

# SNP TODAY



**OPTIMUM**  
HealthCare, Inc.

**SPRING 2020**

A Seasonal Newsletter for our  
Special Needs Plan Members

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# Welcome to Your Special Needs Plan!

## What is a Special Needs Plan?

Special Needs Plans were developed by Medicare so that people with certain diseases would receive certain services that would help them better take care of their disease in order to stay healthier and more active.

## How did I qualify to be part of a Special Needs Plan?

You became a part of a Special Needs Plan when you enrolled and said that you had a certain disease or that you had both Medicare and Medicaid. The Plan then verified this with your doctor or Medicaid and you became eligible to enroll.



## What is my Primary Care Physician responsible for when I am a part of this Plan?

- Your Primary Care Physician (PCP) is your Medical Home and is responsible for managing all of your health and to make certain you are getting all the medically necessary services you need to better take care of yourself.
- Your PCP is responsible for making sure that your care follows certain accepted guidelines or medical practices that have been developed by specialists in the field of your disease.
- Your PCP is responsible for making certain that your care follows a "Care Plan" that has been developed to better manage your healthcare.
- It is important to see your PCP regularly and at least annually, even if you have no changes in your health status. This will help your PCP to better manage your care.

## What information will I receive?

### Educational Material

This will be sent to you within the first three months of coming on the Plan. This will include information about your specific disease and suggestions on how to best manage your healthcare. Please read this and take it with you to your PCP appointment if you have any questions. These suggestions, if followed, may help keep you out of the hospital.

### Quarterly Educational Information

About every three months, you will receive another educational mailing with pertinent tips on helping you stay healthy.

### Newsletter

Twice a year you will receive a Special Needs Plan Member Newsletter that will have even more helpful information for you to manage your care.



# BUGGED!

## Cockroaches and Asthma



Let's talk about an ugly subject: cockroaches. Far-flung travelers, they can adapt to many different places and living conditions. They (or their eggs) can easily hitch a ride with human travelers, in suitcases or bags. According to the National Institutes of Health, over 4,000 different types of roaches have been identified, but only a few of these types live in human homes. They like warm, moist places (like under the sink). And you may have noticed that they're mainly active at night and will run for cover if you turn on the light!

Cockroaches shed a protein which acts as an allergen to cause an immune reaction in some people. Any parts of a roach or even a dead roach can cause this reaction, which in turn can trigger asthma attacks all year long. The Asthma and Allergy Foundation of America (AAFA) lists several symptoms of an asthma attack triggered by a cockroach allergy:

- ✓ difficulty breathing;
- ✓ chest tightness or pain;
- ✓ a whistling or wheezing sound when breathing out;
- ✓ trouble sleeping caused by shortness of breath, coughing or wheezing.



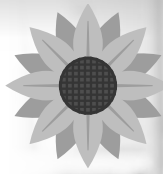
Most cockroaches may be hiding out in the kitchen where there's lots of food and water, but their allergens can travel through the air and settle into bedding. The bad news is roaches don't have to even be there to cause problems for a person with allergies and asthma! The American Lung Association (ALA) has found that many homes with no sign of cockroaches can still have high levels of cockroach allergen in dust and fabrics.

But there's hope for winning the battle against these critters and reducing your chances of having a cockroach-caused asthma attack. The ALA suggests:

- ✓ Keep food scraps and crumbs off the floor of your home, including under the stove and refrigerator.
- ✓ Reduce dampness throughout the house; roaches love high humidity!
- ✓ Focus on fabrics where roach allergens can collect. Enclose mattresses and pillows in zippered cases. Wash bedding in hot water once a week. Remove curtains and, if possible, remove upholstered furniture.
- ✓ Get rid of carpeting and replace with smooth flooring. If this isn't possible, vacuum carpets 2-3 times a week. But don't vacuum while an allergic or asthmatic person is in the room.

Battling these ugly bugs is a challenge, but the payoff is getting rid of a common asthma trigger and living allergy- and asthma-free.

# Quicker & Easier to Complete Your Health Assessment Tool



We love it when we can simplify things for our members. It is now easier and quicker to complete your Health Assessment Tool. Since the Centers for Medicare & Medicaid Services requires that this form is completed annually, we have added a feature on the member portal where you can log in and complete the form online. By following these easy steps, the Plan can avoid having to reach out to you by phone and mail to remind you to complete the form.

## Here are the easy steps:

1. Go to the Optimum HealthCare Website at [www.youroptimumhealthcare.com](http://www.youroptimumhealthcare.com)
2. Click on "Member Portal" on the left side of your screen
3. Click on "New User Sign Up Now"
4. Fill in your information and become a registered portal user.
5. Now you are ready to log in to your Member Portal account. Go ahead and log in....
6. Click on "Health Assessment & Appraisal" on the left side of your screen and then select "Complete Your Health Assessment Form"
7. Click on "Take Survey"
8. Congratulations! You did it!



## Why should I complete the Health Assessment Tool?

Your time is valuable and we want to extend our gratitude to you for taking the time to complete the Health Assessment Tool. The information you share with us is very important. It helps us in many ways.

## How is it used?

- It gives us an opportunity to offer you benefits that we think can help you achieve your health goals.
- It helps us to determine if you might benefit from receiving a call from a Nurse or Social Worker. Many members have experienced the advantages of participating in Case & Disease Management.
- Your responses influence the development of benefit plans. Your health needs and goals help us determine what's most important to our members.
- Your responses will generate a Health Appraisal Profile that helps you identify potential risks as well as resources to overcoming barriers. As you continue to complete your annual Health Assessment Tools each year, you will see how your health compares to your previous responses. It's a great way to track your progress toward achieving your health goals.
- **Though it is a requirement implemented by the Centers for Medicare & Medicaid Services**, we have seen how much it has helped our members.

*We again want to thank you for your time and if you need any help with your member portal account, feel free to give us a call toll free at 1-866-245-5360 or TTY/TDD: 711.*

# Dual Eligible (Medicare/Medicaid) SNP Members

***Make sure you keep all your paperwork current with the State for your Medicaid benefits. If you have any questions about how to re-apply for your benefits, you can call Medicaid at (866) 762-2237 or the Health Plan's Member Services at (866)245-5360.***

**Being in a Dual Eligible Special Needs Plan (SNP) helps you with the following:**

- Your healthcare claims are paid for by your health plan, Optimum HealthCare. This means there is no confusion about what part is paid by Optimum HealthCare and what part is paid by State Medicaid.
- You receive all your health benefits from Optimum HealthCare. You do not need to coordinate any care services with State Medicaid.
- You are able to see any of the participating doctors with the Plan. You do not need to worry if they take Medicare or Medicaid.
- Your plan provides limited cost-sharing which is determined by how much assistance you receive from State Medicaid. This keeps your health care costs affordable.

If you have a complaint, grievance or appeal, you can contact Optimum HealthCare's Member Services. It is not necessary to contact State Medicaid.



## Always AVAILABLE to Our MEMBERS

The Plan offers a lot of information for our members on our website. This includes resources and programs available to our members. **Please visit our website at: [www.youroptimumhealthcare.com](http://www.youroptimumhealthcare.com). Click on the links below for more information on the following topics:**

*(PLEASE NOTE: link to "About Us" is located at bottom of web site page and "Quick Links" is located at top of web site page)*

**ADVANCE DIRECTIVES:** About Us -> Utilization & Quality -> Advance Directives

**CASE & DISEASE MANAGEMENT PROGRAMS:**  
About Us -> Utilization & Quality -> Case Management or Disease Management

**CLINICAL HEALTH GUIDELINES:** About Us -> Utilization & Quality-> Clinical Practice Guidelines

**FRAUD, WASTE, AND ABUSE:** Quick Links -> Fraud, Waste, and Abuse

**GRIEVANCE & APPEALS:** Quick Links-> Appeals & Grievance

**MEDICAL RECORD STANDARDS:** About Us -> Utilization & Quality -> Medical Record Standards

**MEMBER RIGHTS AND RESPONSIBILITIES:** About Us > Utilization & Quality > Member Rights and Responsibilities

**NEWSLETTERS:** Quick Links -> Newsletters

**PATIENT SAFETY PROGRAMS:** About Us -> Utilization & Quality -> Quality Management

**PREVENTIVE HEALTH GUIDELINES:** About Us-> Utilization & Quality -> Quality Management -> Preventive Health Information

**PRIVACY:** Quick Link-> Privacy Practices

**QUALITY MANAGEMENT PROGRAMS:** About Us-> Utilization & Quality-> Quality Management

**QUALITY MANAGEMENT PERFORMANCE:** About Us -> Utilization & Quality-> Quality Management -> Monitoring Quality

**UTILIZATION MANAGEMENT PROGRAMS:** About Us-> Utilization & Quality-> Utilization Management

**UM DECISIONS:** About Us-> Utilization & Quality-> Utilization Management



# FLU SHOT REMINDER



For more information, talk with your primary care doctor or visit the Center for Disease Control website at [www.cdc.gov/flu/](http://www.cdc.gov/flu/)



Don't forget to get your flu shot, there is no cost to Medicare members. The flu, also known as influenza, can cause significant illness or even death in young children, young adults, pregnant women, older adults and people with chronic illnesses.

Protection against the virus begins after two weeks and will last through the flu season. It is best to get your flu shot as early as it is available for the best protection when flu activity is highest.

CVS, Walgreens, Publix, and many of our other participating pharmacies offer the flu vaccine. For example, Walgreens pharmacies (where you can register beforehand at [www.Walgreens.com](http://www.Walgreens.com)) and the CVS Minute Clinics offer flu shots daily with no appointment necessary. However, please call the pharmacy in advance to ensure that they have a supply of the vaccine on hand.

There is no co-payment for flu shots. Please bring your plan identification card with you when you go.

Other pharmacies in the Health Plan network also provide flu shots at no cost to Medicare members. For a listing of other participating pharmacies, please contact our customer service department at:

#### **OPTIMUM: CUSTOMER SERVICE:**

**1-866-245-5360 TTY: 711 or  
ACCESS OUR ONLINE  
PROVIDER DIRECTORY:  
[www.youroptimumhealthcare.com](http://www.youroptimumhealthcare.com)**

Additionally, many primary care providers also offer the flu vaccine. Please check with your doctor to see if they are providing the shots.

You may also be able to get a flu shot at your local health department.



# How Can We Help?



Our **Case Management Department** is staffed with Nurses and Social Workers to assist you with your needs. Nurses called Case Managers, and Social Workers called Managed Care Coordinators, can assist you with managing your medical care and in identifying financial assistance programs.

**Case Management Services** are included in your Plan benefit package. When the situation becomes too much for you, our Case Management department can help. Maybe you need a transplant, are dealing with a cancer diagnosis, or have a wound that isn't getting better. Perhaps you notice that you are starting to fall more often. Our goal is to assist you in managing your treatment plan.

**Nurses** can also help when questions arise about your chronic conditions. This could be about diabetes or heart disease, for example. Our nurses help you manage your condition in your everyday life. Their goal for you is to prevent further complications.

**Managed Care Coordinators** can help identify assistance programs that are available in your local community. They can direct you to programs that can help you with deductibles for medications and medical care. They are also skilled at finding resources to assist with various other financial needs. Our Managed Care Coordinators are eager to help you identify ways to help you meet your goals and avoid further complications.



If you believe you could benefit from speaking with a Nurse Case Manager or a Managed Care Coordinator, please contact the Case Management Department toll free at **888-211-9913** or TTY/TDD: 711. Hours are Monday through Friday, 8:00a.m. to 4:30p.m.



## What is a Care Plan?

- **A Care Plan** is an established plan that helps everyone who is involved in your care make certain that everything that needs to be done to improve your health is done.
- **Care Plans** are developed using information from nationally accepted guidelines that were developed by leading experts on how to manage certain diseases.

**Care Plans** vary depending on how much help you may need to reach your health goals. Members are placed into one of three levels of care. Your level of care is determined from the answers you gave on the Disease Specific Health Assessment you filled out when you enrolled.

- **Care Plans** is sent to your Primary Care Provider for his/her review and agreement.
- **For those members** participating in our Case or Disease Management Program, a more detailed care plan is developed by the nurse. Working with a nurse is voluntary although you might find the assistance helpful.



# When You LEAVE the Hospital

**Y**ou may need support after discharge. While in the hospital your case manager or discharge planner helps you plan for going home. You and your home care giver need to take part in the planning process. Everyone involved needs to know the discharge plan so it can work. This includes what to expect. Don't hesitate to speak up and ask questions. You need to know what help will be provided to you once you are home, if any. This could be a home health nurse visit or wound supplies. It could also be a walker or the delivery of Meals on Wheels.

Make sure to ask questions before you leave the hospital. Your understanding of the instructions can affect how well you do at home. It could also help you to avoid problems once you are home.

## **Things to know before you leave the hospital:**

1. The date when you are expecting to leave the facility. Plan ahead for the discharge home. Do you have a ride?
2. What to expect when you get home. What will you be able to do? It's great to have a second person there when the nurse reviews the instructions with you.
3. Who will support you at home?
4. How will you manage grocery shopping, cooking and getting medications filled?
5. Ask before you go home, what type of problems should you call for? The nurse or doctor will review this with you before you leave.



6. The name and phone number of who you should get in touch with in case there is a problem with what was planned. Your PCP will want to know too.
7. Understand your medicines before you leave the facility. This includes understanding why they changed, why you are taking them, when to take them and side effects of which to be aware.
  - a. If you can't afford to pay for your medicine or can't get to the pharmacy, let the hospital nurse or discharge planner know before you go home.
  - b. Call your doctor if you stop taking medicines for any reason. The PCP will want to know if you are nauseous or they make you dizzy.
  - c. Do you have the needed supplies for dressing changes?
8. Any discharge tasks for you or your caregiver. This could be dressing changes or weighing yourself daily. Know how to do them. Make sure you can do the task. Let the hospital nurse know if you don't think you can do it.
9. Make a follow-up appointment with your PCP within 7 days of going home. Your PCP will want to see you. The PCP will want to review your plan of care too and review your medications with you. It is very important for your doctor to review the medications with which you were discharged. They may need to be adjusted. You should know when to call to report problems.



# Special Needs Plan (SNP) Program Evaluation

You are receiving this health plan newsletter because you are currently enrolled in one of our Special Needs Plans (SNP). A SNP is a Medicare Advantage Plan designed for members with special healthcare needs. These members often benefit from focused care coordination. SNP benefits are designed to meet the unique needs of our members.

In our SNPs, the Primary Care Provider (PCP) has the responsibility for each member's medical care. We refer to this as PCP Medical Home. Not all medical care is provided by your PCP; however, the PCP is responsible for all the care and services you receive. The PCP provides access to specialists and therapists. This is done through the Plan's referral process. The PCP also requests all other services via the Plan's pre-certification process.

**Every SNP plan has a specific SNP Model of Care program (MOC). This program specifies quality metrics and goals. Goals are based on the following:**

- National benchmarks.
- Centers for Medicare and Medicaid Services (CMS) Star Score thresholds.
- Internal benchmarks based on historical performance



Routinely, the health plan reviews the SNP Model of Care programs and SNP Quality Workplan for effectiveness. This is accomplished through the SNP Program Evaluation.



The 2019 SNP Evaluations were recently completed. Results indicated a successful year for all our SNP MOCs. Outcomes show many goals were met and many made good progress. Unmet goals were reviewed for improvement opportunities to work on in 2020. The SNPs also had a very successful Centers for Medicare and Medicaid (CMS) program audit in 2018. This audit reviewed our adherence to the SNP Models of Care and SNP regulatory guidance requirements.



## Living with CONGESTIVE HEART FAILURE

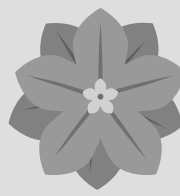


Congestive Heart Failure (CHF) is a condition in which the heart muscle slowly loses the ability to pump blood through our bodies. When you have CHF, it is important to eat a balanced diet that is high in heart healthy foods and low in salt. We have all heard the old saying "you are what you eat". In the case of heart failure, if you eat a poor diet then you will feel tired and weak. You are also placing yourself at risk for a cardiac event that could be fatal.

Your Health Plan has resources that can help you learn what foods are best when you have CHF. The Plan can also provide you with information on how to get a free membership to Silver Sneakers. Silver Sneakers is a program geared toward helping you feel better with exercise. You can contact the Case Management Department for assistance in managing your CHF. Staff is available Monday through Friday from 8:00AM to 4:30PM at **1-888-211-9913** or TTY/TDD 711.

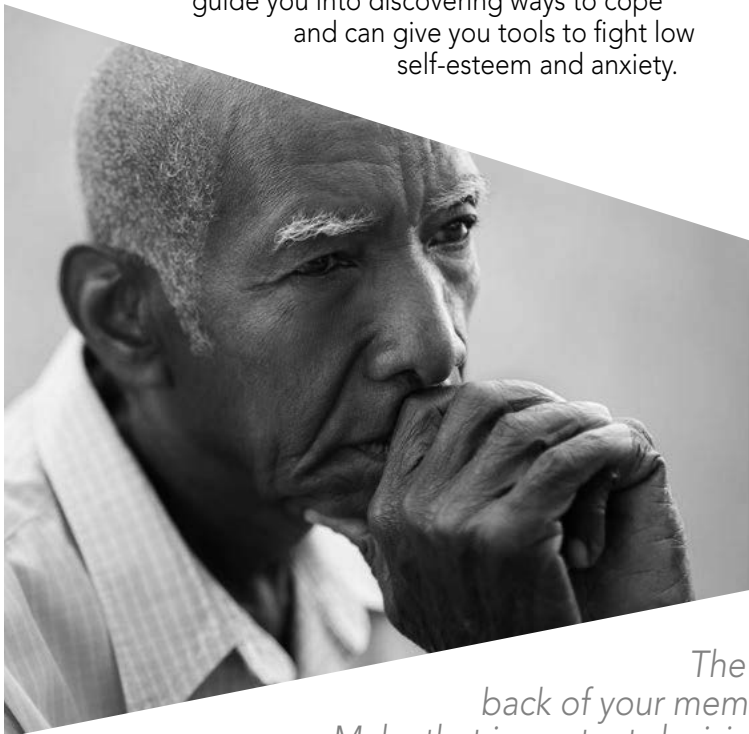
# TALKING YOUR WAY TO HEALTH:

## The Benefits of Counseling



**Decision!** It's the first step to seeking counseling. It takes courage to decide to talk to another human being (especially a stranger) about your stresses and worries. Feelings of shame and fear can block the path to being mentally and emotionally healthy.

If you're unhappy and are wondering whether to try counseling, this could be a sign that you should forge ahead with it. According to the American Counseling Association (ACA), professional counselors have the experience and expertise to help people be happier and move forward with their lives. A counselor will focus on you as a unique person and reflect your thoughts back to you. You'll see your stresses in a different light. A counselor can guide you into discovering ways to cope and can give you tools to fight low self-esteem and anxiety.



Counseling is a creative process which involves working with another human being. It can help with many different problems. Some common reasons people seek counseling include:

- depression
- relationship issues
- sexual problems
- stress and anxiety
- addictions and compulsions
- grief, loss, or bereavement
- anger
- family problems
- phobias
- chronic pain or illness
- domestic violence or abuse
- eating disorders



Counseling is usually short-term and some issues can be dealt with in one or two sessions. Your insurance plan will cover counseling with an in-network Medicare-qualified mental health care professional. You can see an **IN-NETWORK** behavioral health provider without a referral from your Primary Care Provider (PCP), though it's always good to let your PCP know. Take a look at your EOC (Evidence of Coverage) for details under "Outpatient Mental Health Care."

*The Plan's behavioral health services number is on the back of your member I.D. card. Don't wait to get the help you need. Make that important decision which can lead to greater peace and happiness.*

# The Doctor, the Emergency Room or the Urgent Care Clinic?

## How do you decide?

How can you take care of yourself and avoid the emergency room?

### Doctor or Primary Care Office

**What it is:** Primary care doctors are available during regular office hours. Sometimes they offer evening appointments and some allow walk-in visits. You will have better care if you see the same doctor regularly since your doctor will know you and your health conditions. It also helps if your medical records are readily available.

**When to go:** For preventive care, or when you have a medical problem or concern. When a minor illness or injury strikes, you should first seek treatment from a primary care doctor at his or her office. Most doctors' offices offer same day visits when you are sick. When you call for an urgent visit, make sure you explain your medical situation or how it has changed since you last were seen in the office. Don't wait until you feel really bad to call. You might feel better sooner.

**Consider the cost:** This is the lowest cost option for most routine care and preventive services.

### Emergency Room

**What it is:** An Emergency Department is there to save lives. An emergency is any medical problem that could cause death or permanent injury if not treated quickly. An emergency department is open 24 hours a day, seven days a week, 365 days a year.

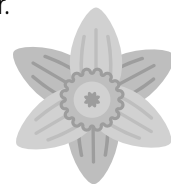
**When to go:** During a health episode that can lead to death or permanent injury. Some examples of medical emergencies are:

- Chest pain with sweating, nausea, vomiting, shortness of breath, radiating pain that moves to the arm or neck, dizziness, or feeling that your heart is beating irregularly or too fast
- Choking
- Severe bleeding that doesn't stop after 15 minutes of direct pressure
- Fainting
- Broken or displaced bones
- Swallowing poison
- Burns
- Suddenly not being able to walk, speak, or move a portion of your body
- Shortness of breath or difficulty in breathing

Many visits to the emergency room aren't true "emergencies". An Emergency Department is there to treat the critically ill and injured first. Patients seeking treatment of minor illnesses and injuries will wait longer to be seen by a doctor.

**Some examples of non-emergencies are:**

- Cold or flu symptoms
- Sore throat
- Earache
- A fever that is relieved with over-the-counter medication
- Toothaches
- Minor cuts, scrapes and abrasions
- Muscle sprains
- Sunburn



**Consider the cost:** The copay alone may be costly. Other costs may be included depending on the care you need.

### Urgent Care Center

**What it is:** These are clinics with doctors where you can walk-in without an appointment. They are open during the day, have evening hours and can see you on weekends.

**When to go:** Urgent Care centers are setup to help with an illness or injury that does not appear to be life-threatening, but also can't wait until the next day, or for the primary care doctor to see them. Urgent medical conditions are not considered emergencies but still require care within 24 hours. Some examples are:

- Accidents and falls
- Sprains and strains
- Moderate back problems
- Breathing difficulties (i.e. mild to moderate asthma)
- Bleeding/cuts -- not bleeding a lot but requiring stitches
- Diagnostic services, including X-rays and laboratory tests
- Eye irritation and redness
- Fever or flu
- Vomiting, diarrhea or dehydration
- Severe sore throat or cough
- Minor broken bones and fractures (i.e. fingers, toes)
- Skin rashes and infections
- Urinary tract infections

**Consider the cost:** It will cost a little more than the doctor's office but much less than emergency room care. Other costs may be included depending on the care you need.



# Using Your Benefits to Achieve Your Health Goals



Taking care of your health is not always easy. It takes time and work to achieve certain goals like maintaining a healthy weight. Keeping all your doctor appointments and sticking to a recommended diet plan takes effort.

Optimum HealthCare can help you achieve your goals. As a Special Needs Plan member, you have added benefits to help keep you on track with your goals. The following benefits are free to you:

- **Transportation to medical appointments & pharmacy.** Depending on your specific plan, you are eligible to receive 4 or more free transportation rides per year to Plan-approved locations. Please use your rides wisely. Use this benefit for the more important appointments first so that you don't run out of rides before then. This benefit will help you keep your doctor's appointments and pick up your prescriptions. All you have to do is call Access2Care, the Plan's contracted transportation company at 1-888-994-1545 to schedule a ride. To ensure availability, please call 3 business days in advance of your appointment date.
- **Meals delivered after a hospital stay.** If you have an inpatient admission to the hospital overnight or longer, you are eligible to have 10 free meals delivered to your home. This benefit gives you the peace of mind in knowing that you won't have to cook when you first get home. These meals are also available with certain dietary restrictions (low sodium, fat and sugar...etc). For more information or to place an order after being discharged home, please contact member services at **1-866-245-5360 or TTY/TDD: 711.**

- **Gym access.** Get a SilverSneakers® Fitness Membership at no cost to you! With access to thousands of locations, you will have use of the equipment, pools, saunas and other amenities. You can also order a SilverSneakers® Home Fitness Kit if that is more convenient!

With SilverSneakers® Steps, you can get fit at home or when you travel. Designed for your lifestyle and fitness level, Steps includes a choice of four kits – stress release, strength, walking and yoga. Each comes with its own topic-specific instructions and exercise tool.

For the most current directory of participating gyms, please visit the SilverSneakers® website at [www.silversneakers.com](http://www.silversneakers.com) or contact customer service at **1-855-585-2389**, Monday through Friday, 8 a.m. - 8 p.m.

Optimum HealthCare cares about its members' well-being and we hope these added services prove to be helpful to you. If you have any questions, please contact member services at toll free: **1-866-245-5360 or TTY/TDD: 711.**



## DIABETES TESTING

If you have diabetes, or have a family history of diabetes, you should speak with your doctor about getting an HbA1c test. This is a simple blood test that can help in achieving control over diabetes. The test provides you and your doctor with information on your average blood sugar level over the past 2-3 months. Most doctors will

recommend that an HbA1c test be completed two times per year for patients that have diabetes. You might also be asked to test your blood sugar at home.

A helpful benefit that your Health Plan offers is the ability to order certain diabetic testing supplies. You can have them delivered right to your door! This is done through the Plan's Mail Order Program. You might be able to get your supplies for free! Your Plan may also include benefits for other over-the-counter (OTC) supplies. The benefits you have will vary depending on which Plan you chose at enrollment. To find out more about your available benefits or place an order, call **1-866-900-2688 (TTY: 711)** or sign into the member portal.

# Register & Do More Online with our Member Portal!

Here are some of the benefits you will receive:



Place & track orders for your over-the-counter medication and diabetic supplies



Find a Plan Doctor, Pharmacy, Hospital and covered drug



Print and order your ID CARD, provider directory, formulary and other Plan materials



Gain access to health & wellness information, including electronic prescription refill reminders



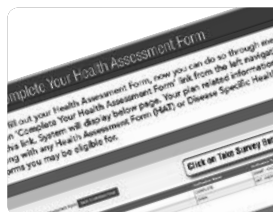
View your claims activity and benefit information



Access important Plan forms and documents from a central location



Track your out-of-pocket expenses. (MOOP)



Complete your Health Assessment Form; enroll in one of our Disease Management Programs



Try our Personal Health Tracker and other Member Self Management Tools

**See next page on how to sign up now for the Member Portal.**

Log onto  
**www.youroptimumhealthcare.com**

click on **Member Login**  
and **Register Today!**



Medicare Plans

Members

Providers

Agents & Brokers

OTC

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Member Login

Optimum HealthCare, Inc. is an HMO with a Medicare contract. Enrollment in Optimum HealthCare, Inc. depends on contract renewal. This Information is not a complete description of benefits. Call 1-866-245-5360 (TTY: 711) for more information. 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. to 8 p.m. EST. Optimum HealthCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optimum HealthCare, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Optimum HealthCare, Inc. konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-245-5360 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou.

Please check front side for Member Portal Registration benefits.



If it's your first time accessing the Member Portal, click on the "New User Sign UP Now" button to create a user name and password to log in with.

### Sign in to Member Portal

Email:

Password:

[Forgot Password](#)  
[Click here for Privacy Policy](#)

[Secure Log In](#)

### First Time Users

Please create a user name and password.

You will need your Member ID Number from your ID Card and Medicare last 4 characters from your Medicare Card.

[New User Sign UP Now](#)

[FAQ](#)

[Help Manual](#)

## New Member Registration

\*First Name:

\*Last Name:

\*Email ID:

\*Confirm Email ID:

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

\*Member ID:

\*Last 4 Characters of Medicare ID/MBI Number: (eg. For Medicare# 123-45-6789-A Enter 789A or 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

The 'New Member Registration' page will be displayed. Begin by entering in the required information.

View ID and Medicare Card/MBI Number Sample Below to locate your Member ID and Medicare ID/MBI Number last 4 Characters.



[Feedback](#)

[www.youroptimumhealthcare.com](http://www.youroptimumhealthcare.com)



# NON-DISCRIMINATION NOTICE

## Discrimination Is Against the Law

### Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Optimum HealthCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optimum HealthCare, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Optimum HealthCare, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact the Optimum HealthCare, Inc. Civil Rights Coordinator.

If you believe that Optimum HealthCare, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Optimum HealthCare Civil Rights Coordinator  
P.O. Box 152727, Tampa, FL 33684  
Phone: 1-866-245-5360, TTY: 711  
Fax: 813-506-6235

You can file a grievance by mail, fax, or phone. If you need help filing a grievance, the Optimum HealthCare Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building, Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## MULTI-LANGUAGE INTERPRETER SERVICES

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-401-2740 (TTY: 711).

**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).

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-401-2740 (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-401-2740 (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-401-2740 (TTY: 711)。

**Français (French):** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-401-2740 (ATS: 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-401-2740 (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-401-2740 (телетайп: 711).

**العربية (Arabic):** العربية ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-401-2740 (رقم هاتف الصم والبكم: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-401-2740 (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-401-2740 (TTY: 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-401-2740 (TTY: 711) 번으로 전화해 주십시오.

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-401-2740 (TTY: 711).

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-401-2740 (TTY: 711).

**ภาษาไทย (Thai):** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-401-2740 (TTY: 711).

**ΠΡΟΣΟΧΗ (Greek):** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-401-2740 (TTY: 711).

# SNP

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P.O. Box 151137, Tampa, FL 33684

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Boca Raton, FL 33432  
**1-844-217-8399**

### CHARLOTTE/ MANATEE/SARASOTA

3874 E. SR 64,  
Bradenton, FL 34208  
**1-888-850-5315**

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8373 Northcliffe Blvd.,  
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Suite 1, Ft. Myers, FL 33912  
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### HILLSBOROUGH/ PINELLAS/POLK

5403 N. Church Ave.,  
Tampa, FL 33614  
**1-888-211-9918**

### INDIAN RIVER/MARTIN/ ST. LUCIE

1187 S. US Hwy. 1, Suite E & F,  
Vero Beach, FL 32962  
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### LAKE/MARION/ SUMTER/VOLUSIA

2102 SW 20th Pl.,  
Building 200, Suite 201,  
Ocala, FL 34471  
**1-888-420-2539**

### ORANGE/SEMINOLE

950 S. Winter Park Dr.,  
Suite 340,  
Casselberry, FL 32707  
**1-888-364-7905**

### OSCEOLA

1339 E. Osceola Pkwy,  
Kissimmee, FL 34744  
**1-888-609-0690**