

MULTNOMAH COUNTY  
Health Plans

Required Annual  
Notifications



Annual Notifications for Plan Year  
January 1 - December 31, 2017

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Keep this booklet with your important papers

Federally Mandated Notices within this booklet:

Reconstructive Surgery Following Mastectomy

HIPAA Privacy Notice

Medicare Part D

Kaiser Participant's Medicare Notice

Moda Participant's Medicare Notice

CHIP Notice

Patient Protection Disclosure



Federally Mandated Benefit Requirement  
Reconstructive Surgery Following Mastectomy

On October 21, 1998, President Clinton signed into law a requirement that group health plans sponsored by public and private employers provide coverage for certain reconstructive surgery following a mastectomy. The requirement is effective for plan years beginning on or after October 21, 1998 (in our case effective July 1, 1999).

**Benefit Requirement**

A group health plan that provides medical and surgical benefits with respect to a mastectomy must also cover:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications of all stages of mastectomy, including lymph edemas.

The benefits must be provided to each participant and beneficiary who receives benefits for a mastectomy, and who elects breast reconstruction in connection with the mastectomy in a manner determined in consultation with the attending physician and the patient. The same deductibles, copayments, and coinsurance provisions that apply to other medical, hospital, and surgical benefits will also apply to mastectomy-related services and procedures.

Plans are generally prohibited from denying eligibility for coverage or otherwise penalizing individuals by reducing or limiting benefits.

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**How this Requirement Affects our Medical Plans**

Multnomah County's medical plans were amended effective July 1, 1999, to include the benefit requirements listed above and the change is reflected in our current Member Handbooks. However, federal law requires that the benefit detail be disclosed on an annual basis. Therefore, we are distributing this notice to be in compliance with federal law.

**Dated: October 19, 2016**

**NOTICE OF PRIVACY PRACTICES**

**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 CAREFULLY.**

Multnomah County offers health plan benefit options to its employees, retirees and eligible family members. Some plans are self funded for which the County funds and pays claims. This notice describes the privacy practices that the County has established for self funded plans which are managed by third party administrators. We are required by law to maintain the privacy of your protected health information (“Information”) and to give you this notice of our legal duties and privacy practices. We are required to follow the terms of the notice currently in effect. This notice is effective on July 1, 2013. We reserve the right to change this notice. Any changes will apply to Information that we already have about you. We will post a current copy of this notice online at: <http://www.multco.us/benefits/hipaa>.

**YOUR RIGHTS**

We are prohibited from using or disclosing genetic information for underwriting purposes.

**Inspect and Copy:** You have the right to inspect or copy your Information held in a “designated record set”. A “designated record set” is a group of records that is used to make decisions about you. We may limit the Information that you can inspect or copy in limited circumstances. If we limit your right to inspect or copy, you can ask in writing for a review of that decision. Copies of records may be provided to you or a third party that you identify in an electronic or paper format depending on your request and the technology in which the records are maintained. Your request must be in writing. We can help you make a written request. We may charge you a fee for copies.

**Amendment:** You have the right to ask us to change some of the Information in your designated record set that you believe is incorrect or incomplete. Your request must be in writing and provide a reason. We can help you make a written request. We will tell you in writing if we deny your request and you have the right to respond to our denial. You also have the right to have your request, the denial and a statement of disagreement, if any, included in future releases of your record.

**Accounting:** You have the right to ask for a list of certain disclosures of your Information in your designated record set. The list will not include disclosures made for treatment, payment, or health care operations, disclosures made to you or individuals involved in your care or payment for care. It also will not include disclosures made prior to 6 years before the date of the request, pursuant to an authorization, to a correctional facility, incidental disclosures, disclosures made for national security or intelligence, or disclosures made prior to April 14, 2003. Your request must be in writing. We can help you make a written request. We may charge you a fee if you ask for a list more than once every 12 months.

**Restrictions:** You have the right to ask us to limit how your Information is used or disclosed. We are not required to accept your request and we may be unable to do so. Your request must be in writing. We can help you make a written request.

**Confidential Communications:** You have the right to ask us to communicate with you at a certain place in a certain way. You must specify how or where you wish to be contacted. For example, you can ask that we only contact you at work. We will accommodate any reasonable request.

**Notice:** You have the right to receive a paper copy of this notice upon request. This notice can be made available in other languages and alternative formats.

**Breach Notice:** You have the right to be notified in the event that we discover a breach of unsecured Information.

**Complaints:** You have the right to file a complaint if you believe we have violated your privacy rights. You may file a complaint with our Privacy Officer or with the Secretary of the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint.

## **HOW WE MAY USE AND DISCLOSE YOUR INFORMATION WITHOUT YOUR AUTHORIZATION**

**Treatment:** We may use or disclose your Information as necessary to health care provider(s) to assist with your treatment. For example, we may disclose your Information to providers or hospitals that provide treatment to you.

**Payment:** We may use or disclose your Information to pay for the services you receive. For example, to determine the plan's responsibility for providing benefits under the plan or for coordination of benefits.

**Health Care Operations:** We may use or disclose your Information for business operations. For example, to review plan performance, fraud or abuse detection, or for underwriting purposes.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose Information to your family, personal representative or others involved in your care or payment for care if you give verbal permission or otherwise do not object.

**Public Health Activities:** We may use or disclose Information about you for public health activities. For example, disclosures made for the purpose of preventing or controlling disease, injury, disability, abuse or neglect. These activities include activities performed by organ or tissue donation and transplantation services, activities performed by coroners, medical directors, and funeral directors, and activities necessary to avoid a serious threat to the imminent health and safety of you or others.

**Health Oversight Activities:** We may disclose Information to a health oversight agency. Activities include audits and inspections for the government to monitor the health care system.

**Legal Proceedings:** We may disclose Information about you in response to a court order, subpoena, discovery request, activities related to workers' compensation benefits, or other lawful purpose.

**Law Enforcement:** We may disclose Information about you to the police or other people who enforce the law when this disclosure is permitted or required by law. We may disclose Information to report a crime on our premises.

**Research:** Under certain circumstances, we may use and disclose your Information for research approved by an Institutional Review or Privacy Board or through an authorization signed by you.

**Inmates:** If you are an inmate of a jail or prison or under the custody of law enforcement, we may disclose Information as required or permitted by law.

**Business Associates:** In certain situations, we may need to disclose your Information with a business associate, such as a translator or quality assurance reviewer, so it can perform a service on our behalf. We will have a written agreement with the business associate requiring it to protect the privacy of your Information under the same privacy protections that we provide.

**Military and National Security:** We may disclose your Information as required by armed forces personnel or to federal officials authorized for national security and intelligence activities.

**Disaster Relief Efforts:** Unless you object, we may disclose your Information to other health care providers or to an entity assisting in a disaster relief effort to coordinate care. We may disclose your Information as necessary to identify, locate and notify family members, guardians or others responsible for your care, location, condition or death.

**Limited Data Set:** We may disclose limited Information to third parties for purposes of research, public health or health care operations. This disclosure will not include any Information which can be used to directly identify you.

**Incidental Disclosures:** Incidental disclosures of your Information may occur as a byproduct of permissible uses and disclosures.

**Required or Permitted by Law:** We may use or disclose your Information when permitted or required by federal, state or local law.

**Marketing:** We may communicate with you face-to-face about products or services that may interest you or give you a promotional gift of nominal value. Otherwise, we do not use or disclose your Information for marketing without your authorization.

**Plan Sponsor:** For the purpose of plan administration, the plan may disclose your Information with the plan sponsor.

## **DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

**Other Laws Protecting Health Information:** Other laws may require your written authorization to disclose your Information about certain mental health, alcohol and drug abuse treatment, HIV/AIDS testing or treatment, and genetic testing. We must obtain authorization for the use and disclosure of psychotherapy notes and the sale of your Information.

Uses and disclosures other than those permitted will only be made with your written authorization. If you authorize us to use or disclose your Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your Information for the purposes given in the written revocation. The revocation will not affect disclosures previously made in reliance on your authorization.

## **FOR MORE INFORMATION**

If you have any questions about this notice or need more information, please contact Multnomah County Privacy Officer, Employee Benefits Office, 501 SE Hawthorne Blvd Suite 400, Portland, OR 97214 or call 503-988-3477.

**MEDICARE PRESCRIPTION COVERAGE – PART D**  
**Notification Date: October 19, 2016**

As you may know, Medicare introduced prescription drug coverage on January 1, 2006.

Medicare requires employers to annually notify their health plan members whether or not the employer's group health plan coverage is equal to Medicare's Part D prescription drug coverage. We are including this notification in the annual open enrollment packets to avoid the cost of an additional mailing at some other time of the year.

The County health plans offer prescription drug coverage that is at least as good as the standard Medicare Part D prescription coverage. This means, if you are a Medicare eligible person, you can decline to enroll in a Medicare Part D program and not suffer a penalty premium if you decide at a later time to enroll in a Medicare Part D plan.\*

Attached you will find the required notification form for Moda plan members and Kaiser plan members. If you or your spouse are Medicare eligible, detach and retain the applicable notice for your records.

\* Employer-sponsored prescription drug coverage for the non-Spouse partner of an employee is not considered, by Medicare, as creditable coverage for the non-Spouse partner. Therefore, if an employee's non-Spouse partner does not enroll for Medicare prescription drug coverage at the time he or she is initially Medicare eligible, Medicare may apply late enrollment penalties when the non-Spouse partner later enrolls in Medicare.

**IMPORTANT DOCUMENTS – RETAIN IN YOUR PERMANENT  
PERSONAL RECORDS**

## Important Notice from Multnomah County About Your Prescription Drug Coverage and Medicare

### Kaiser Plan Participants

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Multnomah County and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage. This notice does not apply to non-Spouse partners. Medicare does not recognize employer-sponsored prescription drug coverage for a non-Spouse partner as creditable coverage for the non-Spouse partner. Therefore, if an employee's non-Spouse partner does not enroll for Medicare prescription drug coverage at the time he or she is initially Medicare eligible, Medicare may apply late enrollment penalties when the non-Spouse partner later enrolls in Medicare.

1. Medicare prescription drug coverage is available to everyone with Medicare. This prescription coverage is referred to as Medicare Part D.
2. Multnomah County has determined the prescription drug coverage offered by the Kaiser Health Plan, the Kaiser Senior Advantage Health Plan, and Kaiser Maintenance Health Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.
3. Read this notice carefully - it explains the options you have under the Medicare prescription drug coverage, and can help you decide whether or not you want to enroll in the Medicare prescription drug plan.

Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

**Because your existing coverage, through Multnomah County, is on average at least as good as the standard Medicare prescription drug coverage, you can keep your Multnomah County coverage, decline to enroll in the Medicare prescription coverage, and not pay extra if you later decide to enroll in the Medicare prescription coverage.**

People with Medicare Part A (hospitalization) and/or Part B (medical) can enroll in a Medicare Part D (prescription drug plan). However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to not to enroll in a Medicare prescription plan if you are currently eligible.

Annually, you will have the opportunity to enroll in a Medicare Prescription Drug Plan during the Medicare enrollment period (between October 15 and December 7). If you decline the Medicare prescription drug coverage and elect to enroll in the Medicare prescription drug coverage during a future Medicare enrollment period, you will not have to pay a higher premium for the Medicare prescription drug coverage, assuming you continue your County sponsored coverage listed above. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP), because you lost creditable coverage, to join a Medicare Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Medicare Part D plan at that time using an Employer Group Special Enrollment Period.

**Please note:** Kaiser does not offer retirees the option of dropping only prescription coverage. If you are currently

**Senior Advantage Health Plan Members:** If you or a family member are enrolled in Kaiser's Senior Advantage Plan, this plan includes Medicare Prescription Drug coverage as a component of the plan's benefits. Therefore, your coverage under the Senior Advantage Plan is, by definition, equal to or better than the standard Medicare Prescription Drug coverage. Your Senior Advantage coverage is creditable and you do not have to enroll in a separate Medicare Part D Prescription Drug Plan.

enrolled in the Senior Advantage Plan and you elect to enroll in a separate Medicare Part D Prescription Drug program, YOU WILL BE DROPPED FROM THE KAISER SENIOR ADVANTAGE PLAN. At the County, your prescription coverage is included with your medical and vision coverage. Retirees and/or the family members of retirees who elect to discontinue their Multnomah County health plan coverage, will be terminating all medical, vision and prescription coverage and WILL NOT be allowed to re-enroll in the County retiree health plans at some later time.

Active employees and/or their dependents who are Medicare eligible may choose to carry their coverage through the Kaiser Senior Advantage Plan or not:

**If you are an active employee or covered dependent of an active employee, enrolled in Senior Advantage Plan:** Should you enroll in a Medicare Part D, you will be removed from the Senior Advantage Plan but you will remain covered under the Kaiser active employee plan. The Medicare Part D prescription coverage you purchase will be unrelated to your Kaiser coverage. You will need to choose which program you will use to purchase your medication. The two programs will not coordinate benefits.

**If you are an active employee or covered dependent of an active employee, not enrolled in Senior Advantage Plan:** The Medicare Part D prescription coverage you purchase will be unrelated to your Kaiser coverage. You will need to choose which program you will use to purchase your medication. The two programs will not coordinate benefits.

You should also know that if you drop or lose your coverage with Multnomah County and don't enroll in Medicare prescription drug coverage after your current County coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If, you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month after your initial enrollment period that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the next annual Medicare Part D enrollment (held in November) to enroll.

**For more information about this notice or your current prescription drug coverage...**

Contact the Multnomah County Employee Benefits Office. Our office is located at 501 SE Hawthorne 3<sup>rd</sup> Floor. Our telephone number is (503) 988-3477. Our email address is [Employee.Benefits@multco.us](mailto:Employee.Benefits@multco.us). NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy from our office at any time.

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. If you are Medicare-eligible, you'll get a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

Visit [www.medicare.gov](http://www.medicare.gov).

Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

Date: October 19, 2016  
Name of Sender: Multnomah County  
Contact: Employee Benefits Office

Mailing Address: 501 SE Hawthorne Blvd., Suite 400  
Portland, OR 97214  
Phone Number: (503) 988-3477



**Important Notice from Multnomah County About  
Your Prescription Drug Coverage and Medicare**

**Moda Medical Plans**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Multnomah County and prescription drug coverage for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

If you and/or your family members are not Medicare eligible, this information will not apply to you. Federal regulations dictate employers must attempt to inform any plan member who may be affected by the availability of Medicare prescription drug coverage. This notice does not apply to non-Spouse partners. Medicare does not recognize employer-sponsored prescription drug coverage for a non-Spouse partner as creditable coverage for the non-Spouse partner. Therefore, if an employee's non-Spouse partner does not enroll for Medicare prescription drug coverage at the time he or she is initially Medicare eligible, Medicare may apply late enrollment penalties when the non-Spouse partner later enrolls in Medicare.

Multnomah County is sending this notice out to our active employees because, even though you are actively working, you may also be Medicare eligible or you may have a family member enrolled under your County health plan coverage who is Medicare eligible.

1. Medicare prescription drug coverage is available to everyone with Medicare. This prescription coverage is referred to as Medicare Part D.
2. Multnomah County has determined the prescription drug coverage offered by the Moda Performance Plan PPO, the Moda Preferred Plan PPO, Moda Platinum Plan PPO, and the Moda Major Medical Plan PPO is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.
3. Read this notice carefully - it explains the options you have under the Medicare prescription drug coverage, and can help you decide whether or not you want to enroll in the Medicare prescription drug plan.

Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

**Because your existing coverage, through Multnomah County, is on average at least as good as the standard Medicare prescription drug coverage, you can keep your Multnomah County coverage, decline to enroll in the Medicare prescription coverage, and not pay extra if you later decide to enroll in the Medicare prescription coverage.**

People with Medicare Part A (hospitalization) and/or Part B (medical) can enroll in Medicare Part D (prescription drug plan). However, because you have existing prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to not enroll in the Medicare prescription drug plan, if you are currently eligible.

Annually, you will have the opportunity to enroll in a Medicare Prescription Drug Plan during the Medicare enrollment period (between October 15 and December 7). If you decline the Medicare prescription drug coverage and elect to enroll in the Medicare prescription drug coverage during a future Medicare enrollment period, you will not have to pay a higher premium for the Medicare prescription drug coverage, assuming you continue your County sponsored coverage listed above.

**If you do decide to enroll in and purchase a Medicare prescription drug plan, since your County Health plan coverage is due to active employment, your Medicare Part D coverage will be secondary to your existing Moda Rx coverage. You would need to purchase your medications using your Moda program and then file claims with your Medicare prescription plan to obtain secondary benefits (if any) via the Medicare plan.**

Multnomah County does not offer health plan members the option of dropping only their County sponsored prescription coverage.

You should also know that if you drop or lose your coverage with Multnomah County and don't enroll in Medicare prescription drug coverage after your current County coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month after your initial enrollment period that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the next annual Medicare Part D enrollment (held each November) to enroll. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP), because you lost creditable coverage, to join a Medicare Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer group Special Enrollment Period.

**For more information about this notice or your current prescription drug coverage...**

Contact the Multnomah County Employee Benefits Office. Our office is located at 501 SE Hawthorne 3<sup>rd</sup> Floor. Our telephone number is (503) 988-3477. Our email address is [employee.benefits@multco.us](mailto:employee.benefits@multco.us). NOTE: You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy from our office at any time.

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. If you are Medicare-eligible, you'll get a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

Visit [www.medicare.gov](http://www.medicare.gov).

Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	October 19, 2016
Name of Sender:	Multnomah County
Contact:	Employee Benefits Office
Mailing Address:	501 SE Hawthorne Blvd., Suite 400, Portland, OR 97214
Phone Number:	(503) 988-3477

**Remember: Keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility**

<b>ALABAMA – Medicaid</b>
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a>  Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529
<b>ARKANSAS – Medicaid</b>
Website: <a href="http://www.myarhipp.com/">www.myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-6929-7447)
<b>COLORADO – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidptprecovery.com/">https://www.flmedicaidptprecovery.com/</a> Phone: 1-877-357-3268

<b>GEORGIA – Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>INDIANA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
<b>IOWA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570

<b>LOUISIANA – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
<b>MAINE – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120
<b>MINNESOTA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3739
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218

<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.dhs.state.pa.us/hipp">http://www.dhs.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059

<b>TEXAS – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414
<b>VERMONT – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282

<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>WISCONSIN – Medicaid</b>
Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

## **Patient Protection Disclosure—Required Notice for Kaiser Permanente Health Plans**

Kaiser Permanente generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser Permanente at KP.org or Membership Services at 503-813-2000 or 800-813-2000.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Permanente or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser Permanente at KP.org or Membership Services at 503-813-2000 or 800-813-2000.