



SECTION 3



PRODUCTS AND BENEFITS

CCHP Programs and Products	1
Benefits Summary/Matrix	1
Service Area	1
Primary Care Physicians	1
Chinese Community Health Care Association Medical Group	2
Member Copayments	2
Preventive Services Covered Without Copayments	2
Summary of Preventive Services Covered Without Copayments	4
Member Entitlement to Copayment Parity for Services Not Available at Chinese Hospital	7
Member Copayment Parity Policy	8





CCHP Programs and Products

CCHP offers a variety of commercial products for small and large group employers as well as products for individuals. In addition, CCHP offers Medicare Advantage Plans including Part D drug coverage. The following programs are offered by CCHP:

- **CCHP Commercial Products** for employer groups and individuals and families. CCHP offers several plans with different choices of copayments and optional dental, vision and chiropractic riders.
- **CCHP Senior Program HMO** is a Medicare Advantage plan for people with Medicare Parts A and B. This plan includes a Medicare Part D drug benefit and offers an optional dental rider.
- **CCHP Senior Select Program HMO Special Needs Plan (SNP)** is a Medicare Advantage plan for people with both Medicare Parts A and B and Medi-Cal. This plan includes a Medicare Part D drug benefit and a dental benefit.

Benefits Summary/Matrix

A summary of benefits for each product and plan type can be found on CCHP's Web site at www.cchphmo.com/prospective_members. Benefits are subject to change. Providers must verify a member's benefits and eligibility prior to rendering services as well as having prior authorization when required by CCHP. Refer to Section 2 for information on Web access to verify eligibility and benefits and Section 5 for services requiring prior authorization.

Service Area

CCHP's Service Area is the City and County of San Francisco and northern San Mateo County for all programs and products, except for the CCHP Senior Select Program. The Service Area for CCHP Senior Select Program members is the City and County of San Francisco only. For details go to: http://www.cchphmo.com/CCHP_service_area.html

Primary Care Physicians

CCHP members must select a primary care physician to coordinate their care. The primary physician coordinates all care including referrals to specialists. The member must use plan physicians, providers and facilities except for emergencies. For services not available from the CCHCA/CCHP physician panel, prior authorization must be sought from the Utilization Management Department. (See Section 7)





Chinese Community Health Care Association Medical Group

Chinese Community Health Plan contracts with one medical group – Chinese Community Health Care Association (CCHCA). CCHCA has a network of over 280 physicians available to provide care to CCHP members. CCHCA primary care and specialist physicians have offices throughout San Francisco County and northern San Mateo County. In addition to CCHCA's provider panel of physicians and other health care providers, CCHP contracts directly with other health care providers and facilities for the provision of care to its members. For a directory of CCHP providers, please go to www.cchphmo.com/cchp_physicians_hospitals

Member Copayments

Chinese Community Health Plan (CCHP) members are responsible for certain copayments. The amount of the copayment varies by the plan to which they belong. Office visit copayment amounts are listed on CCHP member ID cards. For copayment information specific to each patient, you can look it up on our Web site at http://www.cchphmo.com/eligibility_inquiry.html

Co-payments should be collected from the patient at the time of service, and are deducted from the allowable amount. Depending upon the CCHP plan and line of business, many CCHP members have a yearly maximum limit on the amount of copayments or out-of-pocket charges that they have to pay, before they hit what is called the Out-Of-Pocket-Maximum (OOPMAX). During each calendar year, once the member individually, (or if part of a couple or family) has met the respective OOPMAX, then for the remainder of the calendar year any copayment amount would not be due from the member, or as applicable, from other family members (if the couple, or family maximum has been reached).

Preventive Services Covered Without Copayments

CCHP's goal is to partner with providers to ensure that members receive preventive care services. CCHP provides most preventive services to members without any copayments or cost sharing. Over time this is expected to significantly improve health and reduce incidence of preventable conditions. Providers are expected to review a patient's chart to determine if and when they need these important services and encourage patients to participate in their health by getting preventive services.





Preventive guidelines are based on the recommendations of the United States Preventive Services Task Force (USPSTF). For the most up to date information, please go to:

<http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>

See the following page for a quick reference guide.



Summary of Preventive Services Covered Without Copayments

The following preventive services are covered without member co-payments or cost sharing. A member's plan may include other preventive services not listed here that are at no cost to the member. Please consult the member's benefit plan description or contact CCHP Member Services with questions.

Service	USPSTF Grade	Adults		Special Population	
		Men	Women	Pregnant Woman	Children
Abdominal Aortic Aneurysm, Screening ¹	B	x			
Alcohol Misuse Screening and Behavioral Counseling Interventions by PCP	B	x	x	x	
Anemia, Prevention – Counseling by PCP ²	B				x
Anemia, Screening ³	B			x	
Anemia, Screening– Hemoglobin/Hematocrit in Childhood ⁴	B				x
Annual Well Visits for children ⁵	-				x
Annual Women's Well Visits ⁶	-		x		
Aspirin for the Prevention of Cardiovascular Disease, Counseling by PCP(Aspirin is Over the Counter and Not Covered) ⁷	A	x	x		
Asymptomatic Bacteriuria in Adults, Screening ⁸	A			x	
Breast Cancer,Screening ⁹	B		x		
Chemoprevention for Breast Cancer for High Risk Women Discussion with PCP ³⁵	B		x		
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and BRCA MutationTesting ¹⁰	B		x		
Breastfeeding, Counseling by PCP Regarding Behavioral Interventions ¹¹	B		X	x	
Cervical Cancer Screenig ¹²	B		X		
Chlamydial Infection,Screening ¹³	A		X	x	
Colorectal Cancer,Screenign ¹⁴	A	x	X		
Congenital Hypothyroidism, Screenign ¹⁵	A				x
Dental Caries in Preschool Children, Prevention and fluoride Prescription ¹⁶	B				x
Depression (Adults),Screening ¹⁷	B	x	x		
Diet, Behavioral Counseling By PCP to Promote a Healthy Diet ¹⁸	B	x	x		
Folic Acid Supplementation, Generic Prescription Folic Acid (Brand Name and Over the counter are Not Covered) ¹⁹	A			x	
Gonorrhea, Screening ²⁰	B		x	x	
Gonorrhea, Prophylactic Medicarion ²¹	A				x
Hearing Loss in Newborns,Screenig ¹⁵	B				x
Hepatitis B Virus Infection, Screenig ²²	A			x	
High Blood Pressure,Screening ³⁴	A	x	x		
HIV, Screening ²³	A	x	x	x	x



Service	USPSTF Grade	Adults		Special Population	
		Men	Women	Pregnant Woman	Children
Inmunizations ³⁷	-	x	x	x	x
Lead Screening up to Age 7 ³⁶	I				x
Lipid Disorders in Adults, Screening ²⁴	A&B	x	x		
Major Depressive Disorder in Children and Adults, Screening ²⁴	B				x
Obesity in Adults, Screening ²⁶	B	x	x		
Osteoporosis in Postmenopausal Women, Screening ²⁷	B		x		
Phenylketonuria, Screening ¹⁵	A				x
Rh (D) Incompatibility, Screening ²⁸	A			x	
Sexually Transmitted Infections, counseling By PCP or OB/GYN ²⁹	B	x	x		x
Sickle Cell Disease, Screening ¹⁵	A				x
Syphilis Infection, Screening ³⁰	A	x	x	x	
TB Skin Test ³⁸	-				X
Tobacco Use and Caused Disease, Counseling by PCP and Generi ^{8c} Prescription Medications (Brand Name and Over the Counter Medications Not Covered) ³¹	A	x	x	x	
Type 2 Diabetes Mellitus in Adults, Screening ³²	B	x	x		
Visual Impairment in Children Younger than Age 5 Years, Screening ³³	I				x

This document includes the evidence-based items or services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force with respect to the individual involved

(<http://www.ahrq.gov/clinic/pocketgd90/gcp09sl.htm>) and, with respect to infants, children, and adolescents, evidence informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources Services Administration. In order for an office visit to be considered “preventive”, the service must have been provided or ordered by the PCP, or an OB/GYN who is a CCHCA/CCHP Participating Physician within the CCHCA medical group. CCHP does not cover any medications or supplements that are generally available over the counter (OTC), even if the member has received a prescription for the medications or supplements.

Footnotes:

- 1. One-time screening by ultrasonography in men aged 65 to 75 who have ever smoked.
- 2. Counseling regarding routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia. Iron supplements are available over the counter and are not covered.
- 3. Routine screening in asymptomatic pregnant women.
- 4. Screening for anemia in children under age 18.
- 5. Children under age 18.
- 6. Women of all ages.





- 7**When the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men aged 45-79 years) or in ischemic strokes (women aged 55-79 years).
- 8**Pregnant women at 12-16 weeks gestation or at first prenatal visit, if later.
- 9**Mammography every 1-2 years for women 40 and older.
- 10**Referral for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes for genetic counseling and evaluation for BRCA testing.
- 11**Interventions during pregnancy and after birth to promote and support breastfeeding.
- 12**Women aged 21-65 who have been sexually active and have a cervix.
- 13**Sexually active women 24 and younger and other asymptomatic women at increased risk for infection. Asymptomatic pregnant women 24 and younger and others at increased risk.
- 14**Adults aged 50-75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy. Procedures to treat any abnormalities will require a co-payment, even if performed at the same time as the screening.
- 15**Newborns.
- 16**Prescription of oral fluoride supplementation at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.
- 17**In clinical practices with systems to assure accurate diagnoses, effective treatment, and follow-up.
- 18**Adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease.
- 19**Recommendation that women pregnant or planning on pregnancy have folic acid supplement.
- 20**Sexually active women, including pregnant women 25 and younger, or at increased risk for infection.
- 21**Prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.
- 22**Pregnant women at first prenatal visit.
- 23**All adolescents and adults at increased risk for HIV infection and all pregnant women.
- 24**Men aged 20-35 and women over age 20 that are at increased risk for coronary heart disease; all men aged 35 and older.
- 25**Adolescents (age 12-18) when systems are in place to ensure accurate diagnosis, psychotherapy, and follow-up.
- 26**Discussion/counseling about intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.
- 27**Women 65 and older and women 60 and older at increased risk for osteoporotic fractures.
- 28**Blood typing and antibody testing at first pregnancy-related visit. Repeated antibody testing for unsensitized Rh (D) –negative women at 24-28 weeks gestation unless biological father is known to be Rh (D)negative.
- 29**All sexually active adolescents and adults at increased risk for sexually transmitted infections.
- 30**Persons at increased risk and all pregnant women.
- 31**Discussion/counseling about tobacco cessation interventions for those who use tobacco. Augmented pregnancy-tailored counseling to pregnant women who smoke. Generic prescription medications are covered.
- 32**Asymptomatic adults with sustained blood pressure greater than 135/80 mm Hg.
- 33**To detect amblyopia, strabismus, and defects in visual acuity; part of well-child.
- 34**Screening for high blood pressure in adults ages 18 and older without known hypertension.
- 35**Discussion/counseling about chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.
- 36**Children ages 1-5 at increased risk for lead poisoning.
- 37**Refer to recommendations made by the CDC and ACIP for immunization of children and adults,
- 38**Refer to CDC guidelines.





Member Entitlement to Copayment Parity for Services Not Available at Chinese Hospital

Chinese Community Health Plan (CCHP) has some benefit plans where the copayment for services rendered at Chinese Hospital is lower than the copayment rendered at other hospitals. It is the policy of CCHP that in the event a member's benefit plan has a lower copayment for services rendered at Chinese Hospital, and the member requires and is authorized for healthcare services at a facility other than Chinese Hospital, or its outpatient facilities for reasons beyond the member's control and care must be obtained at an outside facility, the member's copayment for the services rendered at a facility other than Chinese Hospital will not exceed that which would have been applicable, if the services could have been have obtained at Chinese Hospital. In addition, this policy is also applicable if Chinese Hospital is not within the required mandated standards of being within 15 miles from the member's residence, as long as the member obtains prior authorization for services from a contracted CCHP facility.

In regard to specialty services not provided by Chinese Hospital (such as Inpatient Mental Health, Substance Abuse, or OB-Labor & Delivery), members will be responsible for copayments that are no more than would be required for similar treatment or stays at Chinese Hospital for commensurate care for inpatient or outpatient services.

See the following page for a copy of this policy.



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TITLE: Member Copayment Parity for Necessary Utilization Other than Chinese Hospital for Services

PURPOSE:



To establish the requirement to ensure when members are ‘required’ or ‘need’ to receive their specific covered and authorized Chinese Community Health Plan (CCHP) healthcare services at a hospital other than Chinese Hospital (CH).

SUPPORTIVE DATA:

Within the Combined Evidence of Coverage and Disclosure Form(s), the Summary of Benefits, and /or within the Benefits Matrix for certain CCHP covered benefits, there are specific tables and/or descriptions of specific health care benefits and covered services, against which is listed the applicable member responsibility and/or benefit amount by category of benefits. Some categories such as hospital stays and outpatient facilities, the copayments and charges reflect different member copayment amounts if the member receives services at CH or not.

POLICY:

1. It is the policy of CCHP that in the event a commercial member requires and is authorized for health care services, other than at CH for reasons beyond the member’s control and must be obtained at a outside facility, and/or if CH is not within the required California mandated standard of being 15 miles or less from the member’s official residence, and so long as member obtains services from preauthorized and contracted CCHP facility that is within the 15 mile standard, the member’s copayment amount due and payable for the services will not exceed that



which would have been applicable, if the services could have been or might have been obtainable at CH.

2. In specific regard to Mental Health Services and or Substance Abuse benefits, since CH does not offer specialized inpatient, partial hospitalization or day treatment programs for substance abuse, that the member's copayment amount due and payable for the services will not exceed that which would have been applicable if the services could have been or might have been obtained at CH. Due to legal requirements for parity between categories of service and reimbursement between 'medical physical health' and 'mental health' and 'substance abuse', the member shall not be charged the lower of the near 'equivalent' for the 'medical' benefits and copayments whether at CH or a non-CH facility.
3. In regard to Obstetrical, Pediatric, or other inpatient services not provided by CH, or the intensity or specialty of which has been determined by CCHP's Medical Director to be medically necessary to be obtained from a facility other than CH; or in the event that CH does not have available capacity or cannot accommodate member in a timely manner; the member's copayment amount due and payable for the services will not exceed that which would have been applicable if the services could have been or might have been obtainable at CH.
4. Other reasons the member's copayment amount due and payable for the services will not exceed that which would have been applicable if the services could have been or might have been obtainable at CH, if as preauthorized by the CCHP Medical Management as being medically necessary, prudent, and or required by law or regulation in order to assist the member to obtain crucial and specialized treatment.
5. This policy and procedure does not apply to emergency or emergent services for which no authorization is required and before medical stabilization has been achieved.

PROCEDURE:

1. CCHP's Utilization Management department shall provide the member receiving any authorization to a non CH facility that appears to fit within the guidelines of this Policy and Procedure, with a letter confirming that the authorized services apply to the benefit, and that the member's copayment shall be at parity to CH level, and they shall update the file to indicate the Member's reduced copayment.
2. Until and unless CH inaugurates a newly licensed and operating Psychiatric, Substance Abuse-Detoxification or Rehabilitation, Pediatric Unit, and or an Obstetrical-Labor & Delivery Units, then UM shall notify all members of the applicability of the CCHP Parity Benefit and shall inform them in writing as to the applicable CH copayments that will apply to their required non-CH services and/or



stay. They shall then update the members billing file to indicate the applicable copayment that shall apply and be collected from the member.

3. In the event that the Utilization Management department has made a determination, that the request and authorized services to a non-CH facility have been voluntary; or do not apply to a service related to Mental Health, Substance Abuse, or Obstetrical Labor & Delivery Services; or do not result from the closure, full census, or inability to accommodate a specific member due to a unique disability or individually unique treatment requirement, then it may determine this policy does not apply. In this case, they shall inform the member by mail and include the reason it does not apply, as well as provide CCHP appeal, grievance and DMHC rights and notification letters to the member.

