Washington State Department of Social and Health Services
PO Box 45505
Olympia, WA 98504-5505

Your Medical Book

Open Now! You must make a choice.

Washington State Department of Social & Health Services
DSHS 22-542(X) (Rev. 5/04)

Welcome to Washington State's Medicaid Program

This booklet tells you about your choices and how to sign up for your health care

Now that you are on Medicaid, it's time to choose how you'll get your health care. You may choose to get your care through managed care or fee-or-service, depending on where you live. Your choices are listed on the sign up form on page 1 of this book.

This booklet explains managed care and fee-for-service. The booklet also tells you some things you should know before you pick how to get your health care.

If you have a doctor, a clinic, or a health plan you want, it is important for you to let us know right away. That is why it is important for you to understand your choices and how to choose.

If we don't hear from you by _____, starting _____
You and/or your family will be enrolled with:

Healthy Options
1-800-562-3022

To sign up or ask questions, call us at 1-800-562-3022 Monday through Friday, 7 am to 6 pm.

The TTY/TDD line is 1-800-848-5429 only for people who have difficulties with hearing or speech (your phone must be equipped to use this line).

Calls to these numbers are free, we'll be glad to help you!

What's in this booklet

Starting on:

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If it is hard for you to read or understand this booklet, please call us at 1(800) 562-3022 to ask for assistance or for a book with larger print. The TTY/TDD line is 1(800) 848-5429 only for people who have difficulties with hearing or speech (your phone must be equipped to use this line).

This booklet has been translated into other languages:

1-800-562-3022

본 책자를 한국어로 입수하시려면 1-800-562-3022 로 연락하실시오.

ເພື່ອຂໍຫັນເກັ້ມຄູ່ມືນີ້ເປັນພາສາລາວ, ກະຣຸນາໂທຫາເລກ 1-800-562-3022.

Muốn có tập sách này bằng Tiếng Việt, xin gọi số 1-800-562-3022.

Para obtener una copia de este folleto en español llame al 1-800-562-3022.

ដើម្បីបានទទួលសៀវភៅក្នុងនេះជាភាសាខ្មែរមួយក្បាប់, សូមទូរស័ព្ទទៅ 1-800-562-3022 ។

Звоните по телефону 1-800-562-3022 для получения этого буклета на русском.

如需中文版的手冊，請電：1-800-562-3022。

Washington State Department of Social & Health Services

Sign-up form

If you sign-up by phone you do not have to fill out this form!
Call 1-800-562-3022 right away!
(TTY/TDD users only, call 1-800-848-5429)

Easy as 1-2-3!

1. All your choices are listed here. Mark one box to show how you want to get health care for yourself and the other people who are listed on your DSHS medical ID card:

2. **Which doctor would you like to have as a PCP for this person?** (All doctors you list as PCPs must be in the health plan. If you are not sure, call the doctors and ask if they are with the health plan you want.)

Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:
Name:	Name of PCP:

3. Is anyone who is listed on your medical ID card pregnant or having surgery soon?

☐ Pregnant? Who? *Name:* _____ *Due Date:* _____

☐ Surgery? Who? *Name:* _____ *Date:* _____

What doctor or other medical provider is this person seeing?

Name of doctor: _____ *Office phone:* _____

Of the children who are listed on your medical ID card, are there any with a special medical condition or developmental delay?

☐ Yes _____ _____

Please give the child's (or children's) name and special health condition(s):

Let us know your choice.

EASIEST way is to call us toll-free at **1-800-562-3022**
Monday through Friday 7:00 a.m. to 6:00 p.m.
TTY/TDD users call 711 or 1-800-848-5429
Or, refold the form with the Business Reply on the outside and send it back to us (no stamp needed). Or, fax the form to 360-725-2144

About your health care

What is MAA and why is it important to you?

MAA is the Medical Assistance Administration. We work with the federal Medicaid program and pay for your health care.

How does MAA pay for your health care?

MAA has two ways of paying for your health care, depending on where you live or what services you get. The Sign Up form on page 1 tells you what choices you have.

> ***Managed care (in a health plan or a tribal clinic)*** MAA pays a medical insurance health plan or a tribal clinic to cover most of your medical care. You pick a plan and you go to one doctor. The doctor will give you the care or have you go to a specialist. The program is called Healthy Options (for health plans) or PCCM (for tribal clinics).*
>
> ***Fee-for-service (not in a health plan)*** You see any doctor who will take your DSHS Medical ID card. You use your medical ID card to get all your medical care and the doctor bills MAA for the services. Look at the Sign Up form on page 1 to see if you can choose fee-for-service.
>
> * Managed care clients will get some services with the fee-for-service Medical ID card, such as dental or eyeglasses. See pages 10 & 11 in this book for a list of those services.

Do you have to be in a health plan (Healthy Options)?

It depends on where you live and you and/or your family's situation... In some areas of Washington, you have to choose managed care. The Sign Up form on page 1 tells you your options. There are other reasons you might not have to be in managed care, see page 9 for more information.

Do you have to pay for your or your family's health care?

Usually not... Medicaid does not cover some medical services, so if you get a service that isn't covered, you might have to pay. See pages 10 & 11 for information about what is and what is not covered.

About your choices

What is good about a health plan?

You will have access to a doctor 24 hours a day, and a 24-hour Nurse line. The health plans have customer service people to help you with any problems. Also, you may get some extra services like wellness care programs with special gifts, such as bike helmets or car seats for your children. To find out more about the health plans, please call the numbers listed on the plan information pages starting on page 17.

Why should you choose managed care if you live in an area where you can choose Fee-for-Service?

If you don't sign-up for managed care, you may have trouble finding a medical provider who will take your fee-for-service medical ID card and bill MAA for your medical care. You can call doctors and other medical providers who are near you to find out which choice is better.

How do you know which plans to choose or if you can choose fee-for-service?

It depends on where you live. The sign up form on page 1 tells you your choices. Look at the plan information pages in this booklet starting on page 17.

What if you have doctors you want to use?

If there are doctors you would like to use, find out which health plans they are with *before* you sign-up for a plan. To find out, you can call the doctor or call the health plan. Some doctors are with more than one plan.

Does everyone in your family have to be in the same health plan?

YES! Everyone in your family has to be in the same health plan.

When you are ready, how do you sign up for your health coverage?

You need to sign up by the 15th of the month. When you have picked your plan or fee-for-service if that is an option for you, let us know right away so we can sign you up. It's easy - just call 1-800-562-3022 (or fill out the sign-up form and send it in).

What happens if you do not tell us your choice?

If we do not hear from you by around the 15th of the month, MAA's computer will pick a plan for you. See the front cover of this book to see what plan the computer picked for you. You may not be able to use the doctors, hospitals, and other providers you want.

How to choose your health plan

Find out more about the plans you can choose from

Even though all plans give you the same benefits, there are some differences among them to consider before you make your choice. To help compare the plans you can choose from, look at the plan information pages in this booklet starting on page 17. These pages give you a phone number to call if you want to ask questions before you sign up. The pages also show how well the plan did on the survey of people on Healthy Options that asked about experiences they have had with their plan.

Think about the doctors and other medical providers you want to use for you and your family

If there are doctors or hospitals you would like to use, find out which health plans they are with ***before*** you sign up for a plan. Some are with more than one plan. Remember, which hospitals you can use also depends on which hospitals your doctor uses.

Do you need help to find a PCP?

If you need help finding a doctor or other medical person to be your PCP (Primary Care Provider), here are some ways to get information about PCPs:

- You can call the plan you want to be in (the numbers are on the plan information pages starting on page 17). The plan can give you a list and help you pick one of its doctors or other medical providers to be your PCP.
- You can ask for a list of PCPs who are with the health plans in your area by sending in the PCP request form on page 7.
- You can visit the Internet Provider Directory website.

http://maa.dshs.wa.gov/ipndweb/

- The website has doctor, hospital and pharmacy addresses, phone numbers and more!
- You can also connect to health plan web sites from our provider directory.
- Your public library may have Internet access you can use for free.

How do you get medical care from a health plan?

What happens after you sign up with a health plan?

Once you are signed up, your health plan will send you a plan ID card and information you will need to know to get your medical care. Follow your health plan's directions on how to get your medical care. Remember, you will need to show the plan's ID card *and* your Medical ID card (the one you get each month from Medical Assistance) each time you get medical care (see page 12 for more information about ID cards).

Can you go to any doctor or hospital that you want?

NO - Each health plan has certain doctors and other medical providers you must use. Most of the plans also have certain hospitals and pharmacies you must use. For all of the plans, the hospitals you can use also depends on which hospitals your doctor uses. Call your health plan to find out more information.

Your PCP will take care of most of your health care needs

You will go to one person in your plan for most or all of your care. This person is called your **PCP**, which stands for **P**rimary **C**are **P**rovider. Your PCP can be a doctor, nurse practitioner, or physician assistant. If you need care from a specialist or other provider, your PCP will help you get it.

You can get care for pregnancy or other women's health care without a referral from your PCP

If you are a woman, you do not need a referral (permission) from your PCP to get care for pregnancy or other women's health care needs - as long as the person you see for women's health care needs is in the health plan you pick.

Can you and others on your medical ID card have different PCPs?

YES! You and others listed on your medical ID card can have different PCPs as long as all of them are in the health plan you pick.

What if you or a family member have a medical service (like surgery) that is already scheduled?

Call the health plan you choose right away to let them know about the medical service so they can help you get the care you need. There is also a spot on the sign up form to tell us this information. We will give this information to the health plans.

What if you are not happy with your health plan?

First call your health plan to let them know why you aren't happy. They will help you make the complaint (or grievance). If your health plan does not make the situation better, you can ask for help from MAA (a fair hearing). You will get more information about this process from your health plan.

Cut along this line

Do you need to find a managed care health plan PCP (Primary Care Provider)?

When you are in a health care plan, you get most or all of your care from a doctor or other medical provider who is called your PCP.

To get information about PCP's:

1. The ***fastest*** way is to call the health plan.
2. Another way is to visit the Internet Provider Directory website (http://maa.dshs.wa.gov/ipndweb/).
3. Or you can cut this page out and send in this reply to get a list of PCPs who are with the health plans in your county.

If you choose to send in this reply, do it right away - don't miss the deadline for signing up.

Your Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Washington State
Department of Social
& Health Services

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 256 OLYMPIA WA

POSTAGE WILL BE PAID BY ADDRESSEE

DEPARTMENT OF SOCIAL & HEALTH SVCS
HEALTHY OPTIONS
PO BOX 45530
OLYMPIA WA 98599-5530

Do you have to be in a health plan?

Check the Sign Up form on page 1 of this book— it tells you if you have to be in a health plan. If "Fee-for-Service" or "Tribal Clinic" are not listed on the Sign Up form on page 1, you have to be in a health plan. But there are some exceptions:

1. **People who are American Indian or Alaska Native** are not required to sign up for a health plan. See page 14 for information about your choices.

2. **People who have other health insurance** may not have to be in Healthy Options. Some people have other health insurance besides Medical Assistance. If this is your situation, MAA will let you know whether you will be in Healthy Options or not.

3. **Children with special health care needs** who are getting services from a public health or community health nurse with your county's Children with Special Health Care Needs Program can have an exemption. Please call 1-800-562-3022 to talk about how they will get their medical care.

4. **If you are homeless**, and you will live in a shelter or temporary address for less than 120 days (less than about four months), you do not have to sign up for a health plan.

5. **If you are seeing a doctor or other medical provider who is not with your health plan**, and this doctor tells us the medical reasons why you need to keep getting your care from him or her.

6. **If you are deaf** or hearing impaired and want to see a doctor or other medical provider who knows sign language, and this doctor is not with your health plan.

7. **If you don't speak English well** and you want to see a doctor or other medical provider who speaks your language and this doctor is not with your health plan.

If you have one of the situations listed above, you can ask to not be in a health plan. Call us at 1-800-562-3022. We will review your reasons and make a decision. You must let us know *before* you get in a health plan, or you may have to stay in a health plan until we decide.

What benefits and services will you get?

Medicaid covers these benefits and services if you are in managed care or Fee For Service.

If you pick a health plan, they will send you more information about what is covered, and your PCP will help you get the care you need. You can get these services when they are needed. Health plans may cover more services and may require you to get a referral (permission). Call the health plan's customer service line for more information.

- Ambulance
- Blood and blood products
- Chiropractic care for children - Only when referred from a well child exam
- Dialysis
- Eye exams
- Family planning
- Health education for diabetes and heart disease
- Home health and hospice care
- Hospital care (including Emergency room, inpatient, and outpatient services)
- Immunizations (shots)
- Lab and X-ray services
- Maternity care and women's health care
  You have to see a health care provider in the plan you choose
- Medical supplies & equipment
- Mental Health services (Call the health plan for specific information)
- Office visits
- Oxygen/Respiratory therapy
- Pharmacy/Prescriptions
  Check your plan's drug list
- Physical, occupational, & speech therapy
- Smoking cessation for pregnant women
- Specialty care
  When referred by your PCP
- Surgery in a hospital or in an ambulatory surgery center
- Tissue and organ transplants
- Urgent care
- Well child checkups

Some benefits are covered by the health plans or by other state agencies

You can get the following benefits and services from your health plan or you can go directly to a local health department or family planning clinic to receive the services.

- Family Planning services and birth control
- HIV and AIDS testing
- Immunizations
- Sexually transmitted disease treatment and follow-up care
- TB screening and follow-up care
- Women, Infants, and Children (WIC) program
  Note: the WIC program is only available from the local health department

Some benefits are ONLY covered by your DSHS Medical ID card and not covered by the health plans

The following benefits and services are covered by MAA fee-for-service. The health plans will not pay for these services. You must use your DSHS Medical ID card to get these services and find a provider who will bill MAA for payment. Some of these services are available to you through your local community mental health center, health department or family planning clinic.

- Dental care with limited orthodontics
- Eyeglasses and fitting services
- Genetic counseling (prenatal only)
- Hearing aids
- Interpreter services for medical visits
- First Steps Services such as Maternity Support Services and Infant Case Management
- Mental health services (Inpatient psychiatric care, Outpatient services at Community Mental Health Centers and medication management)
- Neurodevelopmental services at DSHS approved centers
- School Medical Services for special needs students
- Sterilizations when under age 21
- Substance abuse services including detox for alcohol and drugs
- Transportation to and from medical appointments other than Ambulance
- Voluntary pregnancy terminations

Some benefits are NOT covered by MAA or the health plans

Benefits and services listed below are NOT covered by the health plans or by MAA. If you get any of these services you may have to pay for them yourself. Call the health plan's customer service line or the Medical Assistance helpline for more information.

- Court-ordered services
- Diagnosis and treatment of infertility, impotence, and sexual dysfunction
- Experimental and Investigational Treatment or Services
- Immunizations for international travel
- Medical exams for Social Security Disability benefits
- Medical services while in jail
- Orthoptic (eye training) care for eye conditions
- Personal comfort items
- Physical exams needed for employment, insurance, or licensing
- Plastic surgery for cosmetic reasons
- Reversal of voluntary surgical sterilizations

If you have a question about a benefit or service not listed here, call 1-800-562-3022

Your DSHS Medical ID Card

Everybody on Medical Assistance gets a green and white DSHS Medical ID card (or coupon). A card is sent each month if you pick a health plan, PCCM or Fee-For-Service. Your Medical ID card tells doctors and other medical providers what medical benefits you can get. Please check every month to make sure it has the right information. For example, make sure your name and address are correct and the health plan you get care from is right. You will need to show your Medical ID card every time you get medical care or services and when you get prescriptions.

This is what we call your Patient Identification Code or PIC. It is the main way we identify people on Medicaid. It is made up from the first and middle initial, birth date and first 5 letters of the last name of you and/or your family members and "tie breaker" (TB).

Your card is good for these dates. If you don't get your card in the first week of the month call us at 800-562-3022 right away.

Please read the back of this card.

MEDICAL IDENTIFICATION CARD

This Card Valid From: 08-01-03
To: 08-31-03

P.O. BOX 45531
OLYMPIA, WA 98504-5531

Primary Language

Patient Identification Code (PIC)				Medical Coverage Information						
Initials	Birthrate	Last Name	TB	Insurance	HMO	Detox	Restriction	Hospice	DD Client	Other
JQ	010171	PUBLI	A							
RC	121299	PUBLI	A							

John Q. Public
123 Main St
Anytown, WA 98999

CNP
076 007308084
1-800-555-1234 PLAN NAME
L0000999 * 112234B

SIGNATURE (Not Valid Unless Signed)

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE
DSHS 13-030 aces (04/95)

If you move, you may have to change how you get your health care. Call the Helpline at 1-800-562-3022 and they will help if you need to change health plans.

Your health plan's initials and phone number are in these two places.

Your Health Plan ID Card

If you are enrolled in a health plan, you will also get an ID card from the health plan. You will need both your DSHS medical ID card and your health plan ID card for medical appointments and prescriptions. If you need care before you get your health plan card, call the health plan listed on your DSHS medical ID card.

What are your Rights and Responsibilities?

You have the right to:

- Help make decisions about your health care and to not receive treatment
- Get information about:
  - Your care
  - Your doctor and how referrals are made
  - How the health plan pays for care, including visits to specialists and other providers (please call your health plan's customer service line to ask for this information)
  - All options for care and why you are getting certain kinds of care
  - Your health plan
  - Covered services
- Receive services in a timely manner and as close to your home as possible
- Be treated with respect - Discrimination is not allowed in all programs and activities. No one can be excluded on the basis of race, color, national origin, sex, age, religion, creed or disability.
- Be able to speak freely about your health care and concerns without any negative results
- Have your records and information about your care kept confidential
- Request copies of your medical records and ask for changes when necessary
- Make complaints and grievances

You have the responsibility to:

- Help make decisions about your health care
- Give your doctors the best information you can about your health so they can help you get the care you need
- Follow your doctor's instructions about your health care
- Give your doctors the information they need to handle your health coverage (like bringing your DSHS Medical ID card or coupon and health plan ID card to your appointments)
- Learn about your health plan and what services are covered
- Use health services when you need them
- Keep appointments and be on time. Call the office if you are going to be late or have to cancel the appointment
- Show your doctors the same respect you want from them

What if you are American Indian or Alaska Native?

If you are an American Indian or Alaska Native you have these three choices:

1. You can sign up for a Tribal clinic or health center (Primary Care Case Management clinic or health center) that is run by a tribe, Indian Health Services, or an urban Indian Organization. See the next page for a list of Tribal clinics or health centers to see if there is one near you.

2. You can sign up for a Healthy Options health plan and get your care from the doctors and other providers who are part of that plan.

3. You can ask for an exemption: this means that you do not have to sign up for a health plan or for a Tribal clinic. If you ask for an exemption, you can go to any doctor or other provider who agrees to take your medical ID card (instead of asking you to pay for your care yourself). This is sometimes called fee-for-service or "open coupon." Before you ask for an exemption, it's a good idea to call the doctors and other medical providers you want to use to be sure they will take you as a fee-for-service patient (that they will accept your medical ID card).

Call to tell us which of the three choices you want

If you are American Indian or Alaska Native and all three choices are not listed on your Sign Up form on page 1, please call us at 1-800-562-3022 and tell us which of these three choices you want.

What happens if you don't call us?

If you don't call us, our computer will make a choice for you. The bottom of the front cover of this book tells you how you will get your care if you don't tell us your choice. If our computer makes a choice you don't want, you can call us at 1-800-562-3022 and ask to not be in Fee For Service, the Tribal Clinic or Health Plan our computer picked for you.

What happens if some people in your household are American Indian or Alaska Native, and others are not?

Usually, family members on Healthy Options who are not American Indian or Alaska Native must be in a health plan. But there is one exception: if the family member who is American Indian or Alaska Native signs up for a Tribal Clinic, the other family members who are not American Indian or Alaska Native can also sign up for the same Tribal Clinic if the tribal clinic says it is okay.

Tribal Clinics

This page gives phone numbers for the Tribal Clinic (also called Primary Care Case Management) Clinics that are run by a tribe, Indian Health Services, or an urban Indian Organization.

Tribe	County	Name of clinic	Phone number
Any tribe	King	Seattle Indian Health Board	206-324-9360
Any tribe	Spokane	Native Health of Spokane	509-722-3331
Colville	Ferry	Inchelium Health Center	509-438-7535
Colville	Okanogan	Colville Indian Health Center	509-634-2900
Lower Elwha Klallam	Clallam	Lower Elwha Health Center	360-452-6252
Lummi	Whatcom	Lummi Tribal Health Center	360-384-0464
Makah	Clallam	Sophie Trettevick Indian Health Center	360-645-2233
Nooksack	Whatcom	Nooksack Community Clinic	360-966-2106
Port Gamble S'Klallam	Kitsap	Port Gamble S'Klallam Health Center	360-297-2840
Puyallup	Pierce	Takopid Health Center	253-593-0232
Quileute	Clallam	Quileute Health Center	360-374-9035
Quinault	Grays Harbor	Roger Saux Health Center	360-276-4405
Shoalwater Bay	Pacific	Shoalwater Bay Tribal Clinic	360-267-0119
Spokane	Stevens	David C. Wynecoop Memorial Clinic	509-258-4517
Tulalip	Snohomish	Tulalip Tribes Health Center	425-651-4511
Yakama	Yakima	Yakama Indian Health Center	509-865-2102

Small Enough To Care

COLUMBIA UNITED PROVIDERS

Large Enough To Serve

You can sign up for Columbia United Providers if you live in one of these counties:

Clark, Western Klickitat (White Salmon area) and Skamania

Do you have questions or want more information about Columbia United Providers?

Please call us at Customer Service, Monday – Friday, 8:00 a.m. to 5:00 p.m.:

TOLL FREE
1-800-315-7862 or (360) 891-1520

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-866-287-9962 or (360) 449-8860. You can also get more information about CUP on our website at: *www.cuphealth.com*

- High quality health care and medical service
- Friendly Customer Service Specialists whose goals are to help you get what you need
- Free telephone advice nurse line to answer your questions 24 hours a day, 7 days a week

What benefits will you get from this plan?

Columbia United Providers gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Columbia United Providers do on the member survey?

For each of the five survey topics, here is how **Columbia United Providers** scored on:

The State of Washington surveyed more than 2,000 adults on Healthy Options to ask about the **quality of care and service** they have been getting from their health plan.

Adult's Care	Five topics from this survey are listed below:
Average ★★	Whether adults got the care they needed without problems
Average ★★	Whether adults got care without long waits
Average ★★	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
Average ★★	Whether office staff were helpful, and treated patients with courtesy and respect
Better ★★★	Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Columbia United Providers** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Columbia United Providers** to results for other health plans.

COMMUNITY HEALTH PLAN OF WASHINGTON

You can sign up for Community Health Plan of Washington if you live in one of these counties:

Adams, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Klictitat, Lewis, Lincoln, Mason, Okanogan, *Pacific, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom and Yakima *CHPW is only in part of this county

Do you have questions or want more information about Community Health Plan of Washington?

Please call us at Customer Service, Monday – Friday, 8:00 a.m. to 6:00 p.m. (calls to these numbers are free):

TOLL FREE
1-800-440-1561

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-800-833-6388.

At Community Health Plan of Washington we care about your health and safety. We offer:

- Prenatal program with free infant/toddler car seat
- Well-child exam program with free bike helmet or health book
- Translation services as well as links to transportation, housing, literacy and family planning services

What benefits will you get from this plan?

Community Health Plan of Washington gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Community Health Plan of Washington do on the member survey?

For each of the five survey topics, here is how **Community Health Plan of Washington** scored on:

The State of Washington surveyed more than 2,000 adults on Healthy Options to ask about the **quality of care and service** they have been getting from their health plan.

Adult's Care	Five topics from this survey are listed below:
Average ★★	Whether adults got the care they needed without problems
Below ★	Whether adults got care without long waits
Average ★★	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
Below ★	Whether office staff were helpful, and treated patients with courtesy and respect
Below ★	Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Community Health Plan of Washington** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Community Health Plan of Washington** to results for other health plans.

Group Health Cooperative

You can sign up for Group Health Cooperative if you live in one of these counties:

King (partial), Kitsap, Pierce (partial) and Spokane

Do you have questions or want more information about Group Health Cooperative?

Please call us at Customer Service, Monday – Friday, 8:00 a.m. to 6:00 p.m. (calls to these numbers are free):

TOLL FREE
1-888-901-4636

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-800-833-6384

Do you have Internet access? MyGroupHealth at *www.ghc.org offers* many online services!

- Make appointments
- Refill prescriptions
- Securely e-mail your doctor
- See parts of your medical record

Save time and avoid hassles. Your doctor, lab, and pharmacy are in the same location

24-hour consulting nurse by telephone

What benefits will you get from this plan?

Group Health Cooperative gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Group Health Cooperative do on the member survey?

For each of the five survey topics, here is how **Group Health Cooperative** scored on:

The State of Washington surveyed more than 2,000 adults on Healthy Options to ask about the **quality of care and service** they have been getting from their health plan.

Adult's Care	Five topics from this survey are listed below:
Better ★★★	Whether adults got the care they needed without problems
Better ★★★	Whether adults got care without long waits
Average ★★	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
Better ★★★	Whether office staff were helpful, and treated patients with courtesy and respect
Average ★★	Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Group Health Cooperative** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Group Health Cooperative** to results for other health plans.

MOLINA℠
Molina Healthcare of Washington, Inc.

You can sign up for Molina Healthcare of Washington, Inc. (Molina Healthcare) if you live in one of these counties:

Adams, Benton, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima

Do you have questions or want more information about Molina Healthcare?

Please call Molina Healthcare Member Services, Monday – Friday, 7:30 a.m. to 6:00 p.m. (calls to these numbers are free):

TOLL FREE
1-800-869-7165

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-877-665-4629.

At Molina Healthcare we care about keeping you well.

If you are pregnant and complete our Prenatal or After-Delivery Program, you can receive one of the following:

- An infant car seat
- A digital thermometer, immunization passport and reminders for newborns

If you are a child and complete our Well-Child Exam Program, you can get a photo session, bike helmet or video rental gift card.

What benefits will you get from this plan?

Molina Healthcare gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Molina Healthcare do on the member survey?

For each of the five survey topics, here is how **Molina Healthcare** scored on:

The State of Washington surveyed more than 2,000 adults on Healthy Options to ask about the **quality of care and service** they have been getting from their health plan.

Adult's Care	Five topics from this survey are listed below:
Below ★	Whether adults got the care they needed without problems
Better ★★★	Whether adults got care without long waits
Average ★★	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
Average ★★	Whether office staff were helpful, and treated patients with courtesy and respect
Average ★★	Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Molina Healthcare** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Molina Healthcare** to results for other health plans.

Regence BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

You can sign up for Regence BlueShield if you live in one of these counties:

Clallam, Grays Harbor, Island, Pacific, Pierce, San Juan, Skagit, Snohomish* and Yakima

*RBS is only in zip codes 98282 and 98292 in Snohomish County.

Do you have questions or want more information about Regence BlueShield?

Please call us at Customer Service, Monday – Friday, 8:00 a.m. to 5:00 p.m. (calls to these numbers are free):

TOLL FREE
1-800-669-8791

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-253-573-3260.

- Regence BlueShield has been serving communities for over 80 years
- Regence Blue Shield's Healthy Options Member Service Unit only serves the needs of our Healthy Options members
- Regence BlueShield is held to the National Blue Cross and Blue Shield Association's standards for customer service and claims processing

What benefits will you get from this plan?

Regence BlueShield gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Regence BlueShield do on the member survey?

For each of the five survey topics, here is how **Regence BlueShield** scored on:

The State of Washington surveyed more than 2,000 adults on Healthy Options to ask about the **quality of care and service** they have been getting from their health plan.

Adult's Care	Five topics from this survey are listed below:
Average ★★	Whether adults got the care they needed without problems
Average ★★	Whether adults got care without long waits
Average ★★	Whether their doctors spent enough time with them, listened carefully, gave good explanations, and showed respect
Average ★★	Whether office staff were helpful, and treated patients with courtesy and respect
Average ★★	Customer service from the health plan — whether people got the help and information they needed without problems

What do these scores mean? These scores tell how well **Regence BlueShield** did compared to other Healthy Options plans throughout the state. "Average" means the average score for all of the health plans combined. **How can you use these scores?** You can use these scores to compare survey results for **Regence BlueShield** to results for other health plans.

Asuris
Northwest Health
A Regence Affiliate

You can sign up for Asuris Northwest Health if you live in one of these counties:

Spokane

Do you have questions or want more information about Asuris Northwest Health?

Please call us at Customer Service, Monday – Friday, 7:30 a.m. to 5:00 p.m. (calls to these numbers are free):

TOLL FREE
1-866-240-9560

The TTY/TDD number (for people who have difficulties with hearing or speech) is 1-253-573-3260.

- Asuris Northwest Health is a Regence affiliate.
- Asuris Northwest Health Healthy Options Member Service Unit only serves the needs of our Healthy Options members
- Asuris Northwest Health has an extensive provider network.

What benefits will you get from this plan?

Asuris Northwest Health gives you the same basic benefits and services as all of the other plans for people on Healthy Options.

How well did Asuris Northwest Health do on the member survey?

There are no member survey results for this plan because it did not have enough adults to survey in 2003.