



**COMMUNITY HEALTH PLAN**  
of Washington™

**INDIVIDUAL & FAMILY PLANS**

The power of community

# Your Rights & Responsibilities with Community Health Plan of Washington

## **Including:**

**Advance Directives:** how to use a health care directive (also known as a living will) and a durable power of attorney for health care.

**Your Rights and Responsibilities** as a Community Health Plan of Washington (CHPW) member.

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## Community Health Plan of Washington – Contact Information

### CUSTOMER SERVICE

#### Cascade Select Customer Service

- Hours: 8:00 am - 5:00 pm PST, Monday - Friday
- Email: [CustomerCare@chpw.org](mailto:CustomerCare@chpw.org)
- Current members call toll-free 1-866-907-1906, (TTY Relay: 7-1-1)
- Prospective members call toll-free 1-833-933-0181, (TTY Relay: Dial 711)

### MAILING ADDRESS:

Community Health Plan of Washington  
1111 3rd Ave, Ste. 400  
Seattle, WA 98101

### WEB

- [Individualandfamily.chpw.org](http://Individualandfamily.chpw.org)

**PHONE:** 206-521-8830

## Advance Directives and Portable Orders for Life Sustaining Treatment (POLST)

An advance directive gives written instructions about your future medical care in case something happens to you where you are unable to tell someone your medical wishes. For the state of Washington, this written instruction takes the form of two (2) documents:

1. A Health Care Directive (known as a Living Will); and
2. A Durable Power of Attorney for Health Care.

If you are seriously ill or in very poor health, your health care provider can use the Portable Orders for Life-Sustaining Treatment (POLST) to represent your wishes for future care as clear and specific medical orders, indicating what types of life-sustaining treatment you want or do not want in the case of a medical emergency.

You have certain rights with an Advance Directive and a POLST:

- The right to make your own decisions about your medical care.
- The right to accept or refuse surgical or medical treatment.
- The right to have an Advance Directive or POLST.
- The right to cancel an Advance Directive or POLST at any time.

## **Advance Directives/POLST Policy and Procedure**

Anyone who requests Community Health Plan of Washington's (CHPW's) Advance Directives/POLST policy and procedure will be provided a copy by calling the CHPW Customer Service department. This policy and procedure are available online at <https://individualandfamily.chpw.org/member-center/member-rights/advance-directive/>.

## **If You Have Complaints About Advance Directives/POLST**

If you think CHPW or its providers, contractors, vendors, or business associates are not complying with the state of Washington's Advance Directives/POLST guidance, you may file a grievance. For information about filing a grievance or complaint, refer to the Grievance and Appeal Process.

## **Additional Information**

More information, resources, and forms about your Advance Directive rights are on the Washington State Medical Association Advance Directives Q&A webpage located at: [https://wsma.org/WSMA/Resources/Advance\\_Care\\_Planning/POLST/WSMA/Resources/Advance\\_Care\\_Planning/POLST/POLST.aspx](https://wsma.org/WSMA/Resources/Advance_Care_Planning/POLST/WSMA/Resources/Advance_Care_Planning/POLST/POLST.aspx).

## **Member Rights and Responsibilities**

### **Member Rights**

Your right to get information about the plan, services, practitioners and providers and member rights and responsibilities.

- You have a right to ask for information in writing about your rights and responsibilities.
- You have a right to have information about your health care plan and its services explained to you in a way you will understand, and in a different language if necessary.
- You have a right to no-cost interpreters during scheduled health care visits and to have interpreters when you interact with CHPW. This includes members who are deaf, visually impaired, or have hearing loss.
- You have a right to know the name, title, and qualifications of the practitioners, providers, and staff who care for you.
- You have a right to get information in writing about what you must do to see a provider other than your primary care provider (PCP).
- You have a right to ask for information in writing about what you must do when you need CHPW's approval for health care services.
- You have a right to get information in writing about CHPW's organizational structure and operations.
- You have a right to get information in writing about how we pay doctors and hospitals. You may also receive an explanation of how referrals to specialists affect our payment to providers.
- You have a right to get information in writing about if we pay providers extra for certain care (physician incentive programs).

- You have a right to ask for information in writing about which medical service you used and showing how CHPW paid for a service. This is known as an Explanation of Benefits (EOB).
- You have a right to know that the government has set standards for safe and effective pharmacy services.
- You have a right to know what drugs are covered by CHPW. For more information, ask for a copy of the *Community Health Plan of Washington Drug Formulary* by calling CHPW's Customer Service Department.
- You have a right to get information in writing about How we report how well we do with your care. We measure our performance using the Healthcare Effectiveness Data Information Set, or HEDIS. You may ask to see the HEDIS data and have someone explain what the information means. For more information, contact the Customer Service department.
- You have a right to be treated with dignity and respect and right to privacy.
- You have a right to be given care and service that go along with your values and beliefs.
- You have a right to get services without discrimination.
- You have a right to have your wishes for your future medical care made known to others if you are too sick to let them know. This includes the right to choose a person to make medical decisions for you if you are unable to do so. You can do this with a living will, a durable power of attorney for health care, or both.
- You have a right to refuse treatment and be told what might happen with your health.
- You have a right to refuse to take part in experimental research.
- You have a right to get information about other health care options available from CHPW.
- You have a right to get information about what you must do when you need an authorization for health care services.
- You have a right to candidly discuss with your provider the right for medically necessary treatment options for your health condition, including the risks involved, regardless of cost or coverage.
- You have a right to get a second opinion from another CHPW provider.
- Your right to voice complaints or file an Appeal about the organization or the care it provides.

You have a right to tell us your complaints or to appeal decisions about your health care or about CHPW without fear that you may not be able to receive care in the future.

- You have a right to be told about our grievance process when telling us about your complaints. You also have the right to get an answer to your complaint in a timely manner.
- You have a right to get a copy of our grievance policy. This will tell you how to file an appeal if you disagree with one of our decisions or if you are dissatisfied with your health care. See the Grievances and Appeal Process for your program.
- You have the right to get help with filing a grievance or complaint about your care.
- You have the right to get help with asking for a review of a denial of services or an appeal.
- You have a right to get a review of an appeal decision.

Your right to make recommendations regarding the CHPW's Member Rights and Responsibilities policy.

- You have a right to recommend changes to CHPW policies and procedures, including the policy about your rights and responsibilities and our policy on advance directives. For information about how to recommend changes, please call CHPW's Customer Service Department.

Your right to safe and timely health care.

- You have a right to get care and service in a safe, comfortable, and clean environment.
- You have a right to get proper and timely health care, including emergency services, 24 hours a day, 7 days a week.

Your right to choose your providers and your health plan.

- You have a right to get care from a CHPW provider.
- You have a right to choose your primary care clinic, ask for a PCP, or change providers as often as once a month, at any time during the month. (The change is effective the first day of the following month after you call to change your PCP)
- You have a right to self-refer yourself to a CHPW women's health care provider.
- You have a right to choose a behavioral Health Care provider.

## **PHI and Member Rights**

Your right to:

- Access and inspect your own PHI.
- Request changes or corrections to your own PHI.
- Request restrictions on the use and disclosure of your own PHI.
- Obtain an accounting of certain PHI disclosures that CHPW has shared with others.
- Request alternate ways and locations to receive communications about your own PHI.
- Receive a Notice of Privacy Practices. Notice of Privacy Practices located at: [individualandfamily.chpw.org/member-center/member-rights/](http://individualandfamily.chpw.org/member-center/member-rights/)

## **Member Responsibilities**

Your responsibility to supply information CHPW and its providers need to provide care.

- You have a responsibility to give complete and correct facts to your practitioners, providers, and CHPW about your health history, current health status, and changes in your symptoms.
- You have a responsibility to let us know if you have a living will or a durable power of attorney for health care.
- You have a responsibility to tell us about your suggestions for improvements, concerns, and complaints.

Your responsibility to understand your health problems and participate in developing mutually agreed upon treatment goals.

- You have a responsibility to (to the extent possible) understand your health and/or behavioral health problems and work with your providers to create treatment goals you mutually agree on.
- You have a responsibility to make informed decisions about treatment and procedure options before services are performed.
- You have a responsibility to accept the risk of refusing treatment.

Your responsibility to follow Care plans and instructions you have agreed to with your providers.

- You have a responsibility to follow the treatment plans and instructions for care that you and your provider agree on.
- You have a responsibility to tell your provider if you do not understand your treatment plan or if you believe you cannot follow through with plan.

Your responsibility to treat your providers and staff with respect.

- You have a responsibility to treat health care professionals, staff, other members, and the health care provider's property in a kind and respectful manner.
- You have a responsibility to make and keep appointments. Tell your PCP if you or are going to be late or if you need to cancel an appointment.
- You have a responsibility to identify yourself as a member of the CHPW when you seek care. Carry your Member Identification card with you.
- You have a responsibility to call CHPW if you do not understand how your health plan works or if you have questions about your coverage.

Your responsibility to work with CHPW.

- You have a responsibility to pay your copayments in full at the time of service.
- You have a responsibility to pay your deductible, copay, or coinsurance in full when due.
- You have a responsibility to tell CHPW about other health care coverage or payment.
- You have a responsibility to work with CHPW to obtain any third-party payments for health care.
- You have a responsibility to use CHPW and your PCP to coordinate health care services.
- You have a responsibility to choose a PCP or behavioral health provider from CHPW's contracted provider network.
- You have a responsibility to obtain a referral from your PCP before you go to Specialist.
- You have a responsibility to get medical services from (or coordinated by) your PCP, except in an emergency or in the case of a referral.
- You have a responsibility to notify CHPW within 24 hours, or as soon as is reasonably possible, of any emergency services provided outside CHPW's provider network, or service area.