

Health Partners Medicare Living Well



Fall 2022

Join the Medicare Advisory Committee!

See page 8.

Complete Your HRA Today.

Learn more on page 6.

Health Partners 
Medicare

The plan you need. The care you deserve.

Your Money-Saving Benefits

As prices rise on everyday items, it's more important than ever to find ways to save money. After all, saving a few dollars each week can really add up by the end of the month.

The good news is all Health Partners Medicare members enjoy benefits that help extend their budget, such as savings on prescription drugs, rides to medical appointments and more.

These money-saving benefits are included in all Health Partners Medicare plans. Open to page 3 to learn how your benefits can help keep more money in your pocket throughout the year!



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Member Resources

Member Relations: 1-866-901-8000 (TTY 1-877-454-8477) available 24/7

Website: [HPPMedicare.com](https://www.HPPMedicare.com)

Social Media:  Health Partners Plans   @hpplans

Member Portal: [HPPMedicare.com/portal](https://www.HPPMedicare.com/portal)

Newsletters: [HPPMedicare.com/newsletters](https://www.HPPMedicare.com/newsletters)

A Note About Your Privacy

Health Partners Plans (HPP) is committed to maintaining and protecting the privacy of our members' personal information. Part of that commitment is complying with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that requires us to take measures to protect personal information and to notify our members about these measures.

The Notice of Privacy Practices describes how HPP may use and disclose a member's personal health information and how a member of HPP can get access to his or her information. For more information about our privacy practices and available privacy forms, please visit [HPPMedicare.com/privacy-practices](https://www.HPPMedicare.com/privacy-practices). You can also request a copy of the Notice of Privacy Practices by calling Member Relations at **1-866-901-8000** (TTY 1-877-454-8477).

About National Coverage Determinations

The Centers for Medicare & Medicaid Services (CMS) sometimes changes the coverage rules that apply to an item or service under Medicare. When this happens, CMS issues a National Coverage Determination (NCD) to explain the change.

NCDs tell you:

- What benefits and services are covered
- What benefits and services are changing

To see a current list of these changes and how they affect your Health Partners Medicare benefits, visit [HPPMedicare.com/NCD](https://www.HPPMedicare.com/NCD).

Benefits Corner

Save Money with These Benefits

Over-the-Counter (OTC) Benefits

All members have a generous quarterly allowance for OTC health items.

- Special: \$300
- Prime: \$150
- Complete: \$150



You can shop for approved health items at a variety of stores, including large retailers and independent pharmacies, as well as online and over the phone. Visit [HPPMedicare.com/OTC](https://www.hppmedicare.com/OTC) to learn more.

Prescription Drugs

Special plan members pay a **\$0 copay** on all prescription drugs. Prime and Complete members may pay a copay, depending on the class of drug.

Members can save money by taking advantage of 90-day refills or a mail order pharmacy. As a Health Partners Medicare member, you have the option to fill eligible medications for 90 days or through a mail order pharmacy, which will cost less than monthly refills.

Transportation

All members can schedule rides to and from doctor's appointments within our service area, as well as trips to in-network pharmacies.

- Special: Unlimited one-way rides
- Prime: 50 one-way rides
- Complete: 22 one-way rides



Dental Care

All members pay \$0 copay for two exams and cleanings, plus annual X-rays (limits apply). Plus, all plans offer an allowance toward other dental services.

- Special: \$3,500
- Prime: \$2,000
- Complete: \$1,200



Hearing Aids

All members have an allowance for hearing aids.

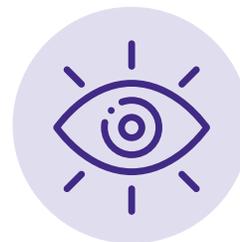
- Special: \$1,500 each year
- Prime: \$1,500 every two years
- Complete: \$1,000 every two years



Eyewear

All members have an allowance for glasses or contact lenses.

- Special: \$300
- Prime: \$300
- Complete: \$200



Get Rewarded for Good Health

Did you know that you can earn Wellness Rewards dollars for completing eligible health activities? That's right—you may be eligible for rewards! Act now to complete all of your eligible activities and earn your rewards before the end of the year!

Wellness Rewards dollars can be used to purchase eligible health and wellness items at any Walmart, Rite Aid, CVS, Walgreens, Dollar General or Family Dollar stores. Plus, all Wellness Rewards dollars will be loaded onto your OTC card, so you'll only need to bring one card to the store to shop eligible products.

You can also use your Wellness Rewards to purchase fresh-delivered produce boxes from FarmboxRx!

You can only earn Wellness Rewards dollars for activities you are eligible for, and you will only be rewarded once for each eligible activity.

All eligible activities must be completed in 2022, and all Wellness Rewards dollars must be spent by December 31, 2022.

To learn more about Wellness Rewards and which activities you are eligible for, call Member Relations at **1-866-901-8000** (TTY 1-877-454-8477).

We are available 24 hours a day, seven days a week.

Tell a Friend about HPM!

Health Partners Medicare has affordable and cost-saving Medicare Advantage plans and we want everyone to know about them!

If you know someone that would benefit from the coverage and benefits we offer, we encourage you to tell them about Health Partners Medicare! One of our plans may be perfect for their health care coverage.

To learn more about our plans, just call our friendly, licensed representatives at **1-833-477-4773** (TTY 1-877-454-8477). Thank you for helping spread the word about Health Partners Medicare!



What is the Annual Notice of Changes?

Check your mailbox soon! Health Partners Medicare is going to send you a document called Annual Notice of Changes, or ANOC for short. Here are more details about this very important document.

WHAT: The ANOC describes changes that will be made to your Medicare plan next year. All the plan changes that are described in the ANOC will take place on January 1, 2023. The ANOC helps explain the changes so you are prepared for 2023.

WHEN: You will receive a copy of the ANOC in September.

WHERE: We will mail a copy of the ANOC to all our members. It will also be available on our website; just visit [HPPMedicare.com/details](https://www.hppmedicare.com/details). Then, click on the plan you are enrolled in.

WHY: You should know what benefits you are entitled to! Many people glance over this document and miss important information about benefits. We want you to be aware of all the benefits in your Medicare plan through Health Partners Medicare.

Next Steps

We encourage you to review the ANOC so you learn more about how your Medicare plan will change for 2023. If you have any questions, we are here to help. Call Member Relations at **1-866-901-8000** (TTY 1-877-454-8477). Our staff is here to help you understand the changes to your benefits for next year.



All About SNAP Food Benefits

At Health Partners Medicare, we know how important access to nutritious food is to your health. We want to provide you with important information about the PA Department of Human Services's Supplemental Nutrition Assistance Program, also called SNAP.

In Pennsylvania, SNAP provides help to low-income individuals and families. You can use SNAP dollars to buy:

- Fresh fruits and vegetables
- Meats, fish and poultry
- Dairy (milk, yogurt and eggs)
- Packaged foods
- Canned goods
- Bread

SNAP dollars are loaded onto an ACCESS card each month. It is used like a debit card. SNAP dollars cannot be used for pet food, alcohol or hot prepared foods.

Continued on next page

Who Qualifies for SNAP?

SNAP eligibility is based on income and family size. You can call the PA Department of Human Services Helpline, toll-free, at **1-800-692-7462** (1-800-451-5886 for individuals with hearing impairments) or your county assistance office for more information about qualifying for SNAP food benefits.

Applying for SNAP

Fill out the Simple SNAP application from the Department of Human Services if everyone in the household is age 60 or older or has a disability, purchases and prepares food together, and does not receive any earnings from work. You can also apply for SNAP by calling or visiting your county assistance office or filling out an application at www.compass.state.pa.us.

If you have questions, visit HPPMedicare.com/SNAP or call Member Relations anytime at **1-866-901-8000** (TTY 1-877-454-8477). We can help you connect with local food resources.



You May Be Eligible to Earn \$15 by Completing a Health Assessment!

If you have not completed a Health Assessment this year, now is the perfect opportunity! And if you're a member of the Special plan, you can earn \$15 in Wellness Rewards dollars for completing the assessment!

The assessment helps us learn more about your health and how we can better assist you. There are two ways for you to complete the assessment:

1. **Over the phone.** Just call us toll-free at **1-855-748-3415** (TTY 711). Our team is available Monday - Friday from 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 1 p.m.
2. **Online.** You can complete it through HP Connect, the member portal.
 - a) Visit HPPMedicare.com/portal and click "Login"

- b) Log into your account. If this is your first time using HP Connect, you will need your member ID card to create a username and password.
- c) Once you are logged in, click on "Health Survey (HA)." You will see a pop-up to alert you that you are leaving HP Connect, but this is OK.
- d) When the assessment loads, your contact information will appear. If any of this information has changed, please update it when completing the assessment.
- e) Answer all the questions and then click "Submit."

We appreciate your cooperation with completing this assessment and allowing us to provide you with the best health care and service possible.

Completing the Health Assessment will not change your benefits or health care coverage with Health Partners Medicare in any way.

You May Qualify for a Comprehensive Medication Review

You may receive a call from one of our partners to discuss your medications and complete an annual Comprehensive Medication Review.

During this review, a clinical staff member will talk to you about all your prescription medicines, over-the-counter (OTC) items, herbal medications or dietary supplements. They will make sure you are taking your medications safely and effectively. There is no additional cost to you for completing this review.

If you're eligible for this review, you will receive a phone call from Tabula Rasa HealthCare (MedWiseRx). You can also call **1-844-866-3735** to learn if you are eligible.

Safe Disposal of Prescription Medications

Do you have prescription drugs you don't take anymore? "Take-back" programs allow you to drop off unused drugs for proper disposal. Call your local government's trash and recycling service to see if a program is available. You can also call **1-800-882-9539** to find other disposal sites.

Talk to a Pharmacist About Your Medications

If you take certain diabetes, hypertension and/or statin medications, you may qualify for a special program. In fact, you may receive a call from a clinical staff member of one of our partners to discuss your medications. You can take advantage of this free service over the phone.

During this discussion, you'll learn more about these medications and your treatment plan. Plus, you'll be able to talk about your experience taking these prescription drugs, such as if you're experiencing any side effects.

If you're eligible for this program, you will receive a phone call. You can also call Magellan Rx at **1-877-762-3585** to find out if you are eligible.



Your Voice Matters

Join the Medicare Advisory Committee!

At Health Partners Medicare, we care deeply about helping members like you. We also want to hear from our members because we know their opinions and experiences are very important. That's why we created the Medicare Advisory Committee—and we encourage you to join!

Our Medicare Advisory Committee is made up of members, community partners and employees. The committee meets four times a year, and these meetings are another way our members can tell us more about their needs and expectations with Health Partners Medicare. Members can participate by phone or in person.

During these meetings, you'll be able to:

- Tell us more about your experience with Health Partners Medicare
- Share ideas about how we can provide the highest quality benefits and services
- Identify areas where we can improve

Time Out! Have Some Fun with a Sudoku!

1		7			6	4	5	
	2	5	3	4				8
	6				1		7	
	5	3					2	9
6	1				9	8		
			6		2			7
		1		9	3	2		
		8						
	4			7	8	5	9	1

If you're interested in joining the Medicare Advisory Committee or just want to learn more, call Member Relations at **1-866-901-8000** (TTY 1-877-454-8477). We truly value your feedback and hope you'll join the committee!

Did you get a survey in the mail?

You're one of the lucky ones! The Health Outcomes Survey (HOS) asks you about your experience with your doctor and helps HPP understand how to improve care for your physical and mental health. Please complete the survey and send it back. Your feedback is important and will help improve care for Medicare members across the country.



Just the Facts: High Blood Pressure

High blood pressure is a serious condition that can lead to heart disease and stroke. There are often no symptoms, so many people don't know they have high blood pressure.

If you have high blood pressure (which is sometimes called hypertension), you can take steps to keep it under control.

Take Action

You can keep your high blood pressure under control with lifestyle changes.

- Eat a balanced, low-fat, low-sodium (salt) diet
- Don't smoke or use tobacco products
- Limit alcohol and caffeine consumption
- Reduce stress
- Exercise regularly
- Lose weight

Talk to Your Doctor

Your doctor can determine if you have high blood pressure. Your doctor may prescribe a medication to help keep your blood pressure under control. Your doctor may also recommend making changes in your daily life.

Blood Pressure Cuffs

Your doctor may prescribe you a blood pressure cuff so you can monitor your blood pressure at home. **If you have high blood pressure, you may be eligible to receive a free, automatic blood pressure cuff through Health Partners Medicare.**

These blood pressure cuffs help your doctor understand more about your health. If you have a telehealth visit and take your blood pressure at home, your doctor can still document your results.



Risk Factors

Many factors can affect your blood pressure, including:

- Alcohol use
- Drug or tobacco use
- Obesity
- Not exercising
- Stress
- Unhealthy diet

Schedule Your Annual Wellness Visit Today

Did you know that Health Partners Medicare offers annual wellness visits at no cost to you? It's a great way to get an overview of your health. The wellness visit is your chance to sit down with your doctor and talk more about your health.

Together, you and your doctor can build your roadmap to good health. The wellness visit typically doesn't include a full physical exam, but your doctor will still provide important care, including:

- Measure your blood pressure
- Listen to your heart beat and take measurements
- Take your weight and height
- Ask about your mental and physical health
- Review the medications you take
- Provide any necessary tests and/or vaccines
- Learn more about your lifestyle and family medical history

Call your doctor and ask about scheduling your no cost annual wellness visit. If you're new to Medicare, you are eligible for a one-time "Welcome to Medicare" visit.



Tell Your Doctor That You Got Your Flu Shot

A flu shot is your first line of defense against the flu. It helps protect you from the flu and helps slow the spread of the virus to others.

If you got a flu shot or other immunizations at a pharmacy like CVS or Walgreens, it is important to let your primary care provider (PCP) know you've been vaccinated. Your PCP will document all vaccinations in your record. Providing this type of information to your doctor helps create a full medical record for you. That way, your PCP and other doctors know about all the services you've received. This helps your PCP provide the most appropriate care so you can stay healthy!



Your Health Partners Medicare benefits cover all vaccinations, including the flu, COVID and pneumonia. Call your doctor today to make an appointment so you can get the vaccines you need to stay healthy.

Understanding Advance Directives

Although it may be uncomfortable to think about, it is important to let your loved ones and health care providers know about the treatment you do or do not want to receive should you face a life-threatening illness. You have the right to ensure your wishes are followed through a legal document called an advance directive.

You do not need to be sick to create an advance directive. Having one before life-threatening conditions or health emergencies occur can help reduce confusion for you and your loved ones.

There are two types of advance directives: living will and health care power of attorney.

Living Will

This legal document spells out how you want your care to be handled if you are no longer able to make decisions for yourself. Your living will can include information on the use of dialysis and breathing machines, resuscitation efforts, feeding tubes and organ or tissue donation.

Health Care Power of Attorney

This document enables you to authorize someone to act as your agent to make decisions about your health care if you are unable to communicate your wishes. You can appoint anyone you wish to have power of attorney privileges, including a relative, friend or lawyer.

To help ensure your wishes are met, you should take the following steps:

- Give a copy of your advance directive to your primary care provider (PCP) and to the individual(s) you have named to make decisions for you if you cannot speak for yourself.
- Tell your care coordinator at Health Partners Medicare if you have an advance directive. We can note it in our system with your permission.

Call Member Relations at **1-866-901-8000** (TTY 1-877-454-8477) at any time or call your care coordinator if you would like us to mail you standard advance directive forms.

Exciting News! Our Provider Network is Growing

When you need care, you have more choices thanks to our growing provider network. Health Partners Medicare is always working to add new doctors and health systems to the provider network.

Earlier this year, Lehigh Valley Health Network joined our network. Plus, Jefferson Health and Tower Health became a part of the network last autumn.

With thousands of doctors, hundreds of clinics and facilities and more than 60 hospitals in the network, you have more choice when it comes to getting the care you need. Visit [HPPMedicare.com/directory](https://www.hppmedicare.com/directory) to find a doctor or hospital near you. You may also call Member Relations for help finding a doctor or hospital near you.



Just for Members

Our Care Coordinators Are Here to Help You!

Did you know that you have access to a Care Coordinator?

A Care Coordinator is a nurse or a social worker who is dedicated to helping you access your health care benefits. Plus, Care Coordinators can help you get the care and resources you need.

What Our Care Coordinators Can Do for You

- Schedule doctor appointments and remind you about follow-up appointments
- Help get prescriptions and refills, such as arranging home deliveries
- Get transportation to and from your medical appointments
- Help you access your over-the-counter health items benefit
- Contact you after a hospital admission to make sure you are doing well and understand your discharge follow-up care
- Connect you with behavioral health services
- Help you access benefits and services available to you
- Find resources in your community that can help you, such as food pantries and utility service payment programs



If you want to learn more, call Member Relations 24/7 at **1-866-901-8000** (TTY 1-877-454-8477).

Don't Risk a Loss in Your Medicaid Coverage

When the COVID-related public health emergency ends, the Pennsylvania Department of Human Services (DHS) will start evaluating each person's Medicaid eligibility. People with Medicaid benefits could lose their coverage if they don't provide the information DHS needs to verify their income or residency.

If you are a member of Health Partners Medicare and also receive Medicaid benefits, you should take the following steps to make sure you receive your Medicaid renewal application paperwork.

1. Make sure your contact information is always up to date. **If your address has changed, please notify your local County Assistance Office or visit the [COMPASS website](#).**
2. Check your mail. DHS will mail you a letter about your Medicaid coverage. This letter will let you know when you need to complete your application to see if you still qualify for Medicaid.
3. Complete and return your renewal application on time. Return your eligibility application by the deadline to avoid the loss of your Medicaid coverage.

You could lose coverage if you do not receive and complete your renewal form.

Health Partners Medicare is an HMO plan with Medicare and Pennsylvania State Medicaid program contracts. Enrollment in Health Partners Medicare depends on contract renewal.