

HOUSE CALL

KelseyCare Advantage

January 2016

KNOW THE SIGNS OF DEPRESSION

Everyone feels grief or sadness on occasion. However, your Kelsey-Seybold doctors become concerned when you feel depressed for a sustained period or have lingering sadness that interferes with your daily activities. Ongoing sadness may indicate that you're suffering from depression, which is a common mental health issue among seniors. Loss of friends or family members, chronic illnesses, and even retirement can trigger episodes of depression. However, keep in mind that depression is NOT a normal part of aging. So what's the difference between sadness and depression? Below is a list of the most common symptoms. If you have several of these symptoms for more than two weeks, you should see your doctor for a physical exam to check for underlying medical conditions that may exacerbate your sadness.

- ☐ Feeling nervous or emotionally "empty"
- ☐ Feelings of excessive guilt or worthlessness
- ☐ Tiredness or a "slowed down" feeling

- ☐ Restlessness and irritability
- ☐ Feeling like "life is not worth living"
- ☐ Sleep problems, either insomnia or sleeping too much
- ☐ Eating more or less than usual
- ☐ Loss of interest in once pleasurable activities
- ☐ Frequent crying
- ☐ Difficulty focusing, remembering or making decisions
- ☐ Thoughts of death or suicide

The good news is that depression is treatable. Medications and psychotherapy have shown to work well in helping people deal with their depression. Your Primary Care Physicians at Kelsey-Seybold are concerned with their patients emotional well being as well as their physical health and have initiated a new screening for members of KelseyCare Advantage. You'll notice that you will be asked two important questions during your next visit with your PCP. These questions may indicate that you're experiencing depression.



- ?** In the past two weeks, how often have you had little interest or pleasure in your normal activities?
- ?** In the past two weeks, how often have you felt "down", depressed or hopeless?

If you have answered these two questions while reading this article and think that you might have depression, schedule a visit with your primary care doctor for a free depression screening. Additionally, KelseyCare Advantage members have access to confidential mental health treatment through United Behavioral Health, a large network of mental health specialists in the Houston area. You may call United Behavioral Health at 1-800-817-4808 to access services.

OPTIONS FOR GETTING AROUND SAFELY AND MORE EASILY

Millions of Americans use canes, walkers, wheelchairs or scooters to help them get around each day. If you are finding it more challenging to safely and easily move throughout your home, outside your home and anywhere in between, it may be time to consider getting one of these “mobility aids.” The best type of mobility aid for you depends on how much assistance you need with balance and weight support. You’ll want to check with your doctor for advice regarding which one meets your unique needs. But until you do, here is some information to consider:

- **Canes**, which offer the least amount of support, are actually the most popular mobility aid, according to the National Center for Health Statistics. Canes are available in different lengths, styles, colors and materials — and come with different adjustability options and handle options. Many can be purchased off the shelf at retail stores and drugstores.
- **Walkers** provide the greatest support, and are the second most popular aid. For people who have poor balance, but are otherwise able to move around, walkers may be the answer. Walkers come in two basic types, each with many different variations. A **standard walker** has a basic aluminum frame that folds, is height adjustable and is available with or without wheels. To use a walker without wheels, you need to lift it and move it forward as you walk. A wheeled walker can be pushed forward without

lifting. Then there is the **rollator**. That type of wheeled walker is designed to be easier to maneuver than the standard walker and usually has additional features that may include larger caster wheels, a seat bench, basket and handbrakes.

- **Manual wheelchairs** are designed to help you move from a seated position. They can be “driven” by rotating the hand rims with your arms. Wheelchairs designed for a caregiver to push are also available. Manual wheelchairs come in different styles, including the traditional folding frame chair and a rigid non-folding chair. **The pushrim-activated power-assist wheelchair**, or **PAPAW**, was developed to help people who have difficulty propelling a manual wheelchair over surfaces like ramps, carpets, grass, curb cuts and gravel. PAPAWs are units for manual wheelchairs that include specialized wheels with battery-operated motors mounted on the frame.
- **Power wheelchairs** are battery-driven mobility devices available in three different types according to the location of the drive wheels — rear-wheel, mid-wheel and front-wheel. Many different options are available for power wheelchairs because they are designed to accommodate a wide range of needs.
- **Scooters** — also known as power-operated vehicles — are controlled through a mechanical tiller system. They are available

with three or four wheels and most can be disassembled for transport. Scooters come in different sizes and with different weight capacities.

The Medicare website offers detailed information about which of these devices may be covered. See <https://www.medicare.gov/coverage/durable-medical-equipment-coverage.html> for all the particulars. For more information on your coverage with KelseyCare Advantage, you can find information in the Evidence of Coverage or contact Member Services at 1-866-535-8343. We are available from 8:00 a.m. to 8:00 p.m. seven days a week from October 1 through February 14. From February 15 through September 30, hours are 8:00 a.m. to 8:00 p.m. Monday through Friday.



ASK DENISE

Q. *I received a transition supply letter in the mail, what does this mean?*

A. A transition supply is typically a one-time, 30-day supply of a drug that Medicare drug plans must cover when you're in a new plan or when your existing plan changes the way it provides coverage for a particular medication. These medications may be non-formulary medications, medications that initially require a prior authorization, or medications that are covered but the dose you are taking goes beyond the maximum daily dose the plan allows. A transition supply waives these restrictions so you are able to get your medication without any interruption to your therapy and allows you time to discuss options with your prescriber.

Q. *What do I need to do to continue to get my medication after I receive a transition supply?*

A. When you receive a transition supply, a letter will be mailed to you detailing the reason for the transition supply and the type of restriction your particular medication has on the formulary. When you receive a transition fill, you should call your doctor right away to talk about switching

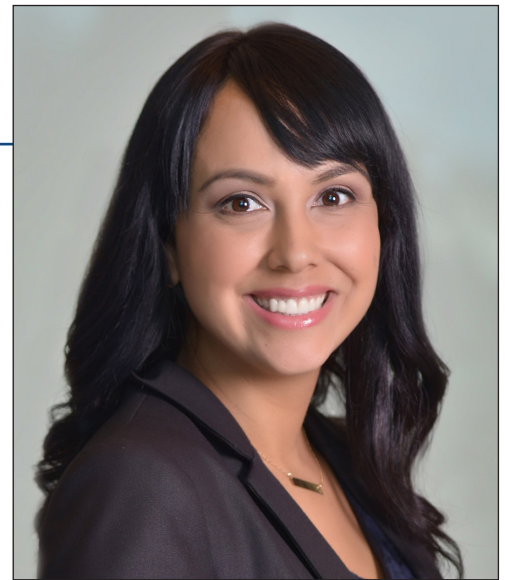
to a drug that is on your plan's formulary without restrictions. If no other drug will work for you, you or your doctor can request a coverage determination where the plan will continue to provide coverage for the medication if you meet the required criteria.

Q. *Will I pay a deductible each time I fill my prescriptions?*

A. No, you begin in the Deductible stage when you fill your first prescription of the year*. The Rx and Rx+Choice Plans each have a Deductible stage. The deductible is \$50. During the deductible stage, you pay the full cost of your drugs. Once you have paid \$50 for your drugs, you enter the Initial Coverage stage, where you pay copayments or coinsurance for your prescriptions. Note: Coverage level may be different for Low Income Subsidy members.

Q. *Denise, how can I find out whether my prescriptions will be covered in 2016?*

A. You should have recently received your member materials for the new benefit year beginning January 1, 2016. The 2016 *Abridged Formulary* is enclosed with the 2016 *Annual Notice of Change/ Evidence of Coverage*



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documents. Please review the 2016 *Abridged Formulary* to identify changes that may have been made to the drugs you are taking. These changes include copay increases and decreases, the addition or removal of drugs and/or restrictions on drugs. The *Abridged Formulary* is a partial formulary and includes only some of the drugs covered by KelseyCare Advantage. For a complete listing of all prescription drugs covered by KelseyCare Advantage, please visit our website at www.kelseycareadvantage.com or call Member Services to request a copy of the *Comprehensive Formulary*. We can be reached at 713-442-CARE(2273). We're available to help you from 8:00 a.m. to 8:00 p.m. Monday through Friday

DO YOU HAVE A QUESTION FOR DENISE?

With each quarterly newsletter, Denise answers questions that are submitted by KelseyCare Advantage members. If you have a general pharmacy or prescription question, please submit them to HouseCall@KelseyCareAdvantage.com.

Advice provided by Denise is for educational purposes only and does not constitute medical advice or a guarantee of treatment, outcome, or cure.

UNDERSTANDING STAGES OF COVERAGE FOR MEDICARE PRESCRIPTION DRUG COVERAGE

KelseyCare Advantage members with Medicare prescription drug coverage—often referred to as Medicare “Part D”—need to understand exactly how the coverage stages work. Without a clear understanding, you may end up paying more for your medications than you anticipated.

Although Part D covers a big part of your prescription drug costs, it doesn’t cover all of them. How much you pay for a drug depends on which stage of coverage you are in at the time you get a prescription filled or refilled. Here is a breakdown of Medicare’s Part D coverage stages.

Stage 1 - Yearly Deductible Stage

During this stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$50 for your drugs (\$50 is the amount of your deductible).

Stage 2 - Initial Coverage Stage

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$3,310.

Stage 3 - Coverage Gap Stage or “The Donut Hole”

For Tier 1 Preferred Generic drugs, you pay your Initial Coverage Stage Copay. For brand name drugs, you pay 45% of the price (excluding the dispensing fee and vaccination administration fee, if any), and 58% of the price for all other generic drugs. You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$4,850.

Stage 4 - Catastrophic Coverage Stage

You enter catastrophic coverage when your TrOOP (true-out-of-pocket) costs are \$4,850. During Stage 4, KelseyCare Advantage pays most of the cost for your drugs.

Members who are not participating in the Medicare “Extra Help” program can expect to pay:

- The greater of \$2.95 or 5% for a generic medication.
- The greater of \$7.40 or 5% for a brand medication.

You will stay in the catastrophic coverage stage for the remainder of the coverage year.

Help During the Donut Hole, and More

For many seniors, the Stage 3 Coverage Gap or “donut hole” is the stage of most concern, because it means paying more out-of-pocket than in other stages. However, there are a few things to keep in mind that may help you through this stage.

1. KelseyCare Advantage shares the cost of your medications by providing coverage of all Tier 1 preferred generic drugs during the Stage 3 donut hole.
2. The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached the coverage gap and are not already receiving “Extra Help.” A 50% discount on the negotiated price (excluding the dispensing fee and vaccine administration fee, if any) is available for those brand name drugs from manufacturers that have agreed to pay the discount. The plan pays an additional 5% and you pay the remaining 45% for your brand drugs.
3. You also receive some coverage for generic drugs on Tier 2 and Tier 5. The plan pays 42% of the price for generic drugs and you pay the remaining 58% of the price.

Also, at the beginning of each plan year, all Part D recipients start Stage 1 again. Coverage limits may change yearly, so make sure you know each year what you will be expected to pay.

If you're a member of a KelseyCare Advantage employer group plan or have Low Income Subsidy, it's important to note that your coverage levels may be different. Please consult your Evidence of Coverage, or call Member Services for more information.

If you have questions or concerns, please call Member Services, available daily from 8:00 am-5:00 pm, at 713-442-CARE (2273) or 1-866-535-8343. TTY/TDD users should call 1-866-302-9336.

CHOOSING THE RIGHT NURSING HOME OR ASSISTED LIVING FACILITY



Searching for a nursing home or assisted living center for a loved one can be overwhelming, but doesn't have to be. Here are helpful hints.

It is often best to tour facilities with family members before needing the services. Many retirement facilities offer independent living, assisted living and nursing home services within the same complex. The following website has information about local facilities: <http://www.newlifestyles.com/>

Nursing or long-term care provides physical and medical services for the chronically ill or disabled who can no longer care for themselves. Most people in a nursing home require 24-hour medical care and supervision.

Medicare only pays for skilled nursing services if you have had recent acute illness and need rehabilitation therapy, intravenous (IV) medications, complicated wound care or other services requiring skilled nursing or

therapy. Medicare covers up to 100 days and does not cover the facility costs of long-term nursing home or assisted living centers.

LOCATION

Choosing a nursing home or assisted living center near family and friends makes it easier to visit. The Medicare website lets you compare facilities by ZIP code and offers

other important information: www.medicare.gov/coverage/nursing-home-care.html

COSTS

Monthly costs vary greatly depending on location and services. Ask what services are covered under the quoted rates. Consult an Elder Law attorney if a spouse will remain in the home or you have significant financial assets. Make sure you clearly understand the options available under a long-term care insurance policy if you have one.

REFERENCES

You may find information about area nursing homes and assisted living facilities from reputable sources, including your local Area Agency on Aging, hospital discharge planners and 1-800-MEDICARE. Also, consider asking friends and family members about their experiences.

MEDICARE-CERTIFIED FACILITY

Nursing homes are inspected

annually and complaints investigated. The state health department can provide recent inspection reports. One patient accident isn't cause for concern, but frequent reports of patient falls or bed sores may be. The Medicare (CMS) website has an online tool to help users compare nursing homes.

STAFFING

Check the ratio of medical staff to patients. CMS recommends that each patient have a daily minimum of 1.3 hours with a registered nurse (RN) or licensed practical nurse (LPN) and 2.8 hours of nursing aide time. Ask specific questions about your loved one's care and inquire about how the staff handles emergencies.

VISIT IN PERSON

Visit nursing homes and take notes. Beware of facilities that object to you doing so. There's almost nothing you shouldn't investigate.

It's also important to determine if the nursing home or assisted living center is in the KelseyCare Advantage provider network. Check with KelseyCare Advantage to see if skilled nursing care is covered in your situation. For a list of in-network skilled nursing facilities, see our provider directory at www.kelseycareadvantage.com. KelseyCare Advantage can also arrange a visit with a social worker who can go over your choices and suggest additional community resources.

If you haven't been to the Kelsey-Seybold Clinic Main Campus recently, you may not be aware that construction is still underway to make this location even better than before. We apologize for the inconvenience this may cause, but hopefully when you see the completed facilities, you'll understand.

While the 1st floor Pharmacy is being remodeled (starting mid-January 2016), Pharmacy services are being temporarily provided on the 4th floor. Signs throughout the building will help guide you there, but if you have difficulty locating the 4th floor Pharmacy, please do not hesitate to ask one of our helpful Kelsey-Seybold staff members to point you in the right direction.

Right now, plans call for the remodel to be completed by the end of March, after which all of your Pharmacy needs will once again be handled on the 1st floor.

We will provide you with another construction update in our next edition in April.

Kelsey-Seybold Administrative Representatives are available at the Kiosk (located on the first floor), for additional directions or information regarding construction and renovations at Main Campus.



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