

Optimum **LIVING**

Member Newsletter

SPRING 2022

A Plan Designed
for Everyone

I Spy
SODIUM

Get Ready for
a Healthier
Year with
SilverSneakers®



AND **much more!**

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Clinical Support in the comfort of your home

CONCIERGE SERVICE LOCATIONS

- Service Area
- Concierge Service Locations
- ★ Headquarters & Concierge Location



BREVARD/INDIAN RIVER/MARTIN/ST. LUCIE

2501 S. Federal Hwy. Fort Pierce, FL 34982

(888) 274-8575

CHARLOTTE/MANATEE/SARASOTA

12145 Mercado Dr., Venice, FL 34293

(888) 850-5315

CITRUS/HERNANDO

8373 Northcliffe Blvd., Spring Hill, FL 34606

(888) 211-9921

HILLSBOROUGH/POLK

3611 W. Hillsborough Ave., Suite 208, Tampa, FL 33614

(888) 211-9918

LAKE/MARION/SUMTER

3101 SW 34th Ave., Suites 902-903, Ocala FL 34474

(888) 420-2539

ORANGE/SEMINOLE

92 Dean Rd., Suite 300, Orlando FL 32825

(888) 364-7905

OSCEOLA

1339 E. Osceola Pkwy, Kissimmee, FL 34744

(888) 609-0690

PASCO

8601 Little Road, New Port Richey, FL 34654

(888) 609-0698

PINELLAS

3665 East Bay Dr., Unit #220, Largo, FL 33771

(888) 609-0699

VOLUSIA

852-35 Saxon Blvd., Unit #21, Orange City, FL 32763

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.



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



Personal Health Tracker

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

Quick Links

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Member Login

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 èd pou lang ki disponib gratis pou ou. Rele 1-866-245-5360 (TTY: 711).

45 New Items Added to our 2022 OTC Catalog

Now we are offering over 145 OTC Catalog Items

Following Additional Items are Available to Order Starting Feb. 14th, 2022

Section	Item#	Item Description	Price
Miscellaneous Items	11L	Covid-19 Antigen Home Test Kit	\$15
First Aid Supplies	9T	KN95 Masks	\$15

Section	Item#	Item Description	Price
Vitamins & Minerals	13Z	Breakfast Essentials Nutritional Powder Drink Mix	\$22

We care about our member's overall health and wellbeing.

To better serve our members, we have increased our OTC items offered starting in 2022.

Three additional categories have been added – Home HealthCare, Diabetes Care and Supports. Now, members can choose 145+ Items from 19 different categories of products and supplies by ordering online or over the phone.



Section	Item#	Item Description	Price
First Aid Supplies	9P	Hydrogen Peroxide 3%	\$2
	9Q	Rubbing alcohol 70%	\$3
	9R	Witch Hazel Pad A.E.R. 40	\$7
	9T	KN95 Masks	\$15
Laxatives	10F	Psyllium Fiber Laxative Capsules	\$11
Miscellaneous Items	11K	Pulse Oximeter	\$40
	11L	Covid-19 Antigen Home Test Kit	\$15
Vitamins & Minerals	13W	Ensure Original Nutrition Powder Vanilla	\$22
	13X	Daily Multivitamin Gummy	\$11
	13Y	Vitamin C Gummy 250 mg	\$10
	13Z	Breakfast Essentials Nutritional Powder Drink Mix	\$22
Adult Incontinence	16G	Adult Bladder Control Pads	\$15
Home HealthCare	17B	Cane, 1- Leg Adjustable 29in to 38in	\$15
	17C	Cane, 4-leg base Adjustable Quad Standard	\$24
	17D	Digital Bathroom Scale	\$24
	17E	Medical Bracelet - Diabetes	\$20
	17F	Medical Bracelet - Heart Patient	\$20
	17G	Grab Bar, 12"	\$15
	17H	Grab Bar, 24"	\$20
	17I	Pistol Grip Reachers	\$12
	17J	Bath Mat, Non-Slip	\$12
	17K	Raised Toilet Seat - 250 lbs. capacity	\$25
	17L	Hand held shower	\$22

Section	Item#	Item Description	Price
Home HealthCare	17M	Shoe Horn	\$8
	17N	Lumbar cushion	\$24
	17O	CPAP Pillow Memory Foam	\$60
	17P	Humidifier, Ultra-Sonic	\$40
	17Q	Digital Kitchen Scale	\$20
Diabetes Care	17R	Magnifying glass	\$10
	18A	Diabetic Sock Ladies Shoe Size 5-10	\$9
Supports	18B	Diabetic Sock Men Shoe size 6-12.5	\$9
	19A	Protective Arm Sleeve, Small	\$15
	19B	Protective Arm Sleeve, Medium	\$15
	19C	Protective Arm Sleeve, Large	\$15
	19D	Protective Arm Sleeve, X-Large	\$15
	19E	Arthritis Knee Sleeve, Small	\$15
	19F	Arthritis Knee Sleeve, Medium	\$15
	19G	Arthritis Knee Sleeve, Large	\$15
	19H	Arthritis Knee Sleeve, X-Large	\$15
	19I	Compression Knee-High Socks, Women's, Small (Shoe Size 4-5)	\$12
	19J	Compression Knee-High Socks, Women's, Medium (Shoe Size 5.5-7.5)	\$12
	19K	Compression Knee-High Socks, Women's, Large (Shoe Size 8-10.5)	\$12
	19L	Compression Knee-High Socks, Men's, Medium (Shoe Size 6-8)	\$15
	19M	Compression Knee-High Socks, Men's, Large (Shoe Size 7.5-11)	\$15
	19N	Heating pad Dry/Moist	\$22

Online
Ordering
Portal

To see the current OTC list and to place an order, visit the Health Plan website to access your member portal account or call us at 1-866-900-2688, TTY: 711.

To place online orders through the OTC (Over-the-Counter) and Diabetic System, you must be an active member and registered through the Member Portal. The Member Portal is a central destination for all information related to your health, benefits, providers, claims and medications.



Do Your Part to Learn How to Protect Yourself & Your Benefits



It's 2022, a new year full of great new possibilities! With that being said, there's also new ways for fraud schemes. It is very important to protect your identity and to know your benefits to help prevent fraud from happening to you or someone you know.

Fraud can happen when:

- The Plan is billed for services you did not receive or for unnecessary services.
- Billing for the wrong date of service or under the wrong doctor's name.
- Billing the Plan for a doctors' visit you did not go to or cancelled.
- Doctors paying money for patient referrals.

Abuse and Waste can happen when:

- Someone knowingly billing for services more costly than what you actually received in order to get paid more money.
- Ordering medical items for you that you do not need and/or in large amounts.
- Getting pain medications without a doctor's visit and/or unnecessary prescribing.

Please protect yourself and your benefits!

Here are some tips on what you can do to protect yourself:



Check your (Part C and Part D) EOB for any mistakes. When you go to your doctor's appointment, write down the dates you went and save any receipts you get from the doctors. That way, you will be able to compare it with the EOB you receive from the Plan to check for any errors.



Never give your personal information to anyone you do not know and trust, in person or over the phone.



The Plan will never call you to ask for your personal information. We will already know the information for the person we are calling.



You will never receive calls for telehealth services unless you have asked for this service with your doctor.



Never sign up or give out your personal information to any social media ad(s) offering free gift cards for doing lab tests.



Never enroll for any plan you do not know or trust. Please contact the Plan for assistance if you are trying to change your Health Plan.



Never send money or personal information to anyone offering a COVID-19 test, vaccine(s) or any service you do not know. You will not get calls about receiving a COVID-19 vaccine.



The Plan covers the COVID-19 vaccine at no cost to you. Contact your primary care doctor for your medical needs or contact the Plan for assistance.



Opioid medications can be an important part of your pain management care, but they also can have serious health risks if misused. Always talk to your primary care doctor for your medical needs.



Store or get rid of unused pain medicine through your community drug take-back program or your pharmacy mail-back program.

To report suspected Medicare fraud, contact Optimum HealthCare at 1-866-245-5360

COVID-19 VACCINE



FAQ



What is the COVID-19 vaccine and why should I get it?

- It is a vaccine that may prevent you from getting COVID-19. It helps protect yourself and others from COVID-19.

Which COVID-19 vaccines are available right now? What's the main difference?

- The US Food and Drug Administration (FDA) has given full approval for the Pfizer-BioNTech (Pfizer) vaccine. Moderna and the Johnson and Johnson (J&J) vaccines are still under the Emergency Use Authorization. The main difference between the Pfizer and Moderna vaccines is the time frame that the second dose is given. The J&J vaccine is a single dose.

Should I get the vaccine if I already had COVID-19 and recovered?

- The CDC is recommending that you should receive the vaccine even if you have already recovered from COVID-19. This is being recommended because it is possible to get COVID-19 again and it is not yet known how long you are protected after recovering from infection.

Can I get COVID-19 from the vaccine?

- No, neither of the vaccines contain any live virus.

Do I have to pay for the COVID-19 vaccine?

- No, the COVID-19 vaccine will be available to everyone for free without any cost share.

Where can I find the most up to date information on COVID-19 & vaccination locations?

- Your Primary Care Provider is your Medical Home and a great source of information. You can also find vaccination clinics and additional information on the Florida COVID-19 Response website at <https://floridahealthcovid19.gov/covid-19-vaccines-in-florida/>.

What do I do after I am fully vaccinated?

- Wear a mask indoors in public if in an area with a high number of cases or around unvaccinated people; some vaccinated people may choose to mask if someone in their household is unvaccinated or at higher risk for severe disease.
- Get tested if experiencing COVID-19 symptoms.
- Get tested 5-7 days after close contact with someone with suspected or confirmed COVID-19.
- Wear a mask indoors in public for 14 days after exposure or until a negative test result.
- Isolate if positive COVID-19 test in the prior 10 days or are experiencing COVID-19 symptoms.
- Follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

Do I need a booster shot?

- Studies show protection against the virus and the preventing infection with variants may decrease over time.
- Data from clinical trials showed that a booster shot increased the immune response in vaccinated people which should improve protection against COVID-19, including variants.
- Everyone ages 18 years and older who received Pfizer or Moderna COVID-19 vaccines should receive a booster shot at least 6 months after completing their 2-dose primary series.
- Those that received the J&J vaccine should get a booster dose at least 2 months (8 weeks) after the J&J single dose.
- You can get any of the COVID-19 vaccines authorized in the United States for your booster shot. Some people may prefer the vaccine type that they originally received, and others may prefer to get a different booster. CDC's recommendations now allow for this type of mix and match dosing for booster shots.

This information is a summary from the CDC which was last updated November 29, 2021.

I Spy SODIUM

Why should you care about how much sodium is in your food?
What is sodium?

Sodium is a mineral that is naturally occurring in food or may be added during manufacturing. If you struggle with cardiac conditions such as congestive heart failure or high blood pressure, your intake of sodium can make a great difference. The sodium recommendations for the general, healthy population is less than 2300 mg/day. However, the American Heart Association recommends that we limit our sodium intake to no more than 1500 mg per day, especially if we have cardiac conditions.

When we think of sodium, the first thing that pops into mind is table salt. 1 teaspoon of salt contains 2,300 mg sodium. If we want to limit our sodium intake, then it is definitely a good idea to remove the saltshaker and to be mindful of how much we're adding to our meals. However, there are some foods that you might be surprised to find contain a lot of sodium, and not all of them taste salty!

- | | |
|------------------------------|--|
| 1. Breads and rolls | 6. Burritos and tacos |
| 2. Pizza | 7. Sauces, dressing (soy sauce, BBQ sauce) |
| 3. Sandwiches | 8. Tomato sauce |
| 4. Cold cuts and cured meats | 9. Baked Beans |
| 5. Soup | 10. Frozen meals |

As a rule of thumb, processed foods tend to contain more sodium because salt is used as a preserving agent. When buying processed foods, it is always a good idea to read the nutrition label. Here is a quick guide to what we're looking at.

Nutrition Facts	
8 servings per container	
Serving size 2/3 cup (55g)	
Amount per serving	
Calories	230
	% Daily Value*
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Start by looking at the serving size. All of the information on the nutrition label is relative to this serving size. If you're eating more or less, the nutrition information will need to be adjusted.

Next, look at how many mg of sodium is in one serving and adjust the number depending on how many servings you will be eating. For example, if you're eating double the serving size, then double the sodium. Remember that the goal is to limit sodium to 1500 mg per day.



Along with the nutrition label, it is also a good idea to read through the ingredients. Ingredients used in the greatest amounts will be listed first and those used in smaller amounts will be listed towards the end. This is important to know because you may want to avoid a food that has sodium listed as one of the first three ingredients as opposed to a food that has sodium all the way at the end of the list.

Sodium can appear in the ingredients list in many different forms. Here are some examples of ingredients that contain sodium: disodium guanylate, disodium inosinate, Himalayan pink salt, kosher salt, monosodium glutamate, rock salt, sea salt, salt, sodium bicarbonate, sodium nitrate, sodium citrate, sodium chloride – you get the idea. Watch out for ingredients that have “sodium” or “salt” hidden within their name.

That being said, you deserve to be able to enjoy foods that are not bland and taste good. Try using garlic, herbs, spices, citrus juices, and vinegars to flavor your foods. If you're a person who is used to eating salty foods, things might taste bland at first, but with time, your taste preferences will change and you will be able to taste the other flavors in your food better.

If you have questions and would like to speak to someone further, support is available. We are excited to announce the addition of a licensed and registered dietitian to the Case & Disease Management department. The dietitian is available to help with any food and nutritional concerns, or questions about how nutrition can impact your health. The dietitian is also available if you are seeking general nutrition advice. To speak with a dietitian, call the Case and Disease Management department at 1-888-211-9913 or TTY/TDD 711. Regular business hours are Monday through Friday 8 a.m. to 4 p.m. EST.

Congestive Heart Failure

Congestive Heart Failure (CHF) is a condition in which the heart muscle slowly loses the ability to pump blood throughout the body. 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” and in the case of heart failure if you eat a poor diet you will feel tired, weak, and will be placing yourself at risk for a cardiac event that can be fatal.

Your Health Plan has a new resource in 2022 that is designed to provide members with CHF information that can help them to stay healthy and avoid a hospitalization. The Chronic Care Improvement Project (CCIP) is a Medicare required program that Health Plans provide to specific groups of members within the Health Plan. The intent of your Health Plan’s CCIP is to work with members like you who have CHF and were hospitalized in the last two years.

The CCIP will provide you with information on a heart healthy diet, a SilverSneakers® health club benefit, access to the Health Plan’s Registered Dietitian, a medication review, and ongoing access to a Registered Nurse to discuss any changes in your health.



You can contact the Case Management Department for assistance in managing your CHF, or for information on how to participate in the CCIP. A Health Plan representative is available Monday through Friday from 8:00 a.m. to 4:00 p.m. at **1-888-211-9913** or TTY/TDD 711, to assist you with your questions.

TAKING CONTROL OF COPD

Has your doctor told you that you have chronic obstructive pulmonary disease (COPD)? If so, maybe you’re relieved to find out why you have that nagging cough or shortness of breath. Or maybe you feel overwhelmed by the diagnosis, and don’t know what to do about it.



Learning about COPD and medications to treat it will help you get control of your symptoms. Your Primary Care Physician (PCP) and his/her staff are great resources. They can teach you how to use an inhaler, prescribe the best medications for you, and suggest ways you can stay active and healthy.

You may need several kinds of medicines (most of them inhaled) to treat symptoms. A very important part of your COPD education is learning how to use an inhaler correctly, so that the full medication dose gets to your lungs.

Your doctor will prescribe medications called “bronchodilators,” alone or in combination. They work to relax the muscles around airways to help keep them open. They can also keep these tiny muscles from tightening up in the first place. Bronchodilators can be either long- or short-acting. The short-acting type are usually used for occasional flare-ups of COPD (they’re sometimes called “rescue” medications). Long-acting bronchodilators can help maintain overall control of COPD (they’re called “maintenance” medications).

Steroids are another group of medications which are sometimes used to reduce inflammation and swelling in the airways. These are not the same as the steroids used by athletes to build muscles. Steroids have a number of side effects, but your doctor may prescribe them short-term for flare-ups.

It’s important to take COPD medications exactly as ordered, and to call the doctor’s office if your symptoms increase. Your PCP can adjust dosages or prescribe different medications to help you maintain control. There’s lots of support out there to help you manage your COPD – and live the best life you can!

ADVENTURES IN HEALTHCARE:



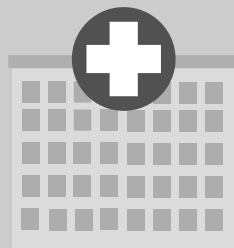
TABLE OF CONTENTS

A bird's eye view of the EOC, with short descriptions to help you find your way through the booklet. In addition, the Table of Contents for the individual chapters gives more details:

CHAPTER 1 General information before you set out, about Medicare Advantage plans, your membership in the Plan and ID card, the Plan's provider network, the Plan's medication list (a "Formulary") and premiums.



CHAPTER 2 A go-to list if you get stuck along the way, with **phone numbers and contact information** for the Plan's Member Services Department, Appeals, Medicare, the state Quality Improvement Organization (QIO), Social Security, Medicaid and much more.



CHAPTER 3 How to get from Point A to Point B on your healthcare journey. It's all about **network providers and covered services**. Most important, it talks about how to choose or change your healthcare "travel agent," your **Primary Care Physician (PCP)**, the home base of the Plan. It also explains how to get Specialist care, out-of-network and emergency care, clinical trials and durable medical equipment, like oxygen or a wheelchair. **Make a note of Section 2.2 in Chapter 3 - it lists medical care which does NOT require a referral in advance from your PCP.**

A Road Map Through Your Benefits

Finding your way around the world of healthcare and insurance can be challenging.

Reading your **EVIDENCE OF COVERAGE (EOC)** booklet might sound boring. But if you think of it like a road map, you'll see how it can help you head in the right direction and make smart healthcare decisions. Here are some hints to get you started:

CHAPTER 4 A more detailed map to guide you through your benefits. First comes a short introduction to costs, including copays and coinsurance. **ON OR ABOUT PAGE 60, THE MEDICAL BENEFITS CHART SHOWS YOU WHAT THE PLAN COVERS (LEFT SIDE OF THE CHART) AND WHAT YOUR COSTS, IF ANY, WILL BE (RIGHT SIDE OF THE CHART).** As with reading a regular map, read this section carefully when you're preparing for a healthcare journey (a medical or dental service), so you'll know what to expect. After the Benefits chart is an explanation of what the Plan may not or does not cover. **As always, if you have questions, call the Member Services number on the back of your Plan ID card!**

CHAPTERS 5 & 6 all about the Plan's **Part D coverage for prescription drugs:** what's covered, the Plan's medication list (formulary), and what you might owe for medication once the Plan has paid.

CHAPTER 7 All about reimbursement for costs you feel you've paid in error.

CHAPTER 8 A detailed list of your rights and responsibilities as a member of the Plan.

CHAPTER 9 How to get problems solved, register a complaint or appeal a Plan coverage decision.

CHAPTER 10 How to part ways; ending your Plan membership.

CHAPTERS 11 & 12 Legal notices and definitions of important words.

Finally
How to contact Member Services at the Plan.

**TAKING TIME TO PLAN YOUR
HEALTHCARE ADVENTURE
WITH THE EOC AS A ROAD MAP
WILL MAKE YOU AN EDUCATED
CONSUMER AND HAPPIER
TRAVELER. ENJOY THE TRIP!**



PATIENT SAFETY CORNER:

Preventing Injuries in the Home

You may think your home is your safety zone, but there can be many hidden dangers that can cause an injury even within your home.

What Can You Do? Here are some tips:

- **Make sure there is a clear path** from room to room without furniture or other obstructions.
- **There's no need to rush for the phone** - if it is important, they will call back.
- **Keep frequently used items low and nearby** so you can reach them without using a step stool or reaching over your head.
- **Make sure area rugs are secure.**
- **Install grab bars** next to your toilet and in your shower.
- **Improve the lighting in your home.** Install night lights so you can see better at night.
- **Wear shoes** to improve your traction on slippery surfaces.

Falls are the most common cause of injury in senior citizens. In fact, the CDC website states that, "each year, millions of older people - those 65 and older—fall. In fact, more than one out of four older people falls each year, but less than half tell their doctor. Falling once doubles your chances of falling again." This results in a great deal of preventable injuries and hospitalizations. However, there are many precautions you can take to prevent falling. You can:

- **Exercise regularly** to increase your strength and improve your balance.
- **Talk to your doctor about prescriptions you take** that may have side effects such as dizziness or drowsiness.
- **Have your vision checked at least once a year**, and make sure your eyeglasses or contacts match your most updated prescription.
- **Consider using some of the following helpful products** that can make your life easier, more enjoyable and safer:
 - Canes and walkers with proper rubber tips
 - Bath seats and hand-held shower heads
 - Raised toilet seats
 - Grab bars and poles mounted properly throughout the home
 - Non-skid bathmats and non-slip surfaces in the shower or bath tub
 - Grabbers with suction cups, grips, or magnets on the end

Medication Adherence

Your Health Plan wants you to be healthy. An important way to manage your health is by understanding your medications and to take them the way your doctor recommends. Health conditions may get worse when you forget to fill and take your medicine. Sometimes, it can even lead to more health problems. We understand that having multiple health problems such as diabetes, high blood pressure, and high cholesterol is more difficult to manage.

We encourage you to take your medications as directed by your doctor. If the directions are not clear to you, please contact your PCP or your local pharmacist who are most familiar with the medications you are taking.

Here are some additional ways that can help you take your medicine as prescribed.

- **Use a pill organizer** that separates your medications out by day.
- **Use the mail order pharmacy** at no additional cost. This service will send your medications to you as prescribed by your doctor.
- **Fill 90 - or 100-day** supplies of your medications so that you don't run out of your medications as quickly.
- **Complete your yearly Medication Therapy Management review** with one of the Health Plan's clinical pharmacists. This will help you to stay informed about your medications and what they are being used for.
- **Have your retail pharmacy synchronize (schedule) your medications** to be picked up on the same day each month.

Communicate Health Information



It is important to give your healthcare provider all of your medical information. This includes all of the medicine you take, your health conditions, and other doctors you may see. To ensure

the best treatment for you, sometimes providers need to talk to each other. Providers can't legally communicate with each other without your permission. To help all of your providers be on the same page regarding your care, you need to fill out an ROI (Release of Information) form. Each provider has this form. It allows them to communicate about your care as well as be informed and up-to-date on your health status. Ask your provider to share your information. It can help with communication about your care.

You do not have to share your health information with all of your providers. It is your choice. There are certain life-threatening situations, however, when providers are allowed to contact each other without your permission. This can happen if you are unconscious or unable to make medical decisions for yourself. This can also happen if you are in danger of hurting yourself.

Ask your provider today about signing the ROI form so that you can share your health information!

Information About Virtual Healthcare Options for Patients

We live in a world where social distancing and stay-at-home orders are the new normal; however, patients still need to see doctors, and doctors still need to order critical tests for their patients. To help patients and their physicians navigate those needs in a virtual world, Labcorp is here to help make the process as seamless as possible so that testing can be done in an efficient and effective manner.

We want you to know that for Labcorp patients, that process remains as simple as one, two, three:

- 1. Have your physician order your tests online through Labcorp**
- 2. Patients can schedule their appointments quickly and conveniently:**
 - ✓ **Online:** www.labcorp.com (Click on Labs and Appointments)
 - ✓ **Speak with a Labcorp representative:** 1-800-877-5227 (Ignore all prompts and remain on the line)
 - ✓ **Automated appointment scheduling:** 1-855-277-8669 (Follow automated prompts)
- 3. Get your lab results through the Labcorp Patient™ mobile app.**

Stay Informed on the Go with Labcorp Patient Mobile App

With the Labcorp Patient mobile app, you can conveniently view lab results, schedule your next Labcorp appointment and more. The app is easy to use, and has convenient features that put you within reach of your health care at all times, including:

- ✓ **View, download and print your official lab test result report**
- ✓ **Receive a notification when lab results are ready**
- ✓ **Find a lab and check-in for your lab service visit prior to arrival**
- ✓ **View your bill, manage preferences, and more**

For additional information, log in at www.patient.labcorp.com.

A Plan Designed for Everyone



When you sign up with Optimum HealthCare, you sign up for a plan that aims to achieve health equity. Health equity means closing care gaps that are unjust or avoidable. We want each member to have the opportunity to achieve the highest level of health possible. In order to make this possible, we have a responsibility to identify every opportunity to remediate care gaps. Optimum HealthCare works hard to

overcome barriers. We are proud of the many initiatives we have in place to provide fair access to health.

Did you know that when you complete a health assessment survey, your responses help us with this goal? The information you choose to share with us helps us to identify care gaps, explore new benefit structures and find ways to improve our model of care. Thank you for partnering with us to make Optimum HealthCare the best Plan for our members.

We ask that you continue to share your feedback and ideas with us. This can be done through case management participation, completing health assessments, and communicating with member services. Don't forget that our dedicated social workers are here to help address any care gaps you may be experiencing.

Fridge-worthy number

Call a Social Worker:

Phone: 1-888-211-9913 (toll-free)

Hours: 8:00 a.m. to 4:00 p.m.
Monday through Friday.



GET READY FOR A HEALTHIER
YEAR WITH

SilverSneakers®

Your health is our top priority at Optimum HealthCare. That's why we offer SilverSneakers® as your fitness benefit. With SilverSneakers, you can get active and stay healthy in the ways that work best for you. You can take live virtual classes at home, view workout videos, exercise with smaller groups in your area or go to the gym¹. It's all included at no additional cost to you.

SilverSneakers also gives you valuable health and wellness information, like the following tips on setting and reaching goals.

Here are **three simple steps** to start and keep going with a healthy activity habit.²

1. Change the way you set goals

Specifically, start with smaller goals. Does 150 minutes of activity a week sound like a lot? It's only 30 minutes a day for 5 weekdays – or however you choose to split it up.

2. Find an activity you truly enjoy

You're far more likely to stick with exercising if you're doing something you like.

3. Hold yourself accountable or find someone else who will.

Work out with a friend. It's more fun, and you won't want to let your workout buddy down. Attending SilverSneakers fitness classes is also a great option.

Be sure your goals are **SMART**: **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime-bound.³

1. Specific and Measurable

Know exactly what you will do and how you will check your success along the way. "Get in shape" is not specific enough. Instead, you might say, "Walk 20 to 30 minutes a day." This is specific and easy to measure – you either did it or not.

2. Attainable

Be realistic and don't set the goal too high. For example, rather than saying you're giving up soda, say "I'll drink a glass of water with each meal." Then each time you do that, you'll feel closer to your goal of giving up soda.

3. Relevant

Make sure it's important to you. Why do you want to reach this goal? List the positive things that might happen once you reach the goal. Use those positive outcomes as your motivation.

4. Time-bound

Simply give yourself a deadline. And think in smaller, timely goals. If you want to run a 10k this year, start by saying you'll run a mile in January. Then aim for two miles in February and continue adding monthly.

Get a jump on reaching your goals this year with SilverSneakers. Create your online account at **SilverSneakers.com/StartHere** to get your SilverSneakers ID number and register for a NEW virtual SilverSneakers Member Orientation class.

- **SilverSneakers LIVE™ virtual classes and workshops**
- **SilverSneakers Community classes, both in-person and virtual, offered locally**
- **SilverSneakers On-Demand™ videos available 24/7**
- **The SilverSneakers GO™ mobile app**
- **Access to thousands of participating locations with equipment, pools and other amenities¹**
- **Group exercise classes⁴ for all levels at select participating locations**

Always talk with your doctor before starting an exercise program.

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
2. <https://www.silversneakers.com/blog/qa-not-motivated-to-work-out-do-this/>
3. <https://www.silversneakers.com/blog/new-years-resolutions-make-smart-goals/>
4. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

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FLU SHOTS

Don't forget to get your flu shot since there is no cost to Medicare members. Just show your Health Plan identification card. 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.

It will take at least two weeks after the vaccine is given to provide protection against the viruses. The vaccine protection will last throughout 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) and 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.

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:

1-866-245-5360 TTY: 711

You can also access our online provider directory at:
www.youroptimumhealthcare.com

Additionally, many primary care providers also offer the flu vaccine. Please check with your doctor to see if they offer the vaccine. You may also be able to get a flu shot at your local health department.

For more information about the flu vaccine, talk with your primary care doctor or visit the Center for Disease Control website at
<https://www.cdc.gov/flu/prevent/vaccinations.htm>



Nurse & Social Worker Support Available

Your health plan cares about your health and wellbeing. As a health plan member you are able to receive help from a nurse or social worker for free over the phone. They can provide support to you to manage your health by assisting you and your doctors to get the most out of your health plan benefits.

- **COMPLEX CASE MANAGERS** are nurses that can assist you with understanding your health conditions. They can work closely with your doctor to support your plan of care. Nurses can also help connect you with the services you need.
- **DISEASE CASE MANAGEMENT** nurses can help you manage your chronic conditions such as diabetes, heart disease, and COPD. This is done through education and one-on-one nurse support over the telephone.
- **SOCIAL WORKERS** are available to help cope with problems such as financial issues or trouble with your mood. Based on your needs, they can link you to community and State resources which might help you. They can also provide you with information on mental health counseling services that are available through Beacon Health Options.

If you have a need for the Plan nurse or social work services, please contact the Case Management Department.

Staff is available Monday through Friday from 8:00AM to 4:00PM

1-888-211-9913 TTY 711

BEHAVIORAL HEALTH BENEFITS

Just as you have medical benefits, you also have behavioral health benefits as a Health Plan member. Behavioral health providers can help when you are feeling down or need help getting through a stressful period in your life. This could be a result of the loss of a loved one or having certain chronic medical conditions. Maybe you feel down and your mood just isn't improving. You might be depressed.

Health Plan social workers are available to assist you in determining if behavioral health services might help. The plan uses Beacon Health Options as its preferred provider for these services.

You can also call Beacon Health Options at any time. **You do not need a referral from your doctor to call or set up an appointment for services.**

Here's what to expect when you call Beacon Health Options:

- 1 **Dial 1-800-221-5487**
- 2 **Select the "member" option** at the Beacon Health Options prompt.
- 3 **You will be connected** to a live person if calling between 8am-8pm Monday-Friday. The representative will assist you.

HEALTH ASSESSMENT TOOL Information

The **Centers for Medicare & Medicaid Services** expects a Health Assessment Tool to be completed each year by the Health Plan's members.

Your time is valuable, and we want to express our gratitude to you for taking the time to complete the Health Assessment. The information you share with us is very important. Filling out the **Health Assessment Tool** and mailing it

back in the provided pre-paid envelope can avoid additional reminders from the Health Plan (by phone and mail).

Here are the many ways the information you share on the Health Assessment can help us to help you:

- It gives us an opportunity to identify benefits that we think can help you achieve your health goals.
- It helps us to determine if you might benefit from a phone 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. This profile 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.
- In addition to being a requirement implemented by the Centers for Medicare & Medicaid Services, we



A Beacon Health Options case manager may outreach to you by phone. The case manager will discuss your needs and how they can help you. They may ask you questions about yourself and how you are feeling. Your needs can vary from obtaining a behavioral health provider in your area to being connected to resources in your area. Beacon Health Options will coordinate with you, the Plan and even your Primary Care Physician (PCP). You need to file a release of information form for Beacon Health Options to collaborate with your providers. Someone from Beacon Health Options will continue to outreach to you by phone and support you until your needs have been met.

A Health Plan social worker can also connect you with Beacon Health Options and explore some options with you. If you would like to speak to a social worker at the Health Plan, call 1-888-211-9913 or TTY/TDD 711. Social workers are available between the hours of 8 a.m. and 4 p.m. EST Monday through Friday.



TRANSPORTATION

GUIDELINES

As we begin a new year you may notice that you have new transportation benefits based on the Plan you selected for this year. These benefits may range from limited to unlimited one-way trips, depending on the plan you chose during enrollment. To ensure that you get the best possible transportation experience, please note the following guidelines:

BEFORE YOUR APPOINTMENT

- 1-888-994-1545 is the transportation scheduling number. Staff are available to assist you Monday through Friday between 8 a.m. and 6 p.m. EST. Make your appointment early.
- For non-urgent medical appointments, you should call to book your trip at least 72 hours prior to the appointment. This is to ensure that a vehicle will be available.
- If you utilize crutches, a walker, or a cane, inform the representative on the phone when you call to schedule your trip.

- If necessary, the driver will assist you in getting into and out of the vehicle. The driver is not responsible for lifting you into the vehicle, though.
- All high profile/tall vehicles will be equipped with a sturdy, non-skid stepping aid such as a stool. This is for you to enter and exit the vehicle.
- The driver will give you a card with a phone number on it to call for your ride home; if they do not give you a card be sure to ask for one.
- A face mask may be required depending on current restrictions.

DURING YOUR TRIP

- You are required to wear your seat belt while being transported; the driver will confirm that your seat belt has been fastened.
- If you are in a wheelchair, the driver will ensure that you are properly secured before moving the vehicle.
- Smoking is not allowed in any of the vehicles.

AFTER YOUR APPOINTMENT

- Call the telephone number on the card that the driver provided you to let them know you are ready for your return ride home.
- Allow for flexibility for pickup as the driver is assisting other members while you are at your appointment.

have seen how much completed tools help our members.

Quicker and 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. We added a feature on the Health Plan 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
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!

Alternately, if you receive a phone call from the Health Plan about your Health Assessment Tool, you can complete it over the phone. On this phone call you will be asked to verify either your date of birth, member ID number, or address to make sure we protect your personal identify and health information. This enables us to verify who you are and help you complete your Health Assessment Tool.

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

Don't Miss Calls from the Health Plan!

Have you missed calls from the Health Plan because those calls have been marked as Spam? You can prevent these calls from being marked as Spam by adding the Health Plan phone number to your cell phone's contacts. Simply add the telephone number 813-506-6000 to your contact list in your cell phone and the Health Plan's number will no longer show up as **Spam** on your caller ID. And since there are so many scammers out there, it's also a great way to verify that the caller is truly from your health plan.



UTILIZATION MANAGEMENT DEPARTMENT



The Plan has a UM Department that makes sure you are getting safe and appropriate care.

UM evaluates services your doctor has requested based only on appropriateness of care and service and the existence of coverage. UM uses the following information when looking at a service your doctor has asked for:

- Medicare and/or Medicaid Rules
- State and Federal Government Rules
- InterQual Criteria
- Hayes Medical Technology

When your doctor asks for a service and it is approved, the Plan will notify both you and your doctor of it being approved. Your doctor will then let you know when the service is going to start.

When your doctor asks for a service and it is not approved, you will receive a Medicare required denial letter. This letter will tell you:

- Why it was not approved.
- How you can ask for a copy of the information used to make the decision if you would like.
- How to file an appeal if you want it looked at again.
- How your doctor can call and talk with our doctor if needed.

UM tries to help you get the right care and checks to make sure your Plan covers what is being asked for. The Plan does not give bonuses or rewards or incentivize anyone for saying no to your care, stopping care you are getting, or giving you less care than your doctor asked for.

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

Click on the links below for more information on the following topics:

(PLEASE NOTE: link to "About Us" is located by scrolling down to the bottom banner of website page and "Quick Links" is located at top of website 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 & Abuse:** Quick Links → Fraud, Waste & Abuse
- **Grievance & Appeals:** Quick Links → Grievances & Appeals
- **Medical Record Standards:** About Us → Utilization & Quality → Medical Record Standards
- **Member Rights & 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 Links → 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

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:
 - Qualified sign language interpreters
 - 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:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Optimum HealthCare 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

Servicios de interpretación en varios idiomas

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-245-5360 (TTY: 711).

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 èd pou lang ki disponib gratis pou ou. Rele 1-866-245-5360 (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 1-866-245-5360 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-245-5360 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，可以免費獲得語言援助服務。請致電1-866-245-5360 (TTY: 711)。

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-245-5360 (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 1-866-245-5360 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-245-5360 (телетайп: 711).

عربي (Arabic): نود أن نقدم لك خدمات تفسيرية مجانية إذا كنت تتحدث لغة عربية. اتصل بنا على 1-866-245-5360 (مكالمات مجانية: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-245-5360 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-245-5360 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-245-5360 (TTY: 711) 번으로 전화해 주십시오.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-245-5360 (TTY: 711).

ગુજરાતી (Gujarati): ધ્યાન: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન પર 1-866-245-5360 (TTY: 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณ สามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-245-5360 (TTY: 711).

ΠΡΟΣΟΧΗ (Greek): Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-245-5360 (TTY: 711).



P.O. Box 151137, Tampa, FL 33684

Optimum LIVING

Member Newsletter

SPRING 2022

CARENET Health[®]

Clinical Support in the comfort of your home

Have you ever had a medical question but weren't able to get in touch with your doctor? That can be a troubling situation because you might be wondering, "Should I go to the hospital? Is this something urgent care can handle? Maybe there's something I could do at home."

By partnering with Carenet, we are proud to offer you a solution to these kinds of situations. Carenet is a nurse advice line that is available 24/7, 365 days a year. It is a free and unlimited service offered to our members. Carenet is staffed with specially trained nurses to meet the needs of our members. No question is too small to make the call.

BENEFITS TO USING CARENET INCLUDE:

- **FREE.** It's free to our members and always available.
- **CONVENIENT.** It's convenient because you can make a call from the comfort of your home.
- **SUPPORTIVE GUIDANCE.** It offers peace of mind by providing guidance that may prevent unnecessary hospital visits.
- **EDUCATION.** The registered nurses offer chronic condition education to support you on your health journey.

HOW DOES IT WORK?

All you have to do is dial **1-888-883-0710** and let the representative know you are a Optimum HealthCare member calling to speak with a nurse. You can call about anything, whether it's a twisted ankle, high fever, drug reaction or other urgent and non-urgent medical concerns.

You can call as often as you need. It is best to first try to speak with your doctor about your health concerns since s/he knows you best. However, it is a reassuring to know that you can call a nurse anytime you can't reach a doctor.



If you are experiencing a **life threatening emergency**, please seek immediate medical attention at the closest hospital emergency room.