

May | 2025



GlobalHealthBeat

A Newsletter for GlobalHealth Medicare Advantage Members



Member Incentive Program



Preventive treatment is just as important as treatment for chronic conditions that are already present and may change over time. GlobalHealth wants to help you on your wellness journey.

As a benefit in 2025, **you will be rewarded** simply for making your health a priority when you **complete** service(s) **before August 31, 2025**.

- **Annual Wellness Visit** for a \$25 Prepaid Mastercard®
- **Mammogram** for a \$10 Prepaid Mastercard®

The reward card is for the purchase of groceries at select grocery stores. The card cannot be used at big box national chains and wholesale retailers. If you need help scheduling an Annual Wellness Visit, a mammogram and/or other preventive care testing or have questions, please **contact our Clinical Quality team** toll-free at 1-844-280-5562.

Manage Your Diabetes with Confidence

For those living with diabetes, monitoring your blood sugar levels at home is a crucial step in managing your condition and preventing complications. Frequent testing helps maintain optimal blood sugar levels and reduces the risk of extreme highs or lows.

Use a small, portable device known as a blood glucose meter. Consult with your doctor to determine the testing frequency based on your diabetes treatment, control status, and overall health. If you require frequent monitoring, consider a Continuous Glucose Monitor (CGM).

GlobalHealth offers comprehensive support. GlobalHealth is dedicated to supporting its members with diabetes by providing essential supplies at no additional charge*:

- Test Strips
- Lancets
- Calibration Solution
- Continuous Glucose Monitor (CGM) Supplies (Transmitters, Receivers/Readers, Sensors)

To enhance member access, diabetic supplies can now be ordered through any in-network retail pharmacy. Request your doctor to send a prescription to your local pharmacy for one of the following brands:

- OneTouch®
- Accu-Chek®
- Dexcom® - (preferred brand for Continuous Glucose Monitor)

All models in each brand are included at no cost to you*.

*Prior authorization may be required.



Where do I go for care?

When you aren't feeling well or are having an acute health episode, it can be confusing to know where you should seek care, especially if you are needing care quickly.

If you need assistance deciding where to go, you can talk to a skilled, registered nurse that can assist you with your health concerns at no cost to you. The nurse can help you decide if you need to make an appointment with your primary care provider (PCP), go to urgent care, or seek emergency care. **Call the CareNet 24/7 Nurse Line at 1-800-554-9371 (TTY:711) with questions about which level of care would be appropriate for you.**

Primary Care Provider's (PCP) Office

If you can get an appointment, your primary care provider's (PCP) office is the better choice over an urgent care/walk-in clinic. Why? Your PCP knows your health history, knows what medications you are taking and should have a more complete picture of your overall health. They are your partner in health, assisting you in navigating the healthcare system. You have unlimited visits for sick or well visits at a **\$0 copay when visiting your PCP.**

Urgent Care (or Walk-in Clinic)

Urgent Care can conveniently treat urgent minor medical issues, but they do not know your health history like your PCP does. Urgent Care facilities are usually staffed by physician extenders, Nurse Practitioners and Physician Assistants. Urgent Care copays are higher than your Primary Care copay. Examples of minor acute needs when your PCP is unable to see you are:

- Minor burns, wound care or small cuts that may require stitches
- Flu, cold, or mild asthma attacks
- Nausea, vomiting, diarrhea, or dehydration
- Fever, earache, headache, abdominal pain, or skin rashes
- Sprains, muscle pulls, back pain, or minor fractures



Emergency Department (ER)

The ER can treat the most severe symptoms when emergency care is needed, and 911 should be called. It is also the most expensive option where co-pays can quickly add up. Examples of when you should seek emergency care are:

- Choking, having breathing difficulties, or have stopped breathing
- Suffering from a head injury, particularly if it's causing fainting or confusion
- Having severe chest pain or pressure lasting more than two minutes
- Having a seizure(s) that lasts between three and five seconds
- Severe burns
- Stroke symptoms (slurred speech or sudden numbness/weakness in any area of your body, facial droop, loss of balance or vision, changes in mental status)
- Suffering from a neck or spine injury, especially when it's accompanied by loss of feeling
- Severe allergic reaction (swelling lips, difficulty swallowing or breathing)

To ensure you are getting the most out of your health plan benefits consider researching the medical facilities in your local area to determine which locations are preferred by your health plan to ensure your highest benefit coverage. Visit www.GlobalHealth.com to "Find Care Provider," Hospitals and Pharmacies in the GlobalHealth network.

Smart Wallet Benefit

GlobalHealth is pleased to offer our Smart Wallet Benefit, a Benefits Mastercard® Prepaid Benefits Card, through our partnership with NationsBenefits.

Depending on your plan¹, this card can offer amounts to cover dental, vision, and/or hearing services as well as Over the Counter (OTC) health products, groceries*, utilities**, and/or gasoline*. Although most plans now have combined benefits, there are still generous separate plan benefits for dental office visits, routine eye exams and eyewear, and hearing aids.

2025 SMART WALLET BENEFITS				SEPARATE BENEFITS FROM SMART WALLET		
Plan	PBP	Amount #1	Amount #2	Supplemental Dental Benefit	Supplemental Hearing Benefit	Supplemental Vision Benefit
Generations Classic Rewards	001	\$135/quarter for OTC/D/V/H with roll over to the end of the year (total of \$540 for the year)	N/A	\$1,500/year	\$1,000/year	\$200/year
Generations Valor	009	\$100/quarter for OTC/D/V/H with roll over to the end of the year (total of \$400 for the year)	N/A	\$1,500/year	\$1,000/year	\$300/year
Generations Classic Plus	023	\$135/quarter for OTC/D/V/H with roll over to the end of the year (total of \$540 for the year)	N/A	\$2,000/year	\$1,000/year	\$200/year
Generations Chronic Care	024	\$55/month for OTC/groceries/gasoline/D/V/H with roll over to the end of the year (total \$660 for the year)	N/A	\$2,000/year	\$1,000/year	\$200/year
Generations Chronic Care Savings	025	\$55/month for OTC/groceries/gasoline/D/V/H with roll over to the end of the year (total \$660 for the year)	N/A	\$2,000/year	\$1,000/year	\$200/year
Generations Dual Support	028	\$260/month for OTC/groceries/gasoline/utilities with NO roll over	\$500/year for dental/vision/hearing	\$2,000/year	\$1,000/year	\$100/year
Generations Dual Premier	029	\$225/month for OTC/groceries/gasoline/utilities with NO roll over	\$1,250/year for dental/vision/hearing	\$5,000/year	\$2,000/year	\$400/year
Generations State of Oklahoma Retirees	803	\$50/quarter for OTC with NO roll over (use or lose)	N/A	N/A	\$500/year	\$200/year

You must activate the Smart Wallet card before use. Once activated, swipe your card at the end of your purchase and select the **CREDIT** option. Please note, your transaction will be DECLINED if you select debit.

Your Smart Wallet Benefit cannot be used as a debit card for cash withdrawals or to purchase prescription drugs, alcohol, tobacco, firearms, and/or gift cards. To find a list of eligible product categories, please visit www.GlobalHealth.com. You may also visit GlobalHealth.NationsBenefits.com to search for items eligible for in-store purchase. Smart Wallet Benefit allowances vary by plan.

Please note, funds may be spent in a single transaction or over multiple transactions, up to your benefit amount. You will be responsible to pay any amount over your maximum benefit amount. Any leftover balance rolls over to the next month or quarter and then expires at the end of the year on most plans².

If you do not receive your card within two weeks of your effective date or have issues using your Smart Wallet Benefit card, please contact NationsBenefits at 1-877-241-4736 (TTY: 711). **Do not throw your card away at the end of the allowance period. Your next period allowances will be loaded to the same Smart Wallet benefit card.**



The **Benefits Mastercard®** Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access.

¹Amounts may vary by coverage. ²Generations Classic Rewards (HMO), Generations Valor (HMO-POS), Generations Classic Plus (HMO), Generations Chronic Care (HMO C-SNP), Generations Chronic Care Savings (HMO C-SNP), plans only. *The benefits mentioned are a part of special supplemental program for members with chronic diseases, such as: Cardiovascular disorders, Chronic heart failure and Diabetes. Eligibility cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us. **If you have questions, need materials on a standing basis in alternate formats, or need oral interpretation services, you can call us at 1-844-280-5555 (toll-free) or 711 (TTY, for the hearing impaired).

Referrals and prior authorizations

A **referral** is a written order from your primary care physician (PCP) or specialist for a specific medical service or test. Referrals are required to ensure that patients are seeing the correct providers for the correct problems.

Prior authorization is a decision by your health plan that a service, treatment plan, prescription drug or medical equipment is medically necessary.

Failure to obtain the necessary referral and/or prior authorization before having certain tests or medical services can cause coverage not being applied to a visit, test, or service, **resulting in costs being passed directly to the patient.**

Some services require referral, some services require prior authorization, and some services require both referral and prior authorization. See your Evidence of Coverage (EOC) for details.

For GlobalHealth Generations Medicare Advantage 2025 Plans:

- **You can refer yourself for any in-network specialist office visit.** You do not need a referral from your primary care physician (PCP) or prior authorization from GlobalHealth for an **in-network** specialist office visit or routine office service.
 - Services provided in the specialist's office are covered
 - In-office procedures are covered
- **Certain services, tests and treatments do require prior authorization, whether or not they are provided in the specialist's office.** The specialist should submit an authorization request for you. Examples include but are not limited to:
 - Physical, occupational or speech therapy
 - Cardiac or pulmonary rehabilitation
 - Outpatient surgery in an outpatient surgical location or outside the specialist's office
 - Genetic testing

- **Certain services and tests require prior authorizations, as well as additional copays, even when provided in the specialist's office.** Examples include but are not limited to:

- Specialized outpatient diagnostic tests (MRI, CT, etc.)
- Part B drugs



Things to consider when you are referred for a service, treatment, prescription drug, or medical equipment that needs prior authorization:

- Make sure your health care provider(s) have your current insurance information. This is important because each plan has its own unique set of conditions for referrals.
- The prior authorization process may take up to 14 days. In some cases, your provider may want to schedule the appointment sooner and ask for an expedited review, these are completed within 72 hours. Review your member benefit package for more information.
- This timeline is much quicker for prescription drug determinations, both Part B and Part D determinations are provided within 24 – 72 hours.
- Please keep in mind that specialists often have a process of their own that may impact the time frame you are scheduled for the needed service. They may screen referrals for clinical appropriateness by reviewing your complete medical record, such as visit notes, lab, and x-ray results. A signed medical record release may need to be obtained.
 - It is not uncommon for a specialist to review your case and ask for further tests to be done prior to the office visit. These tests may require authorization.
- If your provider told you a referral would be made and it has been at least two weeks with no updates, please call the provider's office to check on the status of your referral.

Follow up after Emergency Department or Hospital Visits



It's very important for your PCP to know why you went to the emergency department or hospital and what happened while you were there. It is recommended that you schedule an appointment with your PCP within 3 to 5 days. Their goal is to keep you healthy and out of the hospital, so they want to prevent whatever caused the visit from happening again.

All test results for tests performed before your discharge need to be reviewed to make certain nothing was missed. For example, some lab tests may take a week or more to come back, especially if the test was sent to a specialty lab. Sometimes the test results require further work-up or a referral to a specialist.

Another reason for follow-up is to go over medication changes, which require monitoring to ensure medications are being taken correctly and not accidentally doubled up or underdosed. This process, called medication reconciliation, is for safety as a patient.

As a GlobalHealth member, you may have access to:

- **Meal Delivery*** to your home following discharge from an inpatient hospital or a skilled nursing facility. A GlobalHealth Case Manager will arrange your meal delivery through Independent Living Systems.
- **Transportation*** assistance to your doctor or other plan-approved locations. Contact RoundTrip at 1-877-565-1612 (TTY:711) to schedule transportation. A 48-hour notice is required.

*Benefits vary by plan, to learn more check your Evidence of Coverage (EOC) for benefit maximums visit the GlobalHealth Member Portal to access your EOC.

Meal Benefits

Did you know that you may qualify to receive meal delivery? GlobalHealth offers two types of benefits which can be shipped in one delivery or split into multiple deliveries up to your maximum benefit.



Post-discharge Meal Benefits

If you are admitted to a hospital or skilled nursing facility as an inpatient, you can get meals delivered to your home for a short period of time. Benefits vary by plan, so refer to your Evidence of Coverage (EOC) document.



Chronic Meal Benefits*

If you are enrolled in a GlobalHealth D-SNP plan, you may also qualify for 28 additional meals per year. This benefit is for members with a medical condition or potential medical condition that requires the enrollee to remain at home for a period of time.

In either situation, a case manager will work with you and the vendor to determine if you qualify and set up delivery. Meals can be tailored to your dietary needs.

*Amounts may vary per coverage. If you have questions, need materials on a standing basis in alternate formats and/or languages or need oral interpretation services, you can call us at 1.844.280.5555 (TTY: 711).

Care Coordination

Care Coordination is when physicians and other health care providers, such as nurses, pharmacists, or other professionals that provide medical services or supplies, work together, and share information to provide safe, appropriate, and effective care. The goal of care coordination is to meet a patient's needs and preferences in the delivery of high-quality, high-value health care to reduce emergency room visits and readmissions after hospital stays.

Points of contact in which care coordination may be needed:

- Follow up after an emergency room visit hospital admission
- Care between your PCP and specialists for chronic health condition(s)
- Temporary stays in skilled nursing facilities
- Behavioral health care
- Coordination between healthcare providers to assist with identifying barriers to health care

How health care providers work together to coordinate a patient's care:

- Use of electronic health records to see the most current medical history, care, testing, and communication
- Consulting with specialists to provide the best possible health outcome
- Partnering with your health plan for optimal health outcomes by preventing or detecting problems early
- Collaborating on individual care plan goals

How GlobalHealth's Care Coordinators may help you:

- Contacting you to conduct health risk screening questions to learn your health care needs and barriers to care
- Assisting with follow up after planned and unplanned visits or admissions to emergency rooms, skilled nursing facilities and hospitals to make sure you receive medications, testing, services, and durable medical equipment
- Assisting with scheduling medical appointments and testing for chronic condition/disease management
- Working with you and your health care providers to develop specific goals with the purpose of improving your health
- Referrals to programs and resources for additional support based on your personal health needs and benefits
- Medication management and adherence

GlobalHealth is here to support you on your healthcare journey. We have a team that is here to help you with all your care coordination needs.





Member Outreach

At GlobalHealth, our mission is to provide you with genuine care and to help you reach your optimal health! GlobalHealth reaches out to our members throughout the year to support their health. We may reach out for any of the following reasons:

Prescription Drugs

Taking your medications as prescribed can significantly help control long-term chronic conditions and improve your overall health and well-being. If you are currently taking or have recently been prescribed one or more prescription drugs, GlobalHealth may contact you to ensure you are receiving and taking your prescription drugs as prescribed by your physician. We may discuss:

- Preferred pharmacies
- Mail-order pharmacies
- Assisting with prescription drug refills
- \$0 copay for 100-day supply on multiple medications in Tiers 1 and 2*

Preventive Screenings & Chronic Care Management

Staying up to date with your preventive screenings and receiving the care management assistance you may need is key! GlobalHealth may contact you to help coordinate the following:

- Annual Wellness Visit
- Bone density test
- Mammogram
- Diabetes care
- Colonoscopy

We are committed to building a strong partnership with you by providing you with personalized, engaging, and responsive services.

*Applicable to 100-day supply of select generic maintenance medications at **preferred retail and mail order pharmacies**. Not applicable for all medications for all tiers as coverage varies by plan. Only applicable to plans with prescription drug coverage. Generations State of Oklahoma Retirees (HMO) members have 90-day supplies.

Getting Help at Home with Papa Pals



As a GlobalHealth member*, you can get help around the house or running errands.

- Technology assistance (home devices only)
- Transportation to and from medical appointments and/or errands
- Light household/yard chores
- Pets
- Socialization

All visits involve some face-to-face interaction between the member and Pal. Members must be present and should provide anything needed for the visit.

Members are eligible for 30, 45, or 60 hours per calendar year, depending on benefit plan*.

- There is no copay or coinsurance
- Members may choose when to use the hours, minimum of 1 hour per visit
- Members call to schedule a Pal visit. Members should call 72 hours in advance to ensure Pal is available.

Papa Pals Scheduling – 1-855-485-9692 (711) 7:00 a.m. – 10:00 p.m., 7 days a week, providing you with personalized, engaging, and responsive services.

*Generations State of Oklahoma Retiree members not covered.

Mental Health Matters for Everyone

Mental health is important at every stage of our life. It includes our emotional, psychological, and social well-being. It affects how we think, feel, and act as we cope with life. It determines how we handle stress, relate to others, and make choices.

It is important to seek help if you are experiencing distressing symptoms that have lasted more than 2 weeks, such as difficulty sleeping, appetite changes, difficulty concentrating, loss of interest in things you usually find enjoyable, and inability to perform daily functions and responsibilities.

- GlobalHealth, along with Carelon Behavioral Health, believes in improving people's quality of life by covering mental health and substance use disorder services such as office and telehealth visits as well as services in other settings such as inpatient and partial hospitalization.

If you have questions about your mental health benefits, please call **Carelon Behavioral Health** at 1-888-434-9202 (TTY: 711) Monday through Friday 7:00 a.m. – 5:00 p.m. CST

<https://medlineplus.gov/howtoimprovementalhealth.html>

<https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health>



What is a Late Enrollment Penalty for Part D?

According to CMS, the late enrollment penalty (also called the “LEP” or “penalty”) is an amount that may be added to a person's monthly premium for Medicare drug coverage (Part D).

A person enrolled in a Medicare Advantage plan may owe a late enrollment penalty if they go without Part D or other creditable prescription drug coverage for any continuous period of 63 days or more after the end of their Initial Enrollment Period for Part D coverage.

Generally, the late enrollment penalty is added to a person's monthly Part D premium for as long as they have Medicare drug coverage, even if the person changes their Medicare plan. The late enrollment penalty amount changes each year. The cost of the late enrollment penalty depends on how long the person went without Part D or other creditable prescription drug coverage. You will have to pay this penalty for as long as you have a Medicare drug plan.

To avoid the late enrollment penalty:

- Enroll in Medicare Part D drug coverage when you are first eligible.
- Enroll in Medicare Part D drug coverage if you lose other creditable coverage, such as a drug plan from a current or former employer, or individual health insurance coverage.
- Keep records showing you had creditable Part D drug coverage and tell your plan when they ask.



Tips for Improving Cognitive Health

Cognitive health is important for living independently. According to WebMD, cognitive decline in older adults refers to the concern of or difficulty with a person's thinking, memory, concentration, and other brain functions beyond what is typically expected due to aging. It can come on suddenly or gradually and can be permanent or temporary.

Your brain, like the rest of your body, changes as you grow older. Fortunately, there are things we can do to improve our cognition as we get older. The National Institute on Aging tips include:

- Keep your mind active. People who engage in personally meaningful activities, such as volunteering or hobbies, say they feel happier and healthier. Learning new skills may improve your thinking ability. Learning new things, reading books, playing games, going to events, and playing musical instruments help reduce the risk of cognitive decline.
- Be socially active. Maintaining relationships is key for emotional help and helps lower the risk for some health problems and improve well-being to reduce the risk of cognitive impairment and dementia by challenging people to communicate.
- Stay physically active. Lack of exercise and other physical activity may increase your risk of diabetes, heart disease, depression, and stroke, all of which can harm the brain. Physical activity has been linked to improved cognitive performance and reduced risk for Alzheimer's disease.

There are other factors that can affect cognitive health such as a poor diet, smoking, sedentary lifestyle, too much alcohol, sleep problems, and some medications. Talk to your primary care provider (PCP) if you are concerned about cognitive impairments.

<https://www.webmd.com/healthy-aging/what-to-know-about-cognitive-decline-in-older-adults>

<https://www.nia.nih.gov/health/brain-health/cognitive-health-and-older-adults#:~:text=Lack%20of%20exercise%20and%20other,reduced%20risk%20for%20Alzheimer's%20disease>



Osteoporosis

According to the National Osteoporosis Foundation, osteoporosis is often called a “silent disease” because one can’t feel bones weakening. A broken bone is often the first sign of the disease, and the resulting fractures can be devastating. The good news is that osteoporosis can be prevented or treated.

Prevention starts with regular annual wellness visits and health screenings with emphasis on a healthy diet and regular exercise. Stay active, eat a variety of healthy foods, and maintain a healthy weight.

A screening bone density test measures how strong your bones are and can alert you to problems with your bones before you have a fracture. Here are some facts from the US Preventive Services Task Force, a panel of experts in disease prevention, about osteoporosis and getting screened:

Who should be screened?

- Women 65 and older
- Postmenopausal women who are younger than 65 but at an increased risk for osteoporosis
- Men over age 70

How often should I be screened?

- Every two years, or within 6 months of a bone fracture if one has not been completed in the past 2 years

What kind of test is it?

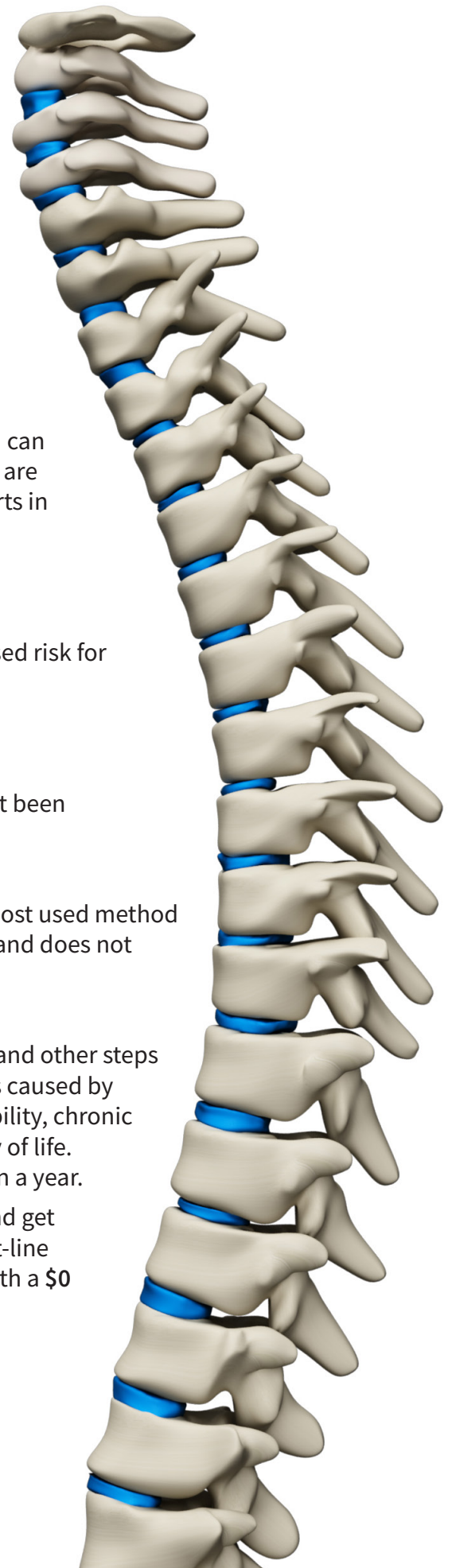
- A bone mineral density test—known as a central DXA scan—is the most used method to check for osteoporosis. It’s like an x-ray of your hip and/or spine and does not hurt.

What happens if I have osteoporosis?

- Your doctor will talk to you about treatment, including medication and other steps to reduce the risk of future osteoporosis related fractures. Fractures caused by osteoporosis, particularly hip fractures, are linked to restricted mobility, chronic pain, disability, and loss of independence, as well as a lower quality of life. Nearly one-third of patients who experience a hip fracture die within a year.

With the risks that a bone break comes with, it’s better to play it safe and get screened so you can stay healthy. A bone density test is one of the front-line methods for screening against osteoporosis and is a covered benefit with a \$0 copay for GlobalHealth members.

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/osteoporosis-screening>
<http://www.bonehealthandosteoporosis.org>
www.bonehealthandosteoporosis.org





Fitness

Staying fit is a huge part of staying healthy. With GlobalHealth, you have a \$0 fitness benefit that includes:

- *No membership fees
- Fitness center membership – you may choose any network fitness center that participates in the Silver&Fit® program and may change fitness centers throughout the year
- Instructor-led group exercise sessions
- Home fitness kit (1 per benefit year delivered to member's home) – member chooses 1 each year (may be the same or different each year)
 - Wearable fitness trackers (Fitbit or Garmin)
 - Walking/Trekking
 - Pilates
 - Yoga (2 levels)
 - Aquatic (2 levels)
 - Strength (3 levels – beginner, intermediate, and advanced)
- Online live exercise classes
 - Live-streaming senior fitness classes on Facebook and YouTube
 - 4 workouts per day, 5 days a week (Monday through Friday)
- Digital Library
 - More than 15,000 on-demand digital workout library videos
 - Adding some of the most popular third-party exercise videos and American Specialty Health Fitness (ASH)-produced videos
 - Fit at Home™ exercise videos
 - Chair exercise classes available
 - Workout plans for lifestyle condition management, stay fit training post-injury, sports training, and healthy joint programs
- Audio-only programming
- Silver&Fit Connected!™ tool to assist with tracking activity
 - Any purchase made by the member is not reimbursed by GlobalHealth and the cost does not apply toward the maximum out-of-pocket limit.
- Well-Being Coaching
 - Trained coaches
 - Members may participate through phone, video, or chat
 - Topics include exercise, nutrition, social isolation, and brain health
- Members can earn a hat and pins for reaching new activity milestones
 - Members will have a choice between a floppy hat, visor, or baseball style hat
- Well-Being Club
 - Articles
 - Videos
 - Live virtual classes and events
 - Social groups – over 120,000 nationwide (not affiliated with ASH)

*You may choose to pay a fee for optional services including access to Premium fitness centers or for virtual personal training sessions. www.silverandfit.com The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit, Fit at Home, Silver&Fit Connected!, and the Silver&Fit logo are trademarks of ASH. Other names and logos may be trademarks of their respective owners. Kits and rewards are subject to change. Fitness center participation may vary by location and is subject to change.

Telehealth

The internet has changed our modern life! It helps you stay in touch with your family and friends as well as buy goods and services. Did you know there are several telehealth tools, such as online patient portals, web-based or mobile apps and virtual visits? These can **help you manage your health care** and receive services you need, **all from the comfort of your home.**

Telehealth is the use of communication technologies to provide health care from a distance. This includes a “**virtual visit**” with a health care provider, through a phone call or a secure video chat on your computer or other smart device. This allows your provider to check on you while you are at home, on vacation or if you are unable to visit their office due to your busy schedule.

Telehealth visits can be used when you have mobility issues, time constraints, or transportation concerns. They reduce potential infectious exposures and strains on health care systems during flu season and allow for continuity of care to avoid negative consequences from delayed preventive, chronic, or routine care for those that don’t have easy access to providers.

- Follow up after hospitalization
- General/preventative health care, like annual wellness visits
- Management of chronic conditions
- Medication management
- Mental health counseling
- Nutrition counseling
- Prescription refills
- Specialist consultations
- Test result(s) discussions
- Urgent care conditions, such as sinusitis, urinary tract infections, common rashes, pink eye, etc.

There are many types of care that can be used via telehealth:

Telehealth is a covered benefit for GlobalHealth members. Contact your in-network designated primary healthcare providers to learn if they are currently using or which Telehealth services they utilize. Your provider can also make sure you have the technology you need for a telehealth visit or give you directions if you need to update or install any software or apps for patient portal systems. They could tell you how to sign on or join the video chat for your visit. Be sure you find a comfortable, quiet, private spot to sit during your visit.



Protect yourself against identity theft!

Identify theft is when a person uses your personal information, such as social security number, bank cards, GH insurance card, including the NationsBenefits Smart Wallet Benefit card, without your knowledge and/or authorization. It is important that you be vigilant and verify all communications you receive from GH, including your explanation of benefits, to ensure that all services paid for by GH have been received by you.

The GH Compliance Department's Special Investigations Unit investigates cases of potential identity theft. These cases arise as alerts received by our insured and/or by our doctors. Identity theft can result in:

- Billing GH for services you did not receive
- Billing for medications you did not receive or are not in line with your health conditions
- Use of the GH Smart Wallet Benefit by third parties without your authorization
- Incorrect medical record history and/or information that is not consistent with your health conditions

If you suspect identity theft, please contact the GH Compliance Department immediately.

- Reports may be submitted openly or anonymously by calling the GH Confidential Reporting Lines: ACTright Hotline (available 24 hours/7 days) at 1-877-627-0004 or Web Reporting Line at globalhealth.ethicspoint.com, email at compliance@globalhealth.com or by mail to: ATTN: Compliance Officer, GlobalHealth, 210 Park Avenue, Suite 2900, Oklahoma City, OK 73102-5621.
- Identity theft can also be reported to federal agencies through the following links: identitytheft.gov or ftc.gov/idtheft.
- You can also contact the Federal Trade Commission's ID Theft Hotline at 1-877-438-4338; TTY: 1-866-653-4261.



**Information
to help you
achieve your
optimal health**

GlobalHealthBeat
A Newsletter for Medicare Advantage members