

Member News



for ArchCare Advantage Members

Welcome!

Welcome to our summer edition of ArchCare Advantage Member News. In it, you'll find important information and updates about your ArchCare Advantage HMO Special Needs Plan, plus helpful tips, resources and other news of interest to our growing member community.

We welcome your feedback and ideas. You can let us know what you think by dropping a note to: Editor, ArchCare Advantage Member News, 205 Lexington Avenue, 14th Floor, New York, NY 10016. Or e-mail us at ArchcareAdvantageMemberService@archcare.org.

Happy reading!

A handwritten signature in black ink, appearing to read "K. O'Brien".

Kimberly O'Brien
Director of Member Services

Understanding Your ArchCare Advantage Drug Coverage

Sheree Starrett, MD, MS, Medical Director

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Prescription drug coverage for Medicare Part B and Part D prescription drugs is an important part of your ArchCare Advantage benefits package. We use a formulary – a list of the specific drugs covered by our plan – that was developed with the needs of our elderly patient population in mind. All medications on our formulary are approved by the U.S. Food and Drug Administration (FDA), while the formulary itself is approved by the Centers for Medicare and Medicaid Services. Our formulary is administered through a Pharmacy Benefit Manager, CVS/Caremark.

Our formulary is divided into two tiers, Tier 1 for generic drugs and Tier 2 for brand name drugs. When a drug patent expires, a drug manufacturer may make a generic copy of the drug. The FDA requires that generic drugs meet strict manufacturing requirements, which assure that the product is bioequivalent to the brand name drug. This means that the generic drug is used by the body in the same way as the brand name drug. Brand name drugs that have recently become generic include Lipitor (atorvastatin) and Plavix (clopidogrel).

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Understanding Your ArchCare Advantage Drug Coverage *Continued from Page 1*

Occasionally, we limit the usage of a drug a prescriber may want to use. If the prescriber cannot find a suitable alternative among the drugs on our formulary, he or she can submit a formulary exception form explaining why the particular drug is needed. Some medications on the formulary require prior authorization, and are designated by the letters PA. The prescriber must complete a prior authorization form explaining why the drug is needed. If the documentation meets our criteria, the drug is approved. If it is denied, you or the prescriber can appeal the decision.



Changes may be made to the ArchCare Advantage formulary throughout the year. If we make any change that limits our members' ability to fill their prescriptions, we generally notify affected enrollees 60 days before the change is made. If a drug is no longer available due to FDA safety concerns, we may immediately remove the drug. If a member is on a medication that will no longer be covered by ArchCare Advantage, your provider may need to switch to a different medication that is on the formulary or request a formulary exception in order for the plan to continue paying for the drug.

Step Therapy is another way we manage medications. In this case, the member must first be started on a specific therapy before advancing to another therapy. We also may limit the quantities of a medication that are provided. Drugs requiring step therapy or quantity limits have the letters ST or QL next to them on the formulary list.

Your ArchCare Advantage care manager can help you understand your medications. Another source of information is the pharmacy section of our website, <http://tinyurl.com/cd8whfd>. You can request a copy of the formulary from us or download a copy at <http://tinyurl.com/bwomrus>. For any additional questions, comments or concerns please call ArchCare Advantage Customer Service at 1-800-373-3177.

Maryknoll Sisters Turn to ArchCare Home Advantage



Sr. Anastasia Lott, left, and Sr. Geraldine Brake, right, Administrator of the Maryknoll Residential Care Center, join Eleanor Miscioscia, Director of Nursing Services, Dee Jones, CEO of NorthStar Medical Group and Dr. Dora Piccirilli at a reception marking the Maryknoll Sisters' selection of ArchCare Home Advantage to deliver personalized care to their retired sisters.

More than a hundred Maryknoll Sisters are now receiving personalized care and coordination of all of their health needs through ArchCare's new community-based Medicare Advantage Special Needs Plan, ArchCare Home Advantage.

The sisters now reside at the order's Mother House in Ossining, NY after devoting their lives to caring for others around the globe. The first Maryknoll Sister to enroll was Sr. Gemma Burger, 87, who entered Maryknoll in 1944 and was a schoolteacher for many years.

ArchCare Home Advantage is designed for people who require nursing home-level care, but live in a community setting. For the Sisters, the program delivers solid, ongoing preventive care as well as attention to their individual health issues from a care team that includes their primary care physician, nurses and social workers, a care coordinator, a clinical pharmacist and a clinical services associate. The aim is to reduce the need for hospitalization by identifying emerging health concerns before they become bigger problems.

"As a Catholic ministry, ArchCare is especially proud to be entrusted to care for these remarkable Sisters, who have spent decades selflessly ministering to the health, education and social needs of others across the world," said ArchCare Advantage Executive Director Donna Sedita.

Do You Have a Healthcare Agent?

What would happen if you suddenly lost the ability to express your healthcare wishes? Who would make those decisions for you? Would he or she understand and respect your personal preferences and beliefs? New York State's Health Care Proxy Law allows you to appoint a trusted family member or friend as your healthcare agent to make health-related decisions on your behalf if you cannot.

Say you are having surgery under general anesthesia and an urgent decision needs to be made about your care. In this case, you are temporarily unable to communicate your wishes. Or, suppose a catastrophic accident or a progressive illness such as Alzheimer's disease leaves you permanently unable to speak for yourself. In either case, physicians and other healthcare providers would be obligated to respect your agent's decisions about your care as though they were your own.

Everyone 18 years or older should have a designated healthcare agent and choose him or her carefully. Whomever you select must be available and willing to act on your behalf. You will need to have a detailed discussion with your agent regarding your preferences for care should your health status change. Since it is impossible to imagine every scenario that could arise, your agent must have a clear understanding of your beliefs and values in order to follow them. You may want to have this discussion during a family gathering so all of your loved ones know your wishes.

You can authorize your agent to make all healthcare decisions for you, or you can limit the kinds of decisions the agent can make. You can also provide specific instructions on your healthcare proxy form, or express your wishes through a living will. Healthcare proxy forms are available in English, Spanish and other languages at <http://tinyurl.com/6o6g99k> and may also be available from your healthcare provider.

Once you sign the form and have your signature witnessed by two adults, make sure you give copies to your agent and healthcare providers. You can change or revoke the proxy at any time. Your ArchCare Advantage Nurse Practitioner Care Manager can help guide you through the entire process and answer any questions you may have.

Preventing Healthcare Fraud, Waste and Abuse

ArchCare Advantage is committed to detecting and preventing healthcare fraud, waste and abuse. Healthcare fraud, waste and abuse wastes precious health resources and results in higher healthcare costs for everyone, and we take it very seriously. Fraud, waste and abuse comes in many forms. Generally speaking:

- Fraud is any intentional deception or misrepresentation made to attempt to obtain some payment or other benefit to which a person or entity is not entitled.

- Waste is the intentional, unintentional or careless expenditure, consumption, mismanagement, use or squandering of resources, with no intention to deceive.
- Abuse includes activities by physicians and other healthcare providers that are inconsistent with accepted medical, business or fiscal practices. Abuse may result in unnecessary costs, improper payments or payment for services that are medically unnecessary or fail to meet recognized standards of care.

Our members play an important role in helping us identify and prevent fraud, waste and abuse. Here are some things to keep in mind:

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Preventing Healthcare Fraud, Waste and Abuse

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- Never provide your Medicare, Medicaid or other insurance information to door-to-door solicitors or people who request it over the telephone.
- Don't allow anyone you don't know to review your medical records or recommend healthcare services for

you. Only share your personal health information with licensed medical professionals whom you trust.

- Read your Explanation of Benefits (EOB) statements carefully. Look for incorrect dates of service or services that you did not receive. If you have questions, contact your provider or call ArchCare Advantage.
- Keep informed about your Medicare, Medicaid or other insurance benefits.

If you believe that a healthcare provider may be performing unnecessary or inappropriate services, or has billed for services that you or a loved one did not receive, you should let us know. You can report suspected fraud, waste and abuse toll-free and confidentially, 24 hours a day, 7 days a week, by calling 1-800-443-0463.

SLEEP AND AGING: THEY CAN GO TOGETHER



Many things change as we get older, but the amount of sleep we need isn't one of them. Older adults need about the same amount of sleep as young adults – seven to nine hours each night. With age, however, getting enough sleep becomes more difficult.

There are many reasons why older people may not get enough sleep at night. Seniors tend to go to sleep earlier and wake up earlier than when they were younger. They may also nap during the day, which can make it harder to fall asleep at night. Pain can interfere with sleep, and some medications make it harder to fall asleep or stay asleep. No matter the cause, not getting a good night's sleep can result in irritability, forgetfulness, feelings of depression and an increased risk of falls and other accidents.

There are many things you can do to improve your sleep habits. Here are some simple tips:

- **Follow a regular sleep schedule.** Try to go to sleep and get up at the same time each day, even on weekends. Avoid napping in the late afternoon or evening.
- **Develop a bedtime routine.** Take time to relax before bedtime each night. Watch television, read a book or just listen to some soothing music.
- **Be sure to have a comfortable mattress, a pillow you like and enough blankets for the season.**
- **If your health permits, exercise at regular times each day.** However, avoid exercising within three hours of your bedtime. Join group activities during the day at your long term care facility or at a local senior center.
- **Be careful when and how much you eat.** Large meals close to bedtime may keep you awake, but a light snack in the evening can promote sleep.
- **Stay away from caffeine late in the day.** Caffeine, which is found in coffee, tea, many soft drinks and even hot chocolate, is a stimulant that can keep you awake.
- **Drink fewer beverages in the evening.** Waking up to go to the bathroom and turning on a light to get there can make it hard to get back to sleep.