



**COMMUNITY HEALTH PLAN**  
of Washington™

*Committed to your health.™*



# Washington Health Program

An introduction to the new Basic Health product  
offered by the Washington Health Care Authority  
through Community Health Plan

David Kinard, M. Ed, PCM

Director of Marketing, Communication, and Enrollment Growth

Community Health Plan of Washington

[David.Kinard@chpw.org](mailto:David.Kinard@chpw.org) 206-613-8949

# Overview

The Washington Health Program is a new product offered by the Washington State Health Care Authority (HCA). This new product offers financial and medical peace of mind for Washington residents – more than 100,000 of which are on the wait list for the state’s Basic Health program.



- This new program **fills the gap** for many who need insurance today and can’t wait for health care reform in 2014.
- WHP provides **an affordable alternative** to the high-priced private insurance plans available on the individual market
- WHP provides uninsured people in our state a short-term bridge until comprehensive coverage becomes available under health care reform, keeping tens of thousands of families out of medical and financial jeopardy.
- Community Health Plan is the **exclusive insurer** of the Washington Health Program.
- Coverage begins **July 1, 2010**

# WHP - Eligibility

- Who is Eligible:
  - Washington state residents
  - Not eligible for free/purchased Medicare
  - Not receiving subsidized BH or DSHS
  - Not confined to an institution
  - Complete/pass Standard Health Questionnaire (SHQ)
- **Note: there is no citizenship requirement for this program.**
- Based on an applicant's responses to the Standard Health Questionnaire, the Health Care Authority will determine their eligibility for either Washington Health or the High Risk Pool. The High Risk Pool offers a greater range of benefits for those with chronic and expensive needs that would not be met through the new Washington Health Program. More information is available from [www.wship.org](http://www.wship.org).

# WHP - Enrollment

- There is no limit to how many people can enroll in the program (there is no wait list).
- Applicants are enrolled on a first-come, first-served basis. Application is made through the Health Care Authority.
  - Online resources available at [www.washingtonhealth.hca.wa.gov](http://www.washingtonhealth.hca.wa.gov) include:
    - Enrollment application
    - The Standard Health Questionnaire
    - An Application Guide
    - Premium Calculator
- Enrollment is open now; coverage begins 7/1/10
- Enrollment period for 2010 runs July through December. A new enrollment period begins January 2011 and runs the calendar year.

# WHP – Benefits & Premiums

- **2 programs available:**
  - **Health 75** (\$75K maximum benefit coverage per year)
  - **Health 100** (\$100K maximum benefit coverage per year)
  - Premiums based on where an applicant lives, their age, tobacco use, and which program they choose.
  - Benefit year is through December 2010, everything resets for 2011.
- **Benefits:**
  - Routine office visits & immunizations
  - Nurse advice line
  - Prescription drugs
  - Maternity
  - Chronic illness help
  - Pre-existing condition look-back period is six months
  - Preventive screenings
  - ER and Hospital Care
  - Diagnostic Imaging/Labs
  - Dependents to age 26
- It is estimated that a 35-year-old will pay \$125-183
  - Premium calculator is online at <http://www.washingtonhealth.hca.wa.gov/rates.html>

# WHP – Benefits & Coverage *(see Certificate of Coverage for details)*

- **Other Benefit Info:**

- Disenrollment and re-enrollment restarts the Maternity deductible and there is no grace period.
- The OOP max applies to all services received in that specific network. There is no crossover.
- The ER copay is for the facility charge. All other services are subject to coinsurance and deductibles.
- There is no benefit or deductible crossover between Basic Health and Washington Health.
- Referrals are not needed for participating providers.
- Disenrollment and PECs/Deductibles: One month grace before reset; no more than two breaks in any given year.
- No dental or vision coverage.
- Newborns covered up to 21 days; then need to add to plan through HCA.
- 6 month look-back period for prior existing conditions, 9 month wait period for coverage; continuous coverage credit may/may not apply.

# WHP – Benefit Grid *(see info in Application Guide or online)*

| MEDICAL PLAN (Per Calendar Year)                                   |   |  |   |
|--|---|--|---|
| Covered Benefit  | CATEGORY 1<br>In-Network<br>Community Health<br>Plan Clinic and<br>Affiliates | CATEGORY 2<br>Out-of-Network                   | Description   |
| Annual Benefit Limit   | Health 75 - \$75,000<br>Health 100 - \$100,000                                | Health 75 - \$75,000<br>Health 100 - \$100,000 | Total maximum amount the plan will pay per person in any calendar year  |
| Annual Deductible  | \$500 per member/<br>\$1,500 per family                                       | \$1,000 per member/<br>\$3,000 per family      | The amount you pay every year before the plan pays for covered services |
| Coinsurance  | 30%   | 50%  | Percentage of allowed charges you pay after you meet the deductible     |
| Annual Out-of-Pocket Maximum<br><i>(Deductible does not apply)</i> | \$3,000 per member/<br>\$9,000 per family                                     | \$5,000 per member/<br>\$15,000 per family     | The set limit after which your plan pays 100% of the allowable charge   |

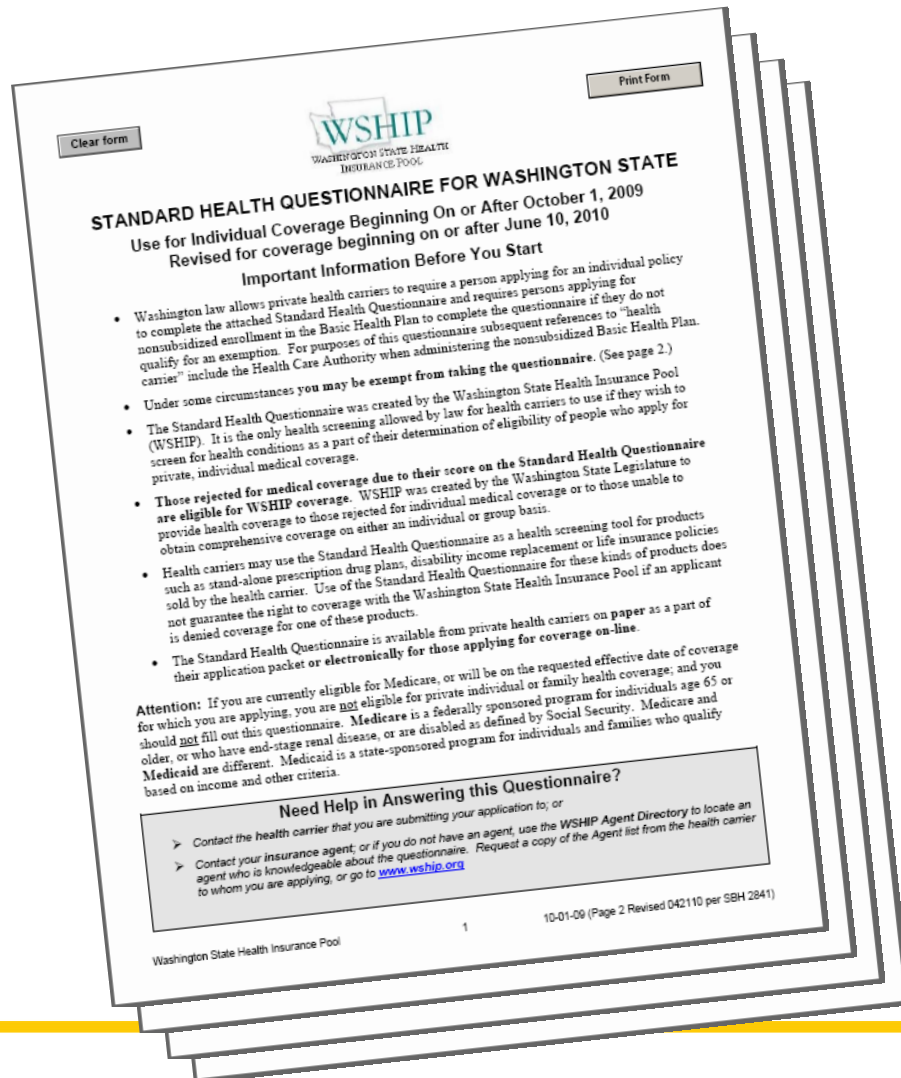
# WHP – Benefit Grid *(see info in Application Guide or online)*

| COVERED SERVICES (For Both Annual Benefit Limits of \$75,000 or \$100,000) |                      |                            |   |
|--|----------------------|----------------------------|---|
| Preventive Care*   | Covered in full      | Deductible, then 50%       | Includes preventative immunizations, medical exams, sports physicals, women's health, well baby exams |
| Preventive Screenings*   | Covered in full      | Deductible, then 50%       | PAP smear, PSA testing, colorectal cancer screening, cholesterol screening, bone density testing      |
| Ambulance Transportation   | Deductible, then 30% | Administered as Category 1 | Includes transport to the nearest facility equipped to provide appropriate care                       |
| Chemical Dependency**  | Deductible, then 30% | Deductible, then 50%       | Diagnostic evaluation and education, organized individual and group counseling                        |
| Diagnostic Imaging and Laboratory Services                                 | Deductible, then 30% | Deductible, then 50%       | Includes x-rays, ultrasounds, CAT scans, MRIs, lab tests, and interpretations                         |
| Durable Medical Equipment  | Deductible, then 30% | Deductible, then 50%       | Includes orthotics, prosthetics, and related supplies   |
| Emergency Room***  | \$100 copay/visit    | \$100 copay/visit          | Includes the services of the facility and supplies  |
| Home Health Care, Hospice  | Deductible, then 30% | Deductible, then 50%       | Specialized care services administered inpatient and outpatient                                       |

**COVERED SERVICES (For Both Annual Benefit Limits of \$75,000 or \$100,000)**

|  | <b>CATEGORY 1<br/>In-Network<br/>Community Health<br/>Plan Clinic and<br/>Affiliates</b> | <b>CATEGORY 2<br/>Out-of-Network</b>                                 | <b>Description</b>   |
|--|--|--|--|
| <b>Hospital Care</b>                         | Deductible, then 30%   | Deductible, then 50%   | Hospital room and board, surgery, anesthesia, intensive and coronary care, laboratory tests, radiology services, drugs while in hospital |
| <b>Mammograms</b>                            | Covered in full  | Deductible, then 50%   | Radiological procedure and explanation of results once every 12 months   |
| <b>Maternity Services<sup>+</sup></b>        | \$5,000 Deductible, and 30% coinsurance  | \$5,000 Deductible, and 50% coinsurance                              | Delivery and associated hospital care  |
| <b>Mental Health<sup>++</sup></b>            | Deductible, then 30%   | Deductible, then 50%   | Individual and family counseling   |
| <b>Office Visits (Including Urgent Care)</b> | Clinic - \$10 copay<br>Affiliate - Deductible, then 30%                                  | Deductible, then 50%   | Includes examination, consultation, evaluation, and treatment plan   |
| <b>Organ Transplants<sup>+++</sup></b>       | Deductible, then 30%   | Deductible, then 50%   | Professional and facility fees, diagnostic tests and exams, surgery, and follow-up care  |
| <b>Prescription Drugs</b>                    | Tier 1 (generic): \$10<br>Tier 2 (brand name and non-formulary): 50%                     | Tier 1 (generic): \$20<br>Tier 2 (brand name and non-formulary): 50% | Drugs and medicine requiring a prescription including injectibles, contraceptive drugs, devices, and supplies                            |
| <b>Rehabilitation<sup>^</sup></b>            | Deductible, then 30%   | Deductible, then 50%   | Includes physical, occupational, and chiropractic services   |
| <b>Skilled Nursing Facility</b>              | Deductible, then 30%   | Deductible, then 50%   | Includes room and board, ancillaries, and professional fees  |

# WHP – Standard Health Questionnaire



- Every applicant must complete a SHQ.
  - There are 9 classifications of exempt people who do NOT need to complete the SHQ. Complete online or in paper form.
- The SHQ is 26 pages long, available in English only.
- Completed and submitted SHQs are valid for 90-days.
- If denied coverage, the individual has 90-days from notice of rejection to apply for coverage with WSHIP.
- Scores are open to appeal via HCA.

# Provider Network

Members have the option to choose a provider within the existing Community Health Plan network, or go outside the network to another provider. Cost-sharing varies based on preferred/non-preferred network provider encounters.

- Community Health Plan is offering preferred network coverage via the existing Basic Health provider network and our Community Health Centers.
  - Providers were notified of this product-line extension on May 4, 2010.
- This program is intended for people who cannot afford to purchase insurance on the private market
- Providers (primary care and specialists) within the Plan's network cost less than seeing someone outside of network
  - More than 2000 providers across Washington, in almost 500 primary care centers, will provide care to Washington Health Program members. Community health centers (CHCs) will continue to treat many of these individuals.

# Marketing

By contract, the Health Care Authority is a primary driver of the marketing and communications for this program.

- HCA mailed postcards to Basic Health wait list names on May 14, 2010 (exhibit A).
- HCA has produced a marketing brochure for use as their primary marketing piece (exhibit B).
- HCA and Community Health Plan are in collaboration and discussion on other forms of marketing including events, transit advertising, media relations.
- Community Health Plan will work internally to build awareness of the program and educate potential members, providers, and key stakeholders via it's own marketing channels.
  - Community events, Community Health Centers, promotional materials, phone calls, media relations, etc.

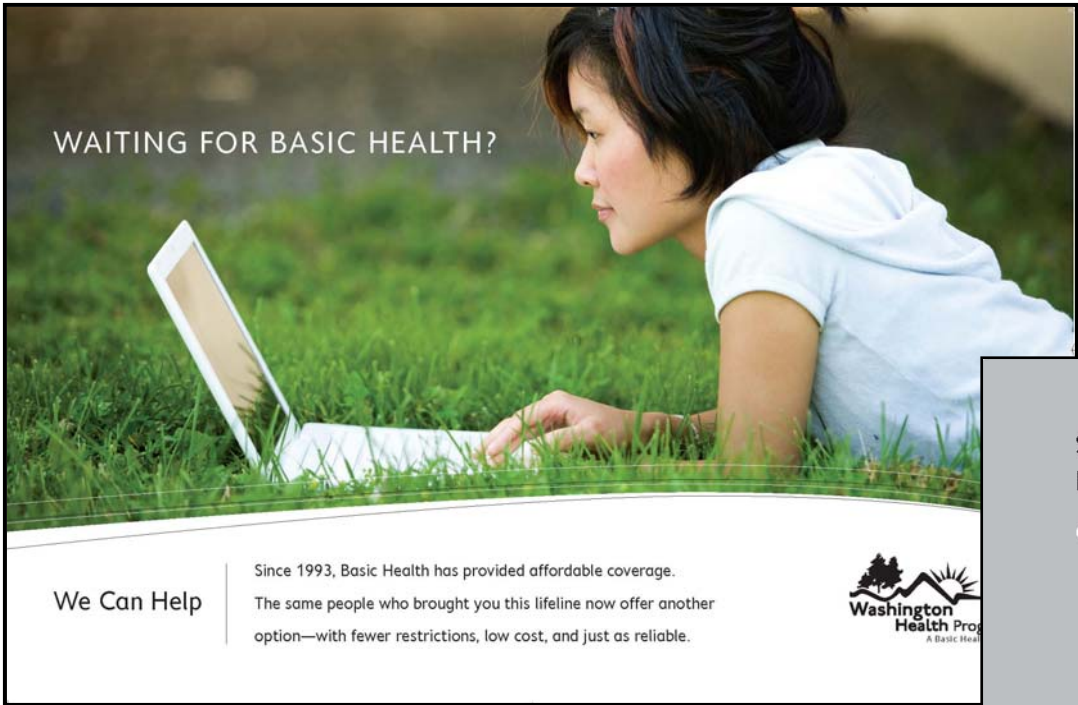
# Online Information

## Community Health Plan

- Program Info:
  - <http://www.chpw.org/our-products/washington-health-program/>
- Provider Directory:
  - <http://www.chpw.org/our-providers/provider-hospital-clinic-search/>
- Customer Service: 1-800-440-1561 or TTY at 1-866-816-2479

## Health Care Authority

- Program Info:
  - <http://www.washingtonhealth.hca.wa.gov>
- Order Materials
  - <http://www.washingtonhealth.hca.wa.gov/partners.html>
- Customer Service: 1-800-660-9840 or TTY 1-888-923-5622.



# Exhibit A

SIMILAR BENEFITS AS BASIC HEALTH, FAMILY AND INDIVIDUAL COVERAGE

COST AS LOW AS \$100 A MONTH

- DOCTOR VISIT AS LOW AS \$10
- FREE PREVENTIVE CARE
- EMERGENCY ROOM CHARGE ONLY \$100
- PRESCRIPTIONS AS LOW AS \$10
- ANNUAL DEDUCTIBLE AS LOW AS \$500

Visit our website to enroll today:  
[www.washingtonhealth.hca.wa.gov](http://www.washingtonhealth.hca.wa.gov)

Or call and speak to us:  
1-800-660-9840

Washington Health Program  
A Basic Health Plan

Mid-May, HCA mailed this postcard to those on the BH wait list.

# Exhibit B

HCA produced this brochure for the WHP.

## Washington Health Program

Since 1993, Basic Health has provided affordable coverage. The same people who brought you this lifeline now offer another option—with fewer restrictions, low cost, and just as reliable.

Washington Health means good, reliable basic coverage to keep you healthy and when you are sick or injured, get you back to enjoying your life. It is coverage when you need it and at a cost you won't dread every month. Staying healthy shouldn't be a difficult choice.

### What is in it for you?

- Keeping you healthy through free preventive care
- Improving your quality of life in managing chronic disease like diabetes
- Protecting you from the unexpected with urgent care and hospitalization benefits
- Providing you peace of mind with low monthly premiums

### Two Types of Coverage

Most people need less than \$100,000 in health coverage every year. If you are healthy, active, and looking for basic health services like office visits, x-rays, and prescriptions why pay more for what you don't need?

- Health 75—is a coverage option which offers \$75,000 in annual benefits
- Health 100—is a coverage option which gives you \$100,000 in annual benefits, for those who want just a little more added protection

Both Health 75 and Health 100 offer the same great benefits at one affordable monthly cost.

- Free preventive care
- Office visits as low as \$10
- Emergency room visits for as little as \$100
- Annual deductibles as low as \$500

Find out if you qualify for Washington Health coverage today. Call us at 1-800-660-9840 or visit our website at [www.washingtonhealth.hca.wa.gov](http://www.washingtonhealth.hca.wa.gov)

as \$10

*Are you one of the million in Washington without health insurance coverage?*

*We can help*

*If you are a Washington state resident and not eligible for Medicare, you may be eligible for Washington Health.*

**Washington Health Program**  
A Basic Health Plan

Administered by the Washington State Health Care Authority

To obtain this document in another format, call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701.

HCA 27-101 (5/10)



# Key Contacts

For more information, contact:

## Community Health Plan

- Customer Service: 1-800-440-1561 or TTY at 1-866-816-2479

## Health Care Authority

- Customer Service: 1-800-660-9840 or TTY 1-888-923-5622.

### Community Health Center Contact

Denise Cesta  
Marketing Program Manager  
Community Health Plan of Washington  
[denise.cesta@chpw.org](mailto:denise.cesta@chpw.org)  
206-515-7968

### Community Organization Contact

Mallory Lisk  
Marketing Program Manager  
Community Health Plan of Washington  
[mallory.lisk@chpw.org](mailto:mallory.lisk@chpw.org)  
206-515-7964

# Questions?

