

How Community Health Plan Manages Your Care

Medical Care Services
with Community Health Plan of Washington

Including:

Care Management

Case Management

Disease Management

Behavioral Health Care Management

Utilization Management

- What does "medically necessary" mean?
- How we decide which new technology to cover
- No financial incentives to provide less care

Member Review and Intervention Program (MRIP)

Quality Improvement Program

How to Get More Information

UPDATED December 9, 2011

Contact Information

Medical Care Services 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

Medical Care Services (Medicaid)

Web hrsa.dshs.wa.gov/mcs/index.shtml

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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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:

- "Case management"
- "Disease management"
- "Behavioral health management"
- "Utilization management"
- "Member Review and Intervention Program (MRIP)"

For more information about quality improvement, see:

- "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 customer care@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 customer care@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).

For more information about behavioral or mental health services, see these topics online (chpw.org) under "Getting Care" or ask Customer Service to send you information:

- Outpatient mental health services
- Substance abuse treatment

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 customercare@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 customercare@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.

HOW TO GET MORE INFORMATION

You can learn more about Medical Care Services, 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:

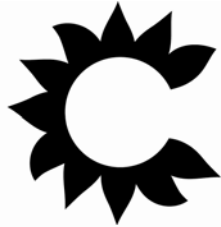
This packet includes a postcard to order printed information about specific topics or a booklet that includes all of your member information. You can get this information anytime you want it.

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* sheet enclosed in this package lists information available to you and tells you how to find the information 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 customer care@chpw.org. If you are hearing or speech impaired, please call TTY Relay: Dial 7-1-1.



**COMMUNITY
HEALTH PLAN**
of Washington™

Committed to your health.™

