

# Welcome

to COFA Islander Health Care



[English] If you speak [*name of language*], language assistance services, free of charge, are available to you. Call 1-800-547-3109 (TRS: 711).

[Kosraean] Mwe Fwakak nu sin Mwet Kosrae: Kom fwin enenu in lungasyukla kas Merike nu ke kas Kosrae, a asr kasru nu sum a wangin molo, pangon 1-800-547-3109 (TRS 711).

[Marshallese] Ne kwoj kenono ak Kajin Marshall. Elon rukok renaj jiban ilo ejjelok wonen 1-800-547-3109 (TRS: 711).

[Palauan] Al sekum ke molekoi a tekoi er a Belau, e ousbech a oleiuid a tekingem el di tada, e moutekangel el omekedong er a 1-800-547-3109.

[Pohnpeian] Lokaian Pohnpei: Ma komw ese lokaian Pohnpei, mie sawas en lokaia kan, ni sohte pweipwei. Menlau, kahlih 1-800-547-3109 (TRS: 711).

[Trukese] Ika ka kapasan Chuuk (Chuukese/Trukese), ka tongeni angei aninisin chiakku, ese kamo, inet chok ka mochen. Kokkori 1-800-547-3109 (TRS: 711).

[Yapese] Thin nu Wa'ab: Ra gabe ning e ayuw ko thin ma ran pi e ayuw ngom ni dariy pulwon. Numba rom 1-800-547-3109 (TRS: 711).

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### Disclaimer about this booklet:

This booklet will introduce you to COFA Islander Health Care and explain your rights and responsibilities. Please be advised this booklet does not create any legal rights or entitlements. You should not rely on this booklet as your only source of information about COFA Islander Health Care. You can get detailed information about COFA Islander Health Care by looking at the Health Care Authority website at [www.hca.wa.gov/COFA](http://www.hca.wa.gov/COFA).



# Welcome to COFA Islander Health Care

Compact of Free Association (COFA) Islander Health Care is a sponsorship program offered by the Health Care Authority (HCA) to help islanders pay for their insurance premiums and out-of-pocket expenses for silver level plans purchased through the Health Benefit Exchange.

You are receiving this booklet because you recently enrolled in COFA Islander Health Care. The Washington State Health Care Authority (HCA) administers COFA Islander Health Care based on your enrollment in a silver level Qualified Health Plan (QHP) through Washington Healthplanfinder. You will receive a medical benefit handbook from your health plan. It will provide more details about your covered benefits.

## COFA Islander Health Care services from all plans

All Qualified Health Plans cover the following services:

- Appointments with a doctor or health care professional for necessary care including preventive and wellness services and chronic disease management
- Emergency medical care
- Maternity and newborn care
- Pediatric services, including oral and vision care
- Laboratory services
- Prescription drugs
- Hospitalization
- Ambulatory patient services
- Rehabilitative and habilitative\* services and devices
- Mental health services

\* Contact your health plan to see if you are eligible.

Check your health care summary of benefits for additional covered benefits and services. This list is for general information only and does not guarantee that your health plan will cover the service.

**Note:** Dental coverage is not included in your Qualified Health Plan. If you enroll in a Qualified Dental Plan, you will be responsible for the dental plan premiums and out-of-pocket costs.

### Contact your plan if you:

- Need to find a doctor
- Want to change your doctor
- Need access to mental health services
- Need a new health plan card
- Have a problem with your health plan
- Have a special health care need

Your health plan	Phone
You will receive a separate letter listing the name of your selected qualified health plan. If you have questions regarding your benefits, call your plan directly:	
BridgeSpan Health Company	1-855-857-9944 TTY 711
Community Health Plan of Washington	1-800-907-1906 TTY 711
Coordinated Care	1-877-644-4613
Kaiser Foundation Health Plan of the Northwest	1-800-813-2000
Kaiser Foundation Health Plan of Washington	1-800-290-8900
Lifewise Health Plan of Washington	1-800-817-3056
Moline Healthcare of Washington	1-888-858-3492
PacificSource Health Plans	1-888-977-9299
Premera Blue Cross	1-800-607-0546
Regence BlueCross BlueShield of Oregon	1-888-675-6570
Regence BlueShield	1-888-675-6570
UnitedHealthcare of Oregon	1-888-832-0969 TTY 711

## COFA Islander Health Care cards

You will receive two cards in the mail, one from your health plan and one from Navia Benefits Solutions that you will use for out-of-pocket costs. Be sure to take both cards when you go to the doctor, pharmacy or other health care provider. You may also need a photo ID.

### Your health plan card

A few weeks after you enroll in COFA Islander Health Care, you will receive a health plan card as well as more information about how to choose a doctor or primary care provider (PCP). Your health plan card will look like the sample card shown below.

<b>ACME QHP</b>	<b>COVERAGE TYPE</b>
Member Name: Jane Doe	Effective Date
Member Number: 9876543	10/01/2013
Group #: 86753-09	
Office visit: \$15.00	
ER visit: \$250.00	
Customer Service: 1-800-555-12341	

## Your card for out-of-pocket costs

About two weeks after you enroll in COFA Islander Health Care through Washington Healthplanfinder, you will receive your card for out-of-pocket costs. The card is sent from Navia Benefit Solutions and is pictured below. Keep this card.



### Using Your Card for Out-of-pocket Costs

The funds provided on this card are for out-of-pocket costs only. This means copays, co-insurance, deductibles, prescriptions and other costs for in-network services. Your card cannot be used for services that are not covered by your health plan, are rendered as out-of-network or are balance billing amounts. Check your plans summary of benefits to review covered services or call your health plan directly.

For example: If your plan only authorized you to have 15 physical therapy visits during the year, you cannot use your card to pay for any additional visits.

Each card will have a \$300 monthly limit. Use this card to pay for out-of-pocket costs incurred throughout the month. At the beginning of the next month, the card will be refilled. When you use this card, run the charge as credit, not debit. You will not receive a PIN number for this card.

If additional funds are needed, contact HCA for an authorization of additional funds. Plan ahead because it may take 48 business hours to load more funds after an authorization has been approved. For example, if more funds are needed and you call on Friday, they may not be available until Tuesday.

We may ask you to provide proof of your out-of-pocket expenses you charge on your card. This may be in the form of card receipts, itemized statement, Explanation of Benefits, etc. You are responsible for submitting verification of your out-of-pocket expenses when requested.



## How to authorize more funds

To request additional funds, contact HCA:

- Phone: 1-800-547-3109
- Email: [COFAQuestions@hca.wa.gov](mailto:COFAQuestions@hca.wa.gov)

## If you don't get your card or you lose it

If you don't get your card about two weeks after choosing a health plan or if you lose your card, please call Navia Benefit Solutions at 1-800-669-3539 or email [customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com).

## Online Account

An online account can be created to easily track your balance and transactions. An account is needed to use the MyNavia mobile application. Learn more at [www.naviabenefits.com/participants/resources/mynavia-app](http://www.naviabenefits.com/participants/resources/mynavia-app).

## If you need health care services before your cards arrive

You will receive a letter that shows your health plan. If you need to go to a health care provider or fill a prescription before your health plan card arrives, take that letter with you to the doctor or pharmacy. Contact your health plan for a list of providers and pharmacies that are in-network.

You can also call your health plan for help, even if you have not received your insurance card.

If you need to go to the doctor before your card for out-of-pocket costs arrives, you may have to pay your co-pay yourself and request a reimbursement. Contact Navia Benefit Solutions at 1-800-669-3539 for more information.

## Contact us

Phone: 1-800-547-3109  
Email: [COFAQuestions@hca.wa.gov](mailto:COFAQuestions@hca.wa.gov)  
Online: [www.hca.wa.gov/cofa](http://www.hca.wa.gov/cofa)



## Primary care

Your primary care provider (PCP) is the main health care professional you see. If you need specialized care that your PCP cannot give, they will refer you to a specialist. Your PCP will become familiar with your health history and current health issues. Knowing all this makes it easier to help you take care of your health.

## Choose a Primary Care Provider

To choose a PCP, follow the directions your plan sends you, call their customer service phone number or visit your plans website.

If you already have a PCP, make sure they are in-network for the plan you have selected. To find out if your provider is in-network, contact your plan.

## How to make an appointment

Once you have selected a PCP, call to make an appointment. You must have an appointment to see a provider. If you have immediate health concerns or needs, call your plan's nurse advice hotline, go to urgent care or the Emergency Room. Even if you do not have immediate health concerns, make an appointment for a general check-up (also called a wellness check). It will usually take longer to get an appointment for a general check-up, so do not put it off.



## Crisis services

Crisis services are 24-hour services intended to help you if you are in crisis, provided in a location that is best suited to meet your needs.

- For immediate help, call 911 or go to the nearest hospital emergency room. You **do not** need an authorization for crisis services.
- For a State Crisis Lines directory, visit: [www.hca.wa.gov/mental-health-crisis-lines](http://www.hca.wa.gov/mental-health-crisis-lines).
- For a 24-hour crisis intervention and referral line, call Washington Recovery Help Line, 1-866-789-1511 (TTY 206-461-3219); email [recovery@crisisclinic.org](mailto:recovery@crisisclinic.org); or visit [www.warecoveryhelpline.org](http://www.warecoveryhelpline.org). Teens can connect with teens during specific hours: call 1-866-833-6546, email [teenlink@crisisclinic.org](mailto:teenlink@crisisclinic.org), or visit <https://866teenlink.org>.
- For the National Suicide Prevention Lifeline: call 1-800-273-8255 (TTY users 1-800-799-4889).

If you move, report it to your behavioral health professional. If you go to a provider who is not in-network, COFA Islander Health Care may not be available.

## Qualified Health Plan

To be eligible for COFA Islander Health Care you enrolled in a silver level qualified health plan. To remain enrolled, you must continue to meet all eligibility program requirements, report household changes as required and agree to file a federal tax return.

## Tax filing requirements

To be eligible for COFA Islander Health Care you must agree to file a federal tax return for the benefit year you are receiving advance premium tax credits (APTC), even if you do not meet the tax filing requirements.

You are required to report the tax credits you receive to the IRS. You do this by filing an annual IRS tax return and including the correct IRS forms. Failure to report tax credits to the IRS will keep you from receiving tax credits in the future. For more information read the instructions provided with the IRS forms 1095 and 8962.

The Washington Health Benefit Exchange will issue a 1095-A at the beginning of each year.

## If you need care

Routine care	Make an appointment with your PCP. You should be able to make an office visit within 10 days.
Preventive care	Make an appointment with your PCP or other provider. You should be able to get an appointment within 30 days.
After-hours care	Call your plan's nurse advice line 24 hours a day, 7 days per week.
Urgent care	Go to an urgent care center that is in-network with your plan, or call your PCP or the nurse advice line. You should be able to visit with your PCP or other provider within 24 hours.
Emergency care	Call 911 or go to the nearest place where emergency providers can help. As soon as possible, you or someone you know must call your PCP or your health plan to report your emergency. You can call 24 hours a day, 7 days per week.
Care away from home	If it is not an emergency, call your PCP or the nurse advice line.



## The Washington Health Benefit Exchange will verify your information

Federal regulations require all state-based exchanges and the federal marketplace to verify eligibility for all customers. "Conditional Eligibility" is a status a Qualified Health Plan customer may receive if they have submitted an application and the federal hub was unable to verify a part of their application. Conditional means a customer can still get enrolled but has a deadline (or designated time frame) to provide documentation to confirm information that doesn't match with the Federal Hub. It is your responsibility to respond, contact them when you have questions, and reply before the deadline.

## Social Security number (SSN)

You are required to provide social security number(s) for everyone in your household who has one. If someone does not have a social security number, they still may be able to get health insurance coverage.

## Reporting changes

Be as accurate as possible when reporting significant changes, including when:

- You become eligible for Medicare or insurance through your job
- You moved
- You have a change in monthly income of \$150 or more that is expected to last at least 60 days
- You have a change in your household size
- You got married or divorced
- You or someone in your household is incarcerated

Sign into your account at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or call 1-855-923-4633 if one or more of these situations apply to you.

## Changing Qualified Health Plans

Qualified health plans can be changed during Open Enrollment or during Special Enrollment Periods such as moving to a new county where your current health plan is not available. To remain enrolled in COFA Islander Health Care, you must continue to select a silver level qualified health plan.

## Frequently Asked Questions

**I purchased a Qualified Dental Plan (QDP). Will the HCA pay those premiums too?**

No. Qualified Dental Plans are not included in COFA Islander Health Care. If you have purchased a separate dental plan, it is your responsibility to pay those premiums.

**I got a bill from my plan for a monthly premium. What should I do?**

Do not pay this bill. HCA is working with your plan to make the premium payments on your behalf. The monthly bills you receive are for your records only.

**I moved. Who do I need to tell?**

Call 1-855-923-4633 or sign into your application at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) to update your address or report other household changes.

**I received a service that is not covered by my plan. Will the HCA pay the bill for me?**

No. COFA Islander Health Care does not pay for services that are not covered by your QHP or are considered out-of-network.

**I received a bill from my provider. What do I do now?**

Consult your health plans summary of benefits to review all covered services.

- Review the bill to ensure that your plan had paid their portion of the charges
- Contact your provider if they have not billed your plan first
- Use your cost-sharing card to pay the remaining balance for all services covered by your plan

**My provider does not accept my insurance. What can I do?**

If your provider is out-of-network, they will not accept your insurance. You will be responsible for all charges. You cannot use your cost-sharing card for a provider that does not accept your plan.

Call your plan to find an in-network provider.

**Why do I have to file a federal tax return even if I don't meet the tax filing limits?**

It is an IRS requirement that you file taxes in order to receive a QHP with advance premium tax credits, regardless of income limits.

### **I received a letter from DSHS stating I am now eligible for medical care. Can I keep my COFA Islander Health Care coverage?**

Your COFA Islander Health Care coverage will end when you become eligible for Medical Care Services. You enrolled in this Apple Health program, when your Aged, Blind, or Disabled Cash or Housing and Essential Needs was approved. Call 1-800-547-3109 with questions.

### **Can I have COFA Islander Health Care and Alien Emergency Medical (AEM) coverage at the same time?**

Yes, you can enroll in COFA Islander Health Care and AEM at the same time.

### **What is balance billing and is it covered under COFA Islander Health Care?**

Balance billing is the difference between the amount a provider charges and the amount the QHP allows. Cost-sharing funds cannot be used for balance billing from out-of-network providers. Other balance billing amounts will be reviewed on a case-by-case basis.

### **I think I was incorrectly terminated from COFA Islander Health Care. What can I do now?**

Call 1-800-547-3109.

## **Your rights and responsibilities**

By law, you have rights regarding the health care services you receive, and you also have certain responsibilities to help maintain and improve your health and avoid unnecessary costs. It is possible to lose your health plan. This might happen if you don't keep your provider appointments, don't cooperate with your primary care provider, and other reasons. Please contact us if you'd like more information.

### **You have the right to:**

- Help make decisions about your health care, including refusing treatment.
- Be informed about all treatment options available, regardless of cost.
- Get a second opinion from another provider in your health plan.
- Get services without having to wait too long.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
- Speak freely about your health care and concerns without any bad results.
- Have your privacy protected and information about your care kept confidential.

- Ask for and get copies of your medical records.
- Ask for and have corrections made to your medical records when needed.
- Ask for and get information about:
  - » Your health care and covered services.
  - » Your provider and how referrals are made to specialists and other providers.
  - » How the health plan pays your providers for your medical care.
  - » All options for care and why you are getting certain kinds of care.
  - » How to get help with filing a grievance or complaint about your care.
  - » Your health plan's organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive the Member's Rights and Responsibilities at least yearly. Your rights include mental health and substance use disorder services.
- Receive managed care benefit, policies, and services information yearly and upon request.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical health advance directive forms.

### **You have the responsibility to:**

- Help make decisions about your health care, including refusing treatment.
- Keep appointments and be on time. Call your provider's office if you are going to be late or if you have to cancel the appointment.
- Give your providers information they need to get paid for providing services to you.
- Show your providers the same respect you want from them.
- Bring your Services Card and health plan ID card to all of your appointments.
- Learn about your health plan and what services are covered.
- Use health care services when you need them.
- Know your health problems and take part in making agreed-upon treatment goals as much as possible.
- Give your providers and health plan complete information about your health so you can get the care you need.
- Follow your provider's instructions for care that you have agreed to.
- Use health care services appropriately. If you do not, you may be enrolled in the Patient Review and Coordination Program. In this program, you are assigned to one primary care provider, one pharmacy,

one prescriber for controlled substances, and one hospital for non-emergent care. You must stay in the same plan for at least 12 months.

- Inform us right away if your family size changes (such as pregnancy, births, adoptions) or your circumstances change (such as a new address, change in income, or becoming eligible for Medicare or other insurance).
- Renew your coverage annually using the Healthplanfinder website at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org). You also use this website to report changes to your account.

## If you're unhappy with your health plan

You or your Authorized Representative have the right to file a grievance. A grievance is a spoken or written complaint regarding your quality of care or how you were treated by your doctor or health plan. Once you file a grievance:

- Your health plan must let you know by phone or letter within two working days that it received your grievance.
- Your concerns must be addressed as quickly as possible, not taking more than 45 days.

*Your health plan must help you file a grievance.*

## If you're unhappy with a medical decision your health plan made

You or your Authorized Representative have the right to file an appeal. An appeal is a kind of complaint you make when you want your health plan to review a decision they made about coverage or payment of a covered medical service.

- Your plan will notify you in writing of their decision. If you want to appeal their decision, the health plan will include documents on how to file an appeal.
- Your health plan must let you know in writing within 72 hours that it received your appeal.
- Your concerns must be addressed as quickly as possible, not taking more than 28 calendar days.

*Your health plan must provide you written notice of their decision and help you file an appeal.*

**Is it urgent?** If you are appealing a decision and have an urgent physical or behavioral health condition, you or your provider can ask for an expedited (quick) review or hearing. If your medical condition requires it, a decision will be made about your care within three calendar days. Refer to your member handbook for more detailed information on these steps.

# Glossary

**Advance Premium Tax Credit (APTC):** Tax credit you can take in advance to lower your monthly health insurance payment (or premium).

**Balance billing:** The difference between a provider's full charge and your plan's approved amount for a specific service.

**Benefit year:** A year of benefits coverage under an individual health insurance plan. The benefit year begins January 1 of each year and ends December 31 of the same year.

**Co-insurance:** A type of insurance plan where you pay a share of the payment.

**Co-payment:** A payment you make in addition to the payment made by the insurance plan.

**Cost-sharing card:** A card issued by Navia Benefit Solutions after enrollment in the program. This card is used to pay out-of-pocket costs.

**Cost Sharing Reductions (CSR):** Cost-sharing reductions are discounts that lowers the amount you pay for deductibles, co-insurance, and co-payments and other out-of-pocket expenses.

**Cost-sharing funds:** Funds used to pay out-of-pocket costs

**Deductible:** A specified amount of money that you must pay for medical services before an insurance company will pay a claim.

**Explanation of benefits (EOB):** A summary of health care charges that your health plan sends you after see a provider or get a service. It is not a bill.

**In-network:** Services from a provider that is contracted with your health plan to provide those services for a fixed amount.

**Minimum Essential Coverage:** This is the type of coverage you need to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, Children's Health Insurance Program (CHIP), TRICARE and other coverage that covers the 10 Essential Health Benefits.

**Out-of-network providers:** Providers, doctors, pharmacies that are not contracted with your health plan.

**Out-of-pocket costs:** Costs that you have to pay and your health plan will not cover including deductibles, co-insurance, co-payments, and prescriptions.

**Premiums:** The amount paid to the health plan every month.

Washington State  
Health Care Authority

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