

INTRODUCTION

Section I

I. WELCOME

We are pleased you are participating in a partnership to provide quality health care services to our members.

Our mission is to provide our customers high-quality and cost-competitive health services through locally delivered managed systems and financing mechanisms which maximize the efficient and effective use of available resources and improve the overall health of the community.

Our goals are to:

- Organize and coordinate services to maximize quality of care, access to care and cost.
- Integrate the multiple segments of health care in a comprehensive and organized structure, using medically sound and cost-effective management techniques and health care financing mechanisms.
- Participate in maintaining the economic vitality of the region through the delivery of community-based health services.

Community Health Plan's Core Operating Principles are:

Encourage appropriate and timely care of members/patients to include appropriate and timely referral.

- Discourage unnecessary and/or inappropriate care.
- Preserve member/patient choice whenever possible.
- Be cost-effective and proactive, while administering the plan.
- Create an environment conducive to the successful practice of medicine.
- Promote wellness and healthy lifestyles of members/patients.
- Assume and create an environment of trust.
- Do things right the first time.
- Streamline processes for the providers and members of the plan.
- Do the best for the member/patient.
- Encourage the use of local providers.
- Promote health care education and "Healthy Community" activities for the region.

Community Health Plan is working with local providers, hospitals, ancillary providers and employers to:

- Create an accessible, personal delivery system.
- Provide quality health care services at affordable prices.
- Preserve the private practice of medicine in the area.

The Provider's Reference Manual has been developed to introduce providers and their office staff to Community Health Plan and to provide instruction of our systems and procedures. Updates are communicated quarterly through the Network News provider newsletter. The Provider's Reference Manual is available on our website at www.mychp.com in the provider section.

We value your input. Please feel free to call us regarding details of the Provider's Reference Manual or other issues concerning your participation in Community Health Plan.

This manual will explain the benefits and processes for the Preferred Provider Organization (PPO) group product benefit plans, which includes Select Choice and Quality Choice benefit options, plus the Advanced Choice individual product benefit plan, which includes Value and Value Plus benefit options.

Important Numbers:

(816) 271-1247
(800) 990-9247

Providers select Option 3

Customer Service: Option 1

Care Management:

- Medical Prior Authorization: Option 2
- Pharmacy Prior Authorization: Option 3
- Behavioral Health Prior Authorization: Option 4

Provider Relations: Option 5

For more information about Community Health Plan, visit our Web site at www.mychp.com.

Community Health Line (Nurse Advice Line)

(816) 271-4000
(800) 455-2476

II. MyCHP Service

Throughout the Provider Reference Manual, you will see references to MyCHP Service, an online tool for providers. To access My CHP Service, visit www.mychp.com and in the left navigation (the part of the screen where you will find a list of links), click on the MyCHP Service icon.

A separate window will appear where you can enter your username and password. Your username is your Provider ID number or Provider Group # and your password is “Password1” the first time you log in. You will be prompted to change your password after your first log in (please remember your new password for future reference).

With MyCHP Service, you have the ability to:

Verify member eligibility

Review claims payment status

Review Prior–Authorization status

Search for providers, hospitals and medical facilities

Change your MyCHP Service password

A complete user guide is included in the MyCHP Service Provider User Guide Section XIII of the Provider’s Reference Manual. Please contact Customer Service for assistance.

III. COMMUNITY HEALTH PLAN EXECUTIVE SUMMARY

Community Health Plan Insurance Company is a Missouri–licensed Preferred Provider Organization (PPO). Community Health Plan Insurance Company is owned by Community Health Plan, which is a wholly–owned subsidiary of Heartland Health of St. Joseph, Missouri, and is directed by Community Health Plan Board.

There are three main committees that form the development and ongoing management teams for Community Health Plan Insurance Company. These committees are:

- Executive Committee
- Finance/Membership Committee
- Provider Relations/Quality Review Committee

A Board of Directors member chairs each of the committees.

The members for each committee are selected and approved by the chairperson of the Community Health Plan Insurance Company Board. The committee members are business and community leaders, medical professionals and Community Health Plan staff.

The Community Health Plan Insurance Company Board and the development committees meet periodically to address issues and guide the ongoing development of Community Health Plan.

IV. CHP Product Overview	Community Health Plan (CHP)		Community Health Plan Insurance Company (CHPIC) [All functions delegated to CHP via contract]		CHP - KS	
	HMO	ASO (TPA)	PPO - Group	PPO - Individual		
Product	Community Gold; Community Choice; Community Point-of-Service (POS)	(TPA – Third Party Administrator) HMO/POS/PPO products	<u>Select Choice</u> – entire Par Provider network	<u>Quality Choice</u> – narrow Par Provider network [HRMC and St. Luke's]	Advanced Choice (2 offerings: Value and Value Plus)	KS group offering only HMO license [combines Levels 1&2 of POS, with separate Level 3.]
Copayment / Coinsurance	Copayments, except for Durable Medical Equipment	Varied copays, deductible, etc. Dependent upon group	Coinsurance / deductible	Copays/coinsurance	Coinsurance	
Participating Or Non-Participating	Gold and Community Choice: Participating Provider benefit only; POS: Par and Non-Participating benefit	Participating and Non-Participating benefits are dependent upon option purchased.	Participating and Non-Participating benefits	Participating and Non-Participating benefits	Participating and Non-Participating benefits	
Fully / Self Insured	Fully	Self	Fully	Fully	Fully	
Regulated by	State Department of Insurance	ERISA/Other Federal Regulations	State Department of Insurance	State Department of Insurance	State Department of Insurance	
Maximums	No lifetime max	Dependent upon group	OOP max and Life time Max	OOP Max and Lifetime Max	No lifetime max	
State	MO/KS license	MO license only	MO license only	MO license only	KS only	
Purchased By	Employer	Employer	Employer	Individual	Employer	