

## Clearing up the Myths about Cardiovascular Disease

## DIABETES AND GENETICS

## Why it's important to talk with a pharmacist?

AND **much more!**



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## 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  
**(888) 389-6018**

# 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

Search



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).

Please check previous page for Member Portal Registration benefits.



If it's your first time accessing the Member Portal, click on the "New User Sign Up" 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 User**

Please create a user name and password.

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

**New User Sign Up**

**FAQ**

**Help Manual**

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

**New Member Registration**

\*First Name:

\*Last Name:

\*Email ID:

\*Confirm Email ID:

\*Date of Birth (MM/DD/YYYY)

\*Member ID:

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

Your Registration Code is:

Please enter your Registration Code from above:

**Next Page**

[Please Click here to Go Back](#)

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

\* Required

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

**ID CARD**

Member ID

**MEDICARE HEALTH INSURANCE**

JOHN L SMITH

Last 4 digits of your Medicare/MBI number

1EG4-TE5-MK74

HOSPITAL (PART A) 03-01-2016

MEDICAL (PART B) 03-01-2016

**Feedback**

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

**45 New** Items Added to our 2022 OTC Catalog  
Now we are offering over 145 OTC Catalog Items

**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
	17R	Magnifying glass	\$10
Diabetes Care	18A	Diabetic Sock Ladies Shoe Size 5-10	\$9
	18B	Diabetic Sock Men Shoe size 6-12.5	\$9
Supports	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.



## Please PROTECT YOURSELF!

**Medicare Fraud and Identity theft costs more than just billions of tax dollars each year. Someone can steal or use your personal information (like your name, Social Security Number, or Medicare Number) to submit fraudulent claims without your permission and even sell your personal information.**

Imagine you are coming home from a great afternoon out with your family, and you go to check your mail only to find bills for services you never received, by doctors you don't know, for lab work or an office visit. You may even get a bill for DME (durable medical equipment) that you never received.

These situations can happen if you are not careful and aware of who you give your personal information to. This includes online like social media ads promising you "free stuff" for whatever action they require. It is important to always review your EOBs (Explanation of Benefits) received from the Plan for any billing errors.

### Here are some tips to remember. Please protect yourself and your identity!



Do not share your personal information with anyone who contacts you by phone, email, or approaches you in person, unless you know the person or company

- Beware of people who make unsolicited calls. If someone you do not know calls you and asks for your personal information, hang up and call the Plan.



Medicare or your Health Plan can call you if you have called and left a message or a representative said that someone would call you back.



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



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.



Medicare will never ask you for payment over the phone, internet, or in person. The Plan must send you a bill.



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



Always check your EOB's (Explanation of Benefits) 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.



Please remember to contact your primary care doctor for your medical needs or contact the Plan for assistance.

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

## When Life Gets You Down



Depression can be a difficult topic to discuss. The fact is that many people deal with symptoms of depression instead of seeking treatment. For some, depression is long-lasting and debilitating. For others, depression may occur as the result of a major life event or stressful situation such as the loss of a loved one or serious illness. This is often referred to as "situational" depression. The most common symptoms of situational depression are feelings of sadness or hopelessness, missing work or social activities, and changes in sleeping or eating habits. Unlike major depression,

which is ongoing, situational depression usually goes away once you have adapted to your new situation.

Most people feel that they can handle situational depression on their own. However, there are benefits to exploring behavioral health services during this time:

- **Treatment can help you cope with your stress and get back to normal.**
- **Behavioral health providers are able to offer individual therapy or counseling specific to your situation. They can also connect you with situation-specific support groups.**
- **The provider can evaluate you to determine if medication to help control anxiety or for trouble**

**sleeping could help. For many people, the coping skills they learn in treatment can become valuable tools to help them face future life events.**

If you believe that you are depressed, the Health Plan has Social Workers available to help. They can provide resources to help and assist you in finding and scheduling appointments with a behavioral health provider. To speak with a Social Worker, 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 4:30 p.m. EST. You can also call the Plan's behavioral health vendor Beacon Health Options at 1-888-273-3710. A referral from your doctor is not needed to access these services.

# Clearing up the *MYTHS* about Cardiovascular Disease

**C**hest pain is the most common reason for a trip to the emergency room. Knowing more about heart disease, and its signs and symptoms may help you to seek treatment with your doctor early on and avoid a serious situation.

Cardiovascular disease, often called heart disease, is a term for heart and blood vessel disease. There are many causes of heart disease, but most are related to narrowed or blocked blood vessels. This can lead to heart attack or stroke. Heart disease kills more Americans each year than any other disease. Knowledge is power, so let's set the record straight on some common myths about heart disease.

## MYTHS VS FACTS

**MYTH:** You will have warning signs when your blood pressure is high.

**FACT:** High blood pressure is called the "silent killer". This is because you do not usually know you have it. You may never experience symptoms. Regular blood pressure testing is the best way to know if you have high blood pressure. Early treatment of high blood pressure is critical. If left untreated it can cause heart attack, stroke, or other serious health problems.

**MYTH:** You will know you are having a heart attack because you will have chest pain.

**FACT:** Although it is common to have chest pain or discomfort, a heart attack can also have more subtle symptoms. These could include shortness of breath, nausea, feeling lightheaded, and pain or discomfort in one or both arms, the jaw, neck, or back.

**MYTH:** There is nothing you can do to prevent heart disease if it runs in your family.

**FACT:** It's true that people with a family history of heart disease are at higher risk, however there are steps you can take to dramatically reduce your risk.else

- Get out of the house and watch the birds. Set up a bird feeder for fun.

Lifestyle changes can help you manage and decrease your risk of complications from many forms of heart disease. They can also help prevent further complications. Here are some tips:

### DIET AND NUTRITION

Think about what you can do to improve your diet and commit to it. Maybe you are watching your cholesterol or your blood sugar levels. You can improve your health by pledging to:

- Eat fish twice a week
- Drink more water
- Check food cans for sodium or sugar content
- Reduce your alcohol intake
- Fill half of your plate with fruits and vegetables
- Cut back on eating fast food
- Eat whole grains versus white bread or rice
- Reduce trans and saturated fats. Eat more unsaturated fats. Compare product labels.

### EXERCISE AND ACTIVITY

Commit to what you are willing to do each week for fitness and discuss it with your doctor. Write down your daily activities in a log to encourage yourself to keep it up. Some examples of activities that are good for heart health are:

- Walking
- Swimming or water aerobics
- Chair exercises
- Stationary or road biking
- Stretching
- Gardening or lawn care
- Taking the stairs
- Parking farther away from the store
- Yoga, Pilates, Tai Chi, or some other exercise class

### HEALTH MONITORING

You may see your doctor once or twice a year, but you live in your body every single day. In between visits with your doctor you should remain aware of your health. Here are some things you can do:

- Weigh yourself daily
- Monitor your blood pressure as often as the doctor suggests
- Stay away from people who are sick or have the flu
- Get your annual flu shot and ask about getting the pneumonia shot, too

### REDUCE STRESS

Fit in time for you! What helps you relax should be a priority each day. This will look different for every person, but some examples are below:

- Meditate or pray
- Read
- Have lunch with a friend
- Work on your hobby, whether it's woodworking, sewing, or something else
- Get out of the house and watch the birds. Set up a bird feeder for fun.





# Stay active with SilverSneakers

*Your fitness benefit from Optimum HealthCare*

**BECAUSE WE CARE** about your well-being, Optimum HealthCare includes the SilverSneakers® fitness program. This fitness and lifestyle benefit gives you opportunities to stay active, make friends and connect with your community – all at **no additional cost**.

Exercise is a key part of maintaining a healthy lifestyle and can support a healthy immune system.<sup>1</sup> SilverSneakers offers a variety of options to help you keep moving, from virtual classes you can do at home to working out at a participating fitness location<sup>2</sup>.

## • SILVER Sneakers

**LIVE™** gives you full-length, live classes and workshops on the SilverSneakers website via Zoom<sup>3</sup>. Classes and workshops are led by expert trainers, and no equipment is needed. Multiple activities are available per day, such as cardio dance and yoga classes, and “The Happiness Effect” and “Balance Builder” workshops.

## • SILVER Sneakers

**ON-DEMAND™** gives you access to 200+ online workout videos ranging from easy, low-impact exercises to high-energy cardio. In addition, get information

on topics like nutrition, fitness challenges and more. Go to SilverSneakers On-Demand to view on-demand workouts like SilverSneakers Classic, Yoga, etc.

## • THE SILVER Sneakers GO™ MOBILE APP

gives you access to workout programs that can be tailored to your fitness level. You can modify exercises to different levels with just one click, schedule activities and get notifications to stay on track. Go to SilverSneakers GO to download the app today.

## • MEMBERSHIPS TO THOUSANDS OF PARTICIPATING LOCATIONS<sup>2</sup>

nationwide means you can visit as many as you want, as often as you like. In addition to equipment, pools, and other amenities<sup>2</sup>, select locations offer group exercise classes designed for all abilities<sup>4</sup>. SilverSneakers also offers fun activities held outside the traditional gym.

## • STAY CONNECTED.

Many SilverSneakers members who come for the fitness end up staying for the friendships. Visiting participating

locations is a great way to socialize, but until you feel comfortable going to a location, you can also keep up with friends on the SilverSneakers Facebook page. And get the latest program news delivered right to your inbox by subscribing to the SilverSneakers newsletter.

Learn more and start using your SilverSneakers benefit today. Go to SilverSneakers.com to create your account, get your SilverSneakers ID number and use all the digital resources at your convenience. When you're ready to work out at a participating location, find one near you with the handy location finder.

**Always talk with your doctor before starting an exercise program.**

1. <https://www.ncbi.nlm.nih.gov/pubmed/29713319h>
2. 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.
3. Zoom is a third-party provider and is not owned or operated by Tivity Health or its affiliates. SilverSneakers members who access SilverSneakers Live classes are subject to Zoom's terms and conditions. SilverSneakers member must have Internet service to access SilverSneakers Live classes. Internet service charges are responsibility of SilverSneakers member.
4. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

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**SilverSneakers®**  
by Tivity Health





## What can you do? HERE ARE SOME TIPS:

# COMMUNICATION & PREPARATION FOR APPOINTMENTS

**T**he doctor and patient bond is an important one. It is built on trust and communication. It is essential to have good communication with your doctors. This is important when talking to your Primary Care Physician (PCP) or Specialist. It also includes doctors you may see in the hospital. When you are able to talk to your doctor, you can have healthier results. Better results improve your overall health. You can also increase

your total well-being. your total well-being.

### Get organized!

We expect that our doctors are prepared for our visits. It is important that we are ready too. This may take a little organization before seeing your doctor. This little bit of preparation is worth it in the long run. This helps ensure enhanced quality health results.

#### ✓ SHOW UP AT LEAST 15 MINUTES EARLY TO FILL OUT ANY PAPERWORK

Some offices may ask for more time if it is your first visit. If your doctor's office has paperwork that you can fill out ahead of time, do so!

#### ✓ WRITE DOWN A LIST OF QUESTIONS YOU MAY HAVE

Be sure to take that list with you to your appointment. You may also bring a friend or family member.

#### ✓ GET THE DOCTOR'S CONTACT INFORMATION

Get the doctor's contact information to keep for future reference. This includes name, phone number, and address.

#### ✓ TAKE YOUR MOST UP-TO-DATE LIST OF MEDICINES

You can also bring pill bottles or pill boxes.

#### ✓ PACK ANY TREATMENT PLANS OR DISCHARGE INSTRUCTIONS

Also, take any lab or test results with you.

#### ✓ KEEP A FILE FOLDER OF YOUR TEST RESULTS

Save them with your other health information. You should keep lab results and paperwork in order by date. This will help you see changes in your health. It will also save time. You can look at this folder when talking to your doctor.

**This helps you to be more informed about your health condition. By being prepared, you become an active partner in your health care!**



## Diabetes and Genetics

Are you one of the 37 million people in the United States living with diabetes? Diabetes is a chronic disease. It occurs when your blood glucose level, also known as blood sugar, becomes difficult for your body to control. This can lead to dangerous levels of glucose in your system. Having too much glucose in your body can lead to additional health problems. This could include kidney disease, vision problems, heart damage, and nerve problems.

Knowing your family history can help your doctor understand your risk of developing diabetes. Family history is important to discuss with loved ones. If you have diabetes, your family members could be at risk of developing diabetes later in life. Knowing their risk ahead of time means they can tell their doctor. This could give them a chance to take steps to avoid or delay the onset of diabetes.

If you have questions about your condition, Nurses are available at the Health Plan to help. Call the Disease Management Department 8 a.m. to 4 p.m. EST. Monday through Friday at 1-888-211-9913.

### MEDICATION COMPLIANCE:

## *The Power is in Your Hands*



You take charge of your own health when you partner with your Primary Care Physician (PCP) to develop a medication treatment plan. It's important to discuss, understand and write down:

- **What medications to take.**
- **Why you're taking them.**
- **What dose to take.**
- **How to take each one.**
- **When to take each one.**
- **When to arrange for a refill.**

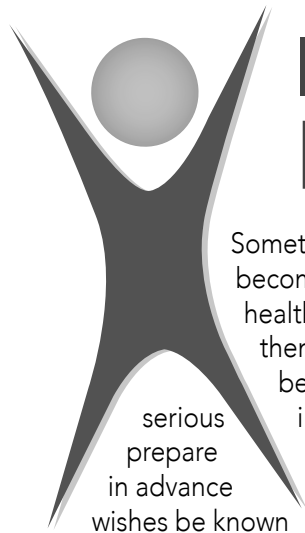
Taking medications according to a treatment plan is called "medication compliance." Aids such as medication reminders can help you stay organized (some fancy ones even tell you when to take your meds!). Your doctor is in charge of prescribing your medications, but you are in charge of sticking with the plan to help achieve and maintain your best health!

# Finding Participating Physicians

The Health Plan uses the Patient Centered Medical Home Model. The Primary Care Physician (PCP) coordinates all your care including referrals and authorizations. The designated PCP is considered your "medical home".

Except for in emergency or urgent care situations, or for out-of-area renal dialysis or other related services, you should receive all routine care from the network of Plan Physicians. Discuss your health needs with your PCP and allow them to assist you in finding an appropriate network Physician.

To find a network physician near you, log on to the Plan website at [www.youroptimumhealthcare.com](http://www.youroptimumhealthcare.com). You can also call member services at 1-866-245-5360 (TTY: 711).



## ADVANCE DIRECTIVES

# Donate Life

Sometimes people become unable to make health care decisions for themselves. This could be due to accidents or illness. You should prepare for these situations by letting your wishes be known in writing. You can express your wishes in a legal document called an **"advance directive"**.

One common type of advance directive is Anatomical Donation. This can be an organ and tissue donation to persons in need. It can also be a donation of your body for education and research. You can become an organ donor in a couple of different ways:

- You can designate it on your driver's license or state identification card
- You can fill out a uniform donor form or express your wish in a living will

- You can register on Florida's Donate Life website: <https://www.donatelifeflorida.org/>

This organization provides a registry of all of the organ donors in the state of Florida. Visit their website to register as an organ donor, update your registry, or view other resources about organ and tissue donation.

For more information on Organ and Tissue Donation, visit the Department of Health & Human Services' Division of Transplantation website at: <http://www.organdonor.gov>

Remember, it is your choice whether or not to file an advance directive. Your Health Plan does not discriminate against you based on whether or not you have signed an advance directive.

# Hurricane Season is Here!

Have you completed your Hurricane preparations? It is better to be prepared than to wait for the storm to be on the way. We can help you review what you need to do to get ready. Visit our website

[www.youroptimumhealthcare.com](http://www.youroptimumhealthcare.com) and click "Quick Links" then "Newsletters" to view our Disaster Preparation Guide for 2022. This Guide is full of valuable information. You can also visit us in person at one of our Concierge offices listed on the back page to pick one up. This Guide will assist you and your family if an emergency is declared.

Source: NOAA



# Spotlight on Case Management

Your doctor's plan of care for you can sometimes be hard to follow through on. Sometimes they are hard to understand. The Health Plan has Case Managers who are Nurses. They can work with both you and your doctor. The Nurses can help you manage your care when you are sick. They can help you sort out your health issues.

Nurses can also help you better understand your health condition. They can communicate with your doctors and help set up the services you need. They want to make sure your health needs are met. Nurses can also answer your questions about COVID-19, they are there to help YOU!

Follow your doctor's advice. It is important to your health. You may call the Nurse or Nurse Case Manager if you need help managing your care at 1-888-211-9913. The nurses are available from 8 a.m. to 4 p.m. EST Monday through Friday.

# EYE EXAM -

## How Often Should I Get One?



The Health Plan provides eye care benefits to our members by Argus. Argus is an eye care company that works with a network of eye doctors. The experts at Argus recommend that everyone receive a routine, complete eye exam including pupil dilation every year.

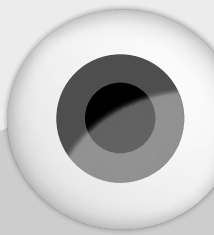
During a dilated eye exam, an eye care specialist looks at the inside of the eye by using eye drops that widen the pupil. Your eye doctor may not always dilate your eyes during a routine eye exam for a new pair of eyeglasses or contact lenses. Be sure to ask your eye doctor for a dilated eye exam.

People with special risks, such as diabetes, previous eye injury or a family history of glaucoma may need a dilated eye exam more frequently. People having trouble with their eyes should see an eye doctor immediately.

In order to get the most from your benefits, call our Member Services Department at the number on the back of your Health Plan ID card to get a list of Argus eye doctors in your area.

**REMINDER:** Be sure to tell your eye doctor that you are using the Argus network. This will ensure they file your eye exam visit to Argus to make the most of your benefit.

## Are You Taking Care of Your Eyes?



### 3 EASY STEPS FOR TAKING CARE OF YOUR EYES

- 1** Call Member Services at the number on the back of your Health Plan ID card to get a list of Argus eye doctors in your area.
- 2** Call an Argus eye doctor and schedule a comprehensive eye exam with dilation.
- 3** When checking out after your exam, remind your eye doctor to send the claim to Argus.



## Prescription Cost Changes in the Coverage Gap

Under Medicare Part D, you may enter a prescription drug coverage gap, often referred to or known as the "donut hole." This means that after you and your Medicare drug plan have spent a certain amount of money on prescription drugs each year; you are then responsible for paying 25% of the cost for each of your generic and Brand medications you take, depending upon your chosen plan. These amounts are set by Medicare and can change from year to year.

For most people with Medicare, the donut hole can present serious financial challenges. It might be difficult to avoid the coverage gap completely but planning ahead can help make it easier to get through.

### Suggestions to help ease the burden of the coverage gap:

- **Set aside money each month** to help cover the cost of your medicine once you hit the coverage gap.
- **Pay attention to the Explanation of Benefits (EOB)** the Plan sends you each month. This will tell you how much more money you have to spend before you hit the coverage gap. Once you are in the coverage gap, it will tell you how much money you have left to spend before you get out of it and enter catastrophic coverage.
- **Take steps to lower your medicine costs.** Use generic drugs whenever possible and look for pharmacies that offer free or reduced costs for your medications.

- **Use your preferred mail order pharmacy.**

- **Consider ordering 3-month supplies** of your eligible prescriptions to receive a plan discount.

- **Talk to your doctor about each of your medications** and ask if there are cheaper alternatives that can provide the same benefit. Do they have any samples they can offer you?

If you have already hit or are close to hitting the coverage gap and do not know how you will afford your medications, it's important to not stop taking them. Talk to your doctor about it. You can also contact a Social Worker at the Health Plan. Social Workers are available Monday through Friday from 8 a.m. to 4 p.m. EST. They can be reached by calling 1-888-211-9913 or TTY/TDD 711.

# Catch Problems Early with Preventive Health Screenings

**P**reventive health tests can give us information about your health. These tests can find health problems early, before they become serious. At the Health Plan we adopt preventive health standards for our members. These standards are based on nationally recognized standards of care. We provide these guidelines to our members to help you stay current with preventive health screenings and tests. Every year we review the standards and update them as needed. Our Quality Committee approves the changes to our recommendations. Throughout the year, we send information to our members about various preventive screenings that are recommended. We let our network doctors know what preventive health standards we have adopted on a regular basis.

Recommendations may be based on age and gender. They can also be based on other risk factors and health conditions. Some examples of preventive health standards that are recommended include colorectal cancer screening, high blood pressure screening, and breast cancer screening in women.

Find out what preventive health standards will benefit you, by taking the following steps:

1. **Review the preventive health recommendations that are posted on our website. (The link is listed below.)**
2. **Find out which ones are relevant to you, based on your age, gender, and risk factors.**
3. **Talk with your doctor about your preventive health plan. Agree on what tests you should have and how often.**
4. **Then don't forget to schedule your screenings and put the dates on your calendar.**

Be sure to talk with your doctor about changes in your lifestyle based on the results of your preventive health tests.

To see the Plan's most up to date preventive health standards and a helpful member guide for Preventive Services, please visit our website at:

[www.youroptimumhealthcare.com](http://www.youroptimumhealthcare.com)  
→ Quick Links → Quality & UM → Preventive Health Information

## 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!

# Stay Healthy with Regular Check-Ups and Annual Wellness Visits

Regular checkups can help you maintain good health. Taking care of your health now may help prevent future problems. If you do have a health problem, it is better to find out early so your doctor can start treatment, if necessary. The type of exams and tests you need will depend on your gender, age, health history, family history, and lifestyle choices.

Your Health Plan recommends that you have a complete check-up every year or more frequently if your doctor advises. During your check up, your doctor may:

- **Check your blood pressure**
- **Weigh you to measure your body mass index**
- **Ask questions about your health history, including what medicines you take**
- **Perform a complete physical examination**
- **Order lab tests, like cholesterol or blood glucose**
- **Let you know what other tests you may need**

Adults should have their weight, body mass index, blood pressure and cholesterol levels monitored regularly. After age 50, women should have mammograms to screen for breast cancer, and both women and men should be tested for colorectal cancer. These are age appropriate routine tests. Your doctor will also make sure you have all the shots you need, like flu and pneumonia.

Every year, you should also get your **annual wellness visit**. During this visit, your Primary Care Physician (PCP) will do a basic health exam. You will also be asked to fill out a questionnaire to determine your current health and risk factors. Then your PCP will develop a personalized plan to help you stay healthy. Call your PCP and schedule your annual wellness visit today.

**MAKE YOUR HEALTH CHECK-UP OR WELLNESS VISIT APPOINTMENT NOW. CATCH ANY HEALTH ISSUES EARLY. DON'T WAIT UNTIL IT'S TOO LATE.**



## CULTURAL COMPETENCY

**Do you speak a language other than English?**

**Do you speak a different language than your doctor?**

**Do you have vision or hearing difficulties?**

**W**e are committed to being able to interact with people of different backgrounds. This could be cultural beliefs. It could be ethnic backgrounds. We want to do this well. We are always looking for ways to be better at serving you. We strive to be sensitive to diverse beliefs. We promote differences in our members. We are also sensitive to our providers. We also think about the needs of our employees. This means we are “culturally competent”.

It is important to think about our members’ needs. If not, members will be at risk for poor health care. What if you don’t speak the same language as your doctor? You may not be able to talk to the doctor about your needs. You may not understand the doctor’s instructions for you. This can reduce the effectiveness of the healthcare process. What if you called the Health Plan and didn’t understand the person who answered the phone? You may not be able to get the information you need. What if you were given written information in a language you didn’t understand? We work hard to make sure this doesn’t happen to you.

Let us know if you have any problems when talking to your doctor. Let us know if you need help or if you can’t understand our employees when you call. We can arrange interpreter services. We can also help if you have vision and hearing difficulties. You can contact Member Services for information on our TTY: 711 services. These services are no cost to you!



# FLU SHOTS

Don’t forget to get your flu shot, 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.

Protection against the viruses 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 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](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.

**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>**

# Reminder:

## See your Doctor (soon) after Discharge from the Hospital



Chances are if you were in the hospital recently, you received a call from the Health Plan's Case Management staff when you got home. Calls after discharge are important for us to make sure that you have the needed services in place. In order to follow your discharge orders, you have to be ready to do so. You also need to understand what to expect and what you need to do. One of the questions that is always asked by Case Management is whether or not you have an appointment to see your Primary Care Physician (PCP) or Specialist after discharge. The staff offers to assist you in scheduling the follow-up appointment. The Health Plan recommends that you see your doctor within **7 days of discharge or sooner**. Why is this important?

A lot of things can change while you are in the hospital. Your regular doctor knows you and your health. Don't assume that he or she has all the latest information from the hospital. If there is a problem with managing the discharge instructions or medications, it can be fixed quickly if you see your doctor. Your doctor can determine how you are doing after being home and if the discharge instructions are working. If not, they can be changed. It

doesn't make sense to wait until you feel really bad or realize that what was planned isn't working for you at home.

Leaving the hospital and going home is stressful enough. When there are problems, the stress gets worse. Here are some good reasons to plan to see your doctor quickly. To:

- **Review discharge instructions** (*It's a good idea to bring them to the visit*)
- **Get your questions answered** (*Write them down as they come up so you won't forget them*)
- **Let the doctor know how you are feeling since you left the hospital**
- **Know what to watch for such as warning signs and when you should report them to the doctor**
- **Review your current medication list** (*Let the doctor know if there are problems with obtaining them or taking them*)
- **Know what to do if you don't feel better and when you should follow-up with the doctor again**

## Making the Appointment

When you call your doctor's office for a follow-up appointment after a hospitalization, make sure to tell them the following:

1. **WHY** you were in the hospital
2. **WHAT** hospital you were in
3. **HOW LONG** you were in the hospital
4. That you need to see the doctor to **follow-up after your discharge**

It's important that the doctor's office doesn't think this is a routine visit. Make sure that you get an appointment within 7 days of discharge as recommended. Contact Case Management at 1-888-211-9913 for assistance in scheduling and appointment.

It's important not to wait until your next routine visit. Too many things can change with your health before then. By getting to your doctor early, you are helping yourself in the recovery process.

## Beta Blockers



If you were recently diagnosed with a heart condition like heart failure, irregular heart rhythm, or were in the hospital for a cardiac related event, then your doctor may have given you a new type of medication called a Beta Blocker. You may be asking yourself what is a Beta Blocker? Or why did my doctor give me another pill to take?

Beta Blockers are a type of medication that are commonly used to treat cardiac injury or disease. The medication is used to decrease the demand on your heart and allow it to pump blood more effectively. Beta Blockers have been used for many years and are often a medication of choice for treating cardiac disease.

Some patients can experience unwanted side effects while using Beta Blockers. You are encouraged to review your new medication thoroughly with your doctor and get to know what your doctor's expectations are for the medication.

Some side effects are worse than others and you will want to immediately discuss those with your doctor.

To summarize, Beta Blockers work to make it easier for your heart to pump blood throughout your body by lowering your blood pressure and slowing your heart rate. The medication is easy to take, and your doctor or pharmacist will be able to provide you with information on the medication. To achieve the maximum benefit, it is important that you listen to your doctor and take your medications as prescribed.

# Member & Rights Responsibilities



**You have certain rights while you are getting medical care. You also have certain responsibilities as a patient. The following is a summary of your rights and responsibilities.**

## Member Rights

### **As a member of the Plan, you have the right to:**

- Be treated with courtesy and respect, with appreciation of your dignity, and protection of your need for privacy
- A prompt and reasonable response to questions and requests
- Know who is providing medical services and who is responsible for your care
- Know what patient support services you can get and if an interpreter is available if you do not speak English
- Know what rules and laws apply to the conduct of the staff of the Plan and contracted providers
- Be provided information about diagnosis, planned course of treatment, alternatives, risks, and prognosis by the Plan's providers
- Refuse any treatment, except as provided by law
- If eligible for Medicare, know upon request and in advance of treatment, if the health care provider or health care facility accepts the Medicare assignment rate
- Receive, before treatment, a reasonable estimate of charges for medical care
- Receive a copy of a reasonable, clear, and understandable detailed bill and, upon request, to have the charges explained
- Access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment
- Treatment for any emergency medical condition that will get worse from failure to provide treatment
- Know if medical treatment is for experimental research and to grant consent or refusal to take part in such experimental research
- Private handling of medical records and, except when required by law, be given the chance to approve or refuse their release
- Voice complaints or appeals about the organization or the care it provides
- Express grievances about any violation of your rights through the Plan's grievance and appeals system, and to appeal to a state grievance and appeal oversight entity, or for Medicare members, through the CMS established appeal process

- Participate with practitioners in making decisions about your health care, and provide input into your proposed treatment plan
- Receive information about the Plan, its services, practitioners and providers, and members' rights and responsibilities
- Participate with practitioners in making decisions about your health care
- Have a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- Make recommendations regarding the Plan's member rights and responsibilities policies

## Member Responsibilities

### **As a member of the Plan, your provider expects you to:**

- Provide your health care provider, to the best of your knowledge, correct and complete information about present complaints, past illnesses, hospital stays, medicines and other health matters
- Report unexpected changes in your condition to your health care provider
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible
- Discuss with your health care provider if you do not comprehend a course of treatment or what is expected of you
- Follow the treatment plan suggested by your health care provider and agreed upon by you
- Keep appointments, and when you are unable to do so for any reason, notify your health care provider or health care facility
- Answer for your actions if you refuse treatment or do not follow the health care provider's instructions
- Assure that the financial obligations of your health care are fulfilled as promptly as possible
- Follow health care facility rules and laws that affect patient care and conduct



# Communication is **KEY!**

It is important for you to take an active role in your health care. The more involved and informed you are the greater your chances for success. You and your doctor can work together to achieve your best possible health results. This relationship depends on good communication. Don't be afraid to discuss things with your doctor; (s)he is there to help you.

## Here are some examples of questions you can ask your doctor to prompt discussion.

Feel free to take notes on the doctor's responses:

- How often should I have a complete health exam?
- What tests should I have done annually? Are there any tests that I should have done more often?
- What are the results of the last lab work or tests that I received? What do these results mean? Are there any trends I should be aware of?

- What does my diagnosis mean? What are my treatment options?
- Should I be monitoring my blood pressure or blood glucose at home? If yes, how do I go about doing this?
- What does my blood pressure reading mean?
- Do you recommend screenings for cancer or heart disease?
- Can you tell me my body mass index (BMI)? What do these numbers mean?
- I have these new symptoms...what do you suggest?

## Be sure to share your health risk factors with your doctor:

- Do you exercise? How often? What kind of exercise?
- Do you smoke? How often?
- Do you have any previous medical

concerns or family history of medical conditions that your doctor should be aware of?

Understanding your doctor's responses is essential to your quality of health care. Make sure you ask enough questions until you clearly understand your doctor's responses. To help you remember your conversation, take notes or get a friend or family member to take notes for you. You could also ask your doctor to write down his or her instructions to you, or provide you with printed material about your diagnosis or treatment plan. If you still want more information, your doctor or the office staff should be able to direct you where to go for more information or helpful resources.

## Eating Healthy with Diabetes



Retirement usually affords us with the ability to spend more time with family and to take on hobbies that enrich our life. Being healthy as we age is important in order to enjoy life and time with others. For those of us with diabetes, managing our health can be a challenge that requires dedication to diet, exercise, and working with our doctor.

As a diabetic patient we encourage you to work with your doctor on identifying the proper diet that works best for you. Discuss with your doctor the types of foods that you enjoy and the times in which you like to eat. A change to the types of foods and the times of when you eat can have an impact on your lab values.

As we age, complications from disease or other illnesses become more difficult. Getting started on eating healthy can help you feel better. The Health Plan has nurses available to you by phone that can help. They can offer healthy eating tips, suggestions for meals, and more. The nurses can be reached by calling 1-888-211-9913 during normal business hours, Monday through Friday from 8 a.m. to 4 p.m. EST.

## As Good As **GOLD**

Chronic Obstructive Pulmonary Disease (COPD) is a disease that cannot be cured. Though, it can be managed. If you have COPD, your doctor may have mentioned the GOLD guidelines.

**G**lobal Initiative for Chronic  
**O**bst  
**L**ung  
**D**isease



This is a treatment plan used throughout the world. The GOLD guidelines include short-acting and long-acting inhalers. Inhalers open the airways. Combining these inhalers with other medications can increase the effectiveness of treatment. Everyone is different. Your treatment plan will need to be tailored to your needs. Carefully following your treatment plan is especially important. This will help prevent COPD flare-ups.

# Quit Smoking

## to Live Longer & Feel Better

Cigarette smoking puts you at risk for many different health problems. It harms nearly every organ in your body. Smoking can lead to heart disease and doubles a person's risk for a stroke. It can lead to many forms of cancer. Smoking is the leading cause of preventable death in the United States.

Even if you are not a smoker, breathing in someone's second hand smoke can still lead to serious health problems. If you do smoke, please be respectful of others around you who do not smoke. You can go outdoors to smoke or refrain from smoking in cars with others. Most importantly, consider quitting altogether. Your family members will appreciate your efforts to keep them and yourself safe and healthy.

There are immediate and long-term benefits for both you and your loved ones when you quit smoking. The process of quitting smoking can be difficult, but there are many things you can do to make the process easier. There are medications or nicotine replacement products to relieve withdrawal symptoms. Counseling or different types of therapies

are often helpful. Helplines offer free personalized help from specialists.

It may be a difficult process, but it could save your life and your family members' lives. Remember, you are not alone. Your providers will be more than happy to discuss your options for quitting.

### Online resources to help you quit smoking:

- **[www.lung.org/stop-smoking](http://www.lung.org/stop-smoking):** The American Lung Association's Freedom from Smoking Program
- **[www.smokefree.gov](http://www.smokefree.gov):** Provides support to people trying to quit smoking.
- **[www.cdc.gov/tobacco/quit\\_smoking/index.htm](http://www.cdc.gov/tobacco/quit_smoking/index.htm):**
- **[www.BecomeanEx.org](http://www.BecomeanEx.org):** A free plan to help you quit smoking.

Telephone quit lines offer free one-on-one help from information specialists. Helpful Quit Lines include:

- **National Cancer Institute's Cancer Information Service Quit Line:**  
1-800-4-CANCER (1-800-422-6237)
- **American Lung Association's Freedom From Smoking Quit Line:**  
1-800-LUNG-USA (1-800-586-4872)
- **To be connected to a state-specific quit line:**  
1-800-QUIT-NOW (1-800-784-8669)

## PREVENTIVE HEALTH BENEFIT



# Mammography

Your Health Plan provides many preventive benefits that can help you stay healthy. These benefits may help to identify and treat problems early, before they become serious. One such

benefit is mammography. A mammogram is a test that uses x-rays to detect breast cancer at an early stage. A mammogram can identify lumps that are too small to be detected in other ways. It can also identify early breast changes in women who have no other signs or symptoms of breast cancer. We want to make sure all of our female members have this important test. It is recommended that women between the ages of 50-74 years get a mammogram every 2 years. Talk to your doctor about when you should get a mammogram.

Many women have fears or concerns about mammograms. If you have questions about getting a mammogram, talk with your doctor. Facilities that do this test have experienced female staff members who will make it as comfortable and easy as possible.

### To schedule a mammogram,

see your doctor to get a referral. To find a facility in the Health Plan's network that performs mammograms, ask your doctor or call Member Services at the number listed on your ID card. They will direct you to a convenient place to get the test. Contact Case Management at 1-888-211-9913 for assistance in scheduling an appointment. There is no cost to you for the test.

Take care of your health now to enjoy life for years to come.

# CARENET Health®

*Answers to your healthcare questions  
are just a call away!*

We are happy to offer you access to a nurse advice line through Carenet. Carenet is staffed with experienced nurses that are available to you 24 hours a day and 7 days a week. It's simple to use and free.

## WHY USE THE NURSE ADVICE LINE?

If you experience a new or worsening symptom after business hours, you can have peace of mind knowing you have a nurse available to speak with by simply calling the free nurse advice line. You might even be able to avoid an unnecessary emergency department visit.

## HOW DOES THE NURSE ADVICE LINE WORK?

All you have to do is dial **1-888-883-0710** and let the representative know you are an Optimum HealthCare member calling to speak with a nurse. The nurse line is staffed with highly skilled, registered nurses, available 24-7 to assist with your health concerns whether it's a twisted ankle, high fever, drug reaction or other urgent and non-urgent medical concerns.

## WILL I GET BILLED?

No, the nurse advice line is completely free to you and available to you at all times.

## HOW OFTEN MAY I CALL?

You can call as often as you need. It's always best to get health guidance from your doctor because s/he knows more about your medical condition(s). Just remember, the nurse advice line is an additional option available to you for medical advice.

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

## QUALITY MANAGEMENT DEPARTMENT

## Helping Our Members Get the Best Care and Services

One of our goals at Optimum HealthCare is to help our members improve their health by providing the best care and service options. In order to do this, we rely on our Quality Management (QM) program. This program describes how we monitor the quality of care and services given by the Plan's providers. The QM Program, which the Plan updates annually, describes how we look at areas that need to be improved in medical and preventive services. We also perform outreach and health education activities for our members.

Each year, we evaluate the current Quality Management program in order to make updates and plan interventions for the upcoming year. We assess progress toward meeting our goals. One of the tools we use to evaluate the QM program is HEDIS® (**Healthcare Effectiveness Data and Information Set**). HEDIS® is the most widely used rating system in the health care industry. HEDIS® is used like a report card. Health Plans receive a score on certain services, tests and procedures. Optimum HealthCare conducts an annual HEDIS® review. We will use our overall HEDIS® scores to create new goals and to develop improvement plans for the coming year.

**You can read more about the Quality Management Program on our website at:**

[www.youoptimumhealthcare.com](http://www.youoptimumhealthcare.com) → About Us → Utilization & Quality → Quality Management

## 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.youoptimumhealthcare.com](http://www.youoptimumhealthcare.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

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-245-5360 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-245-5360 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-866-245-5360 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-866-245-5360 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-245-5360 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-245-5360 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-245-5360 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpfen. Unsere Dolmetscher erreichen Sie unter 1-866-245-5360 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-245-5360 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медицинского плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-245-5360 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-245-5360 (TTY: 711). سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दभाषिया सेवाए उपलब्ध हैं. एक दभाषिया प्राप्त करने के लिए, बस हमें 1-866-245-5360 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-245-5360 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-245-5360 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ou dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-245-5360 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-245-5360 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-245-5360 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



P.O. Box 151137, Tampa, FL 33684

Health & Wellness Information



Member Newsletter

FALL 2022

## 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.

## Why it's important to talk with a pharmacist?



You may benefit from talking with a pharmacist if you take several medications, have multiple health conditions, have questions or problems with your medications, or if you get your medications from more than one pharmacy.

### What can a pharmacist do for you?

- Pharmacists are the medication experts and will help answer any questions you may have about your prescription medications, vitamins, and over-the-counter products.
- Pharmacists can look for medication interactions and find duplicate therapy (2 medications that work the same way and are not needed).
- Pharmacists can work closely with your provider if you are having any side effects or problems with your medications.
- Pharmacists can make recommendations on lower cost drugs which can help lower your copays and stay out of the "donut hole". The pharmacists can also communicate this information to your provider.
- Pharmacists can complete your yearly medication review for Medication Therapy Management (MTM).

To qualify for the MTM program each year, you must have a minimum of 3 chronic diseases, 8 covered Part D maintenance drugs, and incur one-fourth (\$1,174) of the annual cost threshold of \$4,696 of Part D covered medications in the previous three months.

Your medical group may also have pharmacists on staff, and you may wish to contact them or your neighborhood pharmacist who fills your prescriptions who can also provide MTM services.

If you decide to call the Optimum HealthCare pharmacy team, our pharmacists are focused on helping you without any distractions.

### To Contact the Health Plan's Pharmacy Department:

Call **813-506-6064 / TTY: 711** to speak with one of our pharmacists today at no cost to you! We are open 9 am to 5 pm EST, Monday through Friday.