

PRE-EXISTING CONDITION OVERVIEW FOR CLINIC STAFF

What is a Pre-Existing Condition

The Basic Health product line has a nine-month Pre-Existing Condition (PEC) waiting period requirement. Under this restriction, all services are subject to PEC, except:

- OB / maternity care
- Oxygen
- Emergency services – Emergency Department and ambulance
- Preventative services – Immunizations and EPSDT exams, Routine Diagnostic exams
- Medications

According to the 2007 Basic Health Member Handbook,

“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 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 Basic Health 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 CHP Welcome Packet information about the PEC waiting period as well as a form that can be returned to let CHP know if there was previous health care coverage which may decrease the waiting period. CHP 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 CHCs 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.

- Claims report – A bi-weekly report that lists all the claims that have been suspended for PEC review.
- New member enrollment roster – Identifies the Basic Health enrollment date 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 PEC, or whether previous insurance would be counted toward creditable coverage, an individual review may be done.

What support can CHP 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 CHCs 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. If you would like to schedule an in-service, please contact Georgette Cortel at 206-613-8993 or email at Georgette.Cortel@chpw.org.

Community Health Plan

Pre-Existing Condition Determination Tip Sheet

Basic Health members may be subject to a nine-month pre-existing condition (PEC) period. The PEC waiting period determination takes two steps – first to see if there is creditable coverage that can be applied toward the waiting period, and second is to see if the clinical condition meets the definition for 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 CHP. For example, if the member's CHP coverage started on 1/1/07, the waiting period ends 9/30/07.

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. The amount of time a member is on a waiting list can be credited toward the PEC waiting period. CHP can provide training about who to call, the questions to ask, and how to let us know what you find out.

Remember: If the member had health care coverage before CHP, then some or all of that coverage can be counted toward the waiting period. If you notify CHP 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?
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 at CHP. 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.

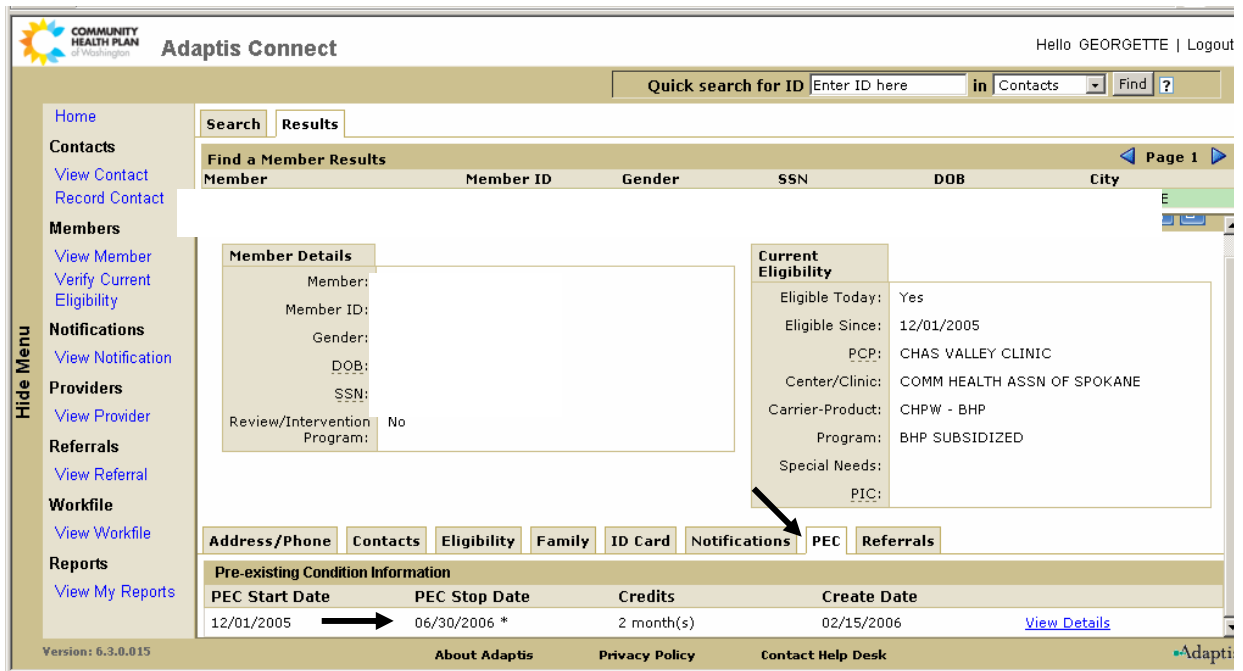
This form may also be used to let us know if you have discovered your patient has a condition that is pre-existing. You can also let us know if your patient's condition is NOT PEC – we will flag the patient's account so claims will be paid appropriately.

You can also contact us by calling CHP 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 CHP has reviewed a member/condition? Adaptis Connect users can view information about PEC determination (see screen prints below). If you do not have access to Adaptis Connect, the same information is available if you call Community Health Plan Customer Service (800-440-1561).

PEC end date



The screenshot displays the Adaptis Connect interface for a user named GEORGETTE. The main content area shows 'Find a Member Results' with a table of member information. Below this, there are two detailed panels: 'Member Details' and 'Current Eligibility'. The 'Current Eligibility' panel includes fields for 'Eligible Today', 'Eligible Since', 'PCP', 'Center/Clinic', 'Carrier-Product', 'Program', 'Special Needs', and 'PIC'. A black arrow points from the 'Current Eligibility' panel to the 'PEC' tab in the 'Pre-existing Condition Information' section. This section contains a table with columns for 'PEC Start Date', 'PEC Stop Date', 'Credits', and 'Create Date'. The 'PEC Stop Date' is highlighted with a black arrow pointing to the value '06/30/2006 *'.

PEC Start Date	PEC Stop Date	Credits	Create Date
12/01/2005	06/30/2006 *	2 month(s)	02/15/2006

Information about credits given for previous coverage

PEC Period Details						
Creditable Coverage		DX Codes				
Pre-existing Condition Creditable Coverage Information						
Creditable Coverage Reason	OHI Plan Name	OHI Effective Date	OHI Term Date	OHI Verification Method	Creditable Coverage Months	Create Date
Delayed Enrollment/Wait List				Health Care Administration	2 month(s)	02/15/2006

Diagnosis codes

PEC Period Details			
Creditable Coverage		DX Codes	
Pre-existing Diagnosis Code Information			
From DX Code	To DX Code	Subject to PEC	Create Date
724.2	724.2	Yes	02/15/2006



Questions about PEC determination??????? Please contact Georgette Cortel
Utilization Manager, CHP
206-613-8993
georgette.cortel@chpw.org



COMMUNITY HEALTH PLAN
of Washington

Committed to your health.

Notification of Possible Pre-existing Condition



Purpose: A form that provides a way for CHNW clinics to share previous coverage and clinical information so that Pre-Existing Condition (PEC) status can be documented at CHP.
 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 CHP
 Fax: Community Health Plan Attn: Medical Management 206.613.8873
 Mail: Community Health Plan Attn: Medical Management 720 Olive Way, Suite 300 Seattle, WA 98101-9619
 - 3) CHP staff will review the clinical information and document PEC determination in the claims payment system so claims will not pay for conditions that are PEC

Clinic Information

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

Patient Information

Name (print first and last name)	Date of Birth	Basic Health Program / CHP ID # / CHP eligibility date
		<input type="checkbox"/> BHP-Sub _____
		<input type="checkbox"/> BHP-HCTC _____

Creditable Coverage Research **PEC end date:** _____

Basic Health 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 CHP? **(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 CHP to know: _____

Enclosed Documentation

- Certificate of Coverage from previous health insurance
- Chart notes (please provide ALL available notes – including specialist's notes - from 6 months prior to CHP 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.