

Western
Health
Advantage



Making the most of your health plan with **Western Health Advantage**



MEMBER GUIDELINES | 2018

advantage  **you**

 visit **mywha.org**



TABLE OF CONTENTS

4	Non-Discrimination and Language Assistance Notifications
6	Access Your Health Plan
7	<i>Member Guidelines</i> Introduction
7	We're Always Here For You
7	New Members
8	Choosing a Provider
9	Provider Directory
9	Online & Mobile Resources
10	Covered Benefits & Services
13	Member Rights & Responsibilities
14	Timely Access To Care
15	Quality Improvement
15	Pharmacy Benefits & Procedures
16	Utilization Management
16	Affirmative Statement
17	Privacy & Confidentiality
17	Reporting Fraud & Abuse
18	Privacy Notice
22	Search Our Directory
24	Urgent, After-Hours and Emergency Care

Western Health Advantage complies with applicable Federal and California civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, as applicable. Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Western Health Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Member Services Manager at 888.563.2250 and find more information online at <https://www.westernhealth.com/legal/non-discrimination-notice/>.

If you believe that Western Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance by telephone, mail, fax, email, or online with: Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.563.2250 or 916.563.2250, 888.877.5378 (TTY), 916.568.0126 (fax), memberservices@westernhealth.com, <https://www.westernhealth.com/legal/grievance-form/>. If you need help filing a grievance, the Member Services Manager is available to help you. For more information about the Western Health Advantage grievance process and your grievance rights with the California Department of Managed Health Care, please visit our website at <https://www.westernhealth.com/legal/grievance-form/>.

If there is a concern of discrimination based on race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Website: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; Phone: 800.368.1019 or 800.537.7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

If you, or someone you're helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 888.877.5378.

SPANISH

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.563.2250, o al TTY 888.877.5378 si tiene dificultades auditivas.

CHINESE

如果您，或是您正在協助的對象，有關於Western Health Advantage方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話888.563.2250或聽障人士專線(TTY) 888.877.5378。

VIETNAMESE

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.563.2250, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 888.877.5378.

TAGALOG

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 888.563.2250 o TTY para sa may kapansanan sa pandinig sa 888.877.5378.

KOREAN

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Western Health Advantage에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 888.563.2250이나 청각 장애인용 TTY 888.877.5378로 연락하십시오.

ARMENIAN

Եթե Դուք կամ Ձեր կողմից օգնություն ստացող անձը հարցեր ունի Western Health Advantage-ի մասին, Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանչի հետ խոսելու համար զանգահարե՛ք 888.563.2250 համարով կամ TTY 888.877.5378՝ լսողության հետ խնդիրներ ունեցողների համար:

PERSIAN-FARSI

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Western Health Advantage (وسترن هلث آدونتیج) داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. لطفاً با شماره تلفن 888.563.2250 تماس بگیرید. افراد ناشنوا می توانند به شماره 888.877.5378 پیام تاپیی ارسال کنند

RUSSIAN

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Western Health Advantage, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 888.563.2250 или воспользуйтесь линией TTY для лиц с нарушениями слуха по номеру 888.877.5378.

JAPANESE

ご本人様、またはお客様の身の回りの方でも、Western Health Advantageについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、888.563.2250までお電話ください。聴覚障がい者用TTYをご利用の場合は、888.877.5378までお電話ください。

ARABIC

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Western Health Advantage، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 888.563.2250، أو برقم الهاتف النصي (TTY) لضعاف السمع 888.877.5378.

PUNJABI

ਜੇਕਰ ਤੁਸੀਂ, ਜਾਂ ਜਿਸ ਕਿਸੇ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Western Health Advantage ਬਾਰੇ ਸਵਾਲ ਹਨ ਤਾਂ, ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 888.563.2250 'ਤੇ ਜਾਂ ਪੂਰੀ ਤਰ੍ਹਾਂ ਸੁਣਨ ਵਿੱਚ ਅਸਮਰਥ ਟੀਟੀਵਾਈ ਲਈ 888.877.5378 'ਤੇ ਕਾਲ ਕਰੋ।

CAMBODIAN-MON-KHMER

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលកំពុងជួយអ្នក មានសំណួរអំពី Western Health Advantage ទេ, អ្នកមានសិទ្ធិទទួលជំនួយនឹងព័ត៌មាននៅក្នុងភាសាបស្ចឹម ដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទ 888.563.2250 ឬ TTY សម្រាប់អ្នកត្រចៀកធ្ងន់ តាមលេខ 888.877.5378។

HMONG

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Western Health Advantage, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 888.563.2250 los sis TTY rau cov neeg uas tsis hnov lus zoo nyob ntawm 888.877.5378.

HINDI

यदि आप, या जिस किसी की आप मदद कर रहे हो, के Western Health Advantage के बारे में प्रश्न हैं तो, आपको अपनी भाषा में मदद तथा जानकारी प्राप्त करने का अधिकार है। दुभाशिए के साथ बात करने के लिए, 888.563.2250 पर या पूरी तरह श्रवण में असमर्थ टीटीवाई के लिए 888.877.5378 पर कॉल करो।

THAI

หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Western Health Advantage คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย เพื่อพูดคุยกับล่าม โทร 888.563.2250 หรือใช้TTY สำหรับคนหูหนวกโดยโทร 888.877.5378

ACCESS YOUR HEALTH PLAN



WHA offers you access to your personal account via our secure, member-only website and mobile apps.

Go online to find a wealth of resources to help you make the most of your health plan, 24 hours a day, 7 days a week!

- Review your copayment summary(ies) and Combined Evidence of Coverage and Disclosure Form (EOC/DF)
- View your preferred drug list
- Search our extensive provider directory
- Review deductible balances if you are enrolled on a deductible plan
- Change your primary care physician
- Order/print ID cards and plan materials

Sign up for access to your MyWHA account > mywha.org

Your personalized online account helps in managing your health plan with the convenience of any-time access. Click "Sign Up For MyWHA Tools" and follow the prompts. All it takes is an email address and some basic information from you.

Download our MyWHA mobile app > mywha.org/apps

The MyWHA mobile app provides access to your WHA member ID card, a map to your doctor's office and details about your plan benefits right on your smartphone or tablet. Download the free app from the iTunes App Store and Google Play.

Access your doctor online or via email > mywha.org/connect

Depending on your medical group's online capabilities, you have options for staying connected with your doctor. You may be able to email your doctor, schedule an appointment, view lab results and more.

CREATE YOUR MYWHA ACCOUNT | Visit mywha.org/personalaccess

Your Western Health Advantage **Member Guidelines** summarizes some aspects of your health plan benefits and/or refers you to where you can find the information on WHA's website

Refer to your Evidence of Coverage/Disclosure Form (EOC/DF) and Copayment Summary(ies) for a detailed description of your coverage benefits and limitations. In case of a conflict between this document and your EOC/DF, the EOC/DF establishes the benefits that will be provided.

This member resource was designed to help you have the best health care experience possible. It is mailed upon enrollment and annually to remind you of the assistance and resources available to you. Also, we encourage you to take advantage of the online resources that are just a click away—go online to learn more about WHA's wellness and health incentive programs, for example.

Note: If you do not have access to the Internet, please call Member Services for assistance. Upon request, Member Services can provide printed copies of any website information.

WE'RE ALWAYS HERE FOR YOU

We know managing your health care benefits can be overwhelming. Our goal is to help you every step of the way. Thank you for giving us the opportunity to serve your health care needs.

Need help? We love to help! Whether you have a question about your health care coverage or need assistance with finding a health care provider who meets your personal needs, a local member service representative is here to help.

Call WHA's Member Services Department Monday through Friday between 8 a.m. and 6 p.m. See the back cover of this booklet or the back of your member ID card for contact information. For the hearing and speech impaired, TDD/TTY service is available in either English or Spanish. The phone number is 888.877.5378 or you can dial 711. Email us 24 hours a day, 7 days a week. Go online to mywha.org/securemessage. We will respond to your inquiry within one business day.

LANGUAGE ASSISTANCE

WHA is committed to providing language assistance to members whose primary language is not English. Qualified interpreters in many languages, including American Sign Language, are available at no cost to help you talk with WHA or your doctor's office.

To get help in your language, call Member Services or learn more by visiting mywha.org/language.

Written information and vital documents are available in Spanish. Documents are also available in other languages, and in large font, Braille, and other alternate formats. Call Member Services to request translated and alternate access versions of WHA documents.

NEW MEMBERS

MEMBER ID CARD

Within a few weeks of enrolling, you received your ID cards inside your Personal Benefits Kit. New ID cards are also mailed whenever a change occurs that affects the information on the card, such as having a new primary care physician (PCP), a name change or a new medical plan. Be sure to always check your ID cards for accuracy. A copy of your enrollment form or electronic enrollment confirmation can be used as temporary proof of coverage until your card arrives. You may also print a temporary ID card by visiting mywha.org or by using our MyWHA Mobile App.

MEMBER ID# 00098765400
RX #: WHA3333



NAME: YOUR NAME
GROUP ID#: 012345
PCP PHONE: (XXX) XXX-XXXX
PCP NAME: YOUR DOCTOR'S NAME
MED GROUP: MEDICAL GROUP
PLAN: PLAN NAME
PLAN TYPE: PLAN TYPE

NETWORK: X
PCP EFF: 01-01-18

Your WHA ID card tells your provider that you are a WHA member and that certain services will require prior authorization (PA) by your PCP. If you do not present your ID card each time you receive services, your provider may fail to obtain PA when needed, and you could be responsible for the resulting charges. Your physician will

receive written notice of authorized or denied services and you will be notified of any denials. Direct your questions about PA to your PCP.

CHOOSING A PROVIDER

YOUR PRIMARY CARE PROVIDER (PCP)

Your PCP is responsible for coordinating all of your health care, by either direct treatment or referral to a participating specialist. All non-urgent care or non-emergency care should be received from your PCP or another participating provider as referred by your PCP. At the time of enrollment, you were required to select a PCP from one of the medical groups in your provider network. Your provider network and medical group is shown on your member ID card. If we did not receive your PCP selection, WHA selected a PCP for you to ensure that you have access to health care when needed.

You may choose any PCP within your provider network as long as that PCP is accepting new patients. We recommend choosing a PCP that is close enough to your home or place of work to allow for reasonable access to care. You may designate a different PCP for each of your covered family members. PCPs include:

- pediatricians (for children)*;
- family practice physicians;
- internal medicine physicians (some have a minimum age limit)*;
- general practice physicians; and
- obstetricians/gynecologists*.

***Note:** Not all internal medicine physicians, pediatricians and obstetricians/gynecologists can be chosen as PCPs. Some may practice only as specialist physicians.

Some doctor's offices may no longer accept new patients because their practice is full. If you have never been seen by the PCP you selected, call his/her office before choosing him/her as your PCP. This gives the office the opportunity to explain any new patient requirements.

CHANGING YOUR PCP

Since your PCP coordinates all of your covered care, it is important that you are completely satisfied with your relationship with him or her. If you want to choose a different PCP, you can do so online at mywha.org or by calling Member Services. Once a new PCP has been assigned to you, WHA will issue a new ID card confirming the physician's name. The effective date is the first day of

the month following notification. You must wait until the effective date before seeking care from your new PCP or the services may not be covered.

WHA'S ADVANTAGE REFERRAL PROGRAM

The Advantage Referral program allows members to access many of the specialist physicians within WHA's network, not just within their medical group. While your PCP will treat most of your health care needs, if your PCP determines that you require specialty care, your PCP will refer you to an appropriate provider. You may request to be referred to any of the WHA network specialists who participate in the Advantage Referral program. Providers who do not participate in the Advantage Referral program are noted in the provider directory, or you may call Member Services to find out who participates in the program.

NOTE: UC Davis-affiliated enrollees are not eligible to receive specialty care through the Advantage Referral Program.

SERVICES THAT DO NOT REQUIRE A REFERRAL

WHA wants to make it easier for you to receive the right care, at the right time, and in the right place—with the best services available. The following services do not require a referral from your PCP:

- **On-call Physician Services:** The on-call physician for your PCP can provide care in place of your physician.
- **Urgent Care:** When an urgent care situation arises while you are in WHA's Service Area, call your PCP any time of the day, including evenings and weekends. Your doctor or the physician on call will direct your care.
- **Emergency Care:** If you are in an emergency situation, call 911 or go to the nearest hospital emergency room. Notify your PCP the next business day or as soon as possible.
- **Gynecology Examination:** A referral is not needed for gynecological services from a participating provider.
- **Obstetrical Services:** A referral is not needed for obstetrical care from a participating provider.
- **Vision:** An annual eye exam (when covered) from a participating provider does not require a referral.
- **Behavioral/Mental Health Services:** See the back of your WHA ID card for the telephone number for your mental health benefits provider or visit mywha.org/bh.

STANDING REFERRALS

If you have a certain life-threatening, degenerative or disabling condition or disease requiring specialized medical care over a prolonged period of time, you may be provided a standing referral. A standing referral is a referral for more than one visit to a specialist or specialty care center that has demonstrated expertise in treating a medical condition or disease involving a complicated treatment regimen that requires ongoing monitoring.

PROVIDER DIRECTORY

FINDING A PCP OR SPECIALIST

For instructions on how to locate and obtain the qualifications of a PCP, specialist or hospital, and how to obtain a list of participating providers, search our online Provider Directory at mywha.org/directory.

To request a printed version of provider information, or to obtain assistance in selecting a provider or obtaining health services, call Member Services.

ONLINE & MOBILE RESOURCES

ACCESS YOUR ONLINE MYWHA ACCOUNT

WHA offers you access to your personal account via our secure, member-only website. Log on to find a wealth of resources to help you make the most of your health plan.

To access your MyWHA account:

1. Go to mywha.org/signup
2. Follow the prompts—you will need a valid email address along with your Social Security number or 11-digit WHA Member ID number as well as some basic information
3. Allow 1 to 2 business days for WHA to verify and process your account access request

EBILL: PAY YOUR BILL

Note: This applies only to members who are direct billed.

Your premium payments are due on the last day of the month prior to the coverage month. You have three options to pay your monthly premium online.

To pay invoices using eBill:

1. Select **eBill: Pay Your Bill** from the MyTOOLS tool bar.
2. Choose your desired payment method:
 - **E-Check:** Make a one-time payment from your checking or savings account.

- **Automatic Payments:** Have your payment automatically withdrawn from your checking or savings account each month. If you've signed up for electronic funds transfer (EFT), your premium will be debited from your account on approximately the 28th of each month. If the 28th falls on a holiday or weekend, the account will be debited on the next business day.
- **Credit Card:** Make a one-time payment with your Visa, MasterCard or Discover card.

To view invoices:

1. Click on **Invoice & Payment History** from the MyTOOLS tool bar and choose from the options:
 - View your invoices and payment history.
 - View/download a specific invoice.

ELIGIBILITY INFORMATION

MyWHA lets you review your current eligibility information as well as your account history. Click on **Eligibility Information** from the MyTOOLS tool bar to view your:

- **Account Information:** Includes your subscriber ID, group ID and group name.
- **Product Information:** View the benefit plan(s) you are currently enrolled in.
- **Member Eligibility:** View enrollment information for you and your dependents.
- **Spoken and Written Language Preference:** The preferred spoken language for you and your dependents.
- **Mental Health Benefits Provider:** Determine which service provider administers your mental health benefits.

CHANGE YOUR DOCTOR

To change a PCP for yourself or dependent(s):

1. Go to mywha.org/changePCP and log in to your MyWHA account.
2. Click on **My Doctor** from the MyTOOLS tool bar to expand the menu. Click **Change My Doctor**.
3. Select the name of the PCP you would like to change.
4. Locate the new provider in WHA's online provider directory, and click on "choose PCP."

We will issue you a new ID card confirming your new PCP's name. The effective date is the first day of the month following notification. You must wait until the

effective date before seeking care from your new PCP or the services may not be covered.

REPLACEMENT ID CARDS

You can quickly and easily order or print replacement ID cards for you or your dependents from MyWHA Tools. ID cards are also available from the MyWHA Mobile App. **Note:** Changing PCPs will automatically generate a request to have a new ID card mailed to you. You can also request a new card(s) from Member Services.

PLAN DOCUMENTS

All of your important plan documents are accessible from the MyDOCUMENTS tool bar (and My Benefits subheader):

- **Medical Copayment Summary**
- **Prescription Copayment Summary** (if applicable)
- **Alternative Medicine Copayment Summary** (if applicable)
- **Infertility Benefit Summary** (if applicable)
- **Vision Benefit Summary** (if applicable)
- **Dental Benefit Summary** (if applicable)
- **Pediatric Dental Benefit Summary** (if applicable)
- **Evidence of Coverage & Disclosure Form(s)**
- **Summary of Benefits and Coverage**
- **Medicare Creditable Coverage**

ADDITIONAL BENEFITS AND SERVICES

Information regarding additional benefits and services are accessible from the MyRESOURCES tool bar.

- **Mental Health:** How to use your behavioral health benefits.
- **Urgent Care:** What to do when you need urgent or emergency care.
- **Pharmacy:** For members with prescription coverage, access Express Scripts' 24/7 online pharmacy, learn your share of costs for prescription medication and search our preferred drug list.
- **Travel Assistance:** When traveling over 100 miles from home, Assist America gives you instant access to travel assistance services, such as medical consultations and referrals, care of a minor child, document assistance and other vital services.
- **Partners in Care:** See a listing of WHA's premier service providers.

HEALTH AND WELLNESS RESOURCES

You have access to preventive health information and resources by visiting mywha.org/healthyliving. Specific benefits to take advantage of include:

- **MyWHA Wellness** online health and wellness tools, including a wellness assessment.
- **24/7 Nurse Advice** over the telephone or by using online chat services.
- **Gym Discounts** from various area locations.
- **Health Classes and Support Groups** offered by our network's medical groups.
- **Healthy Eating** options found online in our library of delicious yet healthy recipes.

MOBILE APPS FOR SMARTPHONES

Download these mobile apps for on-the-go access easily available from the iTunes App Store and Google Play at no cost:

Go Mobile with the MyWHA App: WHA's member app gives you the opportunity to:

- Access your digital member ID card.
- Email or fax your ID cards right from your phone.
- Reach your PCP and get a map to the office.
- Look up details about your plan, such as copayments or pharmacy benefits, if applicable.
- Access WHA's Member Services and Nurse24.

Express Rx App provides members that have prescription coverage from WHA the ability to manage their prescriptions from anywhere.

Assist America Mobile gives you 24/7 access to their medically certified operations center.

COVERED BENEFITS & SERVICES

The Evidence of Coverage/Disclosure Form (EOC/DF) establishes the benefits that will be provided and gives a detailed description of coverage and limitations. In case of a conflict between this document and the EOC/DF, coverage will be administered according to the EOC/DF. Your tailored benefit package may include chiropractic, acupuncture and dental services. Go to mywha.org to download and review your EOC/DF or copayment summary, located under MyDocuments. For a printed copy of this information, contact Member Services.

UNDERSTANDING YOUR COVERED BENEFITS

WHA provides you with a network of doctors and services at facilities that are convenient for you. Along with your PCP, you have access to specialists, hospitals, laboratories, pharmacies, emergency and ambulance services, skilled nursing facilities, home health services, behavioral/mental health services, and many others. You may obtain a printed copy of this information by calling Member Services, or you may visit mywha.org/planbasics and mywha.org/memberfaq for more information on how to obtain health care services.

BEHAVIORAL HEALTH SERVICES

Behavioral and substance abuse services are covered benefits for all WHA members. If you need behavioral health treatment or have questions about your behavioral health benefits, refer to the back of your WHA member ID card or visit mywha.org/bh. For a printed copy of this information, contact Member Services.

COPAYMENTS AND DEDUCTIBLES

Copayments are due when you receive the covered service, but for items ordered in advance, you pay the copayment on the order date. You may also have one or more deductibles. Refer to your EOC/DF and/or Copayment Summary, available online at mywha.org. For a printed copy of this information or for assistance in determining your benefit and financial responsibility for a specific service or treatment from a specified provider, contact Member Services.

POST-STABILIZATION CARE

Once your emergency medical condition is stabilized, your treating health care provider at the hospital emergency room may believe that you require additional post-stabilization services prior to your being safely discharged.

If the hospital is a non-participating hospital, the hospital will contact your assigned contracted medical group or WHA to obtain timely prior authorization for these post-stabilization services. If WHA or its contracted medical group determines that you may be safely transferred to a participating hospital and you refuse to consent to the transfer, you will be financially responsible for 100 percent of the cost of services provided to you at the non-participating hospital after your emergency medical condition is stable. Also, if the non-participating hospital is unable to determine your name and WHA contact information in order to request PA for post-stabilization

services, it may lawfully bill you for such services. If you feel that you were improperly billed for services that you received from a non-participating hospital, contact Member Services.

FOLLOW-UP CARE

Follow-up care after an emergency room visit is not considered an emergency situation. If you receive emergency treatment from an emergency room physician or non-participating physician and you return to the emergency room or physician for follow-up care (for example, removal of stitches or redressing a wound), you will be responsible for the cost of the service.

Call your PCP for all follow-up care. If your health problem requires a specialist, your PCP will refer you to an appropriate participating provider.

LIMITED CARE AVAILABLE OUTSIDE WHA'S SERVICE AREA

Any care received outside of WHA's service area must be limited to medically necessary urgent or emergency services. For more information, visit mywha.org to download your EOC/DF. You may contact Member Services for a printed copy of this information.

ASSIST AMERICA®

As part of your plan, urgent care and emergency care services are covered wherever you are in the world. With WHA you also get the peace-of-mind that comes from travel assistance from Assist America. Anytime you travel 100 miles or more away from home, even in a foreign country, you are eligible for Assist America's assistance services, such as medical consultation and referrals, care of a minor child, lost luggage, document assistance and other vital services that may arise while traveling. For more information, visit mywha.org/travel.

CONTINUING TREATMENT FROM A NON-NETWORK PHYSICIAN

Typically, out-of-network services are not covered except in an urgent or emergency situation. However, if you are a new member currently undergoing acute treatment with a non-participating provider, or an existing WHA member whose physician has terminated with WHA, you may qualify for Continuity of Care (CoC). For more information regarding eligibility for CoC or to obtain a CoC request form, contact Member Services or refer to your EOC/DF. You may also access the Continuity of Care request form at mywha.org.

TRANSITION OF CARE NEEDS

WHA can assist with transitions to other care providers when needed. This may be helpful when you are a new member to WHA, when benefits end, or during the transition from pediatric to adult care. For more information, go to mywha.org/planbasics or call Member Services and ask to speak with a clinical resources representative.

SECOND MEDICAL OPINIONS

A member may request a second medical opinion regarding any diagnosis and/or any prescribed medical procedure. Members may choose any WHA participating provider of the appropriate specialty to render the opinion. If a second opinion is needed from a non-participating provider, prior authorization from WHA or its delegated medical group is required.

All requests for second medical opinions should be directed to the member's PCP. Members may also contact Member Services for assistance or for additional information regarding second opinion procedures. Decisions regarding second medical opinions will be authorized or denied within the following timelines:

- **Expedited Condition (Urgent/Emergent):** based on member's condition, but no more than 72 hours
- **All Other Conditions:** within five (5) working days

NURSE ADVICE LINE (NURSE24SM)

WHA offers all members around-the-clock access to California-licensed, registered nurses who help answer questions about a medical problem they may have, including:

- Caring for minor injuries and illnesses at home
- Seeking the most appropriate help based on the medical concern, including help for behavioral health concerns
- Identifying and addressing emergency medical concerns

They can also help you get the appropriate level of care with the right WHA health care providers. Nurse24 services provide screening, triage and health education services 24 hours a day, seven days a week. Interpreter services are also available upon request.

Call 877.793.3655 (800.877.8793 for TTY) to speak to a nurse or visit mywha.org/healthsupport to chat online with a nurse or to send a secure email.

CASE MANAGEMENT

Case management (CM) services are available, at no extra cost, to any member meeting program criteria. Typically, CM services are provided to members with complex or multiple medical conditions that require many visits to specialists, and to members who require multiple services. Case managers are experienced nurses who personally help you through the complexities of the health care system to make sure you get the care you need under your medical plan. If you need help managing your health care needs, you, your PCP, a relative or anyone else acting on your behalf can request CM assistance from your medical group.

HOW TO REACH A CASE MANAGER

If you or a family member is experiencing a catastrophic health situation and you think you might benefit from CM assistance, discuss your concerns with your PCP and ask him or her to make a referral on your behalf. Or, you may contact your medical group on your own:

- **Canopy Health:** 888.8.CANOPY (888.822.6679)
- **Hill Physicians:** 800.445.5747
- **Mercy/Dignity Health Medical Foundation:** 916.379.2885
- **Meritage Medical Network:** 800.874.0840
- **NorthBay:** 707.646.5012
- **UC Davis:** 800.445.3936 or 916.734.9900
- **Woodland:** 530.662.3961 (ext. 4361)

For more information on this topic, visit mywha.org/cm. You may also call Member Services and ask to speak with a clinical resource representative.

DISEASE MANAGEMENT

Members living with asthma, coronary artery disease or diabetes may qualify to participate in one of the following Disease Management (DM) programs:

- **Asthma Program** (ages 5-56 years)
- **Coronary Artery Disease Program** (ages 18+ years)
- **Diabetes Program** (ages 18-64 years)

The programs are managed by Optum®, WHA's contracted and accredited disease management provider, and are covered benefits with no additional cost to members. The programs are voluntary, which means participants can choose to "opt out" of the programs at any time by contacting Optum or Member Services.

Qualifying members can enroll by calling Optum directly

at 877.793.3655, by completing the online referral form at mywha.org/dm or through a doctor's referral.

To learn more about the programs and how to use the services, visit mywha.org/dm. For a printed copy of this information, contact Member Services.

TAKE CHARGE OF YOUR HEALTH

WHA's health and wellness services and resources, some of which are listed here, combine education and intervention to create awareness about choices that encourage a healthy lifestyle.

- Evidence-based preventive health guidelines developed by WHA based on nationally recognized sources. Available at mywha.org/guidelines.
- Health screening reminders for missed services.
- Health education mailings about specific conditions or topics.
- Health incentive programs.
- Health club discounts.
- Access to a 24/7 wellness program, available at mywha.org/wellness, which includes a web-based personal health assessment questionnaire, health tools such as a blood pressure tracker, BMI calculator and exercise videos. If you would like print versions of the documents from the website, please contact Member Services.

You can view, download and print many of these resources by visiting mywha.org/healthpromotion. Or, contact Member Services to learn more about these and other programs.

FILING A CLAIM

In the unlikely event that you pay for a covered service out-of-pocket and need to file a claim for reimbursement, visit mywha.org/claim for help submitting your claim. For a printed copy of this information or additional details, or alternative methods to submit your claim, please contact Member Services.

MEMBER RIGHTS & RESPONSIBILITIES

WHA'S MEMBER RIGHTS & RESPONSIBILITIES STATEMENT

As a WHA member, you have certain rights and responsibilities when being treated by WHA's participating providers. The rights and responsibilities statement reminds members and practitioners of

their roles in maintaining a respectful, courteous and productive relationship. Member rights and responsibilities can be found at mywha.org/mr. A written copy of these may also be obtained by contacting Member Services.

HOW TO FILE A COMPLAINT

WHA strives to provide exceptional health care services to you. If you have a concern about WHA or one of our network providers, call Member Services and we will try to resolve your issue over the phone. If you are not satisfied with the response or action taken, you may pursue a formal appeal or grievance with Member Services or online at mywha.org/grievance.

INDEPENDENT MEDICAL REVIEW

Members may seek an independent medical review (IMR) through the Department of Managed Health Care (DMHC) whenever covered health care services have been denied, modified or delayed by WHA, its contracting medical groups or its participating providers if the decision was based in whole or in part on findings that the proposed services were not medically necessary. A decision regarding a disputed health care service relates to the practice of medicine and is not a coverage decision. All disputed health care services are eligible for an IMR if the following requirements are met:

1. a) The member's provider has recommended the health care services as medically necessary; or
b) The member has received an urgent care or emergency service that a provider determined was medically necessary; or
c) In the absence of a) and b) above, the member has been seen by a participating provider for the diagnosis or treatment of the medical condition for which the member seeks an IMR.
2. The disputed health care service has been denied, modified or delayed based on WHA's or its medical group's decision that it is not medically necessary.
3. The member has filed a grievance with WHA and the decision has been upheld or remains unresolved for the past thirty (30) days. The DMHC may waive the requirement that the member participate in WHA's grievance process in extraordinary or compelling cases.

There are no costs for filing a grievance, appeal, or for an IMR.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1.888.563.2250 (TTY/TDD 1.888.877.5378)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1.888.HMO.2219**) and a TDD line (**1.877.688.9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

You should be aware that the DMHC prefers that you complete the grievance or appeal process with WHA before contacting them.

When WHA receives notice from the DMHC that the member's request for an IMR has been approved, WHA will submit the documents required by Health & Safety Code Section 1374.30(n) within three (3) days. The decision of the IMR agency is binding on WHA.

Visit mywha.org/grievance for additional information. Call Member Services to request an IMR application form. You can mail or securely fax your form to:

Western Health Advantage
Member Services Department
Attn: Grievances and Appeals Coordinator
2349 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
916.563.2207 secure fax

Timely Access to Care

Health plans in California must meet timelines for providing care and services to members seeking treatment. The Timely Access Regulations set specific

standards for patients to obtain a medical appointment in certain situations. The standards are shown below.

APPOINTMENT AVAILABILITY STANDARDS BY REQUEST FOR CARE TYPE

- **Visit for Primary Care**
 - Routine: 10 business days
 - Urgent: 48 hours
- **Referral for visit to medical or behavioral health specialist**
 - Routine: 15 business days
 - Urgent: 48 hours if no prior authorization required
 - Urgent: 96 hours if prior authorization required
- **Visit with non-physician behavioral health provider**
 - Routine: 10 business days
- **Ancillary services (such as lab tests and x-rays) for diagnosis or treatment of injury, illness or other health condition**
 - Routine: 15 business days
- **Telephone triage and screening services with a health professional***
 - Routine/Urgent: Waiting time cannot exceed 30 minutes
- **Speaking with a WHA member service representative by phone during normal business hours**
 - Routine/Urgent: Waiting time cannot exceed 10 minutes

*WHA members can reach the Nurse24 nurse advice line 24 hours per day, 7 days per week, 365 days per year by calling 877.793.3655 toll-free or 800.877.8793 TTY.

EXCEPTIONS TO THE APPOINTMENT AVAILABILITY STANDARDS

- **Preventive Care Services and Periodic Follow Up Care:** Preventive care services and periodic follow up care are not subject to the appointment availability standards. These services may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the scope of his or her practice. Periodic follow-up care includes but is not limited to, standing referrals to specialists for chronic conditions, periodic office visits to monitor and treat pregnancy, cardiac or mental health conditions, and laboratory and radiological monitoring for recurrence of disease.

- **Extending Appointment Waiting Time:** The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the patient.
- **Advanced Access:** The primary care appointment availability standard in the chart may be met if the primary care physician (PCP) office provides “advanced access.” “Advanced access” means offering an appointment to a patient with a primary care physician (or nurse practitioner or physician’s assistant) within the same or next business day from the time an appointment is requested (or a later date if the patient prefers not to accept the appointment offered within the same or next business day).
- **Rescheduling Appointments:** When it is necessary for a provider or member to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the member’s health care needs and ensures continuity of care consistent with good professional practice.

IF YOU NEED HELP OBTAINING TIMELY CARE

If you need help obtaining timely care:

- First, contact your PCP or the referring provider for assistance. They may secure an appointment or find another provider that can see you sooner. Your provider may also decide that a longer waiting time will not be detrimental to your health.
- If your provider is not able to assist, contact WHA’s Member Services.

CULTURAL AND LINGUISTIC SERVICES

WHA and our providers support your right to obtain accessible health care. If you have needs with regard to your culture, language, or a disability, please contact your physician’s office first or call WHA’s Member Services.

If you need assistance in a language other than English, your doctor’s office and WHA offer interpretation services in many languages, including Spanish and American Sign Language, at no additional cost to you—let your physician’s office know when you call for an appointment if you would like this assistance. View the Notice of Language Assistance for more information and assistance

from Member Services. The deaf and hard of hearing may use WHA’s TDD/TTY line at 888.877.5378.

You may provide WHA with your preferred spoken and/or written language by using the Language Preference tool in your secure MyWHA account.

Additional information about access to care and how to obtain a referral or prior authorization is available at mywha.org/planbasics and your EOC/DF.

QUALITY IMPROVEMENT

WHA’s Quality Improvement (QI) Program provides a framework to continuously identify and make improvements in all patient care settings. WHA’s QI Program conforms to the standards and requirements set forth by regulatory and accrediting agencies such as the DMHC and the National Committee for Quality Assurance (NCQA).

Visit mywha.org/quality for more on the QI Program’s goals and objectives, structure and scope, and initiatives, as well as an overview of performance improvement projects. A printed copy can also be obtained by calling Member Services. A report card on WHA’s performance for health care and service measures is available from the State of California’s Office of the Patient Advocate at opa.ca.gov.

PHARMACY BENEFITS & PROCEDURES

WHA contracts with Express Scripts®—one of America’s leading pharmacy benefit managers (PBM)—to provide pharmaceutical services to our members. Note: Not all benefit policies include prescription drug coverage.

Information regarding covered medications, specialty drugs, infertility medications, over-the-counter drugs, self-injectable medications, quantity limitations, step therapy, prior authorization, and substituting generic medications or investigational drugs can be accessed at mywha.org/pharmacy. Printed copies can also be obtained by calling Member Services. Assistance with pharmacy benefit information can be obtained through calling WHA’s Member Services or by calling Express Scripts’ Member Services at 800.903.8664.

Visit mywha.org to consult your EOC/DF and Copayment Summary to verify your coverage and review a complete disclosure about your benefits. For a printed copy or additional details, contact Member Services.

WHA members with pharmacy coverage can manage

their prescriptions and refill medications either through a retail pharmacy or through Express Scripts' mail-order pharmacy program. WHA members must obtain Tier 4 medications (and in some cases, Tier 2 and Tier 3 specialty medications) through WHA's exclusive specialty pharmacy network. WHA members must use WHA's specialty pharmacy network rather than local retail pharmacies to obtain specialty medications, as described in the EOC/DF. WHA will allow up to two initial fills at participating retail pharmacies to make sure members start their medications in a timely manner. All other refills will be limited to WHA's specialty network. For convenience, members can order some specialty medication refills online at express-scripts.com or by calling Accredo® at 877.895.9697.

UTILIZATION MANAGEMENT

PRIOR AUTHORIZATION (PRE-APPROVAL) (PA)

Certain covered services require PA from your primary care physician's affiliated medical group and in some cases from WHA. This ensures that the services will be paid under your WHA benefits. If services/supplies are obtained without PA, you are responsible for the payment of the services or supplies.

To learn more about utilization management (UM) procedures, including WHA's process for approval or denial of services and urgent concurrent and postservice review, visit mywha.org/umdecisions. A printed copy can also be obtained by calling Member Services.

HOW DOES WHA MAKE MEDICAL NECESSITY DECISIONS?

The first step in reviewing any request for authorization is to verify the member's eligibility and benefits. Next the requested providers, vendors and/or facilities are reviewed to confirm they are participating providers. Then the medical necessity of the requested service is determined. The clinical information provided by your doctor is reviewed by nurses, pharmacists and/or physicians using medical criteria that are based on recognized standards of practice for your diagnosis or treatment needs.

WHAT CRITERIA DOES WHA USE FOR REVIEW DECISIONS?

Criteria primarily used by WHA and your medical group reviewers to make medical necessity decisions include:

MCG™, UpToDate®, Hayes, InformedDNA and InterQual. All decisions to deny a request for lack of medical necessity are made by a physician or pharmacist (for medications). If a service is denied for medical necessity reasons, you will receive a written explanation with excerpts or references to the criteria used to make the decision.

NEW TECHNOLOGY REVIEW

While some new technologies may prove to be advantageous for our members, others may actually cause harm. Therefore, health care services that involve new technologies or clinical trials require prior authorization by WHA to ensure safety and quality of care. Requests for service that, after thorough review, are determined to be experimental are not covered.

HOW TO REACH WHA'S CLINICAL STAFF

Member Services can assist in answering your general questions about WHA's referral or PA process. For information on a specific case or UM decision, ask Member Services to connect you to a Clinical Resources representative, Monday through Friday, 8 a.m. to 5 p.m., except holidays. If you are calling after regular business hours, select option 2 to leave a voice mail message. All messages will be answered on the next business day. You can also fax WHA's Medical Management Department at 916.568.0278.

AFFIRMATIVE STATEMENT

WHA encourages its practitioners to freely communicate with patients about their treatment and/or treatment options, including medication treatment options, regardless of the patient's benefit coverage limitations. UM decision-making is based only on appropriateness of care and services and existence of coverage. WHA does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

Learn more about the criteria and guidelines used by WHA to make care and treatment decisions by visiting mywha.org/affirmative. A printed copy can also be obtained by calling Member Services.

MEMBER PARTICIPATION IN MEDICAL TREATMENT DECISIONS

Your physician may freely communicate with you about

treatment options, including medication treatment options that are available to you regardless of your benefit coverage and limitations. As a member, you have the right to participate fully in all decisions related to appropriate and medically necessary treatment regardless of cost and benefit coverage limitations. This includes discussion of all risks, benefits and consequences of treatment or non-treatment and the opportunity to refuse treatment and express preferences regarding future treatment decisions.

PRIVACY & CONFIDENTIALITY

WHA and its contracted medical groups/IPAs must comply with Health Insurance Portability and Accountability Act (HIPAA) regulations and California state law with respect to the security, privacy and confidentiality of medical records and all other protected health information (PHI). See WHA's Notice of Privacy Practices that follows. Visit mywha.org/privacy for WHA's privacy and confidentiality policy or to download a copy of the privacy notice.

REPORTING FRAUD & ABUSE

Fraud and abuse are the number one threats to our healthcare system, costing Americans billions of dollars each year. Healthcare fraud is the intent to deceive a company into paying for services that either were not or should not have been provided. Those breaking the law could be physicians, patients, laboratories, hospitals, employees, vendors, or a billing service used by a provider.

Fraud and abuse can take many different forms, including:

- Billing for services or items that were not provided
- Billing for services or equipment that are more expensive than what was supplied
- Members allowing someone else to use their WHA ID card
- Identity theft
- Falsifying medical records
- Taking payment from another provider in exchange for a patient referral

WHA is committed to deterring, detecting and investigating healthcare fraud and abuse. But the fight against healthcare fraud and abuse is everyone's responsibility, including our employees, members,

providers, hospitals and vendors. You can help by reporting what you believe to be fraudulent or abusive actions.

To submit a report of suspected fraud and/or abuse, contact the WHA Compliance and Ethics Hotline at 833.310.0007. You may also submit a report online at lighthouse-services.com/westernhealth or via email at reports@lighthouse-services.com.

You may leave your name and number so we can contact you if we require additional information. But you may also remain anonymous. Either way, it is important that you provide as much information as possible so that we can investigate your concerns, including:

- The reason you believe that a fraudulent or abusive situation has occurred.
- Who is involved.
- Information regarding the item, service or issue in question.
- The date on which the item, service or issue in question was furnished or the incident occurred.
- The amount billed, if relevant.
- Any other information you have that is important to understanding the situation and will help with the investigation.

PRIVACY NOTICE

Western Health Advantage ("WHA") is required by law to maintain the privacy of your health information and to provide you notice about our legal duties and privacy practices. We must follow the practices described in the notice while it is in effect.

Notice of Privacy Practices ("Notice") for the Use and Disclosure of Protected Health Information ("PHI")

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PROTECTING YOUR PRIVACY

At WHA, we understand the importance of keeping your health information confidential and we are committed to using your health information consistent with State and Federal law. WHA protects your electronic, written and oral health information throughout our organization.

Protected Health Information (PHI)

For the purposes of this Notice, "health information" or "information" refers to Protected Health Information. Protected Health Information is defined as information that identifies who you are and relates to your past, present, or future physical or mental health or condition, the provision of health care, or payment for health care. The information we receive, use and share includes, but is not limited to:

- Your name, address and other demographic information
- Personal information about your circumstances (example: medical information for purposes of diagnosis or treatment with or from physicians, nurses and facilities)

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you, except psychotherapy notes and information to be used in a lawsuit or administrative proceedings. You can ask us how to do this.
- We will provide a copy or, upon your request, a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. You can ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and will say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

WHA Member Services: 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833
916.563.2250 or 888.563.2250 toll-free | 888.877.5378 TTY
UC Members: 916.563.2252 or 888.563.2252 toll-free

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Contact WHA Member Services. We will provide you with a paper copy promptly. You can also find this Notice on our website at: westernhealth.com.

Choose someone to act for you

- If you have given someone power of attorney or if someone is your legal guardian or personal representative, that person can exercise your rights and make choices about your health information.
- We will make sure the person has authority to act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information listed at the end of this Notice.
- You can also file a complaint with the federal government, by writing or calling or online, using the information listed at the end of this Notice.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to authorize us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information

when needed to lessen a serious and imminent threat to health or safety.

In all situations other than those described in the next section, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization for:

- Marketing purposes
- Sale of your information

In the case of sensitive information, like HIV test results or psychotherapy notes, your written authorization will be secured in most situations.

OUR USES AND DISCLOSURES

We must disclose your PHI:

- To you or your personal representative; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

You have the right to authorize or deny the release of PHI for purposes beyond treatment, payment, and health care operations. We may use and disclose your health information without your authorization as permitted or required by Federal, State, or local law. In instances where your health information is not used for such purposes, we would secure your written authorization prior to sharing it.

HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.
- We can send you communications regarding our fundraising activities. You have the right to choose not to receive such communications.

Example: We use health information about you to develop better services, including member satisfaction surveys, compliance and regulatory activities, and grievance and appeals activities.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with a hospital or other health care provider to coordinate payment for health services provided to you. We may also provide information to the subscriber of a family policy or another individual for the purpose of handling or understanding medical bills, managing claims, reconciling your deductibles or out of pocket maximum payments.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company/employer contracts with us to provide a health plan, and we provide your company/employer with certain information (excluding medical information) to explain the premiums we charge.

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information, without your written authorization, in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Disaster relief

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, funeral director, or forensic pathologist when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law such as licensing and quality of care
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you authorize us in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

As part of normal business, WHA shares your information with contracted providers (e.g. medical groups, hospitals, pharmacy benefit management companies, social service providers, etc.) or business associates that perform functions on our behalf. In all cases where your PHI is shared with providers, plan sponsors and business associates, we have a written contract that contains language designed to protect the privacy of your health information. All of these entities are required to keep your health information confidential and protect the privacy of your information in accordance with State and Federal laws.

For more information see: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

*****IMPORTANT*****

WHA DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR OR MEDICAL GROUP.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available on our web site at westernhealth.com, or upon request, we will mail a copy to you.

This Notice is effective January 1, 2018 and remains in effect until changed.

IF YOU WANT TO FILE A COMPLAINT

You can write to us at:

Western Health Advantage
Attention: Privacy Complaints
2349 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

You can also call or email us at:

916.563.2250 or 888.563.2250
UC Members: 916.563.2252 or 888.563.2252
TDD/TTY 888.877.5378
privacy@westernhealth.com

For Complaints to the Federal Government

Go to the web address below or call or write to:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
877.696.6775
www.hhs.gov/ocr/privacy/hipaa/complaints

SEARCH OUR DIRECTORY



Use our provider search to find a full listing of doctors, specialists, hospitals, pharmacies and urgent care centers in your area.

The provider search tool has been completely revamped using the latest technology to make sure your search experience is fast and accurate. Search WHA's extensive provider network to find doctors and facilities near you. Use additional filters to fully customize your search.

Available filters include:

- Gender
- Languages spoken
- Specialty
- Type of provider
- Accepting new patients
- Hospital affiliation
- Medical group affiliation
- Distance from a specified location
- CA license type and number
- National Provider Identifier (NPI)

Once you've completed your search, simply click print results to generate a downloadable/printable PDF—in just seconds.

FIND A DOCTOR | Visit mywha.org/directory



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PERMIT NO. 1604

2349 Gateway Oaks, Suite 100
Sacramento, California 95833

916.563.2250 | 888.563.2250
916.563.2252 | 888.563.2252 [UC employees]
888.877.5378 TDD/TTY

visit mywha.org



WHEN YOU NEED IMMEDIATE CARE

How do I get urgent or after-hours care?

Call your doctor's office. You can call your doctor at any time of the day, including evenings and weekends. Your doctor—or the doctor on-call—may provide you with home care remedies or find it necessary for you to seek care at the emergency room or urgent care center. Search for your medical group's contracted urgent care center at mywha.org/directory.

What do I do in an emergency?

Call for help. Whether you are in or outside WHA's service area, call 911 immediately or go directly to the nearest hospital emergency room. If you are hospitalized at a non-participating facility because of an emergency, WHA must be notified within twenty-four (24) hours or as soon as possible. If you are unable to make the call, have someone else make it for you, such as a family member, friend or hospital staff member.

LEARN MORE | Visit mywha.org/ER



Visit our website or call Member Services to learn more about emergency, urgent, after-hours and follow-up care.