

HOUSE CALL

KelseyCare Advantage

January 2017

KELSEY-CARE ADVANTAGE AWARDED MEDICARE'S HIGHEST RATING FOR SECOND TIME

The Centers for Medicare & Medicaid Services (CMS) has awarded KelseyCare Advantage an overall 5-out-of-5 Star rating for the 2017 plan year* – a significant achievement that carries tremendous prestige in the healthcare industry.

Day after day, KelseyCare Advantage and Kelsey-Seybold Clinic focus on delivering high quality care and service. Now comes confirmation from Medicare that we are one of the best in the United States.

The 5-star rating is CMS's highest ranking for excellence in quality of healthcare and service to our members. Very few Medicare Advantage plans achieve this level of excellence. In fact, only 14 out of 548 Medicare Advantage plans in the nation with Part D coverage have achieved a 5-star rating for 2017.

KelseyCare Advantage's strongest areas of performance out of the 47 categories that CMS evaluated involved diabetes Care (blood sugar controlled), controlling blood pressure and medication adherence for hypertension. We are one of only

three plans in the nation to receive 5 stars in Part C, Part D and Overall plan categories.

Each year, CMS uses information from member satisfaction surveys, clinical data and health care providers to give overall performance ratings to Medicare health and prescription drug plans. These ratings help Medicare beneficiaries choose a plan based on quality and performance.

"Earning the highest rating for quality and service from CMS for a second time demonstrates the commitment of each KelseyCare Advantage team member. We continuously strive to provide the highest level of customer service and member experience," said Marnie Matheny, president of KelseyCare Advantage. "KelseyCare Advantage gets to work with the nation's first Accountable Care Organization. The great doctors at Kelsey-Seybold help us deliver high quality health care and to achieve the 5-Star level through measured health outcomes rated by Medicare."

"We are very excited to once again be designated as a Medicare Advantage 5-Star health plan. KelseyCare Advantage and the Kelsey-Seybold Clinic work hard to provide a high quality health care experience for our patients," said Donnie Aga, M.D. and Medicare Director for KelseyCare Advantage. "We do this through health care innovations, concierge style customer service and access to outstanding physicians, nurses, pharmacists and cutting edge technology."

Do you have a friend or relative that would like to join KelseyCare Advantage? Now they can! Medicare allows 5-Star rated plans to enroll Medicare-eligible individuals throughout the year.

To read more about Medicare Star Quality ratings, visit medicare.gov. KelseyCare Advantage thanks you, our valued members, for making our leading-edge and 5-star services, such an important part of your lives.



COLORECTAL SCREENING MAY SAVE YOUR LIFE

In years past, a cancer diagnosis was often a death sentence. Protection against cancer – especially colon cancer – seemed unlikely. Treatment options were limited and little was known about early detection. Today, physicians have developed lifesaving colorectal screening guidelines for everyone.

WHO IS AT RISK?

Although anyone can have colon cancer, studies show that as a person ages the risk becomes higher in developing the disease. The risk becomes even higher for individuals who do not have regular screening tests.

SCREENING GUIDELINES:

- Age 50 or older (age 45 if African American)
- You have a personal or family history of colorectal cancer or polyps
- You have an inflammatory bowel disease

- Carry a gene for hereditary colon cancer

IMPORTANCE OF COLORECTAL SCREENINGS

According to the American Cancer Society, colon cancer (cancer of the large intestine or rectum) is the second leading cause of cancer deaths in the United States.

Screening tests can find polyps before they become cancer -- or detect cancer in early stages when it is easier to treat. Once the cancer spreads outside the colon, your survival rate decreases. Regular screenings have shown to reduce colon cancer as much as 90%.

Dr. Tushar Dharia, a Kelsey-Seybold Clinic gastroenterologist agrees. "Screening tests to detect colon cancer are vitally important in the prevention of colon cancer. They are used to identify polyps, or precancerous lesions, which can then be removed," he states.



Dr. Tushar Dharia, MD
Gastroenterology

Note: If you have blood in the stool, regular stomach cramps or aches, or unplanned weight loss, call your doctor to make sure it is not cancer related.

Lifestyle choices may increase your chance of colon cancer.

- Lack of exercise
- Poor diet – high fat content; low fiber
- Smoking
- Alcohol use

KelseyCare Advantage offers programs to help you overcome lifestyle choices that may affect your health (smoking cessation, nutritional plans, etc.). Call your Kelsey-Seybold Clinic doctor today about getting your colon screening. Colon cancer really is a matter of life and death!

PREVENTION



EYE EXAMS ARE VITAL FOR PATIENTS WITH DIABETES

Having diabetes poses a risk to your vision. It can damage the small blood vessels in your retina, or the back of your eye. This condition is known as diabetic retinopathy. Diabetes may also increase your risk of glaucoma and other eye problems.

According to KelseyCare Advantage Medical Director Donnie Aga, M.D., the key to preventing eye problems related to diabetes is controlling blood sugar. “Blurry vision can be a sign of elevated blood sugar,” says Dr. Aga. “As blood sugar rises, it can deposit on the lens of the eye and cause a rapid change in vision.”

But such changes are not always easy to notice. “You may not even realize that your vision has been affected until the problem is very bad,” warns Dr. Aga. “Your doctor should be able to detect symptoms early on IF you get regular eye exams.”

REGULAR EYE EXAMS ARE ESSENTIAL

Dr. Aga explains that even if the doctor who treats your diabetes checks your eyes, it’s important that you have your eyes examined **every one to two years** by an eye care specialist who treats people with diabetes. That specialist has equipment that can check the back of your eye more thoroughly than your regular doctor can.

If you have vision problems as a result of diabetes, you will probably be visiting your eye doctor more often. You may need special treatment to prevent those problems from getting any worse.

There are two different types of eye doctors:

- An **ophthalmologist** is a medical doctor who is an eye specialist trained to diagnose and treat eye problems.
- An **optometrist** is a health care provider trained to diagnose and treat problems with your vision. Many can do screening exams for damage from diabetes. Once you have eye disease caused by diabetes, you need to see an ophthalmologist.

THE DILATED RETINAL EXAM

The doctor will check your vision using a chart of random letters of different sizes. This is called the Snellen chart.

You will then be given eye drops so that the doctor can better see the back of the eye. You may feel stinging when the drops are first placed. You may have a metallic taste in your mouth.

To see the back of your eye, the doctor looks through a special magnifying glass using a bright light. The doctor can then see areas that may be damaged by diabetes:

- Blood vessels in the front or middle parts of the eye
- The back of the eye
- The optic nerve area

Another device called a slit lamp is used to see the clear surface of the eye (cornea).

The doctor may take photos of the back of your eye to get a more detailed exam.



FOLLOWING YOUR EYE EXAM

If you had drops to dilate your eyes, your vision may be blurred for up to six hours. It will be harder to focus on things that are near.

Sunlight can damage your eye. Make sure to wear dark glasses or shade your eyes until the effects of the drops wear off.

Dr. Aga notes, “The National Committee for Quality Assurance (NCQA) and the American Diabetes Association (ADA) have recognized many of Kelsey-Seybold Clinic’s primary care physicians and specialists for providing exceptional care for diabetic patients through the NCQA’s Diabetes Recognition Program (DRP). In fact, Kelsey-Seybold’s 98 NCQA-certified physicians represent the most of any healthcare provider in the Houston area.” For a complete list of doctors and locations, go to www.kelsey-seybold.com.

KELSEYCARE EXPRESS

It's Medical Care @ Your Desktop!

Introducing E-visits exclusively for KelseyCare Members!

When you're sick, often the last thing you feel like doing is driving to the doctor's office. So we're introducing a **new** service – exclusively for our KelseyCare members called – **KelseyCare Express E-visits!** With E-visits, you'll communicate online with a Kelsey-Seybold Physician Assistant about your medical situation. You can access E-visits through your **MyKelseyOnline (MKO)** account and you'll receive a response in an hour or less! It's Fast. It's Convenient.

IT'S KELSEY-SEYBOLD QUALITY!

You can have a conversation with a board-certified provider via our secure, confidential email platform on MKO for symptoms related to:

- Allergy
- Back pain
- Cough
- Cold
- Flu
- Sinusitis
- Urinary tract infection
- Pink eye
- Gastroesophageal reflux
- Vaginal discharge

The E-visit charge is **\$25** (paid via secure site with a credit card). This value-added service is not covered by your KelseyCare Advantage insurance and it does not count toward your maximum out-of-pocket amount. For patients 18 years and older only.

E-visits are available Monday – Friday, 8 a.m. to 4 p.m. **Learn more about how you can get medical care delivered right to your desktop! Go to: <http://info.kelsey-seybold.com/evisit>.**

Important Plan Information

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 large portion 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 \$3,700.

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 40% of the price (excluding

the dispensing fee and vaccination administration fee, if any), and 51% 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 \$4,950.

STAGE 4 - CATASTROPHIC COVERAGE STAGE

You enter catastrophic coverage when your TrOOP (true-out-of-pocket) costs are \$4,950. 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 \$3.30 or 5% for a generic medication.
- The greater of \$8.25 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 10% and you pay the remaining 40% for your brand drugs.

3. You also receive some coverage for generic drugs on Tier 2 and Tier 5. The plan pays 49% of the price for generic drugs and you pay the remaining 51% 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 Monday through Friday from 8:00 am-8:00 pm, at 713-442-CARE (2273) or 1-866-535-8343. TTY/TDD users should call 1-866-302-9336.

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 require a prior authorization, or medications that are covered but come in a higher dose than the maximum daily dose allowed by the plan. A “transition supply” waives these restrictions so you can get your medication without any interruption to your treatment. It also gives you time to discuss options with your doctor.

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,” you can also expect a letter explaining the reason for it 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.” That means the plan continues to provide coverage for the medication as long as 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 2017?*

A. If you were a member last year, you should have recently received your member materials for the new benefit year beginning January 1, 2017. The 2017 Abridged Formulary was enclosed with the 2017 Annual Notice of Change/ Evidence of Coverage documents. Please review the 2017 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,



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please visit our website at www.kelseycareadvantage.com or call Member Services to request a copy of the Comprehensive Formulary. We can be reached Monday through Friday from 8:00 am - 8:00 pm, at 713-442-CARE (2273) or 1-866-535-8343. TTY/TDD users should call 1-866-302-9336.

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 guaranty of treatment, outcome, or cure.