Healthy Options is now managed care coverage in Washington Apple Health.
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You can have this material translated or speak to an interpreter to have it read to you in another language. Call Customer Service at 1-800-440-1561 or TTY Relay: Dial 7-1-1. You can also get materials in large print free of charge.
Please be advised that this handbook does not create any legal rights or entitlements. You should not rely on this handbook as your only source of information about Apple Health (Medicaid). The handbook is intended to just provide a summary of information about your health benefits. You can get detailed information about the Apple Health program by looking at the Health Care Authority laws and rules page on the Internet http://www.hca.wa.gov/pages/rules_index.aspx.

Welcome to Washington Apple Health from Community Health Plan of Washington. We want to be sure you get off to a good start as a new member. To get to know you better, we will get in touch with you in the next few weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call you, our phone lines are open 8 a.m. to 5 p.m. (PST), Monday through Friday.

Important contact information

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<td><strong>Community Health Plan of Washington</strong></td>
<td>Mon. – Fri. 8 a.m. to 5p.m.</td>
<td>1-800-440-1561 TTY 7-1-1</td>
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<tr>
<td><strong>Health Care Authority (HCA) Apple Health Customer Service</strong></td>
<td>Mon. – Fri.</td>
<td>1-800-562-3022 TTY 7-1-1 or 1-800-848-5429</td>
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<tr>
<td><strong>Washington Health Benefit Exchange</strong></td>
<td>Mon.-Fri. 7:30 a.m. to 8 p.m.</td>
<td>1-855-923-4633 TTY 7-1-1 or 1-855-627-9604</td>
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How to use this book

This handbook is your guide to health services. The first several pages will tell you what you need to know right away. When you have a question, check the list below to see who can help.
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<td>Health Care Authority Apple Health Customer Service at 1-800-562-3022 or go online to <a href="http://www.hca.wa.gov/medicaid/Pages/index.aspx">http://www.hca.wa.gov/medicaid/Pages/index.aspx</a></td>
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<td>• Eligibility for health care services</td>
<td>Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) or go online to <a href="http://www.chpw.org/">http://www.chpw.org/</a></td>
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<td>• How to get Apple Health services not covered by the plan</td>
<td>Your primary care provider. (If you need help to select a primary care provider, call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) or go online to <a href="http://www.chpw.org/">http://www.chpw.org/</a>). The Nurse Hotline can be reached at 1-866-418-1002</td>
</tr>
<tr>
<td>• ProviderOne Services cards</td>
<td>Washington Health Benefit Exchange at 1-855-WAFINDER (1-855-923-4633) or go online to <a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a>.</td>
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<td>• Changes to your account such as address change, income change, marital status, pregnancy, and births or adoptions.</td>
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The plan, our providers, and you

When you join Community Health Plan of Washington one of our providers will take care of you. Most of the time that person will be your primary care provider (PCP). If you need to have a test, see a specialist, or go into the hospital, your PCP will arrange it. In some cases, you can go to certain providers without your PCP arranging it first. This applies only to certain services. See page 8 for more details.

**If you do not speak English,** we can help. We want you to know how to use your health benefits. If you need any information in another language, just call us. We will find a way to talk to you in your own language. We can help you find a provider who can speak your language.

**Call us if you need information in other formats or help to understand.** If you have a disability, are blind or have limited vision, are deaf or hard of hearing or do not understand this book or other materials, call us. We can help you get the help you need. We can
provide you materials in another format, like Braille. We can tell you if a provider’s office is wheelchair accessible or has special communications devices or other special equipment. Also, we have services like:

- TTY line (Our TTY phone number is 7-1-1).
- Information in large print.
- Help in making appointments or arranging transportation to appointments.
- Names and addresses of providers who specialize in specific care needs.

To measure performance, Community Health Plan of Washington uses national, standard tools. This includes Healthcare Effectiveness Data and Information Set (HEDIS), as well as the Consumer Assessment of Health Plans and Systems (CAHPS). HEDIS is a set of measures for healthcare quality performance, where questions are asked on experiences on access, respect, and responsiveness by the plan and provider. Community Health Plan of Washington reports results from both tools to the National Committee for Quality Assurance (NCQA). Furthermore, to ensure we best serve members we are accredited by NCQA. You may view our NCQA accreditation status at [http://www.ncqa.org/](http://www.ncqa.org/), search within the Health Plan Report Card web page.

In addition, Community Health Plan of Washington provides many resources to help our members stay healthy. One of these resources is an online Health and Wellness library. The library includes more than 8,000 articles on various health topics, educational videos, and decision making tools that are available in both English and Spanish. Visit [http://www.chpw.org/](http://www.chpw.org/) to explore the resources available.

At Community Health Plan of Washington, our Quality improvement Program has three goals: Better Health, Better Care, and Lower Costs. Better Health focuses on activities to improve the health of our members in all stages of life. Better Care targets enhancing health services our providers deliver to our members. The goal of Lower Cost is to make sure that care is appropriate and effectively uses valuable resources. We achieve these goals through measuring performance in these areas and intervening to improve results.

If you have questions or want more information about the Quality Improvement Program, please call our Customer Service at 1-800-440-1561 (TTY 7-1-1) or email us at CustomerCare@chpw.org.

How to choose your primary care provider (PCP)

You may have already picked your PCP, but if you have not, you should do so right away. Each family member can have a different PCP, or you can choose one PCP to take care of all family members who are in Apple Health Managed Care. Community Health Plan of Washington can provide you with a list of providers and information on a PCP’s schooling, training and board certifications and help you choose a PCP. Customer Service staff at 1-800-440-1561 (TTY 7-1-1) can help you find a provider that is right for you. If you do not choose a PCP, Community Health Plan of Washington will choose one for you.
You will need two cards to access services

Your Community Health Plan of Washington ID card

Your Community Health Plan of Washington ID card should arrive within 30 days of your enrollment date. If anything is wrong with your ID card, call 1-800-440-1561 (TTY 7-1-1) right away. Your ID card will have your Community Health Plan of Washington member ID number. You will need this number for your Community Health Plan of Washington related questions. Carry your ID card at all times and show it each time you go for care. If you are eligible and need care before the card comes, you can call Member Services at 1-800-440-1561 (TTY 7-1-1) and CustomerCare@chpw.org.

Your Services Card

Most people will receive two cards in the mail, one from Washington Apple Health (the Services Card) and one from the health insurance plan that will manage your care.

About two weeks after you enroll in Washington Apple Health through [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org), you will receive a blue Services Card (also called a ProviderOne card) like the one pictured here. Keep this card. Your Services Card shows you are enrolled in Apple Health.

You do not have to activate your new Services Card. It will be activated before it is mail to you.

ProviderOne

You’ll see “ProviderOne” on your Services Card. ProviderOne is the information system that coordinates the health plans for Apple Health and sends you information at various times. The number on the card is your ProviderOne client number. You can look online to check that your enrollment has started or switch your health plan through the ProviderOne Client Portal at [https://www.waprovderone.org/client](https://www.waprovderone.org/client). Health care providers can also use ProviderOne to see whether their patients are enrolled in Apple Health.

Each member of your household who is eligible for Apple Health will receive his or her own Services Card. Each person has a different ProviderOne client number that stays with him or her for life.
If you had previous Apple Health coverage (or had Medicaid before it was known as Apple Health), you won’t be mailed a new card. Your old card is still valid, even if there is a gap in coverage. Your ProviderOne client number remains the same.

If you don’t receive the card or lose your card
If you don’t receive your Services Card by the end of two weeks after successfully completing your Apple Health enrollment on www.wahealthplanfinder.org, or if you lose your card, please call the Health Care Authority’s Apple Health Customer Service Center at 1-800-562-3022.

Changing health plans
You have the right to request to change your health plan at any time while on Apple Health. Depending on when you request to change plans, your new plan may start as soon as the first of the next month. It’s important to make sure you are officially enrolled in the newly requested plan prior to seeing providers in another plan’s network. Changing health plans must be done through the Health Care Authority (HCA). There are several ways to switch your plan:

- Go to the Washington Healthplanfinder website. www.wahealthplanfinder.org
- Visit the ProviderOne Client Portal website https://www.waproviderone.org/client
- Request a change online at https://fortress.wa.gov/hca/p1contactus/client_webform/
  Select the topic “Enroll/Change Health Plans.”
- Print the enrollment form at
  www.hca.wa.gov/medicaid/forms/documents/13_862.pdf
- Fill it out and mail it according to the instructions, or fax it to 1-866-668-1214
- Call the Health Care Authority Customer Service Center at 1-800-562-3022.

NOTE: If you are enrolled in the Patient Review and Coordination program, you must stay with the same health plan for one year.

How to get health care
Services you can access through Community Health Plan of Washington include exams, regular check-ups, immunizations (shots) for your children, or other treatments to keep you well. In addition, Community Health Plan of Washington offers services to give you advice when you need it and refer you to the hospital or specialists when needed. Your care must be medically necessary. That means the services you get must be needed to:
• Prevent or diagnose and correct what could cause more suffering.
• Deal with a danger to your life.
• Deal with a problem that could cause illness.
• Deal with something that could limit your normal activities.

Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. As soon as you choose a PCP, call to make an appointment. Even if you have no immediate health care needs, you need to establish yourself as a patient with your chosen PCP. Being an established patient will help you get care faster once you do need it.

If you can, it’s important to prepare for your first appointment. Your PCP will need to know as much about your medical history as you can tell him or her. Write down your medical background, and make a list of any problems you have now, the prescriptions you have, and the questions you want to ask your PCP. If you cannot keep an appointment, call to let your PCP know.

How to get specialty care and referrals

If you need care that your PCP cannot give, he or she will refer you to a specialist who can. Talk with your PCP to be sure you know how referrals work. If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist. There are some treatments and services that your PCP must ask Community Health Plan of Washington to approve before you can get them. That is called a “pre-approval” or “prior authorization.” Your PCP will be able to tell you what services require this approval, or you can call Community Health Plan of Washington to ask.

If we do not have a specialist in the Community Health Plan of Washington network who can give you the care you need, we will get you the care you need from a specialist outside the Community Health Plan of Washington network using the pre-approval process. If your PCP or Community Health Plan of Washington refers you to a provider outside our network, you are not responsible for any of the costs. CHPW will pay for these services.

In order to start the request for specialty care in Community Health Plan of Washington who can give you need, we will get you the care you need from a specialist outside Community Health Plan of Washington. For any referral to an out of network provider, Community Health Plan of Washington must review and provide approval prior to getting care.

In order to start the request for specialty care, please schedule an appointment with your PCP. Community Health Plan of Washington processes prior authorization requests according to the following timeline:

- Prior authorization requests for routine care are processed within 5 business days of receiving the request from the provider.
- Prior authorization requests for urgent care are processed within 24 hours of receiving the request from the provider.
Both routine and urgent request may be delayed if your PCP does not provide the necessary information.

Prior authorization decision letters are faxed directly to the provider that made the request and are mailed to the member.

Call Customer Service at 1-800-440-1561 (TTY 7-1-1) for more information about the prior authorization process.

**Appeal Process**
If Community Health Plan of Washington denies the prior authorization request you can ask for an appeal. Below are the steps in the appeal process:

**STEP 1: Community Health Plan of Washington Appeal**
**STEP 2: State Hearing**
**STEP 3: Independent Review**
**STEP 4: Health Care Authority (HCA) Board of Appeals Review Judge**

**Continuation of services during the Appeal Process**
If you want to keep getting previously approved services while we review your appeal, you must tell us within 10 calendar days of the date on your denial letter. If the final decision in the appeal process agrees with our action, you may need to pay for services you received during the appeal process.

**STEP 1-Community Health Plan of Washington Appeal:**
We can help you file your appeal. If you need help filing an appeal, call Customer Service at 1-800-440-1561 (TTY 7-1-1). Within **72 hours**, we will let you know in writing that we got your appeal. You may choose someone, including an attorney or provider, to represent you and act on your behalf. You must sign a consent form allowing this person to represent you. Community Health Plan of Washington does not cover any fees or payments to your representatives. This is your responsibility.

You have 90 calendar days after the date of Community Health Plan of Washington’s denial letter to ask for an appeal. You or your representative may submit information about your case in person or in writing. If you want copies of the guidelines we used to make our decision, we can give them to you.

We will send you our decision in writing within 14 calendar days, unless we tell you we need more time. Our review will not take longer than 28 calendar days, unless you give us written consent.
STEP 2-State Hearing:
If you disagree with Community Health Plan of Washington’s appeal decision, you can ask for a State Hearing. You must complete the Plan’s appeal process before you can have a hearing. You must ask for a hearing within 90 calendar days of the date on the appeal decision letter. When you ask for a hearing, you need to say what service was denied, when it was denied, and the reason it was denied. Your provider may not ask for a hearing on your behalf.
To ask for a State Hearing:
- Go to your local Community Services Office or call the Statewide Customer Service Center at 1-877-501-2233.
- Contact the Office of Administrative Hearing directly at 1-800-583-8271, or write to them at P.O. Box 42489, Olympia, Washington, 98504-2489.

You may consult with a lawyer or have another person represent you at the hearing. If you need help finding a lawyer, check with the nearest Legal Services Office or call the NW Justice CLEAR line at 1-888-201-1014 or visit their website at https://www.nwjustice.org/.

STEP 3-Independent Review:
If you do not agree with the decision from the State Hearing, you can ask for an independent review. Call 1-800-440-1561 (TTY 7-1-1) for help. If you ask for this review, your case will be sent to an Independent Review Organization (IRO) within three working days. You do not have to pay for this review. The IRO usually makes a decision with 15 calendar days. Community Health Plan of Washington will let you know the outcome.

STEP 4-Health Care Authority (HCA) Review Judge Decision:
If you do not agree with the IRO decision, you can ask for a final review of your case by the HCA Review Judge. You must ask for this within 21 calendar days after the IRO decision is mailed. The decision of the HCA Review Judge is final.

To ask for this review contact:
HCA Review Judge Phone: 360-664-6100 Fax: 360-664-6187
P.O. Box 45803 Toll-free: 877-351-0002
Olympia, WA 98504-5803

Expedited (faster) Decisions
If you or your provider think waiting for a decision would put your health at risk, ask for an expedited (faster) appeal, state hearing, IRO, or HCA Review Judge Decision. We will review your request and make a decision within 72 hours. If we decide your health is not at risk, we will follow the regular appeal process time to make our decision.

Second Opinion:
You can get a second opinion about your health care or condition. Call 1-800-440-1561 (TTY 7-1-1) to find out how to get a second opinion.
Washington State Health Insurance Consumer Assistance Program
The Consumer Protection Division in the Washington State Office of the Insurance Commissioner can help you with questions and complaints.
For help, contact:

Consumer Protection Division
P.O. Box 40256
Olympia, WA 98504-0256
Phone: Insurance Consumer Hotline 1-800-562-6900

If your PCP or Community Health Plan of Washington refers you to a provider outside our network, you are not responsible for any of the costs. Community Health Plan of Washington will pay for these services.

Certain benefits are available to you that are not covered through Community Health Plan of Washington. Other community-based services and programs provide these benefits. These are called “fee-for-service” benefits. Fee-for-service benefits include dental care, vision hardware, alcohol and substance use disorder services, long-term care, and inpatient psychiatric care. These are the benefits that you will need your ProviderOne card to access. Your PCP or Community Health Plan of Washington will help you find these benefits and coordinate your care. See page 19 for more details on covered benefits.

Services from Community Health Plan of Washington WITHOUT a referral

You do not need a referral from your PCP to see another one of our in-network providers if you:
• Are pregnant.
• Want to see a midwife.
• Need women’s health services.
• Need family planning services.
• Need to have a breast or pelvic exam.
• Need HIV or AIDS testing.
• Need immunizations.
• Need sexually transmitted disease treatment and follow-up care.
• Need tuberculosis screening and follow-up care.

Payment for health care services

You have no copays. But if you get a service that is not covered or is not considered to be medically necessary you might have to pay.
How to get care in an emergency or when you are away from home

**Emergencies:** You are always covered for emergencies. No prior authorization or referral is required. An emergency means a medical or behavioral condition that comes on suddenly, is life threatening, has pain, or other severe symptoms that cannot wait to be treated. Some examples of an emergency are:

- A heart attack or severe chest pain.
- Bleeding that won’t stop or a bad burn.
- Broken bones.
- Trouble breathing, convulsions, or loss of consciousness.
- When you feel you might hurt yourself or others.
- If you are pregnant and have signs like pain, bleeding, fever, or vomiting.

If you think you have an emergency, no matter where you are, call 911 or go to the nearest location where emergency providers can help you. Emergencies are covered anywhere in the United States. As soon as possible, call your PCP or health plan to help to get follow-up care after the emergency is over.

The definition of an emergency is where a person with an average knowledge of health might fear that someone will suffer serious harm to body parts or functions or serious disfigurement without receiving care right away.

**Urgent care:** Urgent care is when you have a health problem that needs care right away, but your life is not in danger. This could be a child with an earache who wakes up in the middle of the night, a sprained ankle, or a bad splinter you cannot remove. Urgent care is covered anywhere in the United States. If you think you need to be seen quickly, go to an urgent care center that works with Community Health Plan of Washington. You can also call your PCP’s office or the Community Health Plan of Washington’s 24-hour Nurse Advice Line at 1-866-418-1002.

**Medical care away from home:** If you need medical care that is not an emergency or urgent, or need to get prescriptions filled while you are away from home, call your PCP or Community Health Plan of Washington for advice. We will help you get the care you need. Routine or preventive care, like a scheduled provider visit or well-exam, is not covered when you are outside of your service area (county).

**Getting care after hours**

Community Health Plan of Washington has a toll-free phone number to call for medical advice from a nurse 24 hours a day, seven days a week. The phone number is 1-866-418-1002. Call your PCP’s office or Community Health Plan of Washington’s Nurse Advice Line for advice on how to reach a provider after hours.
A health plan provider will see you

How soon you get in to see your provider depends on the care you need. You should expect to see one of our providers within the following timelines:

**Emergency care:** Available 24 hours per day, seven days per week. An emergency is when someone has a sudden or severe medical problem and needs care right away. Call your PCP or health plan for help to get follow-up care after an emergency care visit.

**Urgent care:** Office visits with your PCP or other provider within 24 hours. Urgent care is for medical problems that need care right away, but your life is not in danger.

**Routine care:** Office visits with your PCP or other provider within ten days. Routine care is planned and includes regular provider visits for medical problems that are not urgent or an emergency. Once you have chosen your PCP, be sure to schedule an appointment right away to establish yourself as a patient.

**Preventive care:** Office visits with your PCP or other provider within 30 days. Examples of preventive care are annual physicals (also called checkups), well-child care visits, annual women’s health care, and immunizations (shots).

You must go to a Community Health Plan of Washington doctor, pharmacy, or hospital

You must use doctors and other medical providers who work with Community Health Plan of Washington. We also have certain hospitals and pharmacies you must use. Call our member service line 1-800-440-1561 (TTY 7-1-1) or visit our website [http://chpw.org/](http://chpw.org/) to get a provider directory or get more information about our providers, hospitals, and pharmacies. The directory of providers, pharmacies, and hospitals includes:

- The service provider’s name, location, phone number, and hours open.
- The specialty and medical degree.
- The languages spoken by those providers.
- Any limits on the kind of patients (adults, children, etc.) the provider sees.
- Which PCPs are accepting new patients.

**NOTE:** If you are enrolled in the Patient Review and Coordination program, you must stay with the same health plan for one year.

You don’t have to pay for language services.
Behavioral Health Services

If you need behavioral health care, your PCP and Community Health Plan of Washington can help coordinate your care. We cover assessment for mental health services and treatment you might need such as counseling, testing and medications for addressing mental health symptoms. We also provide screening for substance use disorder needs and may make a referral to either a plan covered service or a community provider for further assessment.

Your PCP might think your behavioral needs are better served through services covered by a Behavioral Health Organization at a Community Mental Health or Substance Use Disorder Services agency. If so, your PCP will send you there for an evaluation to see if you need these services, based on medical necessity. If the evaluation results determine you need this level of service, you may continue to get your behavioral health care treatment from the Agency. If you do not need these services you will still receive needed care from your PCP and Community Health Plan of Washington.

Prescriptions

Community Health Plan of Washington uses a list of approved drugs. This is called a “formulary” or a “preferred drug list.” To make sure your drugs will be paid for, your PCP should prescribe medications to you from this list. You do not have to pay for drugs covered by your health plan. You can call us and ask for:

- A copy of the formulary or preferred drug list.
- Information about the group of providers and pharmacists who created the formulary.
- A copy of the policy on how Community Health Plan of Washington decides what drugs are covered and how to ask for coverage of a drug that is not on the “formulary” or “preferred drug list.”

To make sure your drugs will be paid for, you must get your medications at a pharmacy that contracts with Community Health Plan of Washington. Call our Customer Service staff at 1-800-440-1561 (TTY 7-1-1) and we will help you find a pharmacy near you.

Medical equipment or medical supplies

Community Health Plan of Washington covers medical equipment or supplies when they are medically necessary and prescribed by your health care provider. Most equipment and supplies must be approved by Community Health Plan of Washington before we will pay for them.

For more information on covered medical equipment, supplies and how to get them, call our Customer Service staff at 1-800-440-1561 (TTY 7-1-1).
Special health care needs or long-term illness

If you have special health care needs, you may be eligible for additional benefits through our disease management program or Health Home program or case management. You may also get direct access to specialists who can help you get needed care. In some cases, you may be able to use your specialist as your PCP. You can get more information about care coordination and care management from Community Health Plan of Washington.

Long-term care services

If you are eligible and need long-term care services, including in-home caregiver and nursing home services, these are provided by Apple Health, not by your health plan. To get more information about long-term care services, call Aging and Disability Services at 1-800-422-3263.

Health Care Services for Children

Children and youth under age 21 have a health care benefit called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT includes a full range of screening, diagnostic, and treatment services. The program provides complete, periodic health screenings to clients under age 21 to identify existing health care issues early and prevent the decline of a child’s health. These screenings can help identify potential physical, behavioral health or developmental health care needs which may require additional diagnostics and or treatment. This benefit includes any diagnostic testing and medically necessary treatment needed to correct or improve a physical and behavioral health condition, as well as those additional services needed to support a child who has developmental delay. These services can also be aimed at keeping conditions from getting worse or slowing the pace of the effects of a child’s health care problem. EPSDT encourages early and continuing access to health care for children and youth. EPSDT includes these services:

**Screening** – An EPSDT screening is sometimes referred to as a well-child or well-adolescent checkup. When the parent, child, or provider asks, screenings are done according to a recommended schedule to fully assess each child’s health status and find possible health problems. A well-child checkup or screening should include all of the following:

- Complete health and developmental history.
- A full physical examination, including lead screening as appropriate.
- Appropriate behavioral health and substance use disorder screening.
- Health education and counseling based on age and health history.
- Appropriate vision testing.
- Appropriate hearing testing.
- Appropriate laboratory testing.
- Dental screening services.
- Immunizations (shots).
In addition to these well-child check-ups, any visit a child makes to a medical provider is considered an EPSDT screening.

**Diagnosis** – When a health condition or risk for such is identified, additional tests may be done to make a diagnosis or decide a referral to a specialist for further evaluation is needed.

**Treatment** – When a health care condition is diagnosed by a child’s medical provider, the child’s medical provider(s) will:

- Treat the child if it is within the provider’s scope of practice; or
- Refer the child to an appropriate provider for treatment, which may include additional testing or specialty evaluations, such as developmental assessment, comprehensive mental health, substance use disorder evaluation, or nutritional counseling. Treating providers communicate the results of their services to the referring EPSDT screening provider(s).

Some covered health care services needed may require prior approval. All non-covered services require prior approval either from the child’s health plan or from the State, if the service in offered by the State as fee-for-service care.

**Benefits covered by Community Health Plan of Washington**

Some of the benefits covered by Community Health Plan of Washington are listed below. Check with your provider or Community Health Plan of Washington if a service you need is not listed as a benefit.

For some services, you may need to get a referral from your PCP and/or pre-approval from Community Health Plan of Washington before you get the services. Otherwise, Community Health Plan of Washington might not pay for the service.

Some services are limited by number of visits or supply/equipment items. Community Health Plan of Washington has a process to review a request from you or your provider for extra visits or a “limitation extension.” We also have a process to review requests for a medically necessary non-covered service as an “exception to rule” request.

Remember to call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) before you get medical services or ask your PCP to help you get the care you need.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services</td>
<td>For emergencies or when transporting between facilities, such as, from the hospital to a rehabilitation center.</td>
</tr>
<tr>
<td></td>
<td>Non-emergency ambulance transportation is covered for clients who are dependent and/or require mechanical transfers, a stretcher to be moved when needed for medical appointments for covered services. An example would be a person who is ventilator dependent, quadriplegic).</td>
</tr>
<tr>
<td>Antigen (allergy serum)</td>
<td>Allergy shots.</td>
</tr>
<tr>
<td>Applied Behavioral Analysis (ABA)</td>
<td>Assist children (under age 21) with autism spectrum disorders and other developmental disabilities, to improve the communication, social, and behavioral challenges,</td>
</tr>
<tr>
<td>Audiology Tests</td>
<td>Hearing tests.</td>
</tr>
<tr>
<td>Autism Screening</td>
<td>Available for children suspected of having autism up to 36 months</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>Prior approval required for bariatric surgery.</td>
</tr>
<tr>
<td>Biofeedback Therapy</td>
<td>Limited to plan requirements.</td>
</tr>
<tr>
<td>Birth Control</td>
<td>See Family Planning Services.</td>
</tr>
<tr>
<td>Blood Products</td>
<td>Includes blood, blood components, human blood products, and their administration.</td>
</tr>
<tr>
<td>Breast Pumps</td>
<td>Some types may require prior approval.</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Some services may require prior approval.</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Benefit is for children only (under age 21) with referral from PCP after being seen for an EPSDT (well-child care) screening.</td>
</tr>
<tr>
<td>Cochlear Implant Devices and Bone Anchored Hearing Aid (BAHA) Devices</td>
<td>Benefit is for children only (under age 21).</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>See Family Planning Services.</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>Only when the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma, or for mastectomy reconstruction for post-cancer treatment.</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>Available for all children between 9 to 30 months of age.</td>
</tr>
<tr>
<td><strong>Diabetic Supplies</strong></td>
<td>Limited supplies available without prior approval, additional supplies available with prior approval.</td>
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<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Dialysis</strong></td>
<td>Prior authorization may be required.</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>Available 24 hours per day, seven days per week anywhere in the United States. An emergency is when someone has a serious medical or behavioral problem and needs care right away.</td>
</tr>
</tbody>
</table>
| **Early Periodic Screening, Diagnosis, and Treatment (EPSDT)** | EPSDT includes a full range of prevention, diagnostic, and treatment services to make sure children under age 21 get all the care they need to identify and treat health problems at an early stage. These EPSDT screenings (well child care) include:  
  - Complete health and developmental history.  
  - A full physical examination.  
  - Appropriate behavioral health and substance use disorder screening.  
  - Health education and counseling based on age and health history.  
  - Appropriate vision testing.  
  - Appropriate hearing testing.  
  - Appropriate laboratory testing.  
  - Dental screening services.  
  - Immunization shots.  
  Any health treatment that is medically necessary, even if the treatment is not listed as a covered service. |
| **Enteral Nutrition (products and equipment)** | All ages for tube-fed clients.  
Oral nutrition for clients under age 21.  
- Oral nutrition is not covered for clients age 21 and older. |
| **Eye Exams**        | You must use our provider network. Limited to one exam every 12 months for clients under age 21, and every 24 months for clients age 21 and over. Can be more frequent if determined to be medically necessary by Community Health Plan of Washington.  
NOTE: For children through 20 years of age, eyeglasses, contact lenses, and hardware fittings are covered separately under the fee-for-service program and providers may be outside of Community Health Plan of Washington’s network. |
<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning Services</td>
<td>You have the choice of using our network of providers, or going to the local health department or family planning clinic.</td>
</tr>
<tr>
<td>Habilitative Services</td>
<td>Contact Community Health Plan of Washington to see if you are eligible.</td>
</tr>
<tr>
<td>Health Care Services (Office Visits, Preventive Care, Specialty Care)</td>
<td>Must use Community Health Plan of Washington’s participating providers. We may require prior approval. Contact Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1).</td>
</tr>
<tr>
<td>Health Education and Counseling</td>
<td>Examples: Health education for conditions such as diabetes and heart disease.</td>
</tr>
<tr>
<td>Health Home</td>
<td>Some enrollees may be eligible for this unique intensive care coordination program. Contact Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) to see if you qualify. Health Homes have care coordinators who provide one-on-one support to enrollees who have chronic conditions. They are especially useful if you have several chronic conditions and need help coordinating your care among many providers.</td>
</tr>
<tr>
<td>Hearing Exams and Hearing Aids</td>
<td>Covered for clients under age 21.</td>
</tr>
<tr>
<td>HIV/AIDS Screening</td>
<td>You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Must be approved by Community Health Plan of Washington.</td>
</tr>
<tr>
<td>Hospice</td>
<td>Includes services for adults and children in Skilled Nursing Facilities/Nursing Facilities, hospitals, hospice care centers and at home.</td>
</tr>
<tr>
<td>Hospital, Inpatient and Outpatient Services</td>
<td>Must be approved by Community Health Plan of Washington for all non-emergency care.</td>
</tr>
<tr>
<td>Hospital Inpatient Rehabilitation (physical medicine)</td>
<td>Must be approved by Community Health Plan of Washington.</td>
</tr>
<tr>
<td>Immunizations/Vaccinations</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
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<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Lab and X-ray Services</td>
<td>Some services may require prior approval.</td>
</tr>
<tr>
<td>Mammograms</td>
<td>See Women’s Health Care.</td>
</tr>
<tr>
<td>Maternity and Prenatal Care</td>
<td>See Women’s Health Care.</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>Most equipment must get prior approval from Community Health Plan of Washington. Call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) for specific details.</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Most supplies must first be approved by Community Health Plan of Washington. Call us at 1-800-440-1561 (TTY 7-1-1) for specific details.</td>
</tr>
<tr>
<td>Medication Assisted Therapy (MAT)</td>
<td>Medications associated with alcohol or substance use disorder services are covered by Community Health Plan of Washington.</td>
</tr>
<tr>
<td>Mental Health, Outpatient Treatment</td>
<td>Mental health services are covered when provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist.</td>
</tr>
<tr>
<td>Nutritional Therapy</td>
<td>Covered for clients under age 21 when medically necessary and referred by the provider after an EPSDT screening.</td>
</tr>
<tr>
<td>Organ Transplants</td>
<td>Call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) for specific details.</td>
</tr>
</tbody>
</table>
| Outpatient Rehabilitation (Occupational, Physical, and Speech Therapies) | Limited benefit. Call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) for specific details. Limit applies whether performed in any of the following:   
  - Outpatient clinic  
  - Outpatient hospital  
  - The home by a Medicare-certified home health agency  
  - Apple Health may cover services through the fee-for-service program for children when provided in an approved neurodevelopmental center. See: http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf |
<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oxygen and Respiratory Services</strong></td>
<td>Some services may require prior approval.</td>
</tr>
<tr>
<td><strong>Pharmacy Services</strong></td>
<td>Must use participating pharmacies. We have our own drug formulary (list). Contact Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) for a list of pharmacies.</td>
</tr>
<tr>
<td><strong>Podiatry</strong></td>
<td>Limited benefit: Call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) for specific information.</td>
</tr>
<tr>
<td><strong>Private Duty Nursing</strong></td>
<td>Will require prior approval.</td>
</tr>
<tr>
<td><strong>Radiology and Medical Imaging Services</strong></td>
<td>Some services may require prior approval.</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>Covered for short-term (less than 30 days). Additional services may be available contact Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1).</td>
</tr>
<tr>
<td><strong>Smoking Cessation</strong></td>
<td>Covered for all clients based on the Community Health Plan of Washington’s policies.</td>
</tr>
<tr>
<td><strong>Transgender Health Services</strong></td>
<td>Hormone and mental health therapy.</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB) Screening and Follow-up Treatment</strong></td>
<td>You have a choice of going to your PCP or the local health department.</td>
</tr>
<tr>
<td><strong>Women’s Health Care</strong></td>
<td>Routine and preventive health care services, such as maternity care, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding.</td>
</tr>
</tbody>
</table>

**Additional services from Community Health Plan of Washington**

We encourage our members to get regular and preventive care. Our wellness programs make sure members know how to access free services so they can stay well and manage their health. We conduct outreach over the phone and through the mail to share important information about preventive screenings, tests and other health care services that can help every member feel their best.

- **Not feeling well?** Call our free Nurse Advice Line –24 hours a day, 7 days a week. Toll free: 1-866-418-1002, TTY Relay: 1-866-418-1006
• **Care and tips for a healthy pregnancy.** Pregnant mothers can find support and resources throughout their pregnancy with our New Arrivals Program. These free programs help pregnant members maintain a healthy pregnancy. Learn more at [http://chpw.org/for-members/health-and-wellness/your-pregnancy-guide](http://chpw.org/for-members/health-and-wellness/your-pregnancy-guide).

• **Receive extended pregnancy care through First Steps, or Maternity Support Services.** This program, provided through Washington Health Care Authority supplies access to prenatal, medical, and dental care during prenatal, delivery and after delivery. For more information and details of full benefits visit [http://www.hca.wa.gov/medicaid/firststeps/Pages/index.aspx](http://www.hca.wa.gov/medicaid/firststeps/Pages/index.aspx).


• **You can quit. We can help.** Achieve your goal and quit smoking with the help of a coach, aids, and web support with the Quit for Life program. Learn more at [https://www.quitnow.net/Program/](https://www.quitnow.net/Program/).

• **Get well with CaféWell, our free online health and wellness tool.** Get advice and tips, find fun activities, and improve your wellness with personal coaches dedicated to answering your questions and keeping you motivated. Members earn rewards for better health. To sign up, visit [http://chpw.org/](http://chpw.org/).

• **Health information at your fingertips with Health and Wellness A to Z.** Take an active role in your care. Get information for staying healthy, learn about health conditions, access information on when to get care, and more. You can find this information at [https://www.healthwise.net/chpw/Content/CustDocument.aspx?XML=STUB.XML&XS L=CD.FRONTPAGE.XSL](https://www.healthwise.net/chpw/Content/CustDocument.aspx?XML=STUB.XML&XS L=CD.FRONTPAGE.XSL).

• **Get a FREE phone with Assurance Wireless.** You may qualify for a free phone with 250 minutes and 250 free texts. To learn about the program, visit [http://www.assurancewireless.com/Awlanding/AWLandingWelcome.aspx?mode=0](http://www.assurancewireless.com/Awlanding/AWLandingWelcome.aspx?mode=0).

• **Get Community Health Plan of Washington information at your fingertips.** The My CHPW app conveniently allows you to search the provider directory, and access the 24/7 Nurse Advice Line on-the-go.

• **Learn how the Health Homes program can make managing your care easier.** Eligible members can receive assistance with transitional care, care coordination, health education, care management, and much more. You can get more information at [http://chpw.org/for-members/health-home-services](http://chpw.org/for-members/health-home-services).
• **Manage your mental health.** The Mental Health Integration Program gives you easier access to mental health providers in your primary care clinic, for no additional fee. Care coordinators can consult with specialists and make mental health referral for you, if needed. Speak to a Community Health Plan of Washington representative to learn more.

Services covered outside of Community Health Plan of Washington:

The Apple Health fee-for-service program covers the following benefits and services even when you are enrolled in Community Health Plan of Washington. Community Health Plan of Washington and your PCP can help coordinate your care with other community-based services and programs. To access these services you need to use your ProviderOne card. If you have a question about a benefit or service not listed here, call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1).

<table>
<thead>
<tr>
<th>Service</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and Substance Use Disorder Services, Inpatient, Outpatient, and Detoxification</td>
<td>Must be provided by Department of Social and Health Services (DSHS) certified agencies. Call DSHS at 1-866-789-1511 for specific information. Medications associated with alcohol or substance use disorder services are covered by Community Health Plan of Washington.</td>
</tr>
<tr>
<td>Long-Term Care Services and Services for People with Developmental Disabilities</td>
<td>The Aging and Long Term Services Administration (ALTSA) must approve these services. Call 1-800-422-3263 (Aging and Disability Services).</td>
</tr>
<tr>
<td>Dental Services</td>
<td>You will need to use a dental provider who has agreed to be an Apple Health fee-for-service provider. A list of dental providers and more information on dental benefits is available at <a href="http://www.hca.wa.gov/medicaid/dentalproviders/Documents/AdultDentalCoverage.pdf">http://www.hca.wa.gov/medicaid/dentalproviders/Documents/AdultDentalCoverage.pdf</a>, or you can call HCA for more information at 1-800-562-3022.</td>
</tr>
<tr>
<td>Eyeglasses and Fitting Services</td>
<td>Covered for clients under age 21. You will need to use an Apple Health fee-for-service provider.</td>
</tr>
<tr>
<td>Inpatient Psychiatric Care, and Crisis Services</td>
<td>Must be authorized by a mental health professional from the local area mental health agency. For more information, call DSHS at 1-800-446-0259.</td>
</tr>
<tr>
<td>Service Description</td>
<td>Details</td>
</tr>
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<td>------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Early Support for Infants and Toddlers (ESIT) from Birth to Age 3</td>
<td>Call the First Steps Program at 1-800-322-2588 for information.</td>
</tr>
<tr>
<td>Maternity Support Services</td>
<td>Call the First Steps Program at 1-800-322-2588 for information.</td>
</tr>
<tr>
<td>Osteopathic Manipulative Therapy</td>
<td>Limited benefit: Ten osteopathic manipulations per calendar year are covered by the health plan, only when performed by a plan doctor of osteopathy (D.O.).</td>
</tr>
<tr>
<td>Pregnancy Terminations, Voluntary</td>
<td>Includes termination and follow-up care for any complications.</td>
</tr>
<tr>
<td>Sterilizations, under age 21</td>
<td>Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.</td>
</tr>
<tr>
<td>Transgender Health Services</td>
<td>Surgical procedures and postoperative complications.</td>
</tr>
<tr>
<td>Transportation for Medical Appointments</td>
<td>Apple Health pays for transportation services to and from needed non-emergency health care appointments. If you have a current ProviderOne Services Card, you may be eligible for transportation. Call the transportation provider (broker) in your area to learn about services and limitations. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at <a href="http://www.hca.wa.gov/medicaid/transportation/pages/phone.aspx">http://www.hca.wa.gov/medicaid/transportation/pages/phone.aspx</a></td>
</tr>
</tbody>
</table>

Services NOT covered by Community Health Plan of Washington

These services are not available from Community Health Plan of Washington or Apple Health. If you get any of these services, you may have to pay the bill. If you have any questions, call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1).
<table>
<thead>
<tr>
<th>Services Excluded</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Medicines</td>
<td>Acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, or massage therapy.</td>
</tr>
<tr>
<td>Chiropractic Care for Adults</td>
<td></td>
</tr>
<tr>
<td>Cosmetic or Plastic Surgery</td>
<td>Including tattoo removal, face lifts, ear or body piercing, or hair transplants.</td>
</tr>
<tr>
<td>Diagnosis and Treatment of Infertility, Impotence, and Sexual Dysfunction</td>
<td></td>
</tr>
<tr>
<td>Marriage Counseling and Sex Therapy</td>
<td></td>
</tr>
<tr>
<td>Personal Comfort Items</td>
<td></td>
</tr>
<tr>
<td>Nonmedical Equipment</td>
<td>Such as ramps or other home modifications.</td>
</tr>
<tr>
<td>Physical Exams Needed for Employment, Insurance, or Licensing</td>
<td></td>
</tr>
<tr>
<td>Services Not Allowed by Federal or State</td>
<td></td>
</tr>
<tr>
<td>Weight Reduction and Control Services</td>
<td>Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.</td>
</tr>
</tbody>
</table>

If you are unhappy with Community Health Plan of Washington

You have the right to file a complaint. This is called a grievance. You have the right to ask for a reconsideration of a decision you are not happy with, if you feel you have been treated unfairly or have been denied a medical service. This is called an appeal. The health plan will help you file a grievance or an appeal. Call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1).

Grievances or complaints can be about:
- A problem with your doctor’s office.
- Getting a bill from your doctor.
- Any other problems you may have getting health care.

Community Health Plan of Washington must let you know by phone or letter that we received your grievance or complaint within two working days. We must address your concerns as quickly as possible, not taking more than 45 days.
You can get a free copy of Community Health Plan of Washington’s grievance policy by calling Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1).

Important information about denial, appeals, and administrative hearings

**A denial** is when your health plan does not approve or pay for a service that either you or your doctor asked for. When we deny a service, we will send you a letter telling you why we denied the requested service. This letter is the official notice of the Community Health Plan of Washington’s action. It will let you know your rights and information about how to request an appeal. Your provider can also challenge the denial of a service.

**An appeal** is when you ask Community Health Plan of Washington to review your case again because you disagree with a denial. With written consent, you can have someone else appeal on your behalf. You must ask for the appeal within 90 days of the date of the denial letter. However, you only have 10 days to ask for an appeal if you want to keep getting a service that you are already receiving while we review our decision. We will reply in writing telling you we received your request for an appeal within 72 hours. In most cases, Community Health Plan of Washington will review and decide your appeal within 14 days. We must tell you if we need more time (up to 28 days) to make a decision. We must get your written permission to take more than 28 days to make a decision. In any case, an appeal decision must be made within 45 days.

For information on filing an appeal or checking the status of a pending appeal, please contact the Customer Service Department at 1-800-440-1561 (TTY 7-1-1) (Toll Free), Monday through Friday, 8 a.m. to 5 p.m.

**NOTE:** If you keep getting a service during the appeal process and you lose the appeal, you **may have to pay for the services you received.**

**If it’s urgent.** For urgent medical conditions, you or your doctor can ask for an expedited (quick) review or hearing by calling Community Health Plan of Washington. If your medical condition requires it, a decision will be made about your care within three calendar days. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request, your appeal will be reviewed in the same time frames outlined above. We must make reasonable efforts to give you a prompt verbal notice if we deny your request for an expedited (quick) appeal. You may file a grievance if you do not like our decision to change your request from an expedited (quick) to a standard appeal. We must mail written notice within two calendar days of a decision.

If you disagree with the appeal decision from Community Health Plan of Washington, you have the right to ask for an administrative hearing. You only have **90 days** from the date of our appeal decision to request an administrative hearing. However, you only have **10 days** to ask for an administrative hearing if you want to keep getting the service that you were already getting before our denial. In a hearing, an administrative law judge that does not work for Community Health Plan of Washington or the Health Care Authority reviews your case.
To ask for an administrative hearing:

1. Call the Office of Administrative Hearings (www.oah.wa.gov) at 1-800-583-8271,

OR

2. Send a letter to:
   Office of Administrative Hearings
   P.O. Box 42489
   Olympia, WA 98504-2489

AND

3. Tell the Office of Administrative Hearings that Community Health Plan of Washington is involved; the reason for the hearing; what service was denied; the date it was denied; and the date that the appeal was denied. Also, be sure to give your name, address, and phone number.

You may talk with a lawyer or have another person represent you at the hearing. If you need help finding a lawyer, visit http://www.nwjustice.org or call the NW Justice CLEAR line at 1-888-201-1014.

You will get a letter telling you the decision from the hearing. If you disagree with the hearing decision, you have the right to appeal the decision by asking for a review of your case by an Independent Review Organization (IRO), or you can appeal directly to the Health Care Authority’s Board of Appeals.

**Important Time Limit:** The decision from the hearing becomes a final order within 21 days of the date of mailing if you take no action to appeal the hearing decision.

An IRO is a group of doctors who do not work for Community Health Plan of Washington. To request an IRO, you must call us and ask for a review by an IRO after you get the hearing decision letter. If you still do not agree with the decision of the IRO, you can ask to have a review judge from the Health Care Authority’s Board of Appeals review your case. You only have 21 days to ask for the review after getting your IRO decision letter. The decision of the review judge is final. To ask a review judge to review your case:

- Call 1-844-728-5212,

OR

- Write to:
  HCA Board of Appeals
  P.O. Box 42700
  Olympia, WA 98504-2700
Your rights

As a member of Community Health Plan of Washington, you have a right to:

- Help make decisions about your health care, including mental and substance use disorder services and the right to refuse treatment.
- Be informed about all treatment options available, regardless of cost.
- Get a second opinion from another provider in your health plan.
- Get services without having to wait too long.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of his or her race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
- Speak freely about your health care and concerns without any bad results.
- Have your privacy protected and information about your care kept confidential.
- Ask for and get copies of your medical records.
- Ask for and have corrections made to your medical records when needed.
- Ask for and get information about:
  - Your health care and covered services.
  - Your provider and how referrals are made to specialists and other providers.
  - How Community Health Plan of Washington pays your providers for your medical care.
  - All options for care and why you are getting certain kinds of care.
  - How to get help with filing a grievance or complaint about your care.
  - Our organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive the Members’ Rights and Responsibilities at least yearly.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical advance directive forms.

Your responsibilities

As a member of Community Health Plan of Washington, you agree to:

- Help make decisions about your health care, including refusing treatment.
- Keep appointments and be on time. Call your provider’s office if you are going to be late or if you have to cancel the appointment.
- Give your providers information they need to be paid for providing services to you.
- Show your providers the same respect you want from them.
- Bring your Services Card and health plan ID card to all of your appointments.
- Learn about your health plan and what services are covered.
- Use health care services when you need them.
• Know your health problems and take part in making agreed-upon treatment goals as much as possible.
• Give your providers and Community Health Plan of Washington complete information about your health so you can get the care you need.
• Follow your provider’s instructions for care that you have agreed to.
• Use health care services appropriately. If you do not, you may be enrolled in the Patient Review and Coordination Program. In this program, you are assigned to one primary care provider, one pharmacy, one prescriber for controlled substances, and one hospital for non-emergency care. You must stay in the same plan for at least 12 months.
• Inform the Health Care Authority if your family size or situation changes, such as pregnancy, births, adoptions, address changes, or you become eligible for Medicare or other insurance.
• Renew your coverage annually using the Washington Health Benefit Exchange at https://www.wahealthplanfinder.org, and report changes to your account such as income, marital status, births, adoptions, address changes, become eligible for Medicare or other insurance.

Advance directives

An advance directive puts your choices for health care into writing. The advance directive tells your doctor and family:

• What kind of health care you do or do not want if:
  ▪ You lose consciousness.
  ▪ You can no longer make health care decisions.
  ▪ You cannot tell your doctor or family what kind of care you want for any other reason.
  ▪ If you want to donate your organ(s) after your death.
  ▪ If you want someone else to decide about your health care if you can’t.

Having an advance directive means your loved ones or your doctor can make medical choices for you based on your wishes. There are three types of advance directives in Washington State.

1. Durable power of attorney for health care. This names another person to make medical decisions for you if you are not able to make them for yourself.
2. Healthcare directive (living will). This written statement tells people whether you want treatments to prolong your life.
3. Organ donation request.

Talk to your doctor, family, friends, and those close to you. Put decisions about your medical care in writing now. You can cancel an advance directive at any time. Your health plan, doctor, or hospital can give you more information about advance directives if you ask. You can also:
• Ask to see your health plan’s policies on advance directives.
• File a grievance with your plan or the Health Care Authority if your directive is not followed.

The Physician Orders for Life Sustaining Treatment (POLST) form is for anybody who has a serious health condition, and needs to make decisions about life-sustaining treatment. Your provider can use the POLST form to represent your wishes as clear and specific medical orders.

You may learn more about Advance Directives by contacting your Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1).

We protect your privacy

We are required by law to protect your health information. Health plans, like Community Health Plan of Washington, use and share protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment, and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private.

Protected health information (PHI) refers to health information such as medical records that include your name, member number, or other identifiers used or shared by health plans. Health plans and the Health Care Authority share PHI for the following reasons:

• Treatment — Includes referrals between your PCP and other health care providers.
• Payment – Community Health Plan of Washington may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical needs.
• Health care operations — We may use or share PHI about you to function as a health plan. For example, we may use information from your claim to let you know about a health program that could help you. Your PHI may also be used to see that claims are paid correctly.

Community Health Plan of Washington may use or share your PHI without getting written approval from you under certain circumstances.

• Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
  ▪ The information is directly related to the family or friend’s involvement with your care or payment for that care; and you have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.
• The law allows HCA or Community Health Plan of Washington to use and share your PHI for the following reasons:
  ▪ When the U. S. Secretary of the Department of Health and Human Services requires the plan to share your PHI.
- Public Health and Safety: This may include helping public health agencies to prevent or control disease.
- Health Care Oversight: Your PHI may be used or shared with government agencies. They may need your PHI for audits.
- Research: Your PHI may be used or shared for research in certain cases, when approved by a privacy or institutional review board.
- Legal or Administrative Proceedings: Your PHI may be used or shared for legal proceedings, such as in response to a court order. Your PHI may also be shared with funeral directors or coroners to help them do their jobs.
- Law Enforcement: Your PHI may be used or shared with police to help find a suspect, witness, or missing person. Your PHI may also be shared with other legal authorities, if we believe that you may be a victim of abuse, neglect, or domestic violence.
- Government Functions: Your PHI may be shared with the government for special functions, such as national security activities.
- Workers’ Compensation: Your PHI may be used or shared to obey Workers’ Compensation laws.

Your written approval is required for all other reasons not listed above. You may cancel a written approval that you have given to your health plan. However, your cancellation will not apply to actions taken before the cancellation.

If you believe your health plan violated your rights to privacy of your PHI, you can:
- Call your health plan and file a complaint. The health plan will not take any action against you for filing a complaint. The care you get will not change in any way.
- File a complaint with the Secretary of the U.S. Department of Health and Human Services by writing to:
  
  **Office for Civil Rights**
  
  **U.S. Department of Health and Human Services**
  
  **2201 Sixth Avenue – Mail Stop RX-11**
  
  **Seattle, WA 98121**

**Note:** This information is only an overview. Each health plan is required to keep your PHI private and give you written information annually about the plan’s privacy practices and your PHI. Please refer to your health plan’s Notice of Privacy Practices for additional details. You may also contact Community Health Plan of Washington, 1-800-440-1561 (TTY 7-1-1), 720 Olive Way, Suite 300, Seattle, WA 98101-1830, CustomerCare@chpw.org, or http://chpw.org/ for more information.

Community Health Plan of Washington can be reached at 1-800-440-1561 (TTY 7-1-1) Monday through Friday 8 a.m. to 5 p.m. You can find us on the web at http://chpw.org/.