

BASIC HEALTH 2010 ANNUAL MAILING SUPPLEMENTAL INFORMATION

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To Change Your Address

If you move, please inform both Community Health Plan and the Washington State Health Care Authority.

To change your address or other family information with Community Health Plan, please call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

To change your contact information with the Washington State Health Care Authority:

- Call 1-800-660-9840. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.
- Download a Change of Address form (www.basicealth.hca.wa.gov/forms).

WorldDoc 24/7 Health Management

As a Basic Health member, you have access to WorldDoc 24/7, a personal web-based health management system to help you manage and maintain your health.

When you enroll in WorldDoc, you will have access to a set of tools and information:

- Health Risk Assessment (HRA) is a tool to examine your overall health and set your personal goals.
- Personal Evaluation System (PES) provides access to information about thousands of common medical conditions and treatments.
- My Health Files helps you keep track of your health history and your WorldDoc evaluations.
- Medical Library offers resources to research a disease or prepare for a test.
- Health Helpers include handy tools such as calculators and health tracking tools.
- Pharmacy helps you compare and learn about medications.
- News, forum, and communications keep you in touch.

To enroll:

Use this direct link: <https://www.worlddoc.com/chpw>

OR

1. On <http://www.chpw.org>, click the Our Products tab and select Basic Health or Washington Health Program from the dropdown menu.
2. Click the box labeled "World Doc" at the top right of the screen.

Important note: Nothing can replace the knowledge and experience of your primary care provider. WorldDoc is a tool to help you become an active and informed participant in your health care.

Your Basic Health Benefits

The benefit information in the following section is more detailed and in a different format than the benefit information in the Washington State *2010 Basic Health Member Handbook* and the Community Health Plan *2010 Basic Health Medical Benefits Summary*.

Benefits and Services Not Subject to Deductible and Coinsurance

The \$250 annual deductible and \$1,500 out-of-pocket maximum per person, per calendar year **do not** apply to the following benefits and services.

Benefit/service	Member's payment responsibility	Notes
Preventive care	No copay	Includes routine physicals, immunizations, PAP tests, mammograms, and other screening and testing when provided as part of the preventive care visit.
Office visits	\$15 copay	Copay is for office visit only and includes consultations, mental health and chemical dependency outpatient visits, office-based surgeries, and follow-up visits. Copays do not apply to preventive care, laboratory, radiology services, radiation, and chemotherapy. Some services will be subject to coinsurance.
Pharmacy*		30-day supply
Tier 1	\$10 copay (or cost of drug, whichever is less)	Tier 1 includes generic drugs in Community Health Plan formulary (preferred drug list).
Tier 2	50% of drug cost	Tier 2 includes brand-name drugs in Community Health Plan formulary.
Emergency room visit	\$100 copay	No copay if admitted; hospital coinsurance and deductible would apply.
Out-of-area emergency services	\$100 copay	No copay if admitted; hospital coinsurance and deductible would apply.
Urgent care	\$15 copay	Copay is for office visit only, when provided in an urgent care setting. Deductible and coinsurance apply to all other services.
Skilled nursing, hospice, and home care	No copay	Covered as an alternative to hospital care at the Plan's discretion.

Benefit/service	Member's payment responsibility	Notes
Maternity care	No copay	If the member is eligible for the Maternity Benefits Program, maternity services can only be covered under Basic Health for 30 days following diagnosis of pregnancy. All other maternity services are covered through the Department of Social and Health Services.
Oxygen	No copay	Includes equipment and supplies. Not subject to copays, coinsurance, or deductible. Requires prior authorization.

* To find out if a specific drug is covered in your pharmacy benefit, contact Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875 ..

Benefits and Services Subject to Deductible and Coinsurance

Before Community Health Plan pays the 80% coinsurance for the following benefits, you must pay your \$250 annual deductible. Once you meet your deductible, all coinsurance payments will be applied toward your \$1,500 annual out-of-pocket maximum.

Deductibles and out-of-pocket maximums are per person, per year. Once the \$1,500 per person out-of-pocket maximum has been reached, the Plan pays for all covered benefits and services with a coinsurance. You are only responsible for copays for benefits and services as shown in "Benefits and Services Not Subject to Deductible and Coinsurance."

If you change health plans any time during the year, the amount you've paid toward your deductible and out-of-pocket maximum for covered family members will start over with your new health plan.

Benefit/service	Member's payment responsibility	Notes
Hospital, inpatient	20% coinsurance; deductible applies. \$300 maximum facility charge per admittance.	Facility charges may include, but are not limited to, room and board, prescription drugs provided while an inpatient, and other services received as an inpatient. No charges for maternity care or when readmitted for the same condition within 90 days. If the member is eligible for the Maternity Benefits Program, maternity services can only be covered under Basic Health for 30 days following diagnosis of pregnancy. All other maternity services are covered through the Department of Social and Health Services. See "Other professional services" in this table.
Hospital, outpatient	20% coinsurance; deductible applies.	
Other professional services	20% coinsurance; deductible applies.	Includes services received as an inpatient including, but not limited to, surgeries, anesthesia, chemotherapy, radiation, and other types of inpatient and outpatient services.
Mental health	20% coinsurance; deductible applies to inpatient. \$300 maximum facility charge per admittance.	Limited to 10 inpatient days a year and 12 outpatient visits a year. Office visits to manage medication do not count toward 12-visit maximum. Outpatient visits are subject to \$15 copay.
Laboratory	No copay or coinsurance for outpatient services. 20% coinsurance for inpatient hospital-based laboratory services.	Deductible applies to services with coinsurance.
Radiology	20% coinsurance, except for outpatient x-ray and ultrasound.	Deductible applies to services with coinsurance.
Ambulance services	20% coinsurance; deductible applies.	Includes approved transfers from one facility to another. No coinsurance if transfer is required by Community Health Plan.

Benefit/service	Member's payment responsibility	Notes
Chiropractic, physical therapy, occupational therapy	20% coinsurance; deductible applies.	Up to a combined maximum of 12 visits per year. (Of those, no more than six can be for chiropractic care.) Visits qualify only when used as postoperative treatment following reconstructive joint surgery. Visits must be within one year of surgery.
Chemical dependency	20% coinsurance and deductible apply to inpatient. \$300 maximum facility charge per admittance.	Limited to \$5,000 every 24-month period; \$10,000 lifetime maximum. Outpatient visits are subject to \$15 copay.
Organ transplants	Deductible, coinsurance, and copays apply by specific service.	12-month waiting period, except for newborns or for a condition that is not pre-existing.

Note: Pharmacy member cost sharing is handled differently. For more information about pharmacy cost sharing, see "Prescription Drug Services" in the Community Health Plan 2010 Basic Health Medical Benefits Summary.

Exclusions

The services listed below are not covered:

1. Services that do not meet the Basic Health definition of medical necessity for the diagnosis, treatment, or prevention of injury or illness, or to improve the functioning of a malformed body member, even though such services are not specifically listed as exclusions.
2. Services not provided, ordered, or authorized by Community Health Plan or its contracting providers, except in an emergency.
3. Services received before the member's effective date of coverage.
4. Custodial or domiciliary care, or rest cures for which facilities of an acute care general hospital are not medically required.
Custodial care is care that does not require the regular services of trained medical or allied health care professionals and that is designed primarily to assist in activities of daily living. Custodial care includes, but is not limited to, help in walking, getting in and out of bed, bathing, dressing, preparation and feeding of special diets, and supervision of medications which are ordinarily self-administered.
5. Hospital charges for personal comfort items; or a private room unless authorized by the Plan; or services such as telephones, televisions, and guest trays.
6. Emergency facility services for nonemergency conditions.
7. Charges for missed appointments or for failure to provide timely notice for cancellation of appointments; charges for completing or copying forms or records.
8. Sleep studies, except the initial sleep study authorized by Community Health Plan. Only one sleep study per member per calendar year is covered.

9. Transportation except as specified for organ transplants and emergency care.
10. Immunizations, except as covered under preventive care. Immunizations for the purpose of travel or employment, or required because of where you reside are not covered.
11. Implants, except: cardiac devices, artificial joints, intraocular lenses (limited to the first intraocular lens following cataract surgery), and implants as defined for plastic and reconstructive services.
12. Sex change operations.
13. Investigation of or treatment for infertility or impotence.
14. Reversal of sterilization.
15. Artificial insemination.
16. In-vitro fertilization.
17. Eyeglasses, contact lenses (except the first intraocular lens following cataract surgery); routine eye examinations, including eye refraction, except when provided as part of a routine examination under preventive care.
18. Hearing aids.
19. Orthopedic shoes and routine foot care.
20. Speech and recreation therapy.
21. Medical equipment and supplies not specifically listed, except while the member is hospitalized (including, but not limited to, hospital beds, wheelchairs, and walk aids).
22. Dental services, including orthodontic appliances, and services for temporomandibular joint (TMJ) problems, except for repair necessitated by accidental injury to sound natural teeth or jaw, provided that such repair begins within ninety (90) days of the accidental injury or as soon thereafter as is medically feasible, provided the member is eligible for covered services at the time that services are provided.
23. Medical services, drugs, supplies, or surgery directly related to the treatment of obesity, including morbid obesity (such as, but not limited to, gastroplasty, gastric stapling, or intestinal bypass).
24. Weight loss programs.
25. Cosmetic surgery, including treatment for complications of cosmetic surgery, except as otherwise provided in "Your Basic Health Benefits."
26. Medical services received from or paid for by the Veterans Administration or by state or local government, except where in conflict with Washington State or federal law or regulation; or the portion of expenses for medical services payable under the terms of any insurance policy that provides payment toward the member's medical expenses without a determination of liability to the extent that payment would result in double recovery.
27. Conditions resulting from acts of war (declared or not).
28. Direct complications arising from excluded services.
29. Replacement of lost or stolen medications.
30. Evaluation and treatment of learning disabilities, including dyslexia.
31. Any service or supply not specifically listed as a covered service unless medically necessary, prescribed by a contracting provider, and authorized in advance by Community Health Plan.

If You Get a Bill for Covered Services

If you get care from a provider who contracts with Community Health Plan, the provider usually bills Community Health Plan directly. However, you may get a bill from a provider directly.

To Submit a Bill

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

CHP Claims
PO Box 269002
Plano, Texas 75026-9002

If you get services from a nonparticipating provider or without a referral, you may need to get a prior authorization and you may need to pay higher costs.

To Find a Provider, Specialist, Hospital, or Pharmacy

To find participating providers and specialists, including their location, languages spoken, and availability; or to find participating hospitals:

- Visit the Provider Directory Search online (www.chpw.org/our-providers/provider-hospital-clinic-search/).
- Phone the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

To find a participating pharmacy:

- Visit the Pharmacy Search tool online (www.chpw.org/our-providers/pharmacy-search/).
- Phone the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

To Change Your PCP

- Call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.
- Use the Community Health Plan of Washington Health Information Portal (HIP). This online service enables you to get up-to-date information as well as to change your PCP. Basic Health members can sign up to access the Community Health Plan Health Information Portal online: <https://hip.chpw.org/login.asp?FT=N>.

To Find Out Which Drugs Are Covered on the Formulary

To find out which drugs are covered on the Community Health Plan formulary, visit the Formulary Search online (www.chpw.org/our-providers/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 am to 5 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

Clinical Criteria

Community Health Plan and its providers use criteria that are written by experts in the field of medicine and behavioral health. Criteria help providers to know when to use certain treatments and what problems to look out for.

These expert sources can include Milliman Care Guidelines®, evidence, national standards, and the expertise of board-certified practitioners in applicable specialties. These sources are equally weighted in consideration.

Deciding What Care to Use

All employees who make clinical decisions regarding a member's care are licensed by the State of Washington. Supervisors of staff who make clinical decisions are also licensed and have at least five years of experience as clinicians. Proof of the current active status of clinical licenses is kept on file at all times.

Community Health Plan decides which treatments are most effective by:

- Using guidelines such as the Milliman Care Guidelines® and the Washington State Health Care Authority Health Technology Assessment.
- 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.

Community Health Plan keeps track of how you and your provider use services. If you or your provider use more or less of a particular service than the standard:

- 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 guidelines.

For more information about approvals, see "About Prior Authorizations" in the *2010 Basic Health Medical Benefits Summary*.

For more information about how to appeal denials, see "Grievances and Appeals for Basic Health Members" in this booklet.

Care Standards

Nationally accepted standards based on evidence, such as the examples below, can be found on the Community Health Plan web site (www.chpw.org).

ADHD (Current as of July 2010)

- *American Academy of Child and Adolescent Psychiatry: Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention Deficit/Hyperactivity Disorder (2007)*
www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf

Asthma (Current as of July 2010)

- *National Heart, Lung & Blood Institute: Guidelines for the Diagnosis and Management of Asthma (2007)* www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf

Depression (Current as of July 2010)

- *American Psychiatric Association: Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2000)*
www.psychiatryonline.com/content.aspx?aID=48727
- *Supplemental, per the American Psychiatric Association): Guideline Watch: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, 2nd Edition. (2005)*
www.psychiatryonline.com/content.aspx?aID=148217&searchStr=major+depressive+disorder

Diabetes (Current as of July 2010)

- *American Diabetes Association: Standards of Medical Care in Diabetes (2010)*
http://care.diabetesjournals.org/content/33/Supplement_1/S11.extract

Preventive Services (Current as of July 2010)

- *Preventive Services: AHRQ Guide to Clinical Preventive Services*
www.ahrq.gov/Clinic/cps3dix.htm

Note: See interim updates: www.ahrq.gov/Clinic/cps3dix.htm

Immunizations (Current as of July 2010)

- Schedules: www.cdc.gov/vaccines/recs/schedules/default.htm
- Individual vaccine updates: www.cdc.gov/vaccines/pubs/ACIP-list.htm

If you want paper copies of these standards or want to have someone read them to you, please call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

Behavioral Health

The Behavioral Health 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.

Community Health Plan uses criteria for treating chronic diseases, including mental or behavioral health conditions. To decide which treatments to approve, we look at evidence-based, peer-reviewed standards from nationally recognized agencies. The Community Health Plan Medical Directors and providers in our network review the list of treatments annually, along with a review by other providers if needed.

For more information about criteria, see "Clinical Criteria" in this booklet.

Community Health Plan offers our Nurse Advice Line at 1-866-418-1002 if you have behavioral health issues and cannot reach your provider. If you think that the issue might be life threatening, dial 911 or go to the nearest emergency room.

You might be referred or you can refer yourself for Case Management with one of our licensed social workers in the Behavioral Health program.

Your Rights and Responsibilities

For the full list of Basic Health rights and responsibilities, see Chapter 5, Rights, Responsibilities, and Privacy (page 13), in the *Basic Health 2010 Member Handbook*, available for download at <http://www.basichealth.hca.wa.gov/publications.html>.

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

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.

- You have a right to 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.
- You have a right to interpreters when you contact Community Health Plan, either by phone or in writing.
- You have a right to know the name, title, and qualifications of the practitioners, providers, and staff who care for you.
- You have a right to get information in writing about what you must do to see a provider other than your PCP.
- You have a right to ask for information in writing about what you must do when you need our okay for health care services.
- You have a right to get information in writing about Community Health Plan's structure and operations.
- You have a right to 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.
- You have a right to get information in writing about if we pay providers extra for certain care (physician incentive programs).
- You have a right to ask for information in writing about which medical service you use and showing how we paid for a service. This is known as an explanation of benefits (EOB).
- You have a right to request copies of your medical record and ask for changes when necessary.
- You have a right to know that the government has set standards for safe and effective pharmacy services.
- You have a right to 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 am to 5 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.
- You have a right to 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 the information listed above, contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

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.
- You have a right to get services without being discriminated against.

- You have a right to have your medical record and information regarding your health care treated confidentially.
- You have a right to expect that Community Health Plan will protect your privacy. (For information about Community Health Plan privacy practices, see the "Community Health Plan Notice of Privacy Practices" in this booklet.)
- You have a right to 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, see "Advance Directives" in this booklet.

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.
- You have a right to 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. For more information, see "Advance Directives" in this booklet.
- You have a right to refuse treatment and be told what might happen. This includes possible impacts on your health and whether your refusal may result in disenrollment from Basic Health.
- You have a right to 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.
- You have a right to get information about other health care options available from Community Health Plan.
- You have a right to get information about what you must do when you need an okay for health care services.
- You have a right to 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.
- You have a right to get a second opinion from another Community Health Plan provider, with an okay by your PCP.
- You have a right to 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.
- You have a right to 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 for Basic Health Members" in this booklet.

- You have a right to 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 am to 5 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

Your right to safe and timely health care:

- You have a right to get care and service in a safe, comfortable, and clean environment.
- You have a right to get proper and timely health care, including emergency services, 24 hours a day, seven days a week.

Your right to choose your providers and your health plan:

- You have a right to get care from a Community Health Plan provider.
- You have a right to 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.)
- You have a right to seek care from a Community Health Plan women's health care provider, without a PCP referral.
- For most programs, you have a right to change health plans. See the Community Health Plan *2010 Basic Health Medical Benefits Summary* or the Washington State *2010 Basic Health Member Handbook*.

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.
- You have a responsibility to promptly report changes such as your address, family status, or income to the Washington State Health Care Authority and to Community Health Plan. For more information, see "To Change Your Address" in this booklet.
- You have a responsibility to let us know if you have a living will or a durable power of attorney for health care. For more information, see "Advance Directives" in this booklet.
- You have a responsibility to tell us about any outside sources of health care coverage or payment, such as insurance coverage for an accident.

- You have a responsibility to 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.
- You have a responsibility to make informed decisions about treatments and procedures before they are performed.
- You have a responsibility to accept the risks of refusing treatment.
- You have a responsibility to 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.
- You have a responsibility to 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.
- You have a responsibility to make and keep appointments. Tell your PCP if you are going to be late or if you need to cancel an appointment.
- You have a responsibility to identify yourself as a member of the Community Health Plan when you seek care. Carry your identification card and your child's identification card with you.
- You have a responsibility to get medical services through your PCP, except in an emergency or when your PCP recommends a specialist.
- You have a responsibility to call Community Health Plan if you do not understand how your health plan works or if you have questions about your coverage.
- You have a responsibility to not engage in fraud or abuse in dealing with Basic Health, Basic Health Plus, the Maternity Benefits Program, Community Health Plan, your PCP, or other providers.

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

Advance Directives

An **advance directive** gives written instructions about your future medical care in case something happens to you and you are unable to tell someone your medical wishes. For the state of Washington, this written instruction takes the form of two documents: a Health Care Directive (also known as a Living Will) and a Durable Power of Attorney for Health Care.

You have certain rights about advance directives:

- The right to make your own decisions about your medical care.
- The right to accept or refuse surgical or medical treatment.
- The right to have an advance directive.
- The right to cancel an advance directive at any time.

Advance Directives Policy and Procedure

Anyone who asks for a copy of the Community Health Plan advance directives policy and procedures will be given a copy. You do not have to be a member to see the policy and procedure.

Community Health Plan puts its policy and procedure about advance directives in its Provider Manual and online (www.chpw.org). You can also ask for the advance directives policy and procedure by calling our customer service team at 1-800-440-1561 (toll free) or by emailing us at customercare@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

If You Have Complaints About Advance Directives

If you think that Community Health Plan or its providers, contractors, vendors, or business associates are not following the rules for advance directives, you may file a grievance.

For information about filing a grievance, see the Community Health Plan *Basic Health Member Benefits Summary*, or see "Grievances and Appeals for Basic Health Members" in this booklet.

Additional Information

More information, resources, and forms about your advance directive rights are online at the Washington State Medical Association Advance Directives Q & A page (www.wsma.org/patient_resources/advance-directives-qa.cfm).

Community Health Plan Notice of Privacy Practices

This notice describes how health care information about you may be used and given to others and how you can get this information. The information in this notice went into effect April 14, 2003, and will remain in effect until it is revised or replaced. This Notice of Privacy Practices is sent to you yearly.

Please review this section carefully. The privacy of your health care information is very important to us.

Protected health information (PHI) means any information about you, including information about your health care and treatment, your name, age, address, Social Security number, family, and employer.

Note: Information about Community Health Plan policies and procedures relating to PHI is available on our web site, www.chpw.org.

Privacy and Security of Your Health Information

Community Health Plan has rules (policies and procedures) that protect the privacy and security of your health information. Any employer or plan sponsor who gets personal health information from us must follow the same rules.

These are some of the steps Community Health Plan takes to keep your protected health information safe:

We use technology to protect your health information. We monitor and evaluate our processes and systems to make sure your information is protected.

Access to your health information is only given to certain people. If by mistake your health information is shared with someone who shouldn't see it, we take steps to correct the mistake. We will tell you and the right government agencies if your information is accidentally shared with someone who is not required to protect it under the law.

Our office is physically secure. We control access to our office with security access procedures and require that all people who enter our facility wear identification.

Our staff is trained to protect the privacy and security of your health information.

Our staff protects information about you in a number of ways:

- We do not discuss your private health information where others can hear it or with anyone who does not need to know it.
- We limit what we discuss on the phone.
- We keep written health information locked in a drawer when we are not using it.
- We send health information by email in a form that cannot be read if somebody else sees the email.
- We keep our computers locked when we are not at our desks.
- We check to make sure our staff follows these rules and correct those who violate them.

Privacy of Your Health Information — Authorizations

To protect your privacy, we will talk only to you about your health information, unless:

- You tell us that we can talk to someone else.
- We are required or it is legally okay to talk to someone else.

If you want us to talk about your health information to a family member or friend, you must give us a signed release form. The form you must use to authorize Community Health Plan to release your health information to someone else is on our web site, www.chpw.org. You can also get a copy of the form by calling the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customer care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

If you give us permission to share your health information with others, it is okay to change your mind later. You must tell us that you have changed your mind by sending a signed release form revoking your authorization so we know to stop sharing this information.

How We Use and Share Your Protected Health Information

Routine Use and Disclosures of Protected Health Information (PHI). Following are the reasons for which we might use or share your personal information without your permission.

Treatment. To help you get the best medical care, we might share health care records sent to us by your doctor with the hospital.

Payment.

- To pay your health care bills sent to us by doctors and hospitals.
- To determine your eligibility or whether a service is covered under your policy.
- To coordinate benefits if you have other health insurance coverage.

Operations.

- To make sure you and other members get quality health care.
- For care coordination or case management.
- To help with any complaints you have.

Appointment or service reminders. To remind you of an appointment, follow-up appointment, or a regular check-up.

Health-related products and services.

- To tell you about other health care treatments and programs.
- To inform you about health-related products and services that you may be interested in, such as controlling asthma or diabetes.

Business associates. These are businesses that help us, such as the business that helps us mail information to you about your coverage. We do not share your information with businesses unless they first agree to protect it.

Required by law. We must share your protected health information if federal, state, or local law says so.

Legal proceedings. We must share your information if a court or administrative agency orders us to give them information or if a court case requires the information.

Law enforcement. In limited cases we must share your information with law enforcement officials, such as when it is needed to identify a witness or missing person.

National security and intelligence activities. We might share your information with the federal government if it is needed to support national security activities that are allowed by law.

Military and veterans. If you are a member of the armed forces, we must release your information when required by armed forces command authorities or the Department of State to see if you are fit for military duty or security clearance, or eligible for veteran's health services.

Public health and safety when necessary to prevent or control disease, injury, or disability.

Abuse or neglect. We must report to government agencies when we believe there has been child or elder abuse or neglect.

Oversight agencies to help with activities such as audits, examinations, investigations, inspections, and licensures.

Organ donation. If you are an organ donor, we share your information with organizations that get, transport, or transplant an organ, eye, or tissue.

Research. We might release your information to be used in research without your permission when:

- Any information that can identify you (such as name, date of birth, social security number, member identification number, addresses) has been removed from the PHI we share; or
- Researchers have (a) special permission from a research oversight committee to use PHI; and (b) the researchers have promised to keep your personal information private and safe.

Serious threat to health or safety. We must release your information if it is needed to prevent a serious threat to your health and safety or the health and safety of others.

Worker's or victim's compensation. We must share your information with Worker's or Victim's Compensation employees who ask us for it.

Correctional facilities. By law, we must release your information if you are an inmate.

Protections for PHI Sent to Plan Sponsors

Community Health Plan does not allow a plan sponsor or its employees to use or disclose personal health information (PHI) without following the rules. If a plan sponsor or the employees break the rules, we will not send PHI to them.

Community Health Plan will not share your personal health information with a Community Health Plan sponsor unless the sponsor's policies and procedures have these provisions:

- To not use or disclose your health information unless it is allowed by similar policies and procedures that protect your health information.
- Ensure that people or businesses that work with the plan sponsor agree to similar policies and procedures to protect your health information.
- Don't allow the use of your health information by a plan sponsor for employment or benefit-related decisions.
- Notify us of any use or disclosure of your health information that is against the rules.
- Allow you to access, amend, receive an accounting of disclosures, and restrict the use or disclosure of your own PHI.
- Identify the plan sponsor employees who have access to PHI.

Your Personal Information and the Web

When you visit the Community Health Plan web site (www.chpw.org), the web site automatically records some information:

- The web site records the IP address of the computer you are using.
- If another site referred you, our web site records the IP address of the site that referred you.
- The web site also records the number of people who look at each page on our site, but it does not tell us who saw which page.

None of this information is collected in a way that can be used to identify you personally, to contact you, or to store information about you.

The information we collect is used only to:

- Tell us which pages are visited most often.
- Show which organizations and domains send the most visitors to our web site.

If you are asked to enter information in a form on any page of the web site, that page will tell you exactly how we will use that information. You can refuse to enter the information, if you want to.

Your Rights About Your Protected Health Information

You have certain rights concerning your health information. Your rights include the following.

Right to access. You may look at and get a copy of your information that is kept by Community Health Plan. This may include any records used to make decisions about you as a member. For information about how to get your health information, see "How Do I Use My Rights?" in this booklet. In certain cases, Community Health Plan may deny this request. If we deny your request, we will tell you in writing and let you know if and how you can appeal our decision. We may charge you a reasonable fee for copying and mailing this information.

Right to request changes. You may ask us to change information we have in our records about you if you think it is wrong or not complete. Your written request:

- Must tell us the information you think is wrong or missing.
- Must explain why you want us to change it.

If we deny your request, you can send us a letter telling us that you disagree with our decision. We will include your letter whenever we share the information you asked us to change.

For information about how to request a change or disagree with a denial, see "How Do I Use My Rights?" in this booklet.

Right to an accounting of disclosures. You may ask for a list of the times over the past six years when we shared your protected health information with another person or organization.

The list will not include the times when such information:

- Was shared with you or your personal representative.
- Was shared with your authorization.
- Was shared for your treatment.
- Was shared to pay for your health care.
- Was shared for our health care operations.
- Was shared for national security or intelligence purposes.
- Was shared with correctional institutions or law enforcement.
- Was shared as part of a limited data set for research or public health activities.
- Was shared before April 14, 2003.

If you ask for it more often than once every 12 months, we may charge you a fee for copying and mailing. When a fee applies, we will tell you how much it will be so that you can decide if you want to change or cancel your request.

For information about how to ask for this list, see "How Do I Use My Rights?" in this booklet.

Right to request restrictions. You may ask that we not share your information for treatment, payment, or health care operations. You also have the right to ask us to not share your information with family, friends, or other persons involved in your health care.

If you ask us to restrict how we share your health information with others, it is okay to change your mind later. You must tell us that you have changed your mind so we know to change how we share your information by writing a letter to:

Community Health Plan
Attn: Privacy Officer
720 Olive Way, Suite 300
Seattle, WA 98101

We are not required to agree with your request. If we do agree, we will follow your wishes, unless you have a medical emergency and we believe we need to share your information to help you get better.

For information about how to ask us to restrict how we share your information, see "How Do I Use My Rights?" in this booklet.

Right to confidential communications. If you believe that sharing your information will put you in danger, you may ask Community Health Plan to communicate with you in a certain way in a certain place. All reasonable requests will be followed. Your request should tell us how you want Community Health Plan to communicate with you. For example, you may ask that we send mail to a post office box instead of to your home address or to call you on your cell phone instead of your home phone.

To change how we communicate with you, you can do one of the two things below:

- Call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.
- Write a letter to:
Community Health Plan
Attn: Customer Service
720 Olive Way, Suite 300
Seattle, WA 98101

You must also change this information with the Washington State Health Care Authority.

To change your contact information:

- Call 1-800-660-9840. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.
- Download a Change of Address form (www.basicealth.hca.wa.gov/forms).

Right to get a copy of this notice. You have the right to get a printed copy of this notice. You can get a copy of this notice by calling the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

You can also view the notice on our web site, www.chpw.org.

How Do I Use My Rights?

To use your rights you must fill out the right form and mail it to the Privacy Officer at:
Community Health Plan
Attn: Privacy Officer
720 Olive Way, Suite 300
Seattle, WA 98101

You can download the right form at the Community Health Plan web site, www.chpw.org, or you may request the form be sent to you by calling our Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

Can I 'Opt Out' of Certain Disclosures?

You may have received notices from other organizations that allow you to "opt out" of certain disclosures (giving out information). The most common is so that a company can market its products or services to you. Because we do not make the types of disclosures that apply to "opt out," you do not need to complete an "opt out" form or take any action to restrict such disclosures.

What if We Change Our Privacy Practices?

If any of our privacy practices change, we may change the terms of this notice and will give you a new notice about all health care information that we collect. We will tell you of any such change by letter and put the notice on our web site at www.chpw.org.

How Do I Ask Questions?

If you have questions about this notice or about how we use or share information, call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

How Do I Report a Problem?

If you believe your privacy rights have been violated, you may file a complaint with us by phone at 206-521-8830 (local) or 1-800-440-1561 (toll free) or mail at:
Community Health Plan
Attn: Privacy Officer
720 Olive Way, Suite 300
Seattle, WA 98101

You may also send a complaint to the U.S. Department of Health and Human Services (HHS). To mail or fax a complaint to HHS, send it to:

ATTN: Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue - M/S: RX-11
Seattle, WA 98121-1831
Voice Phone 206-615-2290 or TDD 206-615-2296
Fax 206-615-2297

To email your complaint to HHS, send it to:
OCRComplaint@hhs.gov

For more information about filing complaints with HHS, please see the web site:
www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

Your care and the privacy of your health information are our greatest concerns. We will not penalize you in any way if you choose to file a complaint.

Age of Consent

Washington State's general age of majority for health care is 18. However, a minor can get services without parental consent in some cases. See the "Minor Consent in Washington State" table.

Minor Consent in Washington State*

Service	Need Only Minor Consent?	Need Parent or Guardian Consent?	Need to Notify Parent or Guardian?	Notes & Source
Emergency medical services	Yes	No	No	If parent's consent is not readily available, need for consent is satisfied and minor can get the services.
Non-emergency medical services	No, unless Mature Minor Doctrine applies. (See Notes & Source.)	Yes, unless minor meets Mature Minor Doctrine.	No	<p>If it is not a medical emergency or one of the other services listed in this table, minors may give consent under the Mature Minor Doctrine. They must understand what might happen as a result of a medical procedure.</p> <p>To decide if a patient is a mature minor, providers look at the minor's:</p> <ul style="list-style-type: none"> • Age • Intelligence • Maturity • Training • Experience • Economic independence • Conduct as an adult • Freedom from control of parents
Immunizations	No, unless Mature Minor Doctrine applies.	Yes, unless minor meets Mature Minor Doctrine.	No	Minors may get immunizations without parental consent under the Mature Minor Doctrine. (See the Non-Emergency Medical Services Notes & Source column.)

Service	Need Only Minor Consent?	Need Parent or Guardian Consent?	Need to Notify Parent or Guardian?	Notes & Source
Sexually transmitted disease testing & treatment (including HIV)	Yes, if 14 or older	No	No	Some agencies, such as Public Health – Seattle & King County, test or treat people of any age because their mission is to prevent or control the spread of disease.
Birth control services	Yes (at any age)	No	No	Minors may get or refuse birth control services at any age without consent.
Abortion & abortion-related services	Yes	No	No	Minors also do not need the consent of the father of the child.
Prenatal care services	Yes (at any age)	No	No	
Outpatient mental health treatment	Yes, if 13 or older	No	No	The parents are not notified without minor consent.
Inpatient mental health treatment	Yes, if 13 or older	No	Yes	No consent needed to get the services, but parents must be notified.
Outpatient substance abuse treatment	Yes, if 13 or older	No	See Notes & Source.	Provider will inform parents that minor is getting this treatment within 7 business days if: <ul style="list-style-type: none"> • The minor gives written consent, <i>or</i> • The provider decides that minor cannot make a rational choice to get the treatment.

Service	Need Only Minor Consent?	Need Parent or Guardian Consent?	Need to Notify Parent or Guardian?	Notes & Source
Inpatient substance abuse treatment	No, unless minor is Child In Need of Services (CHINS).	Yes, unless CHINS	Yes, unless CHINS	<ul style="list-style-type: none"> • Minors 13 or older may get this treatment without consent if DSHS decides minor is a "child in need of services." • If school district staff refers a child to inpatient chemical dependency services, they must notify the parents within 48 hours. • If parental consent is needed, then parents must be notified.

* This table is adapted from the resource provided by Northwest Justice Project at www.washingtonlawhelp.org/documents/216941minors_health_care_rights.pdf?stateabbrev=WA/.

For more information or to get a release form, please call the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customer-care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

Grievances and Appeals for Basic Health Members

As a Community Health Plan member, you have the right to file a complaint, an appeal related to a complaint resolution, or an appeal about a denied claim.

To file a complaint about services from Community Health Plan or a request for the health plan to review its decision related to a complaint resolution, a denial of a claim or benefits interpretation (appeal), contact our customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customer-care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

If you disagree with the outcome, you may appeal the decision.

You can submit a complaint, an appeal about a complaint resolution or appeal about a denied service in writing, in person at our office, or over the phone by calling our customer service team at the number listed above.

**Send written appeals or complaints to:
Community Health Plan
Attn: Appeals Department
720 Olive Way, Suite 300
Seattle, WA 98101**

Your request must include your name, address, Basic Health subscriber I.D. number and the reason for your appeal, along with any supporting documents. You can send anything that you feel will help your case. If you need help with your appeal, contact our customer service team at the number listed above.

There are time limits for filing an appeal:

1. You must file the appeal within 180 days from the date of a denial or complaint resolution you are not satisfied with made by Community Health Plan.
2. If Community Health Plan sends you a letter that tells you services will end, be stopped or be reduced and you want the services to continue while your appeal is being resolved, you may ask us to continue to pay for your services until whichever of the following takes place first:
 - You use up the number of visits or days on the original amount of services.
 - The appeal is decided.

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

First Level Appeal

We will acknowledge your appeal within 5 days of receipt. We will review your appeal. All the information you sent us is considered during the decision-making process. We will respond to you in writing within 14 days of receiving your appeal. The response you receive may be a decision or a notice of a delay in the appeal decision. If there is a delay, the response will include a reason for the delay and a date when you can expect a decision. We will resolve your appeal within 30 days of the request, unless we obtain your written consent for additional time.

Expedited (Rush) Appeal

If you or your doctor feels that if you do not get care right away it could result in an emergency or jeopardize your life or health or your ability to attain, maintain, or regain maximum functioning, you can ask for an expedited (rush) appeal. Your doctor may speak with the Community Health Plan Medical Director or any other person working on your case. The rush appeal will take place within the quickest time frame possible but not more than 72 hours from the time we receive the request for it. You can give more information at any time during the 72 hours by calling our customer service team at the number listed above or by writing to us. The expedited appeal right and related time frames apply to all levels of the appeal process.

Second Level Appeal

If you do not agree with our decision, you may request a Second Level Appeal Committee review. You must request the Second Level review within 180 days from the date of the initial appeal decision. To request a Second Level Appeal Committee review, write to the Appeals Department at the above address or call our customer service team at the number listed above.

We will acknowledge your second level appeal request within 5 days of the receipt date and arrange for a Second Level Committee review within 14 days from the date we receive your request. We may request an extension to review the appeal, but will respond to you no later than 30 days of receipt of the second level appeal request.

Your second level appeal request acknowledgement includes an invitation for you and/or your authorized representative to attend the Second Level Committee meeting. If you wish to attend in person or by phone, notify the Appeals Department as soon as possible after receiving your acknowledgement letter. The Appeals Coordinator will then call you and tell you the date and time of the review.

We will inform you of the committee's decision in writing within 5 days after the committee meets, but no later than 30 days from the date we received your second level appeal request.

If you do not agree with the decision of the Second Level Appeal Committee or we have not responded to your appeal within 30 days, and your appeal involves a decision by us to deny, modify, reduce, or terminate coverage of payment for a health care service, you may request that an Independent Review Organization (IRO) review your appeal. The IRO which reviews your case will have no connection to Community Health Plan.

Independent Review

You may request a review of your appeal by an IRO, at no cost to you, by writing to the Appeals Department at the above address or by calling our customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customer-care@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.

You must request an IRO review within 180 days of the denial by the Second Level Appeal Committee. We will give the IRO all of the information which was used in making the decision within three business days of receiving the request. You may be required to provide additional information or documentation needed for the IRO's decision. The IRO will notify you and Community Health Plan of their decision and their reasons for reaching that decision.

If waiting for a decision could put your health at risk, you can ask for an expedited review. In such a case, the IRO will make a decision within 72 hours.

Expedited Review by an IRO

You or your authorized representative may request an expedited review by an IRO. If Community Health Plan's Medical Director or your provider determines that the standard IRO timelines could seriously jeopardize your life or health or your ability to attain, maintain, or regain maximum functioning, the IRO must expedite its review process and issue a decision no later than 3 days after the receipt of the request for an expedited review by the IRO.

Appointing an Authorized Representative

At any time during the appeal or IRO process, you may choose someone, including an attorney or provider, to serve as your authorized representative to act on your behalf. We must receive written consent from you allowing this person to represent you before the person can act on your behalf. If you have questions related to appointing a personal representative, please contact the Community Health Plan customer service team at the number listed above.

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

You may ask at any time during the appeal process 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.

If you have any questions about this procedure, contact the Community Health Plan customer service team at 1-800-440-1561, Monday through Friday from 8 am to 5 pm, or email customercare@chpw.org. If you are hearing or speech impaired, please call TTY 1-866-816-2479 (toll free) or local 206-613-8875.