

KENTUCKY HEALTH COOPERATIVE, INC.

MEMBER HANDBOOK



A GUIDE TO YOUR
NEW HEALTHCARE
PLAN FOR 2015

www.mykyhc.org





HEALTH INSURANCE
THAT REALLY
WORKS FOR ME.

Kentucky Health Cooperative

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LETTER FROM THE CEO



Got a moment?

Kentucky Health Cooperative is a health insurer with whom you may have become more familiar during 2014. Maybe you are one of the thousands of Kentuckians who chose us to provide you or your family's health insurance coverage. Or, maybe you are new to Kentucky Health Cooperative but heard something about us before you chose one of our plans. Whether you are a returning member or a newcomer, we welcome you to 2015 membership.

I consider myself blessed to be in the position of helping you and your family find the healthcare you need through Kentucky Health Cooperative. I feel honored to count you among my "bosses." It is to you that I must be, and am, accountable.

I promise to do my part to uphold the mission of Kentucky Health Cooperative – to make health insurance available to all Kentuckians – and to promote community health and well-being by engaging members and clinical providers in the valued delivery of quality, integrated health services.

Now, three promises from you, if you will be so kind:

1. Promise no hesitation in sharing your concerns.
2. Promise no reservations about asking questions.
3. Promise no reluctance in letting us know about the issues that are most important to you.

It's been exhilarating to get to this point.

And it's up to us to keep delivering on our promises.

A handwritten signature in cursive script that reads "Janie Miller". The signature is written in a dark ink and is positioned above the printed name and title.

Janie Miller
Chief Executive Officer
Kentucky Health Cooperative

GETTING STARTED

Thank you for choosing a Kentucky Health Cooperative plan from a nonprofit organization that will be governed by its members – people like you. Kentucky Health Cooperative's plans will allow you to choose from a comprehensive network of doctors, hospitals, and clinics that serve the people of the Commonwealth of Kentucky.

In this mailing, you will find information about:

- Your health plan, including benefits details (benefits paid by the plan)
- Helpful online resources
- Important phone numbers
- Billing options

This handbook provides information about your benefits, and we hope it will answer most of your questions.

Other ways to get help:

- Visit us on our website: www.mykyhc.org
- Call **Member Services at 1-855-OUR-KYHC (1-855-687-5942)** Monday-Friday, 8 a.m.-7 p.m. Eastern Time, and Saturdays 8 a.m.-2 p.m. Eastern Time
- TDD/TTY: 1-800-648-6056
- Write us: Kentucky Health Cooperative, P.O. Box 9107, Foxboro, MA 02035

Information is available in Spanish, and other language assistance will be accommodated upon request. Information can be made available, too, in Braille, large print or electronic form. The services of an interpreter will also be provided upon request. As you get to know the staff of Kentucky Health Cooperative, you will see that we put individuals, families and Kentucky's small businesses first. Again, welcome to Kentucky Health Cooperative. We wish you good health!

¿NECESITA ESTA INFORMACIÓN EN ESPAÑOL? Este libro contiene información que usted necesita saber. Para obtener este libro en Español llame al Servicio al Cliente al **1-855-687-5942**. También puede llamar para que le lean el libro en Español.

CONTACT INFORMATION

For questions about medical, prescriptions, mental health and more:

General

Kentucky Health Cooperative
Member Services
1-855-687-5942
TDD/TTY: 1-800-648-6056
Website: www.mykyhc.org

Member Services Portal

<https://portal.mykyhc.org>
24-Hour Nurse Line
1-855-348-9113

Pharmacy

ProCare PharmacyCare Member Services
1-888-828-1489
TDD/TTY: 711
Fax: 1-800-662-0590
ProCare PharmacyCare Mail Order
1-800-662-0586
ProCare Online Portal
<https://mykyhc.procarerx.com>

Mental Health

MHNet (mental health/substance abuse)
Member Services
1-855-309-2422
TDD/TTY: 1-866-200-3269
MHNet Online
www.mhnet.com

FIVE THINGS TO DO

We are here to help you get the healthcare you deserve by helping you find the doctor and other providers you need to stay healthy.

We encourage you to do these 5 things:

STEP 1: Complete your health screening for 2015. Call 1-855-687-5942 to take the screening over the phone.

STEP 2: Choose your practitioner. Your practitioner does not have to be a physician, although it is encouraged. Go to www.mykyhc.org and choose a primary care practitioner from our list of practitioners.

If you are trying to choose your practitioner but don't have access to the Internet, contact **Member Services at 1-855-687-5942** for help.

STEP 3: Visit your healthcare practitioner. If you have not met your practitioner, set up an introductory appointment.

STEP 4: Read your Member Handbook.

STEP 5: If you have Internet access, you may register on the web portals. Instructions are below.

HOW TO USE THE MEMBER WEB PORTAL

Now that you are a member of Kentucky Health Cooperative, get ready to enjoy the benefits of membership. If you haven't already registered, follow the easy steps described below to register as a member and to register in a special place on our website reserved just for your pharmacy information.

STEP ONE:

Go to <https://portal.mykyhc.org/>, click on "New Member User? Register Here." (The Member Login is here, too).



STEP TWO:

You will need to agree to the Terms and Conditions to create your online account. Click "Yes, I agree with the statement" and "Next" to continue.



STEP THREE:

Complete Member Personal Information, then click "Next."

STEP FOUR:

Create your username and password by completing the Register Member User Information fields, then click "Submit."

Once you've created an account, you will be able to navigate through the Menu options to:

- View Member Details
- View Claims History
- View Annual Deductible and Out-of-Pocket Accumulation
- Find an In-Network Provider

For Member Service assistance, call
1-855-687-5942.

ACCESSING THE PHARMACY PORTAL

Have your membership card handy. Go to <https://mykyhc.org.procarerx.com/Account/Register>, then fill in the information required.

That's it. Your registration is complete!

HOW TO PAY YOUR PREMIUM

You choose how to make monthly payments, called premiums, to Kentucky Health Cooperative. Your premium is due on the last day of the month prior to the effective date. Our billing choices allow you to use the payment option that works for you.

- Automatic Bank Payment (also known as Electronic Funds Transfer, or EFT). These are monthly deductions from your bank account. This choice offers freedom from having to worry about your payment reaching Kentucky Health Cooperative on time, every month, and saves you mailing costs. Fill in the Automatic Bank Payment Form located in this mailing and follow the instructions for returning it to us.
- Online banking. Most banks offer convenient online bill-paying services. Contact your personal bank for more instructions. Send payments as directed below.
- Choose a payment date no later than the 25th of the calendar month immediately preceding the coverage month to ensure timely receipt and processing of your payment. (For example, please send the payment for your February coverage on or before January 25).
- Mail in your payment coupon with a personal check or money order payable to "Kentucky Health Cooperative" to the address below. Please allow 6 business days for mail delivery and account update.

- Pay your Kentucky Health Cooperative premium at your local Walmart for a fee as low as \$1. It's easy. Just take a copy of your billing statement and your cash or PIN-based debit card to your nearest Walmart Money Center or Customer Service Desk to make a payment. Be sure to include your 9-digit member number. For more information, go to www.walmart.com/billpayment.
- Credit/debit card. Kentucky Health Cooperative accepts these major credit cards: Visa, MasterCard and Discover. Please visit <https://portal.mykyhc.org> to pay by credit or debit card.
- For additional information or to change your billing options, please contact us at 1-855-687-5942. (TDD/TTY users may call 1-800-648-6056). We are available Monday-Friday, 8 a.m.-7 p.m. and Saturday, 8 a.m.-2 p.m. Eastern Time.
- Non-sufficient Fund (NSF) charges incurred by Kentucky Health Cooperative will be added to your next month's bill.

Send all payments to:

Kentucky Health Cooperative Lockbox
P.O. Box 950240
Louisville, KY 40295-0240

UTILIZATION MANAGEMENT PROGRAM

Kentucky Health Cooperative's health insurance plans include a utilization management (UM) program. This program looks at your care and services, as well as services that require preapproval. In addition, the UM program ensures that the care is the right approach before it begins. The following are some checks that take place:

- preservice. Before you get care, we check to see if this is the best care for you.
- concurrent reviews. We look at care while you are receiving it to determine if you need to continue receiving it, and/or if other care would better meet your needs.
- retrospective reviews. We check to determine if you needed the care you got, after you received it.

These reviews help ensure that you get the right level of care when, where, how, and how often it's needed. We take a look at the insurance plan that you picked, then we confirm coverage of benefits. The information that we pass along from this review helps you make choices that keep you healthy and save you money.

For all of these types of reviews, there may be times when we say we are unable to cover services or care for which your provider asks. This may be due to benefit limit or the lack of medical necessity. These decisions may be made by our clinical staff of nurses and doctors. We do not give an award to anyone to encourage fewer services for members.

In a retrospective review, if we determine that covered services were not medically necessary, your provider will not bill you for these particular services.

Kentucky Health Cooperative's Utilization Management Department is available during regular business hours (Monday-Friday, 8 a.m.-6 p.m. Eastern Time). Please call the toll-free number: 1-855-635-5580. After normal business hours, communications can be made via voicemail or facsimile at 502-379-4146.

SERVICES THAT REQUIRE PRIOR AUTHORIZATION

We need to approve some services before you can get them. This is called prior authorization. Your healthcare practitioner will contact us to ask for this approval. We'll notify you of our decision. To prevent delay, please submit all important medical information related to the request as soon as possible. If we don't approve the prior authorization, we will give you information about the appeals process and your right to a hearing.

The list of services needing prior authorization below may change. You may visit www.mykyhc.org or call **Member Services at 1-855-687-5942** for the most current list of services requiring prior authorization:

- Medical supplies and equipment that are rented or purchased for more than \$500.
- Certain medical tests performed by your provider
- Cardiac and pulmonary rehabilitation programs exceeding the plan benefit level.
- Home healthcare.
- Therapies, when medically necessary and exceeding the plan benefit level.

We'll make a decision for a regular service request within 2 business days of receiving the request from your healthcare practitioner. However, more time may be needed to make this decision; if so, we'll do this within 14 days of your request.

For services that are urgently needed to avoid putting your life or health in danger, we will make a decision as quickly as possible, and no longer than 2 business days. **If it is the provider's judgment that a condition is an emergency or life-threatening, a prior authorization is not required.**

EVALUATION OF NEW TECHNOLOGY

We evaluate new technology to make sure we're up-to-date. Findings are reviewed to:

- Determine how new advancements can be included in the benefits that members receive.
- Ensure that members have equitable access to safe and effective care.
- Develop awareness of changes in the industry.

The review of new technology occurs in the following areas:

- Medical procedures
- Behavioral health procedures
- Pharmaceuticals
- Medical devices

HOW TO GET AFTER-HOURS CARE

If you get sick or hurt when your provider's office is closed, and it is not an emergency, go to an urgent care center. To identify one near you that is in our provider network, **please visit our Provider Directory at www.mykyhc.org** or call our 24-Hour Nurse Line at 1-855-348-9113.

URGENT CARE INCLUDES:

- non-life threatening injury
- illness, or;
- severe pain.

EMERGENCY SERVICES

Emergency services are for a condition or illness that is very serious and must be treated right away. Emergency services may include inpatient or outpatient assistance.

What should you do if you have an emergency? **Call 911 immediately.** When you arrive, show your member ID card at the facility. If you are hospitalized, ask the hospital staff to call us at **1-855-687-5942**. Call your primary care provider as soon as you are able.

Not sure if it's a true emergency? Remember that the 24-hour Nurse Advice Line is always ready to help at 1-855-348-9113.

Post-stabilization services

After you get emergency treatment, it is important that you get care until your condition is stable. This assistance is called post-stabilization care. **You do not need pre-approval for post-stabilization services, if this care must be given to maintain, improve or solve your medical condition.** If you are admitted to the hospital from the emergency room, tell the hospital to call Kentucky Health Cooperative at 1-855-687-5942 and let us know you are there.

OUT-OF-AREA CARE

If you have an emergency while traveling, call 911 immediately. At the facility where you're treated, repeat the steps listed above concerning showing your member ID card and asking the facility staff to call us at 1-855-687-5942. Then, call your primary care practitioner when you're able.

Kentucky Health Cooperative has contracted with a broad network of hospitals and physicians known as First Health Network. The First Health Network is available for Urgent Care and Emergency Care outside the Service Area. To locate a provider in the First Health Network, use the travel network provider

search tool at www.mykyhc.org. Use of a First Health provider for Urgent Care or Emergency Care outside the Service Area could prevent your having to pay balance billing.

What is balanced billing? It is the difference between what the provider charges patients for the service and the Maximum Allowable Amount the Health Cooperative reimburses the provider.

What should you do if you get sick or hurt while outside the Kentucky Health Cooperative Service Area and it is not an emergency or requiring urgent care? In these cases, we will assist you in making arrangements for your care.

For an in-network provider, you will have the same out-of-pocket expenses as those in our Services Area. If out-of-network, you may be responsible for balance billing, non-covered and not medically necessary services, filing

claims and higher out-of-pocket amounts. **Call Member Services at 1-855-687-5942** for instructions.

If you have to pay for care you get while you're out of the Service Area, you may seek reimbursement by writing to our Claims Department at:

Kentucky Health Cooperative
Claims Department
P.O. Box 9107
Foxboro, MA 02035

Copies of your medical reports, bills and proof of payment are required.

Medical services for adults and children in a foreign country are not covered. You will need to pay for these services yourself.

OUT-OF-NETWORK PROVIDER

As was mentioned earlier, Kentucky Health Cooperative has contracted with a broad network of hospitals, physicians, and other health providers known as First Health Network. Because we have arranged with these "in-network" providers to serve your health needs, **your out-of-pocket costs for care will generally be lower than for providers who do not belong to this network.**

An "out-of-network provider" is one who is not in the First Health provider network or is not directly working with Kentucky Health Cooperative. You are free to visit any provider

with a direct contract with Kentucky Health Cooperative or in the First Health Network to receive medical services. However, seeing a First Health provider could prevent your having to pay balance billing. Balance billing is the difference between what the caregiver charges patients for the service and the Maximum Allowable Amount the Health Cooperative reimburses the caregiver. Seeing an in-network provider might also save you from having to pay for claims and not medically necessary services as well as higher out-of-pocket amounts.

FAQs REGARDING PRESCRIPTION DRUG SERVICES

How do I get a prescription?

Prescriptions must be written by a licensed practitioner.

Which drug stores will fill my prescription?

Kentucky Health Cooperative pays for approved medications minus any deductibles or copayments for which you may be responsible. Visit www.mykyhc.org to access the Kentucky Health Cooperative drug list. You can also call Kentucky Health Cooperative **Member Services at 1-855-OUR-KYHC (1-855-687-5942)** and ask to have a printed list mailed to you.

What medications does Kentucky Health Cooperative cover?

Kentucky Health Cooperative pays for approved medications minus any deductibles or copayments for which you may be responsible. Visit www.mykyhc.org to access the Kentucky Health Cooperative drug list. You can also call Kentucky Health Cooperative Member Services at 1-855-OUR-KYHC (1-855-687-5942) and ask to have a printed list mailed to you.

Are there medications for which Kentucky Health Cooperative won't pay?

The plan does not pay for the following medications:

- those used to treat infertility
- those prescribed for anorexia or weight gain
- those used to treat sexual dysfunction
- those prescribed for cosmetic purposes
- vitamins, except for prenatal vitamins and those listed on the Preferred Drug List
- drug Efficacy Study Implementation drugs and drugs that are identical, related, or similar to such drugs
- investigational or experimental drugs
- compounded medications.

Can I get any medicine I want?

You will have access to medications that are covered by the plan and are medically necessary. **Call ProCare Pharmacy Helpline at 1-888-821-5517.** They will be happy to answer these questions.

Are generic drugs as good as brand-name drugs?

Generic drugs have the same active ingredients as brand-name drugs. Generally speaking, generic drugs are brand-name equivalents.

How will my pharmacy know if I have coverage if I have not received my ID card?

Your pharmacy can verify your membership by calling the ProCare Pharmacy Helpline at 1-888-821-5517. Please keep in mind that **your coverage will be active once your initial premium payment has been received.**

OVER-THE-COUNTER (OTC) DRUGS

Does Kentucky Health Cooperative pay for Over-the-Counter (OTC) drugs?

Kentucky Health Cooperative pays for some Over-the-Counter (OTC) drugs. A prescription for OTC medications is required for the plan to pay for them. Examples include:

- antacids
- aspirins
- Diphenhydramine (antihistamine)
- H-2 receptor antagonist (a type of drug that reduces stomach acid)
- Ibuprofen
- insulin syringes
- multivitamins/multivitamins with iron
- non-sedating antihistamines
- topical antifungals

ORDERING PRESCRIPTIONS

To ensure fast delivery, please verify your prescriptions before you leave the physician's office to make certain that:

- the provider's name is readable;
- the patient's name is readable;
- the exact daily dosage is specified;
- the exact strength is specified;
- the prescription has been written for a 90-day supply.

Refill by Phone

Call ProCare PharmacyCare's Refill at 1-800-662-0586. Please have the prescription number, located on the prescription bottle or packaging, available when calling.

Refill by Internet

To refill a prescription, complete the Refill Request Form located at <https://mykyhc.procarerx.com>. First, click on "Refill Due" and then make the appropriate drug selection. For new prescriptions, click "Pharmacy," select "Mail Order" and follow the prompts.

Refill by Mail

With your first order, ProCare PharmacyCare will send you a prescription order form. Then, you'll be all set to order refills. Be sure to:

- complete all the sections on the form.
- affix the ProCare PharmacyCare refill label(s) in the space provided. (See the example below).
- enclose payment amount, if this applies to you.
- mail your request using the envelope provided ProCare PharmacyCare.

Refill labels are provided with the original prescription. Here is an example:

Rx: 001567 02/05/14
REFILL LABEL

Enjoy These Benefits

You may be eligible to receive a 90-day supply at a lower copay than you would pay at your retail pharmacy. Refilling your prescriptions is easy when using the following options:

Website: <https://mykyhc.procarerx.com> (click on "Pharmacies" and select "Mail Order" options).

Mail: ProCare PharmacyCare Mail Order
3891 Commerce Parkway
Miramar, FL 33025

Phone: 1-800-662-0586

For faster service on a new prescription, your doctor may call the physician-only line at 1-800-586-1308 or fax to 1-800-662-0590.

For any additional questions, members may call the **Member Services line at 1-888-821-5516.**

All prescription are screened for potential interactions and allergy sensitivity based on the information that you pass along to ProCare Rx.

FAQs ABOUT HOW TO OBTAIN CARE AND SERVICES

What do I do if I need hospital care?

Your health provider may arrange hospital services for you. He or she is welcome to work with Kentucky Health Cooperative to make a plan for your hospitalization. You may choose where you receive care. Please refer to the Provider Directory at www.mykyhc.org or call 1-855-687-5942 to ensure choice of an in-network facility.

How can I get treatment from a specialist?

Your practitioner can refer you to a specialist, but you can see the specialist you choose without permission from Kentucky Health Cooperative. **To locate an in-network specialist, you can use**

the Provider Directory at www.mykyhc.org or call 1-855-OUR-KYHC (1-855-687-5942) for help. Choosing a specialist not belonging to the Kentucky Health Cooperative network may result in your plan's not paying for these services.

What do I do if I need behavioral health care services and substance abuse services?

If you need mental health or chemical dependency services, talk with your provider. Help is available from MHNet. Please call MHNet at 1-855-309-2422.

PROVIDER QUALIFICATIONS

You have the right to see information about your doctor, specialist or other provider. This information includes the healthcare provider's name, titles, medical school attended, residency completed, medical group affiliations, board certifications and hospital affiliations. You can

find this kind of information on our website at <https://portal.mykyhc.org> under "find-a-provider." The lists are updated any time there is a change. Or you can call us at 1-855-687-5942 and ask for a list to be mailed.

HEALTH RISK ASSESSMENT

The Health Risk Assessment is a questionnaire about your health history and health conditions. Kentucky Health Cooperative offers case and disease management programs that can help

you stay healthy if you have a condition such as asthma or diabetes. Get more information at 1-855-635-5580.

DISEASE MANAGEMENT PROGRAMS

Kentucky Health Cooperative has special programs for members who have the following diseases or conditions, such as:

- Diabetes
- COPD
- Asthma
- Heart disease

Our disease managers are experienced registered nurses. They can answer your questions and work with you and your healthcare provider to help control your disease or condition.

A disease manager can:

- help you get supplies you may need, such as test strips;
- provide you with educational materials, and;
- remind you about tests related to your disease or condition.

If you are interested in learning more about these programs, please call 1-855-OUR-KYHC (1-855-687-5942).

GET HELP MANAGING THE UNEXPECTED

Introducing Kentucky Health Cooperative's Case Management Program

Kentucky Health Cooperative's Case Management Program will help you manage a complex health issue or unexpected medical emergency. We're here to help you navigate through the healthcare system, and we are committed to making things less complicated and confusing.

An Offer to Help

There are several reasons why you might be contacted by a Case Management Professional. Our team of clinicians may be aware of a medical condition you've been living with, or a medical condition you've recently developed. Or, maybe a medical procedure you will undergo or a prescription drug that you will have filled calls their attention to the possibility that you might welcome some help. A hospital stay, or time spent in an inpatient clinic, might result in our team contacting you, too. It's important to have someone help you get through the healthcare system and offer support when you need it.

Nurse Case Managers

Our team of licensed registered nurses follows the rigorous standards identified by the National Committee for Quality Assurance through which Kentucky Health Cooperative is accredited. Our Nurse Case Managers will work with you to coordinate a treatment plan that holds your health in highest regard, first and foremost, and wisely uses your benefit plan dollars.

Our Nurse Case Managers have a minimum of 5 years of acute experience and have extensive knowledge of managed care practices related to case management and care coordination.

A Team on Your Side

Case Management involves a team of experts who assess your health, help you stick to your treatment plan, coordinate your care with other professionals, track your progress and evaluate the success of your treatment. You can count on our Nurse Case Managers to:

- communicate directly with you, your family and your doctor, addressing your medical and psychological needs;
- complete phone assessments to determine what you need, when you need it;
- establish collaborative long-term and short-term goals;
- assist you and your family;
- address questions or concerns;
- line up appropriate help in caring for you during your treatment and recovery;
- talk with your other medical team members;
- consult with healthcare professionals qualified in specialized areas of care;
- negotiate your care in an effort to reduce out-of-pocket costs for which you might be liable, and;
- identify potential cost-effective alternatives for your care, never taking their eyes off our commitment to offer quality care.

How to Enroll

The Case Management Program is voluntary and confidential. You may quickly and easily enroll by calling **1-855-OUR-KYHC (1-855-687-5942)**.

When you enroll in the Program, you will be contacted by a Case Manager. He or she will review your medical history and discuss with you all the important factors that may affect your health. Next steps will be discussed, too.

PREVENTIVE BENEFITS

Effective January 1, 2014, the following recommended services will be provided without member out-of-pocket payments if delivered by an in-network provider and as listed in your schedule of benefits.

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Alcohol Misuse Counseling	1 per year		12 years of age and older
Aspirin to Prevent Cardiovascular Disease			Men ages 45 to 79, women ages 55 to 79
Autism Screening			All children should be screened during regular well-child doctor visits at: • 18 months • 24 months
Blood Pressure Screening in Adults	1 per year		18 years & older
Breast & Ovarian Cancer Susceptibility, Genetic Risk Assessment & BRCA Counseling & Evaluation (and chemoprevention counseling)	Once Per Lifetime	Female	Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes should be referred for genetic counseling and evaluation for BRCA testing.
Breast Cancer Preventive Medication	1 per year	Female	Discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention.
Breast Cancer Screening, Mammography	Every 2 years	Female	Women ages 40-49, Individualize decision according to circumstances and at risk.
Breast Cancer Screening	Every 2 years	Female	Women ages 50-64, Increasing age is the most important risk factor for most women.
Breastfeeding Counseling: To Promote and Support	Each pregnancy	Female	Breastfeeding support, counseling, and equipment for the duration of breastfeeding. These services may be provided before and after you have your baby.

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Cervical Cancer Screening	Women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	Female	Ages 21 to 65
Chlamydia Screening, Nonpregnant Women	1 per year	Female	Sexually active young women age 24 years and younger and for those at risk.
Chlamydia Screening, Pregnant Women	Per pregnancy	Female	Sexually active young women age 24 years and younger and for those at risk.
Cholesterol Screening	1 per year		Men (age 20 to 35 if increased risk for coronary heart disease or age 35 & older if normal risk). Women (age 20 to 45 if increased risk for coronary heart disease, (45 & older if normal risk).
Colorectal Cancer Screening: Colonoscopy, Sigmoidoscopy, Fecal Occult blood testing	Varies depending on screening obtained.		50 years & older
"Generic contraceptive" will be substituted for "brand" when generic equivalent is available		Female	18 years & older (reproductive age)
Dental Caries Chemical Prevention: Oral Fluoride Supplementation in children whose primary water source is deficient in fluoride			6 months up to 5 years

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Depression Screening: Adolescents, Adults	1 per year		When staff-assisted depression care supports are in place.
Diabetes Screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm HG.	1 per year		18 years and older
Folic Acid Supplementation		Female	All women planning or capable of pregnancy.
Gonorrhea prophylactic medication: newborns-ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.	At birth		Newborns
Gonorrhea screening: all sexually active women, including those who are pregnant, that are at increased risk for infection (those who are young or have individual or population risk factors).		Female	
Healthy Diet Counseling	1 per year		Adult patients with hyperlipidemia or other known risk factors for cardiovascular & diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.
Hearing Loss Screening	At birth		Newborns
Hemoglobinopathies screening for sickle cell disease	At birth		Newborns
Hepatitis B Screening		Pregnant women	
Hepatitis C virus infection screening adults			In persons at high risk for infection and a one time screening for everyone born between 1945 and 1965.
HIV screening: nonpregnant adolescents and adults			15 to 65 years of age
HIV screening: pregnant women		Pregnant women	And including those who are present in labor who are untested and whose HIV status is unknown.

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Intimate partner violence screening women of childbearing age: screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.	As needed		
Iron Supplementation: Children			6 to 12 months at increased risk of iron deficiency anemia
Lead Screening		9 months of age thru 6 years of age	Children at risk
Obesity screening and counseling: all adults BMI calculated. Offer referral to those with BMI >30 or higher to intensive, multicomponent behavioral interventions.	1 per year		18 years and older
Obesity screening and counseling: children, plot BMI percentile. Offer referral to those >95th percentile or higher comprehensive, intensive, behavioral interventions to promote improvement in weight status.		3-17 years of age	
Osteoporosis Screening (Bone Study)	Every 2 years	Female at risk	60 years & older
Phenylketonuria screening: newborns			Newborns
Rh incompatibility screening (blood typing and antibody testing)	1 per pregnancy	Pregnant females	
Rh incompatibility screening: repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks gestation, unless the biological father is known to be Rh (D)-negative.	1 per pregnancy	Pregnant females	Newborns
Sexually transmitted infections high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) including HIV, Chlamydia, Gonorrhea, Syphilis.	1 per year		All sexually active adolescents and for adults at increased risk for STIs.

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Skin cancer behavioral counseling			10 to 24 year olds who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
Syphilis screening: nonpregnant persons			Screen persons at increased risk for syphilis infection
Syphilis screening: pregnant women		Pregnant females	
Tobacco Use Counseling: non pregnant adults	1 per year		18 – 64 years of age
Tobacco Use Counseling: pregnant women			
Tobacco Use Counseling: children and adolescents			
Visual Acuity Screening: Children	1 per year		Once between age 3-5 years

Immunizations - Effective January 1, 2014

IMMUNIZATIONS/VACCINES RECOMMENDED AGES	RESTRICTION	AGE REQUIREMENTS
Diphtheria, Tetanus, Pertussis (DTaP), four doses, on or before 2nd birthday, 5th dose between 4-6 years of age		Minimum age 6 weeks, maximum age 7 years
Haemophilus Influenza Type B (HIB) three doses, on or before 2nd birthday		Minimum age 6 weeks
Hepatitis A for HEDIS at least one dose by the 2nd birthday		Minimum age 12 months
Hepatitis B three doses on or before 2nd birthday		1st dose may be administered at birth
Human Papillomavirus (HPV) series of three doses between 9th and 13th birthday		9 to 26 years
Influenza not before 180 days old, first time two doses, then annually		Minimum age 6 months for trivalent inactivated influenza vaccine (TIV); 2 years for live, attenuated influenza vaccine (LAIV)
Meningococcal one dose between 11th and 13th birthday		2 years & older
Measles, Mumps, Rubella (MMR) one dose on or before 2nd birthday		Minimum age 12 months
Pneumococcal not before 42 days old, four doses on or before 2nd birthday		Minimum age 6 weeks for pneumococcal conjugate vaccine (PCV); 2 years for pneumococcal polysaccharide vaccine (PPSV)
Polio Vaccine, Inactivated (IPV) three doses on or before 2nd birthday		Minimum age 8 weeks
Rotavirus for HEDIS not before 42 days old, three doses on or before 2nd birthday		First dose to be given between 6 weeks & 14 weeks of age
Tetanus, diphtheria, and acellular pertussis (Tdap) one dose between 10th birthday-13th birthday		Administer greater than 7 years of age
Tetanus, Td		18-64 initial and booster every 10 years
Varicella one dose on or before 2nd birthday		Minimum age 12 months
Herpes Zoster (Shingles vaccine): all adults who have had Chickenpox Disease		60 years & older
The list of Covered Preventive Services reflects A and B Recommendations from the U.S. Preventive Services Task Force that are relevant for implementing the Affordable Care Act. These may be found on the internet at http://www.ahrq.gov/clinic/uspstf/uspstabrecs.htm. This list of Covered Preventive Services may be subject to change based on recommendations of the most current medical literature and the U.S. Preventive Services Task Force. Items on this list may be added after review by Kentucky Health Cooperative.		
FOOTNOTES Adolescent & childhood immunizations are covered per 2013 recommended age-appropriate immunization schedules approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, & the American Academy of Family Practice.		

GLOSSARY

Advance Directive

A legal document that tells your doctor, care team and family how you wish to be looked after when you are ill and prolonged life comes in question. It goes into effect when you are so ill that you cannot make decisions for yourself.

Appeals

Requests you make when you do not agree with a Kentucky Health Cooperative decision. Someone who represents you may make an appeal on your behalf.

Benefits

Healthcare paid for by your health insurance plan.

Complaint

When you let us know that you are not satisfied. You can do this in writing or tell us verbally. A complaint can be filed with or without justification.

Copayments/Coinsurance

The portion of your provider's bill you must pay when getting care from Kentucky Health Cooperative providers. Copayments are also referred to as "copays."

Disenrollment

When you no longer wish to be a part of our plan, the steps to take to dissolve your membership in a Kentucky Health Cooperative plan.

Durable Medical Equipment

Medical items such as wheelchairs and oxygen tanks.

Emergency

A serious medical condition that may be life-threatening and must be treated as quickly as possible.

Environmental Accessibility Adaptations

Changes to where you live that are needed to ensure your health, welfare and safety. These also help you function on your own in the home. Examples include ramps, wide doors and levers.

Explanation of Benefits

Also called the EOB, this statement shows you the medical care paid for by your plan, the services we can't pay for and why, and any charges you may owe from your personal funds.

Generic Drug

A prescription drug with the same active ingredients as a brand-name but which is offered at a lower cost.

Home Health Agency

A company that provides healthcare services in your home. These services include nursing visits and therapy treatments.

Immunizations

Shots that prevent many serious diseases and illnesses. There are shots your child is required to have before starting day care or school.

Inpatient

A person who stays in a hospital for a period of time. This is usually longer than 24 hours.

Medically-Necessary Services

Medical services needed for you to get well and stay healthy.

Member

A person who has joined a Kentucky Health Cooperative health insurance plan.

Member ID Card

An identification (ID) card that shows you are a member of our plan.

Outpatient

A person who gets medical treatment, usually at a hospital, but who does not need to stay overnight.

Over-the-Counter (OTC) Drugs

Prescription drugs you can buy that are not behind the drugstore counter and do not require a doctor's order.

Pharmacy Network

Prescription drugs you can buy that are not behind the drugstore counter and do not require a doctor's order.

Post-Stabilization

Services that are related to an emergency medical condition that are provided after a patient's condition is stabilized. The focus shifts to maintaining or improving the patient's condition.

Preferred Provider Organization (PPO)

A company that networks with a wide group of doctors, pharmacies, hospitals and labs in an effort to provide quality care to its members.

Preferred Drug List (PDL)

Medicines approved by the Pharmacy and Therapeutics (P&T) Committee which is represented by doctors and pharmacists.

Prescription Medicine

A prescription drug for which your doctor writes an order.

Prior Authorization

When we have to approve treatments or medicines ahead of time.

Providers

Those that work with the plan to give medical care. They include doctors, hospitals, pharmacies and labs.

Specialist

A doctor who works in a specific field of medicine.

Treatment

The care you get from doctors, nurses, therapists and facilities.

COVERAGE INFORMATION

What's Covered

You can get care from doctors, including specialists, hospitals and others who are part of our provider network and found in the Provider Directory at www.mykyhc.org. **Your medically necessary care must be covered under your plan in order for a claim(s) to be paid.** Otherwise, you may have to pay for care the plan doesn't cover.

"Medically necessary" includes services that:

- address an illness that would place your health in danger.
- follow accepted medical practices.
- are given in a safe, proper, cost-effective place, depending on the diagnosis and extent of illness.
- are not for convenience only.

You may have to pay a copayment—or "copay, for short—at the time you receive care.

What's Not Covered

Services not covered by Kentucky Health Cooperative plans include, but are not limited to, the following:

- any laboratory service performed by a provider without current certification in accordance with the Clinical Laboratory Improvement Amendment (CLIA). This requirement applies to all facilities and individual providers of any laboratory service.
- cosmetic procedures or services performed solely to improve appearance;
- induced abortion and miscarriage performed out of compliance with federal and Kentucky laws and judicial opinions. Our coverage applies only to "therapeutic" abortion, defined as saving the life and health of the mother;
- medical or surgical treatment of infertility (e.g., the reversal of sterilization, in vitro fertilization, etc.);

- paternity testing;
- personal service or comfort items;
- services including, but not limited to, drugs that are investigational, mainly for research purposes or experimental in nature;
- sex transformation services;
- services for which the member has no obligation to pay and for which no other person has a legal obligation to pay;
- services for substance abuse diagnoses for adults except for pregnant women, or cases where acute care physical health services related to substance abuse or detoxification are necessarily required, and;
- postmortem services.

To confirm whether a service is covered, please contact **Member Services at 1-855-687-5942.**

Receiving Non-Covered Services

You may still receive a service that is not covered. However, you will bear full financial responsibility for paying the provider. **We recommend that you and your provider make such an agreement in writing.**

If You Receive a Bill

Because network providers have agreed to accept the Maximum Allowable Amount (MAA) as full payment for covered services, they should not send you a bill or collect for amounts above the MAA. However, you might receive an in-network bill or be asked to pay all or part of a bill if you haven't met your deductible or paid due copayments or coinsurance. For out-of-network providers, you may be responsible for any bills equaling the difference between the Maximum Allowable Amount and what the provider charges patients for the service, medically unnecessary services, filing claims and higher out-of-pocket amounts.

PRIVACY STATEMENT

Kentucky Health Cooperative is committed to appropriately protecting and managing any personal information you share with us. We provide this Privacy Statement to describe our information practices, including the way your information is collected and used.

Personal information collected by Kentucky Health Cooperative will be stored and processed in the United States. Kentucky Health Cooperative complies with the U.S. Commerce Department's Safe Harbor Framework and certifies its adherence to the Safe Harbor Privacy Principles. More information about the Safe Harbor Program may be found at <http://export.gov/safeharbor>.

What Information We Collect

The Privacy Statement applies to all personal information collected by or submitted to Kentucky Health Cooperative (or carefully selected third parties acting on Kentucky Health Cooperative's behalf). "Personal information" is data that can reasonably be used to identify or describe an individual. You do not need to provide us with personal information simply to browse our website.

Kentucky Health Cooperative collects personal information when:

- you enroll in a health plan;
- you register online for seminars or special events;
- You request customer support;
- you create a user account (login username and password);
- you request information on materials (e.g., white papers or newsletters);
- you participate in surveys or evaluations;
- you apply for a job or submit your resume, or;
- you submit questions or comments to us.

The types of personal information collected may include (but are not limited to):

- your first and last names;
- your title and your company's name;
- your home billing, or other physical address (including street name, name of a city or town, state/province, postal code);
- your email address;
- your telephone number;
- (for job applicants submitting electronic information), your educational background, employment experience and job interest;
- any other identifier that permits Kentucky Health Cooperative to make physical or online contact with you, or;
- any information that Kentucky Health Cooperative collects online from you and maintains in association with your online account, such as your Kentucky Health Cooperative username and password.

In addition, the website used by Kentucky Health Cooperative automatically gathers general statistical information about the site and visitors, such as Internet Protocol (IP) addresses, browsers, pages viewed, number of visitors, goods and services purchased, etc., but in doing so, Kentucky Health Cooperative does not reference you by individual name, email address, home address or telephone number. Kentucky Health Cooperative uses this data in the aggregate to determine how often users use parts of our website so that we can make improvements to the site. Kentucky Health Cooperative may provide this statistical information to third parties, but in doing so, we do not provide personally-identifying information without your consent.

As part of Kentucky Health Cooperative's website services, it uses cookies to store and sometimes track information about you. Some features of the website may be available only through use of a cookie. A cookie is

a small amount of data that is sent to your browser from a webserver and stored on your computer's hard drive. Generally, Kentucky Health Cooperative uses cookies to remind us who you are and enable us to access your account information so you do not have to re-enter it, gather statistical information about usage by registered or unregistered users to research visiting patterns and to help target advertisements based on user interests, assist our retail partners to track visits and process orders, and track progress and participation in promotions and other services. Preference and options configurations in your browser determine if and how a cookie will be accepted. You can change those configurations on your computer if you desire. By changing your preferences, you can accept all cookies, you can be notified when a cookie is sent, or you can reject all cookies. If you do so and cookies are disabled, you may be required to re-enter your information more often, and certain features of our site may be unavailable.

In addition, our retail partners, advertisers, and other third parties appearing on the website or linked to the Site may use their own cookies and may collect personally-identifiable information, including credit card information, in connection with your use of their websites. The privacy policy of such third parties may differ from the policy of Kentucky Health Cooperative. We encourage you to read the third party's privacy policy before responding to the offer to determine how the personally-identifiable information is used by that third party.

How We Use Your Information

Kentucky Health Cooperative collects and uses your personal information to operate and improve its operations, to fulfill your requests for information, to enroll you in a health insurance plan or program, to process your job application, to provide you educational materials, to provide service and support, and to carry out the transactions you have

requested. These uses may include providing you with more effective Customer Service, making the websites or services easier to use by eliminating the need for you repeatedly to enter the same information, performing research and analysis aimed at improving our products and services, and displaying content customized to your interests and preferences.

We also use your personal information to communicate with you. We may send certain mandatory service communications such as welcome letters, billing specifics, information on technical service issues, and enrollment announcements. Some Kentucky Health Cooperative services may send periodic member letters that are considered part of the service. Personal information collected online may be combined with information you provide Kentucky Health Cooperative in other ways, such as through new member welcome calls, flu shot reminder calls, etc.

How We Share Your Information

Kentucky Health Cooperative keeps your personal information confidential. We will not sell, rent, or lease your personal information to others, including providing limitations on the amount and character of any personal information provided to a plan sponsor or employer. Unless we have your permission, we will not use or share your personal information in ways unrelated to the ones described at the time you provide the data. Kentucky Health Cooperative engages service providers and suppliers ("agents") to perform certain functions on Kentucky Health Cooperative's behalf. For example, these agents may provide health insurance plan service and support, maintain Kentucky Health Cooperative information technology systems, and assist us with education, outreach and communication initiatives. Those agents will be permitted to obtain only the personal information they need to perform the services. They are required to maintain the confidentiality of the information received on Kentucky Health Cooperative's behalf and are prohibited from using it for any other purpose.

We may access and/or disclose your personal information if we believe such action is necessary to: (a) comply with laws or any legal process served on Kentucky Health Cooperative, (b) comply with requests for information from police or government authorities, (c) protect and defend the rights or property of Kentucky Health Cooperative (including the enforcement of our agreements), or (d) act in urgent circumstances to protect the personal safety of Kentucky Health Cooperative employees or members of the public.

Requesting Restrictions on the Use of Your Information

If you have questions or comments about such things as restrictions on the use or disclosure of your personal information or authorizations for appointing a personal representative, for example, please send them to privacy@mykyhc.org or write to us at the following address:

Kentucky Health Cooperative
Privacy Mailbox
P.O. Box 950240
Louisville, Ky. 40295-0240

How You Can Keep Your Information Accurate

Kentucky Health Cooperative strives to keep your personal information accurately recorded. We have implemented technology, management processes, and policies to help maintain data accuracy. Kentucky Health Cooperative provides individuals with reasonable access to review and correct their personal information. Contact us by sending an email request to privacy@mykyhc.org or writing to:

Kentucky Health Cooperative
Privacy Mailbox
P.O. Box 950240
Louisville, Ky. 40295-0240

We will make reasonable efforts to make necessary corrections. To protect your privacy and security, we will also take reasonable steps to verify your identity before granting access to or making alterations to data we maintain.

Keeping Your Personal Information Secure

To protect against unauthorized access, misuse, disclosure, or alteration of your personal information, Kentucky Health Cooperative employs appropriate physical, technical, and administrative measures. Physical security is designed to prevent unauthorized access to database equipment and hard copies of documents. Electronic security measures, such as firewalls, access restrictions, and encryption, provide protection from hacking or other unauthorized access. Kentucky Health Cooperative limits access to personal information to those persons in its organization, or to agents of Kentucky Health Cooperative, who have a specific business purpose for maintaining and processing personal information and data.

To use some of Kentucky Health Cooperative's services, you may be required to set up a password-protected account or profile on our website. Kentucky Health Cooperative recommends that you do not divulge your password to anyone. It is your responsibility to keep your password protected. Kentucky Health Cooperative's personnel will never ask you for your password in an unsolicited phone call or in an unsolicited e-mail. Remember to sign out of your account, close your browser window, and delete your temporary Internet files when you have finished your session. This helps ensure that others cannot access your personal information and correspondences if you share a computer with someone else or are using a computer in a public place where others may have access to it.

Whenever you voluntarily disclose personal information online -- for example, on message boards, through e-mail or in chat areas -- that information can be collected and used by others. No data transmission over the Internet or any wireless network can be guaranteed to be perfectly secure. As a result, while we try to protect your personal information, we cannot ensure or guarantee the security of any information you transmit to us, and you do so at your own risk.

Children Under 13

Kentucky Health Cooperative has no way of distinguishing the age of individuals who access the website, and so we carry out the same Privacy Policy for individuals of all ages. If a child has provided Kentucky Health Cooperative with personally-identifying information without parental or guardian consent, the parent or guardian should contact us to remove the information and opt out of promotional opportunities or other applicable services.

Enforcement

Kentucky Health Cooperative will regularly review its compliance with this Privacy Statement. Please feel free to direct any questions or concerns regarding this statement or Kentucky Health Cooperative's treatment of personal information by contacting us at the link or address indicated below. When we receive written questions and concerns at this address, it is Kentucky Health Cooperative's policy to contact the individual user regarding his or her concerns. We will investigate and attempt to resolve concerns regarding use and disclosure of personal information in accordance with the principles contained in this statement.

Any concern that cannot be resolved through our internal processes will be settled by arbitration administered by the American Arbitration Association (AAA) in accordance with its applicable commercial rules and, as applicable, the Safe Harbor Privacy Principles. The exclusive location for such arbitration shall be Louisville, Kentucky. All decisions of

the arbitrator(s) will be final and binding on the parties, which waive any right to further appeal the arbitration award, to the extent an appeal may be lawfully waived. By using this Site and disclosing any personal information to Kentucky Health Cooperative, you agree to adhere to and be bound by this dispute resolution process.

Links to Other Sites

Some pages on the Kentucky Health Cooperative website may contain links to third-party websites. Kentucky Health Cooperative does not endorse and has no control over the privacy practices or content of such websites. We recommend that you carefully read the privacy policies of each Site you visit.

Contacting Us

If you have comments or questions regarding this Privacy Statement, please send them to privacy@mykyhc.org or write to us at the following address:

Kentucky Health Cooperative
Privacy Mailbox
P.O. Box 950240
Louisville, Ky. 40295-0240

Consent and Agreement

By using the Kentucky Health Cooperative website or other services, you signify your agreement to the terms and conditions of this Privacy Statement. If you do not agree to these terms and conditions, please do not disclose any personal information to the Kentucky Health Cooperative website.

Changes to This Statement

If we change this Statement, we will post the revised statement here, along with the date of revision. If we make significant changes to the Statement, we may also post a notice on our home page. Any changes will apply only from date of the revision. Amended dispute resolution provisions will not apply to any dispute of which the parties had actual notice as of the date of the amendment.

MEMBER RIGHTS AND RESPONSIBILITIES

AS A KENTUCKY HEALTH COOPERATIVE MEMBER, YOU HAVE THE RIGHT TO:

- receive information about Kentucky Health Cooperative, as well as Kentucky Health Cooperative services, practitioners, providers and your rights and responsibilities;
- be treated with respect and with due consideration for your dignity and privacy;
- receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand;
- engage in an open discussion of appropriate or medically necessary treatment options, regardless of cost or benefit coverage;
- participate with practitioners in decisions regarding your healthcare, including the right to refuse treatment;
- voice complaints or appeals about the organization or the care it provides;
- make recommendations about these Member Rights and Responsibilities;
- have timely access to covered services;
- have services available 24 hours a day, 7 days a week when such availability is medically necessary;
- receive direct access to women's health specialists for routine and preventive care, including family planning, annual women's tests, and OB service without approval by Kentucky Health Cooperative or your doctor.
 - This includes birth control, HPV tests, Chlamydia tests, and annual pap tests, and:

- receive written notice of a decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested (partial denial).
 - You will receive this information as quickly as needed so that your medical needs are met and treatment is not delayed.
 - We will not jeopardize your medical condition waiting for approval of services.
 - Authorizations are reviewed based on your medical needs and made in compliance with state timeframes.

AS A KENTUCKY HEALTH COOPERATIVE MEMBER, YOU HAVE THE RESPONSIBILITY TO:

- provide information (to the extent possible) needed by Kentucky Health Cooperative, its network of practitioners, and other healthcare providers so they can properly care for you;
- follow plans and instructions for care which you have agreed to with your healthcare practitioners;
- understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.

APPEAL RIGHTS

Kentucky Health Cooperative denies a claim or coverage. What can you do?

Members have the right to appeal any Kentucky Health Cooperative decision. This includes denial of a claim or termination of a member's coverage as well as the right to appeal such an adverse benefit determination (ABD). If you are dissatisfied with our decision, you can file for an appeal through our Internal Appeal process. You have 180 calendar days from receipt of the initial adverse determination to file an appeal with us. Please send any appeals to:

Kentucky Health Cooperative
Attn: Appeals Department
P.O. Box 9107
Foxboro, MA 02035

What is an ABD?

An ABD can involve a denial based on a determination by Kentucky Health Cooperative that a benefit (service, treatment, drug or device) is:

- not medically necessary;
- considered experimental/investigational;
- excluded in the health plan;
- one where the member did not follow the plan delivery rules;
- denied because the member is not a plan participant, and;
- denied because the plan was rescinded (withdrawn) because the member provided fraudulent information.

How does a member appeal an ABD?

Appeals for ABDs must first be sent to Kentucky Health Cooperative to complete the Internal Appeals process, unless there is a medical urgency. (See question regarding Expedited Appeals).

What should I include with an appeal?

Your appeal request should include your name, your provider's name, the date of the service, your mailing address, and an explanation

of why you believe we should reverse our decision. You can include any other information that supports your request. Contact your provider if you need assistance with your medical records.

Can I appoint someone to represent me?

You have the right to appoint another person to represent you through the appeals process. This person is called your authorized representative. To appoint an authorized representative, you must sign and return an Authorization Form. Please call us at 1-855-635-5580 to request an Authorization Form or visit www.mykyhc.org and click on "Clinical Care" then "Utilization Management" to download it.

Internal Appeals may be submitted by the Member or an individual, including a provider authorized to act on behalf of the Member. Kentucky Health Cooperative is required to respond within 30 days of receiving your appeal or three days if it is an Expedited (medical emergency) Appeal. If, upon completion of the Internal Appeals process, Kentucky Health Cooperative continues to uphold its denial, you will have the opportunity to request an impartial review of the denial. The final denial letter from Kentucky Health Cooperative will have the addresses you need to further appeal as well as the timeframe. The type of denial you receive will determine what entity does the reevaluation.

Who is responsible for conducting an impartial review?

If your ABD is denied because:

- The benefit is not considered medically necessary or is deemed experimental or investigational.
 - Kentucky Health Cooperative forwards your appeal, including their records regarding your denial, to an independent review entity (IRE, See "What is an independent review entity?" below).

- The benefit is limited or excluded in your health benefit plan.
 - You will be directed by Kentucky Health Cooperative to write to the Health and Life Division of the Kentucky Department of Insurance for a coverage denial review and determination.
- A plan delivery rule is not followed or any other reason for an ABD.
 - You will be directed by Kentucky Health Cooperative to write to the Consumer Protection Division of the Kentucky Department of Insurance for a review and decision.

What is an independent review entity IRE?

An IRE is a company (not associated with your insurer) certified by the Kentucky Department of Insurance to perform medical external reviews. The IRE uses experts to review the denial and decide whether the requirement for coverage was medically necessary and covered under the plan. The IRE can take up to 45 days for a standard appeal but no more than 72 hours to make a decision for an Expedited (Emergency) Appeal.

What urgent medical situations qualify for an Expedited Appeal?

An appeal for a denial of a benefit based on medical necessity shall be considered an Expedited Appeal when your doctor certifies in writing that one or more of the following apply:

- You are hospitalized.
- Your care is determined to be urgent.
- The decision to deny coverage could seriously jeopardize your life, health or the ability to regain function.

- The Expedited Internal and Expedited External Appeals can be reviewed at the same time.
- It is the opinion of your treating physician that you would be subjected to severe pain that cannot be adequately managed without the care that is the subject of the review.
- The treatment is considered experimental/investigational and it is determined that the treatment will be significantly less effective if not initiated promptly.

You also have the right to request an IRE Appeal. You may request an IRE Appeal at the same time that you request an Expedited Appeal.

How does a member voice a complaint?

Kentucky Health Cooperative is committed to providing you the best possible healthcare experience. Any time you are dissatisfied, we want to know. **Call Member Services at 1-855-687-5942.**

If you need language assistance to file a complaint, we will provide it at no cost.

Most complaints are investigated by Member Services. When complaints are of a clinical nature, a clinician investigates the issues and proposes a resolution. We will notify you of our proposed resolution within 30 calendar days, or within 72 hours if your complaint is urgent.

Is there additional help available?

Yes, if you have any questions regarding appealing an ABD or other health insurance matters regarding fully-insured health benefit plans issued in Kentucky, you may contact the Consumer Service Division of Kentucky's Offices of the Insurance Commissioner.

Call: 1-800-595-6053 (Kentucky residents only) or 1-502-564-6034.

Online: http://insurance.Ky.gov/Home.aspx?Div_ID=4

In addition, the Kentucky Health Insurance Advocate can assist individuals living in

Kentucky with any type of plan. Call 1-877-587-7222 (Kentucky only) or 1-502-564-6034. Or write:

Kentucky Health Insurance Advocate
P.O. Box 517
Frankfort, Ky. 40602
Email: DOI.CAPOmbudsman@ky.gov

To ask to speak to a consumer complaint investigator:

Kentucky Department of Insurance
Consumer Protection Division
P.O. Box 517
Frankfort, Kentucky 40602

QUALITY IMPROVEMENT PROGRAM

Kentucky Health Cooperative wants to help you get the quality care you deserve. We have adopted a quality improvement structure that supports the organizational commitment to improved performance and increased customer satisfaction. This commitment is organization-wide. Because measures that define quality control evolve, the Quality Improvement (QI) Program will be evaluated annually.

If you want to get more information about Kentucky Health Cooperative's QI Program, call us at 1-855-635-5580, ext. 5 or visit www.mykyhc.org, where you can find:

- a description of the Kentucky Health Cooperative QI program;
- immunization information for adults and children;
- standards that Kentucky Health Cooperative seeks to meet and exceed, and;
- clinical practice and preventive health guidelines.

Member Satisfaction Surveys

As part of the Quality Improvement Program, every year, some members are asked to answer a survey to inform us about the care and

services they receive from Kentucky Health Cooperative and their doctors. Kentucky Health Cooperative shares the survey scores with participating doctors and uses the information to help us improve member care and how we communicate with you. Your answers to these surveys are always anonymous, meaning we do not know who completed the survey.

If you get a survey in the mail or over the phone, please take the time to answer and return the survey. It helps make Kentucky Health Cooperative the best that we can be for you and your family.

Accuracy and Quality of Member Information

Kentucky Health Cooperative maintains ongoing efforts to promote members' access to accurate, user-friendly written information. Comments and/or complaints directed to **Member Services at 1-855-687-5942** and clinical care staff regularly assist the Health Cooperative in pinpointing and resolving Member Portal access and website navigation issues as well as readability concerns.



FOR MORE INFORMATION

Visit Kentucky's online health insurance marketplace
at **www.healthbenefitexchange.ky.gov**

Or, Kentucky Health Cooperative at **www.mykyhc.org**



This document may be made available in Braille, large print or electronic form. To request one of these alternate formats, please call member services at 1-855-687-5942.