

Benefit News

Information for Optima and Sentara health plan members

First Quarter 2004



Am I At Risk?

Colon Cancer Prevention

Risk factors include:

- ✓ Age over 50 (Almost 75 % of colorectal cancers occur in people over age 50 with no other known risk factors)
- ✓ Family history of colorectal cancer
- ✓ Polyps (growths) in the colon or rectum
- ✓ Inflammatory bowel disease
- ✓ Smoking
- ✓ Diet

With an emphasis on prevention, you can pledge to prevent colon cancer by taking the following steps:

- ✓ If you are 50 or older, call your doctor and schedule a colonoscopy. This preventive procedure is covered by the Plan.
- ✓ During this screening, your doctor can detect and remove precancerous growths or polyps.
- ✓ Early detection and removal of colon cancers can prevent up to 80% of colon cancer deaths.

Check with your physician for advice about screening if you fall into any of the risk categories noted in this article. People with a family history of colorectal cancer may benefit from starting screening tests when they are younger and having them done more often than people without this risk factor.* Visit www.sentara.com for more information about colorectal cancer.

*Source: www.cancer.org

While colorectal cancer is the third most common cancer found in American men and women today, it can be treated and often cured if detected early, according to the American Cancer Society (ACS). The incidence of colorectal cancer in Hampton Roads is on the increase. In fact, the death rate for colon cancer in most cities in Hampton Roads exceeds state and national rates.

The ACS recommends colorectal cancer screening for men and women starting at age 50. Although the exact cause of colorectal cancer is unclear, experts believe most cases begin as polyps--small, precancerous growths on the inner wall of the colon or rectum. If not removed, some polyps can develop into cancer, but they are easily found with screening tests and often removed during the same procedures.

If you or a family member have one or more of the following risk factors, you may be at risk.



Optima Health Plan Celebrates 20 Years

In 1984, Optima Health Plan was launched as the regions first commercial Health Maintenance Organization (HMO). Today it is the regions largest.¹ This year we are proud to celebrate our 20-year anniversary and our goal is to continue to improve and grow. Some of our accomplishment include being the first HMO in Virginia to earn the National Committee for Quality Assurance's (NCQA) prestigious rating of "Excellent,"² and a rating of "best in Virginia" according to the Consumers Guide to Health Plans, published by Consumers Checkbook, a Washington-based non-profit organization.³ Optima continues to strives to create a better health care experience for our members. We express this passion for health through creative products, strong relationships, and client-focused service. Happy Birthday Optima Health Plan!

¹Virginia Health Plan Intelligence, 2002. ²www.ncqa.org, 1997. ³Reported in the Virginian-Pilot, May 11, 2002.

Members Ask....

Q. *I am a Preferred Provider Organization (PPO) member and recently received services from an out-of-network health care provider. I paid for these services and would like to be reimbursed.*

A. If you are a Preferred Provider Organization (PPO) or Point-of-Service (POS) member seeking reimbursement for out-of-network medical services you received and paid for, here are a few tips to help ensure the process goes smoothly:

1. Mail a copy of your physician's office bill to the Vetri P.O. Box address on your member ID card. **Please do not mail it to the Sentara Health Management address.**
2. Be sure to include your name and member ID number along with your paperwork.
3. Contact Member Services at the number on your ID card if you have questions about the pending claim.

Q. *I do not agree with the Plan's decision to not cover one of my medical treatments and would like to appeal it. What is the best way to do this?*

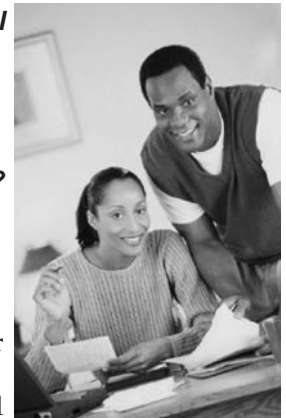
A. First, obtain the Member Appeal Packet at www.optimahealth.com and read all instructions carefully. Next, fill out the Appeal Request Form and enclose relevant medical documentation before mailing it. Relevant information includes:

- ✓ Office notes from physicians you have seen regarding the services or procedures in question;
- ✓ Medical records from hospitals and other health care providers;
- ✓ Physician correspondence;
- ✓ Physical, occupational, or rehabilitative therapy notes;
- ✓ Copies of bills you have received;
- ✓ Any additional information you would like the Plan to consider in reviewing your appeal.

The Appeals Department is available to assist you. Please call 757-687-6404 with questions or concerns.

Q. *Help! Last week I became ill and did not know whether to go to the Emergency Room or Urgent Care Center. What should I do the next time this happens?*

A. In any life-threatening situation you should always call 911 or go to the nearest Emergency Room. In all other cases, your primary care physician (PCP) is on call and available 24 hours a day, seven days a week. Every attempt should be made to contact your PCP's office before seeking other means of medical treatment. Another resource is the After Hours Nurse Triage Program. This program is staffed with healthcare professionals who can help you seek appropriate medical care when your physician's office is closed evenings and weekends. They can be reached at 1-800-394-2237 or the numbers on your ID card.



Q. *Should I notify the Plan if I need care at an emergency room (ER) or urgent care center (UCC) while traveling out of town?*

A. Yes. Either you or a family member should contact Member Services at the number on your ID card as soon as possible if you need care at an ER or UCC.

Q. *I will be turning 65. When will I be eligible for Medicare?*

A. The nation's largest health insurance program is administered by the Centers for Medicare & Medicaid Services (CMS) for the following individuals:

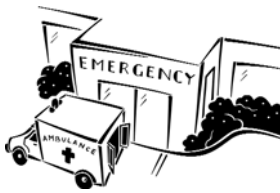
- ✓ People 65 years of age and older
- ✓ Some disabled people under 65
- ✓ People with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant*)

If you have questions about your eligibility for Medicare, or would like to enroll in the program, contact the Social Security Administration at 1-800-772-1213. Other sources for Medicare eligibility information are www.socialsecurity.gov and www.medicare.gov.

Free Classes & Programs

Are you interested in improving your health and developing a healthy lifestyle? Don't forget about the free classes and programs offered by the Plan. Programs are available for healthy eating, smoking cessation, improving your cardiovascular health and more. In fact, smoking cessation classes begin in April. Log on to www.sentara.com/community/default.htm or call 1-800 SENTARA for more information.

Plan Updates & Reminders



Emergencies only at Port Warwick

Need emergency care and think the hospital is your only alternative? If you live in Newport News near Oyster Point, there is a medical facility designed just for emergencies.

Sentara Emergency Services is located in the Port Warwick Medical Arts Building at 11803 Jefferson Avenue. Emergency care is available from 7 a.m. to 10 p.m., seven days a week from doctors board-certified in emergency medicine. **Members, please note that as this is an emergency facility and not an urgent care center, you will pay the higher, emergency care copay.**

Patients only served at Patient First pharmacy

Plan members appreciate the convenience of paying regular prescription copays for medicines while visiting Patient First. This service is limited, however, to Patient First patients only. Retail pharmacy services are not available unless you have recently received care from a Patient First physician.

Updates for Pharmacy Plans Administered by Sentara

The following medications have been added to the Plan's Preferred, Standard and Premium List:

Standard (Tier 2) drug:

- ✓ Levixa (fosamprenavir)

Premium (Tier 3) drugs:

- ✓ Wellbutrin XL. Wellbutrin XR is available at the Standard (Tier 2) copay, and generic Wellbutrin (bupropion) is on the Preferred (Tier 1) copay.
- ✓ Avodart (dutasteride)
- ✓ UroXatral (alfuzosin)
- ✓ Levitra (vardenafil) and Cialis (tadalafil). Viagra is available at the Standard (Tier 2) copay.



Note: Information regarding pharmacy benefits and prescription drugs apply only to our Plan members whose pharmacy benefits we administer. Please contact Member Services if you have any questions about the information presented above.

Stay Connected

Still Haven't Logged on to MyOptima on optimahealth.com? It's Easy.....

If you haven't logged on to optimahealth.com, maybe it's time to jump on the bandwagon. You can use MyOptima on optimahealth.com to conduct a number of transactions, day or night, all from the convenience of your own home. These transactions include:

- ✓ View Summary of Benefits
- ✓ Change your Contact Information
- ✓ Request a New Member ID Card
- ✓ Change Your PCP
- ✓ View Claims and Authorizations
- ✓ View and Print Commonly Requested Forms

Log on to optimahealth.com to request your secure PIN. This PIN will enable you to set up your personal username and password allowing you 24-hour access to your information.



After Hours Nurse Triage

For information about where to seek care for an illness or injury that occurs during the evening hours, weekends, or holidays, call the After Hours/Care on Call Program number on your Member ID card.



Mail

4417 Corporation Lane
Virginia Beach, VA 23462



Phone

If you have benefit questions or need to obtain printed materials, contact Member Services at the number listed on your ID card from 8 a.m. and 5 p.m. Monday through Friday. After business hours, you may leave a message.

Important Information for our Readers: *Benefit News examines issues affecting the majority of the Plan's membership. However, it is important to note that there may be occasional differences in Plan designs among the customers we serve. If you have questions about the information in this issue, please contact Member Services at the number on your ID card.*

Benefit News

HMO & POS Members Referral Checklist

Does your health plan require a referral from your PCP for specialist care? If so, read on. When you and your primary care physician (PCP) decide you need to see a specialist, your PCP will write a referral for you. Use the following checklist as a guide:



- ✓ If you are an HMO member or a POS member using in-network benefits, always obtain a referral before seeing a specialist. Retroactive (after the fact) referrals are not covered by the Plan. You will be responsible for any bills denied if you have not obtained a referral for care rendered. The only exception is for emergency services. Remember too, that you are responsible for payment of services not covered by your Plan.
- ✓ Confirm with your PCP that your referral is written to a provider (physician, hospital, therapist, etc.) in your Plan's network. If you are unsure, call Member Services. You may be responsible for services received by non-participating providers.
- ✓ Know which doctors and medical facilities are participating providers. Visit optimahealth.com to confirm a provider's participation. The Plan can approve your PCP's referral to a non-participating specialist if you need care that cannot be handled within the provider network. Please refer to your *Evidence of Coverage* or *Certificate of Insurance* for more details.
- ✓ Ask your PCP how many visits the referral covers. Most referrals are valid for six months. It is a good idea to keep track of how many visits you have made.
- ✓ Check to see exactly what your referral covers. If it is for "**consultation and treatment**," the specialist can order diagnostic tests or X-rays and refer you to one other specialist without requiring you to revisit your PCP for another referral. Any specialist you see will need to keep your PCP updated about your progress, as your PCP is still responsible for managing your overall care. If your PCP's referral is for "**consultation only**," diagnostic tests or X-rays are not covered unless you get a referral for them from your PCP. Discuss the need for additional referrals with your PCP.
- ✓ Your OB can serve as your PCP during pregnancy, provided the OB physician has obtained pre-authorization from the Plan for your delivery.
- ✓ Female members 13 years and older do not need referrals to schedule annual exams with OB-GYNs in the Plan's network. Appointments for pregnancy and other health services related to the female reproductive system or breasts also do not require referrals.

Remember, optimahealth.com is a quick easy way to confirm network participation. MyOptima on optimahealth.com will also allow you to view your referrals and authorizations. If you have any questions about the referral process, call Member Services.