

INSIGHTS

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Important: lower drug costs and more. See inside cover for details.

SPRING 2023

 **Mary Washington**
Medicare Advantage

 **RIVERSIDE**
Medicare Advantage
A Mary Washington Medicare Advantage Plan

The Inflation Reduction Act Lowers Drug Costs for Many Medicare Beneficiaries

Portions of the Inflation Reduction Act of 2022 go into effect this year. Below is a summary of important changes to make your healthcare and prescription drugs more affordable. If you have any questions or concerns or would like additional information, please contact Mary Washington Medicare Advantage Customer Service.

- **A cap on Part D insulin copays, starting January 1, 2023.** For Part D insulin (insulin that you self-inject with an insulin syringe or insulin pen), you won't pay more than \$35 for a one-month supply, regardless of the formulary cost-sharing tier, the coverage phase, or your Extra Help status. If you pay more than this amount at the pharmacy, we'll reimburse you the difference.
- **No cost to you for certain Part D vaccines, starting January 1, 2023.** Many Part D vaccines will be covered by your plan at no cost to you if the vaccine is recommended for adults by the Advisory Committee on Immunization Practices. For example, the vaccine to prevent shingles, Shingrix, will be provided at no cost to you.
- **A cap on part B insulin cost-share, starting July 1, 2023.** For part B insulin (insulin administered through a durable medical equipment pump), you won't pay more than \$35 for a one-month supply beginning July 1, 2023.
- **Lower co-insurance for certain Part B drugs, starting April 1, 2023.** If a Part B drug's price has increased at a rate faster than the rate of inflation, we'll reduce your co-insurance for that drug by a certain amount as directed by the Centers for Medicare & Medicaid Services (CMS). CMS will tell your plan what your co-insurance should be for that drug. Your co-insurance will never exceed 20 percent but could be lower based on information we receive from CMS.



Quick and Healthy Loaded Potato Soup

A classic favorite for many—this soup can be smooth and creamy or hearty and chunky. Be sure to use russet potatoes (baking potatoes) for the best results.

Prep Time: 20 minutes **Cook Time:** 30 minutes

Servings: 6

Ingredients

- 2 pounds russet potatoes, peeled and cubed
- ¼ cup all-purpose flour
- 2 cups 2% reduced-fat milk
- 1 cup unsalted chicken stock
- ¾ cup light sour cream
- 1 ¼ teaspoons kosher salt
- ½ teaspoon black pepper
- ⅔ cup sharp cheddar cheese
- 6 center-cut bacon slices cooked and crumbled
- 3 tablespoons chopped fresh chives

Directions

Step 1: Place potatoes in a Dutch oven; add cool water to cover by two inches. Bring to a boil over high heat; reduce heat to medium, and simmer until tender, 11 to 14 minutes. Remove from heat; drain. Return potatoes to pan. Mash with a potato masher to desired consistency.

Step 2: Weigh or lightly spoon flour into a dry measuring cup and level with a knife. Whisk together flour, milk, and stock in a medium bowl. Stir milk mixture into potatoes; cook over medium, stirring often, until thickened and bubbly, about four minutes. Remove from heat; stir in sour cream, salt, and pepper. Ladle soup into bowls; top with cheese, bacon, and chives.

Recipe from [cookinglight.com](https://www.cookinglight.com)

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Create an account on our member website to get access to your personalized member information. Doing this will also allow us to email information to you. If you don't have an account, create one today at member.mwmaplan.com.

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The Benefits of Advanced Practice Providers

Part of maintaining good overall health includes visits with your primary care physician (PCP), getting preventive screenings, and monitoring chronic conditions. Did you know **advanced practice providers (APP)** can also help with many of your needs? In general, APPs have more availability than PCPs and they work as a team to provide your care.

APPs include **nurse practitioners (NPs)** and **physician assistants (PAs)**.

The NP is a nurse with a bachelor's degree and a graduate degree in advanced practice nursing. PAs earn a bachelor's degree and complete a physician's assistant program. NPs and PAs work in various areas including internal and family medicine. They're licensed to provide primary care. They can also order diagnostic tests and prescribe medication.

APPs are good options when your PCP is not available immediately. They're skilled at:

- Diagnosing common illnesses, including the flu
- Giving vaccines
- Preventive care, including yearly visits and routine screenings
- Managing chronic conditions, including diabetes
- Coordinating care and escalating care if necessary

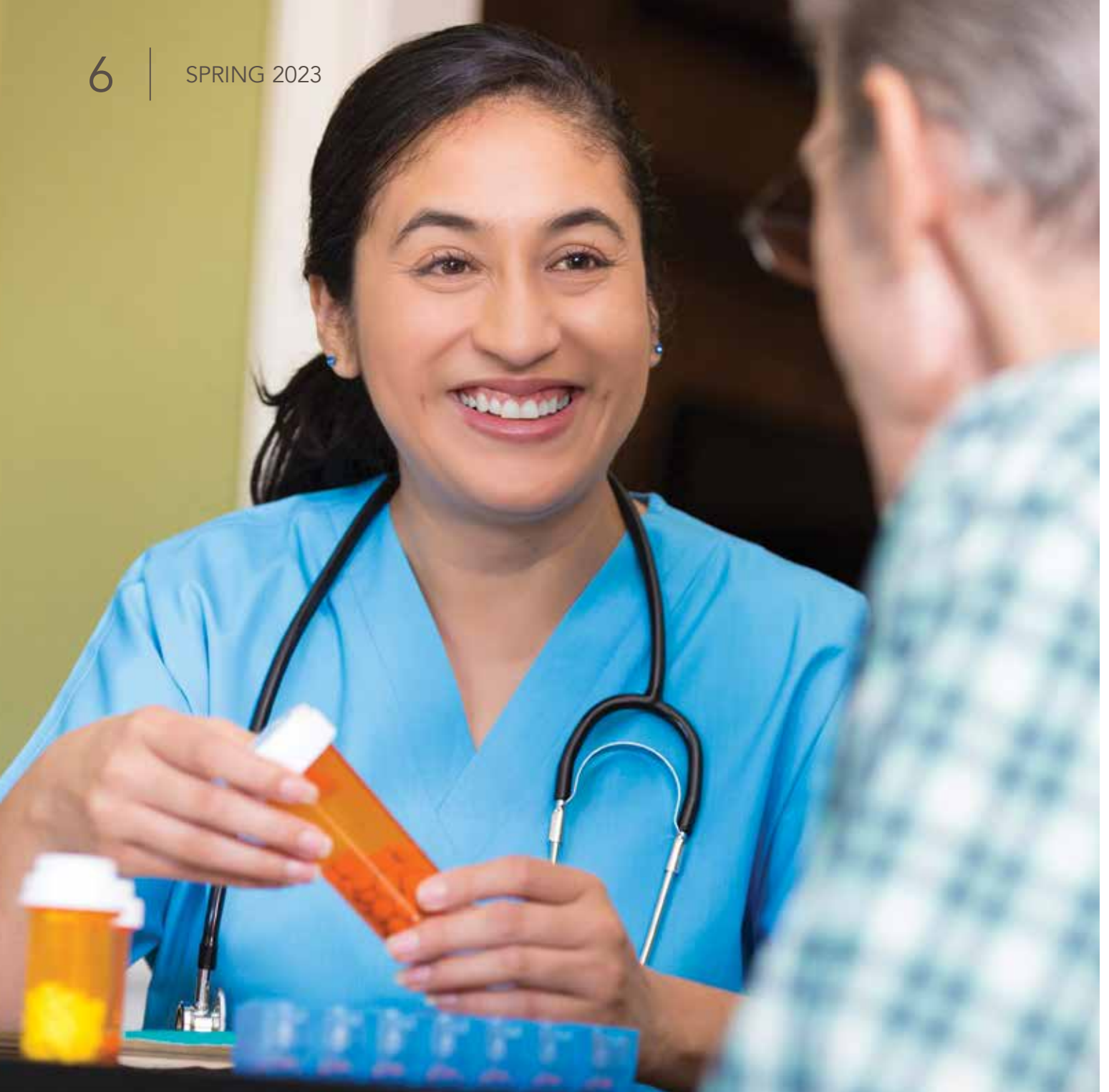
If you're offered a visit with an APP, know that they are available to care for your urgent needs and long-term goals.



CMS Medicare Surveys

Mary Washington Medicare Advantage and Riverside Medicare Advantage will be participating in two surveys this year: the Medicare Advantage and Prescription Drug Plan Consumer Assessment of Healthcare Providers and Systems (MA & PDP CAHPS) Survey and the Health Outcomes Survey (HOS). These surveys are important tools used to measure the performance of our Medicare Advantage plans and help us identify ways we can improve care, services, and your member experience.

The MA & PDP CAHPS and HOS surveys are administered by a third party, SPH Analytics, on behalf of our plan for the Centers for Medicare & Medicaid Services (CMS). Survey participants are randomly selected, and surveys are sent through the U.S. Postal Service or conducted by telephone. If you receive a request to complete a survey, we hope that you'll take the time to complete it.



Simple Ways to Manage Your Medication

If you take medication, the steps below can help ensure you have a plan to benefit your overall health. Your first step is to **establish good communication** with your primary care physician (PCP) and pharmacist.



Get a pill box.

To help you remember to take your medication pick up a pill box at your local pharmacy. Use the directions on your prescription bottle to place the recommended dose in the correct days of the week. If you take pills at various times of the day, get two pill boxes (preferably different colors) and mark them (for example, morning and evening).



Talk to your doctor.

Reviewing your medications with your PCP on a regular basis can help identify medications that are no longer necessary or if a dose can be reduced or combined to one pill rather than two. This will reduce the number of prescriptions or pills to keep track of and may also save you money. Your doctor may also be able to recommend less expensive options if you're not able to afford your prescriptions. If you have any concerns about your medications, talk to your doctor before stopping the drug or changing the dose.



Set up refill reminders.

If your pharmacy offers refill reminders, set them up for each of your prescriptions. This will be one less thing for you to remember. If you use a smartphone, you could also set up reminders in your digital calendar to notify you when it's time to refill your prescriptions. It's also helpful if you have one pharmacy for all your medications.



Use mail-order service.

Mary Washington Medicare Advantage and Riverside Medicare Advantage plans include access to mail-order prescriptions from Express Scripts. This option is convenient in more ways than one. It saves you a trip to the pharmacy and money when ordering a 90-day supply of some medications. For more information on this benefit, visit member.mwmaplan.com and click on "How to Order Medications by Mail" from the Pharmacy dropdown menu.



Be an active participant in your treatment plan by asking questions to understand why a medication is prescribed, how it will help you, and if there are side effects. If you have a change in your medication or a new prescription, follow the instructions on the bottle and contact your PCP or pharmacist with any questions.

Meal Prep— A Method for Controlling A1C

When you're hungry and ready to eat, it's a lot more difficult to stick to your goals. That's why it can be extremely helpful to have healthy meals ready to eat. Not only does it help you stick to a plan, it's also a good way to avoid daily meal planning. Here are some helpful steps for meal prep.

A1C is a simple blood test that provides an average of your blood sugar level over two to three months. It can help diagnose prediabetes and diabetes. It's also used to monitor how well a diabetes treatment is working for you.

STEP 1: Plan your meals

Familiarize yourself with the types of foods that can help control your blood sugar.

There are many resources for what and how much to eat to keep your A1C under control. Your **primary care physician (PCP)** can recommend a diet, or you may qualify for diabetes self-management training (a covered benefit under your plan). Another resource is a **food-planning app**. Klinio is a popular app for people with diabetes or prediabetes. You can use it to create customized meal plans, generate shopping lists, track your A1C, and more. Also, the internet has many credible sources for diabetic meal planning.

The American Diabetes Association is a great resource for meal planning and learning about healthy, diabetic-friendly options. Visit diabetes.org/healthy-living/recipes-nutrition.

Choose your prep method.

You can meal prep using several different methods—one of which is to **plan complete meals** and prepare them ahead of time. The other is to plan day by day but have a **supply of healthy prepared food** to choose from. For example, you could prepare large quantities of vegetables, meats, fruits, and other side items, freeze them, and then combine them differently each day.

If you're making complete meals, **be realistic in your planning**. Start with about two new meal ideas for the week. Pair that with a couple meals that are familiar to you. And then you can eat those meals as leftovers. You can prepare meals for the entire week, or allow for a couple of unplanned days.



STEP 2: Create a list and shop.

Try printing recipes or writing down items and necessary quantities. This will help with repeat meals in the future. Next, **make a master store list** with all the items, including snacks, that you'll need for the week. It might also help save time if you group items based on where they are in the store. Save the list!

Now it's time to shop. One method that helps save time—and limits impulse buying—is to **use a store app**. The Walmart app, for example, lets you do all your shopping for pickup or delivery, and you can even create grocery lists for quick shopping next time. The app also saves your most-bought items and puts them in a “favorites” list.

STEP 3: Cook, package, and store meals.

It's a good idea to start with foods that take the longest and do other things while you wait. You might also find it easy to do like tasks for all meals at the same time. For example, cut all vegetables at once. After you've cooked all your food, package it. You can also label packages with names and dates. Lastly, **store them according to how long they'll last**; you might need to freeze some of your meals. WebMD® has the following guidelines:

REFRIGERATOR RULES	
Ground beef or chicken (cooked)	1–2 days
Whole meats, poultry, fish, soups, and stews (cooked)	3–4 days
Beans, chickpeas (cooked)	5 days
Hard boiled eggs, chopped vegetables	1 week
Soft cheese (opened)	2 weeks
Hard cheese (opened)	5–6 weeks

For a more comprehensive list, visit [fda.gov/media/74435/download](https://www.fda.gov/media/74435/download)

Once you've completed some research or have been educated on what and how much to eat to control your A1C, you're ready to start meal planning. As a reminder, discuss your diabetes and any meal plans with your PCP. They can guide you and help with tips or other useful information to keep your health on track.



Meal-Planning Tips:

- Choose meals that use some or many of the same ingredients.
- Keep food basics on hand.
- Don't forget to shop for healthy snacks to eat between meals.
- Multitask while food is cooking.



Recognizing Common Scams

Every year, millions of older Americans fall victim to scams, many of which target Medicare beneficiaries. In fact, according to the FBI's 2021 IC3 Elder Fraud Annual Report, more than 92,000 people over age 60 were victims of fraud in 2021—reporting losses of \$1.7 billion to the FBI's Internet Crime Complaint Center.

If you think you've been a victim of Medicare fraud:

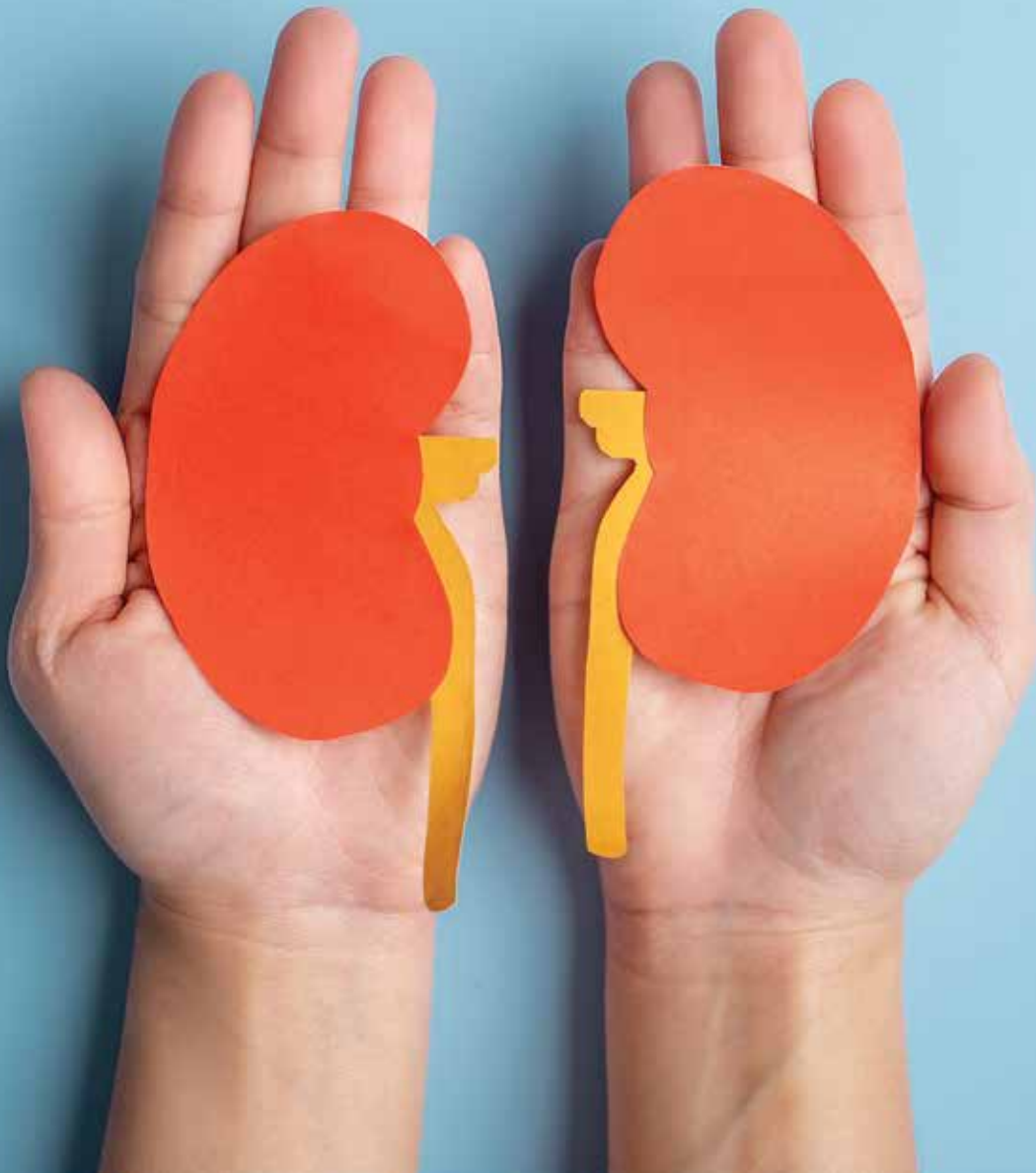
Call 1.800.MEDICARE (1.800.633.4227) TTY users should call 877.486.2048, 24 hours a day/seven days a week.

If you think you've been a victim of identity theft:

1. Visit the Federal Trade Commission (FTC) website at [identitytheft.gov](https://www.identitytheft.gov) to **file an identity theft report**.
2. **Temporarily lock your credit cards or request new cards.** Call your credit card company and explain the situation to see which option is right for you.
3. **Possibly freeze your credit reports.** Visit tinyurl.com/ftcfreezereports to learn more.

It's important for you to be aware of common fraud tactics, so you don't become a victim of medical identity theft. Educate yourself with the following list of examples.

IS IT FRAUD?		
You get a call or visit from someone claiming to work for or with Medicare, and they need your Medicare, financial, or other personal information ...	YES	The Centers for Medicare & Medicaid Services (CMS) won't call or send someone to your house to ask for identifying information. The best advice is to hang up and call Medicare yourself.
You get an email or text message, from what seems like a reputable company or Medicare, with a sense of urgency ...	YES	Medicare won't call with an urgent "act now" request. Scammers use URLs that appear to be legitimate but are slightly different than a reputable company's URL. Don't give out your personal information during these attempts, and don't click links in emails. Call the actual company about the communication attempt.
You're called or emailed with an offer for medical supplies. The call could even seem like it's coming from your doctor's office ...	YES	Scammers use this tactic to get your personal information, such as your Medicare number, so they can over-bill Medicare for unnecessary equipment. They might attempt to collect your financial information as well. Always speak directly to your doctor about medical equipment.
You get a call or email saying you're owed a refund for overpayment to Medicare or your health plan ...	YES	Scammers use this tactic to get your financial information. Neither Medicare nor your health plan will ask you to verify financial information for a refund.
You receive a call, email, or text saying you qualify for special medical trials/testing, COVID-19 vaccines, or vaccine test kits ...	YES	Never give personal information to anyone calling about these things. If you're interested in vaccines and test kits, visit vaccines.gov or covid.gov/tests .
A Medicare health or drug plan provider calls you and you're already a member of the plan ... OR The agent who helped you join a plan calls you ...	LIKELY NO	If you're a member of a health or prescription drug plan, and your plan calls you, or the agent who helped you join a plan calls you, it's likely for legitimate reasoning. However, neither of these people should ask you to verify your identity or personal Medicare information.
Someone from 1.800.Medicare calls you back because you left a message or requested a call back ...	LIKELY NO	If you've requested a return phone call, the caller should be able to verify details left in your message or discuss the matter you originally called about.



Living with Diabetic Kidney Disease

If you've been diagnosed with diabetic kidney disease (diabetic nephropathy), you're not alone. About one in three people with diabetes have the disease. Because diabetic nephropathy is so common, there's a lot of helpful information available. Knowing the ins and outs can help you better prepare for what lies ahead, ease your mind, or even help you slow your disease progression.

What's happening to your body?

When you have diabetic nephropathy, your kidneys aren't filtering waste and excess fluids properly. Your kidney function will decrease slowly over time, and a buildup of waste has the potential to harm other organs. The rate at which your disease progresses depends on your lifestyle and how you manage your nephropathy.

Slowing disease progression.

There are many actions you can take to slow the progression of diabetic nephropathy.

- 1 Keep your blood pressure within a normal range** (should be below 130/80 mm Hg). Limiting salt and alcohol, as well as getting exercise, losing weight, and quitting smoking, can help.
- 2 Control your blood sugar levels.** Make sure you're testing regularly at home and speak to your nephrologist about your diet. They might recommend:
 - A low-protein diet (excess makes your kidneys work harder)
 - Limiting carbohydrates, sugars, and unhealthy fats
 - Medical nutrition therapy (MNT), during which you'll meet with a dietitian to develop a personalized nutrition plan. This is a covered benefit of your health plan.
- 3 Take prescribed medications correctly.** Commonly prescribed medications are ACE inhibitors, which help regulate your blood pressure. Taking this medication as prescribed can help slow the progression of your nephropathy.

Managing diabetes vs. nephropathy: What's different?

As you might notice from the tips above, many actions you can take to slow your disease progression might be similar to how you already manage your diabetes. Some differences might include slight changes to your medication or food intake. Your disease diagnosis might also require more monitoring and testing than you're used to with diabetes alone. And, if your nephropathy causes any other health problems, you might need additional care.

What happens if your kidneys fail?

If your kidneys fail, you'll need to receive dialysis treatments. You'll also need to consider whether you need or want to get a kidney transplant. You should discuss both options with your nephrologist and make the decision as a team.

As a reminder, there are many resources, such as [kidney.org](https://www.kidney.org), to help you navigate your disease. For information about coverage under your plan, see your Evidence of Coverage booklet. And, as always, make sure you communicate with the doctor who is helping you manage this condition.



Diabetes and Your Eye Health

Imagine a beautiful blue sky, now imagine that sky is blurry or has dark spots or the color is muted. These are just a few of the symptoms of diabetic eye disease.



High blood sugar can damage small blood vessels in the eye, and this leads to diabetic retinopathy, glaucoma, and cataracts. Regular **diabetic eye exams can catch diabetic eye disease early** when it's most treatable and often before you begin to experience symptoms.

People at high risk of glaucoma include those over age 60, people with a family history of glaucoma, people with diabetes, African Americans who are over age 40, and Hispanic Americans (especially the older population).

Dilating your eyes is a good way for your doctor to get a better view of the inside of your eyes to help identify potential issues. In addition, your doctor will test your eye muscles, eye pressure, and response to light.

If you have any of the following symptoms, contact your doctor.

- Spots, floaters, or empty areas in your vision
- Blurred or yellowing vision
- Headaches
- Watery eyes
- Halos around lights
- Less vivid colors
- Glare sensitivity
- Eye pain
- Vision loss

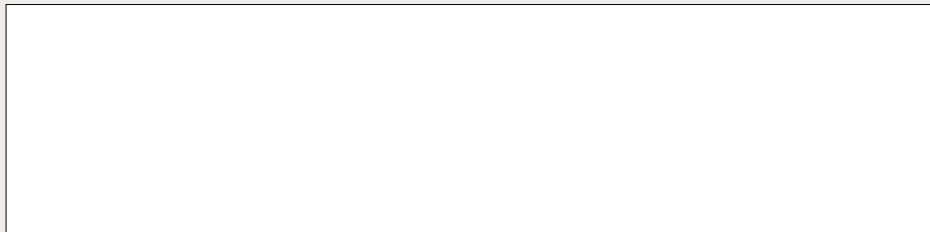
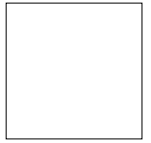
Your **plan covers a diabetic eye exam** for a \$0 copay when performed by a specialist (ophthalmologist or optometrist). A referral from your PCP is required and you may have a specialist copay. Please contact your specialist for more details. For more information about your benefits, review Chapter Four in your Evidence of Coverage booklet.

Tools to Monitor Your Blood Sugar: Use Your Plan Benefits

Cost for covered meters and test strips: \$0 copay (in-network pharmacies).

Brands covered: Abbott/LifeScan products. Prior authorization is required for non-covered brands when purchased at a local pharmacy.





Health and wellness or prevention information.
Important Mary Washington Medicare Advantage
information.



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You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

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