



COMMUNITY HEALTH PARTNERSHIP FOCUS

WINTER 2012

HEALTH NEWS & INFORMATION FOR OUR MEMBERS

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Being a Good Healthcare Consumer: Preventing Medicare Fraud, Waste, & Abuse

Scams are common place in our world today. Often we think of the construction scams that occur after a natural disaster, such as a tornado, hurricane, or flood. It is not unusual to hear a newscast warning you of a telephone scam occurring in the community. Unfortunately, these actions are by people wanting to make you believe you will receive something wonderful, when they already know you won't.

The healthcare industry is not immune from being a victim to scams. Reportedly it is losing \$100 billion annually due to scams involving fraud, waste, or abuse. For this reason more effort is being placed on detecting, preventing, and eliminating fraud, waste, or abuse activities. By implementing stronger oversight and follow up to reports of these...



See **Being a Good Healthcare Consumer** page 2

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Being a Good Healthcare Consumer

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activities, taxpayers, government, health plans, and you benefit. Community Health Partnership, Inc. is committed to detecting and eliminating fraud, waste, or abuse from occurring to any of its Members.

The following information concerning fraud is the first in a series of articles we want to share with our members regarding Medicare fraud, waste, and abuse. Watch for more information in upcoming issues of *Focus*.

What Is Fraud?

Medicare defines fraud as a deliberate deception or misrepresentation made by a person with knowledge that the deception could result in the gain of some unauthorized benefit to one's self or another person, and includes any act that constitutes fraud under applicable federal or state laws. This probably sounds complicated, but as we look at some examples, it becomes clearer.

In any industry, fraud may include:

- falsifying documentation that authorizes services or increases the reimbursement rate paid for the service
- signing the name of another person, creating identities, or otherwise using false names to provide and bill for services;
- misusing an individual's personal funds

In simple terms, if someone is creating false documents or purposefully changing information to get more payment for the service, it can generally be considered fraud.

How Can You Protect Yourself?

Protecting the personal information you share with others is one of the best methods to prevent fraud from happening to you. Personal information includes things like your name and your Social Security, health insurance identification, or bank credit card numbers. It is generally best to only share your personal information with people you initiate doing business with. Also, keeping your personal information in a safe place is a good idea to prevent it from being lost or stolen.

If you think someone is using your personal information without your consent, you can call your local police department

to report it. If you feel your bank cards are lost or stolen, contact your bank. They will help you with what you need to do next.

Remember, your CHP Member ID card also contains personal information, so if you feel this is being used improperly by a provider, or that it is lost or stolen, contact your Team immediately.

What Should You Do If You Suspect Fraud?

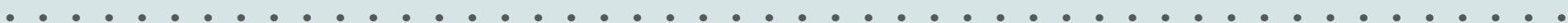
It is up to you how you want to report possible fraud. The most important part is to tell someone so the situation can be looked into. You can report it by using any of the following options:

- Contacting your CHP Team either in person or by phone or email
- By contacting the local police department
- By calling CHP's Hotline at 715-858-7839
 - This is a private telephone line that only the Compliance Officer can retrieve messages from, so it is very confidential.
- Contacting the Office of Inspector General (OIG) HHS Tips Fraud Hotline
 - Phone: 1-800-HHS-TIPS (1-800-447-8477)
 - TTY: 1-800-377-4950
 - Fax: 1-800-223-8164
 - Email: HHSTips@oig.hhs.gov
- Contacting Wisconsin's Medicaid Fraud Control and Elder Abuse Unit
 - By Phone: Toll Free: 1-800-488-3780
 - Website: www.doj.state.wi.us/dls/medfraud.asp

What Will CHP Do With Your Report?

CHP has policies and procedures in place to make sure all reports are handled seriously and consistently. It is CHP's practice to look into each situation thoroughly, and, if necessary, refer the matter to local law enforcement or the appropriate government regulatory agency for further follow up and investigation.

CHP is committed to detecting and taking action against fraud. With your help that effort will be more successful, and Medicare and Medicaid dollars will be saved.



Reducing the paper trail...

Electronic medical record will help provide better care for members

Beginning in early 2012, CHP will incorporate a new electronic medical record (EMR) system that is helping to streamline processes and create efficiencies which will ultimately result in more cost-effective and better care for members in our Partnership and Family Care programs.

A number of our clinical teams have been piloting the new system since early November, and remaining teams will be part of an organized phase-in period beginning in January and lasting until early spring.

As a CHP member, the most visible aspect of the EMR system you will see is the use of computer tablets by your clinical team at future home visits. The specialized portable computers allow the user to type in information and also handwrite notes on the screen by using a special stylus pen.

During home visits you will see our staff use their computer tablet to document information about your care. The tablets will also allow our staff to locate information directly from your specific care plan and other medical record sources — resulting in a much more efficient record keeping process. With the capability of direct access to health and record information — literally right at their fingertips at any given time — our staff will have the data needed to share with you, including all the supporting documents we use to coordinate your care.

With fast, accurate electronic data collection, your medical record can be kept much more current and accurate. Duplicate entries will no longer be a problem, and errors will be reduced as manual data entry from paper notes will not be required. Since file folders or paper records will no longer be a necessity during visits, our staff will find it easier to comply with privacy and security guidelines.

The use of computer tablets is just one aspect of an overall effort at CHP to have our staff become more mobile. Aside from the enhanced technical capabilities of the EMR, it is intended to give our staff much more flexibility in their daily and weekly schedules. We think you will find that as the EMR system reaches full implementation, your team members will have more time to spend with you in discussing your care plan and desired outcomes.

Another important cost-savings benefit of having a more mobile workforce is the ability to significantly reduce the amount of space needed in our offices, and CHP has already begun the process of revamping and reducing the space currently leased at the Eau Claire office.

The EMR system is an important milestone for CHP, and our staff is very excited about the many advantages it will bring in carrying out the services we provide to our members. The efficiencies and additional cost-savings linked to the EMR are a very important step to ensure CHP's long-term viability while allowing us to continue to build the finances needed to support our providers.



Winter Warmth and Safety: Home Energy Tips for Older Adults

Everyone appreciates a warm, comfortable home during the cold winter months. Yet with escalating energy costs many older individuals may be finding it a challenge to keep up with home heating bills this winter. Higher heating bills can be overwhelming, but with a little planning and preparation they don't have to be.

Find out about financial energy assistance programs

- Many states, counties, and cities provide programs that assist older adults with winter heating costs. Your county's Aging and Disability Resource Center (ADRC) is a good source of information about available community programs and eligibility requirements. A listing and contact information for the various ADRC offices in CHP's five-county service area is available at the Members & Families section of CHP's website at: www.communityhealthpartnership.com.
- The **Low-Income Home Energy Assistance Program** is a federally funded program that helps eligible low-income homeowners and renters meet their home heating needs. In Wisconsin, this program is called the Wisconsin Home Energy Assistance Program (WHEAP). Be mindful that each year there is an application deadline for assistance, except for emergency situations. In addition to regular heating and electric assistance, WHEAP's specialized services include:
 - Emergency fuel assistance
 - Counseling for energy conservation and energy budgets
 - Proactive co-payment plans
 - Targeted outreach services
 - Emergency furnace repair and replacement

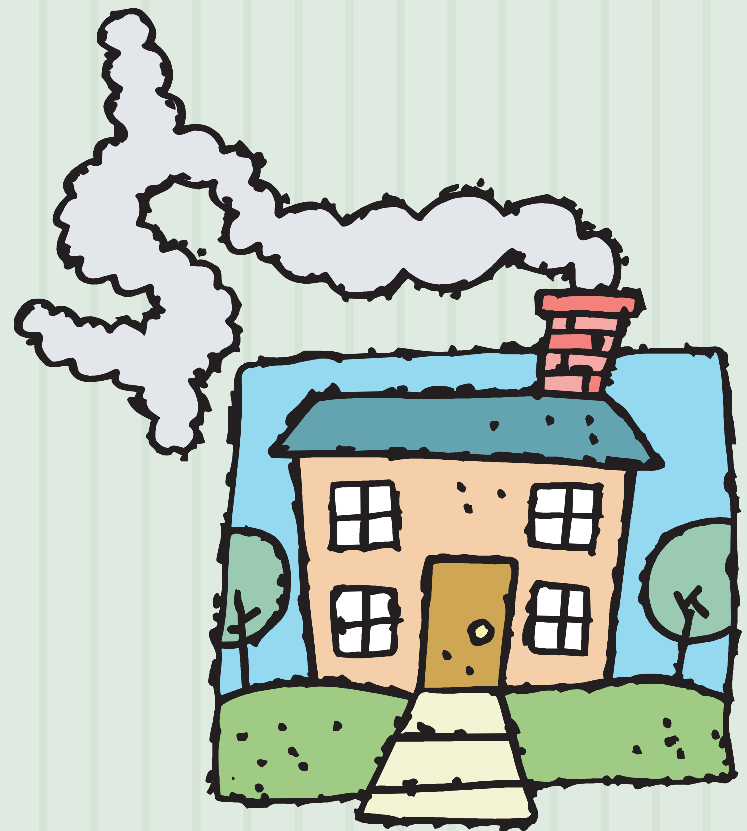
For more information, Wisconsin residents can call 1-866-HEATWIS (432-8947) or visit the WHEAP website at: www.homeenergyplus.wi.gov.

- Get information about the Weatherization Assistance

Program (WAP). In Wisconsin, WAP uses federal funds to help low-income families permanently reduce their energy bills by making their homes more energy efficient. Assistance is free, and preference is given to people over age 60 and households with children or people with disabilities. You must apply to determine eligibility.

WAP services are provided by local nonprofit agencies that employ energy professionals. They will thoroughly analyze your energy systems for safety and determine the most cost-effective energy upgrades for your home. This means that in addition to making minor repairs such as adding insulation, they will also check for hazards such as carbon monoxide, indoor air quality problems from mold, and outdated electrical equipment and wiring.

Applying for Energy Assistance at your local WHEAP agency is the first step in determining your eligibility for weatherization services. Call 1-866-432-8947 for more information.



Be aware of help provided by utility companies

- Check with your gas, water, and electricity suppliers to see if they offer a monthly budget plan to help spread out energy costs throughout the year. Often they have special heating assistance funds as well as “no cut off” guidelines to avoid termination of service for older adults, people with disabilities, and ill customers who may have difficulty paying their bills. Utility companies are also a great source for energy conservation information. They might be able to refer you to an expert to inspect your home for ways to make it more energy efficient or provide a list of contractors to tune up your furnace so that it operates at peak efficiency.

Look for ways to cut down on winter energy use

- The ENERGY STAR Program, run by the EPA and the Department of Energy, offers steps to follow to make your home more energy efficient. ENERGY STAR is a label that identifies and promotes energy-efficient products, including major appliances, office equipment, lighting, home electronics, and more. These products can save about one-third on energy bills without sacrificing features, style, or comfort. More information for Wisconsin residents can be found at: www.focusonenergy.com.
- Here are some simple, inexpensive energy-saving things you can do yourself:
 - Have a friend or relative seal air leaks. Weather strip and insulate the attic hatch or door to prevent warm air from leaking out of the house. Use storm windows or stretch window film to keep out drafts.
 - Use an ENERGY STAR qualified programmable thermostat that can automatically adjust the temperature of your home when you are away.
 - Prepare your furnace, boiler, or heat pump for winter by having them professionally tuned-up in the Fall. Remember to change furnace filters every three months to keep warm air flowing.
 - Although a log fire in your fireplace is attractive, it does not heat your home because heated air drafts up the chimney. When not using your fireplace, close the damper.

Ensure your health and safety

- In addition to addressing the need to stay warm during winter, consider safety as well. For example:
 - Avoid the risk of home fires. Do not use your stove or oven to heat your home. Keep batteries and battery-powered flashlights available. When needed, use flashlights instead of candles. Check to make sure that electrical cords on space heaters are not damaged and do not pose a tripping hazard.
 - Make sure that smoke and carbon monoxide detectors are installed and working properly. It is recommended that you replace the batteries at least once a year. As a reminder, pick a holiday or your birthday and replace the batteries each year on that day.
 - Insulate water pipes to avoid freezing and bursting. When freezing temperatures are expected, leave water taps slightly open so they drip continuously. Drain and turn off outside water spouts.
 - Have a fire extinguisher ready to use. Fire extinguishers should be inspected at least once a year to assure that will operate effectively and safely when needed. Consult your telephone directory or local fire department for fire extinguisher service.

Have a back-up plan

- Before you need them, consider alternative arrangements should extreme weather conditions require emergency action.
 - Identify temporary living arrangements in case you are unable to stay in your own home, and create a plan for getting there.
 - Keep in touch with family and friends. Ask someone to check on you daily – especially if you live alone.
 - Plan for your medical needs. Have extra medications on hand or identify a pharmacy that can deliver them to you.
 - If you or a loved one in your home has medical equipment, be sure you know how it will need to be maintained or moved in an emergency.
 - Share emergency contact information with everyone who would need it.
 - Talk with your CHP clinical team about concerns you may have or if you feel you need some assistance in having a back-up plan.

February is American Heart Month

Heart Attacks – The Heart Truth for Women

You'll know when you're having a heart attack by that telltale elephant-sitting-on-your-chest feeling, right? Maybe, but not always.

Some heart attacks start slowly. You may have some mild chest pain or discomfort. You may not think you're having a heart attack and wait too long to get help.

This may come as a surprise, but the leading cause of death in women over age 25 isn't breast cancer. It's heart disease. In fact, while only 13% of women think they're at risk for heart disease, it is responsible for nearly two times the number of deaths in American women than all types of cancer.

Many times death could be avoided as women often have undiagnosed warnings weeks, months, and sometimes even years before they suffer a heart attack. Long-term warning signs include nausea, overwhelming fatigue, and dizziness. Many women report having a hard time getting physicians to take their complaints seriously, and their symptoms are often chalked up as stress. Women are also more hesitant than men to contact a doctor for treatment during a heart attack. This is, in part, because their symptoms don't fit the classic descriptions of heart attacks so they don't think they are indeed having one.

What you should do if you think you're having a heart attack:

If a woman suspects she's having a heart attack, time is of the essence...

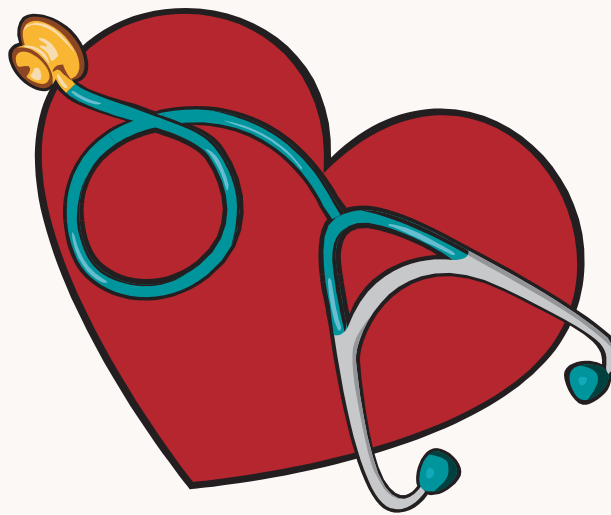
- Call 9-1-1 right away. Tell the operator you may be having a heart attack. Don't hang up. It may help emergency workers find your address if you pass out.
- If you are not allergic to aspirin or do not have recent bleeding, chew one adult-size aspirin or two low-dose "baby" aspirin while waiting for help to arrive.
- Stay calm. Sit down.
 - If your doctor has prescribed nitroglycerin medicines, take as directed.
 - DO NOT drive yourself to the hospital.
 - DO NOT delay getting medical treatment, even if you're not sure if it's a heart attack.

Coronary heart disease is the leading cause of death in the United States. Women often think of heart disease as a man's disease because men tend to develop it 10 years earlier than women. Yet once a woman reaches menopause,

she catches up and even exceeds a man's risk. That's because estrogen levels, which protect against heart disease, drop in menopause.

Women's heart attacks tend to be more damaging and more likely to happen again than men's. Also, women generally don't do as well with bypass surgery as men do.

No one knows exactly why the scales seemed to be tipped against women. One theory is that, because women develop heart disease at a later age than men, they usually have other health problems.



How can you help prevent a heart attack?

- **Don't smoke.** If you smoke, quit. If someone in your household smokes, encourage him or her to quit too.
- **Eat heart-healthy foods.** Choose lean meats and low-fat or fat-free milk and other dairy foods. Eat whole grains, and plenty of fruits and vegetables. Watch your sodium and sugar intake. Cut down on saturated and trans fats. Saturated fat is found in most animal foods. You'll find trans fat in many packaged and processed foods, such as cookies, crackers, and chips.
- **Lower high blood pressure and cholesterol.** If you have high cholesterol or high blood pressure, follow your doctor's advice, make lifestyle changes, and take medicines as prescribed.
- **Be active.** Do some form of physical activity every day. Shoot for 30 minutes a day. Check with your doctor before you increase your activity level.
- **Manage diabetes.** If you have diabetes, be sure to monitor your blood sugar and take medicines as prescribed.
- **Aim for a healthy weight.** Being active and eating healthy can help you lose weight if you need to.
- **Reduce stress and limit alcohol.** Stress causes some people to drink or smoke to relax. Drinking too much alcohol can raise your blood pressure and lead to other health problems.

Is it a **HEART ATTACK** or just *heartburn*?

Chest pain is a symptom that produces fear in many people. It can be a sign of something very serious and even life-threatening, such as a heart attack. But chest pain can also be a sign of something not so serious, such as a pulled muscle. If you're not sure whether your chest pain is the result of a heart attack or simply heartburn, consider any other symptoms you are experiencing. In addition to causing chest pain, heartburn can cause a bitter or acid taste in the mouth. You can also experience a sensation of food or liquid coming up into the throat or mouth — especially when bending over or lying down. Besides causing chest pain, heart attacks may result in symptoms such as fatigue, shortness of breath, and weakness.



Heart Attack Symptoms

- **Chest pain or discomfort, usually in the center of your chest.** It may last longer than a few minutes, or it may go away and come back. You may feel pressure, squeezing, pain, or fullness.
 - **Pain or discomfort in other areas.** You could have pain in one or both of your arms, neck, jaw, back, or stomach.
 - **Shortness of breath.** You may have this with or without chest pain or discomfort.
 - **Other symptoms,** such as nausea, breaking out in a cold sweat, or feeling light-headed.
- In women, like men, the most common symptom is chest pain or discomfort. But women are more likely than men to have other symptoms, including:
- Indigestion, nausea, or vomiting
 - Shortness of breath
 - Neck, back, or jaw pain
 - Stomach pain or heartburn

CHP Member and World War II Veteran Participates in “Honor Flight” Trip

By Kay Kruse-Stanton

Approximately 16 million American troops were deployed during World War II — many to countries they never dreamed of seeing. More than 400,000 didn't make it home again. Some that did received a hero's welcome when they returned while others came back and resumed their normal lives without much public fanfare.

Community Health Partnership member Norman Fenske, a Fall Creek native, was among those who answered the call of duty and quietly returned at war's end to pick up his life again. Like many veterans of that era, he didn't talk much about his wartime experiences. Norman's son Bob, who resides in Portage, Wisconsin, recalls that his dad said very little about his time in the service. "He had a few souvenirs along with some items he traded for... and there were a few pictures he sent home from his tour in Europe. Other than that, he didn't share a lot of information."

It wasn't until 2004, more than a half-century after the war, that this group of quiet veterans received their own memorial in Washington, D.C. Unfortunately, by that time, many of the veterans had passed away, as an estimated 900 to 1,000 World War II veterans die every day.

When it became clear that advancing age and economic concerns were prohibiting many World War II veterans from visiting their own memorial, several philanthropic groups coordinated services to offer the "Honor Flight Network" — a free program that offers round-trip air transportation to

as his father's "guardian" and "general assistant" on a one-day whirlwind tour of the nation's capital this past November — highlighted with a visit to the World War II Memorial.

Upon their arrival in Washington, D.C., the group of about 100 veterans — ranging in age from 83 to 101 —

received a police escort so they could more quickly and conveniently tour the Vietnam Memorial, the Air Force Memorial, Arlington Cemetery, and other points of interest. The high point for Norman was the World War II Memorial. "There was a wall there just covered with gold stars," Norman said. "All those stars in memory of the ones who didn't make it home." The 4,076 stars

each represent 100 soldiers who died in battle. "For me, the World War II Memorial, as well as the Tomb of the Unknown Soldier, brought home the extent of the nation's sacrifice in World War II," said Norman.

It was emotionally difficult for Norman to face the hundreds of people who were waiting at the airport at the end of the day to greet the veterans when they returned from their Honor Flight. "They were all saying 'Thank you for your service.'" And what are...

See **World War II Veteran** page 10



Washington, D.C. and tour services for veterans. In 2005, fewer than 150 veterans made the first trip. In 2010, more than 22,000 veterans participated in the Honor Flight program.

When Bob learned about the program, he started encouraging his father to apply. "I felt the World War II Memorial was built for the veterans. After all, it's their memorial. It simply won't hold as much meaning for me and my kids," said Bob.

Following an approval of their application for the program, Bob served

Member Journeys to Nation's Capital to Share Disability Advocacy Message

By Kay Kruse-Stanton

Community Health Partnership member Tami Weber enjoys travel and calls herself a “history buff and political geek.” A trip to the Washington, D.C. area would seem to be the perfect vacation for her. But that’s not the reason she traveled to our nation’s capital this past November.

Tami, who lives in River Falls, helped represent Wisconsin at the Alliance for Full Participation Summit Conference held on Nov. 17-19 at the Gaylord National Hotel and Convention Center in National Harbor, Maryland. The purpose of the conference was to find ways to encourage integrated employment for people with disabilities, with a goal of doubling the

employment of this population by 2015. Tami was asked to participate because of her history of helping people with disabilities.

“I love advocacy work,” said Tami. “Maybe it’s because I’m not afraid to speak out, and there are so many people who have no voice at all.” Tami uses a wheelchair, and on past trips traveling by air, she has always worried about whether or not the chair would be damaged in the plane’s cargo hold. This time she traveled by train, and the chair became her passenger seat.

While a trip to the Washington, D.C. area can offer the visitor many opportunities to view countless items of historical significance, Tami didn’t have a lot of extra time to explore the sites. In addition to attending the summit, she met with Senator Herb Kohl and with the legislative staff of Senator John Kerry, as well as Representatives Nancy Pelosi and Paul Ryan, to voice concerns over proposed cuts to Medicaid.

Tami was well prepared for her presentations. “I’ve done a lot of research and had specific talking points about cuts to Medicare and Medicaid. Fifty-seven percent of state funding for Medicaid comes from the federal government. As long as the federal government gives that money to the states, there are certain rules the states must abide by. Without that, the states could arbitrarily cut whatever they want to,” said Tami.

Tami presented data to show that helping people live as independently as possible instead of moving into a nursing home makes financial sense. She also pointed out to them that she did nothing to “deserve” the disability she lives with. “I have to rely on help. At times, I’ve been made to feel like a villain. I’ve done nothing to deserve that. And I’m not alone.”

At one point in her life, Tami considered a career as a political speech writer, and she felt right at home talking with the legislative staff. One of the outcomes of the conference is encouragement for participants to interact more with those who make our laws.

“I want to work with them on rules that make sense, whether it’s employment or Medicaid – keeping dignity and our moral obligation to help others in the forefront,” said Tami.

Personal experiences during her excursion highlighted the need for continued advocacy work. Tami recounted that her train trip ended at Union Station in Washington, D.C. City cabs equipped to accommodate a wheelchair transported her and her aides to the hotel, which is just outside the Washington, D.C. city limits. However, because of local laws, the cabs were not legally able to return to the hotel at the end of the conference to take her back to Union Station.

See **Member Journeys to Capital** page 10



CHP member Tami Weber of River Falls is very proactive about getting the word out related to the need for more advocacy for individuals with disabilities. Tami’s efforts included her attendance at a national conference held in the Washington, D.C. area this past November.

World War II Veteran

Cont'd from page 8

you supposed to say to that?" Norman asked. "It just brought tears to my eyes."

Since his visit to the Memorial, Norman has talked more about his wartime experiences. He and others in Fall Creek grew up speaking English and German. His military duty toward the end of the war involved escorting German prisoners of war back home while traveling by train through France. "They were miners and farmers, just regular people, and they had to have guards. After we got going I found out why," he said. Wartime memories were fresh, and people along the railroad tracks threw stones at the train cars. "We were there to protect our prisoners." Norman found he had much in common with his German charges. Many of them had been drafted into military service and were eager to go home.

Norman has an album with photos he sent home during World War II and has now added photos of his visit to Washington, D.C. to that collection. In addition, he received a commemorative jacket and medallion on the day of the tour.

Norman says he also has his memories of the years he served. "It's history. We need to keep it, but we should never glorify it," he said.

To this day, Norman down plays his role in World War II, saying many others had a much more difficult set of responsibilities and duties. But he is glad he participated in the Honor Flight experience and had a chance to see the memorial for his generation of soldiers. "The day was so well organized," he said. "I was amazed, and so was everyone else, that the program even existed."

For more information about the Honor Flight program, visit the website www.honorflight.org or telephone (937) 521-2400.



Norman Fenske shows CHP employee Terri Johnson the medal he received while attending the Honor Flight program trip to Washington, D.C. this past November.

Member Journeys to Capital

Cont'd from page 9

"It's the last day of the conference and there are all these people in wheelchairs, and no way to transport them back to the city," she said. What should have been a 20-minute taxi ride turned into a more than two-hour journey by bus and subway. Tami and her traveling companions arrived at Union Station weary and frazzled, and missed their train home by minutes. Amtrak honored their tickets, and they were on their way back to Wisconsin the following day. "All because of a local rule... nobody thought about how that law was going to affect people with wheelchairs," said Tami.

Tami and others who attended the conference will also be contacting business leaders in their communities to promote equal job opportunities for people with disabilities. She indicated that having a disability should not be a barrier to employment. "What's important in hiring decisions is whether or not applicants have the knowledge and skill set a job requires," said Tami.

Even though the trip to Washington, D.C., involved some frustrations, Tami says she would love to make a return visit. "Washington, D.C. is an amazing place, and I'd encourage everybody to go there. And while there, attempt to meet with your elected officials. They need to hear from us."

HEDIS Audits

Measuring the Care We Provide to Our Members

The Healthcare Effectiveness Data and Information Set (HEDIS) originated in the late 1980s. HEDIS is a tool used by more than 90 percent of America’s health plans to measure performance on important dimensions of care and service. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an “apples-to-apples” basis.

Health plans also use HEDIS results themselves to see where they need to focus their improvement efforts. HEDIS is designed to provide consumers with the information they need to reliably compare the performance of health care plans.

Diabetes is one area of focus during the annual HEDIS audit. The table below describes Partnership Health Plan’s performance as it relates to diabetes over the past three years.

CHP reports several HEDIS measures on an annual basis. Some of the other measures are: adult body mass index (the measurement of obesity), colorectal cancer screening, glaucoma screenings in older adults, controlling high blood pressure, cholesterol management (after an acute cardiovascular event), and breast cancer screening, to name a few.

HEDIS - Comprehensive Diabetes Care Measure	2008	2009	2010
Description of Diabetes Care Measure	Percent of Partnership Program Members Receiving Care		
Did you receive a blood sugar glucose screening?	97.03	96.97	94.74
Are your blood sugar glucose levels poorly controlled?	11.90	9.09	17.43
Are your blood sugar glucose levels well-controlled?	74.72	76.97	73.68
Did you receive a retinal eye exam?	78.07	76.67	77.96
Did you receive a cholesterol (LDL-C) screening?	89.96	85.76	87.83
Are your cholesterol (LDL-C) levels less than 100 mg/dL?	57.62	54.24	61.84
Were you screened for kidney functioning?	91.45	90.00	90.79
Is your blood pressure reading less than 140/90 mm/Hg?	79.55	84.85	85.53
<i>Special Note: All reported rates are audited by the National Committee for Quality Assurance (NCQA). NCQA then reports the final rates to the Centers for Medicare and Medicaid (CMS).</i>			

IMPORTANT INFORMATION - PLEASE TAKE NOTE

Stay Informed About Your Prescription Co-pays

As part of the Affordable Care Act, the Home and Community Based Services (HCBS) waiver eliminates drug co-pays for dually eligible Medicaid/Medicare Part D patients who qualify for a nursing home level of care. As a result, in 2012 there will be new medication co-pays for Medicare Part D recipients. Some



of the changes allow for \$0 co-pays through your Medicare Part D provider. To stay on top of these changes, we encourage all Medicare Part D recipients to check your co-pays when you go to the pharmacy in 2012. If you have questions, make sure you ask the pharmacist or talk directly with Medicare prescription Part D provider.

Change in Long-Term Care Functional Screen Process

In December 2011, CHP instituted a change in the process for how Long-Term Care Functional Screens are carried out with our members. The Long-Term Care Functional Screen is a State of Wisconsin-developed eligibility tool that CHP is required to use to determine members' ongoing eligibility for our Partnership and Family Care programs. Previous to last month, these screens were typically carried out by each member's individual team as part of a member's annual review. Going forward, these screens will still be part of a "face-to-face" visit with each member but will be handled by a separate group of CHP staff who are specifically trained on performing the screening process. This arrangement will allow our teams to have more time for case management and will also help to improve the overall accuracy and consistency of completed screens.

CHP Changing TTY Phone Number to 7-1-1

Effective immediately, CHP has instituted a new telephone phone number for members to access CHP via a TTY (TeleTypewriter) service. Users of TTY should now dial 7-1-1 to connect to this service. The 7-1-1 number is toll free and can be used 24 hours a day to access TTY, which is also a free service. TTY is a special device that lets people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate by allowing them to type messages back and forth to one another instead of talking and listening.



Member Advisory Council Provides Input Related to Delivery of Member Services

As part of their overall care team, Community Health Partnership and Community Family Care members share and have a major responsibility in the decision-making process to help achieve the best overall treatment and support.

A key voice in maintaining that environment is the Member Advisory Council. The Member Advisory Council consists of members from Community Health Partnership and Community Family Care. The council meets every other month to discuss issues, concerns, and provide feedback on services. Council members are also presented updates on programs and departments within Community Health Partnership, Inc.

The Member Advisory Council is interested in hearing your issues, concerns, and feedback on services, or if you are interested in membership on the council, please contact the council's facilitator, TJ Atkins, the Member Rights Advocate, at 715-838-2773.

FOCUS is a quarterly publication of Community Health Partnership, Inc. It is intended to provide health information and highlight matters and concerns related to Community Health Partnership's services. Information provided is not intended to be medical advice, a tool for self-diagnosis, or a substitute for care by a health care provider.

Comments and suggestions can be submitted to: Community Health Partnership, Marketing & Communications, 2240 EastRidge Center, Eau Claire, WI 54701 or 715-838-2900, toll free 1-800-842-1814.

FOCUS is also available on our website: www.communityhealthpartnership.com