

# healthy communities

FALLON COMMUNITY HEALTH PLAN'S QUARTERLY HEALTH GUIDE



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# ask our experts



**Q. I'm a middle-aged adult, but I just recovered from whooping cough! I was immunized against it when I was younger, so how did I get it?**

**A.** Whooping cough, or pertussis, is known as a fearsome disease of childhood. This respiratory infection got its common name from the loud “whoop” sound sufferers make while inhaling during the violent coughing fits it causes.

Once sickening hundreds of thousands of American children every year, pertussis is now largely prevented by routine childhood immunizations. However, pertussis is not a thing of the past, nor just a childhood disease. Adults can get it, too. It can be particularly harmful to the elderly.

Pertussis is highly contagious and spreads through the air like colds do. It even starts like a cold, with runny nose, congestion and sneezing. Then, after a few days, it causes coughing fits that can be severe enough to cause vomiting or break ribs—but the person feels well when not coughing. The recovery begins after a week or two, but the cough may linger for months. Pertussis, in fact, has been called “the 100-day cough.”

Generally, it is cautiously treated with antibiotics and other antimicrobial drugs.

And pertussis is more common than people think. It's estimated that 12% to 32% of adults with a persistent cough have pertussis—but most are never diagnosed. When it's suspected, medical tests can miss pertussis because the bacteria are hard to work with in the lab. Plus, we now know that pertussis immunizations last for only five to 10 years—not a lifetime as previously assumed.

The Centers for Disease Control and Prevention's Recommended Adult Immunization Schedule currently doesn't recommend pertussis boosters for adults—but that may be changing. A



CDC advisory committee now recommends that all adults get the “Tdap” shot—which includes pertussis—in place of their next scheduled “Td” (tetanus/diphtheria) shot.

—Param Singh, M.D., Associate Medical Director, Fallon Community Health Plan ■

**Q. How long is it safe to take Fosamax®? I hear that if you're on it too long, your bones get more brittle. I've also heard you shouldn't take it for more than two years, but I've been on it for six. My latest bone density test was normal but my doctor suggested I continue taking Fosamax. Could you please advise me?**

**A:** Fosamax is a medication taken for the prevention and treatment of osteoporosis. It is one of a group of drugs, called bisphosphonates, used to treat osteoporosis and some other conditions. Fosamax is widely

prescribed, and proven to reduce the risk of fractures in people with osteoporosis.

In osteoporosis, the body's natural process of bone buildup and bone breakdown is thrown off, such that bone loss exceeds formation. This shows up as a low score on a bone mineral density (BMD) test. Fosamax and other bisphosphonates increase BMD and reduce fracture risk by slowing bone breakdown. Doctors look for a stable or increasing BMD as a satisfactory result of treatment.

Although there is a theoretical possibility that bones in patients who have taken Fosamax for many years could become brittle, long-term studies of patients treated up to 10 years do not show this to be a problem except in rare cases.

So, for how long should one take Fosamax? The jury's still out. We have no evidence about the safety and effectiveness of taking Fosamax for longer than 10 years. In some cases where the risk for future fracture seems to be relatively low, many physicians are recommending taking a year or two off from the medication, perhaps after five years of treatment. More studies are needed to help determine the ideal length of treatment.

Therefore, these decisions always need to be personalized to each patient's unique circumstances. In your case, if the BMD is indeed normal and you haven't had osteoporotic fractures in the past, you might be able to take a “holiday” from Fosamax.

Remember that a BMD score is only a rough indicator of bone health, so it's just one of the factors considered when choosing a treatment. If you have concerns, ask your doctor to explain why he or she thinks you should stay on the drug.

—Drs. Robert A. Yood and John I. Reed, Division of Rheumatology, Fallon Clinic ■

do you have a health-related question?

Write to us at:  
Fallon Community Health Plan  
Ask Our Experts  
Communications Department  
10 Chestnut St., Worcester, MA 01608

## what were you doing in 1977?

Perhaps you were settling down to start raising a family? Were you graduating from high school and seeing *Star Wars* for the third time? Maybe you were waiting to be born ... !

In 1977, Fallon Community Health Plan came on the scene as the first HMO in Central Massachusetts. HMOs then were a relatively new concept. In fact, a year later, FCHP was only the 75<sup>th</sup> "qualified" HMO in the country.

At the time, we were creating merely a small buzz in the universe. After all, *Saturday Night Fever* was fueling the disco craze, the space shuttle made its first test flight and the first Apple II computers went on sale. With a few thousand members, we were a small health plan experimenting with a big idea.

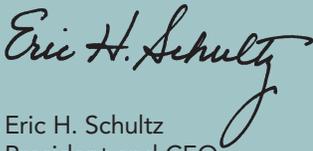
With quiet determination, FCHP built within the next three years a solid network and membership that also included Medicaid and Medicare recipients. As one of the first senior plans in the country, we served as a national model for other health care programs for the elderly. And that was just the beginning.

Now, 30 years later, the landscape has changed dramatically—and so have we. As the world moved from rotary phones to cell phones, from eight-track tapes to CDs, from faxes to e-mail, FCHP evolved into a health care services company nationally recognized for excellence.

Our members, depending on their plans, may choose doctors and other providers throughout Massachusetts and beyond through health care products and services for every need. FCHP is again at the forefront of reform, especially as one of only four health plans in the Commonwealth with new coverage for low-income residents. Uniquely, FCHP also provides care through our expanding Summit ElderCare<sup>SM</sup> program, which helps elderly individuals to live independently.

Who knows what inventions and fads we'll see in the next 30 years. But, I know one thing will remain the same: You, our members, always will be FCHP's center of attention, our reason for being. We'll continue growing, adapting and reaching to provide you with the tools you need to be well and stay well. You can count on us to be here today—and for all your tomorrows.

Sincerely,



Eric H. Schultz  
President and CEO  
Fallon Community Health Plan



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Fallon Community Health Plan's quarterly health guide for members is produced by the health plan's Communications Department. The content of this magazine has been reviewed by our physicians and administrators. This publication does not advance any particular medical treatment, nor does it endorse the management of medical problems without the advice and care of health care professionals. We are not responsible for the content of Web sites referenced in this publication. Please note that some of the articles included in this magazine may describe services and/or procedures that are not covered benefits. Also, benefits described may vary by employer and plan.

For clarification of your covered benefits, please contact Fallon Community Health Plan's Customer Service Department at 800-868-5200 (TDD/TTY: 877-608-7677), or [contactcustomerservice@fchp.org](mailto:contactcustomerservice@fchp.org).

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Shortly after arriving at work one morning in early June, Nancy got very sick with vomiting. She went home and stayed there with flu-like symptoms for the next week. Feeling mostly recovered, she returned to work. In the coming days, Nancy began developing a cough and noticed her ankles swelling. She and her doctor thought these symptoms might be a side effect of a new medication she had started taking. When she stopped the medication, however, the symptoms didn't go away. In fact, over the next two weeks they got worse. She became very short of breath walking up one flight of stairs to her office. Her legs and stomach were increasingly bloated.

After staying up one night with a lot of difficulty breathing, Nancy made a same-day appointment with her doctor that she never kept. When her friend came to give her a ride, she took one look at Nancy and insisted on driving her straight to the emergency department instead.

Much to her surprise, the emergency department staff told Nancy she recently had a heart attack and was now experiencing congestive heart failure (often called simply "heart failure").

"When they told me I'd had a heart attack, I was absolutely flabbergasted," Nancy says. "I had no idea! I'd been sick for nearly three weeks, but that never crossed my mind. The ED doctors and nurses explained that women don't always have the same heart attack symptoms as men."

Contrary to movie and TV versions, most heart attacks start slowly, with mild pain. People aren't sure what's wrong. A quarter of them have no pain at all. However, chest pain is the most common symptom for both men and women—but it's usually an uncomfortable tightness or heaviness, rather than a sharp pain. Left arm pain, sweating, and nausea or vomiting also are common. Women are more likely to experience shortness of

to be a heart attack. I was the one who took her to the hospital."

However, Nancy adds, she didn't make a direct connection because she's adopted and never knew her family medical history. But she was a ticking time bomb. Nancy had most of the top risk factors for a heart attack—all within her control. She had high blood pressure and high cholesterol, for which she had started

treatment. She was a smoker. She was overweight, got little exercise and was in a job that is often stressful.

Heart disease is the leading cause of death for both men and women in the United States, where a heart attack occurs every 20 seconds. Men currently under age 40 have a 50-50 chance of eventually developing heart disease. Contrary to common belief, it kills more women than all types of cancer combined. The risk of heart attack increases with age, making boomers now hitting 60 increasingly vulnerable.

After tests revealed blocked arteries, the cause of the heart attack, Nancy had two stents (expandable wire tubes) inserted to keep them open. She quickly lost 10 pounds of fluid. As a result of the attack, Nancy's heart wasn't pumping hard enough to keep up with the 2,000 gallons of blood an adult heart processes each day. The fluid backed up into her lungs and in tissues throughout her body. This is known as heart failure, a chronic condition

*continued*

## a change of heart



As last summer approached, Nancy Robidoux was preoccupied with the busy season at Bigelow Nurseries in Northboro, where she is Human Resources Director, and not thinking much about her approaching 60<sup>th</sup> birthday. That is, until her life was turned upside down.

breath, fatigue and jaw or back pain.

If a heart attack is suspected, the best thing to do is call emergency services (usually 9-1-1), which will quickly bring emergency personnel who can begin immediate treatment. Getting proper treatment sooner could be the difference between life and death.

"I was really, really surprised when I talked to the doctors about it and read more. In retrospect, I should have recognized what was happening to me because 20 years ago my Mom was up all night with heartburn that turned out

## heart *continued*

that Nancy must continue to carefully monitor. More than half a million new cases of heart failure are diagnosed each year.

Nancy lay low for the month of July and began to make lifestyle changes. She is exercising more and following a low-fat (see sidebar, p.7), low-salt diet while carefully monitoring her fluid intake. She's now 30 pounds thinner. She drastically cut down her smoking and is working on quitting. She is learning to control stress better, not letting the little things bother her.

"I was looking at my 60<sup>th</sup> birthday as no big deal. Then all of a sudden, boom! The heart attack really played havoc with my mind. Before, I didn't realize how short life is. When I celebrated my birthday on August 4, it was extra special. I felt like I had another shot at life." ■



Nancy Robidoux, with a new appreciation of life, looks forward to another spring at Bigelow Nurseries.

## someone to rely on

Most of us have family, friends or coworkers who live with a chronic disease—heart disease, heart failure, diabetes or asthma, for example. That's where Fallon Community Health Plan's outpatient care services program comes in. This is a special program to address the needs of members who are coping with one of these specific conditions or who have several chronic conditions that require multiple specialists.

A nurse care specialist works one-on-one with the member to coordinate medical care and services, and also provides support and education. As a result, these members, like heart attack victim Nancy Robidoux, enjoy a better

quality of life because they often have fewer hospitalizations, prescription drugs, surgeries and emergency room visits.

Within days of her hospital discharge, Nancy got a call from Fallon Community Health Plan's Outpatient Care Services Department.

"I had a few moments of panic when I heard that FCHP was calling," Nancy laughs. "My company had switched its health care coverage back to FCHP as of June 1, only days before my heart attack. I thought they were going to say I wasn't covered!"

Instead, Nancy says she was "pleasantly surprised" to have an FCHP representative check on her health and inquiry about services she might need. Nurse Care Specialist Joe Yelinek, R.N.,

was assigned to support Nancy's recovery.

"Initially, Joe thoroughly went over my situation with me. He reviewed my medications, discussed key things to watch for and sent me a lot of important information to help me understand what I needed to do to stay healthy," Nancy explains. "Joe even asked if I needed rides to the doctors or help with housework or grocery shopping. He called every week at first, and still checks in every few weeks. He also encouraged me to call him any time I had a question or concern. It's been very reassuring to know there's someone to rely on if I had a problem along the way." ■

## know your numbers

Many of the biggest risk factors for heart disease, listed below, are within our control. Here are the “goal” numbers for managing these risks and staying healthy. Talk to your doctor about what ranges are acceptable for your age and health, and what treatments might be available to help you.

- **blood pressure** (the force of blood against the walls of your arteries when the heart beats and when it’s at rest)
  - Normal adult blood pressure: 120 over 80 mm Hg
- **cholesterol** (a waxy substance found in our bloodstream and cells)
  - Total blood cholesterol: less than 200 mg/dL
  - LDL (“bad”) cholesterol: less than 100 mg/dL
  - HDL (“good”) cholesterol: between 40 mg/dL and 60 mg/dL
- **triglycerides** (the chemical form in which most fat exists)
  - Optimal triglyceride level: less than 150 mg/dL
- **bmi, or body mass index** (a measure that takes into account a person’s weight and height to gauge total body fat. Type “BMI tool” in an online search engine for an easy calculation tool.)
  - Healthy, adult BMI range: 18.5 to 24.9
- **physical activity**
  - Adults should aim for a total of 30 minutes or more of moderate-intensity physical activity daily.

- **smoking**

- Call 508-368-9540 (toll-free 888-807-2908) for information about FCHP’s *Quit to Win* program. Smoking greatly accelerates

“hardening of the arteries” and significantly increases your chances of having a heart attack or stroke. ■

## beware trans fats

KFC and Taco Bell are getting rid of them. New York City has banned them—and Massachusetts is considering it. They’re trans fats, a type of saturated fat, and one of the biggest no-no’s for heart health.

Saturated fats are the kind found in meat, milk and butter. Unlike the healthier monounsaturated and polyunsaturated fats, saturated fats raise LDL, or “bad,” cholesterol levels and pack on the pounds—increasing the risk for heart disease and stroke.

The trans fats in the news are a particular type of saturated fat—a type that carries even more health risks. These fats actually lower HDL, or “good” cholesterol. They also cause extra abdominal weight gain—a “beer gut” might really be a “trans fat gut”!

Trans fats are popular with food companies and consumers because they make fried foods crispier and baked goods last longer. So they’re everywhere—in a vast array of prepackaged food, fast foods, pastries and desserts—and tough to avoid.

Experts suggest limiting trans fat intake to 1% of daily calories—under 2 grams a day. Compare that to the 5 grams in a doughnut or an order of French fries and it’s no wonder Americans eat almost 5 pounds each of trans fat every year!

Fortunately, trans fat is now listed in the Nutrition Facts on food labels. But remember that a food labeled “trans fat free” can actually contain up to half a gram per serving. Look for the “hidden” trans fat by reading the ingredients list—the words “hydrogenated” or “partially hydrogenated” mean trans fats are present.

If you aim for a diet that is rich in fruits and vegetables and low in saturated fat, you’ll be doing your heart a big favor.

For other suggestions, see the American Heart Association’s 2006 *Diet and Lifestyle Recommendations*, which is on the AHA Web site, [www.americanheart.org](http://www.americanheart.org) or available by calling the AHA toll free at 800-AHA-USA1. ■

# kid stuff



## boost your child's self-esteem

Let's face it: nobody's perfect. But to positively accept that "we are who we are" is a lesson that's learned—or not—very early in life. Children begin to develop self-esteem, or the sense of how they feel and think about themselves, in the very first months of their lives. Self-esteem is the lens through which we view life's challenges, rewards and disappointments.

Self-esteem is formed from the traits that your child is born with, as well as from outside influences like family, friends, coaches and teachers. It's developed through a combination of feeling competent and feeling loved.

Children thrive when they feel safe, secure and accepted by their peers and their family. These feelings help kids to develop a positive self-identity and express themselves comfortably. Some children, however, may feel at odds with themselves and others, and express it in different ways. They may become withdrawn or act shy, or they may be bossy or bullying. Some may have trouble making friends or getting involved in school activities. By being sensitive to our children's feelings, we can offer them support and encouragement as they weather life's challenges.

As parents, it's important to help your children develop a positive sense of self as early as possible. Give your child frequent and honest praise. When you're proud of his or her efforts and accomplishments, let your child know it. Just don't overdo it! Your child can figure out when your words aren't from your heart.

Encourage your child to set realistic goals and standards when it comes to schoolwork and after-school activities. If



your child loses self-confidence by not getting on the team or by receiving a low grade on a test, make sure you let him or her know that you focus on the effort and

don't expect perfection.

And remember, your child looks up to you and often mimics how you treat and express yourself. Believe in yourself and show it—and your child will, too.

—Steven Friedman, Ph.D., Clinical Manager, Beacon Health Strategies, LLC ■

Did you know that FCHP is the only health plan in Massachusetts to provide preventive dental care for the whole family, as part of its standard benefits package\*? Learn more about children's dental health resources by going to the "Kids' and family health resources" page on our Web site at [www.fchp.org/members/healthtools/kidsandfamilyhealth.htm](http://www.fchp.org/members/healthtools/kidsandfamilyhealth.htm).

\* Benefits may vary by employer.

## keeping kids' smiles healthy

Has your child visited a dentist yet? The American Dental Association recommends that children visit a dentist by their first birthday. As parents, there's a lot to know about properly caring for your child's teeth and gums. Take this quiz to see if you know the basics.

### True or false:

1. Brush your baby's gums with a soft-bristle toothbrush and fluoride toothpaste.
2. You should replace your child's toothbrush once a week.
3. You should encourage your child to brush his or her own teeth, but check the teeth to make sure they are clean.
4. If your child doesn't like to brush, let him or her choose a "special" toothbrush and toothpaste with a favorite character or color on it.
5. You should only have your child brush his or her teeth once a day. ■

**Answers:**  
1. F: Use a clean washcloth for gums, and when the first teeth appear, begin using a small, soft toothbrush. Only use fluoride toothpaste for children who are 2 and older.  
2. F: You should change the toothbrush when the bristles look worn or after your child recovers from a cold.  
3. T: Until your child successfully uses eating utensils, and, thus, a toothbrush, check the teeth to be sure he or she is doing a good job.  
4. T: It also may help to brush your own teeth at the same time and make brushing part of a routine. Always remember to provide lots of positive encouragement, too!  
5. F: Children should brush their teeth once in the morning after breakfast and before bedtime.

# fchp update



## new dependent age verification begins

You read in our last issue of *Healthy Communities* that the Massachusetts health care reform law increased the “dependent age” eligibility up to age 26 or two years past the loss of dependent status, whichever comes first. A qualified dependent can be either a dependent child or a dependent relative as defined by the IRS.

Previously, FCHP coverage ended once a dependent reached the maximum dependent age of 19. FCHP then pursued verifying whether a dependent qualified for coverage as a full-time student. Now, we no longer have to verify student status for most accounts.\*

Instead, at the end of January, we sent appropriate members a letter and form to verify their dependent’s status to ensure continued coverage under the new guidelines. Eligibility details were included. **If you received this notice, please be sure to return the completed form to us promptly so that your dependent will continue to have health insurance.**

For assistance, please call FCHP Customer Service at 800-868-5200 (TDD/TTY: 877-608-7677), Monday through Friday from 8 a.m. to 6 p.m.

*\* For ASO groups and those employers that choose not to implement the new guidelines, the annual student certification took place in August. The letter and form no longer required a school seal, only completion of the form signed by the subscriber. ■*



## www.fchp.org improved

We hope you’ve been enjoying the updated version of our Web site, [www.fchp.org](http://www.fchp.org), which we introduced last fall. The “new” site looks great, and it’s more user-friendly than ever. You’ll find larger, easier-to-read text and improved navigation and page layouts. That means it’s easier to find and read what you want!

Also, we’re using a new system that allows us to keep the site content current for our members.

All the more reason for you to visit our site often! Be sure to log into the member “portal,” **My FCHP**, to check out the latest member information and to communicate with us in a secure, private way. You’ll also get the scoop on member discounts, benefits and programs and learn more about health care reform. You can search the extensive Healthwise® Knowledgebase to better understand health and fitness issues and use the health risk assessment tools. Stop by soon—there’s plenty to discover! ■



## excellent times three

Fallon Community Health Plan has retained the highest level of accreditation—“Excellent”—from the National Committee for Quality Assurance, or NCQA. And for the first time ever, we’ve received this accreditation rating for all three of our core products: commercial HMO, Medicare Advantage and Medicaid (or MassHealth). *FCHP is now the only accredited Medicaid HMO in the state.*

NCQA visited FCHP in September and conducted an extensive review of several critical areas of our organization. We scored a perfect 100% for our site visit. Our accreditation status reflects the high quality of health care provided to our members and is important to our mission and to the clinical care programs that compliment each of our products.

According to NCQA President Margaret E. O’Kane, “It is partly a health plan’s members that determine whether it earns NCQA’s Excellent accreditation status. Any plan that does so should be proud of its accomplishment. It is a sign that the plan’s delivering great service and great care—it’s met the toughest test in managed care.” ■

## health care reform in action

Health care reform is a hot topic today in Massachusetts and is getting a lot of attention at Fallon Community Health Plan. Last fall, FCHP launched its first wave of health care programs in response to this landmark legislation.

### new products for eligible residents

FCHP currently is one of only four managed care organizations in Massachusetts participating in the new Commonwealth Care program. FCHP is working with the state's new oversight agency, the Commonwealth Health Insurance Connector Authority, to offer new plans to eligible residents who don't have insurance coverage.

### phase one

Last fall, FCHP began offering **Commonwealth Care FCHP Direct Care, Plan 1**. This plan design is **for people whose incomes fall at or below 100% of the federal poverty level**. Plan 1 allows access to our FCHP Direct Care network and gives members comprehensive health care benefits, including coverage for office visits, prescription drugs and hospital care. The FCHP Direct Care network includes Acton Medical Associates, Charles River Medical Associates, Fallon Clinic and Southboro Medical Group.

### phase two

**As of January 1, 2007, people with incomes between 100.1% and 300% of the federal poverty level may enroll in Commonwealth Care FCHP Direct Care, Plans 2 to 4.** These plans provide access

to our existing FCHP Direct Care network and give members comprehensive health care benefits. Individuals who are eligible to enroll in these plans will receive premium assistance from the Commonwealth of Massachusetts to help pay for their insurance coverage. The premium assistance will be based on their income.

### who qualifies?

To be eligible for Commonwealth Care, a person must be: (1) uninsured; (2) age 19 or older (eligible children under age 19 enroll in MassHealth); (3) a U.S. citizen or national, qualified alien or alien with special status; and (4) part of a family whose monthly income before taxes and deductions is at or below 300% of the federal poverty level.

For information about Commonwealth Care FCHP Direct Care, please call FCHP Customer Service at 800-868-5200 (TDD/TTY: 877-608-7677), Monday through Friday from 8 a.m. to 6 p.m. For eligibility questions or information about all health plan options available, call the Commonwealth Care Support Program at 1-877-MA-ENROLL (TTY: 1-877-623-7773). ■

## referral process simplified

Fallon Community Health Plan introduced on January 1 a new way to handle referrals that will simplify the process for your doctors.

Previously, your primary care provider had to submit a referral to FCHP before, or at that same time as, the date of your health care service. Now, your PCP will communicate directly to the in-network (or in-plan) specialist physician.

Your primary care provider no longer needs to contact FCHP; he/she will work directly with specialists to speed up services for you. With this change, FCHP no longer will send you written notification that your referral has been approved.

**Please remember that you still need PCP referrals for most services.** You must contact your PCP if you think you need to see a specialist, and that specialist must be within your plan network. Also, the list of services requiring preauthorization (approval in advance) by FCHP hasn't changed. For services that require preauthorization, you will get a letter from FCHP notifying you of our decision.

There are two exceptions for most members. You may call a specialist's office directly for an appointment:

- if the services allow for a member self referral (e.g., ob/gyn, mammogram, oral surgery for impacted teeth)
- if your PCP and the specialist you wish to visit are both Fallon Clinic providers

Our **FCHP Flex Care** members have the options of receiving care out-of-network without a referral. Also, our **Fallon Preferred Care** members don't need a referral for specialty services.

**For a referral to a participating chiropractor**, your PCP will provide you or the chiropractor with a written prescription or a letter on the provider's letterhead, including the diagnosis. The chiropractor will submit the copy of the prescription to our chiropractic network, American Specialty Health Networks, Inc., when submitting the claim.

If you have questions about FCHP's referral process, please call Customer Service at 800-868-5200 (TDD/TTY: 877-608-7677), Monday through Friday, 8 a.m. to 6 p.m. ■

## post-mastectomy benefits reminder

Did you know that Fallon Community Health Plan provides benefits for mastectomy-related services? These include reconstruction of the breast affected by a mastectomy; surgery and reconstruction of the other breast with the goal of producing a symmetrical appearance; treatment of physical complications of all stages of mastectomy; and prosthesis. For more information, call Fallon Community Health Plan at 800-868-5200 (TDD/TTY: 877-608-7677). ■

## in our community

At Fallon Community Health Plan, our mission is *making our communities healthy*. That's why we promote a variety of activities and programs for caring, sharing and helping one another.

- FCHP awarded its **2006 Community Benefit Grants**, totaling \$127,000, to nine recipients throughout our service area. The grants are targeted to support organizations dedicated to improving the health and lifestyle of youth in our communities, as well as toward programs that promote education and learning opportunities for children.
- FCHP's first annual **Golf FORE a Goal charitable golf tournament raised more than \$115,000**, with proceeds benefiting the Boys & Girls Clubs of Worcester, Lynn, Lawrence, Salem, Lowell, North Central Massachusetts, Blackstone Valley, Webster/Dudley, Cambridge, Springfield, Westfield and Amherst.
- For the third year, FCHP participated in the **Support Our Troops campaign**. Donated items went to the soldiers and families of the 101<sup>st</sup> Engineers Battalion, which is serving in a peacekeeping mission in the Balkans. We partnered with local media FOX 25 TV and WSRS 96.1 radio, as well as six affiliated hospitals. FCHP employees donated unwrapped gifts for the soldiers' children.
- FCHP employees pledged more than \$55,000 in our annual **United Way** campaign this fall—exceeding participation and contribution numbers from previous years. In addition, FCHP made a \$20,000 corporate donation. ■

## information about your care

### details on our web site

What should you do in an emergency? What are your rights and responsibilities as an FCHP member? How do you find an interpreter? For answers to these questions and additional information related to your care, please go to our Web site, [www.fchp.org/Extranet/Members/HealthTools/ImportantInfo.htm](http://www.fchp.org/Extranet/Members/HealthTools/ImportantInfo.htm). You also can request this information by calling our Customer Service Department at 800-868-5200 (TDD/TTY: 877-608-7677), Monday through Friday, 8 a.m. to 6 p.m.

### coordinating your care

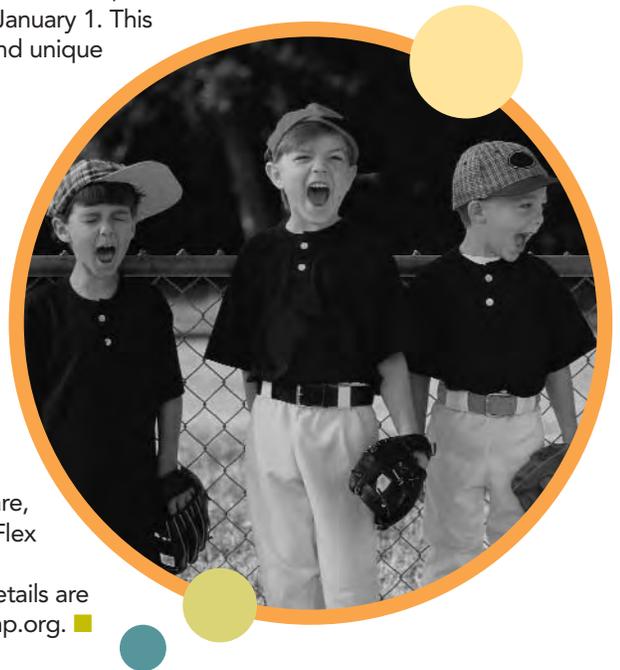
At Fallon Community Health Plan, a team of health care professionals reviews member treatment histories to determine if the care given was medically necessary, efficient and clinically appropriate—and then looks for ways to improve all three areas in similar future cases. This process is called utilization review.

Our focus is on encouraging the best possible care. Therefore, FCHP does not offer any compensation or reward to its utilization review team or affiliated providers for denying or restricting appropriate care or services. Our decisions are based first and foremost on the benefits of receiving medically necessary care for prevention or treatment of illness. ■

## fchp boosts fitness reimbursement

Great news! FCHP has increased the standard *It Fits!* annual reimbursement amount to \$150 for individuals (up from \$100) and \$300 for families (up from \$200)—effective January 1. This change reinforces FCHP's strong and unique commitment to promoting healthy lifestyles among our members, particularly children.

*It Fits!* offers reimbursement for membership at a fitness center or in Weight Watchers®, or for aerobics, Pilates, yoga classes and a variety of other healthy activities. Plus, FCHP is the only health plan to also reimburse for school and town sports leagues and programs for all ages. This feature is part of our standard benefits package\* for members of FCHP Direct Care, FCHP Select Care, FCHP Flex Care Direct and FCHP Flex Care Select as well as all FCHP Independent Care plan options. Details are available on our Web site, [www.fchp.org](http://www.fchp.org). ■



\* Benefits may vary by employer group.  
Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

# health, fitness and you!



## eating healthy with seasonal foods

During the crisp days of winter, treat yourself and your kids to nutritious, satisfying meals made with seasonal foods that are readily available.

For example, winter squashes and apples are favorites this time of year. Not only are they filled with vitamins, antioxidants and fiber, these foods can fill you up without the extra calories contained in processed foods. Popular squash varieties include butternut, acorn, Hubbard and buttercup, so you're sure to find a squash that's appetizing to you and your family. And they're easy to prepare—by boiling, baking, mashing, pureeing or steaming.

If baking, you can stuff your squashes with apples, rice, raisins, and unsalted almonds or walnuts. Consider making a hearty and healthy squash soup—combine squash with onions, beans and tomatoes with broth and seasonings. Or, you can also create a stir-fry with apples, carrots and onions.

And if you're looking for a great way to end any meal, combine large, peeled and sliced baking apples with trans-fat-free margarine, brown sugar, flour and oatmeal with cinnamon, nutmeg, and a little orange juice—then bake for a tasty treat the whole family can enjoy.

For tips about choosing and preparing squash, as well as creative recipes, try this Web site, <http://whatscookingamerica.net/squash.htm>. ■



## cosmetic counters precautions

Did you know that when you're visiting a cosmetic counter that you may be putting yourself at risk for contracting germs that can cause irritated skin, conjunctivitis (pink eye), and even cold sores?

Most cosmetic counters are staffed by salespeople trained in using appropriate hygienic methods while applying

makeup. But, it's also important to take your own precautions while you search for the perfect lipstick!

- Always wash your hands with soap and water, or use an antibacterial hand gel before and after you visit the cosmetic counter.
- If a salesperson is applying your makeup, don't be afraid to speak up! Insist that he or she use new applicators or a cotton swab. And, ask that all container openings be wiped or cleaned with alcohol before use.
- Check out your favorite color by using the back of your hand, rather than applying the makeup directly on your lips and eyes.
- If you decide to make a purchase, always ask for a product that has not been tampered with, and also about the store's return policy on cosmetics.
- And, once you find the right cosmetics, never share them with anyone else—not even with your best friend! ■

## put ice in your cell phone

ICE, an abbreviation for "in case of emergency," is quickly becoming a common way for emergency personnel to contact key people you designate to respond to a crisis. EMTs and others know to check your cell phone for an ICE listing.

Once thought of as an "urban legend," ICE is now recognized as a good tip by such organizations as the American College of Emergency Physicians. Conceived by a paramedic in Britain, here's how it works:

- Create a new entry in your cell phone contact listing.
- Indicate, for example, "ICE-MOM" in your contact listing, and insert "Mom's" telephone number. Don't forget to save!
- You can choose as many ICE contacts as you wish—just make sure your contacts know they may be called if you're in an emergency situation. ■

## take care with your otc medications

It's estimated that almost 80% of Americans have used over-the-counter medications in the past year. We take them so often, and they work so well, that we sometimes forget that OTC drugs are powerful medicines—and should be taken carefully.

Though they're safe enough to buy without a prescription, all OTC medications still have some risk of side effects, drug interactions or health problems, and can cause harm if misused.

### acetaminophen: don't take too much!

One example is acetaminophen, the active ingredient in Tylenol® and many other brands. This pain reliever and fever reducer has been used for decades. It's safe and effective when properly used, but has become the leading cause of sudden liver failure in the United States—mostly from accidental overdoses.

Acetaminophen pops up in many medications. "Multisymptom" and "cold and flu" products often have it, as well as many prescription medications (including anything with "APAP" on the label). Taking two medications together that both contain acetaminophen, such as Tylenol for a headache and Nyquil® for cold symptoms, may result in an overdose and possibly serious liver damage.

The maximum safe dose of acetaminophen is 4,000 mg per day (the equivalent of eight extra-strength tablets)—or 1,000 mg in a single dose. People who regularly drink alcohol, take certain prescription drugs or already have liver problems may need to take less acetaminophen.

### use only as directed

Here are some things to keep in mind that will help you use acetaminophen and other OTC medications safely.

- **Read the labels.** Unless your doctor says otherwise, follow the medication's dosing directions. Don't take more than is recommended, or take it more often. Check the active ingredients of every medicine you take—make sure you're not getting

## it's good advice

Colorectal cancer is the third most common cancer for both men and women in the United States. March is recognized as Colorectal Cancer Awareness Month—a good reminder to have a screening done if you're age 50 or over. Chances of getting colorectal cancer increase in both men and women after age 50.

During a screening (such as a colonoscopy), your doctor can find and remove polyps that might otherwise turn cancerous over time. And, as always, the earlier cancer is detected, the better chance you have of beating it.

There are different screening tests for colorectal cancer, so be sure to talk to your doctor about which one is best for you. Do it today! ■

acetaminophen or any other active ingredient from more than one product. And pay attention to the product warnings, which are now being strengthened by the FDA and can tell you if you should avoid taking the drug. You also can ask your doctor or pharmacist to help you review your medications.

- **Take only what you need.** If one tablet does the trick, don't take two. And remember that multisymptom medications often contain three or more active ingredients. If you only need one of them, you're taking drugs—and risks—that you don't need to.
- **Avoid drinking alcohol** when taking OTC drugs, especially pain relievers. Alcohol increases the risk of liver damage when taking acetaminophen. If you drink regularly, talk to your doctor or pharmacist first.
- **Note how you feel.** If you feel worse after taking any drug, call your doctor.

For more information about taking OTC drugs, visit [www.fda.gov/cder/consumerinfo/WhatsRightForYou.htm](http://www.fda.gov/cder/consumerinfo/WhatsRightForYou.htm) ■

## medication updates

- **Albuterol changes in progress.** All generic albuterol products, which contain chlorofluorocarbons, or CFCs, are being phased out by December 2008 under a Food and Drug Administration rule. Albuterol is a medication used to treat the symptoms of asthma and other lung diseases. CFCs are used extensively to help deliver the medication from generic

albuterol inhalers to the lungs, but they are now determined to be harmful to the ozone layer.

A new, environmentally safe propellant, called HFA, has been introduced in all brand-name inhalers. As the supply of generic inhalers diminishes during the phase-out, your doctor will be switching you to a brand-name albuterol inhaler. FCHP has added the brand-name product ProAir® to our formulary as a Tier 2 drug. If your doctor recommends that you switch inhalers, please let him/her know that **ProAir is the preferred FCHP medication.**

- **Save on heartburn medication.** Do you have a prescription for a proton pump inhibitor, a popular medication used to treat heartburn? These medications include Prilosec®, Prevacid®, Protonix®, Nexium® and Aciphex®. The preferred FCHP medications are in Tier 3, which have the highest copayments. All proton pump inhibitors work the same way and do the same thing; the only difference might be how a person tolerates them.

If you are using one of the prescription proton pump inhibitors, you may want to buy instead an over-the-counter preparation called Prilosec OTC®. This medication is the same dose strength as the prescription strength, which is 20 mg. It will cost you much less, because most retail outlets sell Prilosec OTC for \$19.99 for 28 tablets, or for even less if you buy it on sale or in a larger quantity. Why not try it? Ask your doctor about this alternative. ■



## glaucoma: early detection important

According to the Glaucoma Research Foundation, glaucoma is a leading cause of blindness in the U.S., particularly among seniors. It's one of the reasons regular eye care is so important.

The most common form of the disease, primary open-angle glaucoma, has no warning signs. As the disease evolves, side vision deteriorates, often unnoticeably, while forward vision remains clear. The result is permanent vision loss. Although this form of glaucoma can't be prevented, it can be controlled if diagnosed and treated early.



The American Academy of Ophthalmology recommends that people age 65 and over be examined for glaucoma every one to two years. Fallon Senior Plan™ provides Medicare coverage for

annual glaucoma screening for people who have key risk factors: a family history of glaucoma, African-American or Hispanic heritage, or diabetes.

In a less-common type of glaucoma, angle-closure glaucoma, symptoms develop quickly. These include blurred vision, loss of side vision, seeing colored rings around lights, and pain or redness in the eyes. This is a medical emergency; you should contact your doctor immediately.

As a Fallon Senior Plan™ member, you're covered for a routine eye examination every two years. You're also covered for diagnosis and treatment of the eye at any time. For more information, see your *Member Handbook/Evidence of Coverage*. ■

## tune up your driving skills

As you get older, you want to keep your independence—and a big part of that independence is driving.

As you age, it's common to react more slowly than you once did or to become easily distracted. Perhaps driving at night, with oncoming headlights, is uncomfortable. You may have a shorter attention span or not be as coordinated. These subtle changes can happen to the best of us and are all the more reason you need to drive with extra caution.

It's also important to be aware that medications may have side effects that could impair your driving ability. For example, some medications can make you sleepy, like you're in slow motion. If you have concerns, talk with your doctor or pharmacist. It's a good idea to have your vision and hearing checked regularly, too.

This might be the right time to think about taking a driving refresher course. This spring, at the Senior Center in Worcester, FCHP will be sponsoring an AARP Driver Safety Program for drivers age 50 and over. This is an eight-hour classroom course. For the date and other information, call FCHP Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), Monday through Friday, 8 a.m. to 6 p.m.

For other course locations, call AARP at 1-888-227-7669, or go to their Web site at [www.aarp.org/drive](http://www.aarp.org/drive). You can register for AARP's driver safety online course if you prefer. Whether in the classroom or online, this course is a great way to update your driving skills and knowledge. **It will not affect your driver's license.** ■

## thank you!

As 2007 gets into full swing, we at Fallon Community Health Plan wanted to thank you for being a member of Fallon Senior Plan™.

We know there are many choices available to you for your health care, and we're pleased that you've chosen us.

To make sure you understand all of your benefits, please be sure to read all of the information that you've received from us, such as your *Summary of Benefits* and your *Member Handbook/Evidence of Coverage*.

As always, please call us if you have any questions about your benefits. You can reach us at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), seven days a week from 8 a.m. to 8 p.m.



## get support to stop smoking

Deciding to quit smoking is a step toward a healthy lifestyle, and at Fallon Community Health Plan, we know it's not an easy thing to do. So FCHP is here to help—with our program to help you stop using tobacco products.

*Quit to Win* offers support group meetings as well as nicotine replacement therapy at a reduced price, or even at no cost. Our meetings are held in Auburn, Leominster, Milford, Spencer and Worcester.

Since 1986, Fallon Community Health Plan has helped many people to quit smoking—and stay that way. In fact, recent assessment of our current tobacco treatment program shows that 32% of those who quit through our program were still not smoking after a year. That's more than double the rate that the National Cancer Institute considers "successful"!

If you're interested in learning more about *Quit to Win*, call us at 1-508-368-9540 or 1-888-807-2908 (TDD/TTY: 1-877-608-7677), Monday through Friday from 8 a.m. to 5 p.m. ■

## get fit with silversneakers

With the new year comes resolutions. If your resolutions include getting more exercise, the SilverSneakers® Fitness Program can help.

SilverSneakers, a unique exercise program that is available to all Fallon Senior Plan™ members at no additional cost, is introducing two new classes for 2007: YogaStretch and SilverSplash. YogaStretch helps to build flexibility and endurance through breathing exercises and a variety of safe and fun yoga postures, using a chair for support. SilverSplash is a water fitness class to help increase agility, range of movement and cardiovascular function. No previous swimming experience is necessary. Check with your SilverSneakers fitness center to see if these classes will be offered at your facility.

SilverSneakers is available in select fitness centers **nationwide**. Members who participate in SilverSneakers receive a basic fitness center membership including amenities such as cardiovascular, strength and exercise equipment, and fitness classes (available amenities may vary slightly from facility to facility).

For a list of participating SilverSneakers fitness facilities across the country, log on to [www.silversneakers.com](http://www.silversneakers.com) or call FCHP's Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), Monday through Friday from 8 a.m. to 6 p.m. ■

*SilverSneakers® is a registered trademark of Healthways.*

## key group added in pioneer valley

The FCHP Select Care network has contracted with the **Valley Medical Group**, an independent, multispecialty group that provides primary and specialty care to residents of the Pioneer Valley in Western Massachusetts. This new relationship adds 40 providers to our Select Care network, including 21 primary care physicians. Valley Medical Group is affiliated with Cooley Dickinson Hospital in Hampshire County and Franklin Medical Center in Franklin County.

FCHP recently expanded into Western Mass., giving our members access to seven of the region's largest hospitals, including Baystate Medical Center, and more than 1,500 providers in Franklin, Hampden and Hampshire counties.

FCHP is currently working with this physician group practice to credential its physicians. Additional information will be available to our members once the credentialing process is complete. ■

### help us celebrate!

We're 30 years old this year and, to celebrate, we'd like to highlight you—our members.

Were you one of the Baby Boomers who became a Fallon Community Health Plan member when we began in 1977? Or were you born that year and are now one of the Generation Xers turning 30 yourself? We'd love to hear about any interesting, positive experiences you've had as an FCHP member—and possibly share your stories (old and new) in an upcoming issue of *Healthy Communities*. Write to us at [healthycommunities@fchp.org](mailto:healthycommunities@fchp.org) or Fallon Community Health Plan, *Healthy Communities*, Communications Department, 10 Chestnut St., Worcester, MA 01608.

### on our cover ...

Last spring, Nancy Robidoux was among the "elders" of the Baby Boomer generation soon to turn 60. Nancy didn't consider the birthday to be a big deal—until her heart told her differently. Now recovered from a heart attack and learning a healthier lifestyle, Nancy is looking forward to another spring with her employer, Bigelow Nursery.

Just prior to Nancy's heart attack, Bigelow changed its health care coverage to Fallon Community Health Plan. Nancy previously had been a member and felt very comfortable with FCHP. She says this feeling was reinforced when FCHP's Care Services Department contacted Nancy shortly after her discharge from the hospital and guided her through the uncertain days of her early recovery.

Nancy's come a long way since then. With a positive attitude, she's enjoying her life more than ever. Be sure to read Nancy's story, which is highlighted in this issue of *Healthy Communities*. ■

Si usted desea que se traduzca al español alguna información en esta publicación, favor de llamar a Departamento de Servicio al Cliente de FCHP al 800-868-5200 (si tiene problemas de audición llame al 877-608-7677) de lunes a viernes de 8 a.m. a 6 p.m.

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