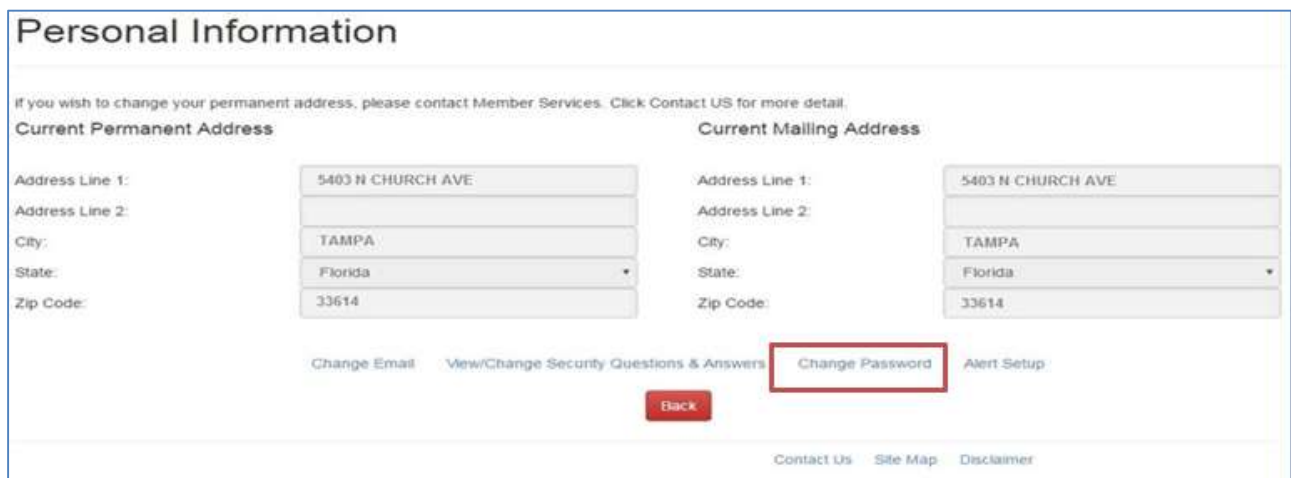
If for some reason you are unable to reset security questions and answers, please call Member Services. Once Member Services resets your security questions, upon your next login, you will be required to select three unique security questions and enter answers for the same. Click on the 'Submit' button to save the information. You will be then taken to your Home page.

You will also receive an email notification confirming that the security questions have been reset. An example is shown below.



5.2.5 Change Password

If you wish to change your 'Member Portal' password, click on the 'Change Password' link. The system will display the 'Change Password' page. Please enter the old and new password and click on the 'Submit' button. Please note that your new password cannot be one of the three previously used passwords.




Change Password

Current Password:

New Password:

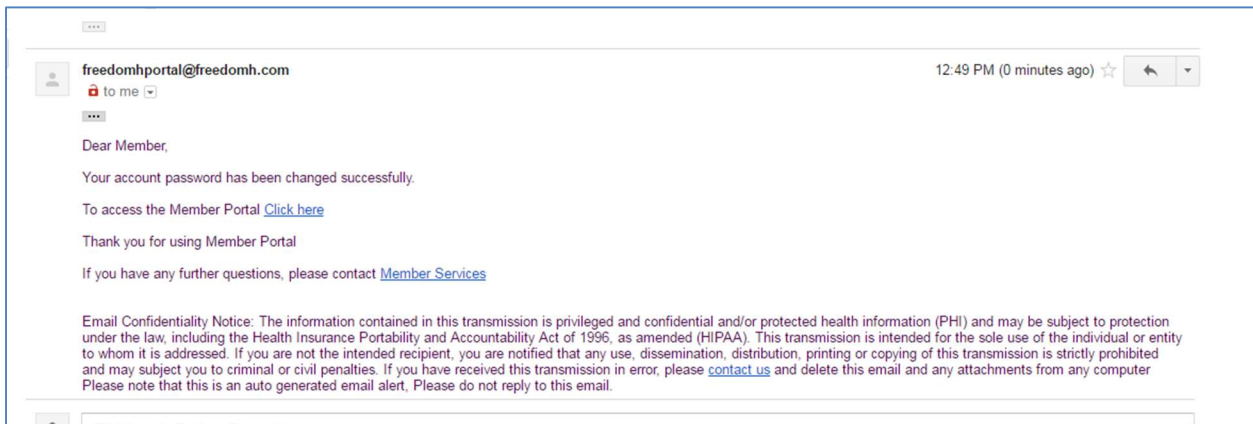
Confirm New Password:

- Password be at least eight (8) characters in length
- Password must contain at least one letter (A-Z) or (a-z) and one number (0-9).
- Password can not be previous 3 passwords



[Contact Us](#) [Site Map](#) [Disclaimer](#)

Once the new password has been set successfully, you will receive an email confirmation of the password change for your records. An example is shown below.



5.2.6 Alert Setup

The 'Member Portal' sends an auto generated email to your registered email address if it detects you have a prescription drug Refill Due in next 7 days. If you would like to change your email preferences for Member Portal to subscribe/unsubscribe regarding this alert, you can do so by clicking on the "Alert Setup" link.

Personal Information

If you wish to change your Permanent or Mailing Address [Click Here](#) or contact Member Services by clicking [Contact Us](#) for our contact information.

Current Permanent Address

Address Line 1: [Redacted] CT
Address Line 2: [Redacted]
City: [Redacted]
State: [Redacted]
Zip Code: [Redacted]
Phone Number: [Redacted]

Current Mailing Address

Address Line 1: [Redacted] CT
Address Line 2: [Redacted]
City: [Redacted]
State: [Redacted]
Zip Code: [Redacted]
Phone Number: [Redacted]

[Change Email](#) [Change Phone Number](#) [View/Change Security Questions & Answers](#) [Change Password](#) **[Alert Setup](#)**

[Back](#)

[Contact Us](#) [Site Map](#) [Disclaimer](#)

The following page will display when you click on the 'Alert Setup' link. If you would like to subscribe to this prescription drug alert, please select the Email checkbox for RX Prescriptions, Click on the 'Submit' button and the system will send you an email regarding the prescription drug alert when you have drug refills due in the next 7 days. If you do not wish to receive these email alerts, please unselect the Email checkbox for RX Prescriptions and Click on the 'Submit' button.

Note: These email alerts are only for Prescription Drugs, the System will not send emails for OTC related items.

Setup Email Alert

Alert Name	Email
Preventive Health Screening	<input checked="" type="checkbox"/>
Advance Directives	<input checked="" type="checkbox"/>
Healthy Heart Alert	<input checked="" type="checkbox"/>
Health Assessment Tool Alert	<input checked="" type="checkbox"/>
<u>RX Prescriptions</u>	<input checked="" type="checkbox"/>

[Submit](#) [Reset](#) [Back](#)

[Contact Us](#) [Site Map](#) [Disclaimer](#)

5.2.7 Email Notifications

If you need help changing your email, resetting security questions or resetting your password, please contact Member Services. Once Member Services resets your email address or security questions, you will receive an email notification confirming the change. Examples are shown below.

Permanent Address Change Confirmation Email

When a member submits the address change request, it will send an email to the member's registered email. Once the status is submitted by the member, the System will then send an email notification to Enrollment and Member Services, depending on a permanent, mailing, or phone change.

From: freedomhportal@freedomh.com <freedomhportal@freedomh.com>
Sent: Tuesday, November 15, 2022 9:23 PM
To: [REDACTED]
Subject: Member Portal Inquiry Received# A1

Dear Member,

Thank you for submitting your inquiry through Member Portal. Our Customer Service Team is reviewing and respond to you shortly.

To access the member portal [Click here](#)




If you have any further questions, please contact [Member Services](#)

Email Confidentiality Notice: The information contained in this transmission is privileged and confidential and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). This transmission is intended for the sole use of the individual or entity to whom it is addressed. Any unauthorized review, use, disclosure, distribution, printing or copying of this transmission is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error, please destroy all copies of the original message and any attachments from any computer. Please note that this is an auto generated email alert. Please do not reply to this email.

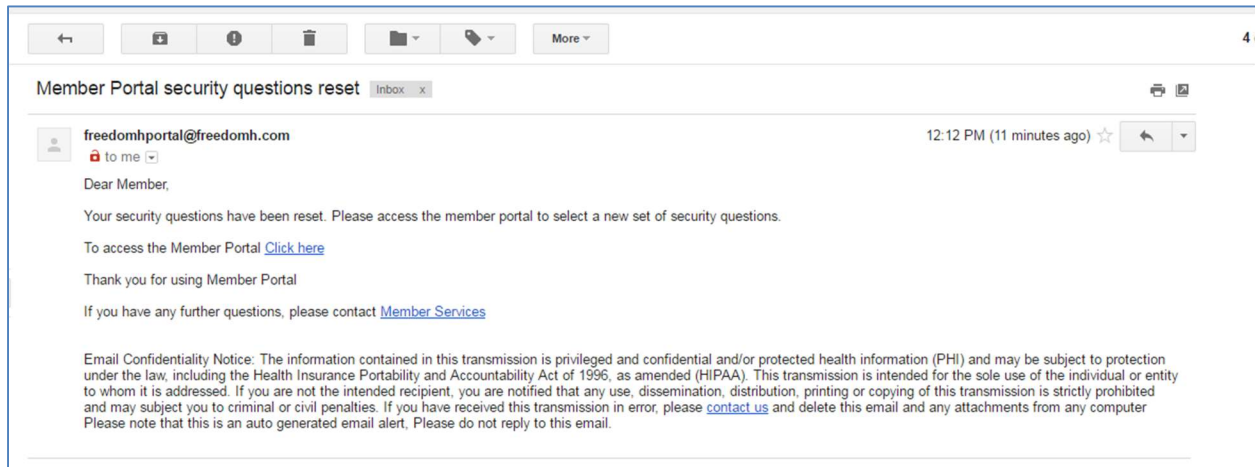
Email Address Change Confirmation Email

Member Portal e-mail address changed Inbox x

freedomhportal@freedomh.com 12:10 PM (13 minutes ago) ☆
Dear Member, Your request to change the email address from [REDACTED]

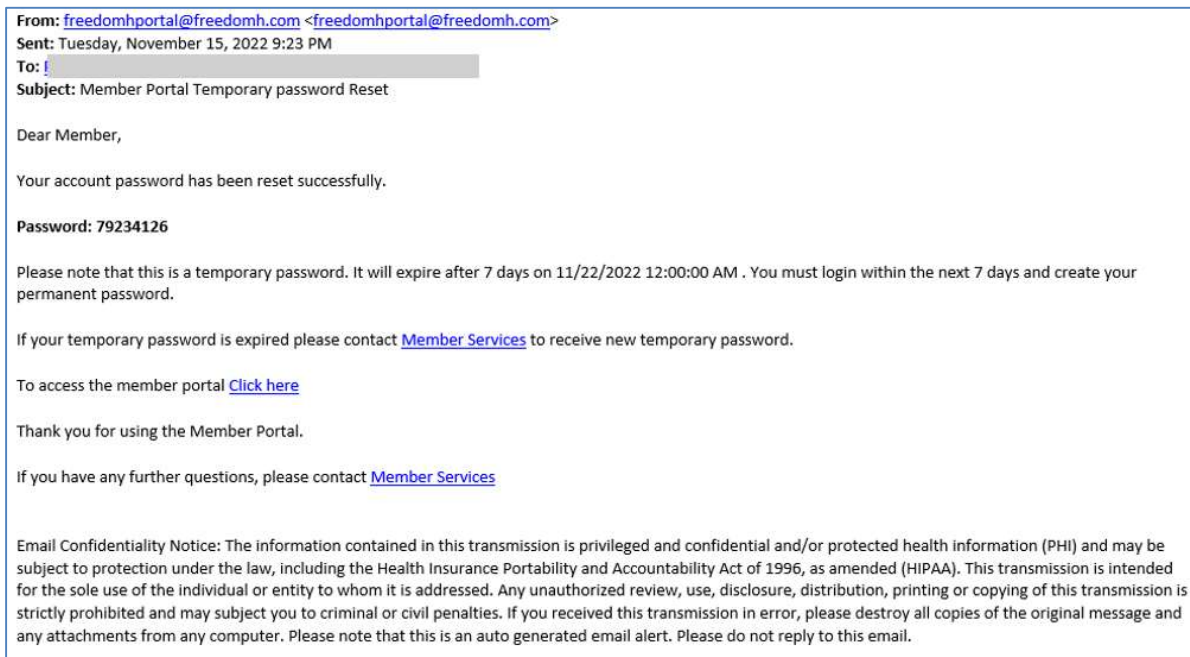
freedomhportal@freedomh.com 12:12 PM (11 minutes ago) ☆  
 to me ▾
Dear Member,
Your request to change the email address from to [REDACTED] has been successfully processed. You will need this email address to access the Member Portal.

Security Question Reset Confirmation Email



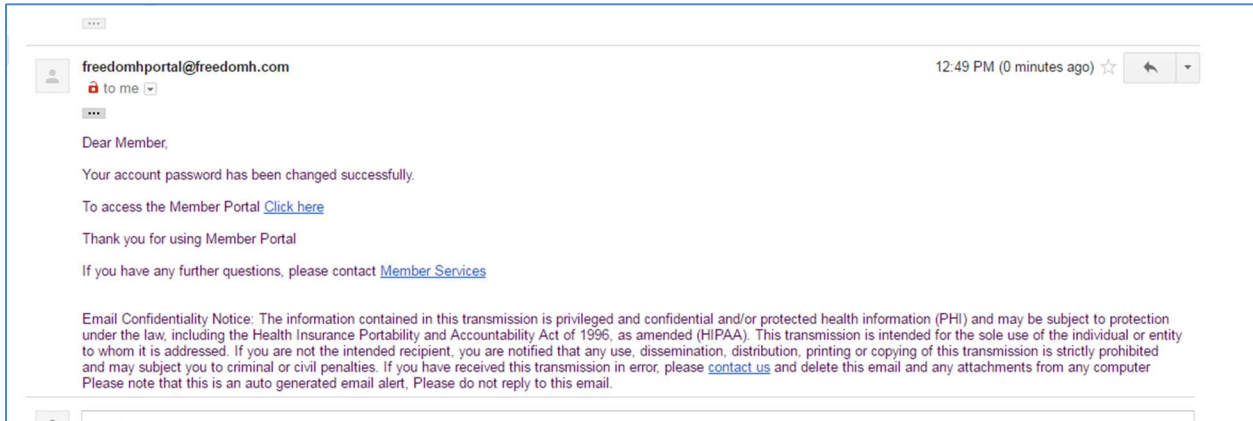
Once Member Services resets your password, you will receive an email with your temporary password information. An example is shown below.

Temporary Password Change Confirmation Email



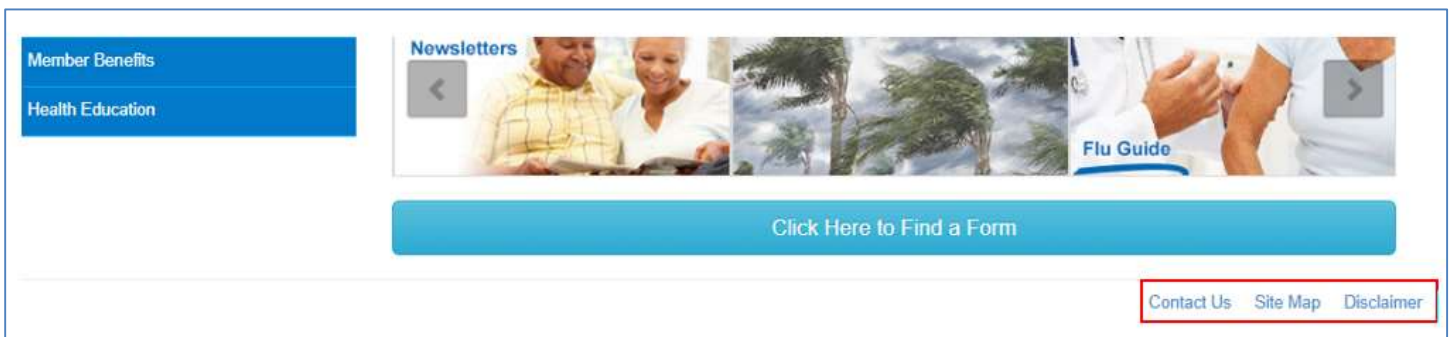
After you have successfully reset your password, you will receive an email confirmation of the password change for your records.

Password Change Confirmation Email



5.3 Contact Us, Site Map, Disclaimer

Near the bottom of the Home page, you will find links for the plan’s contact information (Contact Us), the website’s site map (Site Map) and the plan’s disclaimer (Disclaimer).



5.3.1 Contact Us

The plan’s mailing and physical addresses are listed here. You can also find the plan’s toll-free phone number, the fax number and the TTY/TDD number.

Contact Us

If you can't find an answer on our website, please contact us directly:

By Mail:

- Freedom Health
- P.O. Box 151137
- Tampa, FL 33684

By Phone:

8am to 8pm EST 7 days per week from October 1st to March 31st
 8am to 8pm EST Monday through Friday from April 1st to September 30th

- Toll Free: 1-800-401-2740
- TTD/TTY: 711

By Fax:

- Fax Number: 813-506-6150

We have free interpreter services to answer any questions you may have about our health or drug plan. [Click here for Multi-Language Insert](#) To get an interpreter, just call us at the above mentioned numbers. Someone who speaks Spanish can help you. This is a free service.

Back

If you would like to use an interpreter service, click on the link “Click here for Multi – Language Insert”. Partial document shown below for display purposes only.

FRH23MLNG



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-401-2740 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-401-2740 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费^的翻译服务, 帮助您解答关于健康或药物保险^的任何疑问。如果您需要此翻译服务, 请致电 1-800-401-2740 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费^的服务。

5.3.2 Site Map

You can view the site map, which provides a list view for the website links.

Site Map

- [Over The Counter/Diabetic Supplies](#)
- [Track Your OTC Order](#)
- [Print/Order ID Card](#)
- [Order Member Materials](#)
- [View Your Claims And Explanation of Benefits](#)
- [Track Your Out of Pocket Expenses](#)
- [Find Doctor, Pharmacy or Facility](#)
- [Find A Prescription Drug](#)
- [Preventive Health Screening](#)
- [Important Documents](#)
- [Complete Your Health Assessment Form](#)
- [Find A Form](#)
- [Personal Information](#)
- [Setup Email Message](#)
- [Health Education](#)
- [Body Mass Index\(BMI\)](#)
- [E-Inquiries](#)
- [Change Your Primary Care Provider \(PCP\)](#)
- [Personal Health Tracker](#)
- [Case & Disease Management](#)
- [Member Benefits](#)
- [Health Appraisal Profile History](#)
- [FAQ](#)

[Back](#)

5.3.3 Disclaimer

When you click on the 'Disclaimer' link, you can view the plan's disclaimer.

Member Portal Disclaimer

Freedom Health Inc, is an HMO plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Freedom Health Inc, depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Beneficiaries generally must use network pharmacies to access their prescription drug benefit. You must continue to pay your Medicare Part B premium. Medicare beneficiaries may also enroll in Freedom Health through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>. Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

Depending on the services, a prior authorization or referral from your doctor may be required.

For Chronic Special Needs Plans (SNP): These plans are available to anyone with Medicare who has been diagnosed with Diabetes, Cardiovascular Disease, Chronic Heart Failure, or a qualified Chronic Lung Disorder, such as Chronic Obstructive Pulmonary Disease (COPD), Asthma, Chronic Bronchitis, Emphysema, Pulmonary Fibrosis, or Pulmonary Hypertension.

For Dual Special Needs Plans (DSNP): These plans are available to anyone who has both medical assistance from the state and Medicare. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. The Part B premium is covered for full dual members of Special Needs Plans.

This information is available for free in other languages. Please call our Member Services number at 1-800-401-2740 for additional information. TTY users should call 711. Hours are From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. – 8 p.m. EST. Member Services also provides free language interpreter services for non-English speakers.

Freedom Health Inc, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (TTY: 711).

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de Servicio de Miembros al 1-800-401-2740 (TTY 711) para obtener información adicional. Del 1 de octubre hasta el 31 de marzo, estamos abiertos los 7 días de la semana de 8 a.m. a 8 p.m. EST. Del 1 de abril hasta el 30 de septiembre, estamos abiertos de lunes a viernes, de 8 a.m. a 8 p.m. EST. Servicios de Miembros también ofrece servicios de interpretación de idiomas gratis para personas que no hablan inglés.

Freedom Health Inc, cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (TTY: 711).

These materials may be made available in alternate formats (e.g., large print, Braille) to individuals with disabilities, upon request.

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6 I tried to login but it says that my account is locked. How do I unlock my account?

Your account can get locked if you had more than **ten unsuccessful attempts** to login or answering security questions when you **log in from a new internet device** other than the one that you used for member portal registration. Please contact member services to unlock your account.

7 I tried to log into the 'Member Portal', but it says that my account has been inactivated. How do I activate my account?

Your account will become inactive if you haven't logged in for **180 days since your last login**. Please contact Member Services to activate your account.

8 How do I use the 'Navigate to....' menu options?

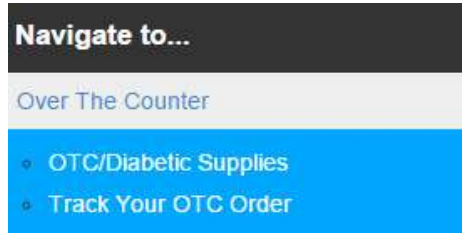
Each menu item is explained on the pages following this one.

Navigate to...
Over The Counter
Member Materials
Claims And EOB
Track Your Out of Pocket Expenses
Change Your Primary Care Provider (PCP)
Change Your Address/Phone Number
Change Your Language Preference
Health Assessment & Appraisal
Find Doctor, Pharmacy or Facility
Find A Prescription Drug
Preventive Health Screening
E-Inquiries
Personal Health Tracker
Disease Management
Important Documents
Member Benefits
Nations Flex Fitness
Nations Healthy Grocery
Health Education
Advance Directives Message
Healthy Heart Message

8.1 Over The Counter

To place an order or view the delivery status of over the counter and diabetic supplies, please click on the 'Over the Counter' link. The following sub tabs will be displayed:

- OTC/Diabetic Supplies
- Track Your OTC Order



8.1.1 OTC/Diabetic Supplies

After clicking on the 'OTC/Diabetic Supplies' link, you will be directed to the OTC Order Placement page where your Plan related information will be prefilled.

The screenshot shows the Freedom Health OTC Order Placement page. At the top left is the Freedom Health logo. At the top right, it says 'User: [redacted]' and 'Tuesday, January 11, 2023'. Below the logo is a message: 'If you are having trouble placing an order please call 1-866-900-2688, 8 am to 8 pm, Monday thru Friday' and a 'Back To Member Portal' button. A navigation bar contains 'Order Placement', 'Delivery Order Status', and 'OTC Help'. The main content area has a heading 'Order Placement' and a red notice: 'Please note that we have added 50 pack disposal face mask, item no 90, price \$25'. Below this is a paragraph about COVID-19 challenges and another paragraph about quantity limits starting May 1st, 2021. It states 'The Order Number DO-23-7, DO-23-8 is Pending for this Member ID P [redacted]'. A form contains fields for Member ID, PBP ID (FH23072), Plan Name (Freedom VIP Savings (HMO C-SNP)), Order Month (January 2023), Order Date (01/10/2023), First Name, Last Name, DOB, Home Phone, and Business Phone. It also shows Plan Limit (\$75.00) and Available Limit (\$74.00). Below this is a section for 'Type of Meter' (QUICK CHEK METER), Physician Certificate Exp Date, PCP Approved Testing Frequency (1X), and Strip Exhaust Date. At the bottom, there are links for 'Review and Repeat Previous Order', 'List of Available Items', and 'OTC Policies and Disclaimers'. A table with columns: Remove, Medicine Group, Item.No, Product Name, Description, Order Quantity, UOM, Drug Type, Total Price. The table has one row with a trash icon, a dropdown for Item.No, a dropdown for Product Name, and a dropdown for Order Quantity, with a Total Price of \$0.00.

The System displays the order month, order date, plan limit amount and the available limit.

The Plan limit is the amount your plan will pay per year for covered OTC/Diabetic Supplies. The Available limit is the amount you have remaining to spend for your covered OTC/Diabetic supplies for the order month.

First Name	<input type="text"/>	Last Name	<input type="text"/>	DOB	<input type="text"/>
Plan Limit	\$75.00	Available Limit	\$74.00		

The Order Grid will be displayed as shown below.

Remove	Medicine Group	Item.No	Product Name	Description	Order Quantity	UOM	Drug Type	Total Price
		--	--Select--		--			\$0.00

8.1.1.1 Order Placement

To place an order, select the Product Name from the drop-down option. Item Number, Medicine Group, Description and Drug type will be automatically displayed. Select Order quantity and click Submit button.

Click the link For [Review and Repeat Previous Order](#) [List of Available Items](#) [OTC Policies and Disclaimers](#)

Remove	Medicine Group	Item.No	Product Name	Description	Order Quantity	UOM	Drug Type	Total Price
	ADULT INCONTINENCE	16E	ADULT WIPES	ADULT WIPES	1	PACK	OTC	\$3.00
	VITAMINS & MINERALS	13M	SELENIUM	SELENIUM 200 MCG	1	PACK	OTC	\$7.00
		--	--Select--		--			\$0.00

Submit

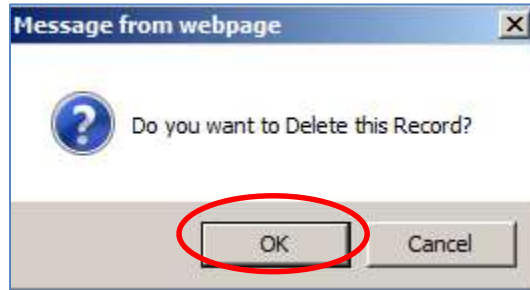
To delete the item, click on the Remove icon next to the item. The system will display a confirmation message.

Click the link For [Review and Repeat Previous Order](#) [List of Available Items](#) [OTC Policies and Disclaimers](#)

Remove	Medicine Group	Item.No	Product Name	Description	Order Quantity	UOM	Drug Type	Total Price
	ADULT INCONTINENCE	16E	ADULT WIPES	ADULT WIPES	1	PACK	OTC	\$3.00
	VITAMINS & MINERALS	13M	SELENIUM	SELENIUM 200 MCG	1	PACK	OTC	\$7.00
		--	--Select--		--			\$0.00

Submit

Click on the OK Button.



If you are ordering a Diabetic medication, you will be prompted to answer a few questions regarding your primary care physician and your health.

Diabetic Profile	
Question	Response
YOUR CURRENT PRIMARY CARE PHYSICIAN NAME IS	John Doe Sr
WHO IS TREATING DIABETIC CURRENTLY? *	PCP
YOUR PRIMARY CARE PHYSICIAN PHONE NO IS	888-888-8888
YOUR PRIMARY CARE PHYSICIAN FAX NO IS	888-888-8888
YOUR PRIMARY CARE PHYSICIAN ADDRESS1 IS	Address 1
YOUR PRIMARY CARE PHYSICIAN ADDRESS2 IS	Address 2
YOUR PRIMARY CARE PHYSICIAN CITY IS	City
YOUR PRIMARY CARE PHYSICIAN STATE IS	State
YOUR PRIMARY CARE PHYSICIAN ZIPCODE IS	33333
ARE THE ABOVE PHYSICIAN DETAILS CORRECT? *	--Select--
HOW MANY TIMES A DAY DO YOU TEST YOUR BLOOD SUGAR? *	2X
TYPE OF DIABETIC TESTING MACHINE YOU CURRENTLY USE	Machine Name
HOW LONG YOU HAVE BEEN USING THIS MACHINE *	--Select--
HOW SOON YOU WILL BE OUT OF DIABETIC SUPPLY *	--Select--

[Modify](#) [Continue](#) [Click Here for Diabetic Supply Details](#)

When you click on the submit button (or continue button for Diabetic Profile), the system will display the Address Confirmation page. If you wish to change your permanent address, please call Member Services. If you wish to change the shipping address for this order, please select the 'YES' radio button and click on the 'Continue' button. You will be able to enter a new shipping address. Then click on continue.

Address Confirmation

Member ID: FXXXXXXXXX

First Name: John Last Name: Doe

Current Primary Address

Address1 * Address 1
Address2
City * City
State * FL Zip Code * 33614

Current Shipping Address

Address1 * Address 1
Address2
City * City
State * FL Zip Code * 33614

Contact Phone Numbers

Home Phone: 555-555-5555
Business Phone:
Cell Phone:

If above permanent address is not correct please call 1-866-900-2688 during regular business hours and request customer service representative to change address

Is the Above Shipping Address Correct?

Yes No

Continue

The following Order Confirmation page will be displayed. Click on the 'Modify' button to modify the order. Click on the 'Confirm' button to confirm the order.

Order Confirmation - Member

Member ID: PXXXXXXXXXX

First Name: John Last Name: Doe

Shipping Address: Address Details Plan Limit: \$18.00 Order Value: \$0.00

Medicine Group	Item No	Product Name	Description	Quantity	UOM	Drug Type
DIABET	D12	FORA STRIPS	FORA STRIPS	2	PACK	DIABET
OTHERS	100	FREEDOM FLYER	FREEDOM FLYER	1	1	OTC

The system will display the order confirmation message with the order confirmation number.

Your Order Number is D0-14-198670

Thank you for placing order. You will receive the requested items within 7 to 14 business days. You can always check the status of your order through [Delivery order status link](#)

[Delivery Order Status](#)

Member ID: PXXXXXXXXXX

First Name: John Last Name: Doe

Shipping Address: Address Details Plan Limit: \$18.00 Order Value: \$0.00

Medicine Group	Item No	Product Name	Description	Quantity	UOM	Drug Type
DIABET	D12	FORA STRIPS	FORA STRIPS	2	PACK	DIABET
OTHERS	100	FREEDOM FLYER	FREEDOM FLYER	1	1	OTC

You can click on the "Back to Member Portal" button anytime to return to the member portal.

User:
Wednesday, April 03,

If you are having trouble placing an order please call 1-866-900-2688, 8 am to 8 pm, Monday thru Friday

Order Placement Delivery Order Status OTC Help

Order Placement

8.1.1.2 Delivery Order Status

Please click on the Delivery Order Status link to check the order status.

User:
Wednesday, April 03,

If you are having trouble placing an order please call 1-866-900-2688, 8 am to 8 pm, Monday thru Friday

Order Placement
OTC Help

Delivery Order Status

Order Placement

The "Order Status" grid will be displayed.

Order Placement
OTC Help

Delivery Order Status

Order Status - Member

5 Records Found.

Member ID:
 First Name: Last Name:

Reprocess	Order No	Order Month	Order Date	Shipment No	Order Type	Details(Product-Qty)	Shipment Date	Returned By / Date / Number	Order Placed By - UserID / Name / Role	Canceled Reason
	DO-20-49	03/01/2020	03/17/2020		OTC	PILL ORGANIZER-1;				
	DO-20-48	03/01/2020	03/13/2020		OTC	VITAMIN E-1;				
	DO-19-379010	07/01/2019	07/15/2019	DO-19-379010-S	OTC	BAYER ASPIRIN LOW DOSE 81 MG-1;FISH OIL-1;MUCINEX DM-1;SIMPLY SLEEP-1;TYLENOL PM-1;VITAMIN E-1;	07/19/2019			m
	DO-19-345013	06/01/2019	06/27/2019	DO-19-345013-S	OTC	BAYER ASPIRIN LOW DOSE 81 MG-1;COLACE-1;DIGITAL BLOOD PRESSURE KIT-1;FISH OIL-1;SIMPLY SLEEP-1;TOOTHBRUSH-1;	07/03/2019			n
	DO-19-306322	06/01/2019	06/04/2019	DO-19-306322-S	DIABETIC	FORA LANCETS-3;FORA STRIPS-6;	06/06/2019			/

Page 1 of 1 1

8.1.1.3 Cancel Order

To Cancel the order, please click on the 'Cancel Order' button next to the order

The screenshot shows a web application interface for 'Order Status - Member'. At the top, there are tabs for 'Order Placement', 'Delivery Order Status', and 'OTC Help'. Below the tabs, it says '4 Records Found.' and provides search fields for 'Member ID', 'First Name' (John), and 'Last Name' (Doe). A table lists four orders with columns: Reprocess, Order No, Order Month, Order Date, Shipment No, Order Type, and Details(Product-Qty). Each row has a 'Cancel Order' button next to it, which is circled in red in the image. The table data is as follows:

Reprocess	Order No	Order Month	Order Date	Shipment No	Order Type	Details(Product-Qty)
Cancel Order	DO-14-198669	12/01/2014	12/28/2014		OTC	NEOSPORIN-1;
Cancel Order	DO-14-198670	12/01/2014	12/28/2014		MIXED	FORA STRIPS-2;FREEDOM FLYER-1;
	DO-14-198659	12/01/2014	12/15/2014		DIABETIC	FORA STRIPS-1;
Cancel Order	DO-14-198655	12/01/2014	12/12/2014		OTC	FIXODENT-2;

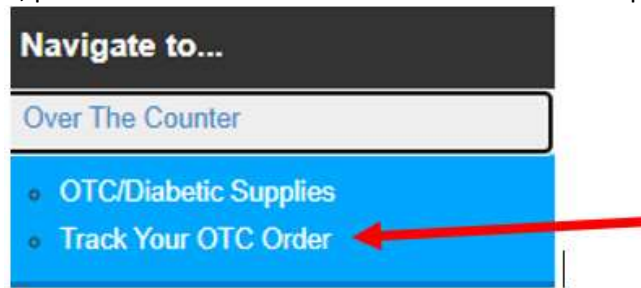
Page 1 of 1 1

You will be required to select the Cancel reason from drop down option. You can also enter other reasons as applicable and click on the OK button.

The screenshot shows a dialog box titled 'Delivery Order # DO-14-198669 Cancel Reason'. It contains two input fields: 'Cancel Reason' with a dropdown menu showing 'Invalid Address' and 'Other Reason' with a text input field. At the bottom, there are two buttons: 'Ok' and 'Back'. The 'Ok' button is circled in red.

8.1.2 Track Your OTC Order

To track the OTC Order you placed, please click on the 'Track Your OTC Order' menu option.



The system would display the Order Date, Order No, Item Shipped Date, Order Status and the UPS Order Tracking Number.

Note: Please allow 1 or 2 business days for us to create the Tracking Number for your order. Once your order is shipped, the Member Portal will send you an email with Order Tracking Number.

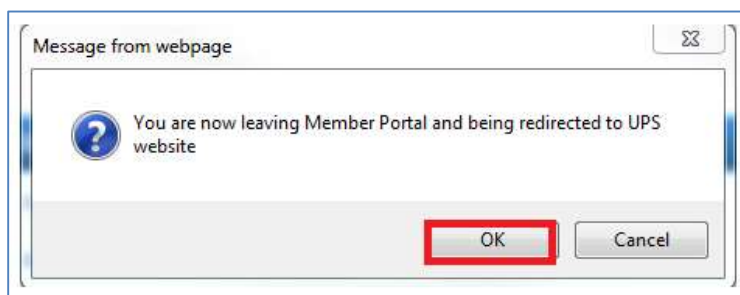
Track your OTC ordered item

OTC Tracking Numbers are only shown for orders placed within the last 90 Days. For more information on previous orders please contact us.

OTC Order Date	Order No	Shipment Date	OTC Order Status	OTC Tracking Number	View Details
01/04/2023	DO-23-8		Fully Shipped	92748901076334010802202251	ViewDetail

Back

Click on the Tracking Number under the OTC Tracking Number column. The system will show the confirmation pop up window displayed below to navigate to the UPS website.



Click on the OK button in above confirmation popup window to navigate to the UPS Order Tracking Details page where the shipment details are available.

[Track](#)

Log in to save this information to your recently tracked shipments.
New to UPS? Sign up

[Other Tracking Options](#)

10137

Print Help

Updated: 11/15/2021 2:25 P.M. Eastern Time

The Shipment Status will be displayed here

Delivered by Local Post Office

Delivered On:
Saturday, 10/16/2021 at 5:51 P.M.
Left At:
FRONT DOOR/PORCH

[Notify me with Updates](#)

Shipping Information

To:
LARGO, FL 33771, US

Service

UPS Mail Innovations®
Expedited

Shipment Progress

Shipment Progress will be displayed here

Additional Information

Package Actual Weight:	3.9800 lbs
Package Delivery Date:	10/16/2021
Package Destination:	LARGO, FL, US 33771
Package ID:	DO-21-519547
Package Sequence Number:	072291014210680038
Package Status:	Delivered by Local Post Office


8.1.2.1 View OTC Order Details

Click on the 'ViewDetail' link.

Track your OTC ordered item

OTC Tracking Numbers are only shown for orders placed within the last 90 Days. For more information on previous orders please contact us.

OTC Order Date	Order No	Shipment Date	OTC Order Status	OTC Tracking Number	View Details
01/04/2023	DO-23-8		Fully Shipped	92748901076334010802202251	ViewDetail



Back

Your OTC Order Details will be displayed.

Hide Detail

Order No	Item Description	Order Qty	Ship Qty
DO-19-57511	FISH OIL	1	1
DO-19-57511	PREPARATION -H	1	1
DO-19-57511	VISINE TEARS	1	1
DO-19-57511	ZADITOR	2	2
DO-18-57511	MUCINEX DM	2	2
DO-18-57511	TYLENOL PM	1	1

Back

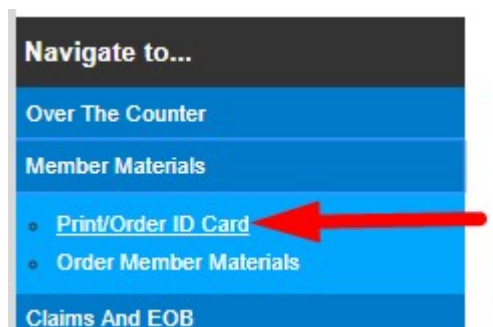
8.2 Member Materials

Click on the 'Member Materials' tab on the menu options to order a member material.



8.2.1 Print/Order ID Card

To view, print and order an ID card, please click on the 'Print/Order ID Card' menu option.



8.2.1.1 View / Print ID card

Click on the 'View/Print' link to view or print your card.

Print/Order ID Card

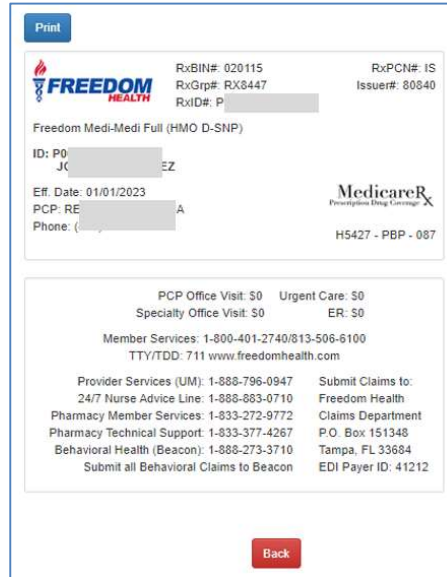
You can instantly Print or Order your ID Card here

Plan ID	Plan Name	PCP Name	Effective Date	View/Print	Order ID Card
FH23087	Freedom Medi-Medi Full (HMO D-SNP)	R [REDACTED] A	01/01/2023	View/Print	Order
FH22087	Freedom Medi-Medi Full (HMO D-SNP)	R [REDACTED] A	07/01/2022	View/Print	Order

Back

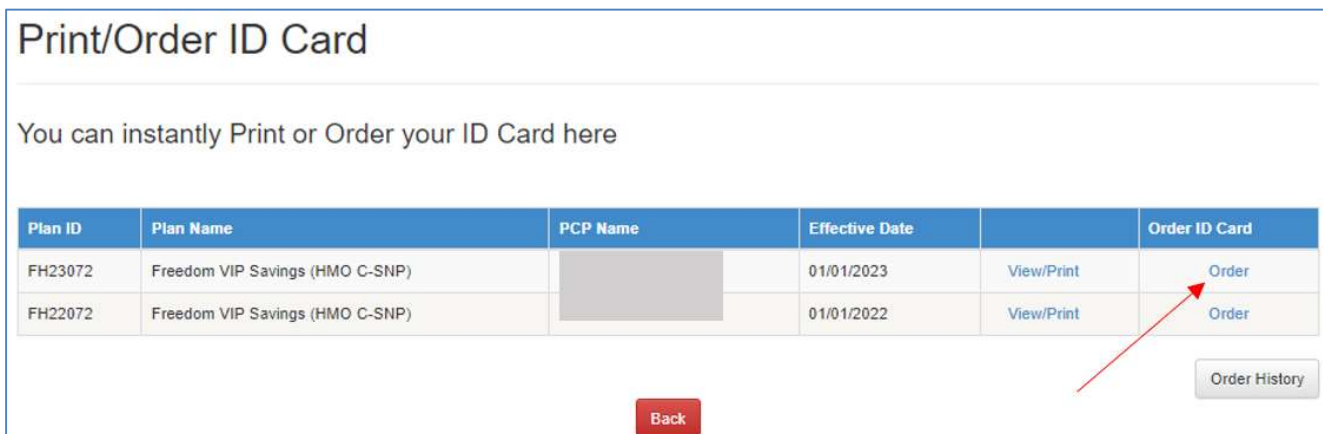
Order History

The ID card will be displayed. To print the ID card, click on the 'Print' button.

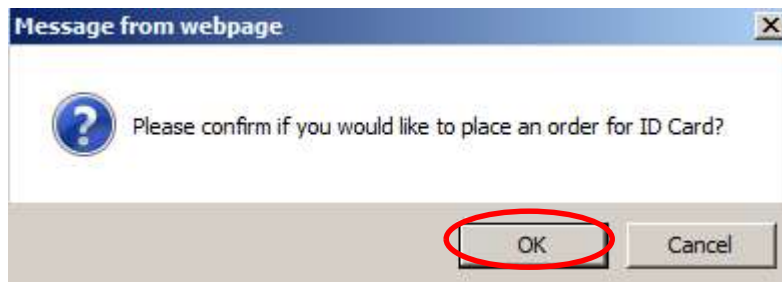


8.2.1.2 Order ID card

To Order ID card, click on the "Order" link in the Order ID Card column.



The System shall display the following confirmation message after the "Order" link is clicked. Click the "OK" button to confirm the ID Card order.



After you click the OK button, system shall display Order confirmation message with Order confirmation number.

Print/Order ID Card

You can instantly Print or Order your ID Card here

Your order for ID card has been placed. Order confirmation number is: 1003955.ID Card will be delivered to your current mailing address in next 10 to 14 business days.

Plan ID	Plan Name	PCP Name	Effective Date		Order ID Card
FH23072	Freedom VIP Savings (HMO C-SNP)	[Redacted]	01/01/2023	View/Print	
FH22072	Freedom VIP Savings (HMO C-SNP)	[Redacted]	01/01/2022	View/Print	Order

[Order History](#)

[Back](#)

8.2.1.3 View ID Card Order History

To View the ID Card Order History, click on the “Order History” button.

Print/Order ID Card

You can instantly Print or Order your ID Card here

Plan ID	Plan Name	PCP Name	Effective Date		Order ID Card
FH23087	Freedom Medi-Medi Full (HMO D-SNP)	R [Redacted] A	01/01/2023	View/Print	Order
FH22087	Freedom Medi-Medi Full (HMO D-SNP)	R [Redacted] A	07/01/2022	View/Print	Order

[Order History](#)

[Back](#)

Order #	Order Date	Effective Date	Order Source	Order By	Status	Cancel Order
1011137	04/07/2020	01/01/2020	Member Portal	Darrin Miller	New	Cancel

[Back](#)

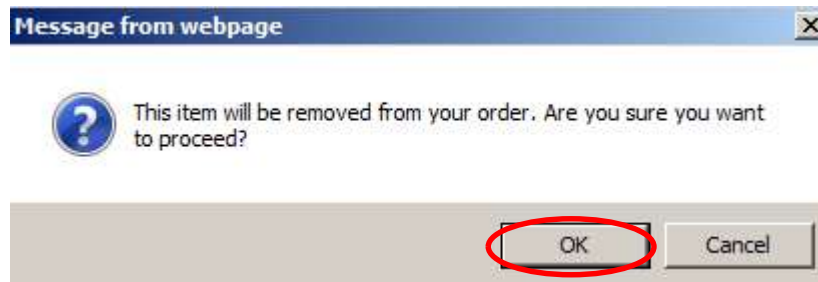
8.2.1.4 Cancel ID Card order

If you want to cancel your ID Card order, click on the 'Cancel' link.

Order #	Order Date	Effective Date	Order Source	Order By	Status	Cancel Order
1011137	04/07/2020	01/01/2020	Member Portal		New	Cancel

If the order is still in New Status you can click Cancel to cancel the order.

After the 'Cancel' link is clicked, the System will display the message below. Click on the 'OK' button to cancel the order.



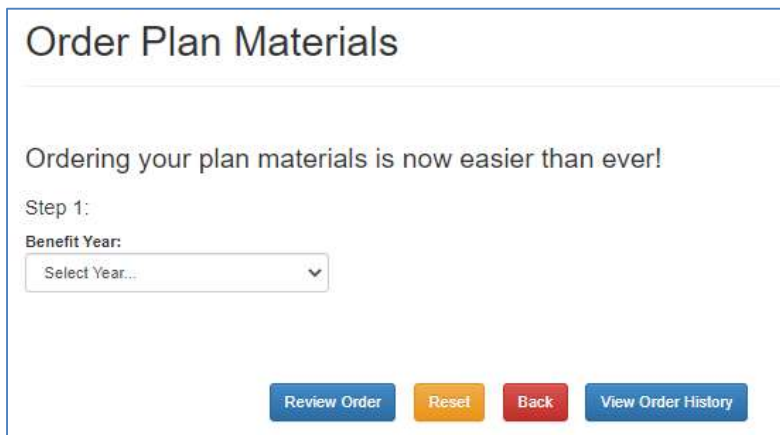
Please note that if the Order Status is 'In Process' or 'Shipped', the order cannot be cancelled. Only the orders with a status as 'New' can be cancelled.

8.3 Order Member Material

To order plan material like the Member packet, Health Assessment form (HAT), Plan overview etc. or to view your order history, please click on the 'Order Member Material' link.

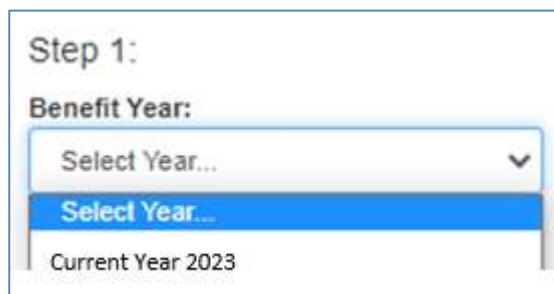


The 'Order Plan Material' page is displayed by default as shown below:



8.3.1 Place an order

In **Step 1**, select the "Current Year 2023" from the drop-down. Once selected, Step 2 will be displayed.



In **Step 2**, the Member Plan name will display in the Benefit Plan drop down option.

Step 1:

Benefit Year:

Current Year 2023
▼

Effective Date: 01/01/2023

Material Language English Spanish

Step 2:

Benefit Plan:

Freedom Medi-Medi Full (HMO D-SNP)
▼

Select Plan...

Freedom Medi-Medi Full (HMO D-SNP)

PCP Name: SANTANA, REINALDO

Shipping Options Standard Expedited

Once the plan is selected, **Step 3** 'Select the material you want to order' will be displayed. Select the appropriate materials by clicking on the checkboxes.

Step 3:

Select the material you want to order

* Only available when the entire Member Packet is Ordered

<input checked="" type="checkbox"/> Member Packet	<input type="checkbox"/> Other Important Documents
<input type="checkbox"/> Over The Counter Flyer	<input type="checkbox"/> Summary of Benefits
<input type="checkbox"/> Dental, Vision, Hearing Flyer	<input type="checkbox"/> Plan Overview
<input type="checkbox"/> Provider/Pharmacy Directory, EOC, and Formulary Electronic Letter*	<input type="checkbox"/> Health Assessment Tool (HAT) Form
<input type="checkbox"/> Member Portal Flyer*	<input type="checkbox"/> Member Authorization (HIPPA) Form
<input type="checkbox"/> IngenioRx Mail Order	<input type="checkbox"/> DMR (Direct Member Reimbursement Paper Claim) Form
	<input type="checkbox"/> AOR Form
<input checked="" type="checkbox"/> Annual Notice of Change (ANOC) Packet	<input type="checkbox"/> CONE (Certificate of No Estate) Form
<input type="checkbox"/> Annual Notice of Change (ANOC) Booklet	<input type="checkbox"/> LEP Maximus Reconsideration Form
	<input type="checkbox"/> Compound Prescription Claim Form
Provider/Pharmacy Directory	<input type="checkbox"/> Plan Change Application
<input type="checkbox"/> BREVARD, LAKE, MARION, MARTIN, ORANGE, OSCEOLA, SEMINOLE, SUMTER, VOLUSIA - MAPD	<input type="checkbox"/> NOPP (Notice of Privacy Practice)
<input type="checkbox"/> BROWARD, INDIAN RIVER, MARTIN, PALM BEACH, ST LUCIE - MAPD	<input type="checkbox"/> Evidence Of Coverage (EOC) Book
<input type="checkbox"/> CHARLOTTE, COLLIER, LEE, MANATEE, SARASOTA - MAPD	<input type="checkbox"/> Formulary
<input type="checkbox"/> CITRUS, HERNANDO, HILLSBOROUGH, PASCO, PINELLAS, POLK - MAPD	

Review Order
Reset
Back
View Order History

The Member can select Provider Directories from different or multiple counties by clicking on the appropriate checkboxes.

Once all the selections are made, click on the 'Review Order' button.

Select the material you want to order

* Only available when the entire Member Packet is Ordered

	Member Packet		Other Important Documents
<input type="checkbox"/>	Over The Counter Flyer	<input type="checkbox"/>	Summary of Benefits
<input type="checkbox"/>	Dental, Vision, Hearing Flyer	<input type="checkbox"/>	Plan Overview
<input type="checkbox"/>	Provider/Pharmacy Directory, EOC, and Formulary Electronic Letter*	<input type="checkbox"/>	Health Assessment Tool (HAT) Form
<input type="checkbox"/>	Member Portal Flyer*	<input type="checkbox"/>	Member Authorization (HIPPA) Form
<input type="checkbox"/>	IngenioRx Mail Order	<input type="checkbox"/>	DMR (Direct Member Reimbursement Paper Claim) Form
		<input type="checkbox"/>	AOR Form
<input type="checkbox"/>	Annual Notice of Change (ANOC) Packet	<input type="checkbox"/>	CONE (Certificate of No Estate) Form
<input type="checkbox"/>	Annual Notice of Change (ANOC) Booklet	<input type="checkbox"/>	LEP Maximus Reconsideration Form
		<input type="checkbox"/>	Compound Prescription Claim Form
	Provider/Pharmacy Directory	<input type="checkbox"/>	Plan Change Application
<input type="checkbox"/>	BREVARD, LAKE, MARION, MARTIN, ORANGE, OSCEOLA, SEMINOLE, SUMTER, VOLUSIA - MAPD	<input type="checkbox"/>	NOPP (Notice of Privacy Practice)
<input type="checkbox"/>	BROWARD, INDIAN RIVER, MARTIN, PALM BEACH, ST LUCIE - MAPD	<input type="checkbox"/>	Evidence Of Coverage (EOC) Book
<input type="checkbox"/>	CHARLOTTE, COLLIER, LEE, MANATEE, SARASOTA - MAPD	<input type="checkbox"/>	Formulary
<input type="checkbox"/>	CITRUS, HERNANDO, HILLSBOROUGH, PASCO, PINELLAS, POLK - MAPD		

Review Order
Reset
Back
View Order History

The following 'Order Review' page will be displayed. If you wish to change your selections, click on the 'Back to Order' button. If you are satisfied with your selections, click on the checkbox "Please select the confirmation checkbox to place your order" and click on the 'Confirm Order' button.

Please review and confirm your order

Material Language: English
Shipping Options: Standard
Benefit Plan Year: Current Year 2023
Benefit Plan: Freedom Platinum Rewards Plan Rx (HMO)

LAKE - Provider Directory
 CHARLOTTE, COLLIER, LEE, MANATEE, SARASOTA - MAPD
 BROWARD, INDIAN RIVER, MARTIN, PALM BEACH, ST LUCIE - MAPD

Please select the confirmation checkbox to place your order

[Confirm Order](#) [Back To Order](#) [Cancel Order And Back](#)

Select the checkbox

The System will display the confirmation message with the confirmation number.

Please review and confirm your order

Thank you for your order. Your confirmation number is: 1011138. Please allow 10 to 14 business days for your items to be delivered.

Material Language: English
Shipping Options: Standard
Benefit Plan Year: Current Year 2023
Benefit Plan: Freedom Platinum Rewards Plan Rx (HMO)

LAKE - Provider Directory
 CHARLOTTE, COLLIER, LEE, MANATEE, SARASOTA - MAPD
 BROWARD, INDIAN RIVER, MARTIN, PALM BEACH, ST LUCIE - MAPD

Please select the confirmation checkbox to place your order

You will also receive an email with the order confirmation number.

8.3.2 View Order History

To view the order history, please click on the “View Order History” button.

Ordering your plan materials is now easier than ever!

Step 1:

Benefit Year:

Select Year... ▼

Review Order Reset Back **View Order History**

The following Order History grid will be displayed. By clicking on any of the “View Details” links, the order detail will display at the bottom of the page.

Ordering your plan materials is now easier than ever!

Step 1:

Benefit Year:

Select Year... ▼

Review Order Reset Back View Order History

Order #	Order Date	Order Source	Ordered By	Items Ordered
1792929	09/02/2020	Non-Member Portal	CSR	View Details
1424231	09/12/2019	Non-Member Portal	CSR	View Details
1298284	09/03/2019	Non-Member Portal	CSR	View Details
1126825	12/31/2018	Non-Member Portal	CSR	View Details
1095147	09/19/2018	Non-Member Portal	CSR	View Details
1053156	09/04/2018	Non-Member Portal	CSR	View Details
1002430	01/10/2017	Member Portal	Member	View Details

Order Detail: 1792929 [Hide Detail](#)

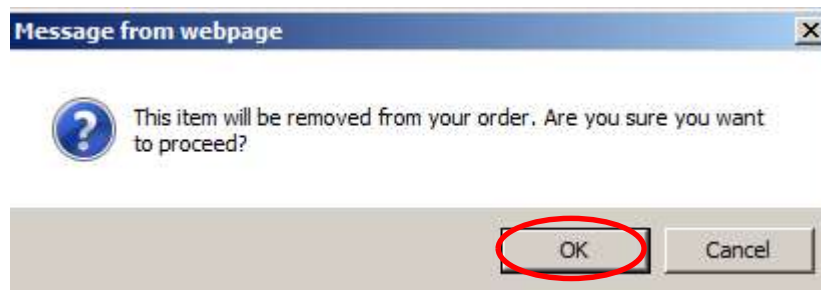
Item Name	Item Status	Mail Date	Priority	Cancel Item
Annual Notice of Change (ANOC) Booklet	Shipped	09/03/2020	Normal	

8.3.3 Cancel Order

You can cancel the order if the Item Status is 'New' by clicking on the 'Cancel' link.

Item Name	Item Status	Mail Date	Cancel Item
Provider/Pharmacy directory - CHARLOTTE, COLLIER, LEE, MANATEE, SARASOTA	New		Cancel

Please click on the "OK" button if you wish to proceed and cancel the order.



The order will be cancelled, and the Item's status will change to Cancelled.

Order Detail : 1000769			Hide Detail
Item Name	Item Status	Mail Date	Cancel Item
Provider/Pharmacy directory - CHARLOTTE, COLLIER, LEE, MANATEE, SARASOTA	Cancelled		

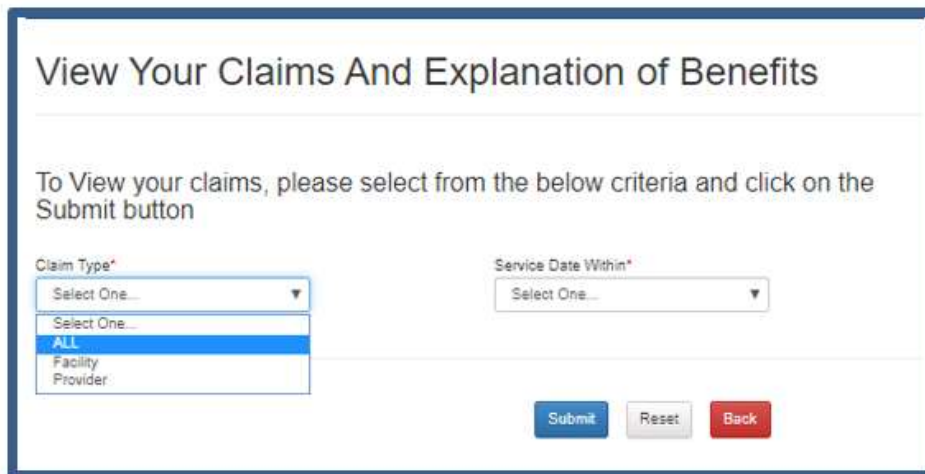
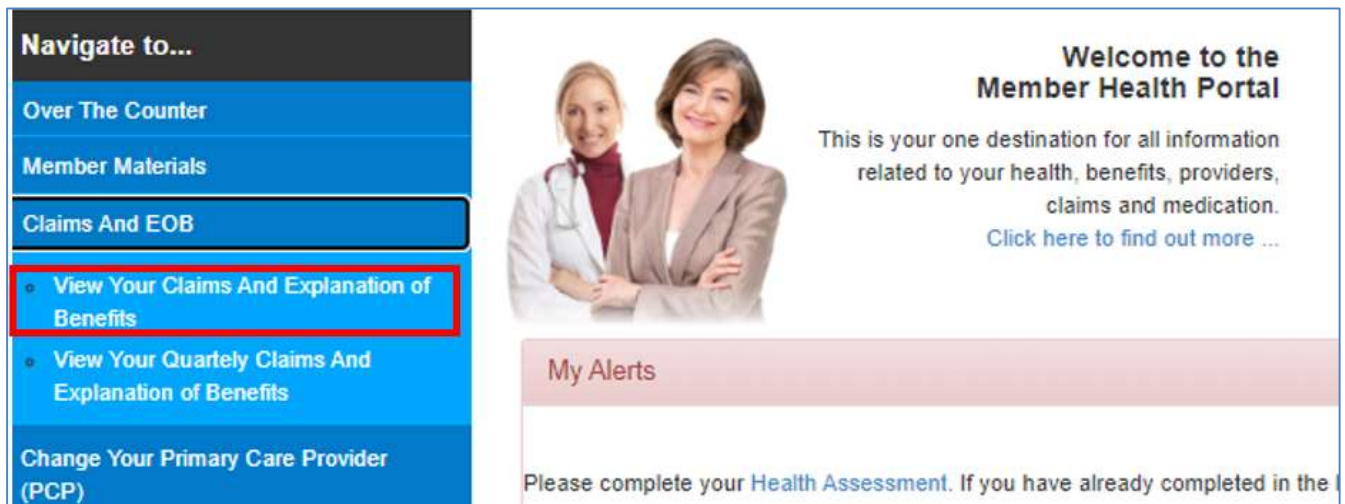
8.4 Claims and EOB

The Claims and EOB section allows you to view the explanation of benefits for a particular claim or for a quarter.

The screenshot displays the Freedom Health Member Health Portal. At the top left is the Freedom Health logo. A red banner for COVID-19 information is visible. The user is logged in as JOHN DOE with Member ID P0001XXXXXX. A navigation bar includes links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. A left sidebar lists various services, with 'Claims And EOB' highlighted in red. The main content area features a 'Welcome to the Member Health Portal' message, a 'Member Profile & Plan Details' box, a 'My Alerts' section with a message about a health assessment, and several service tiles: 'View Your Claims' (with a 'Claim Statement' image), 'Find Doctor, Pharmacy or Facility', 'Newsletters', 'Disaster Preparation Guide', and 'Flu Guide'. A 'Click Here to Find a Form' button is at the bottom, and a 'Feedback' icon is in the bottom right corner.

8.4.1 View Your Claims and Explanation of Benefits

You can view your claims and EOB information by clicking on the “View Your Claims and Explanation of Benefits” menu option. The following screen will be displayed. **Note that claims with a service date within the last 365 days will be displayed.**



You can search with the ‘Claim type’ and / or ‘Service Date Within’ drop down options.

Claim Type

ALL

ALL

Facility

Provider

Service Date Within

Select One...

Select One...

Last 30 Days

Last 60 Days

Last 90 Days

Last 120 Days

Last 150 Days

Last 180 Days

Last 270 Days

Last 365 Days

Then click on the Submit button to view the Search Results Grid.

Claim ID	Date of service	Provider/Facility	Claim Type	Claim Status	
0002938391	03/13/2020	CHIRO ALLIANCE CORP	Provider	Processed	View Claim Details
2020031705877583	03/12/2020	PETER KORETSKY MD PA	Provider	In Process	
2020032805943644	02/27/2020	PRIMECARE, LLC	Provider	In Process	
2020022005676368	01/24/2020	PALLIATIVE MEDICAL ASSOCIATES OF FLORIDA	Provider	Processed	View Claim Details

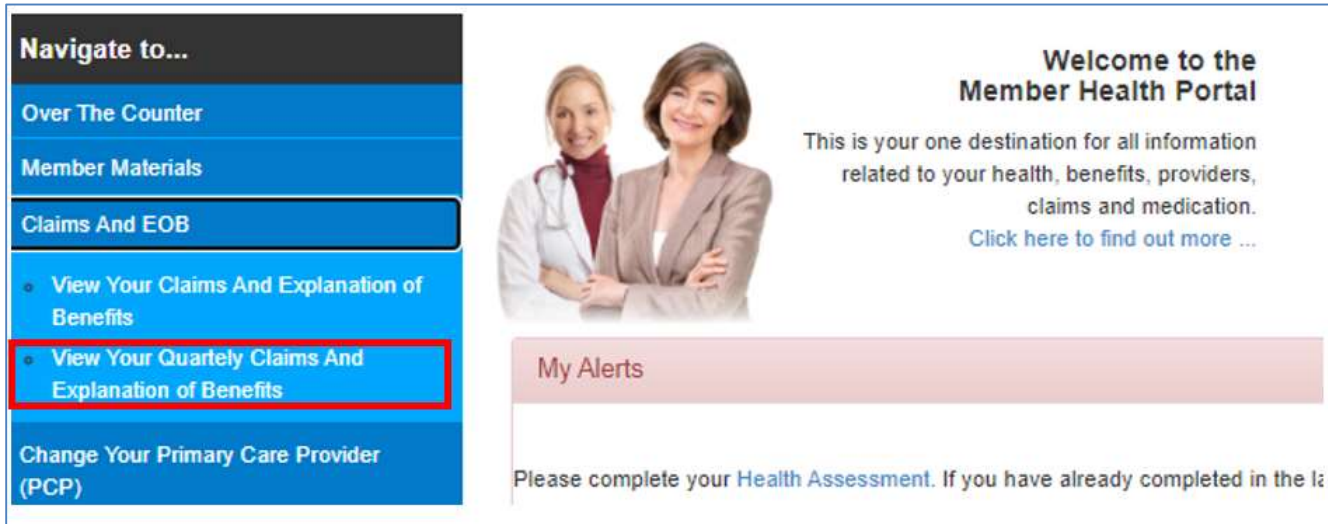
Submit Reset Back

Click on the 'View Claim Details' link to open the Explanation of Benefit for that particular Claim ID.

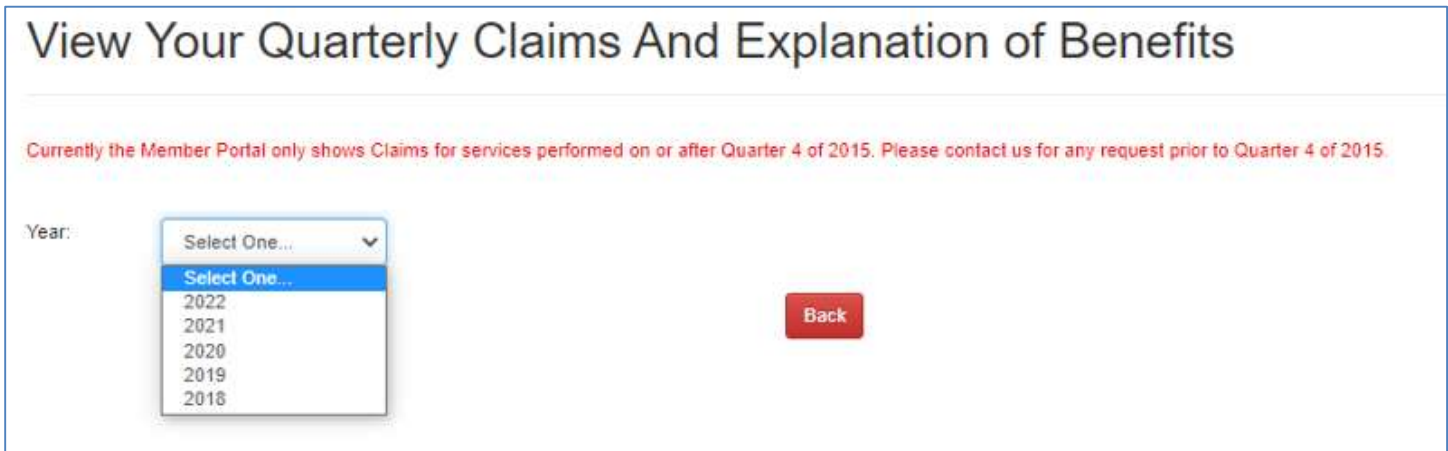
Note: You will need adobe reader to view the document.

8.4.2 View Your Quarterly Claims and Explanation of Benefits

You can view the Explanation of Benefits for your quarterly claims by clicking on the “View Your Quarterly Claims And Explanation of Benefits” sub tab/link on the “Claims and EOB” menu option.



After clicking on the above-mentioned sub-tab, the following page is displayed, which allows you to select the year and quarter for which you would like to view the explanation of benefits.



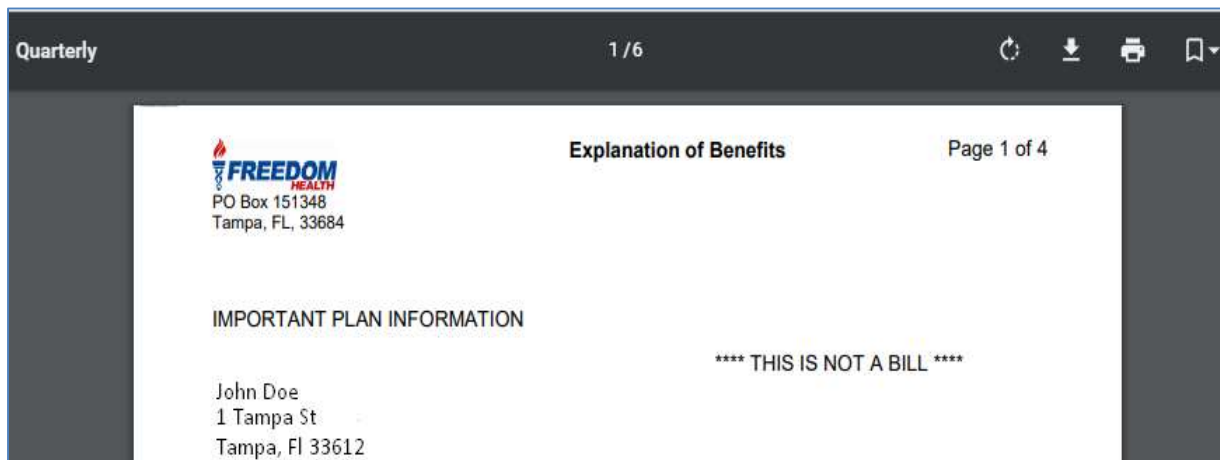
Please Note: Currently the site shows claims for services performed on or after Quarter 4 2015. Please Contact us for more information.

Out of the available EOBs for your claims from the year chosen, please select the EOB that you would like to view by clicking on the link as shown below.

Year:

Year	Quarter	
2022	Quarter 1	View Quarterly EOB Details

On clicking the link above, the EOB will download to your computer as a PDF document. After opening the document, you will see it on your computer as shown below.



8.5 Track Your Out of Pocket Expenses

Member can view the Out of Pocket Expenses by clicking on 'Track Your Out of Pocket Expenses' menu option. The following screen will be displayed.

The screenshot displays the Freedom Health Member Health Portal. At the top left is the Freedom Health logo. A red banner contains COVID-19 information. The top right shows a user profile for JOHN DOE with a Member ID of P0001XXXXXX and a Logout button. A navigation bar includes links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. A left sidebar lists various services, with 'Track Your Out of Pocket Expenses' highlighted in red. The main content area features a welcome message, a 'Member Profile & Plan Details' box, a 'My Alerts' section with a message about a Health Assessment, and several service tiles: 'View Your Claims' (with a 'Claim Statement' image), 'Find Doctor, Pharmacy or Facility', 'Newsletters', 'Disaster Preparation Guide', and 'Flu Guide'. A 'Click Here to Find a Form' button is at the bottom, and a Feedback icon is in the bottom right corner.

Click on the "View Details" link to view the Service Details.

Track Your Out of Pocket Expenses

This is the highest amount of money you have to pay out of your pocket for cost sharing (copayments and coinsurance) charged for certain covered services during a calendar year. Not all copayments, coinsurance and all applicable deductibles amounts you pay apply toward the annual out-of-pocket maximum. See the plans Evidence of Coverage (EOC) for more information

Benefit Plan ID	Benefit Plan Name	Out of Pocket Limit	Applied Out of Pocket expenses for Medical services	Applied Out of Pocket expenses for Ancillary Services	Applied Out of Pocket Expenses for Part B Drugs	Total Applied Out of Pocket Expenses	Remaining Out of Pocket Expenses	
091	Freedom Platinum Plan Rx (HMO)	\$ 3400.00	\$ 35	\$ 0.00	\$ 0.00	\$ 35	\$ 3365.00	View Details
	Year to Date Plan Details:	\$ 3400.00	\$ 35	\$ 0.00	\$ 0.00	\$ 35	\$ 3365.00	

Service Details

[Hide](#)

[Back](#)

8.6 Change Your Primary Care Provider (PCP)

Step 1: Click on the “Change Your Primary Care Provider” tab on the home page.

The screenshot shows the Freedom Health Member Health Portal. At the top right, it says "Welcome: JOHN DOE" and "Member ID: P0001XXXXXX" with a "Logout" button. A navigation bar contains links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. A left-hand navigation menu lists various services, with "Change Your Primary Care Provider (PCP)" highlighted in red. The main content area includes a "Welcome to the Member Health Portal" message, a "Member Profile & Plan Details" box, a "My Alerts" section, and several service tiles like "View Your Claims", "Find Doctor, Pharmacy or Facility", "Newsletters", "Disaster Preparation Guide", and "Flu Guide". A "Click Here to Find a Form" button is at the bottom.

Step 2: The following page will be displayed. Click on the red button “Click Here to Change Primary Care Provider.”

The screenshot shows the "Change Your Primary Care Provider" page. It displays "Current PCP Details" for a member named NORBERTO, effective from 1/1/2020. A red button labeled "Click Here to Change Your Primary Care Provider" is highlighted. Below this is a "Primary Care Provider Change History" table.

Request DateTime	Primary Care Provider Name	Effective Date	Status	Cancel Request	Comments
3/18/2020 2:12:24 PM	ANTHONY, MD	04/01/2020	Completed		Test

Step 3: Search either by 'ZIP code' or by 'County' and click on the "GO" button.

Step 4: The List of Primary Care Providers will be displayed on the screen below. Click on the "Select" link under the 'PCP Change' column for the selected PCP.

Name	Location	Phone	PCP Change
CHERYL WINCHELL, DO Family Practice P1030313A	1627 Us Hwy 1 Ste 101 Sebastian, FL 32958 INDIAN RIVER	(772) 581-9551	Select
CHRISTOPHER COPPOLA, DO Family Practice P115982B	1485 37th St Ste 102 Vero Beach, FL 32960 INDIAN RIVER	(772) 567-4336	Select
CHRISTOPHER COPPOLA, DO Family Practice P115982C	13090 Us Highway 1 Sebastian, FL 32958 INDIAN RIVER	(772) 589-3755	Select
EDGAR BLECKER, MD Internal Medicine P301234A	229 Sebastian Blvd Sebastian, FL 32958 INDIAN RIVER	(772) 581-0016	Select
JOSE CEVALLOS YEPEZ, MD Internal Medicine P1040814E	1880 37th St Ste 1 Vero Beach, FL 32960 INDIAN RIVER	(772) 446-4066	Select
MARIE PRINSEN, MD	1627 Us Highway 1	(772) 581-9551	Select

Step 5: The following page will be displayed. Select the Effective Date and click on the Submit Request button.

Primary Care Provider Details

Name:	Al
Address:	40 70
Directions:	Vi
Gender:	M.
Type:	PF
Degree:	DO
Specialties:	FA
Phone:	(3
Medical Group Affiliation:	VI
Hospital Affiliation:	NO
Languages:	En
Board Certified:	NO
New Patients:	AC
Provider ID:	PC

Request Change

Please select your effective date and click the "Submit Request" button below.

Effective Date:

02/01/2023

Submit Request

Return to search Results

Back To PCP Change

8.7 Change Your Address/Phone Number

You can change your address on file using 'Change Your Address' link in the 'Navigate to' menu options.

The screenshot displays the Freedom Health Member Health Portal. At the top left is the Freedom Health logo. A red banner for COVID-19 information is visible. The user is logged in as JOHN DOE, with a Member ID of P0001XXXXXX and a Logout button. A navigation bar includes links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. The 'Navigate to...' menu on the left has 'Change Your Address/Phone Number' highlighted with a red box. The main content area features a 'Welcome to the Member Health Portal' message, a 'Member Profile & Plan Details' box, a 'My Alerts' section, a 'Please complete your Health Assessment' message, and several service tiles: 'View Your Claims', 'Find Doctor, Pharmacy or Facility', 'Newsletters', 'Disaster Preparation Guide', and 'Flu Guide'. A 'Click Here to Find a Form' button and a 'Feedback' icon are at the bottom.

Note: See earlier "Personal Information" Section 5.2 in this document for more information on how to change an address or phone number.

8.8 Change Your Language Preference

You can change your language preference on file using 'Change Your Language Preference' link in the 'Navigate to' menu options.

The screenshot displays the Freedom Health Member Health Portal. At the top left is the Freedom Health logo. A red banner for COVID-19 information is visible. The user is logged in as JOHN DOE with Member ID P0001XXXXXX. A navigation bar includes links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. The 'Navigate to...' sidebar menu on the left has 'Change Your Language Preference' highlighted with a red box. The main content area features a 'Welcome to the Member Health Portal' message, a 'Member Profile & Plan Details' box, a 'My Alerts' section, a 'Please complete your Health Assessment' message, and several service tiles: 'View Your Claims', 'Find Doctor, Pharmacy or Facility', 'Newsletters', 'Disaster Preparation Guide', and 'Flu Guide'. A 'Click Here to Find a Form' button is at the bottom, and a 'Feedback' icon is in the bottom right corner.

Click on the “Preferred Language” dropdown list to select your preferred language. Then click on the “Preferred Language Change Submit” button.

Language Preference Change

Language Preference Change Request

Your current Language Preference as per our record: ENGLISH

Please select your Preferred Language from the below dropdown list

Preferred Language* -- Select Language --

Preferred Language Change Submit Back

Language Change Request History

Once the change is submitted, you can see the request at the bottom of the page in the Language Change Request History grid. As long as the request is open, you can cancel the request by selecting the “Cancel” button.

Language Change Request History						
Request DateTime	Requested Language	Effective Date	Status	Requested By	Cancel Request	Comments
1/11/2023 12:43:57 PM	Spanish		In Process	Member	Cancel	

A Customer Service Representative will review and approve as necessary. Once the request is complete, you can view any comments on the right side of the History grid.

If approved, you will see your updated language preference.

8.9 Health Assessment & Appraisal

The Health Assessment and Appraisal link allows you to fill out a new Health Assessment Form and view the Health Appraisal Profile generated based on your Health Assessment Forms. Click on the “Health Assessment & Appraisal” link in the ‘Navigate to’ menu options.

FREEDOM HEALTH

Welcome: **JOHN DOE**
11/10/2023 11:24:41 AM
Member ID: P0001XXXXX

COVID-19 Coronavirus Important Information
Need Assistance? Toll free: 1-800-401-2740 | TTY/TDD: 711 8:00 A.M. to 8:00 P.M. EST. 7 days a week from October 1st to March 31st, and 8:00 A.M. to 8:00 P.M. EST. Monday through Friday April 1st to September 30th

The system works best using IE, Chrome, or Safari

Home Personal Information Change Password Change Email Change Security Questions Member Manual FAQ

Navigate to...

- Over The Counter
- Member Materials
- Claims And EOB
- Track Your Out of Pocket Expenses
- Change Your Primary Care Provider (PCP)
- Change Your Address/Phone Number
- Health Assessment & Appraisal**
- Find Doctor, Pharmacy or Facility
- Find A Prescription Drug
- Preventive Health Screening
- E-Inquiries
- Personal Health Tracker
- Disease Management
- Important Documents
- Member Benefits
- Nations Flex Fitness
- Nations Healthy Grocery
- Health Education

Welcome to the Member Health Portal
This is your one destination for all information related to your health, benefits, providers, claims and medication.
[Click here to find out more ...](#)

Member Profile & Plan Details

Name:
Member ID:
Plan:
Last Login:

My Alerts

Please complete your Health Assessment. If you have already completed in the last 60 days, please disregard this message.

View Your Claims

Find Doctor, Pharmacy or Facility

Newsletters

Disaster Preparation Guide

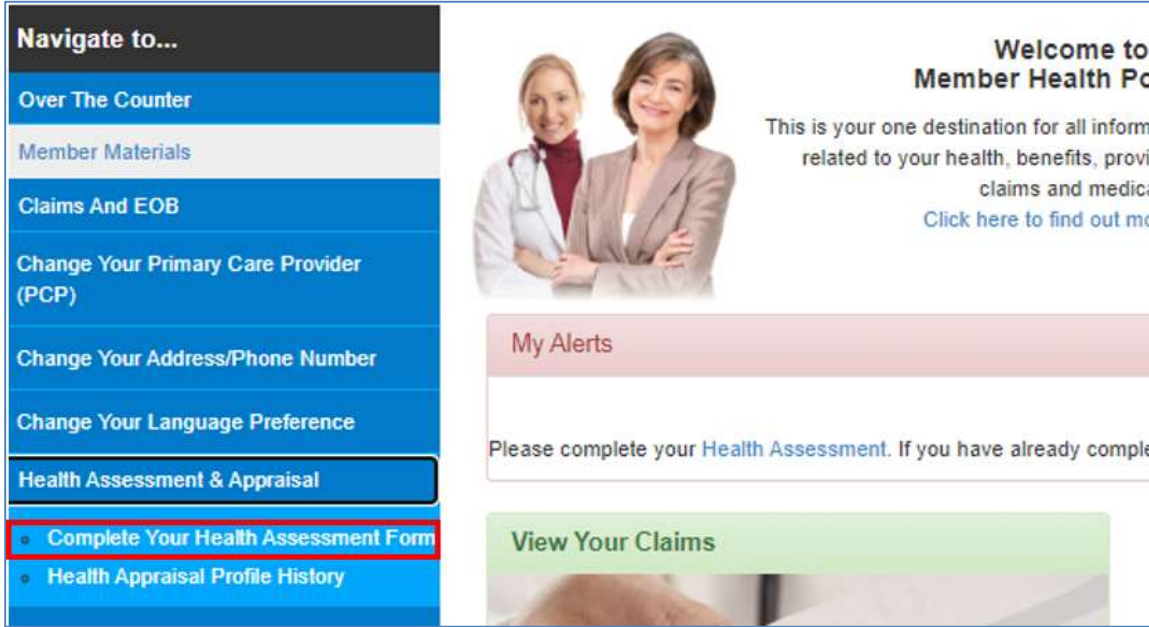
Flu Guide

[Click Here to Find a Form](#)

Feedback

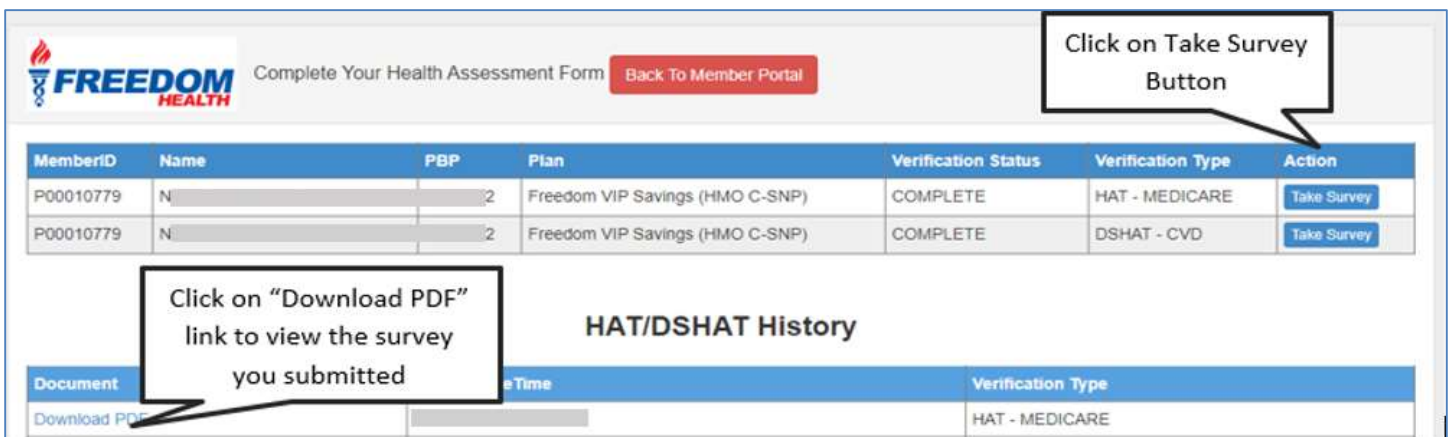
8.9.1 Complete Your Health Assessment Form

If you would like to fill out your Health Assessment Form, now you can do so through member portal by clicking on the “Complete Your Health Assessment Form” link from the left navigation menu. Your plan related information will be prefilled along with any Health Assessment Form (HAT) or Disease Specific Health Assessment form (DS HAT) forms you may be eligible for.



The Health Assessment Form (HAT) or Disease Specific Health Assessment form (DS HAT) History section will store all surveys you have submitted. You may take multiple surveys.

Click on the “Take Survey” button (shown below) to take the survey. When you click on this button, the system will display the survey agreement terms and conditions.



Please make sure to read the terms and click on the “Agree” button if you wish to proceed further.

On clicking the “Agree” and “Submit” buttons, the Health Assessment form will be displayed. If you would like to navigate back to the ‘Member Portal’, please click on the “Back To Member Portal” button.

[Back To Member Portal](#)

We thank you for choosing Freedom Health! Our goal is to work with you to improve your overall health and wellness. One way you can help us is to complete the Health Assessment Tool. This assessment is about your health status. It is important because it allows the Health Services team to better detect any needs you may have or added services that we can offer you.

Your answers to these questions WILL NOT affect your insurance coverage. The answers you give us will be used to determine if you would benefit from extra services from the Health Plan. This may include taking part in a Case/Disease Management Program. A nurse/case worker will help you to manage your health care and/or help you with any community resources.

Your answers to these questions may also be shared with your primary care provider(s) and will also generate a health appraisal profile that will be mailed to you.

The Centers for Medicare and Medicaid Services (CMS) requires us to have an annual assessment filled out by our members each year. To meet this obligation, we make three attempts to get the assessment completed by our members and returned to us. We also encourage members to fill it out if their health changes. We're glad you've decided to complete the assessment online.

The Health Plan works hard to make sure members understand how their health information is used and who might receive the information and why. Completing this health assessment tool implies consent to its stated use. If you have any questions regarding this form or your health information, please call 1-800-401-2740 or TTY/TDD: 711.

I have read the above explanation and agree to participate in completing the Health Assessment Tool.

Agree Decline

TeleHAT System 👤 | 🔔

Medicare HAT Form [Back To Member Portal](#)

Member Information

Subscriber ID#: PXXXXXXXXXX
Name: John Doe
Address: 2 Test Lane, Tampa, FL 33612
Phone#: 333-333-3333
DOB: mm/dd/yyyy
Age: Age
Gender:
Plan Name: Freedom Medi-Medi Full (HMO SNP)

Form Information

Payer: FRH
Type: HAT - MEDICARE
Verification Status: COMPLETE

Click on the "Spanish Form" button to view and submit the Survey in the Spanish Language.

A. Physical Health Rating

1. On a usual basis, how do you rate your health?

Select one... ▾

2. What is your height? (whole numbers)

Please note that the above form changes based on your selection for the Medicare Health Assessment Form (HAT) or Disease Specific Health Assessment form (DS HAT).

Please answer as many questions as possible for us to better analyze your health condition. Once all questions are answered, please click on the 'Submit' button at the end of the form to submit the survey. The System will display the confirmation page with the confirmation number.

Submit Form

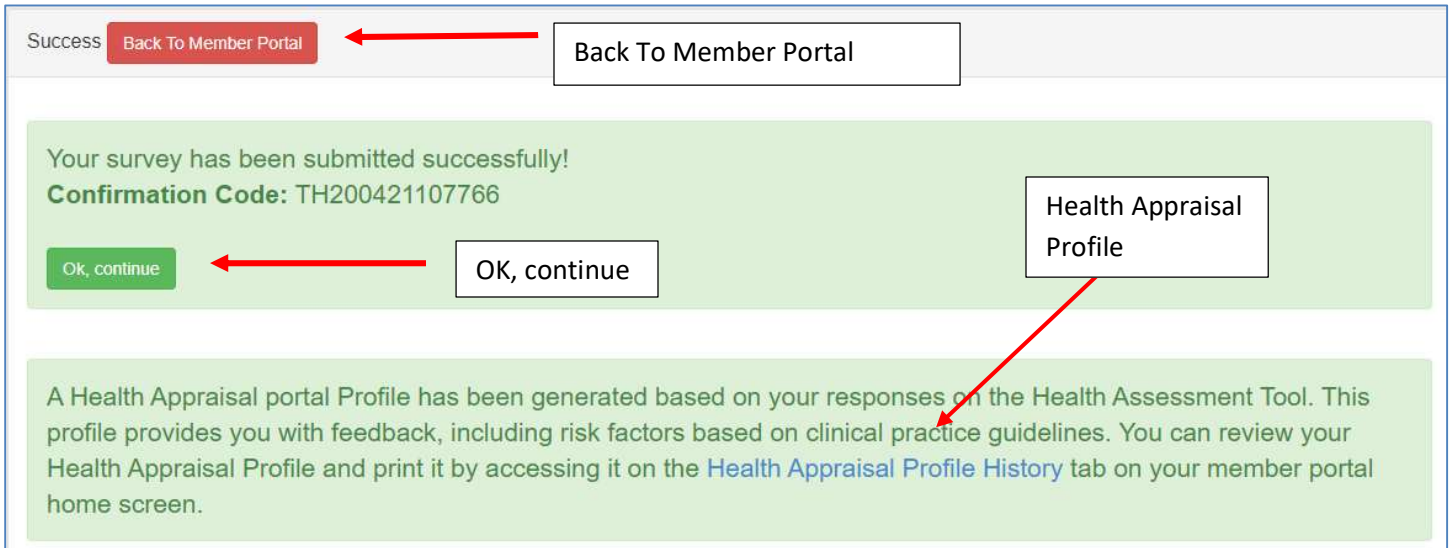
Thank you! Your Health Assessment Survey is ready to be submitted.

We appreciate you taking the time to answer the questions. In an effort to complete these questions, Freedom Health also mails them to members. Please keep in mind that one may have been sent out to you already. Please ignore it. Thank you and have a good day.

Return To Survey

Submit

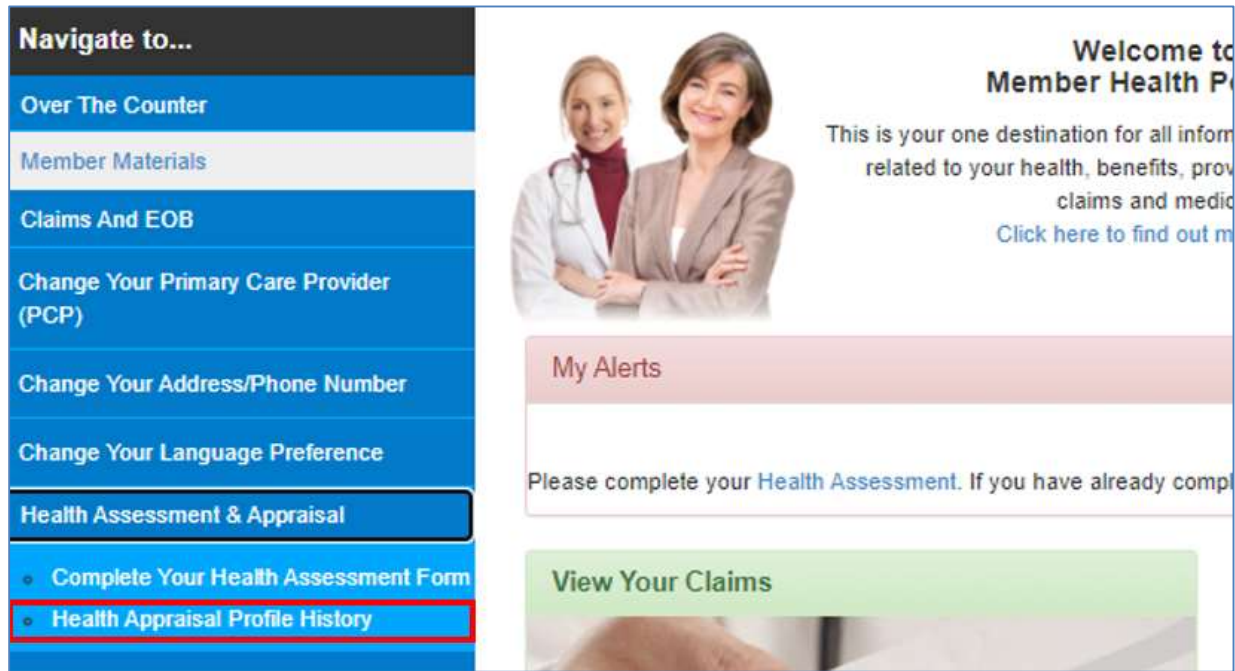
Also, the confirmation page will display information on how to view your Health Appraisal Profile on the member portal. Newly registered members will get the option to get their Health Appraisal Profile by mail.



Click on the "OK, continue" button to return to the Health Assessment page or click on the "Back To Member Portal" button to return to the Member Portal.

8.9.2 Health Appraisal Profile History

You can view your Health Appraisal Profile online by clicking on “Health Appraisal Profile History” link under ‘Health Assessment & Appraisal’ menu option. You can also view your past health appraisal profiles including the ones that have already been mailed to you.



After clicking on the above sub tab, the Health Appraisal Profile History page opens where you can view all your past and current Health appraisal profiles including the ones that were mailed to you. Click on the “View” link to see your Health Appraisal Profile.

Health Appraisal Profile History

We are pleased to be able to provide you with even more information about the Health Appraisal Profiles. This information will be made available for Health Assessment Tools that you complete starting on 05/01/2021. Health Assessment Tools completed before this date, will not generate the information below, other than the date your Health Appraisal Profile was generated.

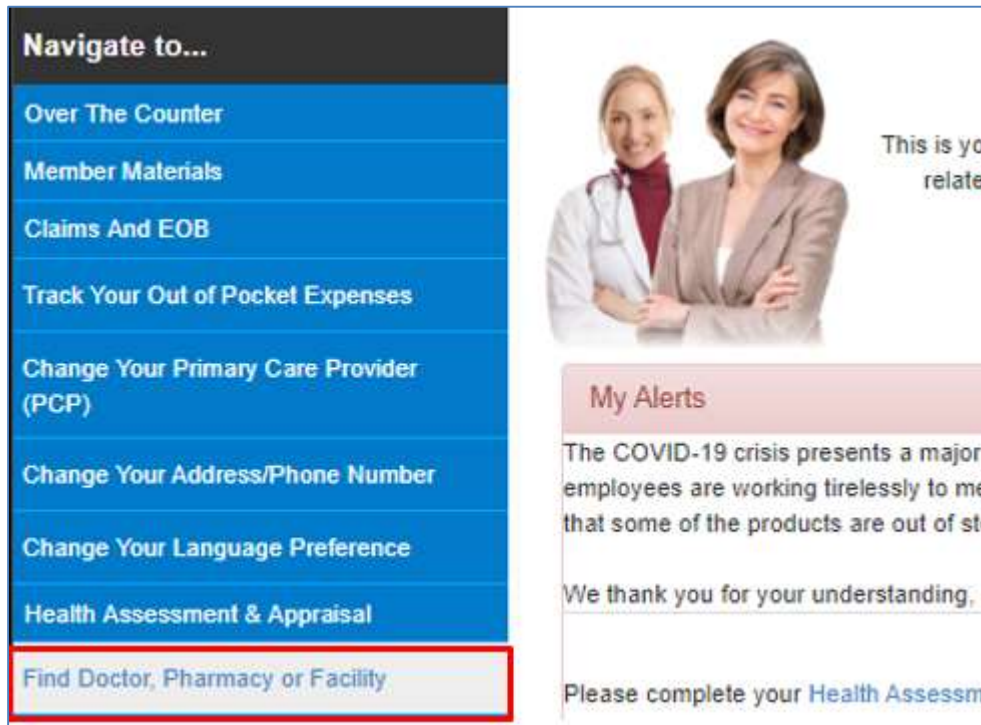
Health Appraisal Profile Generation Date/Time	View Health Appraisal Profile	Health Assessment Tool Completion Method	Health Appraisal Profile Mailing	Health Appraisal Profile Mailed Date/Time
2/3/2020 9:49:46 AM	View	N/A	N/A	02/10/2020

[Home](#)

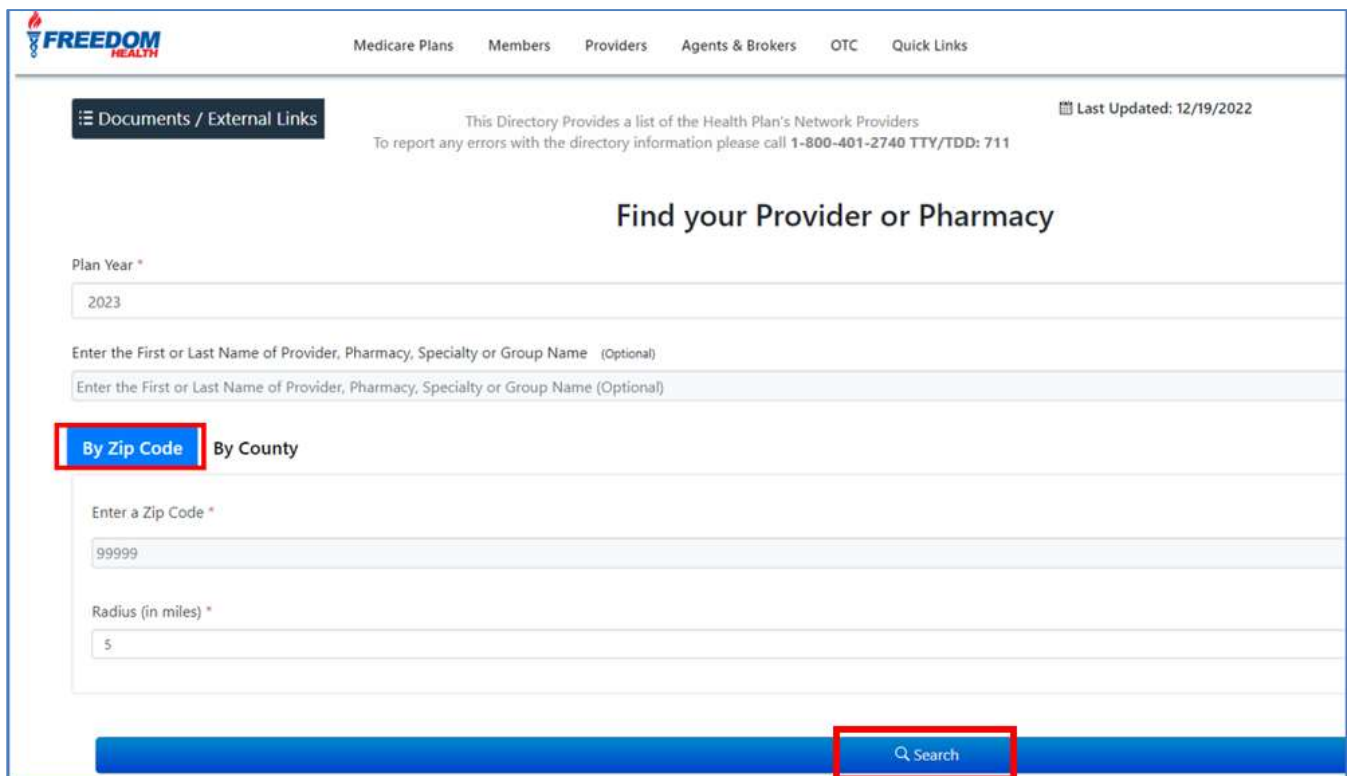
On clicking the “View” button the PDF of Health Appraisal Profile for the selected date will be displayed.

8.10 Find Doctor, Pharmacy or Facility

When “Find Doctor, Pharmacy or Facility” link is clicked, the System will navigate the Member to the Provider search page in a separate browser window.



The Search page automatically defaults to “By Zip Code”. You can select “By County” if needed. Enter the required information and select the “Search” button.



You will be taken to the Provider search results page where you can view the providers found based on the criteria that you entered.

Filters can be applied on the lefthand side of the page. Select any of the filters to narrow down a provider search. Select “Apply Filter” and the page will refresh with the updated filter.

The image shows a sidebar for provider search filters. At the top, there are two buttons: "Apply Filter" (with a magnifying glass icon) and "Reset Filter" (with a square icon). The "Apply Filter" button is highlighted with a red border. Below the buttons are several filter categories, each with a text input field:

- Last Name/Group Name**: Input field with placeholder text "Enter Name of Provider, Pharmacy, Specialty or Group (Optional)".
- Address**: Input field with placeholder text "Address".
- Provider Type**: No input field.
- Accreditation Name**: No input field.
- Specialty**: No input field.
- Hospital Affiliations**: No input field.
- Board Certified**: No input field.
- Accepting New Patients**: No input field.
- 90 Day Prescription Supply**: No input field.
- Languages**: No input field.
- Gender**: No input field.

At the bottom of the sidebar, there are two more buttons: "Apply Filter" and "Reset Filter".

You can select 2-3 providers to compare by selecting the “Add to compare” checkboxes next to the providers. Then select the “Compare Now” button.

2023 Provider Search 177 Providers found for your search criteria To obtain this information in print, please [contact us](#)

Filter Provider Results

Type something in the input field to search for a specific text or multiple search text values separated by a space

Search:

Choose up to 3 Providers to compare Last Updated: 1/10/2023

Warning! You have selected 3 providers to compare. Click the "Compare Now" button above.

Name	Distance	Details
ACCESS2CARE - OHCP <input checked="" type="checkbox"/> Add to compare	CONTACT: (888) 994-1545 PINELLAS 0 miles	Specialties TRANSPORTATION
ANYTIME FITNESS - CLEARWATER, FL - OHCP <input checked="" type="checkbox"/> Add to compare	701 CLEVELAND ST. CLEARWATER, FL 33755 PINELLAS (727) 216-6378 0 miles Get Directions	Specialties GYM
CARENET - OHCP <input checked="" type="checkbox"/> Add to compare	CONTACT: (888) 883-0710 PINELLAS 0 miles	Specialties NURSE ADVICE LINE
FREEDOM HEALTH - OHCP <input type="checkbox"/> Add to compare	CONTACT PLAN: 1-800-401-2740 TTY/TDD: 711 PINELLAS	Specialties VISION

After selecting “Compare Now”, the system will open a new browser window and display the comparison.

Last Updated: 1/10/2023

Search / Results / Details

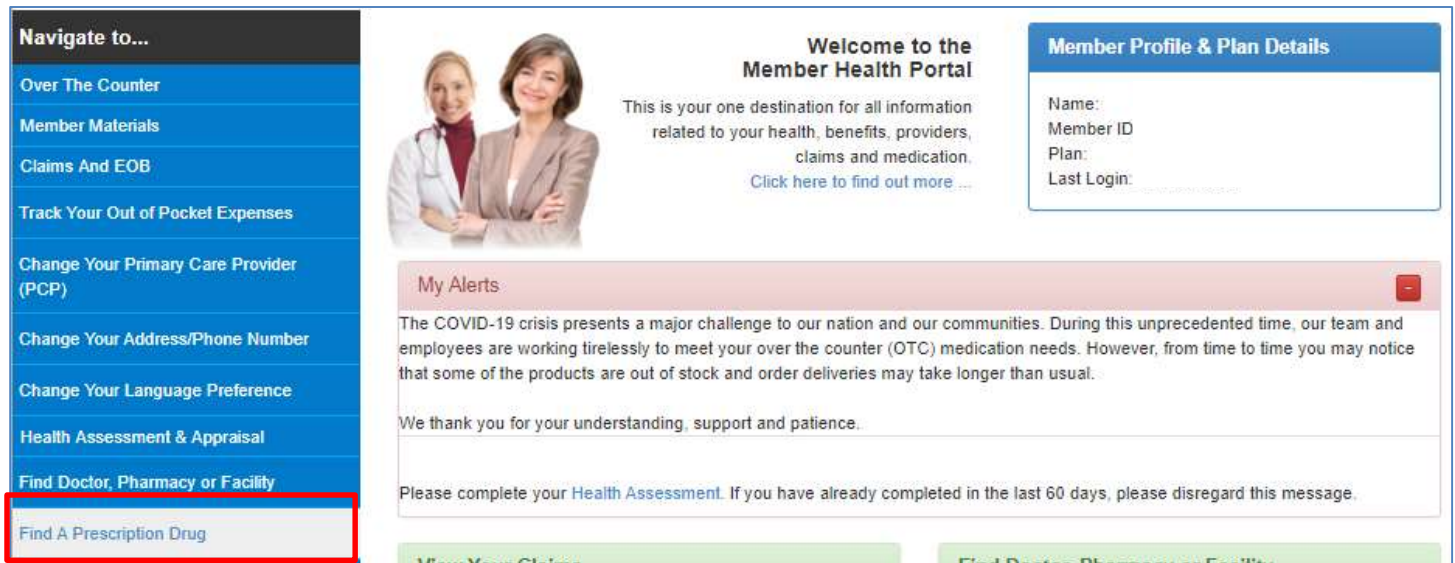
Provider Comparison

Name: ACCESS2CARE	Name: ANYTIME FITNESS - CLEARWATER, FL	Name: CARENET
Address: CONTACT: (888) 994-1545	Address: 701 CLEVELAND ST. CLEARWATER, FL 33755	Address: CONTACT: (888) 883-0710
Type: OTHER HEALTHCARE PROVIDERS	Directions: Get Directions	Type: OTHER HEALTHCARE PROVIDERS
Specialties: TRANSPORTATION	Type: OTHER HEALTHCARE PROVIDERS	Specialties: NURSE ADVICE LINE
	Specialties: GYM	Board Certified: NOT CERTIFIED
	Phone: (727) 216-6378	
	Medical Group Affiliation: ANYTIME FITNESS - CLEARWATER, FL	

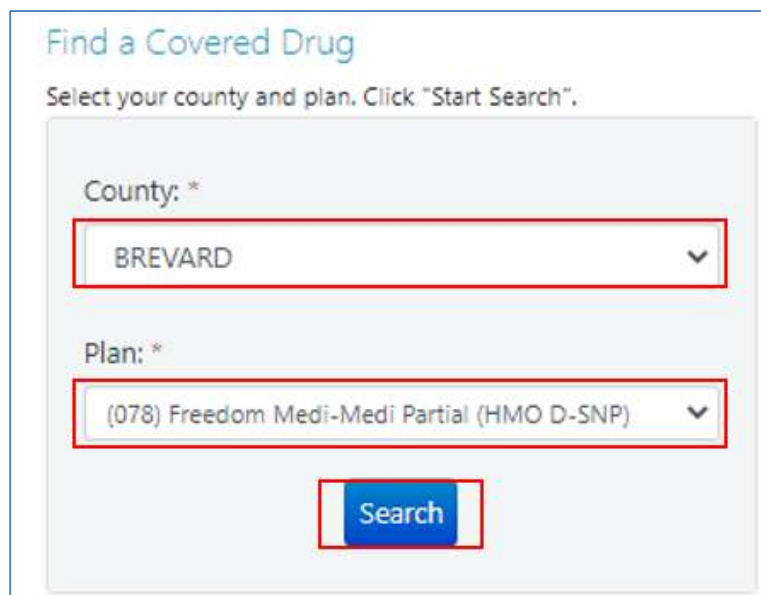
Home | About Us | Careers | Contact | Privacy Policy
 HS427_Website | © 2023 Freedom Health

8.11 Find a Prescription Drug

When the “Find a Prescription Drug” link is clicked, the system will navigate the Member to the “Find a Covered Drug” search page on the website.



Select a County and Plan and the select the “Search” button.



On clicking the Search button, the system will take you to the company website Formulary Drug Search page to search for a drug based on the County and Plan selected.

Type in the drug name in the box below "Drug Name". If there are drugs found, the results will display in the grid below.

Formulary Drug Search

Download PDF Version of the [Formulary](#) Last Updated: 10/07/2023

Comprehensive formulary: A comprehensive formulary is the entire list of drugs covered by Freedom Health and is posted above for your review or download. Please be advised that the Formulary may change throughout the year.

Freedom Health covers both brand name drugs and generic drugs. Generic drugs have the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs. View Availability Grid Below.

*** Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

*** Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

To see if your prescription is covered by our plan, please type in the name of the drug below:

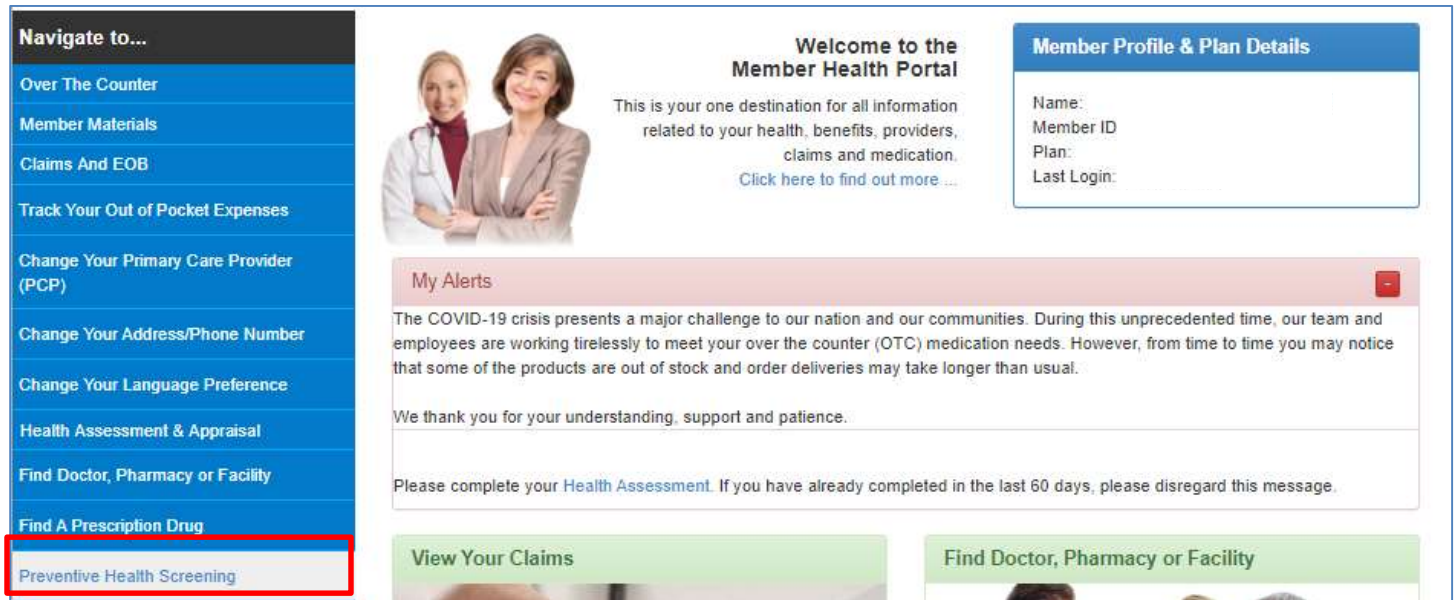
Drug Name

acetaminophen

Drug Name	Strength	Drug Tier	Generic or Brand	Quantity / Days	Availability	Category
acetaminophen-codeine solution	120-12 MG/5ML	1	GENERIC	900.00/30	QL NEDS	ANALGESICS
acetaminophen-codeine tab	300-15 MG	1	GENERIC	180.00/30	QL NEDS	ANALGESICS
acetaminophen-codeine tab	300-30 MG	1	GENERIC	180.00/30	QL NEDS	ANALGESICS

8.12 Preventive Health Screening

Based on your health records, preventive services will be suggested to you. You will see links for the preventive services that are applicable to you. These services are recommended by Medicare and are important to maintain your overall health. Click on the "Preventive Health Screening" link in the 'Navigate to...' menu.



The screenshot shows the 'Member Health Portal' interface. On the left is a 'Navigate to...' menu with various options. The 'Preventive Health Screening' option is highlighted with a red box. The main content area features a 'Welcome to the Member Health Portal' message, a 'Member Profile & Plan Details' box, and a 'My Alerts' section with a COVID-19 related message. At the bottom, there are buttons for 'View Your Claims' and 'Find Doctor, Pharmacy or Facility'.

On clicking the link, the Preventive Health Interventions page will open listing Preventative Service(s). Click on a Preventive service.



The screenshot shows the 'PREVENTIVE HEALTH INTERVENTIONS' page. At the top, there is a navigation bar with links like 'Home', 'Personal Information', 'Change Password', etc. Below the title, an 'ATTENTION' message states: 'Our Records Indicate that you need the following Preventative Service'. Two services are listed in a list box, both highlighted with red boxes: 'Diabetic Wellness Eye Exam' and 'Diabetic Wellness'. Below the list, a note says: 'These services recommended by Medicare and important to maintain your overall health'. On the right side, there is an image of a doctor talking to an elderly patient. At the bottom, there is a 'Home' button.

After selecting and clicking on a Preventive Service, the page refreshes displaying information on how to maintain your overall health.

Use the “Print Letter” button to print this information, use the “Back” button to return to the preventive health intervention page or when finished with this page, click on the “Home” button to return to the Portal home page.

The screenshot shows a member portal interface. At the top is a blue navigation bar with links: Home, Personal Information, Change Password, Change Email, Change Security Questions, Search, and Sea. The main content area has a white background with a light blue border. It contains several paragraphs of text regarding diabetes eye exams. At the bottom right of the content area, three buttons are highlighted with a red rectangular box: a blue 'Print Letter' button, a grey 'Home' button, and a red 'Back' button. Below the content area, there is a footer with links for 'Contact Us', 'Site Map', and 'Disclaimer'.

Home Personal Information Change Password Change Email Change Security Questions Search Sea

Thank you for taking the time to access our secure member portal messaging feature.

Living with Diabetes can be a challenge. Freedom Health would like to partner with you to make sure you have the tools you need to get your Diabetes under control.

Why is it important for people with diabetes to get an annual eye exam?
You may not know that your eyes have been harmed until the problem has become very bad! Diabetes can damage the small blood vessels in your eyes, a condition called diabetic retinopathy. Diabetes can also lead to glaucoma and other eye-related problems.

Our records indicate that you have not had your annual eye exam.
Freedom Health will cover an annual eye exam at no cost to you. Please call member services at 1-800-401-2740 to locate an Optometrist in your area to schedule an appointment.

You can learn more about current evidence-based guidelines regarding the importance of eye exams for people with Diabetes by visiting the American Diabetes Association website at www.diabetes.org.

Please visit the [Health Education](#) section on the member portal to review the interactive self-management tools, which can help you improve your health. You can also review your available [personal health records](#) to help you manage your health.

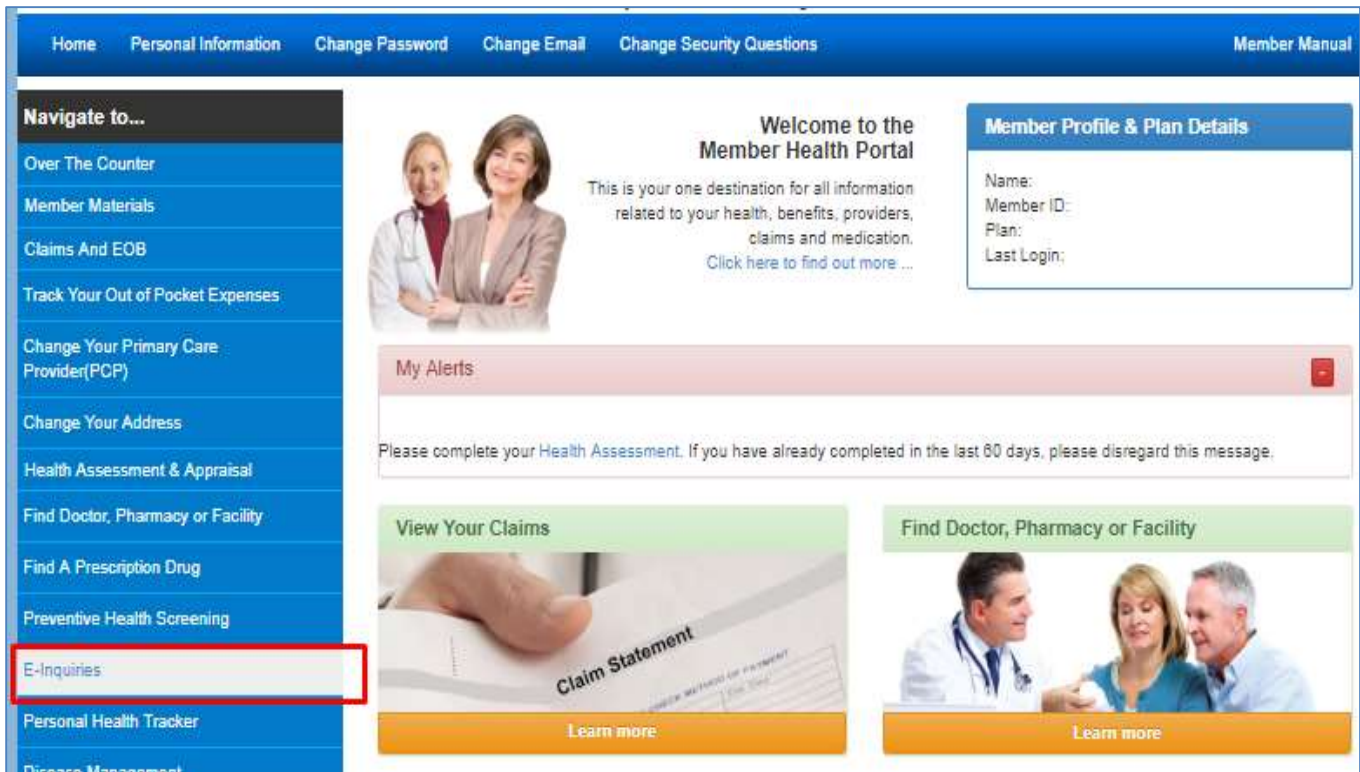
We are glad you have chosen Freedom Health as your Medicare Advantage plan and we strive to help you meet your health care goals.

Print Letter Home Back

Contact Us Site Map Disclaimer

8.13 E-Inquiries

The 'E-Inquiries' tab allows you to submit a service request for Customer Service Team for any questions you may have.



The system will display the page below when you click on the "E-Inquiries" link in the 'Navigate to...' menu

E-Inquiries

Request Type*
Select One... ▼

Would you like to be contacted by Call for this Inquiry?* Yes No

Request*

Please select the appropriate option from the "Request Type" field's drop-down list that suits your need (Choose "Other" if none of the Request Types match your need) and enter the request in the 'Request' text field. Once done, click on the "Submit" button to send your request.

Once the request is submitted, it will be stored in the history grid with an Inquiry ID for your future reference. Please note that the System will also send you an email once the request is submitted or when a Customer Service Representative has responded to your submitted request.

E-Inquiries

Request Successfully Updated.
Request Type
Select One...

Request

An Inquiry number will be generated for every request.

All Submitted requests will show as Pending by Default.

Submit Reset Cancel

Inquiry #	Request Type	Request	Request Date	Response
3758	OTC	Test	4/4/2019 2:48:29 PM	Pending
3756	Other	test	12/8/2018 4:48:58 PM	Pending
3751	Enrollment Inquiry	test	8/20/2018 10:41:11 AM	View Response

A "View Response" button will be displayed under the "Response" column once the Customer Service Representative has responded to your request. Click on the "View Response" icon to view the Customer Service Representative's response.

Inquiry #	Request Type	Request	Request Date	Response
3758	OTC	Test	4/4/2019 2:48:29 PM	Pending
3756	Other	test	12/8/2018 4:48:58 PM	Pending
3751	Enrollment Inquiry	test	8/20/2018 10:41:11 AM	View Response
2851	Gym Benefits	This is test inquiry, pl ignore it Rohit	8/11/2017	View Response

Click on the "View Response" icon to view the Customer Service Representative's response.

Response from the Customer Service Representative.

Inquiry #	Request Type	Request	Request Date	Response
3751	Enrollment Inquiry	test	8/20/2018 10:41:11 AM	Hide Response

Response	ResponseBy	Response Date	Document
test	Xxxx Xxxxxx	12/8/2018 7:59:50 PM	

If the Customer Service Representative attached any documents while responding to this request, you may download them to your local computer by clicking on the icon under the "Document" column.

8.14 Personal Health Tracker

Clicking on the “Personal Health Tracker” link from the left navigation menu will open the page where a member can record and monitor information about his/her health over a period of time.

FREEDOM HEALTH

Welcome: **JOHN DOE**
Member ID: **P0001XXXXXX**
[Logout](#)

COVID-19 Coronavirus Important Information
Need Assistance? Toll free: 1-800-401-2740 | TTY/TDD: 711 8:00 A.M. to 8:00 P.M. EST. 7 days a week from October 1st to March 31st, and 8:00 A.M. to 8:00 P.M. EST. Monday through Friday April 1st to September 30th.

The system works best using IE, Chrome, or Safari

Home Personal Information Change Password Change Email Change Security Questions Member Manual FAQ

Navigate to...

- Over The Counter
- Member Materials
- Claims And EOB
- Track Your Out of Pocket Expenses
- Change Your Primary Care Provider (PCP)
- Change Your Address/Phone Number
- Change Your Language Preference
- Health Assessment & Appraisal
- Find Doctor, Pharmacy or Facility
- Find A Prescription Drug
- Preventive Health Screening
- Personal Health Tracker**
- Disease Management
- Important Documents
- Member Benefits
- Nations Flex Fitness
- Nations Healthy Grocery
- Health Education

Welcome to the Member Health Portal
This is your one destination for all information related to your health, benefits, providers, claims and medication.
[Click here to find out more ...](#)

Member Profile & Plan Details

Name:
Member ID:
Plan:
Last Login:

My Alerts

Please complete your Health Assessment. If you have already completed in the last 60 days, please disregard this message.

View Your Claims
[Learn more](#)

Find Doctor, Pharmacy or Facility
[Learn more](#)

Newsletters

Disaster Preparation Guide

Flu Guide

[Click Here to Find a Form](#)

[Feedback](#)

The Personal Health Tracker has 6 sub sections as listed below:

- 1) Emergency Contact
- 2) Blood Glucose
- 3) Blood Pressure
- 4) Cholesterol
- 5) Physical Activity
- 6) Member Health Profile

Each of these sections are explained in the following pages.

Home Personal Information Change Password Change Email Change Security Questions Member Manual FAQ Logout

Emergency Contact

Blood Glucose

Blood Pressure

Cholesterol

Physical Activity

Member Health Profile

Personal Health Tracker

The Personal Health Tracker (PHT) is a tool that you can use to collect and track information about your health. All information in the PHT is entered and maintained by you. The PHT allows you to manage your emergency contacts, track and monitor your blood glucose, blood pressure, Cholesterol, and physical activity levels.

Back

Contact Us Site Map Disclaimer

8.14.1 Emergency Contact

On this page, a member can save the contact information for Emergency Contact, Pharmacy or Provider. The Emergency Contact section further has 3 sub sections – Personal Information, Primary Address Information, and Secondary Address Information.

Emergency Contact

Please enter the contact information for your emergency contacts.

Personal Information

Contact Type: Title:

First Name* Middle Name Last Name*

Primary Phone* Secondary Phone

Primary Email Secondary Email

Primary Address Information

Primary Address Line 1

Primary Address Line 2

Primary Address City Primary Address Country Primary Address State Primary Address Zip Code

Secondary Address Information

Secondary Address Line 1

Secondary Address Line 2

Secondary Address City Secondary Address Country Secondary Address State Secondary Address Zip Code

Note (Maximum 500 characters are allowed)

- 1) **Personal Information:** Here the Member can enter the Personal Information of an Emergency Contact or Pharmacy or Provider.
- 2) **Primary Address Information:** Here the Member can enter the Primary Address Information of the Emergency Contact or Pharmacy or Provider.
- 3) **Secondary Address Information:** Here the Member can enter the Secondary Address Information of the Emergency Contact or Pharmacy or Provider.

The member can record and save as many contact details as he/she can on this page and all saved contacts shall be stored at the bottom of the page in the 'Emergency Contact History' grid as shown below.

[Save](#)
[Reset](#)
[Back](#)
[Export To PDF](#)

Emergency Contact History

Contact Type	Name	Primary Phone	Primary Email	Primary Address	
Emergency Contact	Mary Doe	111-111-1111	mdoe@gmail.com	FL	Edit

[Feedback](#)

[Contact Us](#)
[Site Map](#)
[Disclaimer](#)

Click on the "Edit" link to update your contact details.

[Edit](#)

If the Member would like to export all of his contact history, the Member can do so by clicking on the "Export To PDF" button. The system would export all contact details from the History grid into the PDF file.

Emergency Contact

Member ID : PXXXXXXXXXX
Member's Name : John Doe

Contact Type	Title	Name	Primary Phone	Secondary Phone	Primary Email	Secondary Email	Primary Address	Secondary Address	Note	Date
Emergency Contact	Ms.	Mary Doe	222-222-2222		mdoe@gmail.com		FL United States	FL United States		01/11/2016

8.14.2 Blood Glucose

On this page, a Member can save and track the information for Blood Glucose.

Blood Glucose
Please complete the below information about your Blood Glucose level.

Measurement* (1 to 2000) Measurement Type* Measurement context Type*

Date ex: 06/15/2015 (MM/DD/YYYY)*

Note (Maximum 500 characters are allowed)

Callouts:
 - "Choose the Measurement Type by selecting either mg/dl or mmol/L" points to the Measurement Type dropdown.
 - "Click on the Save button to save your Blood Glucose details" points to the Save button.

On the Blood Glucose page, please enter/select the appropriate fields and click on the 'Save' button to save the Blood Glucose details. The Member can record and save as many Blood Glucose details as he/she can on this page and all records will be stored at the bottom of the page in the 'Blood Glucose History' grid as shown below.

Blood Glucose History

Measurement	Measure Type	Measure Context	Type	Date	Note	
4	mg/dl	After breakfast	Plasma	12/07/2018	test 123	Edit
55	mg/dl	Non-fasting	Whole blood	01/01/2016		Edit

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Callout: "Click on the 'Edit' link to update your Blood Glucose details." points to the Edit link in the second row.

If the Member would like to export all of his Blood Glucose history, the Member can do so by clicking on the "Export To PDF" button. The system will export all Blood Glucose details from the History grid into the PDF file.

FREEDOM HEALTH

Blood Glucose

Member ID : PXXXXXXXXX
Member's Name : John Doe

Measurement	Measure Type	Measure Context	Type	Date	Note
4	mg/dl	After breakfast	Plasma	12/07/2018	test 123
55	mg/dl	Non-fasting	Whole blood	01/01/2016	

8.14.3 Blood Pressure

On this page, a Member can save and track the information for Blood Pressure. On the Blood Pressure page, please enter/select the appropriate fields and click on the 'Save' button to save the Blood Pressure details.

Blood Pressure

Please complete the below information about your Blood Pressure level.

Systolic (larger number)* mmHg (Systolic value between 50 and 300)
 Diastolic (smaller number)* mmHg (Diastolic value between 20 and 200)
 Pulse (beats per minute) (Pulse value between 30 and 300)
 Irregular heartbeat detected

Date* ex: 06/15/2015 (MM/DD/YYYY)

Note (Maximum 500 characters are allowed)

Click the 'Save' button to save your Blood Pressure Details

The Member can record and save as many Blood Pressure details as he/she can on this page and all records will be stored at the bottom of the page in the 'Blood Pressure History' grid as shown below.

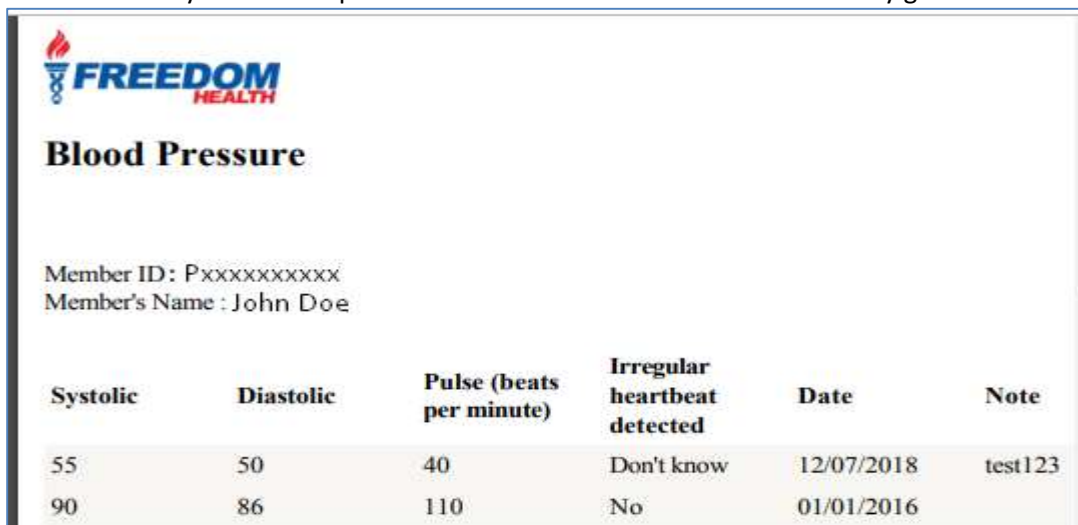
Blood Pressure History

Click on the "Edit" link to update your Blood Pressure details.

Systolic	Diastolic	Pulse (beats per minute)	Irregular heartbeat detected	Date	Note	
55	50	40	Don't know	12/07/2018	test123	Edit
90	86	110	No	01/01/2016		Edit

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If the Member would like to export all of his/her Blood Pressure history, the Member can do so by clicking on the "Export To PDF" button. The system will export all Blood Pressure details from the History grid into the PDF file.



8.14.4 Cholesterol

On this page, member can save and track the information for Cholesterol. On the Cholesterol page, please enter/select the appropriate fields and click on the 'Save' button to save the Cholesterol details.

Cholesterol
Please complete the below information about your Cholesterol level.

LDL* (LDL value between 1 and 500)

Measurement Type

HDL mg/dL* (HDL value between 1 and 500)

Triglycerides mg/dL* (Triglycerides value between 1 & 1000)

Total cholesterol mg/dL* (Total cholesterol value between 1 and 500)

Date* ex: 05/15/2015 (MM/DD/YYYY)

Note (Maximum 500 characters are allowed)

[Save](#) [Reset](#) [Back](#) [Export To PDF](#)

The Member can record and save as many Cholesterol details as he/she can on this page and all records will be stored at the bottom of the page in the "Cholesterol History" grid as shown below.

Cholesterol History

[Save](#) [Reset](#) [Back](#) [Export To PDF](#)

LDL	HDL	Triglycerides	Total cholesterol	Date	Note
123	100	500	10	12/07/2018	test
170	190	150	180	01/01/2016	Edit

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If the Member would like to export all of his/her Cholesterol history, the Member can do so by clicking on the 'Export To PDF' button. The system will export all Cholesterol details from the History grid into the PDF file.

Cholesterol

Member ID : PXXXXXXXXX
Member's Name : John Doe

LDL	HDL	Triglycerides	Total cholesterol	Date	Note
123	100	500	10	12/07/2018	test
170	190	150	180	01/01/2016	

8.14.5 Physical Activity

On this page, the Member can save and track the information for Physical Activity. On the Physical Activity page, please enter/select the appropriate fields and click on the “Save” button to save the Physical Activity details.

Physical Activity
Please complete the below information about your Physical Activity level.

Physical Activity ex: swimming* Date ex: 06/15/2015 (MM/DD/YYYY)* Description ex: training for triathlon Duration

Distance Distance Type Calories burned

Note (Maximum 500 characters are allowed)

Buttons: Save, Reset, Back, Export To PDF

Callout: Click on the 'Save' button to save the Physical Activity details.

The Member can record and save as many Physical Activity details as he/she can on this page and all records will be stored at the bottom of the page in the 'Physical Activity History' grid as shown below.

Buttons: Save, Reset, Back, Export To PDF

Physical Activity History

Physical Activity	Description	Duration	Distance	Calories Burned	Date	Note
122	122	22.00	50.00	100.00	12/07/2018	test
walking		45.00	1.20	250.00	01/11/2016	Edit

Callouts: Export To PDF button, Edit link

Footer: Contact Us, Site Map, Disclaimer

If the Member would like to export all of his/her Physical Activity history, the Member can do so by clicking on the “Export To PDF” button. The System will export all Physical Activity details from the History grid into the PDF file.

Physical Activity

Member ID : PXXXXXXXXX
Member's Name : John Doe

Physical Activity	Description	Duration	Distance	Calories Burned	Date	Note
122	122	22.00	50.00	100.00	12/07/2018	test
walking		45.00	1.20	250.00	01/11/2016	

8.14.6 Member Health Profile

On this page a Member can review all of their Personal Health Trackers at a glance.

If the Member would like to export this page, the Member can do so by clicking on the “Export To PDF” button for the system to download a PDF copy of their health profile history.

Click on the “Back” button to return to the Personal Health Tracker page.

John Doe's Health Profile

4/23/2020 8:27:35 AM

Member ID :

Blood Glucose

Blood Pressure

Systolic	Diastolic	Pulse (beats per minute)	Irregular heartbeat detected	Date	Note
111	111	0		03/03/2020	

Cholesterol

LDL	HDL	Triglycerides	Total cholesterol	Date	Note
500	500	1000	111	03/11/2020	

Physical Activity

Physical Activity	Description	Duration	Distance	Calories Burned	Date	Note
111		0.00	0.00	0.00	03/11/2020	

Emergency Contact

Contact Type	Name	Primary Phone	Primary Email	Primary Address
	TEST TEST	9999999999	TEST@PRH.COM	FL

[Back](#) [Export To PDF](#)

8.15 Disease Management

You can request to be enrolled in a Diabetes or Cardiovascular Disease Management Program by filling out enrollment forms. The Health Plan has dedicated nurses who can guide and educate you regarding your condition. Someone from the Health Plan will give you a call.

Click on the “Disease Management” link from the left navigation panel.

The screenshot displays the Freedom Health Member Health Portal. At the top left is the Freedom Health logo. A red banner contains COVID-19 information. The top right shows a user login for JOHN DOE with a Member ID of P0001XXXXXX and a Logout button. A blue navigation bar includes links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. The left sidebar, titled 'Navigate to...', lists various services, with 'Disease Management' highlighted in red. The main content area features a 'Welcome to the Member Health Portal' message, a 'Member Profile & Plan Details' box, a 'My Alerts' section with a notification about a Health Assessment, and several service tiles: 'View Your Claims', 'Find Doctor, Pharmacy or Facility', 'Newsletters', 'Disaster Preparation Guide', and 'Flu Guide'. A 'Click Here to Find a Form' button is located at the bottom center, and a Feedback button is in the bottom right corner.

The Member can submit a form by filling information in either the Diabetes or Cardiovascular section or both. Once the form is completed, please click on the “Save” button to submit the record for verification. Click on the 1st link to enroll in the Diabetes program and click on the 2nd link to enroll in the Cardiovascular Disease Program.

Disease Management Enrollment

Have you been told by your doctor that you have Diabetes or Cardiovascular Disease? Are you experiencing any difficulty managing your condition?

The Health Plan has dedicated nurses who can guide and educate you regarding your condition. Participation is voluntary and you can choose to stop participating at any time. You can request to be enrolled in a Diabetes or Cardiovascular Disease Management Program by filling out the enrollment form below.

Please choose the appropriate options for "Diabetes Program"

Click here if you have **Diabetes** and would like to **enroll in a Diabetes Program**

Click here if you have a **heart condition** and would like to **enroll in a Cardiovascular Disease Program**
Heart Conditions: high blood pressure, heart failure, heart attack, & stroke

Save

Reset

Back

On clicking the desired program link, the enrollment form will be displayed. On clicking both links, the enrollment forms will be displayed as follows. Click on the program you choose to enroll in.

[Click here if you have Diabetes and would like to enroll in a Diabetes Program](#)

Diabetes Program

- 1. Do you know the signs and symptoms of hypo/hyperglycemia? Yes No
- 2. Do you know what to do when experiencing hypo/hyperglycemia? Yes No
- 3. Do you test your blood sugar? Yes No
If yes- How often do you test?
- 4. What is your normal Fasting Blood Sugar?
- 5. Are you on insulin? Yes No
- 6. Are you having any difficulty filling your syringes or administering your insulin? Yes No
- 7. Do you know about 'sick day rules' which tells you what to do when you are not feeling well or able to eat? Yes No

Please verify your current phone number:

- This is my current phone number:
- This is not my current phone number. Enter current phone number:
- I have a secondary phone number I would like to share:

Please provide your current phone number by selecting the appropriate check box option

By answering these questions, your program enrollment information will be forwarded to a Health Plan nurse for review. You will receive a call from a nurse to discuss your condition and needs. In the meantime, if you have questions about Diabetes, you can talk to a nurse case manager by calling 1-888-211-9913, Monday – Friday 8:00 AM - 4:30 PM EST.

[Click here if you have a heart condition and would like to enroll in a Cardiovascular Disease Program](#)
Heart Conditions: high blood pressure, heart failure, heart attack, & stroke

Cardiovascular Disease Program

- 1. Have you had a heart attack, TIA, stroke, or heart surgery in the last year? Yes No
- 2. Do you have any tests or surgeries planned? Yes No
- 3. Do you have high blood pressure? Yes No
If yes- Do you take medication to help control your blood pressure? Yes No
What was your last blood pressure reading? Systolic: Diastolic:
- 4. Do you have high Cholesterol? Yes No
If yes- Do you take medication to help control your cholesterol levels? Yes No
- 5. Do you know how to recognize signs and symptoms of a heart attack or stroke? Yes No
- 6. Do you have a plan for worsening symptoms and know when to call your doctor? Yes No

Please verify your current phone number:

- This is my current phone number:
- This is not my current phone number. Enter current phone number:
- I have a secondary phone number I would like to share:

By answering these questions, your program enrollment information will be forwarded to a Health Plan nurse for review. You will receive a call from a nurse to discuss your condition and needs. In the meantime, if you have questions about heart disease, you can talk to a nurse case manager by calling 1-888-211-9913, Monday – Friday 8:00 AM - 4:30 PM EST.

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8.16 Important Documents

The Member can view various documents such as the Summary of Benefits, Evidence of Coverage, OTC/DVH Flyers, Etc. Click on the “Important Documents” link from the left navigation panel.

The ‘Important Documents’ link will take the Member to the screen below and the Member can click on any of these document title links to access the document. Please note that this document list will change dynamically based on the Member’s Plan.

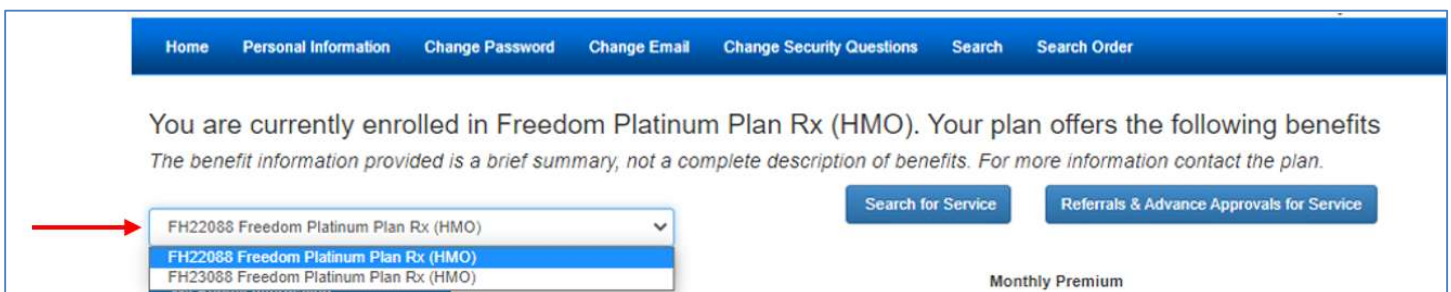
English	Spanish
Summary of Benefits	Resumen de Beneficios
Evidence of Coverage	Evidencia de Cobertura
Star Rating	Número de estrellas
Privacy Policy	Política de privacidad
New Member Application	Aplicación Nuevo miembro
Plan Change Member Application	Solicitud elemento de cambio de plan
Annual Notice of Change	Notificación Anual de Cambios
Dental Vision Hearing	Dental Visión Audiencia
OTC Flyer	OTC Flyer
Formulary	Formulario
Low Income Subsidy Chart	Lista de verificación de preinscripción
Mail Order Form	Formulario de Pedido de Servicio por Correo
Multi Language	

8.17 Member Benefits

The Member Benefits page contains a summary of benefits for your current and/or prospective plan. This page can be accessed by clicking on the “Member Benefits” button on the home page.



Next, in the dropdown list at the top-left of the page, select and click on the appropriate plan for viewing the associated summary of benefits.



The summary of benefits will populate within the “My Benefit Information” page for whichever plan is selected.

FH23088 Freedom Platinum Plan Rx (HMO)
▼

Search for Service

Referrals & Advance Approvals for Service

<div style="background-color: #f2f2f2; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">My Benefit Information</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Inpatient Hospital Care</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Doctor's Visits</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Skilled Nursing Facility</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Ambulance Services</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Durable Medical Equipment (DME)</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Diabetes Programs and Supplies</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Diagnostic Test</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Over the Counter (OTC)</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Preventative Services</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Part B Drugs</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Hearing Services</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Dental Services</div> <div style="background-color: #0070c0; color: white; padding: 5px; margin-bottom: 5px; border: 1px solid #ccc;">Vision Services</div>	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%; vertical-align: top;"> <p>Plan Name Freedom Platinum Plan RX (HMO) Plan Type: MAPD Plan Number: 088</p> <p>OutPatient Visit Primary: You pay \$0 copay per visit</p> <p>Specialists: You pay \$15 copay per visit</p> <p>Emergency: You pay \$75 copay per visit</p> <p>Urgently Needed Services: You pay \$10 copay</p> <p>Your primary care physician will coordinate the covered services you receive as a member of our plan. In order for you to see a specialist, you will need to have a referral from your PCP first. Separate copay may apply for each additional service received at an office visit.</p> <p>\$500 copay for each emergency service, urgent service and emergency transportation outside the U.S. \$100,000 plan coverage limit for emergency services, urgent services and emergency transportation outside the U.S. every year. Contact the plan for details.</p> </td> <td style="width: 40%; vertical-align: top;"> <p>Monthly Premium You pay \$0</p> <p>You must continue to pay your Medicare Part B Premium unless your Part B Premium is paid for you by Medicaid or another third party.</p> <p>Drug Coverage You pay 20% of the cost for chemotherapy drugs</p> <p>You pay 20% of the cost for other Part B drugs</p> <p>The Plan may require authorization to determine whether certain drugs are covered by Medicare Part B or Part D.</p> <p>Please refer to your Evidence of Coverage for more details.</p> <p>Out of Pocket Cost \$1,750 annually (does not include prescription drugs)</p> <p>This is the most you pay for copays, coinsurance and other costs for medical services for the year. Contact the Plan for details on what is covered in the Maximum Out-of-Pocket.</p> <p>Deductible You pay \$0</p> <p>These plans do not have a deductible</p> </td> </tr> </table>	<p>Plan Name Freedom Platinum Plan RX (HMO) Plan Type: MAPD Plan Number: 088</p> <p>OutPatient Visit Primary: You pay \$0 copay per visit</p> <p>Specialists: You pay \$15 copay per visit</p> <p>Emergency: You pay \$75 copay per visit</p> <p>Urgently Needed Services: You pay \$10 copay</p> <p>Your primary care physician will coordinate the covered services you receive as a member of our plan. In order for you to see a specialist, you will need to have a referral from your PCP first. Separate copay may apply for each additional service received at an office visit.</p> <p>\$500 copay for each emergency service, urgent service and emergency transportation outside the U.S. \$100,000 plan coverage limit for emergency services, urgent services and emergency transportation outside the U.S. every year. Contact the plan for details.</p>	<p>Monthly Premium You pay \$0</p> <p>You must continue to pay your Medicare Part B Premium unless your Part B Premium is paid for you by Medicaid or another third party.</p> <p>Drug Coverage You pay 20% of the cost for chemotherapy drugs</p> <p>You pay 20% of the cost for other Part B drugs</p> <p>The Plan may require authorization to determine whether certain drugs are covered by Medicare Part B or Part D.</p> <p>Please refer to your Evidence of Coverage for more details.</p> <p>Out of Pocket Cost \$1,750 annually (does not include prescription drugs)</p> <p>This is the most you pay for copays, coinsurance and other costs for medical services for the year. Contact the Plan for details on what is covered in the Maximum Out-of-Pocket.</p> <p>Deductible You pay \$0</p> <p>These plans do not have a deductible</p>
<p>Plan Name Freedom Platinum Plan RX (HMO) Plan Type: MAPD Plan Number: 088</p> <p>OutPatient Visit Primary: You pay \$0 copay per visit</p> <p>Specialists: You pay \$15 copay per visit</p> <p>Emergency: You pay \$75 copay per visit</p> <p>Urgently Needed Services: You pay \$10 copay</p> <p>Your primary care physician will coordinate the covered services you receive as a member of our plan. In order for you to see a specialist, you will need to have a referral from your PCP first. Separate copay may apply for each additional service received at an office visit.</p> <p>\$500 copay for each emergency service, urgent service and emergency transportation outside the U.S. \$100,000 plan coverage limit for emergency services, urgent services and emergency transportation outside the U.S. every year. Contact the plan for details.</p>	<p>Monthly Premium You pay \$0</p> <p>You must continue to pay your Medicare Part B Premium unless your Part B Premium is paid for you by Medicaid or another third party.</p> <p>Drug Coverage You pay 20% of the cost for chemotherapy drugs</p> <p>You pay 20% of the cost for other Part B drugs</p> <p>The Plan may require authorization to determine whether certain drugs are covered by Medicare Part B or Part D.</p> <p>Please refer to your Evidence of Coverage for more details.</p> <p>Out of Pocket Cost \$1,750 annually (does not include prescription drugs)</p> <p>This is the most you pay for copays, coinsurance and other costs for medical services for the year. Contact the Plan for details on what is covered in the Maximum Out-of-Pocket.</p> <p>Deductible You pay \$0</p> <p>These plans do not have a deductible</p>		

Clicking on the benefits in the blue list on the left side of the page will populate the associated summary of benefits for the selected benefit. (See “Inpatient Hospital Care” as an example below)

The screenshot shows a web interface for a member benefits page. At the top, there is a dropdown menu displaying "FH23088 Freedom Platinum Plan Rx (HMO)". To the right of the dropdown are two buttons: "Search for Service" and "Referrals & Advance Approvals for Service". On the left side, there is a vertical blue navigation menu with the following items: "My Benefit Information", "Inpatient Hospital Care", "Doctor's Visits", "Skilled Nursing Facility", "Ambulance Services", "Durable Medical Equipment (DME)", "Diabetes Programs and Supplies", "Diagnostic Test", "Over the Counter (OTC)", "Preventative Services", "Part B Drugs", "Hearing Services", "Dental Services", and "Vision Services". A red arrow points to the "Inpatient Hospital Care" item in this menu. The main content area on the right is titled "Inpatient Hospital Care" and contains the following text: "You pay \$85 copay each day for days 1 through 7 and \$0 copay each for days 8 through 90 per admission", "Except in an emergency, you must get prior authorization in advance before you are admitted to the facility or your stay may not be covered.", "Inpatient Mental", "You pay \$85 copay each day for days 1-7 and \$0 copay each day for days 8-90 per admission", "Prior Authorization may be required. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.", "Partial Hospital", "You pay \$55 copay per visit", and "Home Health", "You pay \$0 copay per visit."

The Member Benefits page also has the ability to search for a service by clicking on the “Search for Service” button.

This screenshot is identical to the one above, showing the same Member Benefits page. The only difference is that the "Search for Service" button at the top right is highlighted with a red rectangular box.

Once in the Search for Service page, you can search for a service by the benefit category or by the service code/description.

The radio buttons, "Service Code" and "Service Description", must be selected appropriately if entering service code or description.

Select the "Search" button when ready to search for a service.

Freedom Platinum Plan Rx (HMO)

Plan#: H5427 Plan ID: FH23088 Rx BIN: 020115
 Rx PCN: FRH Rx Group: RX8447

Choose a benefit category: ---All benefit categories---

Choose search by option: Service Code Service Description

Enter service code or description: [Input Field]

[Search Button]

[Back Button]

After the "Search" button is selected, a table with related details to services will display below.

Freedom Platinum Plan Rx (HMO)

Plan#: H5427 Plan ID: FH23088 Rx BIN: 020115
 Rx PCN: FRH Rx Group: RX8447

Choose a benefit category: Addiction

Choose search by option: Service Code Service Description

Enter service code or description: [Input Field]

[Search Button]

[Back Button]

Note: Some columns in the estimate table below may not be populated if they are not applicable for your plan. Out of network or non-contracted providers are under no obligation to treat plan members. If Out of Network service is needed but not displayed in the table below please call Member Services at 1-800-401-2740 for additional assistance.

Benefit Category	Benefit Details	Network	Benefit Frequency	Benefit Period	Copayment	Percentage of Allowed Amount	Co-insurance	Service Code	Service Description	Estimated Co-Insurance Amount	Modifier
Addiction	Alcohol Misuse Counseling	In Network	4 Visits per Calendar Year		\$0						
Addiction	Alcohol Misuse Screening	In Network	1 visit per Calendar Year		\$0						
Addiction	Opioid Treatment Program (OTP)	In Network	1 visit every 7 Days		\$0						
Addiction	Substance Abuse	In Network			\$15						
Addiction	Tobacco Counseling	In Network	8 Visits per Calendar Year		\$0						

By clicking on “Referrals and Advance Approvals for Service” button on the Member Benefits page, the user will be directed to the company website page which contains information about referrals/approvals for member’s services.

The screenshot shows a web interface for a member benefits portal. At the top, there is a dropdown menu displaying "FH23088 Freedom Platinum Plan Rx (HMO)". To the right of the dropdown are two buttons: "Search for Service" and "Referrals & Advance Approvals for Service", with the latter button highlighted by a red rectangular box. Below the dropdown is a vertical navigation menu with blue buttons for various service categories: My Benefit Information, Inpatient Hospital Care, Doctor's Visits, Skilled Nursing Facility, Ambulance Services, Durable Medical Equipment (DME), Diabetes Programs and Supplies, Diagnostic Test, Over the Counter (OTC), Preventative Services, Part B Drugs, Hearing Services, Dental Services, and Vision Services. The main content area is titled "Inpatient Hospital Care" and contains the following text:

- Inpatient Hospital Care**: You pay \$85 copay each day for days 1 through 7 and \$0 copay each for days 8 through 90 per admission
- Doctor's Visits**: Except in an emergency, you must get prior authorization in advance before you are admitted to the facility or your stay may not be covered.
- Inpatient Mental**: You pay \$85 copay each day for days 1-7 and \$0 copay each day for days 8-90 per admission
- Durable Medical Equipment (DME)**: Prior Authorization may be required. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
- Partial Hospital**: You pay \$55 copay per visit
- Home Health**: You pay \$0 copay per visit.

The screenshot shows the "Referrals & Advance Approvals for Services" page on the Freedom Health website. The header includes the Freedom Health logo, a language selector for "Español", and navigation links for "Medicare Plans", "Members", "Providers", "Agents & Brokers", "OTC", and "Quick Links". There is also a search bar and a "Member Login" button. A "Covid-19 Coronavirus Information" banner is visible in the top right corner. The main content area contains the following text:

If you need certain types of covered services or supplies, you must get approval in advance through your Primary Care Physician (PCP).

When your PCP thinks you need specialized treatment, he/she will either give you a referral to see a specialist (i.e. a cardiologist for patients with heart conditions) or certain other providers in our network, or will request a prior authorization (prior approval) from the Health Plan on your behalf.

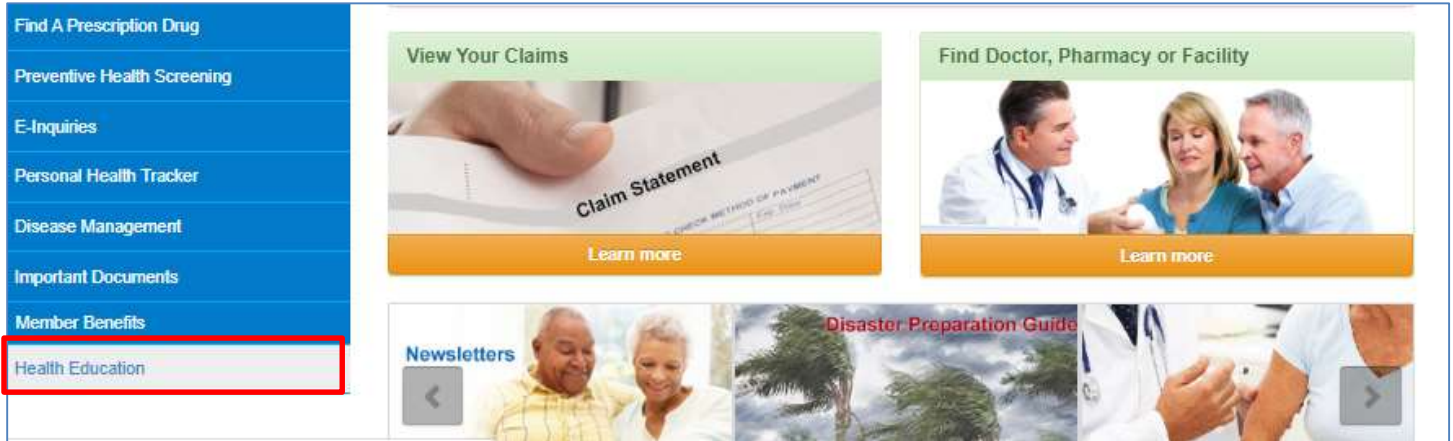
It is very important to get a referral or prior authorization (approval in advance) from your PCP for the services and items listed below that require it. **If you don't have approval in advance for services or items that require a referral or prior authorization, you may have to pay for these services yourself.**

You can get services such as those listed below without getting approval in advance from your PCP:

- Routine women's health care, which includes breast exams, screening mammograms (x-rays of the breast), Pap tests, and pelvic exams as long as you get them from a network provider.
- Flu shots, Hepatitis B vaccinations, and pneumonia vaccinations as long as you get them from a network provider.
- Emergency services from network providers or from out-of-network providers.
- Urgently needed care from in-network providers or from out-of-network providers when network providers are temporarily unavailable or inaccessible, e.g., when you are temporarily outside of the plan's service area.

8.18 Health Education

The Health Education page provides you several interactive self-management tools that help you manage your health better. You can assess your risk factors and get personalized results along with guidance on how to improve your health. Click on the “Health Education” link in the left “Navigation To....” Menu.



This page includes many definitions, tools, and quizzes relating to health education for you.

Health Education

The following interactive self-management tools are meant to help you manage your health. These tools will allow you to assess your risk factors and provide you with personalized results and/or guidance on how you can improve your health.

[Body Mass Index Assessment](#)

The Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI is one of the best ways to assess if someone is overweight or obese. You can calculate your BMI using this tool. If you know your BMI, you can understand your weight category. These weight categories are used in determining if you are at risk for health problems. This tool will determine your BMI. From there, you can ask your doctor to explain your BMI, and document your BMI in your medical records for continuous monitoring and evaluation.

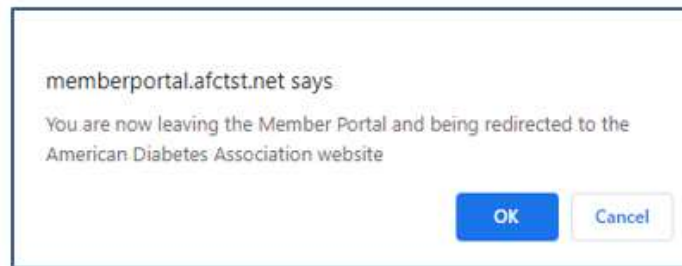
[A1C Converter Tool](#)

If you have Diabetes then you probably already know how vital it is to get your blood glucose levels under control. Testing your A1C level every three months is just as important as checking your blood glucose levels every day (often multiple times a day). Your A1C level gives you an overall picture of how well-controlled your blood glucose level has been in the past 2 to 3 months. Sometimes, your doctor might report your A1C results as eAG, which is your average glucose. This can be helpful because the eAG is a unit that is similar to what you see on your glucose meter. The American Diabetes Association has a great tool that can help you to convert your A1C level to eAG.

[Eye Care](#)

You've probably heard about the importance of regular eye exams for individuals diagnosed with Diabetes. But do you know why it is so important? According to the American Diabetes Association, people with Diabetes have a 40% chance of developing Glaucoma and a 60% chance of developing cataracts. These eye conditions can significantly impact your quality of life. The good news is that people who are able to keep their blood glucose levels under control are less likely to develop these conditions. If you have Diabetes, please speak with your doctor about scheduling an eye exam.

All links, except the BMI Assessment, will redirect you to another website outside of the Member Portal. Below is an example of the pop-up notice if you try to leave the Member Portal site. If you agree to leave the Portal, simply click on the "OK" button.



8.18.1 Body Mass Index Assessment

This is a tool to calculate your Body Mass Index. Select your height from the drop down option, enter your weight and click on the "Compute BMI" button.

Calculate Your Body Mass Index

Body Mass Index (BMI) is a measure of body fat based on height and weight that applies to adult men and women.

Enter your Weight and Height using the fields below. Select "Compute BMI" and your BMI results will appear below.

Height: 5 Feet, 10 Inches

Weight: 150 LBS

Buttons: Compute BMI, Reset, Back

BMI: 21.52

Button: Track Trend of Your BMI

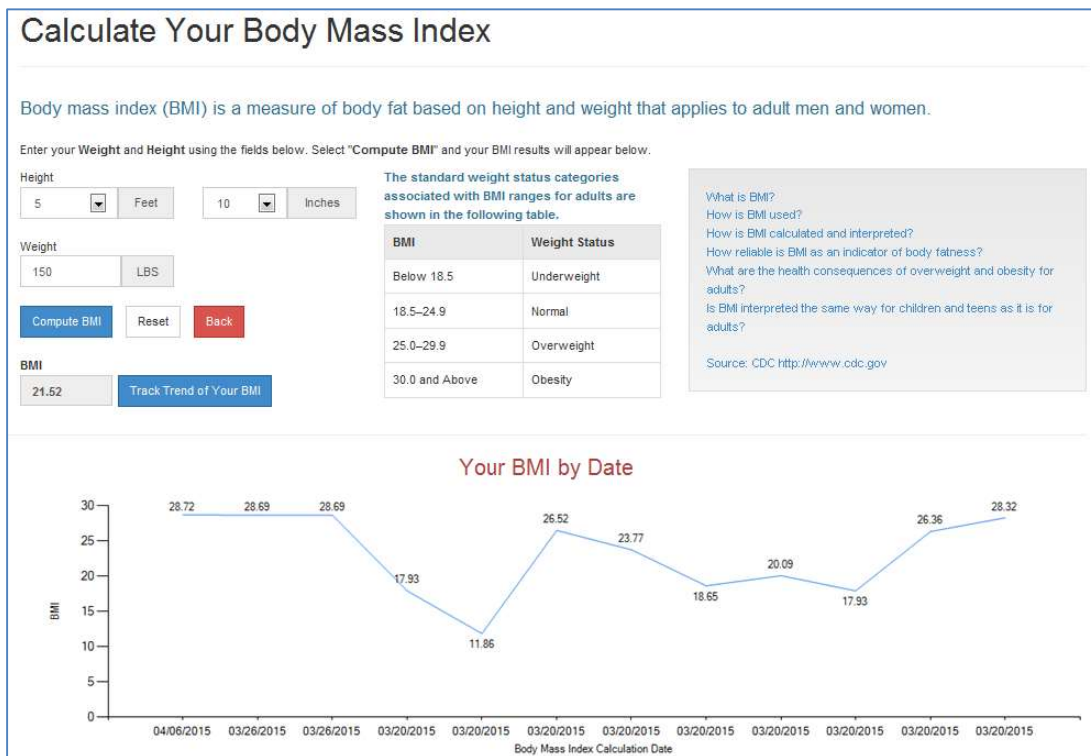
BMI	Weight Status
Below 18.5	Underweight
18.5–24.9	Normal
25.0–29.9	Overweight
30.0 and Above	Obesity

What is BMI?
 How is BMI used?
 How is BMI calculated and interpreted?
 How reliable is BMI as an indicator of body fatness?
 What are the health consequences of overweight and obesity for adults?
 Is BMI interpreted the same way for children and teens as it is for adults?
 Source: CDC <http://www.cdc.gov>

Your BMI by Date

If you would like to Track/Trend your BMI over the period of time, please click on "Track Trend of Your BMI" button and the system will record the BMI result and will show in a graphical manner.

Each time you click on "Track Trend of Your BMI" button, system would store that result and would display in below manner. Please note that the system would store only your last 12 recordings of BMI.



8.19 Nations Flex Fitness

The 'Nations Flex Fitness' link is only visible to certain members depending on their plan. If it is visible for you, click on the link in the navigation menu.

The screenshot shows the Freedom Health Member Health Portal. At the top right, it says "Welcome: JOHN DOE" and "Member ID: P0001XXXXXX" with a "Logout" button. A navigation bar contains links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. A left-hand navigation menu lists various services, with "Nations Flex Fitness" highlighted in a red box. The main content area features a "Welcome to the Member Health Portal" message, a "Member Profile & Plan Details" box, a "My Alerts" section, and several service tiles including "View Your Claims", "Find Doctor, Pharmacy or Facility", "Newsletters", "Disaster Preparation Guide", and "Flu Guide". A "Click Here to Find a Form" button is at the bottom.

This link gives certain members information about Nations Benefits. Click on the “Freedom/Optimum Nations Benefit” button to be taken to the Nations Benefits website.

The screenshot shows the Nations Flex Fitness page. It includes the following text:
Nations Flex Fitness
Nation's Benefit Address:
C/O Freedom/Optimum reimbursement request
1801 NW 66th Ave, Suite 100
Plantation, FL 33313

Nations Benefits Phone:
1 (833) 878-0240 (TTY: 711)

Flex Account - Active Fitness
The plan covers a spending allowance of \$500 per year towards the payment of facility access fees for golf, tennis, or swimming. Any unused amounts do not carry forward to the next calendar year. For more information about this benefit please contact Member Services.

At the bottom, there are two buttons: "Optimum Nations Benefit" and "Back". A red arrow points to the "Optimum Nations Benefit" button.

8.20 Nations Healthy Grocery

The 'Nations Healthy Grocery' link is only visible to certain members depending on their plan. If it is visible for you, click on the link in the navigation menu.

The screenshot displays the Freedom Health Member Health Portal. At the top left is the Freedom Health logo. A red banner at the top left contains COVID-19 information. The top right shows a user login for JOHN DOE with a Member ID of P0001XXXXXX and a Logout button. A blue navigation bar contains links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. A left-hand navigation menu lists various services, with 'Nations Healthy Grocery' highlighted in a red box. The main content area features a 'Welcome to the Member Health Portal' message, a 'Member Profile & Plan Details' box, and several service tiles including 'View Your Claims', 'Find Doctor, Pharmacy or Facility', 'Newsletters', 'Disaster Preparation Guide', and 'Flu Guide'. A 'Click Here to Find a Form' button is at the bottom center, and a 'Feedback' button is at the bottom right.

This link gives certain members information about Nations Benefits. Click on the “Freedom/Optimum Nations Benefit” button to be taken to the Nations Benefits website.

The screenshot shows the Nations Healthy Grocery page. The title is 'Nations Healthy Grocery'. Below the title is the Nations Benefits Phone: 1 (833) 689-2847 (TTY: 711). The section is titled 'Healthy Food Groceries' and describes the benefit: Eating healthy is an important part of managing a chronic medical condition and can help you maintain or improve your overall health. Healthy Groceries provides you with a monthly \$100 benefit for the purchase of healthy groceries at participating retailers. The benefit is intended to assist with the purchase of healthy food items. Some items, including tobacco or alcohol products, are excluded. Any unused benefit will expire at the end of the month and cannot be rolled over into the following month. Unused Health Groceries amounts do not roll over to the next calendar year. After the plan pays benefits for Healthy Groceries you are responsible for any remaining cost. Please contact Member Services for further information or sign up on the member portal. At the bottom of the page, there are two buttons: 'Freedom Nations Benefit' and 'Back'. A red arrow points to the 'Freedom Nations Benefit' button.

8.21 Advance Directives Message

Based on your response to the advanced directive question on the HAT form, the “Advance Directives Message” tab will be visible to you. This tab will not be visible to you if you answered ‘No’ to the advanced directive question in the HAT form. The Advanced Directives Message page will provide you with a PDF and link to a website with more information about a living will, health care surrogate designation and an anatomical donation.

On clicking the Advance Directives link shown above, the following page with all information is displayed.

8.22 Healthy Heart Message

The Healthy Heart message page will provide information on measures that can be taken to lower cholesterol and maintain a healthy heart for members who are at risk of developing heart problems. Click on the “Healthy Heart Message” link in the left “Navigation To....” Menu.

The screenshot displays the Member Health Portal interface. At the top, there is a red banner for "COVID-19 Coronavirus Important Information" and a "Logout" button. Below this is a navigation bar with links for Home, Personal Information, Change Password, Change Email, Change Security Questions, Member Manual, and FAQ. A "Navigate to..." sidebar on the left lists various services, with "Healthy Heart Message" highlighted in a red box. The main content area features a "Welcome to the Member Health Portal" message, a "Member Profile & Plan Details" box, a "My Alerts" section with a message about a health assessment, and several informational tiles for "View Your Claims", "Find Doctor, Pharmacy or Facility", "Newsletters", "Disaster Preparation Guide", and "Flu Guide". A "Click Here to Find a Form" button and a "Feedback" icon are also visible.

On clicking the Healthy Heart link, the following page will be displayed. This page will have all relevant information for members with a risk of cardiovascular diseases.

Healthy Heart

Thank you for taking the time to access our secure member portal messaging feature.

Did you know that being physically active and maintaining a heart-healthy diet can lower your cholesterol? Cholesterol lowering medications, known as statins, can also help get your cholesterol to a healthy level.

The American Heart Association recommends the following foods for a Heart-Healthy Diet:

- Fruits and vegetables
- Whole grains
- Beans and legumes
- Nuts and seeds
- Fish (preferably oily fish high in omega-3 fatty acids), skinless poultry, and plant-based alternatives
- Fat-free and low-fat dairy products
- Healthier fats and non-tropical oils

Being overweight is a known risk factor for developing high cholesterol. Body Mass Index (BMI) is frequently used to determine whether someone is at a healthy weight. Your BMI is based on your height and weight. Freedom Health has made this [tool](#) available to you on the member portal.

Physical activity can help to lower cholesterol. Your age and current health condition can help determine the best type of physical activity for you. Talk to your doctor about helping you come up with a simple physical activity plan and appropriate goals.

For more information on current evidence-based guidelines for heart-healthy eating, as well as fitness recommendations, you can visit the American Heart Association website at www.heart.org.

We welcome you to visit the [Health Education](#) section on the member portal to review the interactive self-management tools, including the Body Mass Index calculator. These tools can help improve your health. You may also access the [personal health records](#) section where you can record and track your health information over time.

We are glad you have chosen Freedom Health as your Medicare Advantage plan and we strive to help you meet your health care goals.

[Back](#)

[Contact Us](#) [Site Map](#) [Disclaimer](#)

8.23 Find a Form

You can find a form by clicking on the “Click Here to Find a Form” menu option. The page will display member related forms by year.

The screenshot displays the Member Health Portal interface. At the top, a blue navigation bar contains links for Home, Personal Information, Change Password, Change Email, and Change Security Questions. On the left, a vertical menu titled "Navigate to..." lists various services such as "Over The Counter", "Member Materials", "Claims And EOB", "Track Your Out of Pocket Expenses", "Change Your Primary Care Provider (PCP)", "Change Your Address/Phone Number", "Change Your Language Preference", "Health Assessment & Appraisal", "Find Doctor, Pharmacy or Facility", "Find A Prescription Drug", "Preventive Health Screening", "E-Inquiries", "Personal Health Tracker", "Disease Management", "Important Documents", "Member Benefits", and "Health Education".

The main content area features a "Welcome to the Member Health Portal" message with a photo of two women and a link to "Click here to find out more...". To the right is a "Member Profile & Plan Details" section with fields for Name, Member ID, Plan, and Last Login. Below this is a "My Alerts" section with a red close button, containing a message about COVID-19 and a link to "Please complete your Health Assessment".

There are two "Learn more" buttons: one for "View Your Claims" (with a "Claim Statement" image) and one for "Find Doctor, Pharmacy or Facility" (with a photo of a doctor and a family). Below these are "Newsletters" and "Flu Guide" sections, each with a "Disaster Preparation Guide" image and navigation arrows.

At the bottom, a blue button labeled "Click Here to Find a Form" is highlighted with a red rectangular box.

Select the appropriate year from the “Benefit Year” dropdown list. Then click on any of the blue hyperlinks for the form that you would like to view.

Find A Form

Benefit Year:
Current Year 2023

Authorization Forms

[Appointment of Representative Form](#)
Please fill this form if you would like to appoint a person to file a grievance, request a coverage determination, or request an appeal on your behalf.

[HIPAA Release of Information](#)
Please fill this form to confirm release of Protected Health Information (PHI) & Insurance Record to a particular individual

Health Assessment Tool (HAT)

[General Health Assessment Tool](#)
This information will help us understand your health needs

Special Needs Plan Forms

If you have one of the following chronic disease, please fillout an assessment form related to your disease

[Congestive Health Failure Health Assessment Form](#)

[Congestive Heart Failure Assessment Form](#)
[Cardiovascular Health Assessment Form](#)
[Diabetes Health Assessment Form](#)
[Chronic Obstructive Pulmonary Disease Health Assessment Form](#)
[Asthma Disease Management Health Assessment Form](#)

Pharmacy Forms

[Medicare Prescription Drug Coverage Determination Form \(Fill Online or Download PDF\)](#)
Please fill this form if you wish to make a request regarding a prescription drug coverage

[Redetermination Request Form \(Fill Online or Download PDF\)](#)
Please fill this form if you wish to appeal a determination regarding request for coverage, or payment, for a prescription drug.

Compliance Forms

[Report Fraud, Waste or Abuse](#)
Please complete this form if you believe that fraud, waste and/or abuse may have occurred to you, a family member, or a coworker.
You can also use this form to report a suspected compliance violation.

[Back](#)

The form will open in a separate browser window for you to view or download.