

Complete Community

Edition 6 | Fall 2021

Ascension Complete

What's New

Welcome Back to *Complete Community*

Ascension Complete's quarterly member newsletter contains announcements, reminders, resources, tools, and helpful tips to ensure you're getting the most out of your benefits. We also feature articles written by our top doctors and success stories from other members like you.

Ascension Complete was designed to simplify your experience and enable you to get more personalized care. We hope you'll see that approach with Complete Community, too. If there's content you would like to see in future newsletters, let us know at CompleteCommunity@AscensionComplete.com.

Thanks for reading! Stay well and healthy.

Tips for Reviewing Your Annual Notice of Changes (ANOC)

By now, you should have received your Annual Notice of Changes (ANOC) document in the mail. As a Medicare Advantage plan, Ascension Complete is required to send this document to members each year announcing any benefit changes for the upcoming plan year.

There are several key areas to focus on that may affect you in the coming year:

1. **Costs:** Be sure to review the 2022 premiums, deductibles, and other cost-share such as coinsurance and any copayments. This is important because it might impact your budget in the new year.
2. **Providers:** Whether you're planning to use a HMO, a POS or a PPO plan, you'll want to be sure that your doctors, preferred hospitals, and pharmacies are part of our network. This will help you keep your out-of-pocket costs down.
3. **Prescription Drugs:** Check the 2022 formulary and calculate what your prescription drugs will cost each month with the new prescription drug list.

You will see that changes outlined in the ANOC document can affect each Ascension Complete member differently, which is why you should review the document with your own personal healthcare needs in mind.

With your ANOC, you should have received a single-page enclosure explaining how to access a Provider and Pharmacy Directory, Formulary Drug List, and an Evidence of Coverage (EOC). All of these documents are available to you online. You can also go to the [Plan Benefit Materials page](#) to access your ANOC online.

Have questions?

Member Services is always standing by to assist you with any questions you may have. Call us using the phone number on the back of your member ID card.

Your Annual Enrollment Period is Ending Soon

Ascension Complete Annual Enrollment Period **ends December 7th**.

Great News

We think you will love your new plan benefits and services for 2022. Your Annual Notice of Changes (ANOC) packet sent to you in September provides you with details of what changes to expect for 2022. Remember, there's no need to re-enroll if you like the plan in which you're currently enrolled.

Highlights for 2022

We are expanding into Texas (Waco and Austin areas). We will also be adding more plan types. New PPO plans will be available in Alabama, Michigan, Tennessee, and Texas. A Point-of-Service (POS) plan type option will be available in Florida. Plus, DSNP options will be offered – for those who qualify – in Alabama, Florida, Indiana, and Michigan. In addition, some of our plan types will be offered in more counties across Florida, Illinois, and Michigan.

Here are some benefit highlights that will be available to members in 2022. Please note that not all benefits are available to all members or all plan types. In some cases, you must qualify for these options.

- \$1000 Flex Card for Dental, Vision & Hearing*
- \$100 Part B Giveback*
- Dental Coverage (including Dentures, Extractions & Implants)*
- Unlimited Transportation*
- Rx Coverage through the donut hole*

Refer A Friend

We'd appreciate your help in letting your friends and family know it's time for them to consider Ascension Complete! For more information on how you can receive the free gift below for referring someone not currently enrolled, see our article below called "[Refer a Friend: Receive a Reward.](#)"

Have Questions?

If you have questions or need more information about your plan, you can visit a Benefits Advisor at an available Ascension provider location near you. Call your provider's office for schedules and more information.

*Benefits available only to members on specific plans, and/or in qualifying counties/states.



Upcoming Events

Member Welcome Sessions: You Have Options!

Ascension Complete wants you to be in control of your healthcare and any decision-making that goes along with it. When we launched our new plans in January 2020, very little was known about COVID-19. In fact, many people had not even heard of it yet. Three months later, the entire country went into lockdown and we needed to make quick decisions on how to proceed with our in-person Member Welcome Sessions.

Putting the health and safety of our members and Sales Agents first, we canceled all in-person meetings. In May 2020, we launched our digital Member Welcome Sessions, a four-part video series. As we approach 2022, we want to provide you with the ability to attend an orientation in a way that best fits you.

In January 2022, we plan to send invitations to your home for in-person, Member Welcome Sessions. This plan, of course, is subject to change. Our goal is to host these meetings in locations as close to your home as possible. We will continue to offer Member Welcome Sessions Webinar if you prefer to attend in the privacy of your home.

These sessions are geared to get you familiar with your health plan benefits and any changes that come along with it in the new year.

Beginning in January 2022, you will have three ways to attend a Member Welcome Session. You may:

1. Join us for an in-person meeting;
2. Attend a webinar from home, using your computer or smart phone; or
3. Watch our video that you may start and stop when it's convenient for you. This video will be posted to our [website](#) approximately mid-month in December this year.

As a reminder, if you plan to attend an in-person meeting, please wear a facemask for your safety and the safety of others. We look forward to seeing you there!



Reminders

Don't Forget to Use Your OTC Benefit

Did you know your Ascension Complete health plan includes a quarterly over-the-counter (OTC) allowance? This benefit gives you money to purchase everyday personal care and wellness products like vitamins, bandages, and toothpaste without leaving your home. These items are mailed directly to your home at no cost to you!

Your quarterly allowance is located in the Summary of Benefits. You can access the Summary of Benefits and OTC catalog online [here](#). Click on your state, then select the document you need.

Still have questions about how your OTC benefit works? Just visit our dedicated OTC webpage or call the Member Services phone number on the back of your member ID card.

Spread the Word – Refer a Friend– Receive a Reward

Your doctors understand your healthcare needs better than anyone. Ascension Complete understands they are your strongest advocates when it comes to your healthcare. And just as you trust them with your healthcare, so do we. The trust we have in our provider network is one of the many reasons we asked for their help when we created our Ascension Complete health plans.

We also know you have many choices when selecting a Medicare Advantage plan. We want to thank you for choosing and trusting Ascension Complete. We firmly believe you made the right choice!

If you want to help spread the word about Ascension Complete’s trustworthy plans, and you know someone who is eligible for Medicare within one of our service areas, refer them to Ascension Complete. If they contact us by filling out the web form below, we will send you the free gift below, while supplies last. Be sure to have them identify you, using your full name and contact information, so we can personally thank you. Have them visit AscensionComplete.com/Contact, and click on *interested in more information* at the bottom of the page to complete the form, or call 1-883-906-2876 (TTY: 711). We’ll send your free gift in the mail within 30 days of receiving the referral.



Must be Medicare eligible. One offer per person. This gift is subject to CMS guidelines and is not contingent upon enrollment. Quantities are limited. Referred person must not already be enrolled in Ascension Complete.

It’s Important to Get Your Vaccines

If you have not gotten vaccinated for COVID-19 yet, we strongly encourage you to do so. The vaccine gives you the best chance to protect yourself and your loved ones from COVID-19.

Ascension Complete wants to remind you that flu season is here, as well! And we want to ensure you are protected. The flu vaccine has been shown to have many benefits. These benefits include reducing the risk of flu illnesses, hospitalizations, and even reducing the risk of severe flu-related infection in both children and adults. To learn more about the flu and how to protect yourself, visit the [Centers for Disease Control and Prevention’s \(CDC\) website](#).

As a reminder, another important vaccine is the pneumococcal vaccine. You can learn more about this vaccine on this page of the [CDC website](#).

You can schedule all 3 of these vaccines by making an appointment with your provider or by visiting a pharmacy today. If you need help finding a provider or pharmacy, visit our [Find a Provider](#) page.

With Ascension Complete, the COVID-19, flu, and pneumococcal vaccines are covered at no cost to you. We urge you to make plans to get vaccinated as soon as possible.

Are You Receiving Medical Bills?

As a member of an Ascension Complete Reward or Secure plan, we want to ensure you are being treated fairly and within your rights as a Medicare Advantage member. Some providers have assumed a practice called balanced billing. Balanced billing is an action where health care providers bill you for charges that exceed the amount that they are reimbursed for a particular service. If you have received a medical bill for in-network services you obtained, that do not include your responsible cost-share, we want to know.

On the other hand, out-of-network providers do have the right to send a bill for services not covered under our plan. If you are a member of an Ascension Complete Access PPO plan, you are responsible for charges in accordance with your [Evidence of Coverage](#).

Please review all documents you receive from provider offices carefully. There are times when providers send a summary of charges by mail. In these cases, the document should say “THIS IS NOT A BILL” somewhere on front page. If it does not, and it is clearly a bill for charges outside of your cost-share, please contact our Member Services department using the phone number on the back of your member ID card.



Tools & Resources

Did You Know You Can Request a Pharmacy Drug List Exception?

If you are taking a medication that is either not on our Drug List, or is restricted, you have options. You can:

- Request a Pharmacy Exception, also known as a Coverage Determination, and ask us to cover the medication or to remove its restrictions.
- Change to another medication. Review the covered drugs in our Drug List and talk to your provider before changing medication(s).

Ascension Complete has a dedicated webpage with information on how to request a [Pharmacy Exception](#) (Coverage Determination). You will need to complete the appropriate Coverage Determination form and send it to us for review. We will inform you of our decision. You can start a Coverage Determination over the phone by calling **1-833-525-0824 (TTY 711)**.

Timeliness for Appointment Setting and Access to Care

Ascension Complete wants the very best for you! Not only do we want you to receive the kind of care we want for ourselves, we also want you to have your appointments scheduled in a timely manner. For this reason, we worked closely with our providers to set guidelines for how soon they should schedule your requested appointment.

When you call to schedule an appointment, your provider's office staff should schedule your appointment within a designated timeframe, based on your specific need for care at the time of your call. Below are the timelines your provider should follow. If you have any questions about these timelines, give us a call using the phone number on the back of your member ID card.

To be scheduled by provider:

Primary Care

URGENT CARE
within **48** hours of request

ROUTINE CARE
within **30** calendar days of request

Specialty Care

URGENT CARE
within **48** hours of request

ROUTINE CARE
within **30** calendar days of request

Behavioral Health

NON-LIFE THREATENING EMERGENCY
within **6** hours of request

URGENT CARE
within **48** hours of request

ROUTINE CARE
within **10** business days of request

ROUTINE FOLLOW-UP CARE
within **10** business days of request

Here is a description of the terms used to the left.

Urgent Care: A medical condition that provides a quick diagnosis or treatment of a non-life-threatening illness or injury. Examples may be an unexplained fever, flu symptoms, an inflamed insect bite, non-life threatening burns or cuts that may require stitches.

Routine Care: Care you get from your primary care provider (PCP) or other doctors that your PCP sends you to. Examples of routine care can be checkups, physicals, health screenings and care for health problems like diabetes, hypertension and asthma.

Non-Life Threatening Emergency: A crisis that needs immediate treatment, is not life-threatening, but could turn to a life-threatening condition if treatment is delayed.

Routine Follow-Up Care: Follow-up care from a provider may be scheduled to check on and monitor a patient's well-being and/or medication effects.



Managing Your Care

IMPORTANT HEALTH SCREENINGS AND TESTS

If you have been diagnosed with diabetes, you should know about the test listed below. These tests are recommended at least once a year. Some may need to be done more often.

<p>1. HbA1c Test: This blood test measures your body's average blood sugar. For many people the target is under 7. It is different from your glucose test. A1 should be checked every 3 months. Check with your primary care physician (PCP).**</p>	<p>5. Blood Glucose Test: This test, which is performed with a simple blood draw, measures the amount of glucose sugar in your bloodstream. If your blood sugar is too high or too low, you might need to change your diet, medication or activity level to help.</p>
<p>2. Kidney Screening: Detect kidney disease or damage early with this urine protein test. Kidney damage may occur years before you notice any signs.**</p>	
<p>3. Retinal Screening (No-Cost Eye Exam): People with diabetes have a higher risk for eye disease called retinopathy, which could impair your vision. This cannot be detected with the usual vision test to correct vision with eye glasses. Call your eye doctor for an appointment. This exam is covered by your medical insurance and is often at no cost to you.</p>	<p>6. Cholesterol and Triglycerides: Abnormal levels of these blood fats lead to clogging of the arteries and increase the risk for heart attack and stroke. Ask if you should have this tested every year. The American Diabetes Association suggests these numbers for most people managing diabetes:</p> <ul style="list-style-type: none"> • LDL (“bad”) cholesterol: lower than 100 mg/dl • HDL (“good”) cholesterol: higher than 40 mg/dl for men and higher than 50 mg/dl for women. • Triglycerides: lower than 150 mg/dl
<p>4. Blood Pressure Test: High blood pressure makes your heart work harder, raising the risk for heart attack, stroke and kidney disease. A healthy blood pressure is 120/80 or lower. Ask about having your blood pressure checked at every healthcare visit.</p>	

Screenings can help prevent or provide early detection of other health issues that can be caused by diabetes.

KEEP YOUR DIABETES UNDER CONTROL

By controlling your blood sugar level, you can help lower your risk of heart attack and stroke. Take your medicines as directed and choose a healthy diet. Exercise can also help you manage your blood sugar. Talk with your PCP about your target blood sugar level and how to reach it.

Work with your healthcare team to help you understand and control your diabetes. If your PCP recommends medication, follow these tips:

<ul style="list-style-type: none"> • Find the right mix of diet, exercise and medication. Know your HbA1c, blood pressure and cholesterol goals. 	<ul style="list-style-type: none"> • Learn about how to prevent and manage other health complications, like high blood pressure or vision problems.
<ul style="list-style-type: none"> • Take medications as directed to help keep your blood sugar at a healthy level. Share your blood sugar log so your PCP can decide how well your diabetes medications are working. 	<ul style="list-style-type: none"> • Alcohol has calories and can interact with medications. Ask if it is safe to drink alcohol while on medications.

<ul style="list-style-type: none"> • Know the benefits and side effects of all your medications. Tell your PCP or pharmacist if you have any side effects, such as low blood sugar. 	<ul style="list-style-type: none"> • Know your medications by brand and generic names. Check with your PCP to see if your medication has generic options. Generic options can be less expensive than brand name.
<ul style="list-style-type: none"> • Let your PCP know if you become ill. Some medicines that you can buy without a prescription, like cold remedies, might contain too much sugar or could react with your current medications. Ask what the best choices are to help prevent serious drug reactions. 	
<ul style="list-style-type: none"> • Check your feet daily for any sores or injuries. Ask your PCP about ways to increase circulation in your feet and legs. 	

**A \$15 reward from the My Health Pays® program can be earned through the end of 2021 for completing an HbA1c test or kidney screening (urine protein test). Be sure to visit our dedicated [My Health Pays® webpage](#) for more information.



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