



PO Box 1090
Great Bend, KS 67530
Fax: (620) 793-1199
www.wship.org

Questions? Call 1-800-877-5187

Enrollment Information

(Medicare-Eligible Medical Supplement Plan)

Important – Please Read!

Please review this information carefully and **return your completed application, along with a copy of all required documents and your applicable premium payment to the address above.** (You may fax your application, provided the original and premium payment are sent by mail within 5 days.) Applicants are encouraged to use a licensed insurance agent.

About WSHIP

The Washington State Health Insurance Pool (WSHIP) is an independent, non-profit health plan created by the Washington State Legislature. We offer individual health insurance coverage to state residents rejected for coverage by health carriers due to medical reasons. Our benefit plans, premiums, eligibility rules, and other program requirements are governed by state law. A Board of Directors with representatives for consumers, employers, insurance agents, health carriers, health care providers, and the Insurance Commissioner oversee the organization. WSHIP is administered by Benefit Management LLC (BML), working with vendors for pharmacy services, provider network services, and care coordination and disease management programs.

Eligibility

To be eligible for WSHIP's Medical Supplement Plan you must meet all of the following requirements:

- You must be a resident of Washington State;
- You must be enrolled in Medicare Part A and Part B;
- You must provide evidence of rejection for medical reasons, a requirement of restrictive riders, an up-rated premium, or a pre-existing conditions limitation on a Medicare supplemental insurance policy, or not have comprehensive Medicare supplement coverage available to you; and
- You must not have access to a reasonable choice of Medicare Advantage Plans (Part C). (See enclosed details for how "reasonable choice" is defined.)

Your dependent children may be covered by WSHIP provided that you are eligible for and are enrolled in WSHIP. Coverage for dependent children is available under a separate policy. Dependent children must be under the age of 26. Coverage can be extended for dependent children age 26 and older who are disabled. If your dependents are not Medicare-eligible, please contact WSHIP for a different form to enroll non-Medicare eligible dependent children.

Questions? Contact Customer Service at 1-800-877-5187 or go to www.wship.org.

Instructions

1. Review the benefit plan information carefully.
2. Review the premium rate chart to determine your monthly premium.
3. Fill out the WSHIP application completely.
4. Sign and date your application and attach copies of all required documents.
5. Enclose a check for your applicable premium and mail your application and supporting documents to us in the enclosed return envelope. (You may fax your application if originals and payment are sent by mail within 5 days.)

HOW TO CONTACT US

Call Customer Service at 1-800-877-5187

(8 AM to 5 PM Pacific Time, Monday – Friday)

Visit our website at www.wship.org

Write to us at: PO Box 1090, Great Bend KS 67530

Benefit Plan & Premiums

Benefit Plan

WSHIP's Medical Supplement Plan supplements your existing Medicare Parts A and B benefits, as well as providing additional benefits for some services not covered by Medicare. The plan includes coverage for preventive care and other medical services; it also includes annual out-of-pocket expense limits.

This plan does not provide prescription drug coverage except supplemental benefits for medications covered under Medicare Part B.

WSHIP pays as **secondary insurance** and covers your patient responsibility for Medicare-eligible expenses (the amount you owe after Medicare pays your provider) with the exception of the deductible amount for Medicare Part B, which you will be responsible for. If the service is not covered by Medicare but is covered by WSHIP, you pay a 20% coinsurance up to the annual out-of-pocket expense limit.

A Benefit Plan Summary is included in this packet. A complete policy is available on our website at www.wship.org; or you may request a copy from Customer Service.

Premiums

Monthly premium rates are included in this packet. Premiums are based on your age. State law requires WSHIP premiums to be 110%-150% of the average of what the largest carriers in the state charge for their individual plans with benefits similar to WSHIP. Premiums cover about one-third of the cost of providing coverage; health carriers pay the remaining costs. (WSHIP is not state-funded.)

How to Determine if You Have Reasonable Choice of Medicare Advantage Plans

Under Washington law effective August 1, 2009, to be eligible for coverage under WSHIP's Medicare-eligible Medical Supplement Plan you must live in a Washington county where **you do not have reasonable choice** of comprehensive Medicare Advantage Plans (Part C).

Definition of Reasonable Choice

Reasonable choice of Medicare Advantage Plans means:

1. You have a choice of health maintenance organization (HMO) or preferred provider organization (PPO) Medicare Advantage Plans offered by at least three different carriers that have had provider networks in your county of residence for at least five years.
2. The benefit plan options include coverage at least as comprehensive as Plan F Medicare supplement plan combined with Medicare Parts A and B.
3. The benefit plan options also provide access to adequate and stable provider networks that make up-to-date provider directories easily accessible on the carrier website, and will provide a hard copy, if requested.
4. The health care provider with whom you have an established care relationship and from whom you have received treatment within the past twelve months is not a member of the available HMO or PPO Medicare Advantage Plan carrier networks.

Counties with Reasonable Choice

The list of counties with reasonable choice of Medicare Advantage Plans is updated yearly. ***If you live in one of these counties, you are not eligible for WSHIP unless your health care provider is not included as a member of at least one of the HMO or PPO benefit plans available to you.***

For a current list of counties that offer a reasonable choice of Medicare Advantage Plans, refer to the Medicare eligibility requirements listed on WSHIP's website, or contact our Customer Service department at 1-800-877-5187.

Please note this list is updated January 1 of each year.

Questions?

If you have any questions about this eligibility requirement, there are several resources available to assist you:

- You can contact the Statewide Health Benefits Advisors "SHIBA" at 1-800-562-6900 or SHIBAhelpLine@oic.wa.gov
- Visit the website of the Office of the Insurance Commissioner www.oic.wa.gov
- Contact WSHIP Customer Service at 1-800-877-5187



WASHINGTON STATE HEALTH
INSURANCE POOL

Summary – Effective January 1, 2022 Medical Supplement Plan (Medicare)

This plan is for qualified individuals enrolled in Medicare Part A and Part B. It pays as secondary insurance and covers patient responsibility for Medicare-eligible expenses with the exception of the deductible amount for Medicare Part B. This plan does not provide prescription drug coverage except supplemental benefits for drugs covered under Medicare Part B.

| MEDICAL BENEFITS | | | | | |
|--|---|----------------|------------|-------|---------|
| ANNUAL DEDUCTIBLE per individual PCY (1) | None (You are responsible for your Medicare Part B deductible.) | | | | |
| COINSURANCE (<i>amount you pay for Covered Services not covered by Medicare</i>) | 0% for Services covered by Medicare 20% for Covered Services <u>not</u> covered by Medicare | | | | |
| OUT-OF-POCKET LIMIT PCY (<i>The maximum amount you pay yearly including deductible and coinsurance.</i>) | <table border="1"> <thead> <tr> <th>per Individual</th> <th>per Family</th> </tr> </thead> <tbody> <tr> <td>\$850</td> <td>\$1,700</td> </tr> </tbody> </table> | per Individual | per Family | \$850 | \$1,700 |
| per Individual | per Family | | | | |
| \$850 | \$1,700 | | | | |

| COVERED SERVICES | COVERAGE LIMITATIONS | YOU PAY if <u>not</u> covered by Medicare |
|--|---|---|
| PREVENTIVE CARE (<i>coinsurance waived</i>) | | |
| Preventive care exams and immunizations | \$500 PCY | 0% |
| PROFESSIONAL SERVICES | | |
| Office, inpatient, and outpatient professional services | | 20% |
| DIAGNOSTIC SERVICES | | |
| Diagnostic x-ray & laboratory services | | 20% |
| Mammography (<i>coinsurance waived</i>) | | 0% |
| HOSPITAL SERVICES | | |
| Inpatient (2) and outpatient facility services | | 20% |
| EMERGENCY CARE | | |
| Emergency room | | 20% |
| OTHER SERVICES | | |
| Acupuncture | 12 visits PCY | 20% |
| Ambulance | | 20% |
| Chemical Dependency | 30 Inpatient days PCY 28 Outpatient visits PCY | 20% |
| Diabetes Education (<i>certified only; coinsurance waived</i>) | | 0% |
| Home Health Care (2) | 130 visits PCY | 20% |
| Hospice and Respite Care | Hospice: not limited Respite: \$7,500 PCY | 20% |
| Massage Therapy (<i>when prescribed by a physician</i>) | 12 visits PCY | 20% |
| Maternity Services | | 20% |
| Medical Supplies and Equipment (3) | | 20% |
| Mental Health Services (2) | | 20% |
| Oral Surgery | | 20% |
| Physical, Speech, Occupational, and Respiratory Therapies (2) | | 20% |
| Skilled Nursing Facility (2) | 100 days PCY | 20% |
| Spinal Manipulations | | 20% |
| Tobacco Cessation (<i>WSHIP's designated provider only</i>) | | 0% - WSHIP program |
| Temporomandibular Joint (TMJ) Disorders | \$1,000 lifetime maximum | 20% |
| Transplant Surgery (3) | \$350,000 lifetime maximum | 20% |
| PRESCRIPTION DRUGS are NOT COVERED except for drugs covered under Medicare Part B. | | |

NOTES: (1) PCY = Per Calendar Year
(2) A prior review for Medical Necessity is recommended if service is not covered by Medicare
(3) Pre-approval is required

PRESCRIPTION DRUGS

WSHIP's Medical Supplement Plan does not provide coverage for prescription drugs (except for drugs covered under Medicare Part B). Prescription drug services are administered by Express Scripts; 1-800-859-8810.

LIMITED COVERED SERVICES

- Preventive Care
- Acupuncture
- Chemical Dependency
- Home Health Care and Respite Care
- Massage Therapy
- Skilled Nursing Facility
- Temporomandibular Joint (TMJ) Disorders
- Transplant Surgery
- Investigational and Experimental Services

EXCLUSIONS TO COVERED SERVICES

Benefits are not provided for treatment, surgery, services, drugs or supplies for any of the following:

- Cosmetic and Reconstructive Services (with some exceptions)
- Counseling, Educational or Training Services (except Diabetes Education)
- Custodial Care
- Dental Care
- Fertility or Infertility; and Sterilization Reversal
- Foot Care (routine care)
- Governmental Medical Facilities
- Military and War-Related Conditions; and Illegal Acts
- Not Medically Necessary Care
- Obesity and Weight Control
- Prescription Drugs (except for drugs covered under Medicare Part B)
- Services for Which You Do Not Have to Pay
- Sexual Dysfunction
- Transportation or Travel
- Vision and Hearing Services
- Work-Related Conditions
- Services or supplies not specifically listed as covered in the Plan Policy

NOTE: This information is not a contract, nor does it cover all exclusions or limitations. Once you enroll, you will receive a copy of your Plan Policy which will outline your coverage in detail. For a sample copy of the Plan Policy, contact Customer Service or go to www.wship.org.

ELIGIBILITY

To be eligible for WSHIP's Medical Supplement Plan, you must meet all of the following requirements:

- You are a resident of Washington State;
- You are enrolled in Medicare Part A and Part B;
- You were rejected for coverage by a health carrier, offered substantially reduced coverage on a Medicare supplemental insurance policy, or you do not have comprehensive Medicare supplement coverage available to you; and
- You do not have access to a reasonable choice of Medicare Advantage Plans (Part C).

PRE-EXISTING CONDITIONS

This plan contains a 6-month waiting period for pre-existing conditions; the waiting period may be credited or waived based on your prior health care coverage, subject to approval by WSHIP. The pre-existing condition waiting period does not apply to prenatal care services or benefits for outpatient prescription drugs.

HOW TO CONTACT US

Customer Service: 1-800-877-5187

Mail: PO Box 1090, Great Bend, KS 67530

www.wship.org

**Washington State Health Insurance Pool (WSHIP)
2022 Monthly Premium Rates**

MEDICAL SUPPLEMENT PLAN

| | Age | Medical Supplement Plan |
|---|----------|-------------------------|
| | | Monthly Rates |
| Full Premium | Under 65 | \$407 |
| | 65+ | \$324 |
| | | |
| You were enrolled in a prior medical benefit plan during the 63-day period prior to application to WSHIP with continuous enrollment for 18 months. | Under 65 | \$407 |
| | 65+ | \$270 |
| | | |
| You have been enrolled in WSHIP continuously for 36 months or more. | Under 65 | \$407 |
| | 65+ | \$308 |
| | | |
| You have been enrolled in WSHIP for 36 months or more <u>AND</u> had 18 months of continuous enrollment in a prior medical benefit plan. | Under 65 | \$407 |
| | 65+ | \$257 |

Information and premium rates contained herein are subject to change with a 30-day advance notification.

Frequently Asked Questions

When will my coverage be effective?

If your completed application is faxed or postmarked on or before the last day of the month, WSHIP coverage will be effective the 1st of the next month. Some exceptions may apply.

Is there a waiting period for coverage of pre-existing conditions?

Yes, there is a 6-month waiting period. In certain circumstances, we will waive or credit this waiting period based on your current or prior creditable coverage. The pre-existing condition waiting period does not apply to prenatal care services or benefits for outpatient prescription drugs.

May I be turned down for coverage?

No, as long as you meet all of the eligibility requirements.

May I keep my WSHIP coverage if I receive assistance from Medicaid?

No. Some exceptions may apply depending upon the type of DSHS medical assistance you receive.

What will happen if I move?

If you move to another location within Washington, you are still eligible for WSHIP. You need to send us a change of address to ensure that you receive important notices about your policy including our required yearly Eligibility Verification Form. If you move out of the state of Washington, you must notify us immediately; you will no longer be eligible for WSHIP and your coverage will terminate.

When does the policy end?

The policy terminates:

- When you send us written notice requesting termination
- For nonpayment of your premium within the 31-day grace period
- When you are no longer a resident of Washington State
- When you become eligible for Medical Assistance (except under certain circumstances)
- When you are no longer enrolled in both Parts A and B of Medicare
- When you fail to respond to our inquiry about your eligibility or place of residence
- When you commit a material fraud upon or against WSHIP

What are my payment options?

You may choose to be billed quarterly, semi-annually or annually and submit payment to WSHIP, or you can choose to have automatic bank withdrawals made monthly. You will indicate your payment option on the application. Please be sure to enclose the amount of premium that is applicable to the payment frequency you selected. For example, if you selected quarterly, multiply the monthly rate by three months and enclose that amount with your application.

How do I change my payment option selection?

Request it in writing. If received by the 20th of the month, it will become effective the 1st of the following month. If you are changing to automatic withdrawal from your bank account, you will need to send us a Bank Service Plan Authorization Form and a voided check or bank MICR form.

How often do I have to complete the Eligibility Verification Form?

WSHIP must verify your eligibility for coverage on a yearly basis. This important form is now included with your Open Enrollment materials. Please return it promptly to avoid losing your coverage. (You must also notify us of address changes.)

Can I re-enroll in WSHIP after termination?

If you fail to pay the premium or you voluntarily leave WSHIP, you will not be eligible to reapply until 12 months after termination date. (You can re-apply without meeting the 12 month criteria if you terminated due to having employment-related coverage which was subsequently lost.)



Complaints & Appeals Policy

I. GENERAL

A. Complaints and Appeals

1. Complaints: If you have a complaint about our services or about a benefit or coverage decision or any other WSHIP decision regarding your policy, please contact our Customer Service department. The complaint process lets Customer Service quickly and informally correct errors, clarify decisions or benefits, or take steps to improve our service. When you have a complaint, call or write our Customer Service department at 1-800-877-5187, PO Box 1090, Great Bend, KS 67530.
2. Appeals: If you are not satisfied with our response to a complaint or your complaint is a request that we reconsider our decision to deny, modify, reduce, or end payment, coverage or authorization of coverage, you will need to submit your complaint as a formal appeal. You or your authorized representative will need to request an appeal within 90 days of the event giving rise to the appeal. Following receipt of your appeal, we will let you know if we need more information to respond to your complaint. We will review your complaint and respond as soon as possible, but not more than 30 calendar days after receiving the information requested to review your complaint.

To request an appeal, please send a written request to:

WSHIP Appeals
PO Box 1090
Great Bend, KS 67530

If your appeal relates to medical necessity review of services such as hospitalizations or outpatient therapies, you may send your request directly to our Utilization Management Department at: Utilization Management, PO Box 952679, Lake Mary, FL 32795-2679.

If your appeal relates solely to prescription drug coverage, you may send your request directly to our Pharmacy Benefit Manager at: Express Scripts, 8111 Royal Ridge Parkway, Irving, TX 75063.

Your appeal rights and the appeal process are described below. If you have questions about the appeal process, please contact our Customer Service department for assistance.

B. General Grievance and Appeal Rights

Any WSHIP applicant or participant who is aggrieved by an action or decision of WSHIP may pursue up to three levels of appeals. The first two levels are internal: first to WSHIP's administrator and second to WSHIP's grievance committee. The third level of appeal is external and may be made to a designated Independent Review Organization (IRO). IRO review is available only for appeals of decisions relating to the denial, modification, reduction, or termination of coverage of or payment for health care services. A person may appeal to the IRO only after completion of WSHIP's internal review process.

II. INTERNAL APPEAL PROCESS

A. Appeal to WSHIP's Administrator (First Level)

1. The person, or his or her authorized representative, must notify WSHIP's administrator of his or her request for appeal within 90 days of the event giving rise to the appeal. We have delegated the administrator's responsibility for first-level appeals related to pharmacy benefit coverage issues to our Pharmacy Benefit Manager.
2. Within five business days, the WSHIP administrator will respond to the person in writing confirming receipt of the appeal request, the date it was received, the nature of the complaint, and the resolution requested.
3. WSHIP's administrator will investigate the complaint, considering all information submitted by the person, and make its decision within 30 days of receipt of the complete information needed to respond to the appeal.
4. WSHIP's administrator will notify the person of its decision in writing and inform the person of any further appeal options. The written notice will explain the decision and any supporting coverage or clinical reasons and will specifically refer to any supporting documents. If WSHIP's administrator fails to make its decision within 30 days of its receipt of the complete information needed to respond to the appeal, such failure is deemed to be an adverse decision and the person may appeal to the next level.
5. If a complaint involves denial of coverage of a service, and the person provides written notice to WSHIP's administrator of a need for a speedy appeal process because the regular appeal process timelines could seriously jeopardize the person's life, health or ability to regain maximum function, WSHIP's administrator will provide its written decision within 72 hours of receipt of the appeal request.

B. Appeal to WSHIP's Grievance Committee (Second Level)

1. The person, or his or her authorized representative, must notify WSHIP's administrator of his or her request for appeal to WSHIP's grievance committee within 90 days of an adverse decision by WSHIP's administrator and include a written description of the complaint.
2. Within five business days, WSHIP's administrator will respond to the person in writing confirming receipt of the appeal request, the date it was received, the nature of the complaint, and the resolution requested. Within two business days of sending this notice, WSHIP's administrator will forward the appeal, with all relevant information from its files, to the WSHIP's grievance committee.
3. WSHIP's grievance committee will investigate the complaint, considering all information submitted by the person, and make its decision within 30 days of its receipt of the complete information needed to respond to the appeal. The grievance committee may engage independent medical and legal experts to assist in the review process.
4. WSHIP's grievance committee will notify the person of its decision in writing and inform the person of any further appeal options. The written notice will explain the decision and any supporting coverage or clinical reasons and will specifically refer to any supporting documents. If WSHIP's grievance committee fails to make its decision within 30 days of its receipt of the complete information needed to respond to the appeal, such failure is deemed to be an adverse decision and the person may appeal to the next level (if applicable).

5. If a complaint involves denial of coverage of a service, and the person provides written notice to WSHIP's administrator of a need for a speedy appeal process because the regular appeals process timelines could seriously jeopardize the person's life, health, or ability to regain maximum function, WSHIP's grievance committee will provide its written decision within 72 hours of its receipt of the appeal request.

III. EXTERNAL APPEAL PROCESS (Third Level)

- A. If WSHIP's grievance committee affirms a decision to deny, modify, reduce, or terminate coverage of or payment for health services, the person may appeal the decision to an IRO by notifying the WSHIP administrator within 30 days of receipt of the grievance committee's written decision.
- B. The administrator will gather all relevant documents and deliver them to the IRO within three business days of receiving the person's request for appeal.
- C. The IRO, made up of persons not associated with WSHIP, will review the complaint and make a decision. The IRO will provide its decision in writing to the person and WSHIP within 20 days of the person's request for appeal. WSHIP will pay the charges for the IRO's review and written report.

IV. SERVICES DURING APPEAL PROCESS

If the complaint is from a WSHIP enrollee contesting a coverage decision and such decision was based on a finding of no medical necessity, WSHIP will continue to provide the service until the appeal is completed. Upon completion of the appeal process, if WSHIP continued to provide the service in question and it is determined that the coverage was properly denied, WSHIP may charge the enrollee for the cost of the services provided.



Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

The privacy of your personal health and financial information is very important to us.

I. OUR COMMITMENT TO PRIVACY

Washington State Health Insurance Pool (“WSHIP”) is required by law to maintain the privacy of your personal health and financial information (“PHI”) and to provide you with notice of its legal duties and privacy practices with respect to your PHI.

In the course of administering your health benefits, WSHIP collects PHI from you and your health care providers. These records are used and maintained by WSHIP, but the PHI contained in the records belongs to you.

II. HOW DO WE PROTECT YOUR INFORMATION?

We maintain physical and electronic security safeguards to protect your PHI against unauthorized access. We have policies and procedures in place to make certain we only share the minimum amount of PHI necessary and only with those parties who have a legitimate business need for the information. We have a privacy director who develops procedures to protect your PHI, educates our staff, and tests and enforces our privacy protection mechanisms.

We will not disclose PHI except as permitted by law.

III. TO WHOM IS YOUR PHI DISCLOSED AND WHY?

To effectively administer your health benefits, WSHIP must share some of your PHI. The law permits WSHIP to use or disclose your PHI for the following reasons:

- **For treatment:** WSHIP may use or disclose your PHI when requested by a doctor, hospital or other provider requiring the information to appropriately treat you.
- **For payment:** WSHIP may use or disclose your PHI to pay or deny your claims for provider services that may or may not be covered by your WSHIP benefits. This may include exchanging eligibility, benefits or prior authorization information with your health care providers or pharmacy benefits carrier or providing information to your other insurance carrier (if applicable).
- **For healthcare operations:** WSHIP may use or disclose your PHI as required to operate the WSHIP program. For example, PHI may be used in determining the cost of your premiums, to collect your premiums, to support grievance or quality review boards, for audit or accreditation programs or for necessary business purposes. However, WSHIP will not use your genetic information for underwriting purposes. WSHIP may disclose your PHI to the WSHIP care management contractor to enable the contractor to contact you to offer care management assistance, and WSHIP may contact you about treatment alternatives and other health benefits and services.
- **To business associates:** WSHIP contracts with qualified third parties (“business associates”) to perform insurance-related functions on our behalf. For example, WSHIP business associates include the WSHIP administrator, pharmacy benefit manager, care management contractor, and network contractor. WSHIP

may disclose PHI with these business associates in order to allow them to perform these functions. They also may collect, create, maintain, transmit, use and/or disclose PHI on our behalf. We are required to have contracts with our business associates that require them to provide the same privacy protections that we provide for your PHI.

- **For the creation of data:** WSHIP may use your PHI for the creation of a historical database that is de-identified (not traceable back to you).
- **To you or to your designee upon your authorization:** WSHIP will release your PHI to you or someone who has the legal right to act for you (your personal representative). You retain the right to give us permission, by a written authorization, to use your PHI or release it to whomever you choose for any purpose. If you give us such an authorization, you have the right to cancel it at any time.

WSHIP considers the activities described above necessary for the proper administration of your health plan. There are also other limited circumstances in which WSHIP must release your PHI. These include:

- **As required by law:** WSHIP may use or disclose your PHI when required to do so by law. For example, we will disclose your PHI to the Secretary of the U.S. Department of Health and Human Services (HHS), should HHS choose to ensure we are in compliance with federal law. Additionally, we may disclose your PHI for the purposes of law enforcement, to correctional institutions as allowed by law, or as otherwise required by state and local laws.
- **For public health purposes:** WSHIP may use or disclose your PHI to avert a serious threat to your health and safety or the health and safety of others such as reporting disease outbreaks to the department of health.
- **For emergency situations and disaster relief purposes:** If you are unavailable to agree to disclosure due to an emergency situation or one of disaster relief, WSHIP may use or disclose your PHI as reasonably indicated for your best interest.
- **For public safety:** WSHIP may disclose your medical information to appropriate authorities if we reasonably believe you to be a victim of abuse, neglect, domestic violence or other crimes.
- **For judicial and administrative proceedings:** WSHIP may disclose your PHI in the course of any administrative or judicial proceeding. Examples of this include: in response to a court order, subpoena or summons.
- **For health oversight activities:** WSHIP may disclose your PHI to a health oversight agency for activities authorized by law, including investigation of activities involving fraud and abuse, audits, inspections or licensure.
- **For research:** WSHIP may use or disclosure your PHI for limited research purposes as approved by the WSHIP Board.
- **For military and national security:** WSHIP may disclose PHI of enrollees who are armed forces personnel for activities deemed necessary by military command authorities. Furthermore, we may disclose to authorized federal officials, that PHI required for national security activities authorized by the national Security Act (50 U.S. C. 401, *et seq.*).
- **For change of ownership:** WSHIP may use or disclose your PHI to facilitate the change over or acquisition of WSHIP by another insurer.

IV. WHAT ARE YOUR INDIVIDUAL RIGHTS?

By law, WSHIP must have your written permission (an “authorization”) to use or give out your PHI for any reason that is not described in this Privacy Notice. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. If you give us an authorization, you have the right to revoke (or cancel) it at any time. Revoking or changing an authorization must be done in writing and shall not affect any uses or disclosures of PHI already performed while the authorization was in effect.

In addition to the right to authorize any specific use or disclosure, you also have the following individual rights (listed below):

- **You have the right to request a copy of our current notice of privacy practices.** Under the law, we are required to provide you with a written copy of this Privacy Notice. You may request a copy of our current Privacy Notice at anytime. You may obtain this Privacy Notice on our web site at www.wship.org or you may request a paper copy by contacting our Customer Service department by using the information at the end of this notice.
- **You have the right to request a restriction.** If you have paid for a health care item or service out of pocket in full, you may request WSHIP to restrict the disclosure of your PHI if the PHI pertains solely to that health care item or service. WSHIP must agree to limit the disclosure of your PHI if the disclosure is to a health plan for the purposes of carrying out payment or health care operations as described in this notice. WSHIP is not required to agree to limit the disclosure of your PHI if the disclosure is for treatment. For all other health care items and services which you have not paid for out of pocket in full, you may submit a written request that WSHIP place restrictions and limit the use or disclosure of your PHI. WSHIP may not be able to agree to all requested restrictions, but we will review your request and notify you in writing.
- **You have the right to request a copy of or access to your records.** WSHIP must provide you, or your personal representative, with access to your PHI maintained by WSHIP, except for psychotherapy notes and information we compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding. You also have the right to request we provide copies to you or your personal representative. You must make this request in writing. WSHIP will respond to your request within 30 days unless you have agreed upon an alternative time period. If you have requested copies, a fee for materials, staff time and postage will be charged. Should you prefer, WSHIP can prepare a summary report of your PHI for a fee. WSHIP may limit the information that you can inspect or copy if we have reason to believe that it is necessary to protect you or another person from harm. If we limit your right to inspect or copy, you can ask for a review of that decision. To request copies of records, or information regarding any applicable fees, or to request that a denial to a request for access be reviewed, please contact us by using the information at the end of this notice.
- **You have the right to request and obtain an accounting of disclosures.** You have the right to request a list of those third parties who received a disclosure of your PHI from WSHIP within six (6) years of the date of your request. WSHIP will provide you this information within 30 days of receiving your written request. This list will not include any disclosures that were made to you or your personal representative, disclosures you authorized, disclosures made for treatment, payment or health care operations activities as described in this notice, incidental disclosures, disclosures made for law enforcement purposes, disclosures to a correctional institution, disclosures made for national security or intelligence purposes, or disclosures made prior to the mandatory effective date of this requirement: April 14, 2003. This service may be subject to a fee. To request an accounting of disclosures, or information regarding any applicable fees, please contact us by using the information at the end of this notice.
- **You have the right to be notified of a breach involving your records.** WSHIP is required to notify you in the event that your unsecured PHI is acquired, accessed, used or disclosed. WSHIP must provide you this notification within 60 days after we discover the breach, unless we are instructed to delay the notification by law enforcement. We may not be required to notify you of unintentional or inadvertent disclosures of your PHI.
- **You have the right to request an amendment.** You have the right to request that WSHIP amend your medical records that you feel are incorrect or incomplete. You must submit your request in writing to the address listed at the end of this notice. This request must include the reason for the requested amendment. WSHIP may accept or deny your request for amendment and will provide you with a written explanation. If WSHIP denies your request, you may respond with a written statement of disagreement and request the statement be appended to the medical record.
- **You have the right to request confidential communications.** If you would like to request that WSHIP communicate with you in confidence, in a different manner or at an alternative location, (for example: you may request that we send materials to a P.O. Box instead of your home address), please submit your request, including the reason for the request, in writing to the address listed at the end of this notice. WSHIP will accommodate all reasonable requests if we are able.
- **You have the right to submit a complaint.** In the event that an accidental or inappropriate disclosure of your PHI occurs, you have the right to expect WSHIP to mitigate or correct any loss or damage you may suffer. If you feel that WSHIP has violated your privacy rights set out in this notice, you or your personal

representative may complain directly to WSHIP by using the information at the end of this notice, or to the Office for Civil Rights of the U.S. Department of Health & Human Services (HHS). A Customer Service Representative will provide you with the address to HHS upon request and assist you in filing your complaint. Filing a complaint with WSHIP or HHS will not affect your benefits or services provided by WSHIP. We shall not retaliate in any way if you choose to file a complaint.

For more information regarding filing a complaint, exercising any of the above-described rights or any questions relating to our Privacy Notice, please contact our privacy director or a Customer Service Representative using the information at the end of this notice.

V. CHANGES TO THIS NOTICE OR THE PRIVACY PRACTICES OF WSHIP

All rights and privacy practices described in this Privacy Notice will take effect on January 1, 2014 and remain in effect until replaced by an updated Privacy Notice. WSHIP is required by law to follow the privacy practices described in this notice for as long as it is in effect.

WSHIP reserves the right to change the way we use or disclose your PHI. If WSHIP makes any changes to the privacy practices described in this notice, WSHIP will provide an updated notice via www.wship.org. Upon its effective date, the new notice provisions will be effective for any uses or disclosures by WSHIP.

VI. CONTACT INFORMATION

Address: WSHIP Administrator
Attn: Privacy Director
P.O. Box 1090
Great Bend, KS 67530

Customer Service: If you have any questions regarding this Privacy Notice or about our privacy practices, please call the toll-free Customer Service number at 1-800-877-5187.