



FREQUENTLY ASKED QUESTIONS

Welcome to Vista Healthplan™ (VISTA™). This "Frequently Asked Questions" section of the VISTA Welcome Guide is designed to offer you important information on how to use your health plan. More specific information can be found in the Certificate of Coverage, which is included in this booklet.

1 Q: What telephone number do I call if I have questions?

A: VISTA has an Interactive Voice Response (IVR) system for fast responses any time of the day, seven days a week. Through the IVR you can:

- verify eligibility
- order ID cards
- verify office visit copayments
- request forms and literature, such as a physician directory, summary of covered benefits, list of formulary drugs, or claim form.

You reach the IVR by calling us at 1-866-VISTA-FL (1-866-847-8235). You should be ready to enter your member Identification (ID) number and Date of Birth when asked. Then just follow the easy instructions.

VISTA also understands that there may be times that you will need to speak to a VISTA representative. You can get answers to your questions by calling 1-866-VISTA-FL (1-866-847-8235). Representatives are available Monday through Friday, 8 am – 6 pm.

You may also visit us at:

VISTA's Customer Service Department Walk-in Unit
1340 Concord Terrace
Sunrise, FL 33323
Available Monday through Friday from 8:30 am to 5:30 pm

2 Q: What if I need help in a language other than English?

A: VISTA has a long-standing commitment to our ethnically diverse membership. Our Customer Service Department has many bilingual and multi-lingual employees to assist you. In addition, we have over-the-telephone interpretation services available in more than 100 languages, including Spanish, Creole, French, Portuguese, Russian, Chinese, Japanese and Korean.

3 Q: What if I have a hearing impairment?

A: VISTA maintains a special telephone message relay system that helps us communicate with members who have speech and hearing impairments. A VISTA operator using a special telephone device for the hearing and speech impaired (TDD) is available with benefits and medical access information Monday through Friday, 8 am to 6 pm. After hours and on weekends, TDD communications are reserved for medical emergencies. The VISTA's TDD line telephone number is 1-888-444-7352.

4 Q: How do I access services?

A: By now, you should have received a VISTA Identification Card for yourself and each enrolled dependent. This card is your passport to health care services. Keep it in a safe, easy-to-reach place and take it with you when you travel in case of an emergency. Present this card to the provider whenever you seek medical services. If you or one of your enrolled dependents did not receive a VISTA ID card, or if a card has been lost or stolen, please use the IVR or contact the VISTA Customer Service Department to request a new one.

5 Q: Why is the Primary Care Physician (PCP) name on my ID Card different from the PCP I chose?

A: There are various reasons why the PCP listed is not the one you chose. Perhaps the PCP you chose is no longer participating with VISTA, or he or she is no longer accepting new patients. In any case, if you prefer a different PCP than the one on your ID Card, you can always call Customer Service to request a change. (See "How do I change my PCP?" below.)

6 Q: What if I didn't select a PCP?

A: If you don't select a PCP for yourself or your dependents at the time of enrolling with VISTA, we will select one for you to ensure that you have access to care when you need it. If you would like to select a different one than the one we selected for you, please review a current VISTA participating Provider Directory and call the Customer Service Department to speak to a Representative who will gladly assign you to the PCP of your choice.

7 Q: Why do I need a PCP?

A: Your Primary Care Physician (PCP) plays an important role in your health care. Because you see your PCP regularly for checkups and other preventive care, you develop an ongoing relationship with one particular doctor. Your PCP becomes the person who knows the most about your health, including any special needs. Should illness or injury strike, you can rely on your PCP to coordinate your care and to develop a treatment plan just for you.

8 Q: What should I consider when choosing a PCP?

A: When choosing a PCP, consider your individual needs. Careful PCP selection minimizes the need for change, which could disrupt continuity of care. Here are a few factors to keep in mind when choosing a PCP:

- Location – Is the doctor's office conveniently located? If traveling by mass-transit, is there a bus stop nearby?
- Specialty – Would an internal medicine doctor or family practitioner best suit your needs?
- Medical group or independent practice – Is the doctor a member of a medical group or in independent practice? Selecting a PCP in group practice means that any referrals for specialty care will most likely be to specialists in that group.
- Hospital Affiliation – Is the doctor on staff at your participating hospital of choice?
- Language – Can the doctor (or a staff member) communicate in the language that you speak and understand?

9 Q: What happens if I see a PCP other than the one I selected?

A: Seeing the PCP you selected is important. Developing an ongoing relationship with one doctor contributes to the effective delivery of your care. Should you visit a PCP other than the one on your ID Card, VISTA will not pay for services you receive from that doctor. For POS members, if you see a physician other than the one that is on your ID card, the benefit will be covered at a Non-referred service level, resulting in POS coverage. You will be responsible for your deductible, coinsurance and certain prior authorization requirements. If you want to change your PCP, see "*How do I change my PCP?*" below.

10 Q: How often can I change my PCP?

A: You may change your PCP at any time, for any reason, and as often as you wish. A close patient/doctor relationship is very important and the first step in receiving care. We want you to be comfortable and satisfied with your PCP. For this reason, if at any time you are not pleased with your choice, you are free to select another PCP. It is important to know that a PCP change will not be effective until the first day of the following month. *For example: If you call on October 5th, the effective date of change with the new PCP will be November 1st.*

11 Q: How do I change my PCP?

A: If you wish to change your PCP, you can easily select another PCP. To choose another PCP, just follow these simple steps:

- Look through the VISTA participating provider directory. If you need a current directory, call 1-866-VISTA-FL (1-866-847-8235). Using the Interactive Voice Response (IVR) system, be

ready to enter your VISTA ID number when prompted, and select the "*Forms and Literature*" menu.

- VISTA members can change PCPs by calling VISTA Customer Service at 1-866-VISTA-FL (1-866-847-8235). Give the name and provider number of the new physician you have chosen to the Customer Service Representative who answers your call and your request will be processed. Your new ID Card with your new PCP's name and telephone number on it will be mailed to you as soon as the change is complete.

12 Q: How do I schedule my first appointment?

A: Call your PCP to schedule an initial appointment. The initial appointment will help you establish a relationship with your PCP. When you go for your appointment, you will be asked to present your VISTA ID card. Your PCP will ask you questions about your health history and create a confidential medical record. It is important for you to ask your previous PCP to send your previous medical records to your new PCP's office. Call your PCP any time you need to schedule an appointment. When you call, be ready to explain why you want to see the doctor. It is important to be clear when describing the reason you need an appointment.

13 Q: How quickly can I get in to see my PCP?

A: VISTA's participating physicians schedule appointments for VISTA members based on medical need. If necessary, your physician will be able to help you determine the type of appointment you need. First priority will always be given to emergent and urgent conditions. Certain non-urgent services, such as the physical examination and routine eye exams, require advance notice. Here's a quick reference for scheduling appointments:

- Urgent Appointment: An urgent appointment for an acute medical condition, or a condition that may become an emergency if not treated (such as persistent fever, stomach pain of unknown cause, symptoms of dizziness, or suspected broken bone), should be available within 24 hours from the time you call for an appointment.
- Routine Appointment (Symptomatic): An appointment for a health concern that is not urgent (such as skin rash or allergies) or for follow-up care should be available within one week.
- Well Care Appointment (Routine Non-Symptomatic): A well-care appointment such as for physicals should be available within four weeks of your call.

14 Q: What if I have an urgent situation in the middle of the night?

A: As a VISTA member, you have access to your PCP 24 hours a day, seven days a week for urgent care. Your physician can be reached by calling his or her telephone number on the front of your Member ID card. Your physician's answering service will take a message and call your PCP. The PCP will contact you to discuss treatment options for you or your dependent. In an emergency, you should go to the nearest hospital or call 911.

15 Q: What if I need to visit a specialist?

A: While your PCP will provide you with much of the care you need, there may be times when he or she will refer you to a specialist. You will receive a referral whenever your PCP believes your medical condition requires the attention of a physician who is specially trained in that area.

16 Q: Why do I need a referral to see a specialist?

A: The referral process is one of the ways your PCP coordinates your health care and the services you need. Your Primary Care Physician (PCP) is trained to treat the majority of your medical needs. Your PCP is your first resource to obtain care and he/she will determine whether a referral for specialty care is needed. You will receive a referral whenever your PCP believes your medical condition requires the attention of a physician who is specially trained in that area.

Here are the steps involved in receiving referred care from a VISTA participating specialist:

- 1) Call the office of your PCP for an appointment.
- 2) After examining you, if your PCP feels it is necessary, he/she will give you a written referral to see a specialist.
- 3) Call the specialist to schedule an appointment. It is important to remember that referrals are valid only for 60 days from date written.
- 4) Take the referral form with you to your appointment to the specialist.

For example, if you are experiencing stomach pain, you would call your PCP for an appointment. If, during the exam, your PCP decides that you need to see a specialist, he/she might refer you to a gastroenterologist.

17 Q: What if I see a specialist without a referral?

A: If you are an HMO member that goes directly to a specialist without first obtaining a referral from your PCP, you will not be covered for those services. You must pay the specialist directly, whether that specialist is a VISTA participating provider or not. If you are a

POS member that goes directly to a specialist without first obtaining a referral from your PCP, the benefit will be covered at a Non-referred service level, resulting in POS coverage. You will be responsible for your deductible, coinsurance and certain prior authorization requirements.

18 Q: Do I need a referral for all specialists?

A: There are some services that don't require a referral from your PCP. You may self-refer to a VISTA participating provider for any of the following services:

- Visits to chiropractors.
- Visits to podiatrists.
- Vision (if you have this benefit, services are obtained at a participating Optometrist's office).
- Dental (South Florida member's only):
If you have this benefit, contact CompBenefits/OHS directly at 1-800-432-3376).
- Mental Health/Substance Abuse:
Members residing in the following counties: *Broward, Miami-Dade or Palm Beach*; contact PsychCare Services at 1-800-221-5487.
Members residing in the following counties: *Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty or Wakulla*; contact TMH Behavioral Health Care at 850-431-2477 or 877-430-4517.
Members residing in the following counties: *Alachua, Bradford, Columbia, Dixie, Escambia, Gilchrist, Hamilton, Lafayette, Levy, Madison, Marion, Santa Rosa, Suwanee or Union*; contact CompCare at 800-458-6139.
- Visits to dermatologists (five visits each year for minor procedures and testing; if in doubt, we recommend that you consult with your PCP first).
- Annual well-woman examination and any follow-up treatment required from a well-woman examination.
- Annual retinal examination with a participating optometrist if you are a diabetic.
- OB/GYN (if you are pregnant).

Be sure to check your Contract or Certificate of Coverage for complete information about when self-referrals are permitted.

19 Q: What if you don't have a physician in your network for the specialty that I need?

A: Occasionally, your PCP may need to send you to a non-participating provider. This must be approved by VISTA prior to referral for the service. Contacting VISTA is the responsibility of your PCP. When your PCP refers you to a participating provider or VISTA approves your referral to a non-participating provider, you will have no out-

of-pocket expenses, except for any copayment that might be required by your coverage. POS members can go directly to any provider at any time. You will be covered at a Non-referred service level, responsible for deductibles, coinsurance and certain prior authorization requirements.

20 Q: Do I have to get prior authorization from VISTA before getting care?

A: If you receive care from your PCP, or through referral from your PCP, the PCP will obtain any necessary approvals for you. Sometimes, if you've already been referred to a specialist, the specialist may obtain the approval instead. Only certain services require prior authorization. Below is a partial list. Please see your Certificate of Coverage for further details.

- Hospital admissions
- Skilled Nursing Facility admissions
- Non-emergent transportation
- Outpatient surgical, laboratory, diagnostic, and wound care procedures
- Inpatient and outpatient rehabilitative services
- Home health care services
- Durable Medical Equipment
- Prosthetics or braces
- Hospice care
- Pain Management

**Members are not required to obtain prior authorization before seeking emergency care from a non-participating provider/facility.*

Even though your PCP will handle the request for prior authorization, it's a good idea to check with your PCP's office staff in these cases to be sure that advance approval was obtained. It's also a good idea to call the office of the doctor you've been referred to for confirmation that he or she still accepts VISTA members.

21 Q: What if I need to be hospitalized?

A: Your PCP is responsible for coordinating your hospitalization, except for emergency admissions. You, or someone on your behalf, may call our Customer Service Department to ensure that the admitting physician has received prior authorization for your hospitalization. Your PCP or an assigned hospitalist may monitor your care, coordinate diagnostic tests and handle any emergencies. In addition, the VISTA clinical staff will work with your PCP to help ensure continuity of care when you are discharged from the hospital.

22 Q: What is a "hospitalist"?

A: If you've ever been in the hospital, you may have experienced the frustration of having limited access to your PCP. Because of their busy schedules, many PCPs can't spend as much time visiting hospitalized patients as they'd like. For this reason, VISTA has introduced

a program that helps remedy these situations. It's called the Hospitalist Program. The program consists of a team of Board Certified Internal Medicine specialists trained specifically in hospital care. These physicians, called hospitalists, may coordinate and oversee every aspect of a hospital stay, from admission to discharge. They will work closely with your PCP to help ensure you get all the care that you need while in the hospital.

The hospitalist physician does not replace your PCP. The hospitalist is merely an extension of your PCP. It is a service your PCP may elect to use in the event you are hospitalized.

23 Q: What should you do in an emergency?

A: Call 911 for immediate assistance. You do not need your PCP's assistance or VISTA's prior authorization to be covered for emergency care. VISTA will never deny a claim for emergency services because prior authorization was not obtained. However, VISTA will review all claims for coverage of emergency services to determine if the services were medically necessary to stabilize or treat an emergency condition. (See "*What Is an Emergency?*" below)

If you obtain services through an emergency room, be sure that you or someone on your behalf notifies your PCP within 48 hours, or as soon as reasonably possible.

- Non-participating hospitals. If you are admitted to a non-participating hospital (in or out of VISTA's service area), you or someone on your behalf should notify VISTA within 48 hours, or as soon as reasonably possible, since the hospital may be unfamiliar with our notification requirements. Notification is important because it allows VISTA or your PCP to help coordinate your medical care. It may also be necessary to transfer you to a participating hospital as soon as such a move is medically appropriate.
- Participating Hospitals. If you are admitted to a VISTA participating hospital for further treatment, the PCP or attending physician is responsible for notifying VISTA. We also recommend that you or someone on your behalf contact VISTA following your admission to be sure that the physician has notified us.
- Follow-up Care. Once you are discharged from the hospital, remember to schedule all follow-up care with your PCP. In some cases after an emergency, the hospital physician or staff may ask you to return to the hospital for care. You must coordinate all follow-up care with your PCP in order to receive benefit coverage for care following an emergency visit. Failure to seek follow-up care with your PCP will result in denied claims.

24 Q: What is an emergency?

A: An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- Serious jeopardy to you, including a pregnant woman or fetus;
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part.

For women that are pregnant, emergencies are when:

- There is inadequate time to effect safe transfer to another hospital prior to delivery;
- A transfer may pose a threat to the health and safety of the patient or fetus; or
- There is evidence of the onset and persistence of uterine contractions or rupture of the membranes.

25 Q: What if I receive a bill from a provider?

A: Florida Law specifies that, except for copayments, HMO members cannot be responsible for any bills from providers for covered services. Therefore, except for an unpaid copayment, you should not receive a bill for treatment of covered services from authorized VISTA physicians and hospitals. If you do receive a bill please contact our Customer Service Department.

POS members using out-of-network benefits may need to file claims for reimbursement when obtaining services from non-participating providers. However, you must first pay your deductible and coinsurance. Here's how it works:

- You must first pay your deductible each calendar year before you will receive benefits from VISTA. Check your Benefits Summary for your deductible amount.
- After you have satisfied your deductible, VISTA reimburses you with a percentage of usual and customary charges for the service you received. This is called "coinsurance". Your coinsurance percentage can be found in your Benefits Summary. It is important for you to know that if the out-of-network provider charged you more than the usual and customary amount, you will have to pay the balance to the provider (in addition to your coinsurance). You may request a claim form by using the IVR or calling the VISTA Customer Service Department.

To file a claim, you must:

1. Ask the provider for an itemized bill at the time you receive the service. "Itemized" means that the bill must include:
 - Date of service
 - Procedure code
 - Diagnosis code
 - Provider's UPIN number

2. Submit the itemized bill with a completed claim form to VISTA. The mailing address is on the back of your member identification (ID) card and at the top of the VISTA claim form.
3. If you are a POS member over age 65, you must also enclose an Explanation of Medicare Benefits (EOMB) form with your claim. You can get this form, also called a Medicare Summary Notice, by contacting the Medicare Customer Service Center at the Centers for Medicare & Medicaid Services (CMS) at 1-800-442-2620.

26 Q: What if I end up having to pay for services that should have been billed to VISTA?

A: Sometimes you may need to pay a provider in advance or pay for a prescription drug, and then submit a Member Reimbursement form. This might occur, for example, if you receive care outside the VISTA service area; if you do not have your VISTA ID card with you when you fill a prescription at a participating pharmacy; or if you use a non-participating pharmacy in an emergency you may need to purchase the prescription yourself and request reimbursement. To obtain a Member Reimbursement form, simply call either VISTA's Pharmacy Services Department at 1-866-VISTA-RX (1-866-847-8279) or VISTA's Customer Service Department.

27 Q: What if I have coverage from more than one insurance company?

A: If you have coverage through more than one health insurance company, one is the primary and the other is secondary. Please inform the VISTA Customer Service Department about any other health care coverage in order to make sure the benefits covered by all of the plans are properly coordinated and to ensure prompt payment of claims. You may receive a letter from VISTA asking if you have other health insurance coverage. If you do, please complete the form and return it to VISTA.

28 Q: What is the designated service area for VISTA?

A: VISTA's network of PCPs and Specialists are contracted in the South Florida service area, which consists of Miami-Dade, Broward and Palm Beach counties. Members residing in the North Florida service area can access services in Alachua, Bradford, Calhoun, Columbia, Dixie, Escambia, Franklin, Gadsden, Gilchrist, Hamilton, Jefferson, Lafayette, Leon, Levy, Liberty, Madison, Marion, Santa Rosa, Suwanee, Union, and Wakulla counties.

29 Q: How does VISTA select its provider network?

A: Before any of the physicians are authorized to contract with VISTA, each must meet our thorough credentialing requirements. We verify their education, work history, licensure and gather information from a variety of sources on their professional conduct. In addition, every physician is recertified every three years. There

are some independently managed networks that we contract with that conduct their own credentialing processes with our oversight. As for participating hospitals, VISTA has defined guidelines just as it does for physicians. VISTA contracts with many of the community's hospitals to assist with the support of VISTA's commitment of delivering quality medical services to our members.

30 Q: How do I contact a physician with one of the "independently managed networks"?

A: VISTA contracts with three (3) different providers for mental health and substance abuse. Please refer to the "Mental Health / Substance Abuse" section in question number 18 on page 3 for the provider in your area. Dental services* can be arranged by contacting CompBenefits/OHS at 1-800-432-3376. Visits to an Optometrist* can be arranged by contacting PrimaryPlus/VCI at 1-800-393-2873. VISTA offers direct access without referral to participating optometrists for annual dilated retinal exams.

**Some of these services may not be a covered benefit on your particular plan. Be sure to check your Certificate of Coverage for details.*

31 Q: What if I need to see an Ophthalmologist?

A: As with most other specialists' visits, you must first visit your PCP for a referral to see a participating Ophthalmologist. If your PCP decides to send you to an ophthalmologist, he or she will send you to an ophthalmologist. The PCP will provide you with a referral so that you may set up an appointment with the assigned ophthalmologist. Keep in mind that the referral is only valid for 60 days from the day of issuance from your PCP. You must bring the referral with you to your scheduled appointment. If follow-up appointments exceed the 60 days, you must receive another referral number from your PCP.

32 Q: How do I find a participating pharmacy?

A: Participating pharmacies are right in your neighborhood or near where you work. Our pharmacy network includes many independent and major chain drug stores such as Albertson's, CVS, Kmart, Publix, Target, Walgreen's, Walmart, Sam's Club, Winn-Dixie, and Eckerd Drugs. Refer to a VISTA Provider Directory for participating pharmacies in your area.

33 Q: What if I am unable to leave my home to pick up a prescription? Are there delivery options for pharmacy services?

A: Certain pharmacy locations offer delivery services to members who have a pharmacy benefit. You can order your medication to be

delivered right to your door for those times when you are ill or without transportation. Give your local pharmacy a call for delivery details. They'll provide you with delivery hours, restrictions, and details on whether or not they deliver in your area.

In addition, if your benefit plan covers the prescription by mail program, you can request up to a 90-day supply of maintenance medications and order refills over the phone. To register for the mail order pharmacy program, call VISTA's Pharmacy Services Department at 1-866-VISTA-RX (1-866-847-8279). We'll send you an order form. Once you complete it, mail it directly to Walgreen's as directed. The mail order program and/or pharmacy benefits may not apply to some members. For more complete details, please refer to your Pharmacy Rider.

34 Q: What is a "maintenance medication"?

A: A maintenance medication is a prescription drug used to treat chronic or long-term health conditions, such as high blood pressure or diabetes.

35 Q: What if I fill my prescriptions at more than one participating pharmacy?

A: Whether you choose to fill your prescription at Walgreen's by mail, Albertson's at home, Eckerd at work or Kmart on vacation, you can be assured that the new prescription doesn't conflict with any medication you're now taking. For your protection, VISTA's pharmacy claims administrator has a program in place that alerts the pharmacist if a new prescription severely interacts with a drug you're already on. Under these circumstances, the pharmacist will contact your doctor before dispensing a drug.

36 Q: What is a Prescription Drug Formulary?

A: As a VISTA member, you're entitled to receive medications that are on the VISTA Drug Formulary. The formulary is an extensive list of the safest and most effective brand-name and generic medications that VISTA-participating doctors and other experts have reviewed for treating disease and helping you stay healthy. The hundreds of drugs listed on our formulary are believed to maintain quality while minimizing drug costs for VISTA members. Only medications approved by the Food and Drug Administration are included in the VISTA Drug Formulary. Depending on your prescription drug benefits, you may or may not be covered for all of the drugs listed in the formulary. In addition, a copayment may apply. Some members may have a non-formulary drug benefit. If so, they may fill non-formulary prescriptions at a higher copay.

37 Q: Who decides what drugs are to be on the VISTA Formulary?

A: The VISTA Drug Formulary is evaluated on a quarterly basis by the Pharmacy and Therapeutics Committee to provide our members with access to a broad range of medications. This committee includes pharmacists and practicing physicians from a variety of specialties. All medications are chosen based on safety, efficacy, and therapeutic role in treatment of disease or illness.

38 Q: What Is a Generic Drug?

A: Generic drugs are copies of brand-name medications whose patent has expired. Only those generic drugs that have been proven to be safe and effective as their brand-name counterparts are listed on VISTA's Drug Formulary.

39 Q: How can I receive a copy of the VISTA Formulary?

A: For a copy of the VISTA formulary, call the IVR or our Customer Service Department at 1-866-VISTA-FL (1-866-847-8235) Monday through Friday from 8 am to 6 pm. Members will be notified of any formulary changes through the Member Newsletter or direct notification.

40 Q: What telephone number do I call if I have additional questions about your Pharmacy Benefits?

A: VISTA has a Pharmacy Services Department available Monday through Friday from 8:30 am to 5:30 pm. Representatives are available to answer any questions you may have regarding your prescription drugs and coverage. Just call 1-866-VISTA-RX (1-866-847-8279).

Please Note: The VISTA prescription drug program or the VISTA Drug Formulary may not apply to some members. For more complete details, please refer to your VISTA Summary of Benefits or Prescription Drug Rider.

41 Q: Does VISTA comply with the "U.S. Women's Health and Cancer Rights Act of 1998"?

A: Yes. This federal mandate guarantees that all group health plans offer reconstructive surgery benefits following a mastectomy. As with your other surgical benefits, this coverage may be subject to copayments. For more information about your coverage, refer to your VISTA Certificate of Coverage.

If a VISTA member chooses to have reconstructive surgery following a mastectomy, covered services will include:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.

- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Please Note: This coverage is only for members diagnosed with breast cancer. The benefits do not apply to elective cosmetic surgery.

42 Q: What does VISTA do to educate its members on patient safety?

A: As requested by the United States Office of Personnel Management, Office of Insurance Programs, VISTA would like to remind its members of the five steps for enhancing patient safety. These steps were developed to educate and actively involve consumers in their health care and reduce the potential for medical error. These steps have been endorsed by many employers and government agencies. We encourage you to follow these 5 steps to safer health care.

1. Speak up if you have questions or concerns. Choose a doctor with whom you will feel comfortable talking about your health and treatment. Take a relative or friend with you if this will help you ask questions and understand the answers. Remember, it's okay to ask questions and to expect answers you can understand.
2. Keep a list of all the medicines you take. Tell your doctor and pharmacist about the medicines that you take. Include over-the-counter medicines such as aspirin, ibuprofen, and dietary supplements like vitamins and herbals. Discuss any drug allergies you have. Ask the pharmacist about side effects and what foods or other things to avoid while taking the medicine. When you get your medicine, read the label, including warnings. Make sure it is what your doctor ordered and you know how to use it. If the medicine looks different than you expected, ask the pharmacist about it.
3. Make sure you get the results of any test or procedure. Ask your doctor or nurse when and how you will get the results of tests or procedures. If you do not get them when expected – in person, on the phone, or in the mail – don't assume the results are fine. Call your doctor and ask for them. Ask what the results mean for your care.
4. Talk with your doctor and health care team about your options if you need hospital care. If you have more than one hospital to choose from, ask your doctor which one has the best care and results for your condition. Hospitals do a good job of treating a wide range of problems. However, for some procedures (such as heart bypass surgery), research shows results often are better at hospitals doing a lot of these procedures. Also, before you leave the hospital, be sure to ask about follow-up care, and be sure you understand the instructions.

5. Make sure you understand what will happen if you need surgery. Ask your doctor and surgeon:
- Who will take charge of my care while I'm in the hospital?
 - Exactly what will you be doing?
 - How long will it take?
 - What will happen after the surgery?
 - How can I expect to feel during recovery?

Tell the surgeon, anesthesiologist, and nurses if you have allergies or have ever had a bad reaction to anesthesia. Make sure you, your doctor and your surgeon all agree on exactly what will be done during the operation.

When you take a more active role in your health care, you'll see a difference in the care you receive.