



# IMPORTANT PHONE NUMBERS

1.855.315.5386

713.295.6704

7-1-1

1.800.835.2362

1.833.955.1528

1.866.333.2757

[Navitus.com](https://www.navitus.com)

1.800.552.6694

[Ppsrx.com](https://www.ppsrx.com) (Kroger Mail Order)

1.844.293.1752

1.855.539.5881

[CommunityHealthChoice.org](https://www.CommunityHealthChoice.org)

1.877.888.0002



# CONTENTS

Welcome to Community Health Choice	4
Covered Services	5
Value-Added Program	6
Emergency, After-Hours Care, Non-Network Providers, and Out-of-Area Services	8
Financial Responsibilities	11
Limitations and Preferred Drug List	12
Prior Authorization	14
Continuity of Care	16
Member Rights and Responsibilities	16
Complaints and Appeals of Adverse Determinations	17
Appeals	18
Network Providers	20
Marketplace Service Areas	21
Fraud and Abuse	27
Notice of Privacy Practices	27, 28, 29

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Member Handbook 

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Evidence of Coverage

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## Telehealth Services

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Community Health Choice offers services through a telehealth vendor to all of its Marketplace Members.

Through a telehealth vendor, Community gives you 24/7/365 access to quality medical care via video and telephone consultations. The doctors available through our vendor

access to convenient, quality care at no cost to you. Call toll-free at 1.800.835.2362.

Through the telehealth vendor, services are provided for the treatment of many routine

bronchitis, allergies, urinary tract infections, skin problems, and more.

### WHEN SHOULD YOU USE TELEHEALTH SERVICES:

- 1 If you are considering the ER or an Urgent Care Center for non-emergency issues after hours.
- 2 If you are sick while on vacation, a business trip or away from home.
- 3
- 4 If your PCP offers Telehealth services.

## Care Management Program

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Our Care Management team focuses on coordinating healthcare interventions for Members who qualify. We concentrate on your needs by contacting you if we see that you may not be taking full advantage of available resources, such as medications and Providers. Our goal is to improve your awareness of ways to optimize your quality of

life so that you are well. TM (sources, sucyava0-0 n <m (bers who qualif)Tj -0.ng ful894 3i gs /SBgn re Mem-0.916 Tcull) 0 <mf.111LMemTm



## What is an emergency or emergency care?

### How soon can I expect to be seen? \_\_\_\_\_

An emergency medical condition means your symptoms are severe and sudden and could place your health or life in jeopardy if you do not get help right away. For pregnant women, this includes sickness or injury of such nature that failure to get immediate medical care could result in serious jeopardy to the health of the fetus.

If you need emergency care:

- 1 Call 9-1-1 or go to the nearest network hospital emergency room; or
- 2 Find the nearest hospital emergency room if your condition does not allow you to go to a network hospital.
- 3 Call your doctor or PCP as soon as possible.







# FINANCIAL RESPONSIBILITIES



# LIMITATIONS

THESE LIMITATIONS AND EXCLUSIONS APPLY TO ANY SERVICE PROVIDED BY THE PROVIDER HAS PERFORMED OR PRESENTS AS AN APPROPRIATE SERVICE

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# PRIOR AUTHORIZATION

## Prior Authorization ---

Prior authorization means Community reviews proposed services and prescription drugs to determine if they are medically necessary before they are provided. We require prior authorization for certain services and prescription drugs, unless your healthcare practitioner has a prior authorization exemption for the particular services and/or prescription drugs.

Prior authorization does NOT guarantee that we will cover or pay for the service, procedure or prescription drug reviewed if the healthcare practitioner for those services has materially misrepresented the proposed services or has substantially failed to perform the proposed services.

Services and prescription drugs that do or do not require prior authorization are subject to change. We have a list of services that require prior authorization and a prescription drug formulary that tells you when prior authorization is required for prescription drugs. To obtain a list, go to [www.CommunityHealthChoice.org](http://www.CommunityHealthChoice.org) or contact our Member Services

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## CARE



## RESPONSIBILITIES

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# COMPLAINTS AND APPEALS OF ADVERSE DETERMINATIONS

## Complaint

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on your behalf. If you have a complaint, please call us at 713.295.6704 or toll-free at 1.855.315.5386. A Community

complaint. Most of the time, we can help you right away, or at the most, within a few days. If you need language assistance to

1.855.315.5386.

If you complain orally, we will send you a one-page Complaint Form. The Complaint Form must be returned to us for prompt resolution. You can also write a letter. Send your complaint to the address below:

complaint, We will send you a letter telling you that we received your complaint. This letter will explain the complaint process. Community documents the substance of your complaint and investigates each complaint received. We will send you a resolution letter within thirty (30) calendar days from the date of receipt of your written complaint or receipt of the one-page Complaint Form.

If your complaint is concerning an emergency or denial of continued stay for hospitalization, it will be resolved no later than one (1) business day after we receive the complaint. The investigation and resolution will be concluded in accordance with the medical or dental immediacy of the case. Community will provide a review by a physician who:

- Has not previously reviewed the case; and
- Is of the same or a similar specialty as the physician or Provider who would typically manage the medical condition, procedure or treatment under consideration

The physician or Provider reviewing the appeal may interview the patient or the patient's representative and will decide the appeal. The initial notice will be given orally with a written notice within three (3) days after the decision.

If the complaint is not resolved to your satisfaction, you have the right to appeal to a Complaint Appeal Panel (CAP). You may appear in person before a CAP where you normally receive healthcare services, unless another site is agreed to by you or you address a written appeal to the CAP. The CAP will have equal numbers of:

- Our staff
- Providers
- Members



# APPEALS

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# MARKETPLACESERVICE AREAS



# NETWORK PROVIDERS

## Search our online directory of Network Providers

Search our online directory of Network Providers at [www.CommunityHealthChoice.org](http://www.CommunityHealthChoice.org). Our online directory is updated in real time. Please check the online directory before you obtain services to ensure that the Provider is still in our Network. When searching, be sure to select the correct network for the plan in which you are enrolled. If you do not have access to our online directory, contact Community Member Services at 713.295.6704, Toll-free at 1.855.315.5386 or email [MemberServices@CommunityHealthChoice.org](mailto:MemberServices@CommunityHealthChoice.org).

Our online directory provides an alphabetical listing of all the physicians and Providers, including specialists. Our online directory also provides a listing for behavioral health and substance abuse treatment Providers. Search our online directory at [www.CommunityHealthChoice.org](http://www.CommunityHealthChoice.org).

## Participating Providers

In most instances, there are participating Providers available to provide Medically Necessary services. Participating Providers have agreed to accept discounted or negotiated fees. You are responsible for paying the participating Provider for any applicable deductible and/or copayment for services received. We offer different managed care plans, and a provider who participates in one plan may not necessarily be a Participating Provider for other plans offered by Community Health Choice.

## Referrals

Discuss all your medical needs with your PCP. If you and your PCP determine that you need to see a specialist, your PCP should refer you to a specialist in our Provider Network. We have a wide range of specialists in our Provider Network. Although we allow open access to specialists without a referral from a PCP or authorization from us, some specialists will require a referral from your PCP.

## Referral vs. Authorization

A referral is a consultation for evaluation and/or treatment of a patient requested by one doctor to another doctor.

All medical needs should be discussed with the PCP. Although we allow open access to specialty care physicians without a referral from a PCP or authorization from us, some specialty

care physicians will require a referral from your PCP. If you and your PCP determine that there is a need to see a specialty care

We do require prior authorization for certain services. Visit our Web site at [www.CommunityHealthChoice.org](http://www.CommunityHealthChoice.org) or call the Member Services' telephone number on your Member ID card for a list of services that require prior authorization.

## Medically Necessary

Medically Necessary means the required extent of a healthcare service, treatment or procedure that a healthcare practitioner would provide to his/her patient for the purpose of diagnosing, alleviating or treating an illness or bodily injury or its symptoms. The fact that a healthcare practitioner may perform a service, does not make it medically necessary. For example, a patient with a cold or flu does not require a CT scan or MRI. Such healthcare service, treatment or procedure is not medically necessary.



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We do require prior authorization for certain services. Visit our Web site at [www.CommunityHealthChoice.org](http://www.CommunityHealthChoice.org) or call the Member Services' telephone number on your Member ID card for a list of services that require prior authorization.

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If you need emergency care:

- 1 Call 9-1-1 or go to the nearest network hospital emergency room; or
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# MARKETPLACESERVICE AREAS





# MARKETPLACESERVICE AREAS



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