

HEAD'S UP!

Avoiding concussions this winter



The Dangers of
Frostbite

Asthma: Breathing
Easier When It's
Cold Out

Yoga's Benefits for
Arthritis



The Dangers of Frostbite

When the temperatures plummet and snow starts to fall, many of us just can't wait to hit the ski slopes—or to send the kids outside for an afternoon of sledding. But keep an eye on the thermometer and be sure to dress properly. Frostbite can occur in conditions of extreme cold, causing permanent damage if not treated promptly.

The body parts most commonly affected by frostbite include the nose, ears, fingers, toes, cheeks and chin, so be sure to keep exposed areas covered. Often, a person suffering from frostbite isn't even aware because the affected tissue is numb from

the cold. Here are symptoms to look for:

- Redness or pain in a skin area
- A white or grayish-yellow skin area
- Skin that feels unusually firm or waxy
- Numbness
- Blisters
- Gangrene (black dead skin and tissue) in severe cases

If frostbite occurs, get to a safe and warm location, and seek medical attention immediately. For more information, call the USFHP nurse chat line at **844-344-4218** or visit the Johns Hopkins Health Library: www.bit.ly/HlthLbry.

ASTHMA: Breathing Easier When It's Cold Out

If you are among the estimated 12 million people in the United States who suffer from asthma, it's important to know that cold air can sometimes trigger an asthma episode. Consider taking these steps, suggested by the Asthma and Allergy Foundation of America, to reduce your chances of having winter's cold trigger your asthma:

- Cover your mouth with a scarf or face mask.
- Consider an indoor sport or fitness activity for the winter, like swimming or basketball.
- If you do need to go outdoors in cold weather, you may need to use your quick-relief inhaler beforehand. Talk with your doctor about a pre-treatment plan.

For more information about managing your asthma, call our USFHP Care Management team at **800-557-6916** or visit the Johns Hopkins Health Library: www.bit.ly/HlthLbry.



Yoga's Benefits for Arthritis

Concerned about aggravating their vulnerable joints, up to 90 percent of people with arthritis don't get enough physical activity. But research from Johns Hopkins shows that when those with arthritis take up yoga, they move easier and experience less pain, say Clifton Bingham, M.D., a Johns Hopkins arthritis expert, and Susan Bartlett, Ph.D., lead investigator of the research study.

"Yoga may be especially well-suited to people with arthritis because it combines physical activity with potent stress management and relaxation techniques, and focuses on respecting limitations that can change from day to day," says Bartlett.

Here's what you need to know to get started:

Get Your Doctor's OK

Discuss what to do—and not do—with your affected joints. Find beginner classes meant for people with limitations, such as "gentle" or chair yoga. "Find a teacher who asks the right questions about limitations and works closely with you as an individual," suggests Bingham.

Speak Up

Most yoga positions can be easily modified to accommodate arthritis. Before class, let the instructor know what movements your doctor says to avoid or modify.

Listen to Your Body

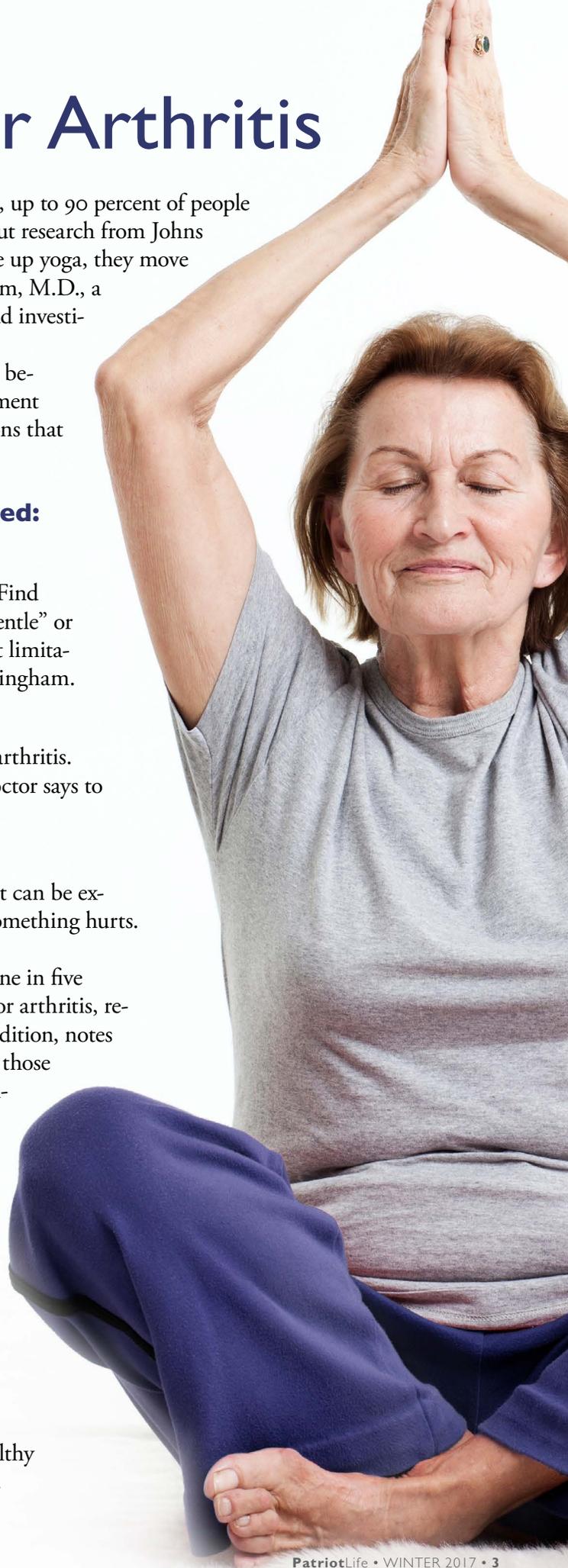
As with any exercise, expect a learning curve. Mild discomfort can be expected in the beginning, but stop and alert the instructor if something hurts. A gentle approach is the way to go.

Arthritis is the leading cause of disability, affecting about one in five adults—most of whom are under 65. While there is no cure for arthritis, remaining active is an important strategy for managing the condition, notes Bingham. In his study, compared to those in a control group, those who practiced yoga saw a 20 percent improvement in pain, energy levels, mood and physical function, including their ability to complete physical tasks at work and home.

Bingham says his interest in the study grew out of his experiences treating patients with arthritis. "It was watching what happened with my patients and the changes in their lives as a result of practicing yoga that got me involved in the first place."

Learn More Online

Not sure whether the joint pain you're experiencing is due to arthritis? Find out clues about what your joints are trying to tell you and more about the healthy effects of yoga on the Johns Hopkins Healthy Aging site. Just click on the "Healthy Body" tab at. Hopkinsmedicine.org/health/healthy_aging.



HEAD'S UP!

Blows to the head are common in the wintertime, and there is no such thing as a “safe” concussion. Here’s what you need to know.



One winter morning a few years ago, Maria Ascano, 42, was rushing off to her job as a researcher at The Johns Hopkins University. She opened her front door and stepped onto her concrete stoop. “All of a sudden,” she remembers, “I was on my back looking up at the sky. It took me a few seconds to realize that my head hurt.”

Like many people that winter, Ascano had slipped on ice and hit her head. A trip to the local emergency room confirmed what she suspected: Doctors there diagnosed her with a concussion.

Concussions—mild traumatic brain injuries (TBIs) caused by a direct blow or by a sudden acceleration or deceleration of the head—are

frequent in the colder months of the year, explains Robert Stevens, M.D., a neurocritical care specialist who often sees patients with concussions and other TBIs in his practice. Falls on slick surfaces, as well as winter sports, such as football and hockey, provide ample opportunity for head injuries.

Immediately after the initial injury, Stevens says, symptoms of a concussion can be:

Physical, including headache, nausea or vomiting, dizziness, blurry vision or loss of consciousness for up to a half-hour

Cognitive, including feeling dazed and having problems concentrating or remembering

Emotional, including feeling upset or being easily angered

There is no “safe” concussion. While many patients like Ascano do seek medical attention after a blow to the head, about half don’t, says Stevens—a potentially dangerous decision. “Waiting it out is an approach that works for many people, but in some cases, it doesn’t,” he explains. “People assume that they’re OK, but by the time they make the decision to come to the hospital, they’ve deteriorated and are doing much worse than if they’d come earlier.”

If symptoms don’t rapidly recede within minutes to hours, or if there’s any loss of consciousness, Stevens advises, it’s best to get medically evaluated. The initial evaluation should include an assessment of neurological function often coupled with a head CT scan if there has been a loss of consciousness, or if headache or confusion are present, he notes.

Most people recover from a concussion within hours or days with no lasting symptoms, Stevens says. That was Ascano’s experience. Though she had a headache in the hours after her fall, it resolved by the following day.

But a sizable proportion of concussion sufferers—between 15 and 20 percent—develop a lasting constellation of symptoms known as post-concussion syndrome. These patients often continue to have headaches, problems concentrating or maintaining balance, sleep disturbances, or anxiety, depression and other mental health issues for weeks or months.

Patients typically receive a battery of tests, including cognitive exams designed to test the ability

to remember, solve problems and concentrate, as well as neurological tests for coordination, reflexes, balance, strength, hearing and vision. In some cases, a doctor will ask for a brain MRI scan to check for damage not seen on a CT scan.

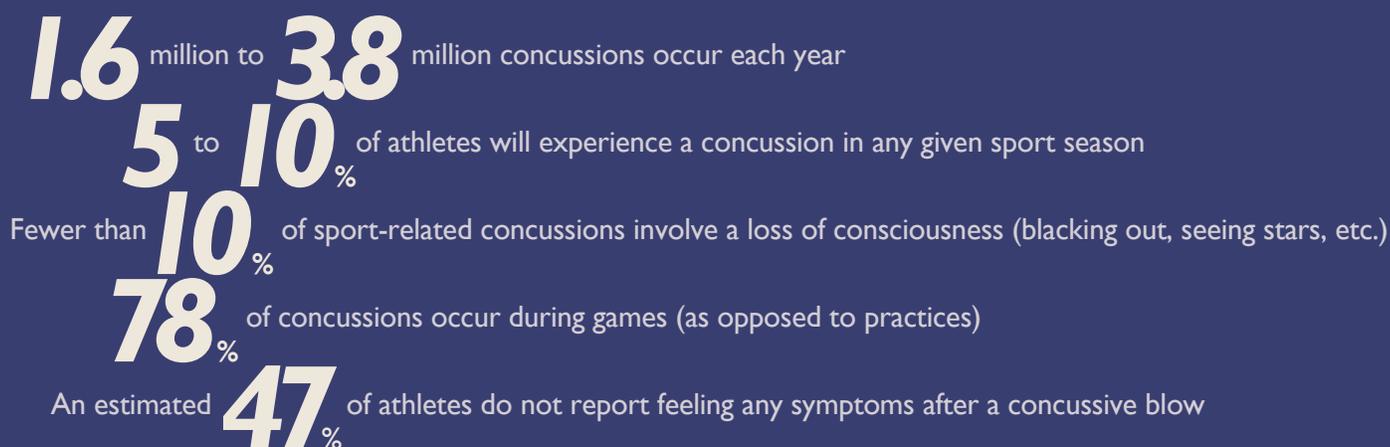
Treatment of post-concussion syndrome largely focuses on symptom management, says Stevens. While doctors can prescribe medicines to manage pain, anxiety and sleep disturbances, no drug or therapy has been shown to speed healing in the brain.

Stevens emphasizes that it’s important to avoid repeat concussions, particularly while a patient is still recovering from a recent concussion. Coaches in contact sports have become increasingly aware of the importance of taking athletes off the field if they have any signs of concussion to reduce the risk of lasting neurological consequences.

While it’s difficult to make it through life completely concussion-free, Stevens says, it is possible to dramatically reduce your risk. One way is to carefully weigh the decision to engage in contact sports. If you do choose to play, he says, wear a helmet whenever possible—this provides incomplete protection but is better than no helmet at all—and get evaluated if you receive a blow to the head.

Particularly in the wintertime, it’s important to stay alert in potentially dangerous situations, such as walking down an icy sidewalk, Stevens says. “Use common sense,” he advises. “Raising the level of awareness could go a long way.”

CONCUSSION: *By the Numbers*



SOURCE: U.S. Centers for Disease Control and Prevention

Avoid the Growing Pains

Start planning now for your teen's transition to an adult health care provider.

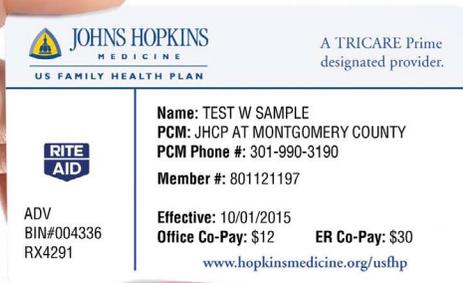


For parents of teenagers, it's never too early to begin planning your child's transition from your pediatrician to an adult care provider, particularly if your child has special health care needs.

The American Academy of Pediatrics recommends that pediatricians begin discussing transition plans with youth and their parents around ages 12 to 14 at annual well-child visits. During these discussions, your

pediatrician can address any concerns and explain how the health care environment changes when your child legally becomes an adult at 18, as well as differences between pediatric and adult medicine models.

With proper advanced planning, your child's transition to an adult medical home, which typically occurs between ages 18 to 21, will go smoothly for all.



USFHP New ID Cards

As of Dec. 1, 2016, USFHP has implemented a new transaction system. As a result of this implementation, you have received a new member ID card containing a new member ID number. The new member ID card numbers have changed from Uooooo*1 to a random nine-digit number. The explanation of benefits has also been streamlined, which will be easier to read. If you have any questions regarding these changes or if you haven't received a new member ID card, please contact our customer service department at **800-808-7347**.

Johns Hopkins USFHP Earns Top National Ratings Among Private Health Insurance Plans



The Johns Hopkins US Family Health Plan takes pride in providing the best care possible for our members. We are pleased to announce that Johns Hopkins USFHP has been recognized among the highest-rated health insurance plans in the country, according to the National Committee for Quality Assurance (NCQA).

Johns Hopkins USFHP received a five out of five rating in the NCQA Private Health Insurance Plan Ratings 2016-2017. We were one of just 13 private plans in the country to earn a five out of five rating out of the more than 1,000 plans rated in the survey. Johns Hopkins USFHP is also one of just two private plans based in Maryland that received an overall rating of five out of five.

“We are honored to earn the NCQA’s highest rating in service to our members. We learn so much from the military families and retirees we serve, and we pledge to continue to deliver the exceptional care that led to the NCQA rating,” says Mary Cooke, vice president of the Johns Hopkins USFHP.

The NCQA report rates private, Medicare and Medicaid health insurance plans on a five-point scale for customer satisfaction, prevention and treatment. It also considers NCQA Accreditation standards scores and the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

We appreciate this recognition from the NCQA, and are proud to offer programs and services to our members in support of this continued pursuit of quality.

PARTNERS WITH MOM

USFHP offers Partners with Mom, a pregnancy case management program for expectant moms. This program will help you manage your health during your pregnancy. You will get education and support during your pregnancy and right after your baby is born. For more information, call **800-261-2396**, ext. **5355**.



Annual Notice

To Protect Member Privacy and Security Rights

Privacy and Confidentiality

It is the policy of Johns Hopkins US Family Health Plan, the “Plan”, to protect the privacy and security rights of all of its health plan members; to maintain the confidentiality of health plan information (oral, written and electronic); and to comply with all applicable federal and state privacy and security laws and regulations, including those under the Health Insurance Portability and Accountability Act (HIPAA).

Information provided to the Plan is kept confidential and will only be used by the Plan for such purposes as but not limited to:

- Care coordination
- Claims processing
- Coordination of benefits with other plans
- Subrogation of claims, review of a disputed claim
- Program integrity activities (examples: investigation of fraud, waste, abuse or privacy theft)
- Quality improvement activities
- Other health care operations and/or payment purposes

To ensure responsible maintenance of your protected health information (PHI), the Plan has implemented internal policies and procedures to address how we further protect, secure and limit use and disclosure of your oral, written and electronic health Plan information. USFHP verifies the identities of both the member and requestor prior to responding to a request for a member’s PHI. Examples of such contact include but are not limited to:

- Questions about your care management or payment activities
- Requests to look at, copy, obtain or amend your plan records
- Requests to obtain a list of plan disclosures of your health information

The Plan secures and limits access to hard-copy and electronic files. Electronic data are password protected. Internal controls are in place to ensure that only those workforce members with a “need to know” have access to information required to perform their specific job functions. All workforce members are required to only utilize and/or access the “minimum necessary” information to perform their assigned tasks.

For additional information regarding your privacy rights, please see your notice of privacy practices. If you don’t have one, you may obtain a copy by calling customer service at 1-800-808-7347 or 410-424-4528. You can also find a copy of this document on our website at hopkinsmedicine.org/usfhp.

Quidd Reference

For Important US Family Health Plan Services

Quality Improvement

We continually strive to improve the quality of care and services delivered to you, Johns Hopkins US Family Health Plan members. We use a variety of tools to assist in measuring quality, a few of which include: HEDIS (Health Effectiveness Data Information Set) and member and provider satisfaction surveys. To learn more about our quality improvement program and our progress toward meeting our goals, call 410-424-4528 or visit hopkinsmedicine.org/usfhp. Watch the website and *Patriot Life* throughout the year for updates.

Population Health Programs

We have a variety of programs to help you manage chronic health conditions, recover from serious illness and make healthy lifestyle choices. These services are provided at no cost to you. Members with certain needs may be enrolled automatically in appropriate programs but are under no obligation to participate. For details, visit hopkinsmedicine.org/usfhp. If you have questions about the population health programs and would like to participate, call 410-762-5206 or 1-800-557-6916, Monday through Friday, 8:30 a.m. to 5 p.m., or email populationhealth@jhhc.com.

Utilization Management

Our utilization management program ensures that you receive the right care at the right time in the right setting. Utilization management decisions are based on the need to provide appropriate care and verify the existence of coverage. USFHP does not provide financial incentives to staff members for denials nor does it promote underutilization of services. To contact utilization management, call 410-424-4480 or 1-800-261-2421. Staff members are available eight hours a day during normal business hours, and messages left after hours will be returned on the next business day. A language assistance line is available, and TTY/TDD services for the hearing impaired can be accessed through the Maryland Relay operator at 711 or 800-201-7165, 8 a.m. to 5 p.m.

Private Health Information

USFHP is committed to respecting your privacy and confidentiality. Information regarding the collection, use, disclosure and internal protection of your protected health information is outlined in the **Notice of Privacy Practices** publication and privacy and confidentiality statement that you can view on our website. Simply go to hopkinsmedicine.org/usfhp and click on the Members & Visitors link. To receive a paper copy, call USFHP customer service at 1-800-808-7347.

Pharmacy Resources

A variety of pharmacy information and resources are available to you on the USFHP website at hopkinsmedicine.org/usfhp. This includes information related to the pharmacy formulary, pharmaceutical restrictions or preferences, requesting a benefit exception, step therapy, generic substitution and other pharmacy management

procedures. The pharmacy formulary is updated regularly to include new medications and the latest safety information. For additional information on the pharmacy formularies and updates, visit hopkinsmedicine.org/usfhp/pharmacy. You can also contact the customer service department at 1-800-808-7347 with any questions or concerns.

USFHP Member Handbook

Our recently revised USFHP Member Handbook is packed with vital information about your benefits and how to use them. To view the handbook, go to hopkinsmedicine.org/usfhp and click on the Members & Visitors link. To receive a paper copy, call USFHP customer service at 1-800-808-7347.

The handbook explains:

- How to access care and obtain primary care services
- Benefits and services included and excluded from your coverage
- Your financial responsibilities for health care services
- Coverage when you are out of the service area
- Prescription plan and pharmacy information
- How to submit a claim if you receive a bill you don't think you have to pay
- Your rights and responsibilities as a health plan member
- Information about our network providers and their qualifications
- How to obtain care after normal office hours
- How to obtain care from a specialist, mental health and substance abuse providers, or hospitals
- How to pay us a compliment, submit a complaint or request a review of an adverse decision
- What to do if you think the situation is a medical emergency
- How to obtain assistance if your primary language is not English
- How USFHP evaluates new medical treatments to determine whether or not they should be covered

NurseLine

The USFHP NurseLine gives members real-time telephone access to a registered nurse so that you can get answers to your medical questions to help you understand and assess your situation. The service is available 24 hours a day, 7 days a week, by calling 1-866-444-3008.

NurseChat

Johns Hopkins USFHP members can call or chat with a registered nurse any time of the day or night using NurseLine or NurseChat. Nurses will answer questions and provide information about your medical concerns. If you prefer to use the internet to get a health question answered, go to hopkinsmedicine.org/usfhp, click on the Contact Us link and scroll down to find NurseChat. This will allow you to reach a registered nurse any time of the day or night. While you're on the website, check out our other health resources, such as the health information library and the Symptom Checker.

Patriot Life, the official newsletter of the Johns Hopkins US Family Health Plan (USFHP), is published quarterly by Johns Hopkins Medicine Marketing and Communications. For more information, call 800-808-7347.

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