

PRE-EXISTING CONDITION OVERVIEW FOR CLINIC STAFF – July 2010

What is a Pre-Existing Condition

The Basic Health and Washington Health Program product lines have a nine-month Pre-Existing Condition (PEC) waiting period requirement. Under this restriction, services are subject to PEC, except:

- Maternity care
- Prescription drugs as defined in “Pharmacy Benefit”
- Oxygen
- Emergency services – Emergency Department and ambulance
- Preventative services – Immunizations and EPSDT exams, Routine Diagnostic exams
- Routine diabetic care

According to the 2010 Basic Health and Washington Health Program Member Handbooks:

“A preexisting condition is defined as any illness, injury, or condition for which, in the six months immediately preceding a member’s effective date of enrollment in Basic Health:

- *Treatment, consultation, or a diagnostic test was recommended for or received by the member; or*
- *Medication was prescribed or recommended for the member; or*
- *Symptoms existed which would ordinarily cause a reasonably prudent individual to seek medical diagnosis, care or treatment.”*

How is the benefit administered?

Community Health Plan of Washington is committed to administering the PEC benefit as comprehensively and consistently as possible. To that end, we make determinations at several points in our Utilization Management processes:

1. Prior Authorization requests
2. Hospital Notifications
3. Claims
4. Individual requests by member or provider.

Although these efforts are extensive, we realize that they are ‘down stream’ efforts and often occur after services have been rendered. We believe the members would be better served if they know as early as possible if the benefit exclusion applies to them. It is important that this information be available so the member can make informed decisions about care.

How can we work together to help inform our patients sooner?

Currently, the Health Care Authority provides information about the PEC waiting period during the enrollment process. Each member receives in their Community Health Plan Welcome Packet information about the PEC waiting period as well as a form that can be returned to let Community Health Plan know if there was previous health care coverage which may decrease

the waiting period. We would like to partner as much as possible with PCP clinics to help identify members as early as possible when they access primary care. This goal is supported in a number of ways:

- Referral process – Certified Centers are provided training for how to determine creditable coverage and how to identify potential pre-existing conditions. We would like to propose that this training be made available to all PCP clinics.

↳ ***Best Practice***

Many Community Health Centers provide written notification to the member at the time a referral for specialty care is made. This notification lets the member know their condition may be subject to PEC.

- New member enrollment roster – Identifies the Basic Health and Washington Health Program enrollment dates so that Clinic staff may more accurately determine the length of the PEC waiting period.
- Individual determinations – If a clinic is uncertain about whether a condition is a PEC, or whether previous insurance would be counted toward creditable coverage, an individual review may be done.

What support can Community Health Plan give to better partner this process with PCP Clinics?

Attached are some informational aids that can be shared with referral and clinic staff. We recognize this information might be new for many Community Health Centers and we will need to work with each one to determine how your individual needs may be met. We are sure that there are clinic processes that we do not know about but, by joining forces we can leverage resources to better serve your patients and our members.

Community Health Plan of Washington Pre-Existing Condition Determination Tips

Basic Health and Washington Health Program members may be subject to a nine-month pre-existing condition (PEC) period. The PEC waiting period determination takes two steps:

1. Is there creditable coverage that can be applied toward the waiting period?
2. Does the clinical condition meet the definition of pre-existing?



How long is the waiting period?

Simple equation: The waiting period is nine months from the first day the member becomes eligible with Community Health Plan. For example, if the member's Community Health Plan coverage started on 1/1/10, the waiting period ends 9/30/10.

Harder: You may call the Health Care Authority directly to see when the member submitted his/her application and to see if they were put on a waiting list. An amount of time a member is on a waiting list may be credited toward the PEC waiting period.

Remember: If the member had health care coverage before Community Health Plan, then some or all of that coverage may be counted toward the waiting period. If you notify Community Health Plan about previous coverage we will do the calculation.



Clinical determinations for PEC are based on review of clinical information from the six months before eligibility with Community Health Plan. Clinical decisions for PEC are made by asking the following questions:

1. Did the patient have an established diagnosis for the condition within the clinical lookback period (six months prior to eligibility)?
Yes → Then the condition is pre-existing
No → Go to question 2
2. Did the patient take any medication for the condition within the clinical lookback period?
Yes → Then the condition is pre-existing
No → Go to question 3
3. Did the patient see a provider for **SYMPTOMS** of the condition within the clinical lookback period?
Yes → Then the condition is pre-existing
No → Go to question 4
4. Did the patient have **SYMPTOMS** of the condition within the clinical lookback period?
Yes → Then the condition is pre-existing
No → Then the condition is not pre-existing



If you are still not certain whether a condition would be pre-existing you can let us know and we'll do an individual review. The best way to notify us is to use the attached form – this form let's us know what research you have already done and what questions still need to be answered.

This form may also be used to let us know if you have discovered your patient has a condition that is pre-existing. You can also let us know if your patient's condition is NOT PEC – we will flag the patient's account so claims will be paid appropriately.

You can also contact us by calling Community Health Plan Customer Service at 1-800-440-1561 and leave your name and telephone number for one of the PEC team to call back.

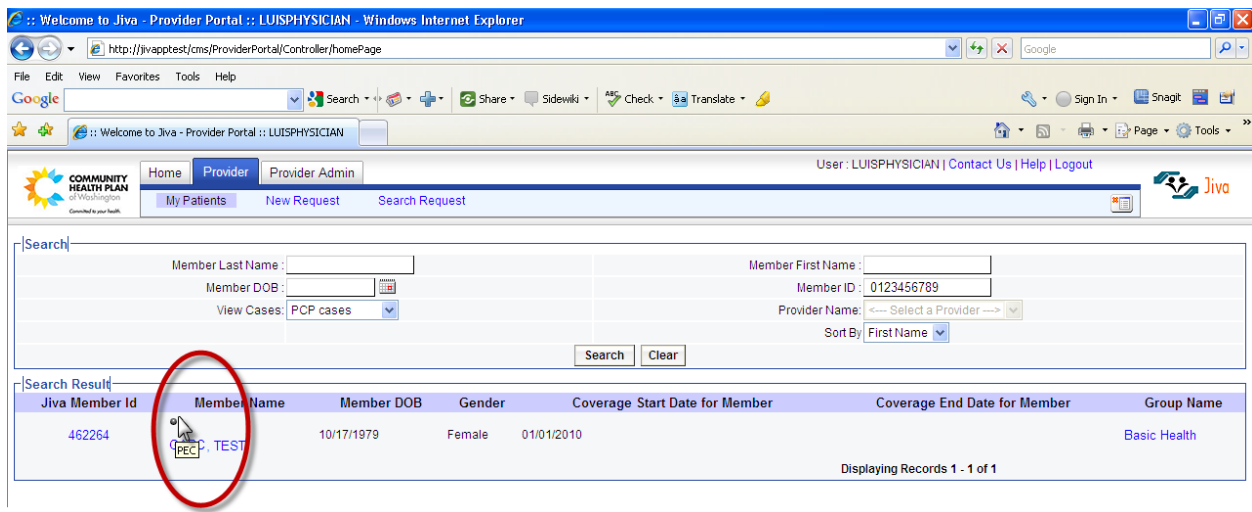


How can you tell whether Community Health Plan has reviewed a member/condition? The Care Management Provider Portal users can view information about PEC determination online (see screen prints below). If you do not have access to the Care Management Provider Portal yet, please register to do so. The same information is available however if you call Community Health Plan Customer Service Department at 800-440-1561.



Viewing the PEC "Tag" within the Care Management Provider Portal (<https://jiva.chpw.org>)

If a patient's eligibility with Community Health is greater than nine (9) months, the member will NOT be subject to PEC Review. To check whether a diagnosis has been reviewed and a determination made, log into the Care Management Provider Portal. Click the **Provider** tab and then click the **My Patients** link. Enter the patient's Member ID, select the applicable **View Cases** option, and then click **Search**. If a small, gray dot displays above the patient's name, the patient is has an open PEC review episode. As you "hover" your mouse over the gray dot, a small "PEC" tag appears.

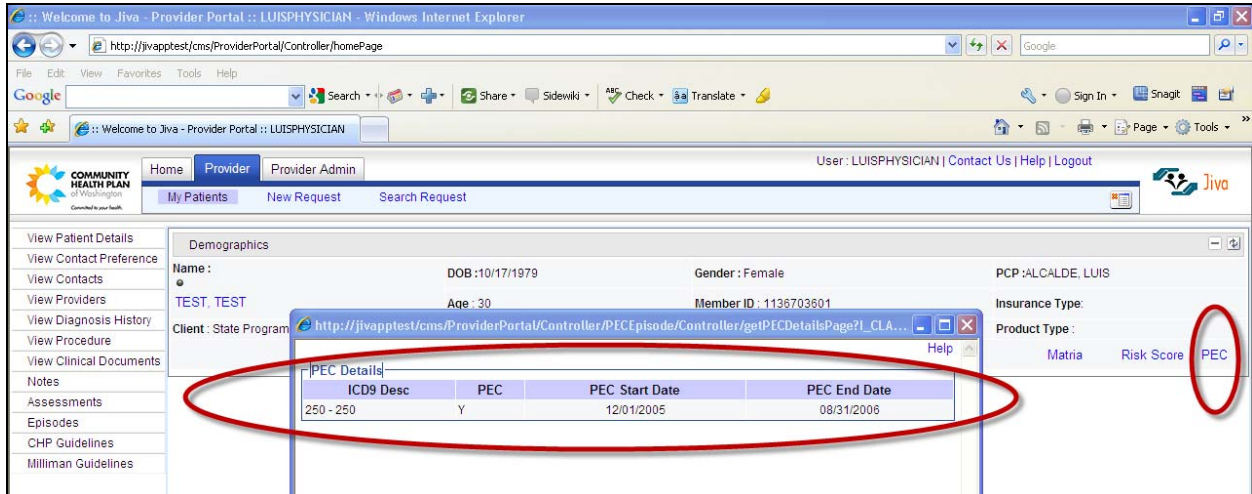


The screenshot shows the Jiva Provider Portal interface. The search results table contains the following data:

Jiva Member Id	Member Name	Member DOB	Gender	Coverage Start Date for Member	Coverage End Date for Member	Group Name
462264	TEST	10/17/1979	Female	01/01/2010		Basic Health

At the bottom of the page, it says "Displaying Records 1 - 1 of 1".

To view the member's PEC details, click the blue hyperlink in the **Jiva Member Id** column (to the left of the gray dot). Click the **PEC** link. The **PEC Details** window appears.



Demographics

Name :
 DOB : 10/17/1979
 Gender : Female
 PCP : ALCALDE, LUIS

Age : 30
 Member ID : 1136703601
 Insurance Type :
 Product Type :

Client : State Program
 Matria
 Risk Score
 PEC

ICD9 Desc	PEC	PEC Start Date	PEC End Date
250 - 250	Y	12/01/2005	08/31/2006

- If no “PEC” tag appears for the patient, then no diagnoses have been reviewed for PEC and all claims will pend for review.
- The PEC details screen indicates the diagnosis codes that have been reviewed and whether the diagnosis is PEC “Y”, “N” or “U”
 - If the PEC is “Y”, claims will deny because of a pre-existing condition has been determined.
 - If the PEC is “N”, claims will process because the diagnosis is not pre-existing.
 - If the PEC is “U”, the claims will continue to pend as the pre-existing determination has not yet been made.

Notification of Possible Pre-Existing Condition



COMMUNITY HEALTH PLAN
of Washington

Committed to your health.

Purpose: A form that provides a way for providers to share previous coverage and clinical information so that Pre-Existing Condition (PEC) status can be documented at Community Health Plan.

NOTE – this is not a referral or a pre-authorization process

- Instructions:**
- 1) Perform PEC research as per your clinic’s usual process.
 - 2) If member is subject to PEC waiting period, complete this form and send it, along with supporting documentation, to Community Health Plan

Fax: Community Health Plan of Washington
Attn: Medical Management
206.613.8873

Mail: Community Health Plan of Washington
Attn: Medical Management
720 Olive Way, Suite 300
Seattle, WA 98101-9619

- 3) Community Health Plan staff will review the clinical information and document PEC determinations for accurate claims processing due to Pre-existing conditions

Clinic Information

Clinic Name: _____ Contact name _____ Phone _____ Date: _____

Patient Information

Name (print first and last name)	Member ID # _____	Eligibility date _____
Date of Birth	<input type="checkbox"/> BHP-Sub _____	_____
	<input type="checkbox"/> BHP-HCTC _____	_____
	<input type="checkbox"/> WHP _____	_____

Creditable Coverage Research PEC end date: _____

Basic Health /Washington Health Program information (obtained from HCA) Name of HCA representative: _____
Date of call to HCA: _____
Application Date: _____ Delayed enrollment? no yes # Months credit _____
Processed Date: _____ Managed enrollment? no yes # Months credit _____

Other health care coverage before Community Health Plan? **(please verify with pt before submitting the form)** no yes
If yes, attach Certificate of Coverage (COC). If COC not available provide name and phone number of previous carrier:

Clinical Information **We’re not certain about these conditions – please review**

These conditions are PEC: _____
These conditions are not PEC: _____
Any other information you would like Community Health Plan to know: _____

Enclosed Documentation

- Certificate of Coverage from previous health insurance
- Clinical information (please provide ALL available clinical information – including specialist’s notes - from 6 months prior to Community Health Plan’s eligibility date to today’s date)
- Other (please specify) _____

Confidential Health Information Enclosed

Health Care Information is personal and sensitive information related to a person’s health care. It is being faxed to you after appropriate authorization from the member/patient or under circumstances that doesn’t require member/patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional member/patient consent, or as permitted by law, is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.