CENTRAL HEALTH MEDICARE PLAN

2014 Volume 1

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CENTRAL HEALTH

E-NEWS

PROVIDER NEWSLETTER PUBLISHED BY CENTRAL HEALTH MEDICARE PLAN

Table of Contents

Central Health Medicare Plan Benefits

Central Health Plan is proud to announce that we received the Senior Choice Gold Award for Excellence in Medicare Benefits in Los Angeles County and Orange County *for the fourth consecutive year.*

Additionally, all three plans offered by Central Health Plan include supplemental benefits that are not available under Original Medicare. Supplemental benefits for plan members include:

- **Comprehensive Dental coverage through DeltaCare USA, provided by Delta Dental of California**
- **Vision coverage that includes a $0 co-pay for an exam and allowance for eyewear**
- **Hearing coverage that includes a $0 co-pay for an exam and allowance for hearing aids**
- **$50,000 coverage for Worldwide Emergency and Urgent Care services**
- **Up to 40 one-way trips for non-emergency medical transportation to plan-approved locations**
- **Up to $40 monthly reimbursement for Gym Membership/Fitness Classes**
- **A monthly allowance for qualifying Over-The-Counter drugs**
- **Erectile Dysfunction drugs with a $50 co-pay for one-month supply (maximum benefit rule applies)**

Central Health Plan is committed to providing the highest standards of services in health care.

Medicare Advantage membership is growing

In the U.S., enrollment in Medicare Advantage plans has climbed from 11.1 million members in 2010 to 14.4 million in 2013 – a 30 percent increase. In 2014, Central Health Plan grew over 25% due to our excellent benefits and the efforts of our extensive network of contracted agents and brokers. As more and more seniors learn about the many benefits of joining Medicare Advantage plans, we expect to see strong enrollment growth to continue for years to come.

Star ratings are becoming critical to success

Several years ago, the Centers for Medicare and Medicaid Services (CMS) designed a star rating system for Medicare Advantage plans that measures plan quality based on a variety of different factors. Plans rely heavily on clinical data submitted by physicians to boost their star ratings, which can be particularly challenging for plans if their physicians do not have the technological or staffing resources to document and submit the data required. Plans also rely on their members to proactively complete preventive health screenings that are recommended by CMS. Because star ratings impact the amount of funding that plans receive to offer supplemental benefits, many plans have initiated new programs to help improve their rating. For example, Central Health Plan designed a physician incentive program that enabled primary care physicians to earn bonuses up to $400 per patient for completing preventive health screenings. We also opened wellness centers where members could receive screenings from our clinical staff, and gave rewards to members who completed all of their annual screenings. When plans increase their star ratings, they are able to offer more supplemental benefits to their members.

Health plans are focused on coordinating care

Although all HMOs coordinate care to some extent, recently many plans have begun focusing more and more on patient-centered care that actively involves the patient, their family, and their medical providers in designing and maintaining the patient's care. Care coordination has essentially become similar to a new supplemental benefit or selling point that more and more members look for when selecting a plan. At Central Health Plan, we have implemented an evidence-based model of care called Geriatric Resources for Assessment and Care of Elders (GRACE). Our GRACE program involves a team of doctors, nurses, social workers, and pharmacists that work collaboratively to serve our most vulnerable members by developing individual care plans with weekly updates on patients' progress. The GRACE team visits members in their homes and coordinates with the patients' primary care physician, family, and other caregivers to track changing care needs, and we help our members leverage social services that are available from within the community or other programs. Our early results show that the personal touch has paid off; since we initiated the program, our members have had fewer emergency room visits, fewer hospital admissions, and high levels of patient and provider satisfaction. As members hear more about coordinated care within HMOs and are able to experience the benefits first hand, they may have more questions for you about the care management programs different plans offer.

Standards for Accessibility of Providers

Accessibility is the timeliness within which a member can obtain available services. CHMP's standards are realistic for the community, and are prioritized according to the clinical urgency of the situation.

1) Specific standard time frames for primary care and specialty appointments are as follows:

a. Routine appointments	7 days
b. Preventive care appointments	30 days
c. Urgent care appointments	Within 24 hours
d. Emergent care	Immediate
e. Specialist Consultation Non-urgent	Within 14 calendar days
f. Specialist Consultation Urgent	Within 24 hours
g. Office Waiting Time	Within 15 minutes of appointment

2. Specific time frames for behavioral health appointments are as follows:

a. Routine office visit	Within 10 working days
b. Non-life threatening emergency care	Within 6 hours
c. Urgent care	Within 48 hours

3. Specific time frames for dental appointments are as follows:

a. Urgent appointment within network	Within 72 hours of request
b. Non-urgent appointment within network	Within 36 business days
c. Preventive dental care	Within 40 business days

4. Telephone access standards for PCP offices are as follows:

a. Average wait time on hold	30 seconds or less
b. Answering Service	24/7 including weekends & holidays

5.

a. Access to Triage/Screening Services by Telephone	24hrs. a day/7 days a wk.
b. Waiting Time to access Triage/Screening Services	Within 30 minutes
c. Waiting Time to Schedule Appointment	Within 30 minutes

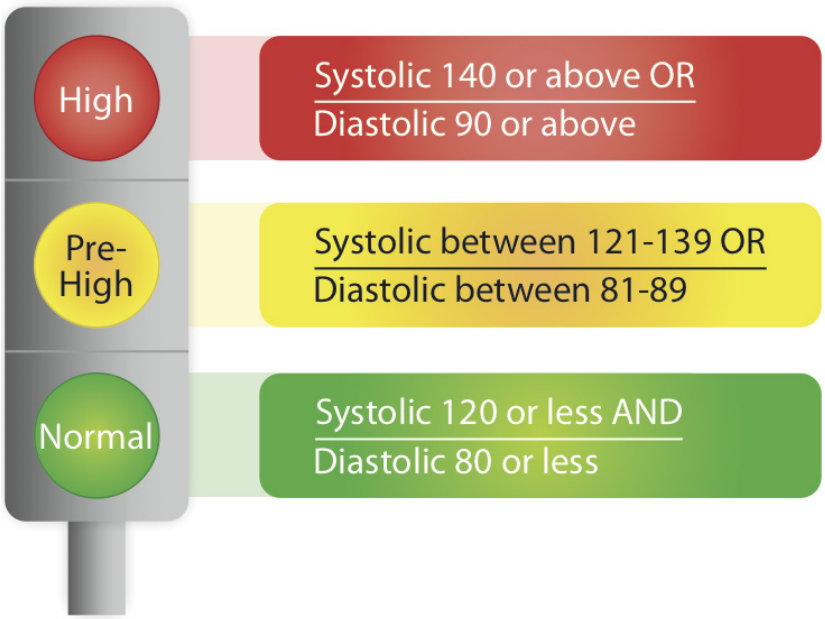
Controlling High Blood Pressure

Central Health Medicare Plan (CHMP) is exhorting all PCP's to adequately control our members' hypertension. As healthcare professionals, we all know this silent killer need not be so and is controllable. Please encourage your members with hypertension to keep to their diet low in salt, exercise regularly, and adhere to appropriate medication in order to control and prevent the complications of hypertension. This is also an important quality measure that is being measured by CMS on how you and your IPA are controlling our members' hypertension.

Controlling High Blood Pressure (CBP) is one of the measures Central Health Medicare Plan (CHMP) also uses to calculate your IPA's Star rating.

CBP is the easiest HEDIS measure to fulfill among the CMS Star measures because it requires only two notations in the patient's medical record; a diagnosis of HTN on or before June 30, 2013 and a follow up BP. However, the latest BP recorded for the year must be <140/90 to qualify as controlled.

More information about the other Star measures will be mailed to you shortly. We hope that our cooperative efforts will result in better health outcomes and greater satisfaction for our mutual members.



CAHPS Satisfaction Surveys

Every year a survey is mailed by CMS to randomly selected plan members asking them to rate their experiences with the services provided by our health plan and the care given by their doctors. This survey is the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). **The quality of your interaction with our members is reflected in their responses to this survey.**

Members are asked to evaluate their experiences with:

- Getting appointments quickly.
- If they were seen within 15 minutes of their appointment time.
- If their phone calls were answered or returned within less than an hour, especially after office hours.
- How well you explained things to them, and if you offered any preventive/screening.
- Being heard with respect. Did you listen respectfully, spend enough time with them?
- Did you talk about the medications they are taking?
- How soon are they informed of lab/x-ray results?
- Coordination of care – Did you or your staff help the member facilitate referrals, lab requests? Were you informed of the care or services a member received from other facilities/practitioners like results of labs, diagnostic tests, reports from specialist consults, ED visits, or hospital discharge summaries?

Each of these surveys gives us a snapshot of how satisfied our members are with your services and with Central Health Medicare Plan. They also compare the satisfaction level of our members with that of members enrolled in other local and national health plans.

We look to you as practitioners to help us succeed in increasing our CAHPS score. We hope that the manner in which you care for our members will be positively reflected in their survey responses. Your service and our members' opinions of your service are very important to us!

Medicare Health Outcomes Survey (HOS)

Between April and August of every year, CMS mails the Health Outcomes Survey (HOS) to randomly sampled plan members. HOS asks questions about members' physical and mental health status at the beginning (Baseline) and the end (Follow-up) of a 2-year period. The changes in scores for the period are calculated and the members' physical and mental health status is categorized as better, same or worse than expected. CMS uses these scores as part of the Stars rating for the Plan and the Plan in turn, uses these to calculate the Stars rating for the IPA therefore affecting capitation.

Members are asked about:

- Their level of general, physical, and emotional health, and how many days they felt "not good"
- The level of difficulty in accomplishing daily activities and instrumental activities of daily living
- Pain; how much and how often it interferes with daily routine and social life
- Specific symptoms of depression like lack of energy, feeling "blue", lack of pleasure or interest
- Problems with memory, concentration, decision-making, managing money or medications
- Problems with urine leakage, balance, driving, walking or falls
- Whether the doctor gave treatment/advice about exercise, urine leakage, fall prevention, bone density test, or smoking cessation

These surveys measure how our members rate the improvement/deterioration of their health as a result of the care they receive from you and the Plan. We agree they are subjective measures and this is where good patient-physician relationship and rapport come into play. Please take the time to address the above issues with your patients.

We look to you as practitioners to help us succeed in increasing our HOS scores. We hope that the manner in which you care for our members will be positively reflected in their survey responses. Your service and our members' opinions of your service are very important to us!

Your Role Counts In How Our Members Rate Us!

Senior Choice Gold Award

Central Health Plan of California is proud to announce that Central Health Medicare Plan (HMO) has been awarded the prestigious 2014 Senior Choice Gold Award for "Excellence in Medicare Benefits Value" in Los Angeles County and Orange County. This marks the fourth consecutive year and the fourth time over the last six years that this honor has been bestowed upon our plan.

The recognition was made by HealthMetrix Research, a national independent managed care research firm, which compares Medicare Advantage plans across the U.S. on an annual basis. HealthMetrix Research awards one plan in each major market for having the best overall value by estimating the out-of-pocket costs for beneficiaries based on health status categories (healthy/episodic/chronic) and corresponding utilization of the most common health plan benefits (physician office visits, emergency care, hospital care, home health visits, prevention care, prescriptions). Central Health Medicare Plan came in first against all other plans in the Los Angeles County and Orange County markets by having the lowest estimated annual out-of-pocket costs in 2014.

In announcing the award, HealthMetrix Research and MedicareNewsWatch.com president Alan Mittermaier pointed out the importance of the award for Medicare beneficiaries: "This award responds to the concerns and uncertainties that beneficiaries have with the out-of-pocket costs incurred when they enroll in a Medicare Advantage plan. Central Health Medicare Plan has demonstrated a commitment to delivering maximum value in the design of their plan benefits, copayments, deductibles, and premiums. We believe that informed beneficiaries can rely on this award as an indication of excellence just as they rely on other awards and consumer ratings that recognize excellence in quality of care, health outcomes and member satisfaction."

For more information on the award and the full press release, please visit www.MedicareNewsWatch.com.

CHMP Language Assistance

Interpreter Services

Having professionally trained interpreters and bilingual health care providers can bring positive impact to the overall satisfaction and quality of care for patients with Limited English Proficiency (LEP). Central Health Medicare Plan provides free interpreter services to assist providers to communicate with LEP patients and ensure their understanding of the care they receive. Below are some of the interpreting services provided by Central Health Medicare Plan.

Free interpreting Service

Telephonic Interpreting Service is available 7 days a week from 8:00AM TO 8:00PM (PST). Your office/or member may contact Member Services Department at 1-866-314-2427 and a contracted vendor will be connected right away over the phone.

On-site Sign Language Interpreting Service

Sign language assistance service can easily be arranged for our members upon request. Please contact our Member Service Department at least five (5) business days prior to the patient's appointment date.

Access for TTY/TDD

Text Telephones (TTY), also known as Telecommunications Device for the Deaf (TDD), is used by the deaf, hard of hearing, and individuals with speech impairments to communicate. It is a special device that allows these individuals to use the telephone to communicate, by allowing them to type messages back and forth to one another instead of talking and listening. A TTY machine is required at both ends of the conversation in order to communicate.

Central Health Medicare Plan uses our own TTY number for all perspective and current members. The use of TTY services enables Central Health Medicare Plan to comply with the law by extending service offerings to people who are deaf, hard of hearing, or speech impaired. Please do not confuse the TTY/TDD line with the regular Central Health Medicare Plan Member Services toll free number 1-866-314-2427.

TTY/TDD toll free number: 1-888-205-7671

2014 PCP Incentive Program

Central Health Medicare Plan (CHMP) received 3.5 Star in 2014 and is aiming even higher!

CHMP would like to invite our primary care physicians to join our newest incentive program. You can earn extra money directly from CHMP by completing Star measures for our members!

Helping our members complete their Star measures can add up for **EACH** Medicare or Medi-Medi patient!

The easiest way for PCPs to participate is by creating an account on Central Provider Access at **https://www.centralhealthplan.com/cpa** to make submissions on-line. You can also participate by submitting our streamlined 1-page form on paper before January 09, 2015.

No.	Changes	Measure (s)
1	Added	Diabetes Management: Medication Adherence for Oral Glycemic Medications, Medication Adherence for ACEI, ARB, and Renin Inhibitors (RAS Antagonists), Medication Adherence for Statins
2	Removed	Flu Vaccination, Glaucoma Screening, Rheumatoid Arthritis Management, Osteoporosis Management in Women, CVD Cholesterol Control
3	Modified the age range to include all ages	Improve Bladder Control

For questions or additional information, please contact our Star Department at:
Tel: (626) 388-2390 ext. 2221 / Fax: (626) 388-2381 / Email: star@centralhealthplan.com

Central Health Wellness Centers

PCPs can also receive ***full incentive amounts*** for any Star measures completed by our Central Health Wellness Centers for CHMP members in 2014.

The Wellness Centers may complete following Star measures and other services:

- **Mental health screening**
- **Monitoring physical activities**
- **Urinary incontinence screening and giving advice or brochures**
- **Fall prevention education**
- **BMI measurement**
- **Colon cancer screening by giving take-home FOBT kit**
- **Blood pressure measurement**
- **Ordering lab tests (depending on IPA)**
- **Ordering diabetic eye exam, colonoscopy, or mammogram (depending on IPA)**
- **Medi-Medi measures**
- **Flu vaccination (has limited amount so first come first serve).**
- **Ultrasound bone density scan**
- **FloChec Ankle Brachial Index**

The Wellness Centers will forward the report and the test results to PCPs. It is the PCP's responsibility to follow-up with each member and to review the results. The Wellness Centers are located:

- **17595 Almahurst St., 101-1, City of Industry, CA 91748**
- **806 S. Garfield Ave., Alhambra, CA 91801**

The Wellness Centers **do not accept walk-ins.** If you would like your members to visit our Wellness Centers, please have them call (626) 964-4200 to make an appointment. (Office hours: 9:00 a.m. – 5:00 p.m., Mon – Fri).

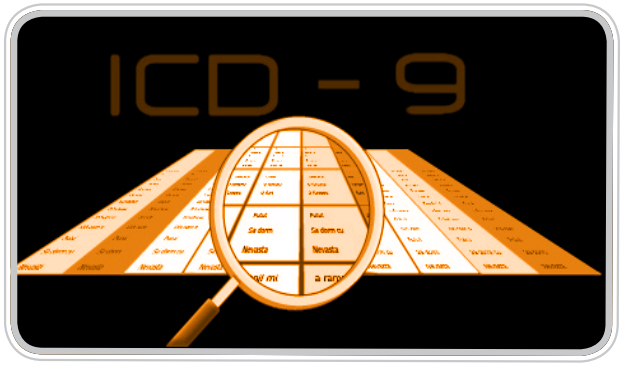
High Risk Medications in the Elderly

Central Health Medicare Plan (CHMP) is committed to improving medication safety and quality of care among our Medicare members. We ask that you, our providers, join us in efforts that reduce unnecessary use of high risk medications (HRMs) in older adults. We recognize that prescribing and managing conditions should be individualized. Therefore we ask you carefully evaluate whether it is appropriate to use an HRM.

The use of HRMs in older adults is an NCQA, HEDIS and CMS star ratings measure. This measure was adapted from the HEDIS Drugs to be Avoided in the Elderly (DAE) measure. The HRM measure identifies the percentage of adults over the age of 65 who receive medications with a high risk of serious side effects.

Non-benzodiazepine hypnotics such as Ambien, long duration sulfonylureas such as glyburide and muscle relaxants are included on the list of HRMs. These medications top the list of HRMs prescribed in our Medicare population, and **the rate of prescribing for these drugs is higher than the national average.**

Shown below is a clinical tool developed to assist providers in improving medication safety in the elderly. Our purpose is to inform clinical decision-making concerning the prescribing of medications for elderly in order to improve quality of care and safety. The goal of this clinical tool is to reduce older adults' exposure to high risk medications. This should be used as a guide for identify medications for which the risks in older adults outweigh the benefits associated with the drug therapy. This list is not meant to take the place of your clinical judgment. If you are not able to find an alternative, designation of the medication as high risk in older adults can serve as a reminder for close and continued monitoring. A comprehensive list can be found on the NCQA HEDIS website at:*www.ncqa.org/Portals/0/Newsroom/SOHC/Drugs_Avoided_Elderly.pdf*



If you have questions regarding "High-Risk

Medications" or recommended formulary alternatives, please contact CHMP Pharmacy Department at (626) 388-2390 and choose option 3, option 4.

High-Risk Medications		
Description	**High Risk Medication (Brand Name)**	**Recommendations/ Formulary Alternatives**
Non-Benzodiazepine Hypnotics	**Zolpidem (Ambien)** **Zaleplon (Sonata)** **Eszopiclone (Lunesta)**	**Avoid chronic use (> 90 days).** Recommend sleep hygiene techniques
Sulfonylureas- Long Duration	Chlorpropamide **Glyburide** - include glyburide-metformin.	**Avoid glyburide. Switch to glipizide.** Glyburide is associated with higher risk of severe prolonged hypoglycemia in older adults.
Anti-infective	**Nitrofurantion** (>90 days supply)	Sulfamethoxazole/ trimethoprim (SMP-TMP DS), ciprofloxacin, or cephalexin
Cardiovascular, other	**Digoxin (>0.125mg/day)**	Limit use to no more than 0.125 mg of digoxin per day
Endocrine	**Megestrol** (Megace)	Avoid
Non_COX_selective_NSAIDS	**Indomethacin (Indocin)**	**Mild pain:** OTC acetaminophen **Moderate to severe pain:** Consider short-term, low dose use of APAP/codeine, hydrocodone/APAP, tramadol
Skeletal Muscle Relaxants	Carisoprodol (Soma) **Cyclobenzaprine (Flexeril)** Metaxalone (Skelaxin) Methocarbamol (Robaxin)	baclofen, tizanidine
Tertiary_TCAs	**Amitriptyline** Clomipramine (Anafranil) **Doxepin (>6mg/day)** **Imipramine** (Tofranil-PM, Tofranil)	**Neuropathic pain:** gabapentin, Cymbalta, Lyrica **OCD:** fluoxetine, paroxetine, sertraline, fluvoxamine, **Depression:** citalopram, fluoxetine, paroxetine, sertraline, venlafaxine; limit use to no more than 6mg of doxepin per day

The Rise of Medical Identity Theft

In January of 2014, the Identity Theft Resource Center presented results from a survey indicating that medical identity theft accounted for 43% of all identity thefts reported in the United States in 2013. The U.S. Department of Health and Human Services (HHS) says that since it started keeping records in 2009, the medical records of between 27.8 - 67.7 million people have been breached.

Even with medical identity theft already so widespread, the current landscape is doing no favors to counter the fears of medical identity theft. There are questions about whether the problems that occurred during the rollout of the Federal and State exchanges could lead to compromised medical information. And even with the growing concerns about network security and leaks, HHS is still incentivizing a move towards electronic medical records for higher level of efficiency and lower costs.

According to HHS, more than half of medical-related security breaches can be attributed to the theft of a computer or other electronic device. About 20% of medical identity thefts result from someone gaining unauthorized access to information or passing it on without permission. Only 14% of breaches can be attributed to hacking.

Two federal laws govern the privacy of medical records: the Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology (HITECH) Act. They lay out what health care providers and organizations are required to do to protect patient confidentiality. On top of the federal laws, all 50 states have their own set of privacy laws. California follows the Confidentiality of Medical Information Act (CMIA) which can be stricter in certain areas. If State law is stricter than Federal law, then State law applies.

For example, California requires prior written authorization for disclosure of certain types of sensitive information such as drug and alcohol treatment records and HIV status and test results.

Breach notification laws are also more stringent. Under California law, a clinic, health facility, home health agency, or hospice must notify the patient of a breach within 5 days after the breach has been discovered. Finally, in California, notification is required if electronically stored personal information is reasonably believed to have been acquired by an unauthorized person in a system breach.

HHS can fine organizations covered under HIPAA with civil monetary penalties that range anywhere between $100 and $50,000 for each privacy violation, up to a maximum of $1.5 million per year. Any person who violates HIPAA, knowing that they will violate the law, will be faced with criminal fines of $50,000 and up to a year in prison. And if the person tried to sell the information for money, personal gain or to harm another person, that person could face a $250,000 fine and up to 10 years in prison.

Here are some of the examples on how medical information were improperly obtained and used, according to information collected by World Privacy Forum:

- A Massachusetts psychiatrist created false diagnoses of drug addiction and severe depression for people who were not his patients in order to submit medical insurance claims for psychiatric sessions that never occurred. One man discovered the false diagnoses when he applied for a job. He hadn't even been a patient.

- An identity thief in Missouri used the information of actual people to create false driver's licenses in their names. Using one of them, she was able to enter a regional health center, obtain the health records of a woman she was impersonating, and leave with a prescription in the woman's name.

- An Ohio woman working in a dental office gained access to protected information of Medicaid patients in order to illegally obtain prescription drugs.

- A Pennsylvania man found that an imposter had used his identity at five different hospitals in order to receive more than $100,000 in treatment. At each spot, the imposter left behind a medical history in his victim's name.

- A Colorado man whose Social Security number, name and address had been stolen received a bill for $44,000 for a surgery he not undergone.

To refer potential cases of medical identity theft to the Compliance Department, please contact us at compliance@centralhealthplan.com or you may make an anonymous referral to our hotline at 626-388-2392.