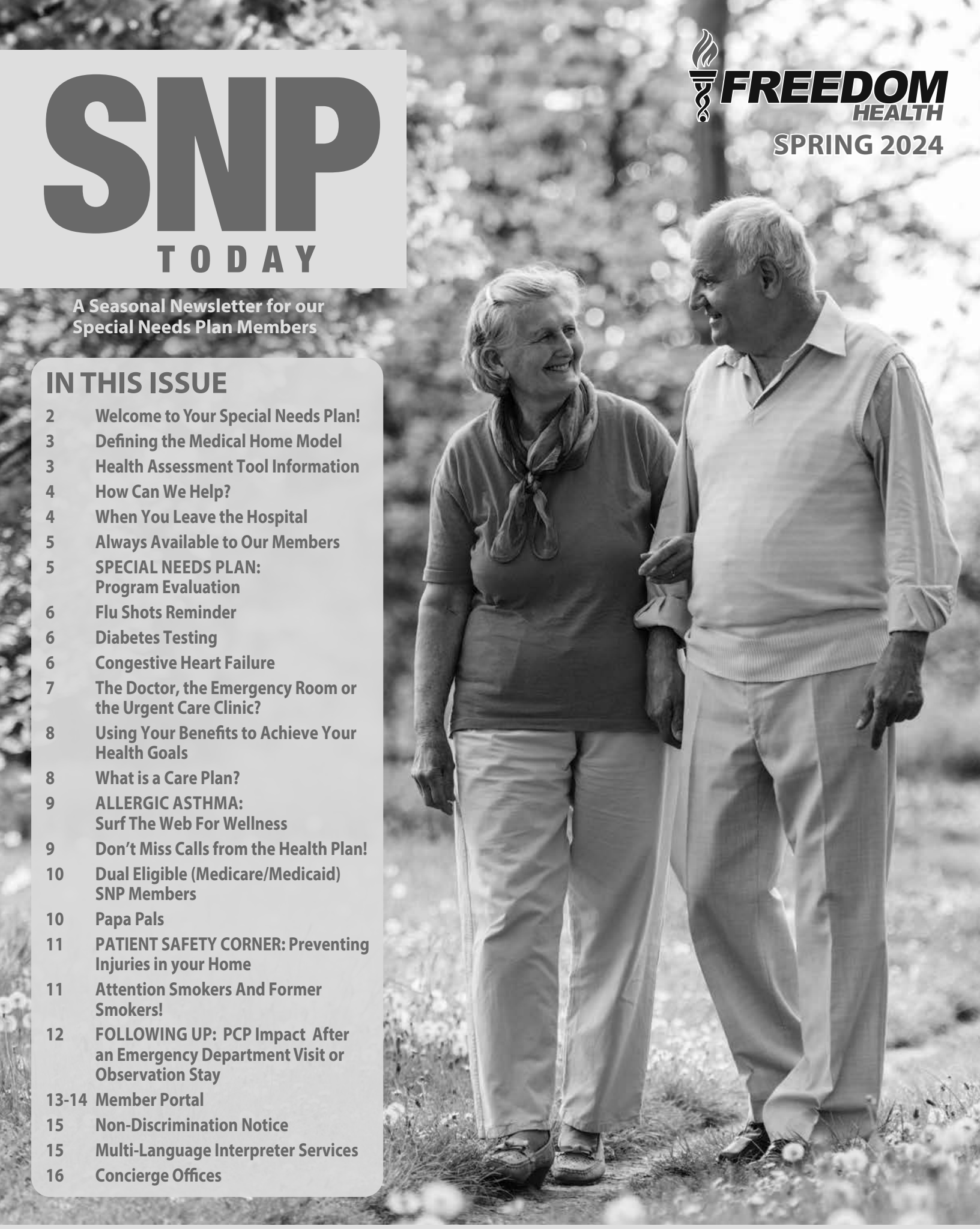
SNP TODAY

FREEDOM HEALTH

SPRING 2024

A Seasonal Newsletter for our Special Needs Plan Members



IN THIS ISSUE

Welcome to Your Special Needs Plan!

What is a Special Needs Plan?

Special Needs Plans were developed by Medicare so that people with certain diseases would receive certain services that would help them better take care of their disease in order to stay healthier and more active. Special Needs Plans also support people who have Medicaid along with Medicare.

How did I qualify to be part of a Special Needs Plan?

You became a part of a Special Needs Plan when you enrolled and said that you had a certain disease or that you had both Medicare and Medicaid. The Plan then verified this with your doctor or Medicaid, and you became eligible to enroll.

What is my Primary Care Physician responsible for when I am a part of this Plan?

- Your Primary Care Physician (PCP) is your Medical Home and is responsible for managing all of your health and to make certain you are getting all the medically necessary services you need to better take care of yourself.
- Your PCP is responsible for making sure that your care follows certain accepted guidelines or medical practices that have been developed by specialists in the field of your disease.
- Your PCP is responsible for making certain that your care follows a "Care Plan" that has been developed to better manage your healthcare.
- It is important to see your PCP regularly and at least annually, even if you have no changes in your health status. This will help your PCP to better manage your care.

What information will I receive?

Educational Material

This will be sent to you within the first three months of coming on the Plan. This will include information about your specific disease and suggestions on how to best manage your healthcare. Please read this and take it with you to your PCP appointment if you have any questions. These suggestions, if followed, may help keep you out of the hospital.

Quarterly Educational Information

About every three months, you will receive another educational mailing with pertinent tips on helping you stay healthy.

Newsletter

Twice a year you will receive a Special Needs Plan Member Newsletter that will have even more helpful information for you to manage your care.

Defining the Medical Home Model

Optimum HealthCare utilizes a Patient- Centered Medical Home model in delivery of your health care. This means that you and your Primary Care Physician (PCP) are partners in your care. The goal is for you to:

- Have an approach to care considering you as a whole person, not just your condition.
- Receive coordinated care with other providers.
- Get high quality care. Your doctor's recommendations are based on sound clinical practices.

Your PCP takes responsibility for your care. The PCP also ensures that you have access to the services you need. This is to help prevent complications and better manage your health. Everyone is different. Your needs are based on your medical condition. Care is based on:

1. **Where** the treatment should occur
2. **When** it is needed
3. What **type** would best work for you and your medical condition(s)

As a Health Plan Member, this means that you need to coordinate with your PCP for all of your health care concerns.

- It is a good idea to make an appointment shortly after you select your PCP. It is best to establish a relationship up front before you have a problem. It is important that you and your PCP talk about your health care goals. You both need to know what is reasonable for you to meet your goals. It's best to do this when you don't have to worry about how sick you feel.
- You should also see your PCP as soon as possible after you have had a hospital stay or visit. This means a discharge from a hospital, observation visit, or emergency room (ER) trip. It is the best way for your doctor to understand what changed in your health that led you to the hospital. It's also a good time to discuss how you are feeling after discharge. You can get any questions answered about things to watch for such as medication issues. You and your PCP need to understand what happened in order to prevent another stay or ER visit. You should also discuss what you would do differently next time to avoid the hospital visit, if possible.

If you need help making a PCP appointment, staff at Optimum HealthCare can help. Call the number for Member Services on your member identification card.

Case Management nurses can also assist you if you are having trouble managing your health care after discharge. They can be reached Monday through Friday from 8 am - 4 pm EST. Call **1-888-211-9913**.

Health Assessment Tool Information

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

Your time is valuable, and we want to express our gratitude to you for taking the time to complete the Health Assessment. The information you share with us is very important. Filling out the Health Assessment Tool and mailing it back in the provided pre-paid envelope can avoid additional reminders from the Health Plan (by phone and mail).

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

- It gives us an opportunity to identify benefits that we think can help you achieve your health goals.
- It helps us to determine if you might benefit from a phone call from a nurse or social worker. Many members have experienced the advantages of participating in Case & Disease Management.
- Your responses influence the development of benefit plans. Your health needs and goals help us determine what's most important to our members.
- Your responses will generate a Health Appraisal Profile. This profile helps you identify potential risks as well as resources to overcoming barriers. As you continue to complete your annual Health Assessment Tools each year, you will see how your health compares to your previous responses. It's a great way to track your progress toward achieving your health goals.
- In addition to being a requirement implemented by the Centers for Medicare & Medicaid Services, we have seen how much completed tools help our members.

Quicker & Easier To Complete Your Health Assessment Tool

We love it when we can simplify things for our members. It is now easier and quicker to complete your Health Assessment Tool. We added a feature on the Health Plan Member Portal where you can log in and complete the form online. By following these easy steps, the Plan can avoid having to reach out to you by phone and mail to remind you to complete the form.

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How Can We Help?

Our Case Management Department is staffed with Nurses, Social Workers, and a Dietitian to assist you with your needs. Nurses called Case Managers, Social Workers, and our Dietitian can assist you with managing your medical care and identifying financial assistance programs.

Case Management services are included in your Plan benefit package. When the situation becomes too much for you, our Case Management department can help. Maybe you need a transplant, are dealing with a cancer diagnosis, or have a wound that isn't getting better. Perhaps you notice that you are starting to fall more often. Our goal is to assist you in managing your treatment plan.

Nurses can also help when questions arise about your chronic conditions. This could be about diabetes or heart disease, for example. Our nurses help you manage your condition in your everyday life. Their goal for you is to prevent further complications.

Social Workers can help identify assistance programs that are available in your local community. They can direct you to programs that can help you with deductibles for medications and medical care. They are also skilled at finding resources to assist with various other financial needs. Our Social Workers are eager to help you identify ways to help you meet your goals and avoid further complications.

The Dietitian can offer healthy eating tips, suggestions for meals, and more. They can help you get started on eating healthier to reach your healthcare goals.

If you believe you could benefit from speaking with a Nurse Case Manager, a Social Worker, or a Registered Dietitian, please contact the Case Management Department toll free at **888-211-9913 or TTY/TDD: 711**. Hours are Monday through Friday, 8:00 a.m. to 4:00 p.m. EST.

When You Leave the Hospital

You may need additional help after discharge. While in the hospital your case manager or discharge planner helps you plan for going home. You and your home caregiver need to take part in the planning process. Everyone involved needs to know the discharge plan so it can work. This includes what to expect. Don't hesitate to speak up and ask questions. You need to know what help will be provided to you once you are home, if any. This could be a home health nurse visit or wound supplies. It could also be a walker or the delivery of ready to eat meals.

Make sure to ask questions before you leave the hospital. Your understanding of the instructions can affect how well you do at home. It could also help you to avoid problems once you are home.

Things to know before you leave the hospital:

1. **The date when you are expecting to leave the facility.** Plan ahead for the discharge home. Do you have a ride?
2. **What to expect when you get home.** What will you be able to do? It's great to have a second person there when the nurse reviews the instructions with you.
3. **Who will support you at home?**
4. **How will you manage grocery shopping, cooking and getting medications filled?**
5. **Ask before you go home, what type of problems should you call for?** The nurse or doctor will review this with you before you leave.
6. **The name and phone number of who you should get in touch with in case there is a problem with what was planned.** Your Primary Care Physician (PCP) will want to know too.
7. **Understand your medicines before you leave the facility.** This includes understanding why they changed, why you are taking them, when to take them and side effects of which to be aware.
   a. If you can't afford to pay for your medicine or can't get to the pharmacy, let the hospital nurse or discharge planner know before you go home.
   b. Call your doctor if you stop taking medicines for any reason. The PCP will want to know if you are nauseous or they make you dizzy.
   c. Do you have the needed supplies for dressing changes?
8. **Any discharge tasks for you or your caregiver.** This could be dressing changes or weighing yourself daily. Know how to do them. Make sure you can do the task. Let the hospital nurse know if you don't think you can do it.
9. **Make a follow-up appointment with your PCP within 7 days of going home.** Your PCP will want to see you. The PCP will want to review your plan of care too and review your medications with you. It is very important for your doctor to review the medications with which you were discharged. They may need to be adjusted. You should know when to call to report problems.

Always AVAILABLE to Our MEMBERS

Freedom Health 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.freedomhealth.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, and Abuse:
Quick Links -> Fraud, Waste, and Abuse

Grievance & Appeals:
Quick Links-> Grievances & Appeals

Medical Record Standards:
About Us -> Utilization & Quality -> Medical Record Standards

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 Link-> Privacy Practices

Quality Management Programs:
About Us-> Utilization & Quality-> Quality Management

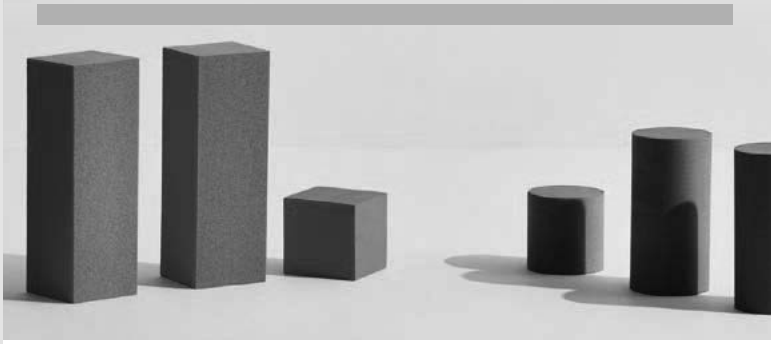
Quality Management Performance:
About Us -> Utilization & Quality-> Quality Management -> Monitoring Quality

Utilization Management Programs:
About Us-> Utilization & Quality-> Utilization Management

UM Decisions:
About Us-> Utilization & Quality-> Utilization Management

SPECIAL NEEDS PLAN

Program Evaluation



You are receiving this Health Plan newsletter because you are currently enrolled in one of our Special Needs Plans (SNP). A SNP is a Medicare Advantage Plan designed for members with special healthcare needs. These members often benefit from focused care coordination. SNP benefits are designed to meet the unique needs of our members.

In our SNPs, the Primary Care Physician (PCP) has the responsibility for each member's medical care. We refer to this as PCP Medical Home. Not all medical care is provided by your PCP; however, the PCP is responsible for all the care and services you receive. The PCP provides access to specialists and therapists. This is done through the Plan's referral process. The PCP also requests all other services via the Plan's pre-certification process.

Every SNP Plan has a specific SNP Model of Care program (MOC). This program specifies quality metrics and goals. Goals are based on the following:

- National benchmarks
- Centers for Medicare and Medicaid Services (CMS) Star Score thresholds
- Internal benchmarks based on historical performance

Routinely, the Health Plan reviews the SNP Model of Care programs and SNP Quality Workplan for effectiveness. This is accomplished through the SNP Program Evaluation.

The 2023 SNP Evaluations were recently completed. Results indicated a successful year for all our SNP MOCs. Outcomes show many goals were met and many made good progress. Unmet goals were reviewed for improvement opportunities to work on in 2024.

FLU SHOTS

Don't forget to get your flu shot since there is no cost to Medicare members. Just show your Health Plan identification card. The flu, also known as influenza, can cause significant illness or even death in young children, young adults, pregnant women, older adults and people with chronic illnesses.

It will take at least two weeks after the vaccine is given to provide protection against the viruses. The vaccine protection will last throughout the flu season. It is best to get your flu shot as early as it is available for the best protection when flu activity is highest.

CVS, Walgreens, Publix, and many of our other participating pharmacies offer the flu vaccine. For example, Walgreens Pharmacies (where you can register beforehand at www.Walgreens.com) and CVS Minute Clinics offer flu shots daily with no appointment necessary. However, please call the pharmacy in advance to ensure that they have a supply of the vaccine on hand.

Other pharmacies in the Health Plan network also provide flu shots at no cost to Medicare members. For a listing of other participating pharmacies, please contact our customer service department at **1-800-401-2740 or TDD/TTY: 711.** You can also access our online provider directory at **www.freedomhealth.com.**

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

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

Diabetes Testing

If you have diabetes, or have a family history of diabetes, you should speak with your doctor about getting a Hemoglobin A1c (HbA1c) test. This is a simple blood test that can help in achieving control over diabetes. The test provides you and your doctor with information on your average blood sugar level over the past 2-3 months. Most doctors will recommend that an HbA1c test be completed two times per year for patients that have diabetes. You might also be asked to test your blood sugar at home.

A helpful benefit that your Health Plan offers is the ability to order certain diabetic testing supplies. You can have them delivered right to your door! This is done through the Plan's Mail Order Program. You might be able to get your supplies for free! Your Plan may also include benefits for other over-the counter (OTC) supplies. The benefits you have will vary depending on which Plan you chose at enrollment. To find out more about your available benefits or place an order, call the Plan's OTC department at **1-866-900-2688 (TTY: 711)** or sign into the member portal. or sign into the member portal.

Congestive Heart Failure

Congestive Heart Failure, or CHF, is a disease that affects more than six million people in the United States. CHF is a disease affecting the heart muscle. It decreases the heart's ability to sufficiently pump blood. The condition can be treated by your primary care doctor, or you may be referred to specialist for treatment. Common treatment for CHF consists of a diet that is low in sodium (salt), closely monitoring your weight, and taking medications as prescribed. When discussing your health with your doctor be sure to mention all the medications that you are currently taking. Some medications can make CHF worse.

Daily exercise as directed by your doctor, a closely monitored diet, and taking your medications can help you to live a healthy life with CHF and feel good. The Health Plan also has nurses that can help provide you with information on managing your CHF. If you would like to talk with one, call the Case and Disease Management Department 8:00 a.m. to 4:00 p.m. EST at **1-888-211-9913 or TTY/TDD 711** Monday through Friday.

The Doctor, the Emergency Room or the Urgent Care Clinic?

How do you decide? How can you take care of yourself and avoid the emergency room?

It is best to have a plan on how and where to seek treatment before you need to make the decision. Provided below are descriptions of the types of care provided and where they are provided. It is important to use the right provider for the right injury/illness to avoid unnecessary cost.

DOCTOR OR PRIMARY CARE OFFICE

What it is: Primary care doctors are available during regular office hours. Sometimes they offer evening appointments and some allow walk-in visits. You will have better care if you see the same doctor regularly since your doctor will know you and your health conditions. It also helps if your medical records are readily available.

When to go: For preventive care, or when you have a medical problem or concern. When a minor illness or injury strikes, you should first seek treatment from a primary care doctor at his or her office. Most doctors' offices offer same day visits when you are sick. When you call for an urgent visit, make sure you explain your medical situation or how it has changed since you last were seen in the office. Don't wait until you feel really bad to call. You might feel better sooner.

Consider the cost: This is the lowest cost option for most routine care and preventive services.

EMERGENCY ROOM

What it is: An Emergency Department is there to save lives. An emergency is any medical problem that could cause death or permanent injury if not treated quickly. An emergency department is open 24 hours a day, seven days a week, 365 days a year.

When to go: During a health episode that can lead to death or permanent injury. Some examples of medical emergencies are:

- Chest pain with sweating, nausea, vomiting, shortness of breath, radiating pain that moves to the arm or neck, dizziness, or feeling that your heart is beating irregularly or too fast
- Choking
- Severe bleeding that doesn't stop after 15 minutes of direct pressure
- Fainting
- Broken or displaced bones
- Swallowing poison
- Burns
- Suddenly not being able to walk, speak, or move a portion of your body
- Shortness of breath or difficulty in breathing

Many visits to the emergency room aren't true "emergencies." An Emergency Department is there to treat the critically ill and injured first. Patients seeking treatment of minor illnesses and injuries will wait longer to be seen by a doctor. Some examples of non-emergencies are:

- Cold or flu symptoms
- Sore throat
- Earache
- A fever that is relieved with over-the-counter medication
- Toothaches
- Minor cuts, scrapes and abrasions
- Muscle sprains
- Sunburn

Consider the cost: The copay alone may be costly. Other costs may be included depending on the care you need.

URGENT CARE CENTER

What it is: These are clinics with doctors where you can walk-in without an appointment. They are open during the day, have evening hours and can see you on weekends.

When to go: Urgent Care centers are setup to help with an illness or injury that does not appear to be life – threatening, but also can't wait until the next day, or for the primary care doctor to see them. Urgent medical conditions are not considered emergencies but still require care within 24 hours. Some examples are:

- Accidents and falls
- Sprains and strains
- Moderate back problems
- Breathing difficulties (i.e. mild to moderate asthma)
- Bleeding/cuts -- not bleeding a lot but requiring stitches
- Diagnostic services, including X-rays and laboratory tests
- Eye irritation and redness
- Fever or flu
- Vomiting, diarrhea or dehydration
- Severe sore throat or cough
- Minor broken bones and fractures (i.e. fingers, toes)
- Skin rashes and infections
- Urinary tract infections

Consider the cost: It will cost a little more than the doctor's office but **much less** than emergency room care. Other costs may be included depending on the care you need.

Using Your Benefits to Achieve Your Health Goals

Taking care of your health is not always easy. It takes time and work to achieve certain goals like maintaining a healthy weight. Keeping all your doctor appointments and sticking to a recommended diet plan takes effort.

Your Health Plan can help you achieve your goals. As a Special Needs Plan member, you have added benefits to help keep you on track with your goals. The following benefits are free to you:

- **Transportation to medical appointments & pharmacy.** Depending on your specific plan, you are eligible to receive 4 or more free transportation rides per year to Plan-approved locations. Please use your rides wisely. Use this benefit for the more important appointments first so that you don't run out of rides. This benefit will help you keep your doctor's appointments and pick up your prescriptions. All you have to do is call Ride 2 MD, the Plan's contracted transportation company at **1-888-994-1545** to schedule a ride. To ensure availability, please call 3 business days in advance of your appointment date.
- **Meals delivered after an inpatient hospital stay.** If you have an inpatient admission to the hospital overnight or longer, you may be eligible to have 10 free meals delivered to your home. This benefit gives you the peace of mind in knowing that you won't have to cook when you first get home. These meals are also available with certain dietary restrictions (low sodium, fat and sugar… etc.). For more information or to check your eligibility after being discharged home, please contact Member Services at **1-800-401-2740 or TTY/TDD: 711**.
- **Gym access.** Get a SilverSneakers® Fitness Membership at no cost to you! With access to thousands of locations, you will have use of the equipment, pools, saunas and other amenities. You can also order a SilverSneakers® Home Fitness Kit if that is more convenient!

With SilverSneakers® Steps, you can get fit at home or when you travel. Designed for your lifestyle and fitness level, Steps includes a choice of four kits – stress release, strength, walking and yoga. Each comes with its own topic-specific instructions and exercise tool.

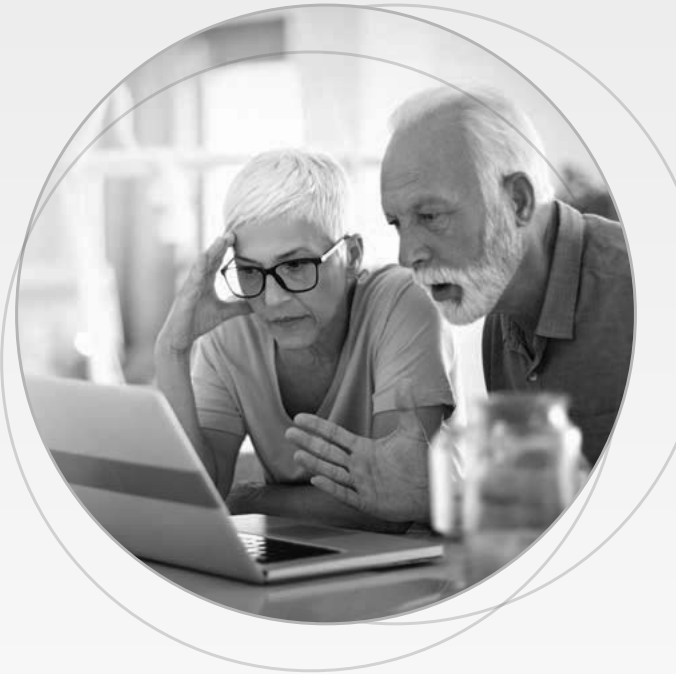
For the most current directory of participating gyms, please visit the SilverSneakers® website at **www.silversneakers.com** or contact customer service at **1-855-585-2389**, Monday through Friday, 8 a.m. - 8 p.m. EST.

Freedom Health cares about its members' well-being and we hope these added services prove to be helpful to you. If you have any questions, please contact Member Services at Toll Free: **1-800-401-2740 or TTY/TDD: 711**.

What is a Care Plan?

- A Care Plan is an established plan that helps everyone who is involved in your care make certain that everything that needs to be done to improve your health is done.
- Care Plans vary depending on how much help you may need to reach your health goals. Members are placed into one of three levels of care. Your level of care is determined from the answers you gave on the Disease Specific Health Assessment you filled out when you enrolled.
- Care Plans are developed using information from nationally accepted guidelines that were developed by leading experts on how to manage certain diseases.
- For those members participating in our Case or Disease Management Program, a more detailed care plan is developed by the nurse. Working with a nurse is voluntary although you might find the assistance helpful.
- Care Plans are sent to your Primary Care Physician (PCP) for his/her review and agreement.

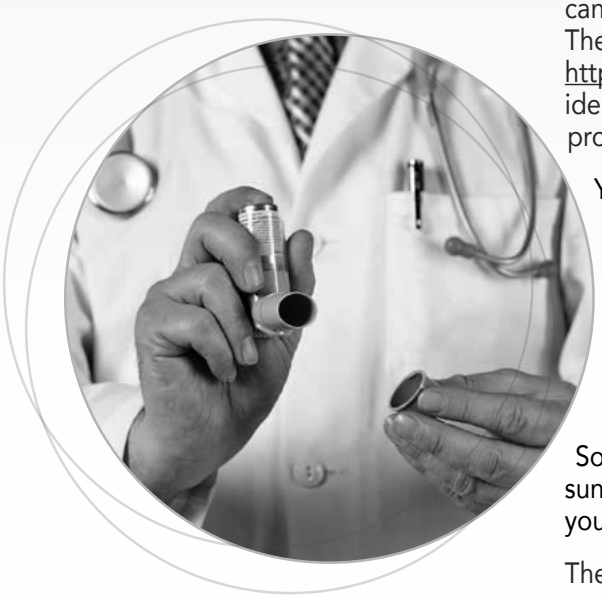
ALLERGIC ASTHMA:
Surf The Web For Wellness



In the South, spring comes in quietly as the weather warms. Pink and purple azaleas burst into bloom, alligators bellow, chicks hatch, butterflies emerge, and the pollen count goes sky-high! If you have allergic asthma, the most common type, your nose knows when it's spring.

Allergic asthma is triggered by breathing in allergens such as pollen. These irritate the airways and bring on the familiar symptoms of coughing, wheezing and shortness of breath. Pollen counts are highest in the morning, so it's wise to schedule outdoor activities for later in the day, if possible.

There are several websites to review ways to help you avoid seasonal asthma attacks. As the old saying goes, "an ounce of prevention is worth a pound of cure!" One of the following sites may be your key to wellness during allergy/asthma season:



Speak with your doctor and create and action plan to help guide you through this allergy season. Action plans are based on your symptoms and can help guide you on proper medication use and when to see your doctor. There are a few action plans available online. You can review them by accessing https://www.nhlbi.nih.gov/health/asthma/treatment-action-plan. Once you identify an action plan be sure to review it with your doctor to ensure that it is a proper fit.

You may also want to check out the asthma forecast for your area (as well as the allergy and flu forecasts) as you're planning your day. All you have to do is go to this website and type in your zip code: https://allergyasthmanetwork.org/?s=weather&id=1769409

Along the same lines, you can consult a U.S. map which shows pollen counts throughout the country. You can click on the map to zoom in and find your city: https://www.pollen.com/

Sometimes it's hard to know the air quality when you go outside on a clear, sunny day. This website uses your zip code to show what the air quality is where you live: https://www.airnow.gov/

The internet is a useful tool to help you stay healthy and avoid asthma triggers and allergens. Add it to your wellness toolkit – and happy surfing!

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.

Dual Eligible (Medicare/Medicaid) SNP Members

Make sure you keep all your paperwork current with the State for your Medicaid benefits. If you have any questions about how to re-apply for your benefits, you can call Agency For Health Care Administration Medicaid Helpline at **(877) 254-1055** or the Health Plan's Member Services at **(800) 401-2740.**

Being in a Dual Eligible Special Needs Plan (SNP) helps you with the following:

- Your healthcare claims are paid for by your Health Plan, Freedom Health. This means there is no confusion about what part is paid by Freedom Health and what part is paid by State Medicaid.
- You receive all your health benefits from Freedom Health. You do not need to coordinate any care services with State Medicaid.
- You are able to see any of the participating doctors with the Plan. You do not need to worry if they take Medicare or Medicaid.
- Your Plan provides limited cost-sharing which is determined by how much assistance you receive from State Medicaid. This keeps your health care costs affordable.

If you have a complaint, grievance or appeal, you can contact Freedom Health's Member Services. It is not necessary to contact State Medicaid.

"Papa Pals"

We are excited to be partnered with a company named PAPA to provide non-medical assistance, companionship, and in-home support to you, our valued members. PAPA provides support through their trusted companions called "Papa Pals." As a Special Needs Plan (SNP) member of the Health Plan, you will have access to a Papa Pal up to 30 hours per year. A Papa Pal can help with services such as:

- **Household chores:** light cleaning, organization, laundry, pet care, and meal prep.
- **Companionship:** conversation, board games, reading, hobbies, and errands.
- **Technical Guidance:** assist with learning Telehealth services to connect with a physician, help to install and use a device.
- **Exercise and Activity:** walking or biking.
- **Assistance from a distance:** virtual services and companionship.

For more information or to schedule services please call **1-888-228-5958 or TTY/TDD 711**. The Papa Call Center hours of operation are 8 a.m. -11 p.m. EST on Monday - Friday and 8 a.m. -8 p.m. EST on Saturday/Sunday.

SAFETY CORNER:

PATIENT

Preventing Injuries in your Home

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

What Can You Do? Here are some tips:

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

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

You can:

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

Attention Smokers And Former Smokers!

Lung cancer is the leading cause of cancer-related death in our country. According to the Journal of the American Medical Association, smoking accounts for nearly 90% of all lung cancers. **Now, even if you're still smoking or have only recently quit, you may be eligible for an ANNUAL low-dose computed tomography (LDCT) screening for lung cancer.** To see if you qualify, answer these questions:

- **Do you have a 20-pack year or more history of smoking?** (A pack-year is smoking an average of one pack of cigarettes per day for one year. For example, a person could have a 20 pack-year history by smoking one pack a day for 20 years or two packs a day for 10 years.)
- **Do you smoke now, or have you quit within the last 15 years?**
- **Your provider ordered a lung cancer screening, using a LDCT, based on your history of smoking?**
- **Are you between 50 and 77 years old?**
- **Are you without symptoms of lung cancer?**

If you answered "Yes" to all the questions, your Health Plan may cover a potentially life-saving low-dose CT scan. An LDCT, as it is abbreviated, can detect lung cancer early. It picks up much smaller cancers than a chest x-ray.

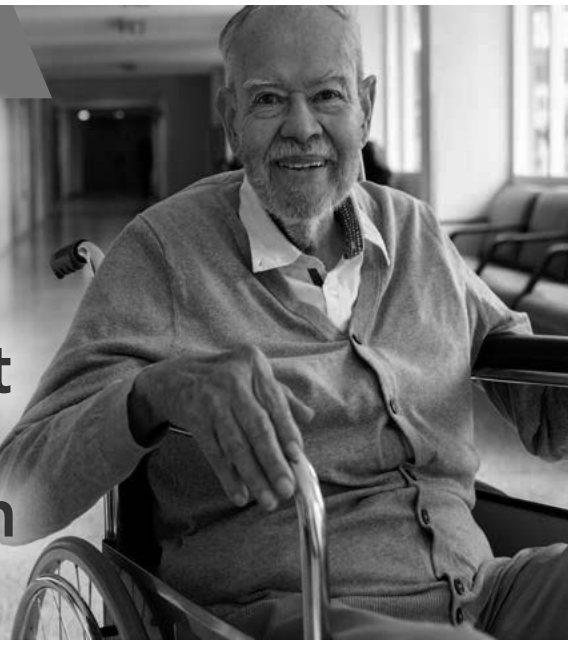
According to the American Cancer Society, "Research has shown that unlike chest x-rays, yearly LDCT scans to screen people at higher risk of lung cancer can save lives. For these people, getting yearly LDCT scans before symptoms start helps lower the risk of dying from lung cancer."

The CT scanner is donut-shaped. During the scan, you will lie on a table which slides in and out through the donut as the scanner takes many images. These are then combined to give your doctor a detailed picture of your lungs.

Your Primary Care Physician (PCP) can examine you, tell you if you qualify for the scan and counsel you regarding it as well as smoking cessation. Your PCP can also order the scan, providing specific information for the order. If all the guidelines are met, your Plan will cover it (less any copays/coinsurances, etc.). The low-dose CT scan is a screening that could save your life!

FOLLOWING UP:

PCP Impact After an Emergency Department Visit or Observation Stay



The Plan's Special Needs Plan (SNP) Model of Care and Population Health Strategy is based on the idea of the Patient-Centered Medical Home (PCMH). This care model gives our members the opportunity to be at the forefront of their care by collaborating with their Primary Care Physician (PCP) to help them reach and maintain their health care goals. Ideally, this relationship will promote a discussion and plan concerning unexpected occurrences such as Emergency Department (ED) visits and Observation stays and will encourage members to see their PCP within a short time afterwards. In times when the member does need to go to the emergency room or has an observation stay, please ensure they understand the importance of prompt PCP follow-up post visit for continuity of care and care coordination. Like ED visits, a timely PCP visit after an Observation stay may prevent future unnecessary use of urgent care services.

Adopting the PCMH Model Benefits the Provider

There has been plenty of data in the past decade attributing patient success to the PCMH approach. However, studies and research are also showing the positive impact it has on PCP practices. These notable outcomes have likely driven so many providers to adopt the PCMH model.

Let's explore a few examples of how PCMH recognition may benefit the health care provider.

- One of the cornerstones of PCMH is the relationship between the patient and their care team. Developing a relationship with the patient fosters trust and improves quality of care. The result of this improved interaction can decrease no-show rates. This in turn can have a ***financial impact on the practice*** because no-shows take up time slots that cannot be billed.
- A requirement of gaining PCMH recognition is adhering to evidence-based guidelines. The aim is to increase use of recommended preventive care that can decrease unnecessary ED visits. As a result, patients receive whole person care, thereby increasing their level of satisfaction with the PCP. With that in mind, patients are likely to share their positive experience with family, friends, and social media which undoubtedly impacts the PCPs' reputation and can result in ***increased panel size*** for the PCP.
- Involving the entire care team is another important concept in the PCMH model. Every team member has a role when caring for the patient. This allocation of resources is especially beneficial to large practices since it frees up the PCP to focus on areas that require their high-level skills while their team handles the rest. With such protocols in place, PCPs have time to see more patients, thereby ***growing their practice***.

PCP Visits That Make the Difference

When a patient experiences a transition of care such as an ED visit or an Observation stay, the PCP is in a position to have the most significant impact on the patient's ability to stay out of the hospital. By employing another important standard of PCMH – making primary care accessible – the PCP remains available to determine whether a patient requires urgent, emergent or in-office care. The PCP is able to capitalize on the small window of opportunity to review the patient's immediate health needs and prevent unnecessary re-admission.

During this follow-up visit, the PCP can review with the patient any treatment plan or medication changes, make referrals to specialists and address barriers that can interfere with the healing process. This is a collaborative review, and the patient should be encouraged to ask questions. *Observation stays, like ED visits, are warning signs that an illness or condition may need increased oversight.* Providing members with PCP care team access 24/7 and same-day urgent appointments may help reduce ED and Observation visits. In addition, the Plan has a free Nurse Advice Line staffed by nurses and available to members 24/7 (tel. 1-888-883-0710). There are no copays or deductibles for this benefit.

OUR GOAL

The Health Plan encourages all members with ED visits and Observation stays to visit their PCP within 7 days of discharge from the ED visit or Observation stay. The Plan believes that encouraging members to see their PCP within 7 days of discharge will also support the PCP in meeting certain Star measures. There are three Star measures that are related specifically to member follow-up after a discharge. The measures are Follow-Up after Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC); Follow-Up After Emergency Department Visit for Mental Illness (FUM); and Follow-Up After High-Intensity Care for Substance Abuse Disorder (FUI). By encouraging members to seek out their PCP after a discharge we are helping to support successful PCP attainment of a related Star measure. The ultimate goal for both the Health Plan and the PCP is increasing access for members to primary care and helping them to see the Primary Care Medical Home (PCMH) as an ongoing relationship whereby, through collaboration, they can achieve maximal health and well-being and minimize emergent health issues.

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, a covered drug, and find Financial information for Medical Procedures

Print and order your ID CARD, provider directory, formulary and other Plan materials

Gain access to health & wellness information, including electronic prescription refill reminders

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; enroll in one of our Disease Management Programs

Try our Personal Health Tracker and other Member Self Management Tools

See next page on how to sign up now for the Member Portal.

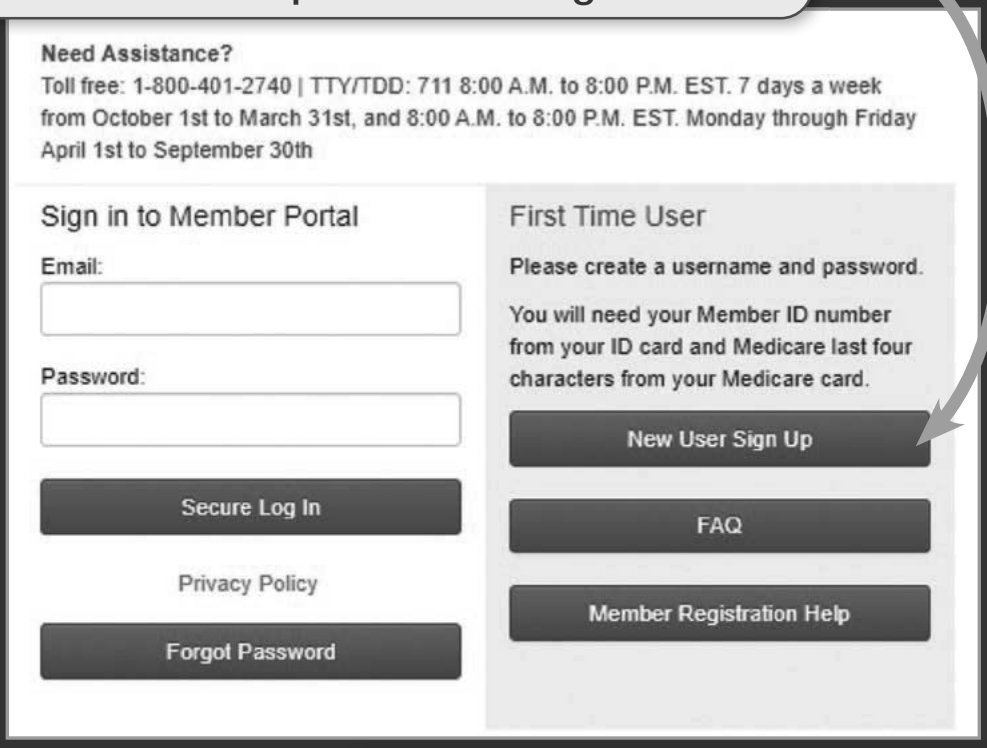
Log onto **www.freedomhealth.com**
click on **Member Login** and **Register Today!**

FREEDOM HEALTH | Medicare Plans | Members | Providers | Agents & Brokers | OTC | Quick Links | Search | Member Login

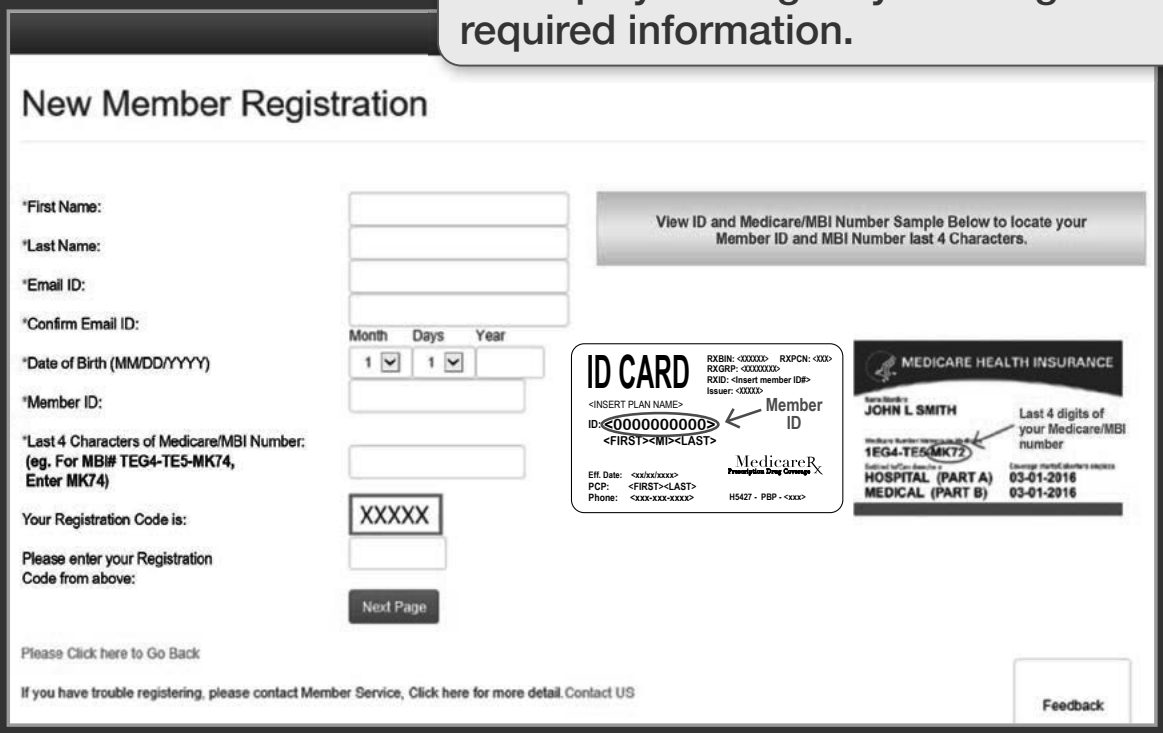
From October 1 to March 31, we are open 7 days a week from 8 a.m. to 8 p.m. EST. From April 1 to September 30, we are open Monday through Friday, 8 a.m. to 8 p.m. EST. Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Freedom Health, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Freedom Health, 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 1-800-401-2740 (TTY: 711). Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-401-2740 (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 username and password to log in with.



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



www.freedomhealth.com

Non-Discrimination Notice

Discrimination Is Against the Law

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Freedom Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Freedom Health, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Freedom Health, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o 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:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, contact the Freedom Health Civil Rights Coordinator.

If you believe that Freedom Health, 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:

Freedom Health Civil Rights Coordinator
P.O. Box 152727, Tampa, FL 33684
Phone: 1-800-401-2740, TTY: 711
• Fax: 813-506-6235

You can file a grievance by mail, fax, or phone. If you need help filing a grievance, the Freedom Health 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, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-Language Interpreter Services

Form Approved
OMB# 0938-1421

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 1-800-401-2740 (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 1-800-401-2740 (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 1-800-401-2740 (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 1-800-401-2740 (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 1-800-401-2740 (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 1-800-401-2740 (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 quí vị cần thông dịch viên xin gọi 1-800-401-2740 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-401-2740 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-401-2740 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-401-2740 (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 1-800-401-2740 (TTY:711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-401-2740 (TTY: 711)पर फ़ोन 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 1-800-401-2740 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-800-401-2740 (TTY: 711). Irá encontrar alguém que fale o idioma Portugués para o ajudar. Este serviço é gratuito.

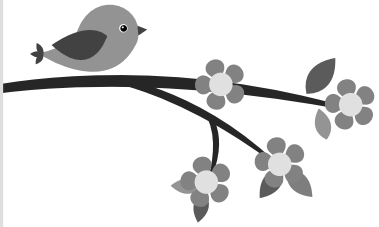
French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-401-2740 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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 1-800-401-2740 (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ございます。通訳をご用命になるには、1-800-401-2740 (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。

Form CMS-10802
(Expires 12/31/25)

SNP TODAY



SPRING 2024

FREEDOM HEALTH

P.O. Box 151137, Tampa, FL 33684

Health Assessment Tool Information

Continued from page 3

Here are the easy steps:

1. Go to the Freedom Health Website at www.freedomhealth.com.
2. Click on "Member Portal" on the left side of your screen.
3. Click on "New User Sign Up Now".
4. Fill in your information and become a registered portal user.
5. Now you are ready to log in to your Member Portal account. Go ahead and log in….
6. Click on "Health Assessment & Appraisal" on the left side of your screen and then select "Complete Your Health Assessment Form".
7. Click on "Take Survey".
8. Congratulations! You did it!

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

We again want to thank you for your time and if you need any help with your member portal account or have any other questions, feel free to give us a call toll free at **1-800-401-2740** Monday through Friday, 8 a.m. to 8 p.m. EST or TTY/TDD: 711.

Our Local Concierge Centers Offer:

- **Staff to help expedite general issues** (replacement cards, PCP changes, etc.)
- **Licensed Agents**
- **One-hour resolution time and more.**

FORT PIERCE OFFICE
2501 S. Federal Hwy.
Fort Pierce, FL 34982
(888) 274-8575

VENICE OFFICE
12145 Mercado Dr.
Venice, FL 34293
(888) 850-5315

SPRING HILL OFFICE
8373 Northcliffe Blvd.
Spring Hill, FL 34606
(888) 211-9921

OCALA OFFICE
3101 SW 34th Ave.
Suites 902-903
Ocala, FL 34474
(888) 420-2539

ORLANDO OFFICE
92 Dean Rd., Suite 300
Orlando, FL 32825
(888) 364-7905

NEW PORT RICHEY OFFICE
8601 Little Road
New Port Richey, FL 34654
(888) 609-0698

LARGO OFFICE
3665 East Bay Dr.
Unit #220
Largo, FL 33771
(888) 609-0699

ORANGE CITY OFFICE
852 Saxon Blvd., Suite 35
Orange City, FL 32763
(888) 389-6018