

## FREQUENTLY ASKED QUESTIONS

### 1. Who is Community Health Plan?

Community Health Plan was established in 1992 by a network of community health centers across Washington State. We provide coverage for over 230,000 people in 34 counties. Our members receive services from a broad network of providers including: more than 1,500 primary care providers and 8,000 specialists at more than 250 primary care sites and over 80 hospitals.

### 2. What are Community HealthFirst Medicare Advantage plans?

*Community HealthFirst* Medicare Advantage Plans are the Medicare Advantage plans offered by Community Health Plan. We offer three types of plans:

- Medicare Advantage Plan (MA)
- Medicare Advantage Plan with prescription drug coverage (MA-PD)
- Medicare Advantage Special Needs Plan (MA-SNP)\*

*\*To qualify for this plan, you must be eligible for both Medicare and Medicaid coverage.*

### 3. What is Medicare Advantage?

A Medicare Advantage plan is an alternative to Original Medicare. Medicare Advantage plans are health plan options that are approved by Medicare and run by private companies like Community Health Plan. A Medicare Advantage plan is part of the Medicare program and sometimes called “Part C”. When you join a Medicare Advantage Plan, you are still in Medicare. Everyone who has Medicare Parts A and B is eligible, except those who have End-Stage Renal Disease\*\*.

*\*\*Certain exceptions may apply.*

### 4. What is a Medicare Advantage HMO?

A Medicare Advantage HMO is an alternative to Original Medicare and features specific lists of doctors, hospitals and other providers that you must use to receive benefits. HMOs often provide additional benefits not found in Original Medicare, including coverage for deductibles, prescription drugs and vision hardware.

## 5. What benefits does **Community HealthFirst Medicare Advantage** cover?

We offer everything that Original Medicare covers and more. This includes coverage for preventive care benefits and deductibles, as well as copays for inpatient hospital care, office visits, urgent and emergency care, dental and a prescription drug plan.\*

*\*Not all plans include hearing aid, dental care and prescription drug coverage.*

## 6. Isn't insurance coverage like **Community HealthFirst Medicare Advantage** more expensive than original Medicare?

Not ours. With our \$0 premium plans, you'll pay no additional monthly premium for **Community HealthFirst Medicare Advantage** beyond what you pay for Medicare Parts A and B.\*\*

*\*\*You must continue to pay your Medicare Part B premium if not otherwise paid for by Medicaid or by another third party.*

## 7. Is this just another Medicare Supplement plan?

No, **Community HealthFirst Medicare Advantage Plans** are not supplement plans.

A Medicare Supplement insurance plan helps cover the "gaps" in coverage that are left unpaid after Original Medicare pays its portion of your health care expenses. For this reason, these plans are often referred to as Medigap plans.

## 8. "\$0 premium" for more coverage sounds too good to be true; what's the catch?

There isn't one. As part of the Medicare Advantage program, we contract with the federal government to administer your Medicare coverage. The government pays us a monthly amount for each person enrolled in **Community HealthFirst Medicare Advantage Plan**. We use those funds to provide coverage and administer your benefits.

In many cases, your cost for services can be lower than those under Original Medicare plan, with additional covered benefits.

## 9. Do I lose my Medicare benefits when I join a Medicare Advantage Plan?

No, you will not lose your Medicare benefits when you join a Medicare Advantage Plan. **Community HealthFirst Medicare Advantage Plan** is the administrator of your Medicare benefits. If you cancel your **Community HealthFirst Medicare Advantage Plan** coverage, your benefits will revert to Original Medicare coverage unless you join another Medicare Advantage health plan, if one is available in your area.

## **10. Do I have to pay Medicare premiums?**

Yes, if you currently pay for your Medicare Part A and Part B premiums under Original Medicare, you will continue to do so under Medicare Advantage. In general, the advantage of Medicare Advantage over Original Medicare comes in the form of additional benefits and lower out-of-pocket costs for services received. The Social Security Administration deducts the premium from your Social Security check or bills you directly. You also must continue to pay your Part A premium, if applicable.

## **11. What questions should I consider when choosing a Medicare Advantage plan?**

Before you select a plan, carefully consider the following questions:

- Do you already have a doctor you like?
- Are you choosing a new doctor?
- Do you need a prescription drug plan?
- Do you have health problems today or old problems that may recur?
- What drugs are covered by the plan's formulary?
- Does your doctor feel comfortable with the plan's guidelines for your treatment?

## **12. Will I be assigned to a doctor or do I have a choice?**

You must select a primary care provider (PCP) from our network. If you do not select a provider, one will assign one to you. You may change your PCP at any time. To find out whether your current doctor is part of the Community HealthFirst Medicare Advantage Plan network, please view our online Provider Directory at [www.healthfirst.chpw.org](http://www.healthfirst.chpw.org) or call 1-800-942-0247. TTY/TDD for the hearing impaired 1-866-816-2479. From 8 a.m. to 8 p.m. Pacific Standard Time, 7 days a week.

## **13. What is a network?**

A network is a group of contracted doctors, specialists, hospitals, outpatient centers, pharmacies, laboratories and other providers who are contracted with us to provide your health care services.

## **14. What happens if I go to a doctor who is not in the network?**

Generally, unless it is an urgent or emergency situation you will be responsible for the full cost.

## 15. What if I need to see a specialist?

In non-emergency situations, simply call your primary care provider. He or she is your advocate when it comes to getting medical services.

If you need services that your PCP doesn't provide – like laboratory tests, hospitalization, or specialty care – he or she will arrange them for you or refer you to the provider you need. Your PCP will work with other providers to make sure you get the care that's right for you.

Without a referral from your PCP, you pay the full cost of specialty care. When you need care, make sure you turn first to the doctor who knows you best – your PCP.

In an urgent situation outside of your service area or in an emergency you should always seek immediate medical help. You don't need to call your PCP or the health plan first. An urgent situation is one in which an unforeseen illness or injury could become worse if not treated quickly. An emergency situation is one in which you need immediate treatment for an illness or injury because delay could seriously jeopardize your health.

## 16. Do I have to get a referral from my Primary Care Provider (PCP) before I can see a Community HealthFirst Medicare Advantage Plan specialist?

Yes. Your PCP manages and directs all aspects of your health care and should be your central contact for all medical concerns. As such, your PCP will help coordinate specialty care from a Community Health Plan specialist and with hospitals for outpatient procedures. This approach will help ensure that any doctor you see will know you and your problem well. It will help you achieve the best possible result.

## 17. What if I have a medical emergency?

With the *Community HealthFirst* Medicare Advantage Plan, you're always covered for emergencies when you are in your service area and when you are temporarily outside your service area (including worldwide coverage). If you become ill or injured, or you have an emergency medical condition, don't hesitate to seek emergency health services. Call 911 or go to the nearest hospital emergency room or urgent care center.

## 18. What is a service area?

A county or a set of counties in which Community HealthFirst Medicare Advantage Plans are offered is called a "service area."

## 19. What is the Medicare Part D drug benefit?

The Medicare Part D drug benefit refers to the prescription drug coverage available to Medicare beneficiaries.

Part D prescription drug coverage is available through Medicare Advantage Plans like Community HealthFirst. It is also available through “stand-alone” prescription drug plans (PDPs).

If you are considering Part D prescription drug coverage, please keep the following in mind:

- **Optional plan.** Part D is an option – not a requirement. However, if you don’t select a Part D prescription drug coverage when you become eligible, you will have to pay a higher premium if you join later.
- **Monthly premium.** Part D typically has a monthly premium in addition to the Medicare premium you already pay. If your income is below a certain level you may be eligible for assistance in paying for your Part D premium.
- **No overlap with Medicare Advantage.** If you are enrolled in a Medicare Advantage plan, such as an HMO through a private insurance company, you may already have Part D prescription drug coverage. If that’s the case, choosing a stand alone prescription drug plan (PDP) isn’t necessary – in fact, choosing the PDP would automatically disenroll you from the Medicare Advantage plan.
- **Benefits and costs.** Part D prescription drug coverage varies, but companies offering Part D coverage are required to offer a minimum level of benefits.

## 20. Do *Community HealthFirst* Medicare Advantage Plans offer prescription drug coverage?

Yes, *Community HealthFirst* Medicare Advantage offers plans with prescription drug coverage. Plans that include drug coverage are the Medicare Advantage Prescription Drug plan and the Medicare Advantage Special Needs Plan. These plans combine your health benefits and drug coverage into one plan.

## 21. With *Community HealthFirst* Medicare Advantage Plans, do I have to meet an annual deductible for my prescription drug coverage?

No, there is no annual deductible for your prescription drug coverage.

## 22. What is a formulary?

A formulary is a list of drugs covered by a health plan. However, all formularies are not the same. It is important to check to see if the medications you are prescribed are on your health plan's formulary.

## 23. Where can I get my prescriptions if I join this plan?

You can use any pharmacy in our network, we have over 1,200 pharmacies in the state and 58,000 nationwide. You can find a complete list of Pharmacies in our Directory of Network Pharmacies at [www.healthfirst.chpw.org](http://www.healthfirst.chpw.org) or call 1-800-942-0247. TTY/TDD for the hearing impaired, call 1-866-816-2479. 8 a.m. to 8 p.m. (Pacific Standard Time), 7 days a week.

## 24. What happens if I go to a pharmacy that is not in your network?

If you go to a pharmacy that is not in our network you might have to pay more for your prescriptions. You also might have to follow special rules before getting your prescription in order for the prescription to be covered under our plan. For more information, please call 1-800-942-0247. TTY/TDD for the hearing impaired, call 1-866-816-2479. 8 a.m. to 8 p.m. (Pacific Standard Time), 7 days a week.

## 25. How do I become a *Community HealthFirst* Medicare Advantage Plan member?

It's easy; enrollment starts on November 15<sup>th</sup>, 2007. After this date you can log on to our website at [www.healthfirst.chpw.org](http://www.healthfirst.chpw.org) to download the enrollment form and instructions. Or call 1-800-942-0247. TTY/TDD for the hearing impaired, call 1-866-816-2479. 8 a.m. to 8 p.m. (Pacific Standard Time), 7 days a week.

## 26. What should I expect once I become a *Community HealthFirst* Medicare Advantage Plan member?

When you enroll with *Community HealthFirst* you will receive a confirmation letter from us followed by your welcome packet and ID card. In addition, you will receive your Evidence of Coverage (EOC) in the mail, as well as a "Welcome" call from our customer service department.

Your Evidence of Coverage booklet is your insurance policy with Community Health Plan. It explains:

- Your plan benefits, coverage, rights and responsibilities as a *Community HealthFirst* Medicare Advantage Plan member.
- *Community HealthFirst* Medicare Advantage Plan's rights and responsibilities as your insurer.

The Evidence of Coverage is an important document. Please review it and keep it with your insurance records. *Community HealthFirst* sends you the "Evidence of Coverage" booklet to comply with the federal government's requirement that we disclose the details of your

*Community HealthFirst* Medicare Advantage Plan. We fully support the disclosure of such information – because you have a right to know all the benefits, provisions and limitations of your coverage. The “Evidence of Coverage” is a necessary and valuable document designed to inform and guide you.

You might think the “Evidence of Coverage” contains more information than you’ll ever need, but you might be surprised. Depending on your health and/or financial situation, you could have questions that never occurred to you before. For example, you might want to find out if you qualify for extra help with prescription drug costs. Or you might want to know how your prescription drug plan works if you go to a hospital or skilled nursing facility. Your Evidence of Coverage can be a valuable resource, so please keep it in your files at home, where you can find it when you need it.

## **27. Can *Community HealthFirst* Medicare Advantage Plan discontinue my health care coverage?**

Once you are enrolled in a *Community HealthFirst* Medicare Advantage Plan, you cannot be disqualified for any medical condition and cannot be canceled for any medical condition you may develop. There are very few reasons why *Community HealthFirst* would discontinue your coverage. These include:

- If you move permanently outside the *Community HealthFirst* Medicare Advantage Plan service area or are temporarily absent for more than six (6) months.
- Federal regulations also allow us to involuntarily disenroll you if you:
  - Fail to pay any required plan premium
  - Commit Medicare fraud

A complete description of your disenrollment rights can be found on this site in the *Community HealthFirst* Medicare Advantage Plan Evidence of Coverage.

## **28. What if I have a problem or complaint?**

Our goal is to provide you with outstanding customer service. Once you are enrolled in a *Community HealthFirst* Medicare Advantage Plan, and you want to appeal a decision made by us, you have the right to file a “grievance”.

We will provide you with a written notice when coverage for a service or payment is denied in whole or in part. The written notice will also describe the entire Medicare Appeals Process including the Expedited Appeals Process. A complete description of the Medicare Appeals Process is also contained in your Evidence of Coverage.

## 29. How can I get extra help with Medicare costs?

If you have limited income and resources, you may qualify for certain programs that help with medical expenses. These services include Medicaid, Medicare Savings Programs and other federal, state and local programs. To find out about these programs and how to qualify, contact your State Medical Assistance office.

The government is also providing extra help with prescription drug costs. People with limited income and resources can take advantage of reduced premiums and out-of-pocket costs. Limited income means an annual income of less than \$15,315 for a single person or \$20,535 for a married couple that lives together. You also need to have limited resources to qualify – this includes savings and stocks but not your home or car.

During the summer of 2007, the government sent letters to people who automatically qualify for extra help with prescription drug costs. If you didn't receive a letter, but you think you might meet the requirements, you can apply by sending an application form to the Social Security Administration, available on the internet at [www.ssa.gov](http://www.ssa.gov).

## 30. What is the Low-Income Subsidy?

The low income subsidy is extra help with prescription drug costs for Medicare-eligible individuals whose income and resources are limited. This help is in the form of payments to the company that provides your Part D prescription drug coverage. Persons eligible for Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program qualify for the extra help automatically and do not need to apply. All others may apply with the Social Security Administration (SSA) by mail, by telephone, on the Internet at [www.ssa.gov](http://www.ssa.gov) or in person at a community event or a SSA office. Applications may also be filed at a local Medicaid office.

## 31. Where can I get more information about Medicare Advantage plans and my Social Security benefits?

For more Medicare information you can call – or go online – for answers about your coverage.

- Centers for Medicare and Medicaid Services  
7500 Security Blvd  
Baltimore, MD 21244-1850  
1-800-633-4227  
TTY/TDD 1-877-486-2048  
24 hours a day; seven days a week
- Social Security Administration  
Office of Public Inquiries  
Windsor Park Blvd  
6401 Security Blvd  
Baltimore, MD 21235  
1-800-772-1213

TTY/TDD 1-800-325-0778

7 a.m. – 7 p.m., Monday through Friday

- Railroad Retirement Board  
Chicago District Office  
844 N Rush Street  
Ninth Floor  
Chicago, IL 60611-2092  
1-800-808-0772  
TTY/TDD 1-312-751-4701  
24 hours a day/ 7 days a week  
[www.rrb.gov](http://www.rrb.gov)
- Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine  
Office of Insurance Commissioner  
PO Box 40256  
Olympia, WA 98504-0256  
1-800-562-6900  
TTY/TDD 1-360-586-0241  
24 hours a day; 7 days a week  
[www.insurance.wa.gov/consumers/SHIBA\\_HelpLine/](http://www.insurance.wa.gov/consumers/SHIBA_HelpLine/)