

IN CASE YOU DIDN'T KNOW

Key points to remember about referrals

➤ Only a few in-plan specialty services require referrals: dermatology; allergy-related services from an allergist or otolaryngologist; rehabilitative services of physical, occupational and speech therapy; cardiac rehabilitation; and reproductive endocrinology.

➤ We encourage you to work with your PCP before you consider or receive specialty care.

Your PCP continues to be your primary contact for managing your care. In some instances, you can get to the right doctor sooner if your PCP requests specialty care.

➤ If you need a referral for specialty care, make sure the specialist participates with HNE.

To check a provider's status, visit healthnewengland.com or call Member Services at 413.787.4004 or 800.310.2835. Be sure that lab work and diagnostic tests are performed at a plan facility. Otherwise, the services may not be covered.

➤ You still need to get prior approval for certain services.

These services include: referrals to out-of-plan or out-of-area providers; plastic and or reconstructive surgery referrals; and any other services and procedures requiring prior approval, as listed in your member agreement.

➤ There is no change to the procedure for obtaining mental health and substance abuse services.

Members should call HNE's Mental Health Triage Unit at 800.842.4464, ext. 5020.

MEMBERMATTERS

PROVIDING HEALTH RELATED NEWS FOR HEALTH NEW ENGLAND MEMBERS

PATIENT SAFETY Should We Be Worried?

by David Boss, Associate Medical Director



We have enough things to worry about. Should patient safety be one of them?

The Institute of Medicine's 1999 report, "To Err Is Human," stated that medical errors in hospitals might claim the lives of 44,000 to 98,000 patients annually. It also suggested that far more minor errors almost occurred.

Other statistics show that more people die from medical errors in hospitals than from car accidents, breast cancer, or AIDS. In fact, evidence suggests that medical errors are the eighth leading cause of death in America.

However, some experts question the conclusions of the Institute of Medicine report because it was based on a limited number of studies. Some argue that our

health care system is just fine and there are no problems.

I'm not sure which numbers to believe, but if you look past the numbers, there must be a problem underneath it all. We should address this problem as a country—so that we can avoid errors.

Learning by example

Perhaps we should learn from other industries. For example, years ago, the airline industry identified many problems that led to accidents or "near misses." These accidents are now reported to federal aviation authorities, who identify the causes and implement procedures to reduce the potential for accidents. Safety improvements in pilot practices, aircraft maintenance, traffic control and other systems have drastically reduced the number of preventable errors.

Does that mean we will see doctors inspecting hospital beds, "kicking the tires" and checking the inflation of pillows? I don't think we will see that anytime soon, but we can follow

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I N S I D E T H I S I S S U E

CHILDHOOD IMMUNIZATIONS

Recommendations from the Mass. Dept. of Public Health.
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QUIT TOBACCO FOR GOOD THIS TIME

How to quit and stay with the program.
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PREVENTIVE CARE

Recommendations for adults and children.
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WHAT CAN YOU DO FOR INSECT BITES?

How to spot dangerous reactions.
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the airline industry’s example to improve medical practices and procedures. For example, we must find a way to report medical “near misses” without allowing the information to be used for the wrong purpose or punishing people who report problems for the right reasons.

Should we be worried?

The answer is no. Errors certainly do occur infrequently, but changes now underway will reduce potential future problems. Many organizations are leading the way.

For example, some of the largest U.S. companies formed the “Leapfrog Group” to encourage changes in our health care system. The group focuses

on reducing error in hospitals through the use of advanced computer systems, employing intensive care unit specialists, and ensuring complex surgical procedures are performed at hospitals with sufficient expertise and resources.

The ideals of the Leapfrog Group have taken root in Massachusetts and continue to be supported by business coalitions and state government. Health New England supports improvements in patient safety and is working in several areas to help:

- ◆ We instituted programs to reduce potential problems related to medications.
- ◆ We will be working to ensure that outpatient procedures are done safely.



◆ We support the goals of the Leapfrog Group and will assist hospitals in Western Massachusetts as they implement new systems.

The practice of medicine is like many other service industries: There is always a small potential for problems to occur. That may not be very reassuring, but there’s no reason to be nervous. Although serious changes will need to take place to eliminate errors, at least the process has begun. ✨

Massachusetts Department of Public Health Recommended Childhood Immunization Schedule 2003

VACCINE	range of recommended ages				catch-up vaccination				pre-adolescent assessment			
	Age → Birth	1 mos.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	24 mos.	4–6 yrs.	11–12 yrs.	13–18 yrs.
Hepatitis B	Hep-B-1 only if mother HBsAG(-)		Hep-B-2		Hep-B-3				Hep-B series			
Diphtheria, Tetanus, Pertussis		DTaP-1	DTaP-2	DTaP-3			DTaP-4		DTaP-5	Td		
Haemophilus Influenzae Type b		Hib-1	Hib-2	Hib-3	Hib-4							
Inactivated Polio		IPV-1	IPV-2	IPV-3					IPV-4			
Measles, Mumps, Rubella					MMR-1					MMR-2	MMR-2	
Varicella					Varicella					Varicella		
Pneumococcal		PCV7-1	PCV7-2	PCV7-3	PCV7-4				PCV	PPV		
Hepatitis A	Vaccines below this line are for selected populations								Hepatitis A series			
Influenza	Influenza (yearly)											

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2002, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Yellow indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine’s other components are not contraindicated. Providers should consult the manufacturers’ package inserts for detailed recommendations. For minimum intervals, 1 month = 4 weeks = 28 days.

Source of Guidelines: Recommendations of the Advisory Committee on Immunization Practices; the American Academy of Pediatrics; and the American Academy of Family Physicians.

PLEASE CALL YOUR CHILD’S DOCTOR OR HEALTH NEW ENGLAND AT 800.310.2835 WITH QUESTIONS OR COMMENTS. FOR ADULT AND PEDIATRIC PREVENTIVE HEALTH CARE GUIDELINES, PLEASE SEE PAGE 8.

Learning to Read Food Labels

Is one cookie really one serving? What is the “recommended daily allowance”? Is the food I am eating really good for me? To help consumers make healthful food choices, the Food and Drug Administration requires that all packaged foods have a nutrition label that assesses the “percent daily value” of the food. The following diagram will help you learn how to read a food label. It’s easy when you know what to look for:

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 260	Calories from Fat 120
% Daily Value *	
Total Fat 13g	20%
Saturated Fat 5g	25%
Cholesterol 30mg	10%
Sodium 660mg	28%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A 4%	• Vitamin C 2%
Calcium 15%	• Iron 4%
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Saturated Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram:	
Fat 9	• Carbohydrate 4 • Protein 4

Tells you the serving size in both household and metric measures.

This line tells you the total calories per serving and the total calories of fat per serving.

The left column lists key nutrients that are important to overall health. Next to each is an indication of the total amount of each nutrient. The % Daily Value tells you how much this food (one serving) contributes to your overall daily diet.

This section also tells you how much of key vitamins and minerals are in the food, measured in terms of the recommended daily allowance.

This table helps you determine how much of a certain nutrient you need on a daily basis, depending on your calorie needs. For example, active individuals need more calories per day and need to adjust accordingly.

This line helps you calculate total calories per gram of: fat = nine calories, carbohydrate = four calories, protein = four calories. (e.g., food with 10 grams of fat has 90 calories from fat, since there are nine calories in one fat gram. (10 g x 9 calories/g = 90 calories from fat).

GROCERY STORE TOURS

HNE offers grocery store tours for members who have diabetes, high cholesterol, or coronary heart disease. Learn how to read food labels, count carbohydrates, determine portion sizes, and much more! Space is limited.

For more information, call 413.787.4000 or 800.842.4464, ext. 3031.

Upcoming Benefit and Utilization Management Changes

Change	Effective Date
Prior approval not required for treatment of carpal tunnel or median nerve release.	Immediate
Prior approval required for: <ul style="list-style-type: none"> • Neuropsychological testing. • Intravenous immunoglobulin (IVIg) therapy. <p><i>Note: This applies to members with HMO and Advantage plans only. It does not apply to HNE Select Exclusive or Select Preferred plans.</i> For a copy of the criteria, please call Health Services at 413.787.4000 or 800.842.4464, ext. 3416.</p>	July 1
HNE will not cover: <ul style="list-style-type: none"> • INJEX™/ROJEX™ needle-free injection system. • Growth factor mediated lumbar spinal fusion devices such as the InFUSETM bone graft/LT-CAGE™ lumbar tapered fusion device. 	July 1
HNE will use new clinical criteria, Managed Care Appropriateness Protocol, for utilization review of medical-surgical acute care; rehabilitation care; sub-acute care; skilled nursing facility care; and home care. HNE will use new criteria for rhinoplasty, septoplasty, laser-assisted uvulopalatopharyngoplasty, and panniculectomy procedures. For a copy of the criteria, please call Health Services at 413.787.4000 or 800.842.4464, ext. 3416.	June 26

STAYING WITH IT Quitting Smoking

Whether you quit smoking recently or years ago, you probably have times when you feel tempted to smoke again. It's very tough—nicotine is addictive, and stopping smoking for good is one of the most difficult changes you can attempt. If your resolve is in danger of going up in a puff of smoke, instead of giving in, here are some things you can do to stay on a tobacco-free track:

COMMON OBSTACLES

- ❖ Everyone around me smokes
- ❖ I feel terrible. My body is craving nicotine.
- ❖ I'm gaining weight.
- ❖ I feel depressed.
- ❖ I need a cigarette to relax.

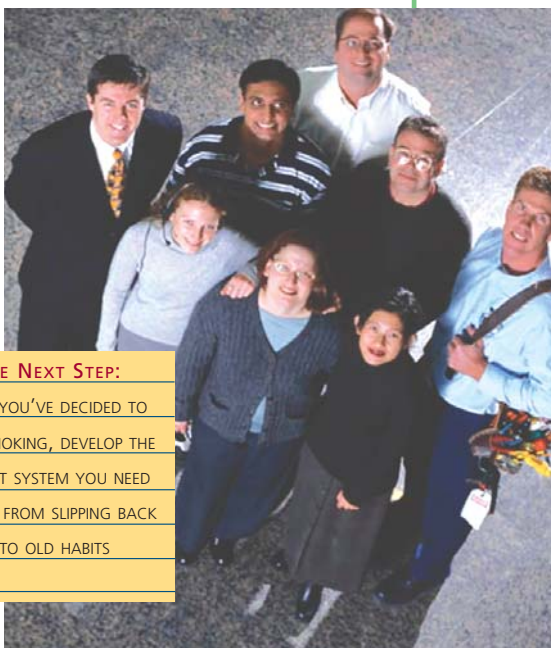
TIPS FOR CONQUERING OBSTACLES

- ❖ Try to get your spouse or co-workers to quit with you. Ask them to support your efforts.
- ❖ Consider nicotine replacement therapy.
- ❖ Tackle one problem at a time—quit smoking first and worry about any weight gain later. Exercise can help—walk 20-30 minutes each day.
- ❖ Talk to your doctor if symptoms last more than two weeks.
- ❖ Once your body kicks the nicotine addiction, you'll actually be less jittery. Practice stress management techniques.

Most people try several times before they can quit for good. But the good news is that half of all people who have ever smoked have quit. One slip doesn't mean that you have failed or that you can never be a nonsmoker. You'll regain your confidence if you get back on the non-smoking track immediately. *

Resource: American Lung Association, www.lungusa.org

THE NEXT STEP:
ONCE YOU'VE DECIDED TO
QUIT SMOKING, DEVELOP THE
SUPPORT SYSTEM YOU NEED
TO KEEP FROM SLIPPING BACK
INTO OLD HABITS



wellness Coach

Marla Davis, R.N., M.S.N.

Marla Davis, R.N., M.S.N., manages the Community Health Information program at Mid Coast Hospital in Brunswick, Maine. She has been providing tobacco cessation services for eight years.

Most tobacco users try to quit several times before they are successful for the long term. Increase your chances of success by considering the following:

* Analyze your quitting history. Why might you have resumed using tobacco after previous attempts to quit? Was it a stressful event, or a celebration? Chances are you can come up with some clues to your very personal

challenges of staying tobacco free.

"To cease smoking is the easiest thing I ever did. I ought to know, I've done it a thousand times."

Mark Twain

* Avoid alcohol. For many, drinking alcohol is a trigger to smoke. It also lowers your resistance to say no to tobacco.

* Learn to recognize subtle danger signals. Perhaps you will find yourself thinking more and more about tobacco or having irrational thoughts such as "just one won't hurt."

* Nicotine replacement therapy. After a few days of treatment, you may feel great and think that you no longer need the medications you are taking to help you quit. Remember, the medications are a way of helping you to not use tobacco while you are changing your habits and rituals. Stay with your treatment for the best results.

* Practice a healthy lifestyle. Eating well (including breakfast) and getting daily exercise and adequate amounts of sleep will help you build resiliency. Manage concerns about weight gain by eating a balanced diet. Exercise burns calories, helps you detoxify, encourages drinking more water, improves your mood, manages stress, and gives you a new ritual to replace the old. *

Food Rainbow

Many of us grew up hearing, “Be sure to eat your greens!” That was good advice and a reminder for us to eat our vegetables. However, vegetables come in a rainbow of colors that offer a variety of different nutrients. Why settle for just green?

The Centers for Disease Control and Prevention recommends eating at least five servings of vegetables and fruit each day, and other authorities suggest aiming higher—from five to nine servings per day. One way to make sure you’re getting your vegetables is to select a variety of colors at each meal—red, green, orange, yellow, blue/purple, and white. Next time you plan or prepare a meal or pack a lunch, think in color!

RED: Tomatoes, red and pink grapefruit, watermelon, papaya, and guava are rich in the antioxidant lycopene.

GREEN: Greens are loaded with essential nutrients including folate, minerals, and fiber. Spinach, kale, collards, and broccoli contain antioxidants.

ORANGE: Sweet potatoes, mangos, carrots, and apricots contain beta-carotene. This orange group also is rich in vitamins A, B, C, and folate.

YELLOW: Pineapple is rich in vitamin C, manganese, and bromelain, which

aids digestion. Corn and pears are high in fiber.

BLUE/PURPLE: Blueberries, in particular, are high in fiber, vitamin C, folic acid, potassium, and anthocyanin—an antioxidant that protects against brain aging and promotes vision health.

WHITE: Onions and garlic contain the phytochemical allicin, which may be valuable in reducing blood pressure and cholesterol. Reminder: white potatoes don’t count.

Plan a rainbow on your plate, enjoy the attractive colors, and feel good about your nutritious choices! ✨



Resources: Centers for Disease Control and Prevention, www.cdc.gov

Eat, Drink, and Be Healthy, by Walter C. Willett, M.D. Simon & Schuster: New York, 2001.

Here are some ideas:

June Calendar

June:

National Safety Month
National Safety Council
www.nsc.org

June 9-15

National Men’s Health Week
www.menshealth.com

June/July:

Fireworks Safety Month
Prevent Blindness America
www.preventblindness.org

June 28 – July 5

National Sobriety Checkpoint Week
Mothers Against Drunk Driving
www.madd.org

Two Exercise Ideas: Yoga and Pilates



YOGA can improve physical conditioning through a variety of body postures, attention to breathing, and mindfulness. Gentle stretching and intentional relaxation increase strength, stamina, flexibility and balance, and improve pain management. Yoga is adaptable to almost any fitness level, and the practice of yoga is recommended for those with arthritis. Further, yoga’s muscle relaxation and mind calming features have been shown to be useful in both anger and anxiety

management therapy.

PILATES is a fitness method that strengthens the body’s core— primarily the abdominal muscles—through movements and stretches done on a mat or with special apparatus. Until recently, Pilates had been used by dancers and athletes primarily for rehabilitation. Now it is gaining respect from physical therapists and physicians as a useful low-impact tool for promoting fitness.

Consult with your doctor before starting any exercises and learn a new exercise program only from an appropriately trained professional. ✨

Resources: American Yoga Association, www.americanyogaassociation.org, The Pilates Foundation, www.pilatesfoundation.com

Building Your Personal Health Improvement Plan

Have you ever said to yourself: *I could lose weight if only I had the time to exercise! I know I need to lose weight, but I just hate to exercise!*

Maybe you started a diet, lost weight but then gained it back. Or, you began an exercise routine only to fall off track.

If this sounds familiar, “Building Your Personal Health Improvement Plan” may just be the key to your success.

Join Health New England for a series of three programs designed to help you develop your plan. During the program, participants:

- ❖ Receive a workbook they will use during the seminar to develop their own plan.

- ❖ Learn about the components of a good plan, including physical activity and/or exercise, healthy eating, and age appropriate preventive care screenings such as mammography and cholesterol screenings.

- ❖ Identify obstacles or barriers to their success and learn strategies to overcome them.

The program will be held Thursday, Sept. 25 from 6:30–8:30 p.m. at the Best Western Sovereign Hotel in West Springfield. Steve Black, CEO of Rocky Mountain

Human Performance Center in Colorado, will lead the presentation. Black has more than 20 years of experience in the health and wellness industry, providing individualized programs for people of all health and fitness levels.

“Building Your Personal Health Improvement Plan” is open to HNE members and their guests. For more information, please contact Health Programs at 413.787.4000 or 800.842.4464, ext 3300.

The Health Programs staff is very excited about this new program, and we look forward to helping you build your personal health improvement plan. *

Did you know?

In Massachusetts:

- ❖ One out of every two adults is either overweight or obese.
- ❖ 17 percent of adults are obese.
- ❖ More than six out of 10 men (64 percent) were overweight in 2000.
- ❖ More than four out of 10 women (42 percent) were overweight in 2000.
- ❖ More than one-third of children ages 2-5 were either at risk for being overweight or already overweight. *

Source: Massachusetts Department of Public Health

PROVIDER UPDATE

The following Primary Care Physicians have joined HNE.

Family Practice

Tania M. Bandak, M.D.
Hampden County Physician Associates
294 North Main Street
East Longmeadow, MA 01028
413.525.3958

Kathleen R. Burgess, M.D.
Community Health Center of Franklin County
338 Montague City Road
Turners Falls, MA 01376
413.772.3748

Joyce E. Duncan, M.D.
Western MA Physician Associates
Chicopee Medical Center
262 New Ludlow Road
Chicopee, MA 01020
413.552.3250

Internal Medicine

Nourdjihane Adams, M.D.
Riverbend Medical Group
230 Main Street
Agawam, MA 01001
413.789.6800

Franklyn H. Carrington, Jr., M.D.
377 Walnut Street Ext.
Agawam, MA 01001
413.786.7217

Robert M. Jellinger, M.D.
Riverbend Medical Group
305 Bicentennial Highway
Springfield, MA 01118
413.733.4101

Thomas P. Kaegi, M.D.*
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Marian A. Madden, M.D.*
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Douglas B. O'Neill, M.D.*
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Erwin A. Stuebner, Jr., M.D.*
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Daniel M. Sullivan, M.D.*
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267

413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Ann Marie Swan, M.D.
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Brad A. Whateley, M.D.*
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Richard A. Wiseman, M.D.
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Malathi Yella, M.D.
Family Practice Associates
20 Elm Street
Pittsfield, MA 01201
413.442.1019

Pediatrics

Childs R. Art, M.D.
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Maria Ethel P. Evalues, M.D.
Stafford Pediatric Associates
299 Carew Street
Springfield, MA 01104
413.734.6461

Thomas J. Guggina, M.D.
Ludlow Pediatrics
77 Winsor Street
Ludlow, MA 01056
413.589.9494

Thomas P. Hyde, M.D.
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Michael F. Sussman, M.D.
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Ann Marie Swan, M.D.
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

Kathryn B. Wiseman, M.D.
Williamstown Medical Associates
197 Adams Road
Williamstown, MA 01267
413.458.8182
77 Hospital Avenue
North Adams, MA 01247
413.664.5783

The following doctor no longer participates with HNE.

Karen L. Hathaway, M.D.

The following Primary Care Physician has changed address.

Anthony F. Sobey, M.D.
Hampden County Physician Associates
77 Boylston Street
Springfield, MA 01104
413.734.8245

The following doctor will no longer participate as a Primary Care Physician.

Syed H. Mehdi, M.D.
271 Carew Street
Springfield, MA 01104
413.748.9321

*INDICATES DOCTORS WHO ARE NOT ACCEPTING NEW PATIENTS

Health Education Classes

Health New England

Health New England wants to keep you healthy! Find what interests you and take advantage of our educational and self-help programs. Pre-registration is required for most classes. For more information, visit healthnewengland.com and click on "Healthy Directions."

Adult Asthma Education. Offered to members who have been diagnosed with asthma. Learn how to manage your asthma, measure peak flow, and develop an asthma action plan. For more information or to register, call 413.787.4000 or 800.842.4464, ext. 3553.

Next class: Monday, Oct. 6, from 6:30 – 8:30 p.m. at the Best Western Sovereign Hotel, West Springfield.

Diabetes Education and Meal Planning. A nurse/diabetes educator and a dietician/nutritionist teach this exciting new workshop for HNE members who have been diagnosed with diabetes. Learn how to manage diabetes daily and use important tests; prevent complications such as high and low blood sugar; and make better food choices, while still enjoying your meal plan. Free to HNE members diagnosed with diabetes; you may bring a guest. To register, call 413.787.4000 or 800.842.4464, ext. 3381 or 3391. Next class: Monday, Sept. 29 from 6 – 8:30 p.m. at the Best Western Sovereign Hotel, West Springfield.

Diabetes Care Day. A number of events for members with diabetes: free health screenings for cholesterol, blood glucose, blood pressure, and more; expert guest speakers; great raffle prizes. Saturday, Nov. 1 at the Best Western Sovereign Hotel, West Springfield. To register or for more information, call 413.787.4000 or 800.842.4464, ext. 3300.

Living Well Grocery Store Tours. An exciting new offer to HNE members who have diabetes, high cholesterol, or coronary heart disease. Walk through the grocery store with a registered dietician and learn how to read food labels, count carbohydrates, determine portion sizes, fat and cholesterol content, and much more! Space is limited! For more information or to register, call 413.787.4000 or 800.842.4464, ext. 3031.

Living Well Program. A six-week program teaching self-management techniques that help relieve symptoms and control chronic illness. Meets weekly; fee is \$35 for materials. To register or for more information, call 413.787.4000 or 800.842.4464, ext. 3300.

Smoking Cessation. Reimbursement up to \$50 to attend a smoking cessation program. For HNE members who have asthma, diabetes, cardiovascular diseases, and/or who are pregnant. For more information, call 413.787.4000 or 800.842.4464, ext. 3553.

AREA HOSPITALS also offer instruction and education on a wide range of topics. For more information, please call the individual hospitals directly.

CPR Certification

BAYSTATE MEDICAL CENTER
413.794.9441
Community Heartsaver CPR
CPR-Healthcare Provider

BERKSHIRE MEDICAL CENTER
800.377.4325
CPR Certification Program

FAIRVIEW HOSPITAL
413.229.0010
CPR Certification Program
CPR Renewal

MARY LANE HOSPITAL
800.377.4325
CPR Certification Program

NOBLE HOSPITAL
413.572.5172
CPR Classes

Diabetes

BERKSHIRE MEDICAL CENTER
413.447.2000
Free Diabetes Clinic

COOLEY DICKINSON HOSPITAL
413.582.2400
Managing Your Diabetes
Families of Children with
Diabetes

HOLYOKE HOSPITAL
413.534.2789
Diabetes Self-Management

MARY LANE HOSPITAL
413.967.6211
Blood Glucose Screenings

MERCY MEDICAL CENTER
413.748.7000
Diabetes Basics

General Health

BAYSTATE MEDICAL CENTER
413.794.2255 OR
800.377.HEALTH
Cholesterol Screenings

FAIRVIEW HOSPITAL WELLNESS CENTER
413.528.0790
Blood Pressure Screenings

FRANKLIN MEDICAL CENTER
800.377.HEALTH EXT. 4325
Basic First Aid

HOLYOKE HOSPITAL
413.534.2789
Blood Pressure Screenings

MARY LANE HOSPITAL
413.967.6211
Health Screenings

Pre/Postnatal

BAYSTATE MEDICAL CENTER
800.377.HEALTH
Preparation for Childbirth
Vaginal Birth after Cesarean

COOLEY DICKINSON HOSPITAL
413.582.2736
Becoming a Family
Breastfeeding Clinic

FAIRVIEW HOSPITAL
413.528.0790
Breastfeeding Clinic
(Postpartum)
Prepared Childbirth (Basic)

MARY LANE HOSPITAL
413.967.6211
Childbirth Classes

MERCY MEDICAL CENTER
413.748.7295
Prenatal Exercise Class
Childbirth Classes
New Mother and Baby Fun
Fitness

NOBLE HOSPITAL
413.562.3522
Exercise and Pregnancy

Parenting

COOLEY DICKINSON HOSPITAL
413.582.2736
Beyond Birth: Parenting Your
Newborn
Gentle Baby Touch— Infant
Massage

FRANKLIN MEDICAL CENTER
413.774.4444
Parenting Teenagers Effectively

MERCY MEDICAL CENTER
413.748.7295
Sibling Class
Infant Massage
Adoption Workshops

Smoking Cessation

FAIRVIEW HOSPITAL
413.528.8600 EXT. 3136
Better Breathers Pulmonary
Rehab Program

MASSACHUSETTS SMOKERS QUIT LINE: 800.TRY.TO.STOP OR 800.897.8678, OR TRYTOSTOP.ORG

Support Groups

BAYSTATE MEDICAL CENTER
800.377.HEALTH
Better Breathers Support Group
Menopause Support Group
Osteoporosis Support Group

BERKSHIRE MEDICAL CENTER
413.447.2000
Diabetes Support Group

COOLEY DICKINSON HOSPITAL
413.582.2000
Breast Cancer Support Group
Chronic Illness Support Group
Prostate Cancer Support Group

FAIRVIEW HOSPITAL
413.528.0790
Chronic Mental Illness Support
Group
Diabetes Support Group

FRANKLIN MEDICAL CENTER
413.773.2570
Breast Cancer Support Group
Breastfeeding Support Group
Cancer Support Group

MARY LANE HOSPITAL
413.967.6211
Better Breathers Support Group
Cancer Support Group
Stop Smoking Support Group

MERCY MEDICAL CENTER
413.748.7295
Cancer Support Group
Pulmonary Support Group
Stop Smoking Support Group

NOBLE HOSPITAL
413.568.2811
Caregivers Support Group
Diabetes Support Group
Stroke Support Group

Weight Management

FAIRVIEW HOSPITAL
413.528.8600 EXT. 3061
Weight Management

HOSPITAL	WEBSITES
Baystate Medical	baystatehealthsystems.com
Berkshire Medical	berkshirehealthsystems.com
Cooley Dickinson	cooley-dickinson.org
Fairview	berkshirehealthsystems.com
Franklin Medical	baystatehealthsystems.com
Holyoke	holyokeyhealth.com
Mary Lane	baystatehealthsystems.com
Mercy Medical Center	mercycares.com
Noble	noblehospital.org
North Adams Regional	nbhealth.org

Screening Recommendations

2003 Adult Preventive Care Recommendations

	19-29	30-39	40-49	50-64	65+
HEALTH MAINTENANCE VISIT					
Health Maintenance Visit	<ul style="list-style-type: none"> Obtain initial/interval history. Perform age appropriate physical exam. Provide preventive screenings and counseling as below. Update immunizations. For current immunization schedules, refer to the 2003 MDPH/MHQP Immunization Guidelines. 				
CANCER SCREENING					
Breast Cancer	Perform clinical breast exam and provide self-exam instruction. Mammography for patients at high risk. Risk factors include: family history of pre-menopausal breast cancer (mother or sister) and personal history of breast/ovarian/endometrial cancer.		Perform clinical breast exam and provide self-exam instruction. Annual mammography at discretion of physician/patient.	Perform clinical breast exam and provide self-exam instruction. Annual mammography.	Perform clinical breast exam and provide self-exam instructions. Annual mammography through age 69 years and at age 70 and over at physician/patient discretion.
Cervical Cancer (Pap Smear)	Every 1-3 years depending on risk factors. Three-year intervals only after 3 consecutive negative results. Pap screening may not be necessary if the patient has had a total hysterectomy for non-cancerous disease. Risk factors include: failure to receive regular Pap test screenings, history of cervical tumors, infection with HPV (Human Papilloma Virus) or other sexually transmitted diseases, high-risk sexual behavior and HIV/AIDS.				Every 1-3 years at physician discretion. The option to omit pap screening after age 65 may be offered if there is documented evidence of regular previous screenings that are consistently normal.
Colorectal Cancer	Not routine except for patients at high risk. Risk factors include: personal/family history in a first-degree relative, specific genetic syndromes, inflammatory bowel disease and non-cancerous polyps.			Colonoscopy every 10 years, Or annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, Or one of the following: sigmoidoscopy every 5 years, annual fecal occult blood test (FOBT), or double-contrast barium enema every 5 years. Each of the screening strategies has advantages and disadvantages. Screen patients after discussion of the effectiveness, strength of evidence, risks, and complexity of each testing strategy to ensure an informed choice. Screening after age 80 at physician/patient discretion. Perform DRE exam. Discuss risk and benefits of prostate specific antigen (PSA) blood test with all patients. PSA screening at physician/ patient discretion.	
Testicular and Prostate Cancer	Perform clinical testicular exam and provide self-exam instruction. Prostate cancer screening not routine.		Perform DRE exam for patients at high risk for prostate cancer. Discuss risk and benefits of prostate specific antigen (PSA) blood test with all patients. PSA screening in high-risk patients at physician/ patient discretion. Risk factors include family history and African-American ancestry.	PSA screening at physician/ patient discretion.	
Skin Cancer	Periodic total skin exams beginning at age 20 years. Frequency at physician discretion based on risk factors. Risk factors include: age, personal history of skin cancer or repeated sunburns early in life, family history, certain types and a large number of moles, light skin, light hair and light eye color, sun-sensitive skin, and chronic exposure to the sun. See also: General Counseling and Guidance.				
OTHER RECOMMENDED SCREENING					
Hypertension	At every acute/non-acute medical encounter and at least once every 2 years.				
Cholesterol	Every 5 years beginning at age 19 with fasting lipoprotein profile (total cholesterol, LDL cholesterol, high density lipoprotein (DL) cholesterol, and triglyceride). If the testing opportunity is nonfasting and total cholesterol is ≥ 200 mg/dl or HDL is < 40 mg/dl, a follow up lipoprotein profile should be performed.				
Diabetes (Type 2)	Fasting plasma glucose screen or two-hour glucose tolerance test for high-risk patients. Risk factors include: age, family history, obesity, race/ethnicity (African American, Hispanic/Latino, Native American, and Asian/Pacific Islander), high blood pressure or high cholesterol, history of gestational diabetes, impaired glucose tolerance, and physical inactivity. For patients age 45 and over, perform fasting plasma glucose screen every 3 years. See MA Department of Public Health Diabetes Prevention and Control Program information at http://www.state.ma.us/dph/diabetes/				
INFECTIOUS DISEASE SCREENING					
Sexually Transmitted Diseases (Chlamydia, Gonorrhea, HPV, & Syphilis)	For chlamydia, gonorrhea and HPV: <ul style="list-style-type: none"> Sexually active patients under age 25: Screen annually. Patients age 25 and over: Screen annually, if at risk. Risk factors include: inconsistent use of condoms and new or multiple sex partners in last 3 months, new partner since last test, history of, and/or current infection with sexually transmitted disease, partner has other sexual partner(s). Screen pregnant women in first and third trimesters. For Syphilis: <ul style="list-style-type: none"> >Screen if at risk. Risk factors include: history of and/or current infection with another sexually transmitted disease, having more than one sexual partner within the past 6 months, exchanging sex for money or drugs, and males engaging in sex with other males. Screen pregnant women at the first prenatal visit and in the third trimester, if at risk. 				
HIV	Periodic testing of all patients at increased risk & testing of pregnant women at increased risk. Risk factors include: having received blood or blood products prior to 1985, homosexual or bisexual behavior, drug abuse, history of prior sexually transmitted diseases, new or multiple sex partners, sex partners who have engaged in high risk behaviors, and inconsistent use of condoms. Universal counseling of all pregnant women about HIV testing.				
Hepatitis C	Periodic testing of all patients at high risk. Risk factors include: injection of illegal drugs, receipt of a blood transfusion or solid organ transplant before July, 1992, receipt of blood product for clotting problems before 1987, long-term kidney dialysis, evidence of liver disease, receipt of a tattoo and/or body piercing.				
Tuberculosis	Tuberculin skin testing for all patients at high risk. Risk factors include: having spent time with someone with known or suspected tuberculosis, having HIV infection, coming from a country where tuberculosis is very common, having injected illegal drugs, living in U.S. where tuberculosis is more common (e.g., shelters, migrant farm camps, prisons, etc.). Determine the need for repeat skin testing by the likelihood of continuing exposure to infectious tuberculosis.				
SENSORY SCREENING					
Eye Exam for Glaucoma	At least once in patients with no risk factors. Every 3-5 years in high-risk patients. Risk factors include: African American ancestry, age, family history of glaucoma, diabetes mellitus, and severe myopia.				
Hearing and Vision Assessment	At least once in patients with no risk factors. Every 3-5 years in high-risk patients. Risk factors include: African American ancestry, age, family history of glaucoma, diabetes mellitus, and severe myopia.		Every 2-4 years.	Every 2-4 years.	

Screening Recommendations

Pediatric Preventive Care Recommendations

HEALTH MAINTENANCE VISIT

- Initial/Interval History & Physical Exam.
- Developmental Assessment:
 - Physical – gross/fine motor and sexual development.
 - Cognitive – self-help, self-care skills, problem solving and reasoning abilities.
 - Language – expression, comprehension, and articulation.
 - Psychosocial/Behavioral – assessment of social integration and peer relations, sleep disturbances, aggression, depression, risk-taking behavior and school performance, family changes/stresses/issues.
- Nutritional Assessment.
- Dental Assessment/Referral: Initiate referral by age 3 years and encourage visits every 6 months.
- Head Circumference until and including age 24 months.
- Check immunization status and administer any needed. For current immunization schedules, refer to the 2003 MDPH/MHQP Immunization Guidelines.

HEALTH MAINTENANCE VISITS	0-1 Infancy	1-4 Early Childhood	5-10 Middle Childhood	11-18 Adolescence
Frequency	Ages 1-2 weeks, and 1, 2, 4, 6, 9, and 12 months. Breastfeeding check between ages 3 days-2 weeks.	Ages 15, 18, 24 months, and 3 and 4 years.	Annually.	
ROUTINE LABS				
Anemia: Hb/Hct	Once between ages 9–12 months.	As needed at physician discretion.	As needed at physician discretion.	Once during adolescence for males. Annually for all menstruating females.
Blood Pressure		At every routine visit starting at age 3 years.	At every routine visit.	
Cholesterol		Children older than age 2 years with family history of premature cardiovascular disease (CVD) or parent w/ blood cholesterol level \geq 240. Premature CVD is defined as definite heart attack or sudden death before age 55 years in a first-degree male relative, or before age 65 in a first-degree female relative.		
Lead (MDPH)	Initial screening between ages 9-12 months. Refer to MDPH lead screening criteria for screening children at high risk for lead poisoning. www.state.ma.us/dph/dppp/dppp.htm	Annually at ages 2 and 3 years. Screen again at age 4 years if child lives in city/town at high risk for childhood lead poisoning, as determined by the State Childhood Lead Program (1-800-832-9571). Refer to MDPH lead screening criteria for screening children at high risk for lead poisoning. www.state.ma.us/dph/dppp/dppp.htm	If never screened, children must be screened at entry to kindergarten. Refer to MDPH lead screening criteria for screening children at high risk for lead poisoning. www.state.ma.us/dph/dppp/dppp.htm	
Urinalysis			Once at age 5 years or at physician discretion.	
SENSORY SCREENING				
Hearing	Newborn prior to discharge or at least by age 1 month. Subjective assessment at all other routine checkups.	Pure-tone audiometry at age 4, 5, 6, 8, 10, 12, 15, and 18 years. If test is performed in another setting, such as a school, it does not need to be repeated by the provider, but findings should be documented in child's medical record. Pure-tone audiometry between ages 2 and 4 if there is a language delay. Subjective assessment at all other routine checkups.		
Vision/Eye Care	Newborn prior to discharge or at least by age 1 month. Subjective assessment at all other routine checkups.	Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15, and 18 years. If test is performed in another setting, such as a school, it does not need to be repeated by the provider, but findings should be documented in child's medical record. Re-evaluate fixation preference, alignment, and eye disease between ages 3 and 4 years.		
INFECTIOUS DISEASE SCREENING				
Sexually Transmitted Diseases (Chlamydia, Gonorrhea, HPV, & Syphilis)				FOR CHLAMYDIA, gonorrhea and HPV: Screen all sexually active patients annually. Screen pregnant adolescents in first and third trimesters. For SYPHILIS: Screen if at risk. Risk factors include: history of and/or current infection with sexually transmitted disease; having more than one sexual partner within the past 6 months; exchanging sex for money or drugs; and males engaging in sex with other males. Screen pregnant adolescents at the first prenatal visit and in the third trimester, if at risk.
Hepatitis C		Perform anti-hepatitis C virus test after age 12 months in children with hepatitis C virus-infected mothers.		Periodic testing of all patients at high risk. Risk factors include: injection of illegal drugs, receipt of a blood transfusion or solid organ transplant before July, 1992, receipt of blood product for clotting problems before 1987, long-term kidney dialysis, evidence of liver disease, receipt of a tattoo and/or body piercing. Screen patients with risk factors and all pregnant adolescents. Risk factors include: homosexual or bisexual behavior; drug abuse; history of prior sexually transmitted diseases; new or multiple sex partners; sex partners who have engaged in high-risk behaviors; and inconsistent use of condoms.
HIV				Screen patients with risk factors and all pregnant adolescents. Risk factors include: homosexual or bisexual behavior; drug abuse; history of prior sexually transmitted diseases; new or multiple sex partners; sex partners who have engaged in high-risk behaviors; and inconsistent use of condoms.
Tuberculosis	Test patients at risk of exposure. Risk factors include: having spent time with someone with known or suspected tuberculosis (TB), emigration of child or household member from a country where TB is very common, having injected illegal drugs and/or time spent with adults having injected illegal drugs, HIV infection, living in settings where TB is more common (e.g., shelters, migrant farm camps, prisons, etc.).			
CANCER SCREENING				
Pelvic Exam/Pap Smear				Screen annually if sexually active. Offer at age 18 years regardless of sexual activity.
Testicular Exam and Self Exam Instruction				Perform clinical testicular exam and provide self-exam instruction annually beginning at age 15 years.
Clinical Breast Exam and Self Exam Instruction				Perform clinical breast exam and provide self-exam instruction annually beginning at age 16 years. Earlier at physician discretion.

Note: This table represents a core set of clinical guidelines for an asymptomatic patient from the general population. Guidelines should not supplant clinical judgement or the needs of individual patients. If you are interested in a complete listing of Preventive Care Recommendations, please contact Member Services at 413.787.4004 or 800.310.2835. For recommended childhood immunizations, please see page 2.

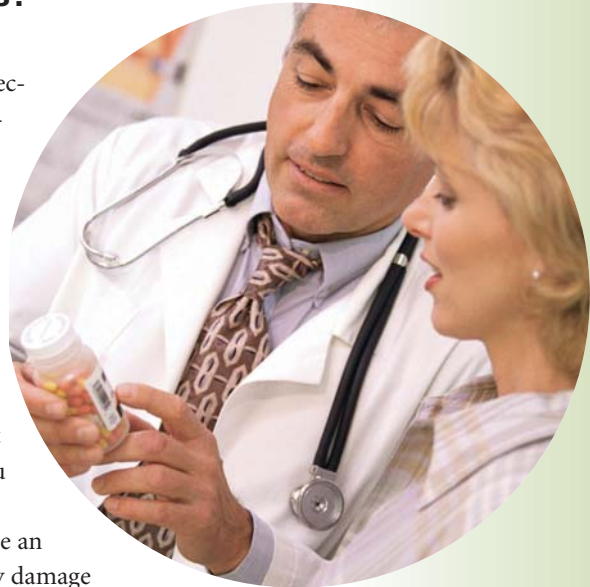
References: All guidelines are based on recommendations from state and national agencies including USPSTF, AAFP, AAP, MDPH

PAINKILLERS

Are They Hidden in Your Other Medications?

Acetaminophen (the generic equivalent of Tylenol®) is very effective for relieving pain and reducing fever, and it does not produce the stomach problems common with aspirin and other nonsteroidal anti-inflammatory drugs. Yet, the U.S. Food and Drug Administration is warning that too much acetaminophen causes serious and potentially fatal liver damage.* The problem is that consumers may be taking more acetaminophen than they realize because it is often an ingredient in other over-the-counter medicines such as Nyquil® and Excedrin PM®. Taking medications that

already contain acetaminophen at the same time you also are taking Tylenol® can cause an overdose that may damage your liver.



To use acetaminophen safely and avoid an overdose:

- ◆ Read all medication labels carefully.
- ◆ Be aware that acetaminophen has the same ingredients, dosage, and effectiveness as the brand Tylenol®.
- ◆ Never take more than the recommended amount of any medication.
- ◆ Do not take any medicine more often than recommended.
- ◆ Do not take any medication longer than recommended.
- ◆ Avoid taking medication containing acetaminophen while you also are taking Tylenol®. Read labels carefully or ask a pharmacist.
- ◆ Some prescription pain medications also contain acetaminophen. Tell your doctor if you already are taking acetaminophen or Tylenol®.
- ◆ Children's liquid acetaminophen and infant drops are not the same strength. Again, read the label carefully.
- ◆ Alcohol also is toxic to the liver. Ask your doctor about the safety of using acetaminophen if you drink alcohol on a daily basis. ✱

*SIGNS OF LIVER DISEASE INCLUDE YELLOW SKIN AND EYES, DARK URINE, LIGHT COLORED STOOLS, AND LOSS OF APPETITE. OTHER SYMPTOMS SUCH AS FEELING SWEATY, ACHY, TIRED, AND NAUSEOUS CAN BE MISTAKEN FOR FLU SYMPTOMS AND MAY GO UNNOTICED.

Resource: U.S. Food and Drug Administration, www.fda.gov

Who's Who?

Mental Health Providers

The National Institute of Mental Health describes the roles of mental health providers as follows:

- **Psychiatrists** are medical doctors (M.D.) who specialize in mental disorders. They practice medicine, evaluate and diagnose all types of mental disorders, prescribe medication, conduct psychotherapy, and work with psychological problems associated with medical conditions.
- **Psychologists** must have a Ph.D. They practice psychotherapy and work with individuals, groups, or families in a variety of settings (e.g., hospitals, schools, EAP programs) to help resolve problems.
- **Psychotherapists** offer a variety of counseling and therapy services. Check the credentials of a therapist with a professional association.
- **Social Workers** may have advanced degrees in social work, in some states. They provide individual and group therapy, consultation, diagnosis, and referral.
- **Mental Health Counselors** have at least a master's degree and have extensive training in human development, psychotherapy, and group dynamics. Their main goal is to promote and enhance healthy, satisfying lifestyles. ✱

Resource: National Mental Health Association, www.nmha.org

What can I do for Insect Bites and Stings?



People react differently to insect bites or stings. In most cases, they are not serious and discomfort is limited to the area of the injury. However, some people may experience an extreme allergic reaction that requires immediate medical attention. This response can be caused by an individual's sensitivity to certain agents (e.g., bee venom) or by the toxicity of the agent that causes a severe reaction in all victims. *

Symptoms & Signs:

Localized reaction

❖ Swelling, itching, and redness at the site of the bite/sting.

Generalized reaction

- ❖ **A generalized, or systemic, reaction is life-threatening.**
- ❖ Symptoms can include hives covering the body, wheezing, tightness in the throat, swelling of the tongue, shortness of breath, swollen eyes, and possible abdominal pain.
- ❖ **Seek immediate emergency medical assistance.**

Consult Your Doctor If:

- ❖ You suffer a generalized reaction as described under Symptoms & Signs.
- ❖ A localized reaction does not improve within 72 hours.
- ❖ There are signs of infection after a localized reaction subsides (usually after 24 hours): fever, redness and swelling, and the presence of pus.

This article is intended to increase awareness of health and medical care issues. None of the information in this text is intended to be a substitute for appropriate physician diagnosis and medical care.

If physician referral is not recommended at this time, Try HomeCare™:

NOTE

For a bee sting, pull the stinger out right away. Carry a kit containing epinephrine if you suffer generalized reactions. Instruct family and co-workers how to help you.

HEAT/COLD

Apply ice or cold packs immediately to affected skin.

ACTIVITY

Reduce your activity immediately if you begin experiencing a generalized reaction.

MEDICATION

An antihistamine used as directed can relieve itching. Don't scratch. This can cause infection. Baking soda paste also can be applied to bite.

PREVENTION

Use insect repellents that contain diethyltoluamide (DEET). Avoid brightly colored clothes, perfumes, perfumed soaps and shampoos when in grassy and wooded areas. These products attract insects.

Ask the Doctor



I'm concerned about osteoporosis, but I'm not sure what questions to ask my doctor.

It's important to be involved in decisions affecting your care. When you take an active role in learning about your health care concerns, you'll feel more confident when it comes time to make those important decisions.

Good Questions!

1. What factors might put me at risk for developing osteoporosis?
2. How can osteoporosis be prevented? Is it too late to start?
3. Will increasing my consumption of calcium help? What foods are rich in calcium? What about calcium supplements? How much? How often?
4. How do I develop an exercise plan that will be effective against osteoporosis?
5. Will hormone replacement therapy help?
6. Should I have a bone density test?
7. Is alendronate or calcitonin appropriate for me? *



Clip these questions and take them with you to your next appointment.

Bulletin Board

Grievance Process Enhanced

Health New England has enhanced its grievance review process for members who have HMO and Advantage plans. Enhancements do not apply to HNE Select Exclusive or Select Preferred Plans.

HNE implemented the following changes on Jan. 1:

- Appeals you submit before you get the service are resolved within 30 calendar days.
- Benefit appeals or complaints for members with a terminal illness are resolved within five business days.

Below is an overview of grievances and decision time frames. For more information, please call Member Services at 413.787.4004 or 800.310.2835.

Overview: Grievances and Decision Time Frames

Type of grievance	Example	HNE will respond within:
COMPLAINT	An inquiry that is not resolved to a member's satisfaction, or a plan policy or procedure that causes concern to a member.	30 business days
BENEFIT APPEAL	Appeal of a service or request that is denied as "not a covered benefit" because it is excluded from coverage by your plan.	
Pre-Service	Appeal of a benefit denial for a service you have not received yet.	30 calendar days
Post-Service	Appeal of a benefit denial for a service you have already received.	30 business days
CLINICAL APPEAL	Appeal of a decision that was based upon a review of information provided, to deny, reduce, change, or end coverage of a health service for failure to meet the requirements for coverage based on medical necessity, appropriateness of health care setting and level of care, or effectiveness.	
Pre-Service	Appeal of a clinical denial for a service you have not received yet.	30 calendar days
Post-Service	Appeal of a clinical denial for a service you have already received.	30 business days
EXPEDITED APPEAL	Appeal of a clinical denial for a service that your doctor feels is urgent, for continued coverage of a hospital stay, or for a member with a terminal illness.	72 hours or before you are discharged from the hospital
APPEAL FOR A TERMINALLY ILL MEMBER	See the complaint and benefit appeal examples above.	5 business days

FORMULARY CHANGES

NOW AVAILABLE AT TIER 3 (HIGHEST) COPAYMENT

Medication	Treatment
ARANESP (SELF-INJECTABLE)	anemia
AVANDAMET	diabetes
AVINZA	pain relief
ELIGARD (SELF-INJECTABLE)	prostate cancer
LOTROXEX	irritable bowel syndrome
ZELNORM	syndrome
PEGASYS (SELF-INJECTABLE)	hepatitis C
TESTIM	testosterone gel
TEST STRIPS (NOTE: TEST STRIPS MANUFACTURED BY LIFESCAN AND ROCHE REMAIN AT TIER 2)	diabetes

NOW AVAILABLE AT TIER 2 (MIDDLE) COPAYMENT

Medication	Treatment
ZOCOR	high cholesterol
HEPSERA	hepatitis B
LEXAPRO	depression
MESNEX	cytoprotective agent
METAGLIP	diabetes
NEULASTA (SELF-INJECTABLE)	neutropenia
ORFADIN	tyrosinemia
REBIF	multiple sclerosis

EXCLUDED FROM COVERAGE

Medication	Treatment
XYREM	cataplexy

MEMBER MATTERS

PROVIDING HEALTH RELATED NEWS FOR HEALTH NEW ENGLAND MEMBERS
Published quarterly by HNE Member Communications.

How can we help you?

For information on your plan:

- Call Member Services at 413.787.4004 or 800.310.2835
- Visit us in person at: One Monarch Place, Springfield, MA.

For questions or comments on Member Matters:

- Contact Andy Janick, editor, ajanick@hne.com, 413.233.3205

Health New England
One Monarch Place
Springfield, MA 01144-1500

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