



FROM



coordinated care™

## COVID-19 AMENDMENT TO 2020 EVIDENCE OF COVERAGE

In this Amendment, the terms "you", "your" or "yours" refer to the Member or any dependents enrolled in this Contract. The terms "we," "our" or "us" refer to **Coordinated Care Corporation** or **Ambetter from Coordinated Care**.

**Effective March 5, 2020** until the expiration of the OIC Emergency Order No. 20-01, the OIC Emergency Order 20-02, as amended, Proclamation 20-29 from Governor Jay Inslee, or any future emergency order or proclamation issued by the OIC or the Governor's office related to COVID-19, the following provisions have been added to COVERED SERVICES:

### COVID-19

- A. Covered Services include the health care provider visit and diagnostic testing of COVID-19, prior to the application of any deductible with no-cost sharing, for Members who meet the CDC criteria for testing, as determined by the Member's Provider or Facility. We shall also cover prior to application of any deductible and without cost-sharing diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV), when any of this testing is determined Medically Necessary by your Provider or Facility, and when billed in conjunction with a COVID-19 related diagnosis code.
- B. As referenced in Section A. above, a health care Provider or Facility visit means services performed by a health care Provider within their scope of practice, or under the supervision or direction of a health care Provider within their scope of practice, to assess symptoms and obtain biological samples from enrollees at a drive-through site established for testing and assessment of COVID-19. When testing is performed as part of such a visit, the testing shall be covered so long as such testing is a) approved by either the U.S. Food and Drug Administration (FDA) or Washington State Department of Health, b) performed by In-Network Providers, and c) provided as ordered by an enrollee's health care Provider.
- C. Medically Necessary Prescription Drugs are eligible for a one-time early refill prior to the end of the waiting period between refills. Such Prescription Drugs are subject to the applicable Plan Deductible, Coinsurance or Copayments as shown in the corresponding Schedule of Benefits.
- D. Prior Authorization requirements that apply to covered diagnostic testing and treatment of COVID-19 are suspended.
- E. When a Member is determined to be ready for discharge from a hospital, and insufficient time exists for long-term care facility or home health services that will follow discharge to receive approval prior to deliver of care, the requirement for prior authorization will be eliminated. For other Covered Services necessary for the discharge to a long-term care facility or home that are subject to Prior Authorization, we will treat these requests for Prior Authorization as expedited Prior Authorization requests.

- F. For subsidized and non-subsidized Members experiencing difficulty making their premium payment, we are offering 60 additional days to make an overdue payment prior to triggering the normal grace periods, as described in the Grace Period section in this Contract. Claims will be paid throughout this additional 60-day period.
- G. We may arrange for covered testing and treatment of COVID-19 with an Out-of-Network Provider within reasonable proximity of the Member if a Participating Provider is not available in the Member's area. In this circumstance, any required Deductible, Coinsurance or Copayment for the covered services will be based on the In-Network benefit level.
- H. You may receive any covered service via Telemedicine and Telehealth from an In-Network Provider. Audio only telephone services are considered telemedicine services.
- I. The obligations of this provision, COVID-19 shall be effective only as long as required under the Emergency Orders cited above. To the extent that one or more Emergency Orders is revoked or modified, then the obligations under this provision shall automatically adjust to conform to any new or reduced regulatory requirement therein. For the most up to date information about the rights and responsibilities addressed in this Section, including relevant information and guidance from the OIC and the Governor's office, visit you may visit our website at [Ambetter.CoordinatedCareHealth.com](http://Ambetter.CoordinatedCareHealth.com) or contact Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

A handwritten signature in black ink, appearing to read "Beth Johnson", with a long horizontal flourish extending to the right.

Coordinated Care Corporation  
Beth Johnson  
CEO and Plan President

## **Statement of Non-Discrimination**

Ambetter from Coordinated Care Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from Coordinated Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Coordinated Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Ambetter from Coordinated Care at 1-877-687-1197 (TTY/ TDD 1-877-941-9238).

If you believe that Ambetter from Coordinated Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a Grievance with: Grievances Coordinator Coordinated Care, 1145 Broadway, Suite 300, Tacoma, WA 98402, 1-877-687-1197 (TTY/ TDD 1-877-941-9238), Fax 1-855-218-0588. You can file a Grievance by mail, fax, or email [WAqualitydept@centene.com](mailto:WAqualitydept@centene.com). If you need help filing a Grievance, Ambetter from Coordinated Care is available to help you. You can also file a civil rights Complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

<b>Spanish:</b>	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Coordinated Care Corporation, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Chinese:</b>	如果您，或是您正在協助的對象，有關於 Ambetter from Coordinated Care Corporation 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-687-1197 (TTY/TDD 1-877-941-9238)。
<b>Vietnamese:</b>	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Coordinated Care Corporation, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Korean:</b>	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Coordinated Care Corporation 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1197 (TTY/TDD 1-877-941-9238)로 전화하십시오.
<b>Russian:</b>	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Coordinated Care Corporation вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Tagalog:</b>	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Coordinated Care Corporation, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Ukrainian:</b>	В разі виникнення у вас або особи, якій ви допомагаєте, будь-яких запитань щодо програми страхування Ambetter from Coordinated Care Corporation ви маєте право отримати безкоштовну допомогу та інформацію на своїй рідній мові. Щоб поговорити з перекладачем, зателефонуйте за номером 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Mon-Khmer, Cambodian:</b>	ប្រសិនបើលោកអ្នកឬ នរណាម្នាក់ដែលអ្នកកំពុងជួយមានបញ្ហាអំពី Ambetter from Coordinated Care Corporation អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសាខ្មែរដោយឥតគិតថ្លៃ។ សូមនិយាយទៅកាន់អ្នកបកប្រែភាសាខ្មែរ 1-877-687-1197 (TTY/TDD 1-877-941-9238)
<b>Japanese:</b>	Ambetter from Coordinated Care Corporation について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-877-687-1197 (TTY/TDD 1-877-941-9238) までお電話ください。
<b>Amharic:</b>	እርስዎ ወይም እርስዎ የሚርዱት ሰው ስለ Ambetter from Coordinated Care Corporation ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ይጋጥም እንዲሁም መረጃ የማግኘት መብት አለዎት፡፡ እስተርጓሚ ለማነጋገር በ 1-877-687-1197 (TTY/TDD 1-877-941-9238) ይደውሉ፡፡
<b>Cushite:</b>	Yoo sii ykn namaa gargaaraa jirtuu wa'ee Ambetter from Coordinated Care Corporation (Kuununsaa Qindeeffamaa) irra gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana wajjin dubadhuu, 1-877-687-1197 irra bilbilli (TTY/TDD 1-877-941-9238).
<b>Arabic:</b>	إذا كان لديك أو لدى شخص تساعدك أمثلة حول Ambetter from Coordinated Care Corporation، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Punjabi:</b>	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲੈ ਰਹੇ ਕਿਸੇ ਵਿਅਕਤੀ ਦੇ ਮਨ ਵਿਚ Ambetter from Coordinated Care Corporation ਦੇ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-877-687-1197 (TTY/TDD 1-877-941-9238) ਤੇ ਕਾਲ ਕਰੋ।
<b>German:</b>	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Coordinated Care Corporation hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-687-1197 (TTY/TDD 1-877-941-9238) an.
<b>Laotian:</b>	ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Ambetter from Coordinated Care Corporation, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ ໃຫ້ໃບຫາ 1-877-687-1197 (TTY/TDD 1-877-941-9238).