The UK-HMO office recently sent a notice to all UK-HMO members stating that many administrative functions of the UK-HMO office would be transferred to CHA Health effective Dec. 2, 2002. We realize there was much confusion when you received the notice, and we want to let you know what this transition means to you and the reasons for this change.

In October, University of Kentucky President Lee T. Todd, Jr. announced the creation of the Health Literacy Project, formed to encourage employees to get more involved in their health care and empower them to become better consumers of health care and health benefits. UK-HMO will be better positioned to assist in this initiative by utilizing CHA Health’s Web-based information platforms.

UK-HMO already contracts with CHA Health as a third-party administrator (TPA) to provide member services and medical management services for the UK-HMO Regional Service Area (RSA) plan. In addition, CHA Health has the consumer-focused technology in place to allow the RSA members access to claims information for themselves and family members. The decision was made to contract with CHA Health to provide TPA services for the Lexington Service Area (LSA) plan members also and to utilize their systems to provide LSA members with the same information.

What does this mean to you as a member?

As a member you should see no changes to member services or medical management services. These functions were assumed by CHA Health effective Dec. 2, 2002; there are no benefit changes to the plan, and the telephone numbers will remain the same. The only change is the location where the services are performed. You will continue to register for your Kentucky Clinic appointments at Central Registration on the first or third floor of Kentucky Clinic. The UK-HMO administrative office in Kentucky Clinic will continue to have one employee who will serve as the liaison between the employees, the University and CHA Health. Several of the current UK-HMO employees you are familiar with have been employed by CHA Health, so you still may be dealing with the same member service or medical management person as you did in the past.

Again, we would like to assure you that these changes have no impact on the UK-HMO benefit program, and in fact, should enhance our ability to provide excellent administrative services to our membership. We are now in our 15th year of offering the UK-HMO HealthCare plan. It is our hope that administrative efficiencies and information technology enhancements, such as these, will help to ensure the viability of UK-HMO for years to come.
Lung cancer impacts every person in Kentucky in some fashion. Our state leads the nation with the highest incidence of lung cancer, with more than 3,600 Kentuckians diagnosed each year. Not only is lung cancer the leading cause of cancer death in Kentucky and in the United States, but more people will die from the disease than breast, colon and prostate cancer combined. The majority of lung cancers, however, are preventable. Tobacco dependence is the leading cause of the disease and is responsible for more than 90 percent of all lung cancers. Although current smokers have a greater risk of developing lung cancer, the risk decreases in those who stop smoking, and at 10 years, the risk approaches that of non-smokers. Other factors, such as secondhand smoke, environmental factors, and exposure to carcinogens, contribute to one’s risk of developing lung cancer.

In 1998, the University of Kentucky’s Lucille P. Markey Cancer Center became the first institution in Kentucky to offer a multidisciplinary program for the evaluation and treatment of lung cancer. This program brings together faculty with special expertise in the diagnosis and treatment of such patients. The Multidisciplinary Lung Cancer Program at UK is staffed by thoracic surgeons, medical and radiation oncologists, pulmonary and palliative medicine specialists, as well as diagnostic radiologists and pathologists. Since the program’s inception, the approach always has been patient-centered and focused on providing the most innovative lung cancer care in the region.

Along with providing clinical services and conducting clinical and basic science research, the faculty and staff of the Multidisciplinary Lung Cancer Program are committed to helping prevent lung cancer and educating the public about the disease. Studies indicate that effective smoking cessation interventions can help reduce the number of smokers significantly. To coincide with “Quit and Win 2003,” the faculty and staff of the Multidisciplinary Lung Cancer Program will offer the Cooper-Clayton Smoking Cessation Method, beginning Tuesday, Feb. 18, 2003, at 5:30 p.m. in the first floor waiting area of the Whitney-Hendrickson Building at Markey Cancer Center. The Cooper-Clayton Method is a free, 12-week series of classes dedicated to helping smokers become non-smokers.

In order to combat one of Kentucky’s biggest problems and to prevent future generations from being affected by this disease, our program is designed to provide comprehensive care, state-of-the-art treatments and conduct innovative research for new detection and prevention methods. For more information regarding lung cancer or the smoking cessation classes, please call (859) 323-5278.

Really wanting to quit smoking is a very important factor in how much success you will have in quitting. Smokers who live after a heart attack are the most likely to quit for good — they’re very motivated. Find a reason for quitting before you have no choice.

Don't Let Another Year Go Up in Smoke

Are you a smoker who wants to quit? Then try following this advice.

1. **Don't smoke cigarettes, even a few.**
   Smoking even a few cigarettes a day can hurt your health. If you try to smoke fewer cigarettes, but do not stop completely, soon you’ll be smoking the same amount again. Smoking low-tar, low-nicotine cigarettes usually does little good, either. Because nicotine is addictive, if you switch to lower-nicotine brands, you are likely to just puff harder, longer, and more often on each cigarette. The only safe choice is to quit completely.

2. **Write down why you want to quit.**
   Do you want to:
   - feel in control of your life?
   - have better health?
   - set a good example for your children?
   - protect your family from breathing other people’s smoke?

Nicotine is habit forming. Half of your battle in quitting is acknowledging your need to quit. This knowledge will help you deal with the symptoms of withdrawal that can occur, such as bad moods and wanting to smoke. There are many ways smokers quit, including using nicotine replacement products (gum and patches), but there is no easy method. Nearly all smokers have some feelings of nicotine withdrawal when they try to quit. Give yourself a month to get over these feelings. Take quitting one day at a time, even one minute at a time — whatever you need to succeed.
New Web Site Feature Available to UK-HMO Members

Beginning Dec. 2, 2002, UK-HMO members will have online access to myCHAinfo, which will allow you to do the following:

- order replacement ID cards;
- update personal information, such as name, address and phone numbers; and
- view claims status, referrals and prior plan approvals.

This also will give you access to the health care information you need – 24 hours a day, seven days a week, at your convenience.

To start using this feature, simply go to the UK-HMO Web site at www.mc.uky.edu/ukhmo and move your cursor to the plan that you have – LSA or RSA. You will see a drop-down menu, which will list “myCHAinfo” and choose that option. This will take you to a page that will explain what you will see when you go to the Web site and has the link below that will take you there.

The category you will utilize on the myCHAinfo Web site is Member Services, which includes the following options: Sign Up for A Member Account, Order Replacement ID Card, View Claim Status, Add/Terminate Dependent, Change PCP, Member Eligibility, Account Holders Update Info, and View Benefit Information.

You will need to create a sign-on account before you can view any information. Due to Health Insurance Portability and Accountability Act (HIPAA) regulations, subscribers only may view information pertaining to the subscriber or children under the age of 18. All other information must remain confidential. If you require access to information on a spouse or a child more than 18 years of age, you will need to call the member services telephone number on the back of your ID card. Ask the representative to send you a Designation of Personal Representative form so that the family member can sign and return the form. Once this form is received, access will be granted to the appropriate individual.

We are excited to be able to offer this feature to our UK-HMO members. If you have any questions, please contact member services.

Please Note: UK-HMO members will not be able to add or terminate dependents from this Web site. You will need to contact employee benefits to complete this process.

4. Half of all adult smokers have quit, so you can, too.
That’s the good news. There are millions of people alive today who have learned to face life without a cigarette. For staying healthy, quitting smoking is the best step you can take.

5. Get help if you need it.
Many groups offer written materials, programs and advice to help smokers quit for good. Your doctor or dentist is also a good source of help and support.

Source: United States Department of Health and Human Services; Centers for Disease Control and Prevention

HealthTracks is published by the UK HealthCare Plans office. The information is intended to educate members of UK-HMO about subjects pertinent to their health and health coverage, not as a substitute for consultation with a personal physician.

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UK-HMO
Start to STOP Smoking Cessation

There are many approaches to smoking cessation that have been used in the past. Studies show that the more effective cessation programs are ones that match smokers to specific intervention modalities and that use a consistent motivational counseling approach. In addition, personalizing the health effects of tobacco smoking, setting a quit date, using nicotine replacement therapy, relapse prevention strategies, and giving informational material about smoking cessation are other effective methods.

The BeH.I.P. smoking cessation program has been developed using models that are proven to be effective. The Start to STOP Smoking program is modeled after Prochaska and Declemente’s behavior theory and relapse prevention by Marlatt and Gordon.

Our program stratifies participants using the stages of change. Each participant will be asked, “How do you feel about your smoking?” and “Are you ready to quit now?” The stages of change determine if the smoker is ready to quit or not. Smokers who are not ready to quit are sent educational materials about the health risks associated with tobacco use. At this stage, smokers are fairly resistant and change is unlikely. These individuals will be contacted once a month and restratified.

The smokers who are ready to quit will be counseled weekly over the telephone on a variety of topics. Topics include the barriers of quitting, managing weight gain, stress management techniques, withdrawal symptoms, triggers, benefits of not smoking, fear of failure, and relapse prevention.

All UK employees, retirees and spouses are eligible for BeH.I.P.

Ask your doctor about the Start to STOP Smoking program. If you and your doctor think you may be a good candidate for the program, call (859) 257-1000 to enroll. The total cost for the program is $25.