



Important Things to Know

About Your Health Insurance Plan & Benefits



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CoOpportunity Health is required by state and federal regulations to provide newly enrolled members with important information about health plan policies and practices. Please take a few minutes to review the information provided in this booklet so that you and your family understand your rights and responsibilities as a member, and know what to expect from CoOpportunity Health. You also may access all of this information, and more, on the member public and secure website at coOpportunityhealth.com/Member.

HOW TO ACCESS IMPORTANT INFORMATION ONLINE

Public Website: You can find more important information about your health plan online at coOpportunityhealth.com/member.

- Emergency Care
- Voicing Complaints
- Submitting Claims
- Obtaining Care After Hours
- National Committee for Quality Assurance (NCQA)

Register to Access Personalized Member Documents

It's important to register for our secure member website so you can access personal information and documents specific to your insurance coverage and benefits. Registration is easy. Just go to coOpportunityhealth.com/member and click "Register Now." Access to most information is immediate.

- Covered benefits and services
- Limitations and exclusions
- Copayments and other charges for which you may be responsible
- Restrictions on benefits that apply to services obtained outside your care system or service area

NOTICE OF PRIVACY PRACTICES

For Your Personal Health & Your Personal Financial Information

EFFECTIVE 10/01/2013

The privacy of your personal health and your personal financial information is important to you and to CoOpportunity Health. This Notice of Privacy Practices (“Notice”) describes how CoOpportunity Health, and any third party that receives personal health or personal financial information from or for us, manages and protects your personal health and your personal financial information. CoOpportunity Health is required by law to maintain the privacy of your personal health and your personal financial information. We are required to provide you this Notice specifying our legal duties with respect to your personal health and your personal financial information and to abide by the terms of this Notice.

Does This Notice of Privacy Practices Apply to You?

This Notice is for our insured health plans. This Notice applies to you if you are member or applicant of one of our insured health plans. If you are a member of a self-funded group health plan offered through your employer or another plan sponsor, the privacy practices of your group health plan should be provided to you by the group health plan administrator. Please check with your group health plan administrator for those privacy practices.

Changes to This Notice of Privacy Practices

We reserve the right to make changes in our privacy practices. We may do so, to the extent required or permitted by law, by changing the terms in this Notice. We may apply those changes, to the extent required or permitted by law, to all personal health and personal financial information we maintain. If we materially change this Notice and you are a member of our health plans, you will receive a new Notice within 60 days of the change. Our current Notice is always available on our website at coOpportunityhealth.com/member/importantinformation.

Right to Obtain a Copy of This Notice of Privacy Practices

You may request a copy of this Notice by contacting CoOpportunity Health using the contact information at the end of this Notice. This Notice also is available on our website at coOpportunityhealth.com/member/importantinformation.

Summary of How CoOpportunity Health Protects Your Personal Health & Your Personal Financial Information

CoOpportunity Health permits access to your personal health and your personal financial information by our staff and others only to the extent they need that information to administer your health plan and benefits or to comply with legal or accreditation requirements. CoOpportunity Health maintains physical, electronic and administrative safeguards designed to protect your personal health and financial information and prevent its unauthorized access, use or disclosure.

Health Information Privacy

THIS PART OF THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Summary

CoOpportunity Health may use and disclose your personal health information to help with your healthcare treatment, to pay for that treatment, to carry out healthcare operations, and in other ways permitted or required by law. We are otherwise required to get your permission before we may use or disclose your personal health information. You have several other rights related to the privacy of your personal health information. We describe your rights and our obligations further below.

What Is “Personal Health Information”?

“Personal health information” is information about you that relates to your past, present or future physical or mental health, payment for healthcare services, or the provision of healthcare services. Personal health information includes information we receive from you on applications, other forms and other communications. It includes your demographic information, such as your name, address and phone number, as well as your Social Security Number, health plan identification number, date of birth, and health history. It also includes information that results from your doing business with us and the third parties we work with, such as transactions involving enrollment, claims payment, prior approvals, referrals and coverage determinations.

When CoOpportunity Health Must Use or Disclose Your Personal Health Information

We must use or disclose your personal health information to furnish that information to you or to your personal representative who has a legal right to act on your behalf. We also must use and disclose your personal health information to the U.S. Department of Health and Human Services as necessary to demonstrate that we are protecting the privacy of health information as required by law.

How CoOpportunity Health May Use & Disclose Your Personal Health Information

We may use and disclose your personal health information for treatment, payment and healthcare operations, and as otherwise required or permitted by you or by law. Examples of how we may use and disclose your personal health information include:

- **Treatment** — We may use or disclose your personal health information to aid in your treatment by a physician or other healthcare provider. This may include information sharing to coordinate care or to support preventive health, early detection, and disease and care management programs.
- **Payment** — We may use or disclose your personal health information to determine eligibility or coverage for benefits, pay claims for healthcare services provided to you, and conduct utilization management.
- **Healthcare Operations** — We may use or disclose your personal health information in connection with healthcare operations. Healthcare operations include quality oversight and improvement activities, fraud/abuse prevention and compliance programs, health improvement and population health management.

Healthcare operations also include underwriting, enrollment, premium rating and other activities related to creation, renewal or replacement of health insurance coverage. We are prohibited from using or disclosing genetic information for underwriting purposes.

Sharing With Family, Friends & Others Involved in Your Care or Payment for Care

We may use your personal health information with and disclose it to a family member, friend or other person you involve in your healthcare or payment for your healthcare services. We will use and disclose only the information that is relevant to the person’s involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your healthcare in appropriate situations, such as a medical emergency or during disaster relief efforts.

Before we make these kinds of uses or disclosures, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether using or disclosing your personal health information is in your best interest under the circumstances.

Sharing With Business Associates

We may use your personal health information with and disclose it to third parties with whom we contract to perform functions or provide services for us or on our behalf. Our contracts with these business associates include assurances that require them to safeguard your personal health information. Examples of functions and services that these business associates may perform or provide include claims processing and administration, enrollment, premium payment administration, benefits management, utilization management, quality assurance, data analysis and processing, actuarial, accounting and legal.

Sharing With Employers & Other Group Health Plan Sponsors

We may disclose to an employer or other sponsor of a group health plan whether you are enrolled or disenrolled in that group health plan. We may disclose summary health information to an employer or other sponsor of a group health plan in which you participate for use in obtaining premium bids for the health insurance coverage offered by the group health plan or in determining whether to modify, amend or terminate the group health plan.

We may disclose personal health information of members in a group health plan to the employer or other sponsor of the group health plan to administer the group health plan. Before we may do so, the employer or other sponsor must amend the plan document for the group health plan to establish the limited uses and disclosures that may be made of members' personal health information.

When Your Permission Is Required for CoOpportunity Health to Use or Disclose Your Personal Health Information

We are required to obtain your written authorization to use or disclose your personal health information for purposes that do not involve treatment, payment or healthcare operations or that are not otherwise required or permitted by law. For example, we may need you to sign a written authorization before we may provide information to a life insurance company or a potential employer on your behalf.

If you give us your written authorization, the person or organization you authorize to receive your personal health information may not be obligated to protect it. You may revoke your authorization at any time in writing; however, you cannot revoke the authorization for instances in which we have already relied upon it.

The following uses and disclosures will be made only with your authorization: 1) use or disclosure of your personal health information for marketing; 2) sale of your personal health information; and 3) any other use and disclosure not described in the Health Information Privacy part of this Notice or otherwise required or permitted by law.

Uses & Disclosures Required or Permitted by Law

Health plans are regulated by law and their activities often relate to public health or public benefit activities. CoOpportunity Health may be required or permitted to use or disclose your personal health information without your authorization in the following situations:

- With public authorities for public health activities, such as tracking and controlling healthcare costs, certain diseases, injuries and other health conditions; for health and health plan oversight functions, such as licensure, audits and fraud and abuse prevention and investigation; or for public benefit activities, such as protecting public health and safety, preserving national security and protecting government officials, and supporting military and veterans affairs;
- For reporting victims of abuse, neglect or other crimes;
- In response to judicial, law enforcement or administrative governmental bodies, such as in response to search warrants, subpoenas or court orders or to report crime;

- With medical examiners or coroners and for organ donation purposes;
- For workers' compensation purposes;
- In support of research in accordance with required privacy protocols; and
- As required by law.

Uses & Disclosures About Plan Benefits or Services

We may use or disclose your personal health information to tell you about plan benefits, treatment alternatives, health and health plan-related products and services, and plan networks, and to send you reminders to obtain certain healthcare services.

Additional Restrictions on Use or Disclosure of Your Personal Health Information

State and federal laws may require special privacy protections that further restrict our use or disclosure of certain types of personal health information that may be particularly sensitive, such as information about substance abuse treatment, mental health treatment, genetic information, HIV/AIDS, sexually transmitted disease and reproductive health, and child or adult abuse or neglect. We will comply with these more restrictive laws as may be applicable to any portion of your personal health information.

Your Privacy Rights & How You Exercise Them

You have the following rights with respect to your personal health information. To exercise these rights, contact CoOpportunity Health using the contact information at the end of this Notice.

- **Right to Request Access to Your Personal Health Information**
You have the right to request a copy of your personal health information that we maintain and use to make decisions. We may deny your request for certain limited reasons; if we do, you will have the right to have our denial reviewed. We may charge a fee for the costs of copying, mailing and other expenses related to fulfilling your request.
- **Right to Request an Amendment of Your Personal Health Information**
You have the right to request an amendment of your personal health information we maintain and use to make decisions about you. We are not required to agree to your requested change. If we do not agree, you may file a written statement of disagreement with our decision, which will become part of the personal health information we maintain about you.
- **Right to Request Restriction of Your Personal Health Information**
You have the right to ask us not to use or disclose your personal health information for certain purposes. However, we are not required to agree to your request, and even if we do, we may be required to provide information for purposes of emergency treatment.
- **Right to Request Confidential Communications**
You have the right to ask us to communicate with you about confidential matters, including your personal health information, by alternative means or at alternative locations, and we will abide by your request if we can.
- **Right to Request Accounting of Disclosures**
You have the right to request an accounting of instances during the six years preceding your request when we disclosed your personal health information for purposes other than treatment, payment or healthcare operations, and certain other disclosures required or permitted by law. We are required to fulfill your request once without charge, subject to certain expectations, within each 12-month period.
- **Right to Notice of Breach**
In the unlikely event of a breach in the security of your personal health information, we will notify you about the occurrence, what

we are doing to mitigate harm and prevent further occurrences, and steps you can take to avoid potential harm.

- **Right to Complain About Our Privacy Practices**

If you believe that CoOpportunity Health has violated your privacy rights, you may complain to us directly, using the contact information at the end of this Notice or to the Office for Civil Rights, United States Department of Health and Human Services, without fear of reprisal.

Contact Information

We encourage you to contact us if you have questions or concerns or want further information about this Notice, our Privacy Practices or your privacy rights.

Call Member Services at **1.888.324.2064**.

You also may call our Privacy Officer at **1.855.977.7161**.

Financial Information Privacy

THIS PART OF THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

Personal Financial Information We Collect

CoOpportunity Health collects personal financial information about you, such as your name, address, age, gender, and Social Security Number, and your premium payment and claims history, from your application and your transactions with us.

What Is “Personal Financial Information”?

“Personal financial information” is information about you as a member or applicant for a CoOpportunity Health health plan that identifies you, is not generally publicly available, and is collected from you or obtained in connection with providing health insurance coverage to you. The personal financial information to which this Financial Information Privacy part of this Notice applies is separate and distinct from personal health information. Our Privacy Practices with respect to your personal health information are addressed above, in the Health Information Privacy part of this Notice.

How CoOpportunity Health May Disclose Your Personal Financial Information

We do not disclose your personal financial information to any third party except as required or permitted by law. Examples of permitted disclosures include sharing your personal financial information with third parties for business purposes, such as processing your transactions or maintaining your accounts and records, for performing services for us, or for responding to court orders, subpoenas, and legal investigations.

Contact Information About Our Privacy Practices

We encourage you to contact us if you have questions or concerns or want further information about this Notice, our Privacy Practices or your privacy rights. We encourage you to contact us if you have a complaint about our Privacy Practices or your privacy rights. We will not retaliate in any way for asking questions, requesting further information or filing a complaint.

You may contact us by phone, email or mail as follows:

Call Member Services at **1.888.324.2064**.

You also may contact our Privacy Officer at **1.855.977.7161**.

Email address:

Privacy@coOpportunityhealth.com

Mailing address:

Privacy Officer
CoOpportunity Health
2700 Westown Parkway, Suite 345
West Des Moines, IA 50266-1411

MEMBER RIGHTS & RESPONSIBILITIES

As a member of CoOpportunity Health, you are entitled to certain rights and services. Similarly, you have a responsibility to participate in your healthcare. A good partnership between you, your healthcare provider, and CoOpportunity Health will enhance your ability to receive the maximum benefit from your health plan. Here is a summary of your rights and responsibilities:

Members Have the Right to:

1. Receive information about their health insurance plan, their practitioners and providers, and members' rights and responsibilities.
2. Courteous treatment. We respect your right to:
 - Be treated with respect and recognition of your dignity. We will not discriminate on the basis of race, religion, national origin, sex, age, sexual preference, type of illness, physical or mental disability, or financial status.
 - Be addressed in a manner that is comfortable to you.
 - Know your healthcare providers. You have the right to ask all personnel involved in your care to introduce themselves, state their positions and explain what they are going to do for you.
3. Available and accessible services, including emergency services. Responsibility for payment for such services will be determined by your plan's coverage provisions.
4. Privacy. Plan providers are required to respect the privacy of all members. Case discussions, examinations and treatment are confidential and conducted discreetly.
5. A candid discussion with a provider regarding appropriate or medically-necessary treatment options for a specific condition, regardless of cost or plan coverage provisions.
6. Be informed about your healthcare and to receive information about proposed treatments and alternatives.
7. An explanation from healthcare provider(s) regarding:
 - Diagnosis
 - Recommended treatment and alternatives to treatment
 - Potential outcomes and/or prognosis
 - Significant benefits and risks of each alternative
8. Include family members or friends in discussions and decisions related to your healthcare and healthcare coverage, and allow them to receive information on the member's behalf if appropriate permissions have been granted.
9. Designate others, through written power of attorney, to assist you in making important medical decisions when you are incapacitated.
10. Participate with providers in making decisions about your care. These rights generally include:
 - Giving informed consent, i.e., agreeing to treatment based on a full explanation of a disease and the risks and benefits of proposed treatment, as well as alternative treatments
 - Refusing diagnostic procedures or treatment. It is your right to decide whether you wish to be treated and, if so, by which method of treatment.

Note: You may be treated without consent under certain circumstances, including in an emergency and when immediate action must be taken. The consent of a legal guardian may be required if you are a minor, unconscious or unable to give consent.

11. Make individual decisions based on your personal beliefs and values, as well as on the available medical information. You may be faced with making critical treatment choices while you are under the care of a healthcare provider. We respect your right.
12. Appropriate confidentiality of all medical and financial records in accordance with state and federal law. Generally, your medical records will not be released to anyone unless you grant permission in writing, or we are required or permitted, under applicable law, to use or release this information. Certain examples of permitted releases of information are:
 - Where required by a court order
 - To medical personnel in a medical emergency
 - As necessary to facilitate complaint investigations or inspections by federal or state regulatory authorities
 - To qualified personnel for research, audit or program evaluation, as long as individuals cannot be identified
13. Voice complaints or submit appeals about your health plan or the care provided under your plan.
14. Make recommendations regarding member rights and responsibilities.

As a member of CoOpportunity Health, you also have responsibilities.

Members Have the Responsibility to:

1. Be honest and to provide, to the extent possible, complete information that we need to administer plan benefits and our providers need to provide care. It is essential that a member provide an accurate and complete medical history. Tell those who are caring for you exactly how you feel about the things that are happening to you.
2. Ask for clear explanations. If the explanation of your medical problem or treatment plan is not clear, ask for the information you need. You also may want to ask:
 - Why a treatment is recommended
 - What alternatives are available
 - If the treatment is new or experimental
 - If the treatment causes discomfort or pain
 - How long the treatment will take
 - What risks or side effects are involved
 - About the credentials of the person providing treatment
3. Understand your health problems and to participate in developing mutually agreed upon treatment goals to the greatest degree possible. Once a you have agreed upon a treatment plan, it is your responsibility to follow the prescribed plan and instructions for care. It is your responsibility to advise the healthcare provider treating you if you are unable to follow a treatment plan.
4. Make informed decisions. Because you are responsible for the decisions you make about your care, we encourage you to gather as much information as you need to make your decisions. You have the responsibility to ask questions of your healthcare provider when you do not fully understand the information shared with you about your health status or treatment recommendations and options. You may be asked to consent in writing to certain tests, procedures or operations. Ask as many questions as are needed to fully understand each document you are asked to sign. If you change your mind or refuse a treatment, discuss your reasons with your healthcare provider.

5. Report changes in your health. Tell your healthcare provider about any changes in your health.
6. Know your medications. Know or write down the names and purposes of the medications you are taking or have taken recently.
7. Know your providers. Try to know the names and the positions of everyone who cares for you (doctors, dentists, nurses, etc.). Also, know the names and addresses of your previous healthcare providers.
8. Take the appropriate steps to preserve your health and promote your wellness. These steps include the choices you make every day regarding your diet, exercise, tobacco, alcohol or drug use, stress management, personal safety, and sleep habits.

CLAIMS APPEAL & EXTERNAL REVIEW

You have a right to appeal any decision we make that denies payment on your claim or your request for coverage of a healthcare service or treatment. You may request more explanation when your claim or request for coverage of a healthcare service or treatment is denied or the healthcare service or treatment you received was not fully covered. Contact us when you:

- Do not understand the reason for the denial;
- Do not understand why the healthcare service or treatment was not fully covered;
- Do not understand why a request for coverage of a healthcare service or treatment was denied;
- Cannot find the applicable provision in your Benefit Plan Document;
- Want a copy (free of charge) of the guideline, criteria or clinical rationale that we used to make our decision; or
- Disagree with the denial or the amount not covered and you want to appeal.

If your claim was denied due to missing or incomplete information, you or your healthcare provider may resubmit the claim to us with the necessary information to complete the claim.

Appeals: All appeals for claim denials (or any decision that does not cover expenses you believe should have been covered) must be sent to CoOpportunity Health, Member Services Department, 8170 33rd Avenue South, P.O. Box 1309, Minneapolis, MN 55440-1309 within **180 days** of the date you receive our denial. We will provide a full and fair review of your claim by individuals associated with us, but who were not involved in making the initial denial of your claim. You may provide us with additional information that relates to your claim and you may request copies of information that we have that pertain to your claims. We will notify you of our decision in writing within **30 days** of receiving your appeal. If you do not receive our decision within **30 days** of receiving your appeal, you may be entitled to file a request for external review. You may telephone us at 1.888.324.2064 if you need assistance in submitting your appeal.

External Review: Once you have completed the internal grievance process as described above, you may be entitled to an External Review of your claim denial. You may not have to complete the internal grievance process if you are entitled to an expedited external review of the adverse determination. The expedited external review may be requested once the internal appeal has been filed with us. If we have denied your request for the provision of or payment for a healthcare service or course of treatment, you may have a right to have our decision reviewed by independent healthcare professionals who have no association with us. If our decision involved making a judgment as to the medical necessity, experimental or investigational nature, appropriateness, healthcare setting, level of care or

effectiveness of the healthcare service or treatment you requested, you may submit a request for external review within **four (4) months** to the appropriate state insurance division.

Iowa Members

Iowa Insurance Division
601 Locust St., 4th floor
Des Moines, IA 50309-3738

Telephone: 1.877.955.1212 or 1.515.281.6348

Fax: 1.515.281.3059

Website: www.iid.state.ia.us

Email: iid.marketregulation@iid.iowa.gov

You may contact the Iowa Insurance Division for more information. In addition, the forms may be accessed on the Iowa Insurance Division website at www.iid.state.ia.us. For standard external review, a decision will be made within **45 days** of receiving your request. If you have a medical condition that would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function if treatment is delayed, you may be entitled to request an **expedited external review** of our denial. If our denial to provide or pay for healthcare service or course of treatment is based on a determination that the service or treatment is experimental or investigational, you also may be entitled to file a request for external review of our denial. For details, please review your Benefit Plan Document, contact us or contact the Iowa Insurance Division.

Nebraska Members

Nebraska Department of Insurance
P.O. Box 82089
Lincoln, NE 68501-2089

Telephone: 1.877.564.7323

Fax: 1.402.471.6559

Website: www.doi.nebraska.gov

You may contact the Department of Insurance for more information. In addition, the forms may be accessed on the Department of Insurance website at www.doi.nebraska.gov. For standard external review, a decision will be made within **45 days** of receiving your request. If you have a medical condition that would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function if treatment is delayed, you may be entitled to request an **expedited external review** of our denial. If our denial to provide or pay for healthcare service or course of treatment is based on a determination that the service or treatment is experimental or investigational, you also may be entitled to file a request for external review of our denial. For details, please review your Benefit Plan Document, contact us or contact the Nebraska Department of Insurance.

HOW WE PAY PROVIDERS

Our goal in reimbursing providers is to provide affordable care for our members while encouraging quality care through best care practices and rewarding providers for meeting the needs of our members. Check with your individual provider if you wish to know the basis on which he or she is paid. Several different types of reimbursement arrangements are used with providers. All are designed to achieve that goal.

- Some providers are paid on a “fee-for-service” basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.

- Some providers are paid on a “discount” basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- Sometimes we have “case rate” arrangements with providers, which means that for a selected set of services the provider receives a set fee, or a “case rate,” for services needed up to an agreed upon maximum amount of services for a designated period of time. Alternatively, we may pay a “case rate” to a provider for all of the selected set of services needed during an agreed upon period of time.
- Some providers — usually hospitals — are paid on the basis of the diagnosis that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or “per diem,” according to the number of days the patient spent in the facility.
- Some providers — usually hospitals — are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.
- Occasionally our reimbursement arrangements with providers include some combination of the methods described above. For example, we may pay a case rate to a provider for a selected set of services needed during an agreed upon period of time, or for services needed up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services that are not provided within the time period or that exceed the maximum amount of services. In addition, although we may pay a provider, such as a medical clinic, using one type of reimbursement method, that clinic may pay its employed providers using another reimbursement method.
- To promote improvements in quality of care and efficiencies leading to cost effective care, we have developed “Shared Savings” programs with some provider groups (facilities and physicians), which share with the providers a portion of the realized care cost savings from improvements. These programs can be general in focus, measuring overall “expected” care costs against “actual” overall care cost, or more focused, addressing specific areas of care with specific goals on improvements. The goal of these programs is to benefit members through medical cost savings.

COVERAGE FOR NEW TREATMENTS, DEVICES, PHARMACEUTICALS, PROCEDURES & TECHNOLOGIES

Our goal is to cover the use of new technologies and new uses for established technologies when they’ve been scientifically demonstrated to be safe, effective, and medically necessary for the condition being treated. To help us decide whether to begin covering new therapies and procedures, we review the recommendations of the HealthPartners Medical Directors Committee. This physician-led group, which includes CoOpportunity Health’s Medical Director, follows a formal process to analyze information from such varied sources as peer-reviewed medical articles, formal technology assessments, government regulatory agencies and expert opinions from practicing physicians. CoOpportunity Health generally extends health plan coverage to all procedures, drugs, devices and technologies that have been demonstrated to be safe, effective, and medically necessary unless an equally safe, effective, less costly alternative exists. New technologies that do not meet these standards are considered experimental/investigational and are generally not covered. In some cases, coverage may be limited due to contract exclusions.

QUALITY IMPROVEMENT PROGRAM & EVALUATION

CoOpportunity Health's goal is to be the best health plan, period. Our aim is to ensure our members have access to excellent clinical care, unmatched levels of service, all at affordable prices. To ensure we are meeting these objectives, we measure our progress every step of the way through our Quality Improvement (QI) Program and Evaluation. Follow our progress by reviewing the QI Program Evaluation posted on our website following the completion of each calendar year of service or requesting a copy of the CoOpportunity Health QI Program Evaluation by contacting Member Services.

To obtain a copy of the CoOpportunity Health Quality Improvement Program Description, visit coOpportunityhealth.com/Member. You also can request a copy by contacting Member Services at 1.888.324.2064 (TTY: 1.888.850.4762).

AFFIRMATIVE STATEMENT ABOUT INCENTIVES

It is the policy of CoOpportunity Health that utilization review decisions are made based only on appropriateness of care, service and existence of coverage. Financial incentives, if any, that are offered by CoOpportunity Health (or any entity that contracts with CoOpportunity Health to provide utilization management services) to individuals or entities involved in making utilization management decisions will not encourage decisions that result in underutilization or inappropriate restrictions of care. This means that CoOpportunity Health and entities contracting with CoOpportunity Health to provide utilization management services will not specifically reward, hire, promote or terminate practitioners or other individuals conducting utilization review, for issuing denials of coverage or services. Rather, financial incentives will be designed to encourage appropriate utilization and discourage underutilization.

CLINICAL & PREVENTIVE CARE GUIDELINES

Healthcare guidelines identify best practices for preventing or treating a health condition. CoOpportunity Health promotes and encourages the knowledge and use of these guidelines by our network practitioners. We have adopted the guidelines recommended by the Institute of Clinical Systems Improvement (ICSI) and available at their website www.icsi.org, and the guidelines of the U.S. Preventive Services Taskforce found at www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstf/index.html for use in administering our health plans.

SUMMARY OF UTILIZATION MANAGEMENT PROGRAMS

CoOpportunity Health's utilization management program helps ensure our members receive effective, accessible and high quality healthcare. The criteria and methods used by this program are based on the most up-to-date medical evidence to evaluate appropriate levels of care and treatment. Our program includes activities to reduce the underuse, overuse, and misuse of healthcare services. These activities include:

- Prior authorization of select tests, treatments, services, medications and devices. Go to coOpportunityhealth.com/MedicalPolicies to find the most up-to-date list of services requiring prior authorization.
- The CareCheck® prior authorization program to coordinate out-of-network hospitalizations and certain services.
- Inpatient concurrent review and care coordination to support timely care and ensure a safe and timely transition from the hospital.

- Outpatient case and disease management to provide care coordination and between-visit support of the patient's care plan.

For more information, contact 1.888.324.2064 Monday through Friday from 7 a.m. to 6 p.m. Language assistance is available. For TDD/TTY, call 1.888.850.4762, Monday through Friday from 7 a.m. to 6 p.m.

REPORT FRAUD, WASTE & ABUSE

CoOpportunity Health is committed to preventing, detecting, and reporting fraud, waste and abuse. We all need to help with this important effort. There are several simple steps you can take to prevent and detect fraud, waste and abuse, including knowing the signs and asking questions when something looks or feels suspicious, and reporting your concerns. Some examples of fraud, waste and abuse include being billed for services or treatments you did not receive, using another person's insurance card or identity to receive healthcare services, forging or altering a prescription to receive a different medication, dose or amount than the prescribing practitioner intended. If you have questions or suspect fraudulent activity, call Member Services at 1.888.324.2064. Your call will be kept confidential.

WOMEN'S HEALTH & CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 is a federal law that requires health plans to cover breast reconstruction following a mastectomy. The law requires coverage for reconstruction of the affected breast after mastectomy surgery, for surgery and reconstruction of the other breast, for symmetry, and for prostheses and physical complications at all stages of the mastectomy, including lymphedemas. The need for these services should be discussed with your physician. Breast reconstruction is covered under your medical/surgical benefits and is subject to any deductible and coinsurance limitations as described in your member contract or summary plan description.

LANGUAGE ASSISTANCE

CoOpportunity Health is committed to providing language assistance services for all members with limited proficiency in English or whose disabilities may require special communication technologies. Member Services provides staff interpreters for Spanish speaking members. For members who speak another language, the Language Line is available at no cost for third-party interpretation. The Language Line offers interpreters for a variety of different languages. The Member Services staff also can assist you in locating healthcare practitioners in our network who can communicate with you in the language(s) you or your family speak.

GETTING CARE WHEN TRAVELING

When traveling or working outside of CoOpportunity Health's primary service areas, members enrolled in the **CoOpportunity Premier and Choice UIHA** plans can receive care from in-network providers through our national provider networks — the PHCS Network and the MultiPlan network. Find an in-network provider at multiplan.com or by calling Member Services. CoOpportunity Health members enrolled in **Preferred UIHA** plans do not have any nonemergency out-of-network benefits. If members receive nonemergency services from an out-of-network provider or facility, members are responsible for the entire billed charge. All emergency care received by CoOpportunity Health members is treated as in-network care, even if it is provided at an out-of-network facility.



 1.888.324.2064

 coOpportunityhealth.com/Member



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CoOpportunity Health is a Qualified Health Plan issuer in the Iowa and Nebraska Health Insurance Marketplace. CoOpportunity Health does not discriminate on the basis of age, color, creed, disability, gender identity, health status, national origin, race, religion, sex or sexual orientation in the administration of its products and plans, including enrollment and benefit determinations. CoOpportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.

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