

Supplemental Information for Healthy Options/CHIP with Community Health Plan of Washington

Including:

- Your Medical and Pharmacy Benefits
- Your Primary Care Provider
- How to Get Care
- How Community Health Plan of Washington Manages Your Care
- Appeal and Grievance Process
- How to Get More Information

UPDATED January 10, 2012

Contact Information

Healthy Options and Children's Health Insurance Program
with Community Health Plan of Washington

Community Health Plan Contacts

CUSTOMER SERVICE

Hours Monday-Friday 8:00 am – 5:00 pm

Voice 1-800-440-1561 toll free

TTY TTY Relay: Dial 7-1-1

Email customercare@chpw.org

OFFICE PHONE 206-521-8830 voice

WEB www.chpw.org

MAILING ADDRESS

Community Health Plan of Washington
720 Olive Way, Suite 300
Seattle, WA 98101-1830

FIND PROVIDERS

- Visit the Provider Directory Search online: On the Community Health Plan web site (www.chpw.org), click the Providers tab.
- Contact the Community Health Plan customer service team.

FREE 24-HOUR NURSE ADVICE LINE

Voice 1-866-418-1002 toll free

TTY 1-866-418-1006 toll free

Contacts Outside Community Health Plan

HEALTHY OPTIONS (MCA MEDICAID)

Web hrsa.dshs.wa.gov/healthyoptions/

Your Medical Benefits handbook

hrsa.dshs.wa.gov/pdf/Publications/22-542.pdf

Medicaid customer service phone

- **Voice** 1-800-562-3022
- **TTY** TTY Relay: Dial 7-1-1.

WASHINGTON STATE

To learn about your rights under the law, call the **Washington State Office of the Insurance Commissioner**: 1-800-562-6900.

If you have a problem or concern, call the **Washington State Department of Health Consumer Hotline**: 1-800-525-0127.

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About This Booklet

This booklet is a supplement to the *Healthy Options: Your Medical Benefits* book from Washington State. This supplement gives you information about some specific services you get with Community Health Plan of Washington. You may also get detailed information about your plan elsewhere, including who does what at Community Health Plan and how we do it:

- You can find this information on the Community Health Plan website (www.chpw.org).
- You can call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

New TTY number

If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1. Ask the relay operator to connect to the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm.

Your Community Health Plan ID Card

When you enroll in Community Health Plan of Washington, you will be sent an ID card.

You will need to show the Community Health Plan of Washington ID card *and* your ProviderOne ID card each time you get medical care. That includes medical visits, specialist visits, mental health visits, hospital visits, and pharmacy prescriptions.

Q: What if I lose my Community Health Plan ID card?

A: We will send you a new ID card. Please call the Community Health Plan customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

To Change Your Address

Tell your Community Service Office (CSO) right away so your records can be updated.

Then call Community Health Plan so we can help you choose a new PCP if necessary. Call the Community Health Plan customer service team at 1-800-440-1561 (toll free). If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

To End Your Enrollment

To end your enrollment in Community Health Plan, call the toll-free enrollment number, 1-800-562-3022 Monday–Friday, 7:00 a.m. – 5:00 p.m.

Your Benefits

This section is a summary of services and treatments covered by Community Health Plan of Washington ("Community Health Plan" or "the Plan") and the Washington State Health Care Authority (HCA) for Healthy Options/CHIP. Some health care services are not covered. Some services are limited by number of visits or supply/equipment items.

Services and treatments are covered only if medically necessary. (See "Medically Necessary.")

You will need a referral from your PCP and often an authorization from Community Health Plan before you get a service or treatment. **If you get a service before you get an authorization or referral, you might have to pay for it yourself.**

If you have a question about a specific service, ask your provider or call the Community Health Plan customer service team at 1-800-440-1561, Monday–Friday from 8:00 am to 5:00 pm, or email customer@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

About Healthy Options/CHIP Benefit Tables

If you do not find a service listed in the "Benefits and Services Covered by Community Health Plan" table, please check the lists that follow it:

- "Benefits Covered by Fee for Service"
- "Services Excluded and Not Paid For"

Benefits and Services Covered by Community Health Plan

| Benefit/Service | Comments |
|--------------------------------|--|
| Ambulance services | For emergencies only or when transporting between facilities. |
| Antigen (allergy serum) | Allergy shots |
| Audiology tests | Hearing tests |
| Biofeedback therapy | When medically necessary for incontinence. Requires a prior authorization for more than six visits. |
| Birth control | See "Family planning services." |
| Birth defects | See "Cosmetic surgery." |
| Blood products | Includes blood, blood components, human blood products, and their administration. |
| Breast pumps | |
| Chemotherapy | |
| Chiropractic care for children | Benefit is for children only (age 20 and younger) with referral from PCP after well child screening. See "Spinal manipulations." |
| Contraceptives | See "Family planning services." |

| Benefit/Service | Comments |
|---|---|
| Cosmetic surgery | ONLY WHEN the surgery and related services and supplies are provided to correct physiological defects from birth, illness, or physical trauma or for mastectomy reconstruction for postcancer treatment. |
| Diabetic supplies | |
| Dialysis | |
| Emergency services | Available 24 hours per day, 7 days per week anywhere in the United States. An emergency is when someone has a serious medical problem and needs care right away. |
| EPSDT (Early Periodic Screening, Diagnosis, and Treatment) | <p>EPSDT includes regular checkups to make sure people younger than 21 get the preventive care they need to catch and treat health problems at an early stage. Screenings (well child care) include:</p> <ul style="list-style-type: none"> • Complete physical exam with health, mental health screening, and developmental history • Immunizations (shots) and lab tests • Screens for vision; hearing; dental care; mental health; and substance abuse. |
| Eye exams | Must use the Plan's provider network. Limited to one exam every 24 months for adults 21 and older, and every 12 months for children age 20 and younger. Can be more frequent if the Plan decides it is medically necessary. Note: HCA covers eyeglasses, contact lenses, and hardware fittings separately for children age 20 and younger. |
| Family planning services | You can choose to go to a Family Planning Clinic or to use the Plan's network of providers. |
| Fluoride treatment prescription (liquid or tablets) | When prescribed by a physician (PCP) after well child screening. |
| Health care services (office visits, preventive care, specialty care) | Must use the Plan's provider network. For specific questions about referrals and prior authorizations, call Community Health Plan customer service. |
| Health education and counseling | Health education for conditions such as diabetes and heart disease. |
| Hearing exams and surgeries | Hearing exams or surgeries by the Plan's network of providers. Note: HCA covers hearing aids separately for children. |
| HIV/AIDS screening | You can choose to go to a Family Planning Clinic, to the local health department, or to your PCP. |
| Home health care | Requires prior authorization. |
| Hospice or end-of-life care | Requires prior authorization. |

| Benefit/Service | Comments |
|--|--|
| Hospital inpatient & outpatient services | Inpatient requires prior authorization for all non-emergent care. Some outpatient services may require prior authorization. |
| Immunizations and vaccinations | Note: Vaccines for international travel purposes only are NOT COVERED. |
| Lab and X-ray services | MRI and MRAs require prior authorization Some radiology services require prior authorization |
| Mammograms | |
| Maternity and prenatal care | |
| Medical equipment and supplies | When medically necessary. Prior authorization is required, depending on the item and for ANY equipment or supply whose value is \$1,000 or more on the HCA fee schedule. For more information, see your provider or call Community Health Plan customer service. |
| Mental health, outpatient treatment | Limited benefit based on medical need. The benefit through the Plan covers: <ul style="list-style-type: none"> • Up to 12 hours of treatment per calendar year for adults. • Up to 20 hours of treatment per calendar year for children. • Mental health medication management by your PCP or mental health provider. • Children younger than 5 being prescribed mental health medication must have a second opinion from a psychiatrist to approve the medication. • Psychological testing and evaluation once every 12 months for adults 21 and older, or as needed if identified by a well child screening for children 20 years old and younger. |
| Nutritional counseling | See "Health education and counseling." |
| Occupational therapy | Covered for both rehabilitation and developmental reasons. HCA covers the service for children when provided in an approved Neurodevelopmental Center. |
| Organ transplants | Tissue and organ transplants when medically necessary. Requires prior authorization. |
| Oxygen and respiratory services | Require a prior authorization. |
| Pharmacy services | Must use participating pharmacies. See "Your Pharmacy Benefits" in this booklet. |
| Physical therapy | Covered for both rehabilitation and developmental reasons. HCA covers the service for children when provided in an approved Neurodevelopmental Center. |

| Benefit/Service | Comments |
|---|---|
| Pregnancy terminations, involuntary (miscarriage) | |
| Private duty nursing | |
| Radiology & medical imaging services | MRI and MRAs require prior authorization. Some radiology services require prior authorization. |
| Reconstructive surgery after mastectomy | Requires a prior authorization for non-cancer related reconstruction. |
| Sexually transmitted diseases (STD) Treatment | You can choose to go to your PCP, to the local health department, or to a family planning clinic. |
| Skilled nursing facility (SNF) | Requires a prior authorization. |
| Smoking cessation | Nicotine gum and patches in the Community Health Plan formulary, if prescribed. |
| Speech therapy | Covered for both rehabilitation and developmental reasons. DSHS covers the service when provided for children in an approved Neurodevelopmental Center. Requires a prior authorization after 12 visits. |
| Spinal manipulations | Limited to 10 spinal manipulations per calendar year, only by a Plan network Doctor of Osteopath (D.O.). |
| Sterilizations, age 21 and older | Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered. |
| Tuberculosis (TB) screening and follow-up treatment | You can choose to go to your PCP or to the local health department. |
| Women's health care | Must get services from the Plan's provider network. Includes follow-up treatment for problems discovered. |

You can choose to get some services from your PCP clinic or go directly to a local health department or family planning clinic. You do not need a referral from the Plan for:

- Family planning services and birth control
- HIV and AIDS testing
- Immunizations
- Sexually transmitted disease treatment and follow-up care
- TB screening and follow-up care

Benefits Covered by Fee-For-Service

The following benefits and services are covered by fee-for-service. Community Health Plan and your PCP can help coordinate your care with other community-based services and programs.

| Benefit/Service | Comments |
|--|--|
| Alcohol and substance abuse services, inpatient, outpatient & detoxification | Must be provided by HCA certified agencies. For specific information, call 1-877-301-4557. |

| Benefit/Service | Comments |
|--|---|
| Community and home-based services for older and physically disabled persons such as COPES and personal care services | These services must be approved by Washington State Aging and Disability Services Administration (ADSA). Call 1-800-422-3263. |
| Early Support for Infants and Toddlers (ESIT) for children from birth to age 3 | Call 1-800-322-2588 for information. |
| Maternity support services | Part of First Steps Program. Call 1-800-322-2588. |
| Mental health, inpatient psychiatric care, and crisis services | Inpatient care must be authorized by a mental health professional at the local Community Mental Health Agency. For more specific information call 1-800-446-0259. |
| Prenatal genetic counseling | |
| Pregnancy terminations, voluntary | Includes termination and follow-up care for any complications. |
| Sterilizations, under age 21 | Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered. |
| Transportation, for medical appointments | If you have a current ProviderOne ID card, you may be eligible for transportation to and from needed non-emergency health care appointments. Your regional broker will arrange the most appropriate, least costly transportation for you. For a list of brokers and their phone numbers, see: http://maa.dshs.wa.gov/Transportation/Phone.htm |

Note:

The following services are no longer available through HCA or Community Health Plan for adults age 21 and older:

- Dental services
- Eyeglasses and fitting services
- Hearing aid devices

Some Services Are Excluded and NOT Paid For

The examples in the list below are called exclusions, meaning these services are **not** covered, even if *medically necessary*. These services are not covered by the Plan or by fee-for-service. If you get any of these services you may have to pay for them yourself.

The Plan has a process to review your or your provider’s request for an excluded service as an *Exception to Rule*. If you have a question about a benefit or service, contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

| Services Excluded | Comments |
|--|---|
| Alternative medicines | Such as acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, massage therapy, or naturopathy. |
| Chiropractic care for adults | |
| Cosmetic or plastic surgery | Such as tattoo removal; face lifts; ear or body piercing, hair transplants. |
| Diagnosis and treatment of infertility, impotence, and sexual dysfunction. | |
| Gender reassignment surgery | |
| Marriage counseling and sex therapy | |
| Personal comfort items | |
| Nonmedical equipment | |
| Physical exams needed for employment, insurance, or licensing | |
| Services not allowed by federal or state law | |
| Weight reduction and control services | Includes: weight loss drugs, products, gym memberships, or equipment for the purpose of weight reduction. |

If You Get a Bill for Covered Services

If you get a bill for services that you think are covered by Healthy Options, send the bill directly to Community Health Plan at:

CHP Claims

PO Box 269002

Plano, Texas 75026-9002

Your Pharmacy Benefits

The Community Health Plan of Washington pharmacy network includes pharmacy chains and neighborhood drug stores. You must get your prescription filled at a pharmacy in the Community Health Plan network.

You can get up to a 30-day supply of prescribed drugs at a participating retail pharmacy. Community Health Plan does not have a mail order pharmacy benefit.

To find a pharmacy

- Visit the Pharmacy Search online: On the Community Health Plan website (www.chpw.org), click the Providers tab and then select Pharmacy Search.
- Phone the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

To get a formulary (list of approved drugs)

Community Health Plan uses a formulary system, which means we only pay for approved drugs. A group of providers and pharmacists develops this list of approved drugs based on safety, effectiveness, and cost.

To find out which drugs are covered on the Community Health Plan formulary, visit the Formulary Search online: On the Community Health Plan website (www.chpw.org), click the Providers tab, and then select Formulary Search.

To find out about a specific drug or to get the *Community Health Plan Formulary* booklet, contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

If you have any questions about our formulary or why we limit or will not pay for drugs that are not on the approved list (the formulary), please call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

For more information about prescription services

- See "Prescription Drug Services" online or request a printed copy.
- Visit the Community Health Plan website (www.chpw.org). Click the Plans tab, and then select Healthy Options.
- Contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Getting Care: Start With Your Primary Care Provider (PCP)

As a member of Community Health Plan, you need to choose a primary care provider (PCP). If you do not choose a PCP, we will choose one for you.

Your PCP will help you manage all parts of your health. Your PCP is your main health care provider, who helps to manage all parts of your health:

- Always call your PCP first, except in an emergency.
- In an emergency, call 911 or go to the nearest hospital. For more information, see "Emergency Care."
- To see a specialist, you must get a referral from your PCP. For more information, see "About Prior Authorizations and Referrals."

Contact our customer service team to tell us which primary care provider you choose or to get information about providers.

Finding a PCP, Specialist, or Hospital

To find a participating provider or specialist, including the provider's location, professional qualifications, languages spoken, and availability:

- Visit the Provider Directory Search online: On the Community Health Plan web site (www.chpw.org), select the Our Providers tab.
- Phone the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Our customer service team can also help you find information about a provider's professional qualifications, including medical school attended, residency completed, and board status.

To change your PCP, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

To find a participating hospital:

- Visit the Provider Directory Search online: On the Community Health Plan web site (www.chpw.org), select the Our Providers tab.
- Phone the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

To Change Your PCP

To change your PCP, phone the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

The change will be for the first of the month after you tell us you want to change. For example, if you call in October, we will change you in November.

When you change PCPs, referrals from your old PCP will not be good anymore. Tell your new PCP that you have been seeing a specialist. Your new PCP will make sure you get a new referral to keep seeing that specialist.

To Make an Appointment

To make an appointment, call your PCP's office.

When you call to make an appointment:

- Please tell your PCP's office if you are a new member.
- Ask for an interpreter if you need one.

Appointment Standards

Generally, you should expect to be able to see a provider in the following timelines:

- **Preventive Care:** Office visit with your PCP or other provider within 30 calendar days. Examples of preventive care are physical exams, annual women's health care, and immunizations (shots).
- **Routine Care:** Office visit with your PCP or other provider within 10 calendar days. Routine care is for medical problems that are not urgent or an emergency.
- **Urgent:** Office visit with your PCP or other provider within 48 hours. Urgent care is for medical problems that need care right away, but are not an emergency.
- **Emergency:** Available 24 hours per day, seven days per week at the nearest hospital. An emergency is when someone has a serious medical problem and needs care right away.

If you think you have an emergency, call 911 or your police department or go to the nearest hospital.

To Get Care After Clinic Hours

1. Call your primary care clinic. Most PCPs offer after-hours medical advice by phone.
2. If the clinic or your PCP is not available, call the Nurse Advice Line toll free 1-866-418-1002 (voice) or 1-866-418-1006 (TTY for speech or hearing impaired). The nurses can help you when you have questions about health concerns or need health information.
3. If your symptoms are severe or if your PCP cannot see you right away, ask your PCP if you can go to an urgent care center, where they can treat you that same day. Urgent care is covered only if you get an authorization from your PCP. (See "About Prior Authorizations and Referrals.")
4. If you cannot reach your PCP and you think you are too sick to wait, go to the nearest emergency room. (See "Emergency Care.")

24-Hour Nurse Advice Line

You can call the free Nurse Advice Line to get health care information 24 hours a day, 7 days a week. The nurses can help you when you have questions about health concerns or need health information. To speak to a nurse, call toll free 1-866-418-1002 (voice) or 1-866-418-1006 (TTY for speech or hearing impaired).

Routine Well Child Physical Exams and Immunizations

Check with your PCP for your child's well child check-up schedule. It may look like this.

Childhood immunizations (shots) are usually given at certain ages. Your child's provider will talk to you about the shots your child should get at your child's Well Child check-ups. If your child has a chronic medical problem, he or she may need more shots. Ask your PCP about the right shots and when to get shots for your child. For more information, ask your provider or call Community Health Plan customer service.

We recommend following the immunization schedule provided by the Centers for Disease Control and Prevention, which can be found online at www.cdc.gov/vaccines/recs/schedules/default.htm.

If possible, take your child to his or her regular PCP for shots. Some clinics have flexible hours and are open evenings or Saturdays.

Your child's PCP should give you a record of your child's shots. Keep this record in a safe place, and always bring it to your child's Well Child check-ups. The record will be needed for daycare or school.

If your child has a chronic medical problem, more shots may be needed. Check with your PCP about the right shots and when to get shots for your child.

If possible, take your child to his or her regular PCP for shots. Some clinics have flexible hours and are open evenings or Saturdays.

Your child's PCP should give you a record of your child's shots. Keep this record in a safe place, and always bring it to your child's well child check-ups. The record will be needed for daycare or school.

Specialists, Second Opinions, and Hospital Care

Seeing a specialist. If you and your PCP agree that you need to see a specialist or get mental health services, your PCP will write you a referral. You can see any specialist who is in the Community Health Plan network of doctors, but ask your PCP for a referral before getting specialist services unless it is an emergency.

In some cases, we also need to okay your specialist care before you get it. This is called a *prior authorization*.

To see the most current Prior Authorization List of services, drugs, and equipment that require prior authorization:

- Visit the Community Health Plan website, www.chpw.org. Click the Services tab, and then select Patient Safety. Click the link to the Prior Authorization List. You can also download a PDF of the list to print and read.
- If you want a printed Prior Authorization List sent to you, please contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

For more information, see "About Prior Authorizations and Referrals."

Second Opinion. As a member of Community Health Plan, you have a right to a second opinion. For the second opinion to be paid for by us, the provider must be part of our network (providers who work with Community Health Plan). Your primary care provider must also okay it (give you a referral).

To get a second opinion, ask your PCP for the name of another qualified Community Health Plan provider. To see a list of participating providers and specialists, including their location, languages spoken, and availability:

- Visit the Community Health Plan of Washington website at www.chpw.org. Click the Providers tab, and then select the type of search you want. To get a printed report or have someone search for you, contact our customer service team.
- Phone the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Hospital Care. If you need to go to the hospital for non-emergency care, you must first get an authorization from Community Health Plan of Washington. For more information, see "About Prior Authorizations and Referrals."

To find a hospital in the Community Health Plan of Washington network:

- **Search online.** On the Community Health Plan website (www.chpw.org), click the Providers tab and then select Provider, Hospital, Clinic Search. On the Provider, Hospital, Clinic Search page, under Advanced Search, select the Hospitals Only checkbox under Show Only.
- **To get a printed report or have someone search for you,** call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

You do not need an authorization to visit a hospital in an emergency. In an emergency, call 911 or go to the hospital nearest you. For more information, see "Emergency Care."

Give the hospital your PCP's name so the hospital can tell your PCP about your emergency treatment.

Emergency Care

If you cannot reach your PCP, and you think you are too sick to wait, call 911 or your police department or go to the nearest emergency room.

An emergency is:

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairments to bodily functions, or serious dysfunction of any bodily organ or part.

You or someone you know should tell your PCP about your emergency room visit by the next business day or as soon as your health allows.

Urgent Care Center Visits

If symptoms are severe or if your PCP cannot see you right away, ask your PCP if you can go to an urgent care center, where they can treat you that same day.

Important note about urgent care centers: Emergency room visits do not require a referral or okay from your doctor or from Community Health Plan. However, if you go to an urgent care center, get a referral from your primary care provider before you go if you can. If you cannot get the referral from your PCP before you go, call your PCP the next day and get the referral then.

Staying Healthy: Preventive Care

Preventive health services are provided at no cost to you when given by your PCP or women's health care provider. In the following sections are some guidelines that can keep you in good health.

Check-Ups When You Are Well

As an adult, you need regular visits even when you feel well. If you have not seen your PCP recently, you should schedule an exam. During that exam, you and your PCP can discuss the future visit schedule that is best for you. Be sure to ask what tests and services you may need.

Here is a list of things your PCP may review at your visit:

- Weight and height
- Blood pressure
- Cholesterol
- Tests to check for diabetes and pre-diabetes
- Colorectal cancer screening (adults 50 and older)
- Breast and cervical cancer screening
- Sexually transmitted diseases and HIV testing
- Immunizations (flu, tetanus and diphtheria, and pneumonia)

Important notes:

Please ask your provider for information about diagnostic tests, immunizations, and treatments. Community Health Plan will not pay for some extra tests. Your PCP has the list of tests, immunizations, and treatments we will pay for.

Before you get some services, you might need an okay from your PCP or Community Health Plan. For more information, see "About Prior Authorizations and Referrals."

If you have questions about what Community Health Plan will cover, please call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Adult Immunizations

To protect you from illness, Community Health Plan covers these shots for adults:

- Influenza vaccination (flu shot)
- Hepatitis A and hepatitis B (once in your lifetime)
- Pneumococcal vaccine

Women's Health Care

Female Community Health Plan members have the right to see Community Health Plan providers in our network who offer women's health care services.

Services may include:

- Women's health care exams
- Treatment of some reproductive problems
- Contraceptive services
- Testing and treatment for sexually transmitted diseases

Your women's health care provider can also continue to treat you without a PCP referral for routine services and follow-up treatment for problems found during your women's health care exam.

You can get these services without a PCP referral from an in-network women's health care provider. If you need to see a women's health care provider who is not with Community Health Plan, you must get a referral from your PCP. Community Health Plan must approve the referral before you see a women's health care provider who is not with Community Health Plan.

It is important to get regular women's health exams, such as screenings for breast and cervical cancer. These screenings look for cancer before a woman has any symptoms. This can help find cancer early.

It is important to know that your PCP does not necessarily think you have cancer if he or she suggests a screening test. Screening tests are given when you have no cancer symptoms.

Screening Tests: Breast Cancer

Breast cancer screenings mean checking a woman's breasts for cancer before there are signs or symptoms of the disease.

Three main tests are used to screen the breasts for cancer:

- **Mammogram.** A mammogram is an X-ray of the breast. A mammogram is a method used to detect breast cancer early when it is easier to treat and before it is big enough to feel or to cause symptoms.
- **Clinical breast exam.** A clinical breast exam is an examination by a provider, who uses his or her hands to feel for lumps or other changes.
- **Breast self-exam.** A breast self-exam is when you check your own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm (armpit).

Talk to your PCP about which tests are right for you and when you should have them. Your provider can tell you which tests will be paid for by Community Health Plan.

Screening Tests: Cervical Cancer

Frequently, if cervical cancer is found early it can be cured. Regular Pap tests identify precancerous conditions as well as cervical cancer. Getting Pap tests can cut a woman's risk of getting cervical cancer.

What is a Pap test?

The Pap test, also called the Pap smear, is a cervical cancer screening test. It is not used to detect other kinds of cancer. It is done in a PCP's or women's health specialist's office or clinic.

When should I get a Pap test?

You should have a Pap test for cervical cancer as part of a routine check-up:

- By 21 years of age or within three years of sexual activity.
- Depending on your risk factors, if your previous tests results were normal the test should be done every one to three years until you are 70 years old. (*Risk factors* are things that may increase your risk of getting a disease, such as your family history or your age.)

You should talk with your PCP about when to start having Pap tests, how often to have them, and when you can stop. This is very important if you are at high risk.

Care Management by Community Health Plan of Washington

What is care management?

The Utilization Management, Behavioral Health Management, Case Management, and Disease Management programs are part of Care Management. The Community Health Plan Chief Medical Officer oversees Care Management and Quality Improvement. The Director of Behavioral Health guides the behavioral health management team.

For more information about care management programs, see:

- "Community Health Plan Case Management"
- "Community Health Plan Disease Management"
- "Community Health Plan Behavioral Health Management"
- "Community Health Plan Utilization Management"
- "Member Review and Intervention Program (MRIP)"

For more information about quality improvement, see:

- "Community Health Plan Quality Improvement Program"

Community Health Plan Case Management

What is case management?

Case managers work with you and your provider to help manage your care if you become very sick. Case management is a voluntary program. You do not have to be in it.

Case management is a process that promotes your access to care, the containment of costs, the enhancement of quality services and products, the identification of alternative care plans, the increase of your awareness of your disease, and facilitates your empowerment over your disease. A case manager's role is advocacy, assessment, and coordination of care between your and multiple providers.

Case management is a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

Case management:

- Evaluates the client's biopsychosocial needs across the continuum.
- Looks at longer-term interventions.
- Works toward the goal of supporting the client-provider relationship.

Who can refer you to case management?

You may be referred to Community Health Plan Case Management in a number of ways:

- Your provider or clinic staff may refer you to our case management services.
- We may see the need based on a hospital stay, a survey, or a review of your medical bills.

- A hospital may refer you.
- You may be referred by Community Health Plan of Washington customer service.
- You may also refer yourself for case management by calling the customer service number below.

If you have questions, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Community Health Plan Disease Management

What is disease management?

Community Health Plan offers a free disease management program for members with chronic (long-term) diseases such as asthma, diabetes, and hypertension (high blood pressure). The nurses and social workers will work closely with your primary care provider (PCP) on the best care plan. When you are in this program you will get materials about your condition.

Disease management is a voluntary program. You do not have to be in it.

Who can refer you to disease management?

Each month, Community Health Plan of Washington runs a special computer program that looks at patient records (claims, provider visits, and pharmacy) to find people who qualify for disease management. The program looks for patients at high risk for diabetes, asthma, and hypertension. The members who are at the highest risk are enrolled in disease management to find out if they need extra help with their health care.

There are some other ways we find high-risk patients who might qualify for disease management:

- If you get a diagnosis related to diabetes, asthma, or hypertension, we send you a health risk assessment (HRA) and we look at the results.
- We look at data collected by utilization management and case management.
- At daily rounds of hospital patients, Community Health Plan refers patients to disease management if their conditions are related to diabetes, asthma, or hypertension. At daily rounds, case managers tell us if they see such patients.
- Your provider or clinic staff may refer you to our disease management services.
- You can refer yourself or your family can refer you for disease management by calling Community Health Plan customer service.

If you have questions about this program, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Community Health Plan Behavioral Health Management

What is behavioral (mental) health management?

The Community Health Plan of Washington Behavioral Health Management Program works with medical providers to coordinate care. Behavioral health includes mental health care and treatment for alcohol and drug abuse.

The behavioral health program researches and monitors use of services. This helps you and your providers use resources in the highest quality, most cost-effective way. You may get behavioral health (mental health) care through your care coordinator at the clinic.

If you have mental health issues and you think that the issue might be life threatening, dial 911 or go to the nearest emergency room.

If your issues are not life-threatening and you cannot reach your provider, you can call the free Nurse Advice Line to get health care information 24 hours a day, 7 days a week. The nurses can help you when you have questions about health concerns or need health information. To speak to a nurse, call toll free 1-866-418-1002 (voice) or 1-866-418-1006 (TTY for speech or hearing impaired).

Community Health Plan Utilization Management

How Community Health Plan of Washington decides what care to cover

Utilization management is the process Community Health Plan of Washington uses to set and review standards for care and make sure the care you get meets these standards.

Prior authorization review is the process of reviewing certain medical, surgical, and behavioral health services to ensure medical necessity and appropriateness of care are met before services are received. (See "Medically Necessary.")

Community Health Plan decides which treatments are most effective by:

- Using guidelines such as the Milliman Care Guidelines[®], Hayes Health Technology Briefs, and the Washington State Health Care Authority Health Technology Assessments.
- Looking at what works for our members over time.
- Consulting internal and external doctors and experts, including specialists to help decide about complex cases.
- Keeping track of government agency reports such as those from the FDA (Food and Drug Administration).
- Asking for help from independent review organizations.

Relevant policies and/or clinical criteria are available upon request. Call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Community Health Plan medical staff reviews guidelines frequently to make sure we are using the most current guidelines and that the guidelines still match our members' needs.

Community Health Plan keeps track of how you and your provider use services. If you use more or less of a particular service than our criteria call for:

- We might refer you to Case Management, which can help you manage complex health conditions.
- We might recommend additional services.
- We might deny approval for a service or drug if it does not conform to our criteria.
- We might recommend you for the Member Review and Intervention Program (MRIP).

For more information about prior authorizations, see [About Prior Authorizations and Referrals](#). You can also contact the Customer Service team and ask us to send you written information.

Medically Necessary

A health care provider decides if a service or treatment is medically necessary. Medically necessary health care services are used to evaluate, diagnose, or treat an illness, injury, or disease or its symptoms.

A covered service is “medically necessary” if it is recommended by your treating provider and the Community Health Plan medical director or provider designee, and if it is consistent with the following definition:

"Medically necessary" is a term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all. (Washington Administrative Code)

Policy prohibiting financial incentives

Community Health Plan staff and providers approve or deny services. We use information from your doctor to do this. We also look at medical standards. We do not offer decision-makers money to decide either way. We do not stop using providers if they disagree with our decisions. Our decisions are fair and equal.

We follow these rules:

- Utilization Management decision-makers approve or deny based only on whether the care and service are appropriate and whether the care or service is covered.
- Community Health Plan of Washington does not reward providers or others for denying coverage or care.
- Community Health Plan of Washington does not offer financial incentives to encourage Utilization Management decision-makers to make decisions that result in underusing care or services.

Evaluation of new technology

Community Health Plan is committed to keeping up with news and research about new tests, drugs, treatments, and devices and new ways to use current procedures, drugs, and devices.

A provider or member can ask the Plan to cover a new technology. A Community Health Plan doctor leads the review of the new technology and may ask an outside reviewer to give an opinion, too.

New technologies are approved based on standards that protect patient safety. To learn more about the decision process or the specific standards, please contact our Utilization Management team.

Contact utilization management

A peer reviewer — the Medical Director or Director of Behavioral Health — is available to discuss utilization management service denials.

If you want to discuss a utilization management decision, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Member Review and Intervention Program (MRIP)

The Community Health Plan of Washington Member Review and Intervention Program (MRIP) helps members to use their medical services safely and appropriately. Medical Care Services members identified by their use of medical care and prescriptions are now eligible for this program.

Some members get care from several different doctors. They have a high number of the same medications. They use different pharmacies. They use the emergency room a lot. Sometimes the care is not coordinated and can be dangerous. Sometimes we place these people in MRIP because of these problems.

Members who are selected for MRIP must choose one primary care provider, pharmacy, and hospital. If the member does not choose providers, Community Health Plan will choose them for the member. Members in MRIP must go to these providers only. If a member in MRIP goes to any other provider, the member must pay for the service.

One primary care provider makes sure medical care and prescriptions are coordinated for the health and safety of the member. MRIP makes this possible.

Members stay in the MRIP program for at least two years. This is determined by state law (Washington Administrative Code 388-501-0135) if it applies.

Community Health Plan will contact you if you are being considered for this program. For more information, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Community Health Plan Quality Improvement Program

The Community Health Plan Quality Improvement Program makes sure our service meets clinical and customer service standards. We set some standards ourselves and we comply with those set by government and national organizations that measure quality.

We set and meet our quality standards by using teamwork guided by our mission, vision, values, and goals. The Quality Improvement Program is managed by a committee that gets data and recommendations and directs improvement work.

We have programs in place to assess and improve patient safety, clinical quality, and the quality of behavioral health services. We understand that knowledge is one of the greatest tools in preventing chronic disease and getting appropriate preventive care. Our efforts to help you manage your health risk include programs to manage diabetes and asthma. We help you assess your risk of diseases such as diabetes, encourage you to get proper treatment and care, and inspire you to take charge of your chronic conditions for a lifetime.

To succeed in these efforts, the Quality Improvement Program has developed materials to help you better manage your health and to understand your chronic conditions and any complications. Our programs also keep track of how we deliver care to you and provide education for health care staff.

HEDIS performance standards and Community Health Plan scores

We use HEDIS (Healthcare Effectiveness Data and Information Set) as one set of standards to measure our performance. HEDIS is a list of rates of health care measures reported by health plans each year. Community Health Plan of Washington reports its HEDIS rates to Quality Compass published by the National Committee for Quality Assurance (NCQA).

To get a copy of the HEDIS scores for Community Health Plan, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Our commitment to the quality of your care

We want you to be very satisfied with the quality of care and service you get from the health plan and our network of doctors. In the last few years we have worked hard to improve our services.

Our commitment to you is that we will not stop working to improve until all of our members are very satisfied with our services.

We will continue to work to improve these and other areas in future years. We want you to be able to manage your chronic conditions and learn from the information that we give you. We want to help you work with your doctor to best manage your care and make sure that you get the services that you need.

If you have questions or want more information about the Quality Improvement Program, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

About Prior Authorizations and Referrals

Community Health Plan of Washington is a managed care health plan. This means that your primary care provider (PCP) and the Plan coordinate all of your care. You need to get services, drugs, equipment, and supplies from your PCP or another provider in our network.

For some services, drugs, and supplies you need to get a prior authorization. You may also need a referral from your PCP to see some other providers.

Most medically necessary specialist services are covered by your plan. Talk to your PCP, who may submit a referral to an in-network provider or submit a referral to an out-of-network provider if an in-network provider is not available. Some services, whether from an in-network or out-of-network provider, require a prior authorization as well.

To see a list of participating providers and specialists, including their location, languages spoken, and availability:

- Visit the Community Health Plan of Washington website at www.chpw.org. Click the Providers tab and then select the type of search you want. To get a printed report or have someone search for you, contact our customer service team.

- Contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

A referral from your PCP is not the same as a prior authorization. For more information and to avoid charges you might have to pay for yourself, please see "What Is a Referral?" and "What Is a Prior Authorization?"

To make sure you don't get a bill you're not expecting, please read these notes carefully:

- In most cases, if Community Health Plan does not approve a referral to a provider outside our network before you see the provider, **the Plan will not pay for the service.**
- If you get a service on the Prior Authorization List without getting the authorization first, **the Plan will not pay for it.** This may include other services related to a service you got that was not authorized.
- To make sure you have the most current list of what requires approval before the service and to avoid charges you don't expect, **always ask your PCP or call our customer service team before you get a service or supplies.** Contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, call TTY Relay: Dial 7-1-1.

What Is a Referral?

A *referral* is when one provider sends a patient to another provider, usually a specialist, for diagnosis and treatment. Before you see a specialist or another provider, talk to your primary care provider.

A referral is good only until the end of the period okayed by Community Health Plan.

If you have a complicated or serious medical problem, you have the right to a referral that lasts for a longer period of time than a regular referral. This is called an *extended (or standing) referral*. An extended referral, like a regular referral, is good only until the end of the period okayed by Community Health Plan.

To get a referral, you must talk to your PCP. Your PCP will tell us:

- Which provider the PCP refers you to.
- The length of time and number of visits your PCP says you may use the provider's services.

When Do I Need to Get a Referral?

Except in emergency care, if you get services or treatment from a provider outside our network without first getting a referral from your PCP, the Plan will not pay for it.

To see a list of participating providers and specialists, including their location, languages spoken, and availability:

- Visit the Community Health Plan of Washington website at www.chpw.org. Click the Providers tab and then select the type of search you want. To get a printed report or have someone search for you, contact our customer service team.
- Phone the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

You **do not** need your PCP's referral for:

- Emergency services, which also do not require a prior authorization.
- Routine and preventive women's health care services by providers in the Community Health Plan network, regardless of diagnoses.
- Family planning services and sexually transmitted disease screening and treatment services provided at family planning facilities such as Planned Parenthood or your local Public Health Department.
- Immunizations provided by your local Public Health Department.
- HIV screening and tuberculosis screening and follow-up at your local Public Health Department.

For more information about your benefits:

- See "Your Benefits" or visit our website, www.chpw.org.
- Contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

What Is a Prior Authorization?

Community Health Plan must approve some services, supplies, or equipment before the service, supply, or equipment is provided. Community Health Plan must also approve some drugs before you get them.

A *prior authorization* is an approval by Community Health Plan of a procedure or other service on the Prior Authorization List. The Plan decides whether these procedures or services meet the standard of medical necessity. If you get such a procedure or service without a prior authorization from the Plan, the Plan might not pay for it. (See "Medically Necessary.")

When Do I Need to Get a Prior Authorization?

You will need an authorization by Community Health Plan before you get the services listed in the Prior Authorization List. If you get a treatment that is not covered or get a service that requires approval before you get the authorization, the Plan will not pay for it. It is best to talk to your PCP before you get nonemergency services or supplies.

Prior Authorization List

The drugs, equipment, services, and supplies on the Prior Authorization List must be reviewed for medical necessity and approved by Community Health Plan before you get the drugs, equipment, services, or supplies. Otherwise, Community Health Plan will not pay for them. If a service is not listed, it might not be a Community Health Plan covered benefit.

The Prior Authorization List includes many of the common services you might need. It provides a guideline to which services, drugs, supplies, and equipment require a prior authorization, but it might not include every service and every detail about a service. It also can change as state regulations change, as services available from our providers change, and as medicine itself advances.

For more detailed information about a specific service, drug, or equipment:

- See "Your Benefits" or visit our website, www.chpw.org.
- Contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

To see the most current Prior Authorization List:

- Visit the Community Health Plan website, www.chpw.org. Click the Services tab and then select Patient Safety. Click the link to the Prior Authorization List. You can also download a PDF of the list to print and read.
- If you want a printed Prior Authorization List sent to you, please contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Notice of Privacy Practices

The Community Health Plan Notice of Privacy Practices describes how health care information about you may be used and given to others and how you can get this information. The Notice is included in this packet and will be sent to you annually while you are a Medical Care Services member.

Your Rights and Responsibilities

Member Rights

Your right to get information about the organization, its services, its practitioners and providers and member rights and responsibilities. You have a right to:

- Ask for information in writing about your rights and responsibilities.
- Have information about your health care plan and its services explained to you in a way you will understand, and in a different language if necessary.
- Interpreters when you contact Community Health Plan, either by phone or in writing.

- Know the name, title, and qualifications of the practitioners, providers, and staff who care for you.
- Get information in writing about what you must do to see a provider other than your PCP.
- Ask for information in writing about what you must do when you need our okay for health care services.
- Get information in writing about Community Health Plan's structure and operations.
- Get information in writing about how we pay doctors and hospitals. You may also get an explanation of how referrals to specialists affect our payment to providers.
- Get information in writing about if we pay providers extra for certain care (physician incentive programs).
- Ask for information in writing about which medical service you use and showing how we paid for a service.
- Request copies of your medical record and ask for changes when necessary.
- Know that the government has set standards for safe and effective pharmacy services.
- Know what drugs are covered by your insurance.
For more information, ask for a copy of the *Community Health Plan Drug Formulary* by calling the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.
- Get information in writing about how we report how well we do with your care.
We measure our performance using the Healthcare Effectiveness Data Information Set, or HEDIS. You may ask to see the HEDIS data and have someone explain what the information means.

If you want any of this information, call the Community Health Plan customer service team at 1-800-440-1561, Monday – Friday 8:00 am – 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Your right to be treated with respect and recognition of your dignity and right to privacy. You have a right to:

- Be given care and service that go along with your values and beliefs.
- Get services without being discriminated against.
- Have your medical record and information regarding your health care treated confidentially.
- Expect that Community Health Plan will protect your privacy.
- Have your wishes for your future medical care made known to others if you are too sick to let them know. This includes the right to choose a person to make medical decisions for you if you are unable to do so.

You can do this with a living will, a durable power of attorney for health care, or both.

For more information about Community Health Plan privacy practices, see the *Community Health Plan Notice of Privacy Practices*, included in this packet.

Your right to participate with practitioners in making decisions about your health care. You have a right to:

- Provide your written okay to have the medical care.
- Be told how to make your wishes known about future care. That includes the right to choose a person to make medical decisions for you if you are unable to do so.
- Refuse treatment and be told what might happen with your health.
- Refuse to take part in experimental research.

Your right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage. You have a right to:

- Get information about what health care services you can get.
- Get information about other health care options available from Community Health Plan.
- Get information about what you must do when you need an okay for health care services.
- Candidly discuss with your provider the right or medically necessary treatment options for your health condition, including the risks involved, regardless of cost or coverage.
- Get a second opinion from another Community Health Plan of Washington provider, with an okay by your PCP.
- Be able to speak freely about your health care and concerns without any bad results.

Your right to voice complaints or appeals about the organization or the care it provides. You have a right to:

- Tell us your complaints or to appeal decisions about your health care or about Community Health Plan without fear that you may not be able to get care in the future.
- Be told about our grievance process when telling us about your complaints. You also have the right to get an answer to your complaint in a timely manner. For more information, see "Grievances and Appeals."
- Get a copy of our grievance policy. This will tell you how to file an appeal if you disagree with one of our decisions or if you are dissatisfied with your health care.

Your right to make recommendations regarding the organization's member rights and responsibilities policy. You have a right to:

- Recommend changes to Community Health Plan policies and procedures, including the policy about your rights and responsibilities and our policy on advance directives. For information about how to recommend changes, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Your right to safe and timely health care. You have a right to:

- Get care and service in a safe, comfortable, and clean environment.
- Get proper and timely health care, including emergency services, 24 hours a day, seven days a week. For more information, see "Appointment Standards."

Your right to choose your providers. You have a right to:

- Get care from a Community Health Plan provider.
- Choose your primary care clinic, ask for a PCP, or change providers as often as once a month, at any time during the month. (The change will be for the first day of the month after you call to change your doctor.)
- Seek care from a Community Health Plan women's health care provider, without a PCP referral.

Member Responsibilities

Your responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care. You have a responsibility to:

- Give complete and correct facts to your practitioners, providers, and Community Health Plan about your health history, current health status, and changes in your symptoms.
- Let us know if you have a living will or a durable power of attorney for health care.
- Tell us about your suggestions for improvements, concerns, and complaints.

Your responsibility to understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible. You have a responsibility to:

- As much as possible, understand your health problems and work with your providers to create treatment goals you agree on.
- Make informed decisions about treatments and procedures before they are performed.
- Accept the risks of refusing treatment.
- Get permission from your PCP before going to a specialist.

Your responsibility to follow plans and instructions for care that you have agreed to with your practitioners. You have a responsibility to:

- Follow the treatment plans and instructions for care that you and your provider agree on.
- Tell your provider if you do not understand your treatment plan or if you believe you cannot follow through with it.

Your responsibility to treat your providers and staff with respect. You have a responsibility to:

- Treat health care professionals, staff, other members, and the health care provider's property in a kind and respectful manner.
- Make and keep appointments. Tell your PCP if you are going to be late or if you need to cancel an appointment.
- Identify yourself as a member of the Community Health Plan of Washington when you seek care. Carry your identification card with you.
- Get medical services through your PCP, except in an emergency or when your PCP recommends a specialist.
- Call Community Health Plan if you do not understand how your health plan works or if you have questions about your coverage.

- Not engage in fraud or abuse in dealing with Healthy Options or CHIP, Community Health Plan of Washington, your PCP, or other providers.

Note: Your provider's office offers additional rights and responsibilities, which are posted in your health center or clinic.

Grievances and Appeals

As a Community Health Plan of Washington member, you have the right to file a complaint, or an appeal.

You have a right to file an appeal about:

- A complaint resolution.
- A decision that adversely affects your relationship to Community Health Plan or your clinic.
- A denied claim or service.

If you need help, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

Appointing a Personal Representative

You may choose someone to act on your behalf. This person can be anyone, including an attorney or provider. We must have written consent from you allowing this person to represent you before the person can act on your behalf. If you have questions about having an authorized representative, call us at the number listed above.

Complaints

A complaint is anything that you are not happy with except for a denied service or referral for service. If you have a complaint, you can write to us or call us at the number above. We will let you know we got your written complaint within 2 business days of getting it. We will write to you within 14 calendar days with an answer.

Appeals

An appeal is when you do not agree with how we resolved your complaint or if we denied a service or a request for a service. Appeals are confidential. You may ask at any time during the appeal to look at your file and medical records and we will send a copy to you. You may also ask for a copy of the benefit provision, guideline, protocol or other information about how the appeal decision was made.

How to File an Appeal or Complaint

You can file a complaint or appeal in writing, in person, or over the phone by calling us at the number listed above.

Mail your appeal or complaint to:

**Community Health Plan
Attn: Appeals Department
720 Olive Way, Suite 300
Seattle, WA 98101
Fax: (206) 613-8983**

Your appeal must include:

- Your name, address, and phone number
- Your Community Health Plan I.D. number
- The nature of the complaint
- Why you are asking for the appeal
- Anything that will help your case in your complaint or appeal

Expedited (Rush) Appeal

If you or your doctor(s) feel that not getting care right away could cause an emergency or put your life in danger, you can ask for a “rush” or “expedited” appeal. Your doctor will speak with our Medical Director or any other person working on your case. Our Medical Director will decide if your case is a rush appeal. The rush appeal decision will happen as soon as possible but not more than 72 hours from the time we get your request. We will call you or your doctor to let you know we got your request. We will also send a letter within 72 hours from the time we got your request. You may file a complaint if we do not process your rush appeal within 72 hours from the time we got it.

If your request for a rush appeal is denied, your appeal will be answered within 14 calendar days. If not, we will write to you and tell you why we need more time. Our decision will not take longer than 30 calendar days from the date we got your request without your signed consent.

Note: The rush appeal right and related timeframes apply to the whole appeal process.

Standard Appeal

You must file your standard appeal within 180 calendar days from the date of a denial or complaint resolution.

If Community Health Plan tells you we are reducing a service you are currently getting, and you want to keep getting the service during the appeal, you may ask us to pay for those services until one of the following takes place first:

- You use up the number of visits or days approved from the original request.
- The appeal is decided.

Note: If the appeal decision is not in your favor, you will have to pay for the cost of the services you got.

We will let you know we got your appeal within 5 calendar days of getting it. We will look at your case and make a decision. We will have an answer within 14 calendar days of getting your appeal. If not, we will write to you and tell you why we need more time. Our decision will not take longer than 30 calendar days from the date we got your request without your written consent.

If you do not agree with our decision on your first level or rush appeal, you may ask for a second level appeal.

Second Level Appeal

To file a second level appeal, you can:

- Write or call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.
- Mail your written second level appeal to the address listed in "How to File an Appeal or Complaint."

We will let you know we got your appeal within 72 hours of getting it. During the second level review, Community Health Plan of Washington will make sure the person who denied your appeal the first time does not review it the second time. Community Health Plan of Washington will use their Second Level Grievance Committee to review your appeal.

The Grievance Committee is made up of people who were not part of the decision to deny your request the first time. They will review your case and all information you submit. They will make a decision. If you want to come to their meeting or join by phone, call or write us as soon as possible after getting the letter that says we got your appeal. You can ask anyone to be part of the meeting if they can help your case. If someone else is coming in your place, we must have your written consent for them to speak for you.

We will send you an answer within 14 calendar days of getting your appeal. If not, we will write to you and tell you why we need more time. Our decision will not take longer than 30 calendar days from the date we got your request without your written consent.

If you do not agree with the Second Level Grievance Committee's decision, you have the right to ask that an Independent Review Organization (IRO) review your case.

Independent Review

You must ask for the IRO review within 180 calendar days from the date of the committee decision. We can help you file an IRO. If you need help call the number listed above. Send your written request for review of your appeal by an IRO to the address listed above.

The IRO that reviews your case is not a part of Community Health Plan of Washington.

When the IRO makes a decision, they will contact you. They will tell you their decision and the reason for it.

If your health requires that a decision be made quickly, you can ask the review to be “rushed” or expedited. In this case you will get a decision in 72 hours.

Expedited Review by an IRO

You may request a rush review by an IRO. If Community Health Plan of Washington’s Medical Director or your provider thinks the standard IRO timelines could endanger your life or health the IRO must rush its review process and make a decision within 72 hours from the time we got the request.

If Community Health Plan of Washington denies your request for a rush review by an IRO, the IRO will use the same timeframe for standard reviews. We will speak to you about the notice of the denial as fast as we can. We will also send a written notice within 72 hours from the time we got the request.

If you do not agree with the IRO’s decision, you may ask the State of Washington Health Care Authority (HCA) to review your case at a Hearing.

Administrative Hearing

You must do all levels of the Community Health Plan of Washington appeal and the IRO process before asking for a hearing. You can ask for a hearing by:

- Calling your local Community Service Office (CSO) hearing coordinator; or
- Calling the Office of Administrative Hearings (OAH) at 1-800-583-8271; or
- Writing to:

**Office of Administrative Hearings
PO Box 42489
Olympia, WA 98504-2489**

HCA needs to know what was denied, when, and why. You can have someone speak for you. If you ask, the CSO or OAH can give you a list of people that may help you with your case.

You must ask for an Administrative Hearing within 90 calendar days of the date on which Community Health Plan denied your appeal.

If your health requires that a decision be made quickly, you can ask for the hearing to be expedited (rushed). In this case you can receive a decision in 72 hours.

In all levels of the appeal, IRO review, and Administrative Hearing, all decisions related to your appeal are made by persons not involved in the initial determination. All decision makers have credentials for the level of the decision they make.

If you have any questions about any procedure or process in this document, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.

HOW TO GET MORE INFORMATION

You can learn more about Healthy Options/CHIP, about Community Health Plan of Washington, and about how to use your plan.

We send you information:

We send you printed information when you become a member, annually during the time you are a member, and at other times to make sure you get the most out of your health care.

You can request printed information:

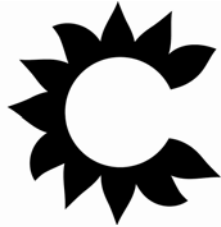
This packet includes a postcard to order printed information about specific topics or a booklet that includes all of your member information. You can get this information anytime you want it.

You can request information in another language or another format:

You can also ask us to translate the information into the language you prefer to read. If your vision is impaired or you have difficulty reading, we can read the information to you.

To get more information about your plan:

- The *How to Find Important Information* list in this package tells you how to find the information online or get a printed copy sent to you.
- To find a provider, pharmacy, clinic, or hospital, visit the Community Health Plan of Washington website at www.chpw.org. Click the Providers tab and select the type of search you want. To get a printed report or have someone search for you, contact our customer service team. (Contact information below.)
- You can also search our formulary (approved drug list) to find out if your prescription is covered. Visit our website, www.chpw.org. Click the Providers tab and select Formulary Search. To get a printed report or have someone search for you, please contact our customer service team. (Contact information below.)
- Contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8:00 am to 5:00 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.



**COMMUNITY
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