

Health
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HEALTH FIRST
Medicare Plans

Healthy Living

News for Members of Health First Medicare Plans

Spring 2012

Living Well— and Lowering Your Stroke Risk

Put Back Pain Behind You

The Upside of Downsizing BMI



Rated 4.5 out of 5 stars
on Medicare.gov¹



Ranked #22 in the Nation²

www.HealthFirstHealthPlans.org

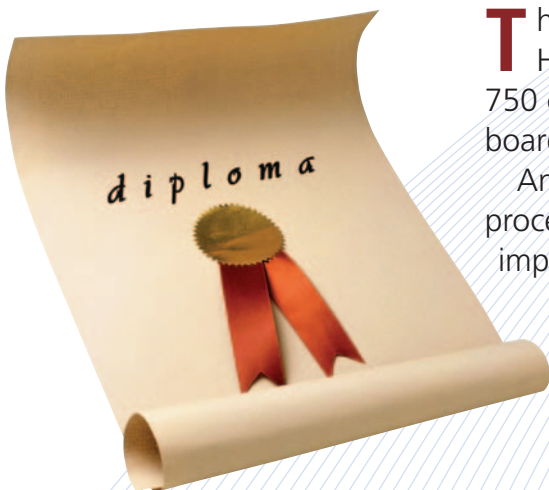




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NETWORK PHYSICIANS 98% Board Certified!



The quality of a health plan starts with the physician network. Health First Health Plans has a network of more than 750 credentialed doctors. Ninety-eight percent of them are board certified or board eligible.

An important part of quality management is our credentialing process. This means we verify the provider's license and other important information.

Get the Facts

To learn more about this process, see Section 2 of your provider directory.



ASK DR. BRADY

Bone Health, by the Numbers

Get your questions answered by Dr. Brady.

Jennifer Brady, M.D., is the vice president, medical director at Health First Health Plans. She has practiced locally for more than six years as a board certified internal medicine specialist for Health First Physicians.

Q. What is a bone mineral density test? When should I have one?

A. A bone mineral density test is the best way to check how strong your skeleton is by measuring minerals like calcium. The most common and accurate type of bone mineral density test is called a DEXA scan. You'll take off your jewelry and recline on a cushioned table. A scanner will pass over your body, taking pictures of your lower spine and hip. The procedure is painless, exposes you to about the same amount of radiation as a plane flight and takes 10 to 15 minutes. A computer crunches the data and gives your doctor a number called a T-score. A T-score of zero means you have the bones of a healthy young adult. Between -1 and -2.5, you're at risk for osteoporosis. Below -2.5, you have osteoporosis. The larger the negative number, the more likely you are to get a fracture. If you're at risk, you and your doctor can make a plan to protect your bones. If you're diagnosed with osteoporosis, you can begin treatment with lifestyle changes or medication.

Your doctor might recommend a bone mineral density test if you are:

- A woman age 65 or older, especially if you have had a fracture
- A younger woman who smokes, has arthritis, takes medications that weaken bones, has a low body weight, or has other risk factors for fractures
- A man age 70 or older, or younger men with signs of osteoporosis, including back pain, stooped posture, or sudden decrease in height
 - Being treated for osteoporosis, to measure how your bones are responding
 - An older adult who has already broken a bone

If you do suffer any type of fracture, please be sure to ask your doctor about the need for a bone mineral density test. Knowing your numbers could help prevent future fractures.

Prostate Cancer: What You Should Know

Headlines on prevention and screening have been confusing. Your physician can help.

Confused by the news about prostate cancer? Are supplements helpful—or not? Do screenings prevent deaths—or not? When it comes to your health, what should you do?

After skin cancer, prostate cancer is the most common cancer among U.S. men. A man's risk rises with age. But past research suggested that certain nutrients could help ward it off.

HELP FROM SUPPLEMENTS?

One study found a lower prostate cancer risk among men who consumed selenium, a mineral found in some foods. Other research found that a combination of selenium, vitamin E, and beta-carotene reduced overall cancer deaths.

But recent studies have reached different conclusions. In a study published in the *Journal of the American Medical Association*, researchers found that selenium, vitamin E, and selenium plus vitamin E did not prevent prostate cancer.

One nutrient that may help is omega-3 fatty acids, found in dark fish such as salmon. Researchers found that eating more omega-3s may lower prostate cancer risk.

SCREENING OPTIONS

Experts also disagree about screening. Doctors use two tools to screen for prostate cancer. One, a blood test, checks for high levels of a protein called prostate-specific antigen (PSA). Another is the digital rectal exam, in which a doctor feels for abnormalities on the prostate gland.

Some doctors say all men older than age 50 should have

prostate cancer screening every year. Others say that only men with a family history of the disease should be screened. They say it's not yet clear whether the tests save lives or if the benefits outweigh the risks. The U.S. Preventive Services Task Force (USPSTF) says there is not enough evidence to recommend for or against prostate cancer screening in men younger than 75 years old. However, the USPSTF has released a draft of their new recommendation against using PSA for screening for prostate cancer. You should discuss the pros and cons of PSA screening with your doctor.

A screening test is meant to reduce risk, but in the case of the prostate, it may find small cancers that would never spread or become life-threatening. This may lead to unnecessary biopsies and surgeries, which carry their own sets of risks.

What Should You Do?

Decisions you make about your health depend on a number of factors, including your age, race, diet, and family history. When it comes to prostate cancer, your best bet is to talk with your doctor. Ask about supplements and screenings and determine a plan that is right for you.



Living Well— And Lowering Your Stroke Risk

Stroke is the fourth leading cause of death in women. Each year, nearly 40,000 more women than men die of stroke.

Unfortunately, many women aren't savvy about stroke prevention. According to a survey of about 1,000 women by the American Heart Association, only about one-third said they were very well- or well-informed about stroke.

Experts are actively seeking new and better ways to inform women about—and help prevent—stroke. They offer these suggestions that may lower your stroke risk:

- Exercise regularly. Walking two-and-one-half hours a week may cut your risk for stroke and other heart problems by 30 percent.
- Eat a healthy diet.

- Don't smoke.
- If you have diabetes, keep your blood sugar under control. Women who have diabetes have about the same risk of dying of a stroke as women who've already had a stroke. This finding is based on a study of 27,000 women published in the journal *Stroke*.
- Manage your blood pressure and cholesterol.
- Stay at a healthy weight.
- Check in with your doctor. Only 38 percent of women in the American Heart Association study had discussed cardiovascular disease with their physicians. In addition to healthy habits, your doctor may recommend aspirin or other medicine to reduce your risk.



Word Search Puzzle

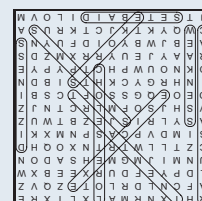
R H T X N R M A L X L I X R E
 A F C N L D R L O T E Z Q V Z
 L D P Y E F D U R X E E B X W
 U N M I J M G M E H S A D O N
 C Z T L L W T R T N X O Q H D
 S I M D V P C A S P N M X K I
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 A E B J W B Y O I D F U Y N S
 C W Q Y K T K J C T K R U S A
 J T S E T E B A I D I L O V M

Find these stroke-related words in the puzzle on the left:

Cardiovascular
 Cholesterol
 Diabetes
 Dizziness
 Exercise

Stroke
 Symptoms
 Treatment
 Weakness

Talk with your doctor for information on how to lower your risk factors for stroke.



Answer Key

Put Back Pain Behind You

Sometimes the cause of back pain is obvious. You lift something heavy and you strain your back. Other times the reason is a mystery. Even the most sophisticated medical tests may not uncover a clear cause. And knowing the cause doesn't always lead to a cure.

One thing's for sure: Back pain can make everything in life more difficult. So what should you do?

BACK TO BASICS

Some cases of back pain call for immediate care from a doctor. Get help right away if the pain comes with bowel- or bladder-control problems, leg weakness, or numbness in the groin or anal region.

However, most cases of back pain may benefit from a commonsense approach. Take these steps:

- **Wait and see if the problem improves on its own.** Most cases of low back pain come from a simple sprain or strain and will clear up on their own. If the pain still keeps you from functioning normally after three or four days, call your doctor.
- **Investigate the cause.** Your doctor can help by taking a detailed medical history and giving you a full physical exam. Some back pain episodes stem from a lifetime of poor posture or unsafe lifting habits. Others involve age-related changes to the spine or sports injuries. An injured disk may be pinching a nerve. Stress, depression, or poor physical condition may worsen the pain.
- **Take steps to keep pain from recurring.** Address the cause. For example, learn safer ways to lift, better posture at the computer, and sports that are easier on the back. If stress makes your pain flare, try to get that stress under control.
- **Be cautious about medical tests.** Imaging tests such as X-rays or CT and MRI scans usually

aren't much help in learning the cause of back pain. They can reveal abnormalities of the spine, but such abnormalities are common with advancing age and often cause no pain. Unless your doctor suspects your condition needs immediate attention, consider waiting a few weeks before you opt for a sophisticated medical test.

HOME REMEDIES

Many people benefit from applying some combination of these back pain remedies:

- **Medication for pain relief.** Over-the-counter pain relievers are often all you need to ease pain. For severe or chronic back pain, your doctor may prescribe medication. Injection therapy may be recommended for jolts of severe pain blamed on a pinched nerve. Always ask your doctor about the risks and benefits of taking pain medications.
- **Application of cold or heat.** Immediately after an injury, it may help to apply a cold compress or ice pack to the tender spot for up to 20 minutes at a time. Then, 48 hours after the onset of pain, applying heat briefly can help to soothe and relax muscles and enhance blood flow.
- **Limited bed rest.** If you have severe pain while sitting or standing, one or two days of bed rest can be useful. Avoid extended bed rest. Research shows it can weaken muscles, worsen back pain, and lead to complications. It's best to ease back into activity as soon as you're able.
- **Physical activity.** A targeted program of gentle exercises introduced gradually can aid healing, strengthen muscles supporting the spine, and help prevent future episodes of back pain. Ask your doctor to recommend a suitable exercise program. Stop if exercise becomes painful. Being physically fit can also help keep you at a healthy weight, which prevents strain and stress on your back.

Some people find complementary therapies such as chiropractic care, acupuncture, or certain forms of yoga helpful in easing back pain. Ask your doctor how these might fit into your treatment plan.

WHEN SURGERY MAKES SENSE

When back pain is serious and doesn't respond to other therapies, surgery can sometimes help. Surgery is only appropriate for certain back problems. Back surgery comes with a small risk for serious complications and isn't always successful. Consider it a last resort and get a second opinion to help you make an informed decision.

Choose your surgeon with great care. Your primary care doctor can refer you to a good surgeon. You can also ask friends or family members who have had good results with recent back surgery to recommend someone.

Look for a professional who is well-trained and highly experienced in the type of surgery you need. The surgeon should be board certified in neurosurgery or orthopedic surgery.

Whether you choose watchful waiting, surgery, or acupuncture is up to you. For some people, the best choice may be to live with chronic pain while taking measures to function as well as they can.

The key is to learn as much as you can about what's contributing to your back pain and about the risks and benefits of different treatment options.

That way, you can actively participate in your care.

To find out the best remedy to relieve your pain, contact your doctor.



The Upside of DOWNSIZING YOUR BMI



Body mass index, or BMI, is one calculation doctors use to determine if you are at a healthy weight. Besides measuring your weight, BMI takes height into account. This provides a reliable measure of your total body fat—and your possible health risks. Your doctor should measure your BMI annually during your preventive office visit. Ask him or her for your results.

DEFINING BMI AND OBESITY

Here's how to determine your BMI:

- Multiply your weight in pounds by 703.
- Divide that number by your height in inches.
- Then divide that number by your height in inches again. The final number is your BMI.

If your BMI is:

- Below 18.5, you are underweight
- Between 18.5 and 24.9, you are at a normal weight
- Between 25 and 29.9, you are overweight

- At 30 and above, you are obese

In general, BMI increases as we get older, reaching its peak when we are in our 50s. After age 60, BMI dips slightly. Still, nearly one-third of Americans ages 60 and older are obese.

THE EFFECTS OF OBESITY

Obesity raises the risk for heart disease, cancer, and other chronic conditions. For example:

- A high BMI is linked to an increased risk for knee arthritis
- In men, obesity can cause sleep problems, specifically sleep apnea

GAINING FROM WEIGHT LOSS

Losing weight can have many benefits—even over the short term. For example, weight loss:

- Improves cholesterol and blood pressure
- Reduces diabetes risk
- Is linked to a lower risk for breast cancer in postmenopausal women.

LOWERING YOUR BMI

Losing weight is a big task, but little changes can add up. Consider some of these strategies:

- Eat breakfast. People who eat a healthy breakfast are less likely to overeat later in the day.
- Aim to get at least 150 minutes of activity per week.

Try Our Online Resources

Log onto www.HealthFirstHealthPlans.org/MyHFHP. Click on Healthy Living Program under "Wellness" and complete the Health Assessment. This will unlock the door to a vast number of online resources to help keep you healthy.



Decision Making at HFHP

HFHP assures providers, practitioners and members that all decisions involving HFHP coverage are based on appropriateness of care and service. We do not compensate practitioners or any other individuals for making decisions that could result in denials of care. Denials are based on medical necessity or contract provisions. HFHP works to prevent inappropriate decision making, by regularly monitoring all medical claims and requests for care. We are committed to providing you access to quality care.

Chronically Ill? Avoid the ER

Chronic illnesses cause many costly visits to the emergency room (ER). These include diabetes, asthma, and heart and breathing problems.

But you and your health care team can prevent a chronic disease from landing you in the ER. What can you do to improve your health, lower your costs, and avoid emergencies? Keep your illness under control.

- Take your medications as instructed and on time. That's vital to managing many chronic conditions.
- Make lifestyle changes. Quitting smoking, drinking less alcohol, improving your diet, starting an exercise routine or losing weight can make you feel better in the short and long term.
- Check your symptoms regularly. This is especially important for people with diabetes, who should monitor their blood sugar levels every day.

ADDITIONAL ACTIONS

People with asthma and diabetes can take steps to avoid emergencies.

- **Asthma:** Follow the action plan you made with your doctor. It should tell you how to record your symptoms and identify your triggers. It should also help you tell when to take your medications and when to seek emergency medical care.
- **Diabetes:** People with diabetes are at risk for life-threatening ketoacidosis, which requires

immediate ER treatment. Knowing the warning signs and checking for evidence of problems can head off this dangerous complication.

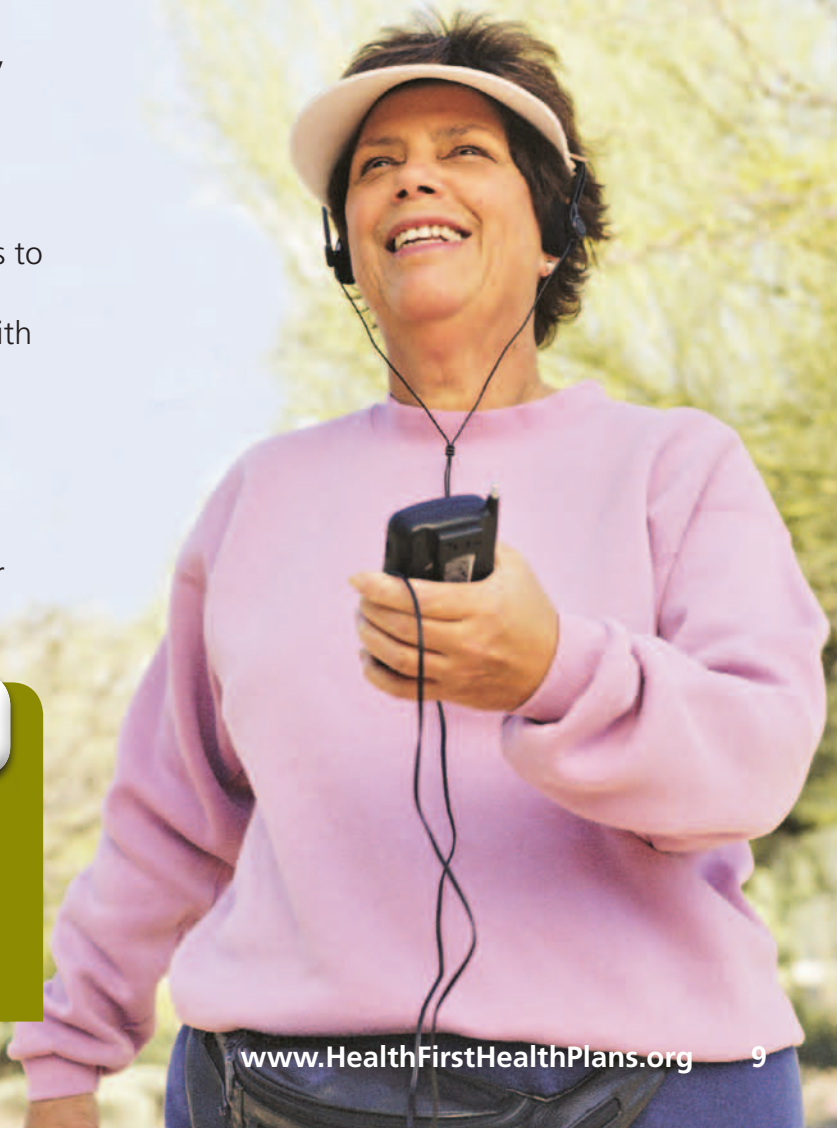
WHAT'S AN EMERGENCY?

No matter what your chronic condition—and even if you don't have one—you should learn what an "emergency" is. Most Americans who go to an ER don't need emergency care.

If you have trouble breathing, severe pain, trauma, loss of consciousness, symptoms of a stroke or heart attack, or other critical symptoms, go to the ER or call 911. For the flu or another minor illness, see your doctor. If he or she is not available, check Health First Health Plan's closest Urgent Care or Walk-In center. A list is available in your provider directory and online.

Reach Out for Help

If you're not sure an emergency exists, call Nurse 24, 1-800-308-5848. Nurses are available 24 hours a day to answer your questions. If it is a true emergency, go to the nearest emergency room or call 911.



Bid Bye-bye to **BLADDER BLUES**

Not long ago, we discussed bladder problems in hushed tones—if at all. But today, we talk about them more openly. That’s good news because treatment can usually help.

Bladder problems can result from damage to the bladder itself, the nerves that control it, or other parts of the urinary tract. Strokes, diabetes, or injuries can harm the nerves. Symptoms include loss of control of urination, need to urinate frequently at night, urinating often enough, and repeated bladder infections.



Urinary tract infections (UTIs). Bacteria in the urinary tract can cause infections. Some people with diabetes, for instance, have repeated long-lasting UTIs. They may need to urinate more often than usual, feel pain or burning during urination, have a rash, cloudy, or smelly urine, or experience pressure in the lower abdomen.

AT YOU CAN DO

Very important to tell your doctor about your symptoms. There is no need to be embarrassed to talk about

WHAT CAN GO WRONG

Here’s a rundown of four common bladder problems:

- **Loss of muscle control.** The urethra—the tube that carries urine out of the body from the bladder—is surrounded by muscles called sphincters. Normally, these muscles squeeze tight when you’re not urinating. This holds urine in the bladder. But the sphincters may become loose and let urine escape. Or they may stay tight all the time, making it hard to urinate.
- **Overactive bladder.** Damaged nerves may send faulty signals to the bladder. Some people feel as if they have to urinate too often—eight or more times a day, or twice or more a night. Others feel a sudden, urgent need to urinate at once.
- **Urine retention.** Some people don’t feel the urge to urinate, even when they should. Damaged nerves might not signal the bladder when it’s time to urinate. Or the bladder muscles may become too weak to empty the bladder completely. If urine stays in the bladder too long, an infection can develop. An overfull bladder may press against the kidneys or overflow, causing urine leaks.

a medical condition that affects your quality of life. Medications and other treatments are available. Your doctor might recommend self-care strategies, as well:

- **Timed voiding**—Going to the bathroom on a schedule may help if you feel the urge to urinate too often or not often enough.
- **Kegel exercises**—Strengthening the muscles that control the bladder may help reduce urine leaks.
- **UTI prevention**—Drinking plenty of fluids can help ward off future UTIs. So does urinating before and after sex.

Remember, bladder problems are a medical issue that needs to be addressed. You can receive help and lead a more carefree life.

Guidelines for Taking Antidepressants

If you have severe depression, medication may help. But sometimes therapy, exercise, or self-help strategies work just as well or better—minus the side effects. If your doctor recommends that you take medication for depression, it's wise to learn all you can about your prescription. This will help you deal with side effects, avoid dangerous drug interactions, and minimize safety concerns. Here are some suggestions that can help you:

See a psychiatrist. Although any doctor can prescribe medications, psychiatrists specialize in mental health. They are more likely to be familiar with the newest research and safety concerns.

Follow your doctor's instructions. Don't skip or alter your dose, and don't stop taking your pills as soon as you begin to feel better. This can cause serious withdrawal symptoms as well as relapse.

Monitor side effects. Keep track of any physical and emotional changes and talk with your doctor about them. Contact your doctor or therapist immediately if your depression gets worse or you experience an increase in suicidal thoughts.

Be patient. Finding the right drug and dosage is a trial-and-error process. It takes approximately four to six weeks for antidepressant medications

to reach their full effect and recommendations include remaining on the right medication for six or more months. Many people try several medications before finding one that helps.

Go to therapy. Medication can reduce the symptoms of depression, but it doesn't treat the underlying problem. Psychotherapy can help you get to the root of your depression, change negative thinking patterns, and learn new ways of coping.

Could You Be Suffering From Depression?



Ask yourself the following questions: Within the past two weeks...

- have I had little interest or pleasure in doing things?
- have I been feeling down, depressed or hopeless?

If you answered **yes** to either question, contact your doctor to see if you could be experiencing depression.

BE AWARE of the Effects of High Risk Medications

As we age, medications can have a different effect on our bodies. This occurs because when we get older, organs may not function as well as they once did. It is also common for older adults to have a higher body fat percentage. Seniors also tend to be on more medications—and the use of five or more drugs is associated with negative side effects. It's important to be

aware of the types of medications that are considered high risk and the side effects to look for.

The most common high risk medications prescribed to Health First Health Plans' Part D members are:

- Cyclobenzaprine
- Nitrofurantoin
- Promethazine
- Methocarbamol
- Carisoprodol

- Dicyclomine
- Hyoscyamine
- Conjugated estrogens
- Dextroamphetamine
- Methamphetamine

If you are taking one of these medications, consider asking your doctor about a safer alternative.

MOLES: Harmless or Hazardous?

Whether it's a mole you've had since childhood or an age spot that recently appeared, most "skin things" are harmless. Still, it's important, particularly for older adults, to keep an eye on skin spots and growths. The effects of sun exposure on skin are cumulative, which means the risk of developing skin cancer increases with age.

WHO IS AT RISK?

No one is exempt from the risk for skin cancer. But a person who has any of the following should be extra cautious:

- A fair complexion, red or blonde hair, freckles, or a tendency to burn easily
- A family history of skin cancer
- A personal history of three or more blistering sunburns as a child or teenager

PROTECT THE SKIN YOU'RE IN

If detected early, most skin cancers—even melanoma, the most serious form—are curable. That's why it's important to make regular skin self-exams a habit. A monthly self-exam should include every area of the skin, including the face, neck, hands, back, scalp, soles of the feet, and backs of the ears. A hand-held mirror can help to check areas that are hard to see.

Specifically, any of the following warrants

suspicion and a doctor's attention:

- A mole that is bleeding or has changed color, become enlarged, or thickened
- A mole with an irregular pattern or multiple shades of color
- A sore that takes more than three weeks to heal
- A reddish patch that won't go away, which may be painful or itchy
- A smooth bump that is indented in the middle
- A shiny, waxy, scarlike spot—it may be yellow or white with irregular borders

Those who are at high risk for skin cancer also may want to ask their doctor about scheduling periodic professional skin exams.

Prevention Tips

The "war" on skin cancer begins with prevention:

- **W**ear protective clothing when outside, including a wide-brimmed hat, sunglasses, and tightly woven, dark-colored, cotton clothes. Long sleeves and long pants are best.
- **A**void prolonged exposure to the sun between 10 a.m. and 4 p.m.
- **R**egularly use a water-resistant sunscreen with an SPF of 30 or higher. But don't overdo your time in the sun just because you're using a sunscreen—it may not protect against all kinds of ultraviolet light. If you must be in the sun for a significant period of time, choose a sunscreen that is opaque or that blocks both UVA and UVB rays.

Ace Your ASTHMA Once and for All

If you're like many people with asthma, you may not be breathing easily—even when you could be. That pesky coughing and wheezing can be prevented. You just need the right medicine, the right care from your doctor, and your own asthma-fighting game plan.

The government's National Asthma Education and Prevention Program has released new guidelines for people with asthma. These recommendations stress the importance of controlling asthma—which can prevent costly trips to the ER or an inpatient hospital stay. Most importantly, it can prevent a loss of lung function.

You may not be controlling your asthma if you:

- Have symptoms, such as shortness of breath or chest tightness, more than twice a week
- Use a quick-relief inhaler more than twice a week
- Aren't able to exercise because of your asthma
- Wake up during the night because of symptoms

Even if your asthma doesn't bother you much day to day,

you still could be at risk for asthma attacks.

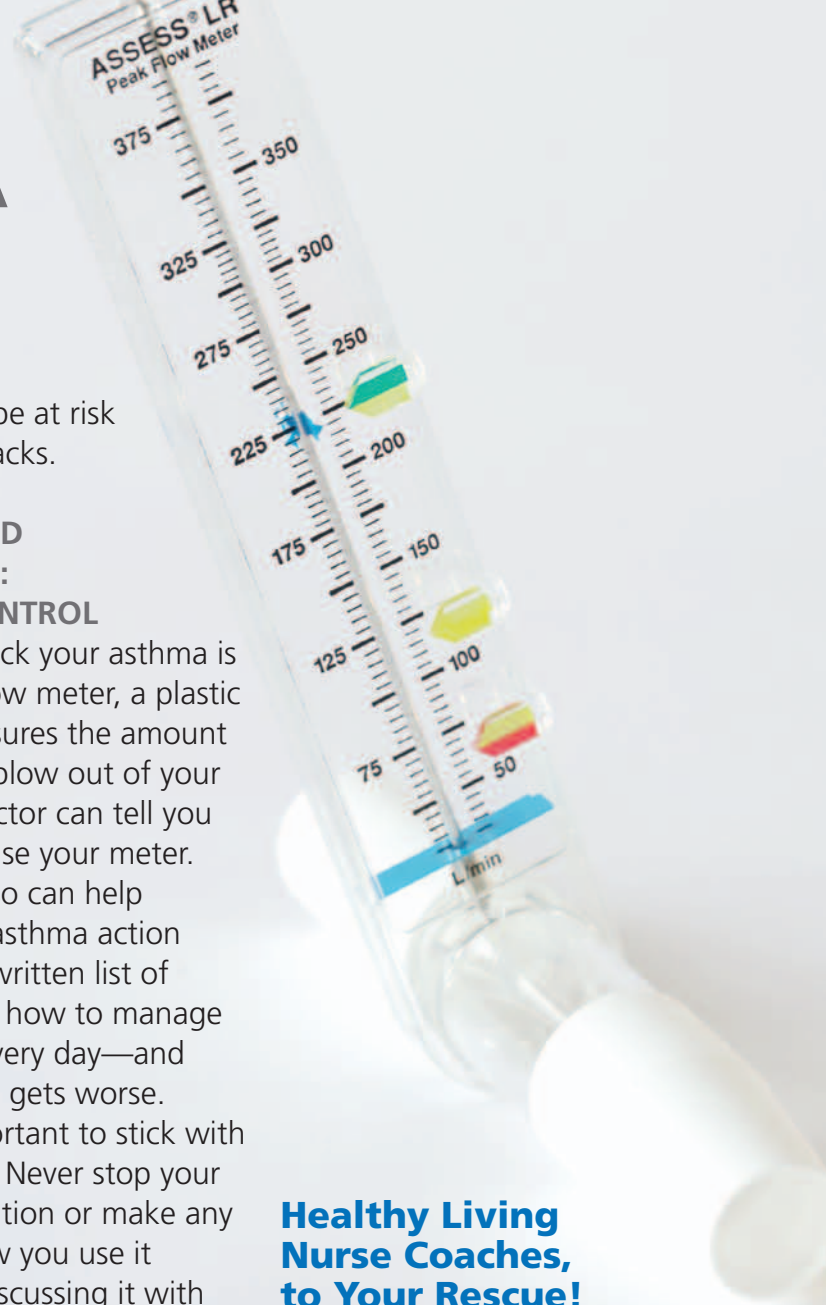
MEDICINE AND MONITORING: KEYS FOR CONTROL

One way to track your asthma is with a peak-flow meter, a plastic tube that measures the amount of air you can blow out of your lungs. Your doctor can tell you how often to use your meter. Your doctor also can help you create an asthma action plan. This is a written list of instructions on how to manage your asthma every day—and what to do if it gets worse.

It's also important to stick with your medicine. Never stop your asthma medication or make any changes in how you use it without first discussing it with your physician.

WATCH FOR WHAT MAKES IT WORSE

Try to limit your exposure to things that make your asthma act up, such as smoke, pets, and dust. If you aren't sure what's making your asthma worse, talk with your doctor. Skin or blood tests can help uncover what's triggering your attacks.



Healthy Living Nurse Coaches, to Your Rescue!

When you're not feeling well, even the simplest task can seem overwhelming. That's why we've contracted with a company called Alere to help manage your chronic condition. If you suffer from asthma, you may be contacted by a Nurse Coach from Alere. To connect with a Healthy Living Nurse Coach, please call **1-800-308-5848** and choose option 3.

Healthy Happenings



At Health First Health Plans, we strive to help you feel your best. So we've partnered with the community to bring you healthy events and opportunities! For more information about upcoming special events, visit our website at www.HealthFirstHealthPlans.org and look under "Special Events" on the home page.

RUNNING ZONE RACE SERIES PIRATE PLUNDER 2 MILER AT BCC PALM BAY

Saturday, April 7, 7:30 a.m.

Running Zone Foundation's first obstacle course event—a fun pirate-themed run/walk. Navigate through four different obstacles on the 2 mile course! We'll have an award for the best pirate costume as well as a random notepad giveaway.

MEMBER APPRECIATION NIGHT AT SPACE COAST STADIUM

Friday, April 27, 6:35 p.m.

To show how much we appreciate your membership with us, we're inviting you to join us for a free baseball game to root on the Brevard County Manatees against the Tampa Yankees. Just show your HFHP member ID card at the ticket window. And if you want to help, bring a non-perishable food item. Donations will go to support the Brevard Sharing Center.

RUNNING ZONE RACE SERIES RUN FOR THE GECKO HAWAIIAN LUAU 5K AT BCC WICKHAM PARK

Saturday, May 12, 7:30 AM

This is the race that started it all—Hawaiian luau with hula dancers! Festive Leis for all finishers. Dress in your favorite Hawaiian attire. Random giveaway of a surfboard! Zippy the Gecko Mascot to lead the Kids' Run and a Hawaiian breakfast catered by Pizza Gallery & Grill.



Do You Have Specific CULTURAL NEEDS?

We always try to meet the needs of all our members. Do you have a special cultural need? If we can improve the service we provide to you or your family members, please call our Customer Service Department at the telephone number located on the next page.

MEMBER Q & A

Q. Every spring, I receive surveys in the mail and over the phone about Health First Health Plans and my health. Should I respond to the surveys?



Lori H.
Customer Service

A. That's a great question. As part of a Medicare Advantage plan, both Medicare and Health First Health Plans want to make sure we are meeting your health and insurance needs.

One way we do this is by random survey. We value your opinions because your feedback helps us improve the services we offer. Since only a small number of members receive the surveys, we appreciate your time to participate in the survey. Even if you are very satisfied with your health plan and doctors, completing the survey helps us to know what benefits or services you like and use. The surveys also contribute to our Medicare Advantage Five-Star Quality Ratings.

We want to make sure you are comfortable answering these surveys. Some of the groups we work with to conduct surveys are The Myers Group, J. D. Power and Associates, and Matrix. Here are some tips to help you protect your personal health information:

- You can confirm general demographic information like your age, sex and zip code.
- Legitimate surveys will never ask for personal information like your Social Security or Medicare number.
- You should NEVER provide a credit card number to a surveyor or marketing company. Legitimate surveys are provided at no cost to you.

Don't Forget Your Flu Shot!

If you received your flu shot in 2011, let us know so we can send you a free magnet! Email us at hfhpinfo@health-first.org with "flu shot" in the subject line. Remember to place your "flu shot" sticker on your new Health First Medicare Plans calendar as a reminder to get another flu shot this year.

Member News



Have a Question? Contact Us:

ONLINE VIA THE WEB

www.HealthFirstHealthPlans.org
Click on the "Contact Us" link at the bottom of the page.

BY PHONE

Seven days per week, from 8 a.m. to 8 p.m.*

321-434-5665 or **1-800-716-7737**
(TDD/TTY 1-800-955-8771)

*From February 15 through October 14, you may receive a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day.

BY MAIL

Health First Health Plans
Attn: Customer Service
6450 U.S. Highway 1
Rockledge, Florida 32955

IN PERSON

Health First Health Plans
6450 U.S. Highway 1
Rockledge, Florida 32955
Monday through Friday, from 8 a.m. to 5 p.m.

If you need assistance in a language other than English, our representatives can help. Also, you may view and print member materials by visiting our website listed above.

Healthy Living is published as a service for the members of Health First Health Plans, Inc., 321-434-5665 or 1-800-716-7737, www.HealthFirstHealthPlans.org.

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Information in *Healthy Living* comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider. Models may be used in photos and illustrations. ©2012 SP12

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Health Care Fraud Awareness

At HFHP your health and privacy are two of our greatest concerns. It is important to us that your health information remains safe and is protected against health care fraud. Take the time to review your Explanation of Benefits (EOB) carefully. Make sure you received the services that were billed and paid for by HFHP. If you have any questions regarding your EOB or suspect fraudulent billing, please contact Customer Service. You can also report suspected acts of fraud, waste or abuse through our new online referral form located on the member's page of the HFHP website.

Contact Customer Service

If you suspect fraud, please call Customer Service at 321-434-5665 or 1-800-716-7737. For TDD/TTY relay, call 1-800-955-8771. Hours of operation can be found on page 15.



Recent Drug Changes

These are recent updates to your list of covered drugs (also known as a formulary):

TIER 2 ADDITIONS

levofloxacin
pantoprazole

TIER 5 ADDITIONS

Docefrez

TIER 4 ADDITIONS

Gralise
Lotemax ointment
Xarelto

TIER 5 ADDITIONS (WITH PRIOR AUTHORIZATION)

Lumizyme
Nulojix
Sylatron
Tasigna

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¹ Health First Health Plans received a 2012 Overall Plan Rating of 4.5 stars out of 5 from the Centers for Medicare & Medicaid Services on www.medicare.gov. Plan performance summary star ratings are assessed each year and may change from one year to the next.

² Health First Health Plans ranked #22 among Medicare Advantage Plans by the National Committee for Quality Assurance (NCQA) Medicare Health Insurance Plan Rankings, 2011-2012. All rankings are displayed online at www.ncqa.org. NCQA is a private, nonprofit organization dedicated to improving health care quality.