



COMPASS CONNECTION

SUMMER 2018

IMPROVING THE VALUE OF HEALTHCARE

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CHOOSE SMART — *Look for Blue Hearts*

No two doctors are alike, and you probably evaluate many factors when choosing a physician — location, convenience, recommendations and more. But when it comes to your health, there is one factor that should be weighted the most: quality. Research shows that poor quality care can lead to more complications, unnecessary hospitalizations and a higher chance that patients are not receiving the treatment they need.

The Compass Rose Health Plan is committed to helping you find quality, cost-efficient care. To help our members make more informed choices about their healthcare, the **Premium Care Physician** program recognizes doctors who meet quality and cost efficiency guidelines throughout the **UnitedHealthcare Choice Plus network**.

The program evaluates physicians using evidence-based, medical standards with transparent methodology and robust data sources to evaluate physicians across 25 specialties, to advance safe, timely, effective, efficient, equitable and patient-centered care. Premium Care Physicians:

- Follow evidence-based guidelines for care.
- Are more likely to be aware of the latest research and clinical trials.
- May have lower surgery repeat rates.

UnitedHealthcare gives physicians the following designations:

Premium Care Physician



This physician meets the criteria for providing quality and cost-efficient care.

Quality Care Physician



This physician meets the criteria for providing quality care but does not meet the criteria or is not evaluated for cost-efficient care.

Does Not Meet Quality



This physician does not meet the criteria for providing quality care so the physician is not eligible for the cost-efficient care designation.

Quality Not Evaluated



The program does not evaluate physicians in this specialty, there is not enough health plan claims data to evaluate, or evaluation is in process.

To find a UHC Premium Care Physician, visit our online [Provider Directory](https://compassrosebenefits.com/UHC) at compassrosebenefits.com/UHC and look for the blue hearts.

What We're Doing About Fraud, Waste and Abuse

We are committed to preventing, detecting, investigating and reporting fraud, waste and abuse (FWA) to improve healthcare for our members. In addition, our partners, UMR and Express Scripts, are required to maintain robust FWA programs, and we expect contracted physicians and other healthcare providers to conduct themselves ethically.

What is Fraud, Waste and Abuse?

FRAUD: Knowingly and willfully executing or attempting to execute, a scheme or artifice to defraud any healthcare benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any healthcare benefit program. For example, billing for services not rendered and altering medical records.

WASTE: The expenditure, consumption, mismanagement, use of resources, practice of inefficient

or ineffective procedures, systems, and/or controls to the detriment or potential detriment of entities. Examples include medication/prescription refill errors and doing unnecessary diagnostic procedures.

ABUSE: This includes actions that may, directly or indirectly, result in: unnecessary costs to the FEHB Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse includes misusing claim codes and over-billing the FEHB Program.

How to Report Fraud, Waste and Abuse

If you suspect fraud, waste or abuse, you must report it to us and we will investigate. Fraud, Waste and Abuse Hotlines:

- UMR: (800) 356-5803
- Express Scripts: (866) 216-7096
- Compass Rose: (866) 368-7227 (option 6)

Make a Difference

Compass Rose Benefits Group (CRBG) is actively seeking eligible candidates for its 2019 Board of Directors, which plays an important role in ensuring that all CRBG products and services meet membership needs.



Board members are elected by their peers and meet approximately six times a year in Reston, VA or via conference call. All Board positions are non-paid, and candidates must be enrolled in at least one CRBG plan.

This year's Board of Directors election will be held in November. Those elected will serve a three-year term beginning January 2019. Interested parties should submit a brief personal biography (550 words or less), including a statement of interest no later than September 30th one of two ways:

Email

boardelections@compassrosebenefits.com

Mail

Compass Rose Benefits Group
11490 Commerce Park Drive
Suite 220
Reston, VA 20191
ATTN: Board Elections

Is Your Family Growing?

If you are thinking about having a baby or are already expecting, we invite you to sign up for our new maternity management program!

Expecting a baby is an exciting time and we want to make sure you have all of the support you need. This program teaches expectant mothers about healthy lifestyle choices and good medical care before and during pregnancy that can increase your chances of having a healthy, full-term baby.

Visit UMR through your Member Portal account or call a UMR maternity management nurse at (888) 438-8105 to start your enrollment today.



Manage Your Medications in a **SNAP**

You may already know that Express Scripts lets you skip the pharmacy trip and get your medications delivered right to your door. With home delivery, it is easy to sign up and let Express Scripts worry about the rest.

But do you know some of the other ways our Express Scripts program makes it easier for you to manage your medications? Here are some reasons to visit Express Scripts in your Compass Rose Member Portal throughout the year.



Want to save money?

My Rx Choices lets you view lower-cost prescription options available under our plan and the Price a Medication tool helps you compare drug prices for home delivery and local retail pharmacies.



Receive a new medication?

The **Medicine Cabinet** provides personalized safety alerts if there is a risk of a bad interaction or other issue.



Wondering where your refill is?

Check the status of your **home delivery**.



Need to locate a pharmacy?

Use your current location or enter a zip code to search for the nearest in-network pharmacy, view contact information and access directions.

Get started by signing into your Compass Rose Member Portal at member.compassrosebenefits.com. Be sure to click "Prescriptions" in the menu to see all of Express Scripts' great features!

Get the **RIGHT** Level of Care

An illness or injury can appear out of the blue: Your child brings home the virus that has been going around school, the pollen count spikes, you take a tumble while walking the dog. These situations can happen at inconvenient times, too — like when your primary care office is closed or you are out of town — and leave you with uncertainty about where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a physician. While the answer is not always simple, this quick reference guide can help you select the right setting for your needs.

	Type of Care	Typical Wait Time	Cost*
Primary care <small>(your doctor's office)</small>	<p>Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.</p> <p>Examples of when to go:</p> <ul style="list-style-type: none"> • Preventive services and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life • Ongoing medical care for a chronic condition 	<p>1 week or more</p> <p>Approximate wait time for an appointment</p>	<p>\$15</p> <p>Co-pay for network providers</p> <p>30%</p> <p>Coinsurance for out-of-network providers</p>
Telehealth <small>(your doctor's office or Doctors On Demand) compassrosebenefits.com/DrNow</small>	<p>You may request a consultation from a board-certified doctor seven days a week, by phone or online — even when your primary care office is closed. Doctor On Demand physicians can diagnose routine ailments, recommend treatments and prescribe medications.</p> <p>Examples of when to go:</p> <ul style="list-style-type: none"> • Cold or flu • Sore throat • Allergies (respiratory or sinus problems) • Diarrhea or vomiting • Rash or Poison ivy • Urinary Tract Infection • Pink eye 	<p>Minutes</p> <p>Approximate wait time for doctor to respond</p>	<p>\$15</p> <p>Co-pay for network providers</p> <p>30%</p> <p>Coinsurance for out-of-network providers</p>

* When you see an out-of-network provider, you may be responsible for a percentage of the plan allowance plus the difference between the plan allowance and the amount billed.

Retail clinic or
convenience clinic

Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies.

Examples of when to go:

- Colds or flu
- Sinus infections
- Allergies
- Vaccinations or screenings
- Minor sprains, burns or rashes
- Headaches or sore throats

15 Minutes

or less, on average

\$15

Co-pay for network providers, like MinuteClinic at CVS

30%

Coinsurance for out-of-network providers

Urgent care

Urgent care centers are often open in the evenings and on weekends.

Examples of when to go:

- Sprains and strains
- Mild asthma attacks
- Sore throats
- Minor broken bones or cuts
- Minor infections or rashes
- Earaches

20-30 minutes

Approximate wait time

Outpatient care for accidental injury & medical emergencies

\$50

Co-pay for network providers (waived if admitted)

30%

Coinsurance for out-of-network providers

Emergency room (ER)

The ER is best if you are badly hurt or feel seriously ill. If you are not, you could wait hours and your out-of-pocket expenses may be costly.

Examples of when to go:

- Sudden change in vision
- Sudden weakness or trouble talking
- Large, open wounds
- Difficulty breathing
- Severe head injury
- Heavy bleeding
- Spinal injuries
- Chest pain
- Major burns
- Major broken bones

3-12 hours

Approximate wait time for non-critical cases

\$100

Co-pay for in- and out-of-network providers (waived if admitted)

Improving the Value of Healthcare

Quality healthcare means providing the right care for the right person at the right time, the first time¹ — and having the best possible results. But that is not always the case, which is why the Compass Rose Health Plan measures the quality of the healthcare our members receive. Not only does it tell us how our plan is performing, but it can also lead to improved healthcare in several ways:

- Preventing the overuse, underuse and misuse of healthcare services and ensuring patient safety.
- Measuring and addressing disparities in how care is delivered and in health outcomes.
- Helping consumers make informed choices about their care.

But we cannot do it alone.

Understanding Healthcare Quality Measurements

“Measuring quality is essential to ensuring access to healthcare that is consistently responsive to members’ needs.”

Before we get to how our members play a role, you must first understand what quality measurement means. Quality measurement in healthcare is the process of using data to evaluate the performance of health plans and providers against recognized quality standards.

As an FEHB Plan, we report Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems

(CAHPS) measures to OPM for a Plan Performance Assessment. The results are shared by OPM in their Plan Comparison Tool to assist federal employees, annuitants and their families in choosing the health plan that best meets their needs.

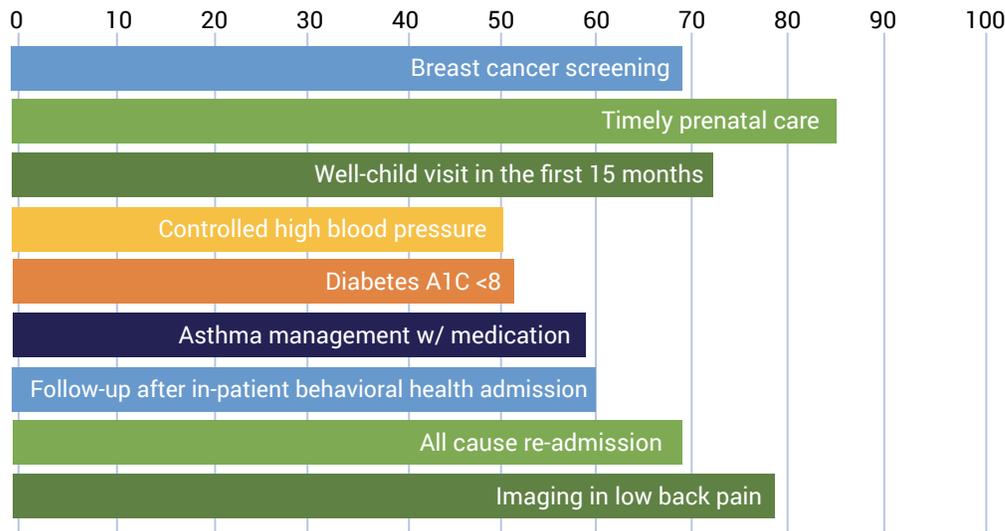
Using a hybrid collection of measures, the Compass Rose Health Plan was ranked 22nd out of 89 FEHB Plans in 2017. While we are proud of our performance, we always strive to do better for our members. The quality of care we provide cannot be strengthened without your feedback and health improvement.

It is our priority that your health improves as a result of the care you receive. That is why we reach out and offer help to members with common health conditions. For example, we reach out to ensure that expectant mothers are receiving proper prenatal care, that children are receiving the care that they need during critical developmental stages and that patients with high blood pressure are following their provider’s instructions and taking medication(s) as prescribed.

We would like to share with you how our plan is performing to include the percentage of our members who are compliant with various measurements and the results of the feedback we have received.



How YOU Are Performing



The chart on the left shows the percentage of our members who were compliant with each HEDIS measurement in 2017, provided they fell under the specific category.

Below are the results of our 2017 CAHPS survey mailed to randomly selected members.

** CAHPS Percentages are based on the members who responded usually or always to survey questions pertaining to their experience with the Compass Rose Health Plan over the last 12 months.*



The CAHPS survey helps us learn about our members' experiences and understand how to better serve them. We are proud of our 2017 results, but that does not mean there is not room for improvement.

Doing Your Part

Healthcare plays an important role in ensuring a long and happy life. So, what can you do to improve it?

- Take our Health Risk Assessment yearly by visiting UMR through your Member Portal account.
- Routinely visit your primary care physician to receive timely vaccinations and essential preventive care exams and screenings.
- Ask questions and make sure you understand the answers.
- Follow your physician's advice for maintaining or managing your health, such as exercise and dietary recommendations or tips for managing chronic conditions.
- Take medications as prescribed.
- Find and use reliable healthcare information — the Compass Rose Member Portal has many resources to help you learn about your costs, physician ratings, conditions and more.

² <http://familiesusa.org/product/measuring-health-care-quality-overview-quality-measures>



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twitter.com/CRBGinsurance

Compass Rose Contact Information:

Medical Claims

UMR
P.O. Box 8095
Wausau, WI 54402
(888) 438-9135

Provider Precertification

UMR
(800) 808-4424

Lab Work Program

LabCorp
(888) 522-2677
labcorp.com

Prescription Drug Program

Express Scripts
P.O. Box 14711
Lexington, KY 40212-4711
(877) 438-4449
express-scripts.com/Pharmacy

Doctor On Demand (Telehealth)

(800) 997-6196
compassrosebenefits.com/DrNow

Compass Rose Benefits Group

(866) 368-7227
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