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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). This handbook is intended to 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/about-hca/rulemaking
Welcome to Community Health Plan of Washington and Washington Apple Health

We want you to get a good start as a new enrollee. 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 Monday through Friday, 8:00 a.m. to 5:00 p.m.

Important Contact Information

<table>
<thead>
<tr>
<th>If you have any questions about ...</th>
<th>Contact ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Changing health plans</td>
<td>HCA at:</td>
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<tr>
<td>• Eligibility for health care services</td>
<td>ProviderOne Client Portal is available at:</td>
</tr>
<tr>
<td>• How to get Apple Health services not covered by the plan</td>
<td><a href="https://www.waproviderone.org/client">https://www.waproviderone.org/client</a></td>
</tr>
<tr>
<td>• ProviderOne Services Card</td>
<td>Call toll-free 1-800-562-3022</td>
</tr>
<tr>
<td>• Disenrolling from Apple Health Managed Care</td>
<td>Or:</td>
</tr>
<tr>
<td></td>
<td><a href="https://fortress.wa.gov/hca/p1contactus/">https://fortress.wa.gov/hca/p1contactus/</a></td>
</tr>
<tr>
<td>• Choosing or changing a provider</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>
</tr>
<tr>
<td>• Covered services or medications</td>
<td></td>
</tr>
<tr>
<td>• Making a complaint</td>
<td></td>
</tr>
<tr>
<td>• Appealing a decision by your health plan that affects your benefits</td>
<td></td>
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<tr>
<td>• Your medical care</td>
<td>Your primary care provider. (If you need help to select a primary care provider, call us 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>
</tr>
<tr>
<td>• Referrals to specialists</td>
<td>The Nurse Hotline can be reach at 1-866-814-1002 (TTY 7-1-1)</td>
</tr>
<tr>
<td>• Changes to your account such as address change, income change, marital status, pregnancy, and births or adoptions.</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>
</tr>
</tbody>
</table>

How to Use This Book

This handbook is your guide to services. When you have a question, check the list below to see who can help.
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 7 for 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, call us. Language assistance will be provided at no cost to you. We will find a way to talk to you in your own language and help you find a provider who speaks 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 provide you materials in another format, like Braille. We can tell you if a provider’s office is wheelchair accessible or has special communication devices or other special equipment. We also offer:

- 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.

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 enhances the health services our providers deliver to our members. Lower Costs ensure that care is appropriate and valuable resources are used effectively. We achieve these goals by measuring performance 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)

If you have not picked your PCP, 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. We can give you information about a PCP’s schooling, training and board certifications to help you choose. If you do not choose a PCP, we will choose one for you.

You Will Need Two cards to Access Services

Your Community Health Plan of Washington ID card

Your ID card should arrive within 30 days of your enrollment date. If anything is wrong with your ID card, call us right away. Your ID card will have your member ID number. 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, contact us at 1-800-440-1561 (TTY 7-1-1) and CustomerCare@chpw.org

Your Services Card

You will also receive an Apple Health Services Card in the mail.

You will receive a 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 mailed to you.

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.waproviderone.org/client. Health care providers can also use ProviderOne to see whether you are enrolled in Apple Health.

Each member of your household who is eligible for Apple Health will receive their own Services Card. Each person has a different ProviderOne client number that stays with them for life.

If you had Apple Health coverage in the past (or had Medicaid before it was known as Apple Health), we won’t mail you a new card. Your old card and client number is still valid, even if there is a gap in coverage.

If you don’t receive the card, the information is incorrect, or you lose your card:

- Use the ProviderOne client portal at https://www.waproviderone.org/client
- Request a change online at https://fortress.wa.gov/hca/p1contactus/Client_WebForm
  - Select the topic “Services Card.”
- Call our Customer Service Center at 1-800-562-3022.

There is no charge for a new card. It takes seven to 10 days to get the new card in the mail. Your old card will stop working when you ask for a new one.
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 enrolled in the newly requested plan prior to seeing providers in another plan’s network. There are several ways to switch your plan:

- Go to the Washington Healthplanfinder website. [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)
- Visit the ProviderOne Client Portal website [https://www.waproviderone.org/client](https://www.waproviderone.org/client)
- Request a change online at [https://fortress.wa.gov/hca/p1contactus/Client_WebForm](https://fortress.wa.gov/hca/p1contactus/Client_WebForm)
- Select the topic “Enroll/Change Health Plans”
- Call the Health Care Authority Customer Service Center at 1-800-562-3022.

**NOTE:** If you are enrolled in the Patient Review and Coordination (PRC) program, you must stay with the same health plan for one year. If you move, please contact us.

How to Get Health Care

You can access exams, regular check-ups, immunizations (shots), or other treatments to keep you well. In addition, we can 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 should establish yourself as a patient with your chosen PCP. Being an established patient will help you get care faster when you need it.

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 any questions you want to ask your PCP. If you cannot keep an appointment, call your PCP.

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. 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 if you need to see a different specialist. There are some treatments and services
that your PCP must ask us to approve before you can get them. That is called a “pre-approval” or “prior authorization.” Your PCP can tell you what services require pre-approval, or you can call us to ask.

If we do not have a specialist in our network, we will get you the care you need from a specialist outside our network using the pre-approval process.

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.

If Community Health Plan of Washington denies the prior authorization request you can ask for an appeal.

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. We will pay for them.

Certain benefits are available to you that we do not cover. Other programs provide these “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 Services Card to access. Your PCP or Community Health Plan of Washington will help you find these benefits and coordinate your care. See page 14 for more details on covered benefits.

**Services You Can Get 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.

You might have to pay if:

- You get a service that is not covered, such as chiropractic care or cosmetic surgery.
- You get a service that is not medically necessary.
- You don’t know the name of your health plan, and a service provider you see does not know who to bill. This is why you must take your Services Card and health plan card with you every time you need services.
- You get care from a service provider who is not in your health plan’s network, unless it’s an emergency or has been pre-approved by your health plan.
- You don’t follow your health plan’s rules for getting care from a specialist.

How to get care in an emergency or when you are away from home

**Emergencies:** You are always covered for emergencies. 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. It means a medical or behavioral condition that comes on suddenly, is life threatening, has pain, or other severe symptoms. 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. Prior authorization/referrals are not required for emergency services. As soon as possible, you or someone else should call your PCP or Community Health Plan of Washington to report your emergency and get follow-up care after the emergency is over.

**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 us. You can also call your PCP’s office or our 24-hour Nurse Advice Line at 1-866-418-1002 (TTY 7-1-1).

**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 call us 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: The toll-free phone number to call for medical advice from a nurse 24 hours a day is 1-866-418-1002 (TTY 7-1-1). Call your PCP’s office or the Nurse Advice Line for advice on how to reach a provider after hours.

When a Health Plan Provider Will See You

You should expect to see one of our providers within the following timelines:

- **Emergency care:** Available 24 hours per day.
- **Urgent care:** Office visits with your PCP or other provider within 24 hours.
- **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.
- **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 Our Doctors, Pharmacies, or Hospitals

You must use our doctors, other medical providers, hospitals and pharmacies. Call us at 1-800-440-1561 (TTY 7-1-1) or visit our website [http://www.chpw.org/](http://www.chpw.org/) to get a provider directory or more information. The directory 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.

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 such as counseling, testing, and medications for addressing mental health symptoms.
- Cover lower and mid-level intensity treatment.
- Provide screening for substance use disorder 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. If the evaluation results determine you need this level of service, you may continue to get your behavioral health care from the Agency.
**Washington Recovery Help Line** is a 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance abuse, and problem gambling. Call 1-866-789-1511 or 206-461-3219 (TTY), recovery@crisisclinic.org or go to https://www.warecoveryhelpline.org. Teens can connect with teens during specific hours: 866-833-6546, teenlink@crisisclinic.org, 866teenlink.org.

**Prescriptions**

We use a list of approved drugs. This is called a “formulary” or a “preferred drug list.” Your prescribing provider should prescribe medications to you from this list. 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 we decide what drugs are covered and how to ask for authorization of a drug that is not on the “formulary” or “preferred drug list.”

Call us and we will help you find a pharmacy near you.

**Medical Equipment or Medical Supplies**

We cover medical equipment or supplies when they are medically necessary and prescribed by your health care provider. We must pre-approve most equipment and supplies before we will pay for them. For more information on covered medical equipment, supplies and how to get them, call us.

**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, Health Home program or care coordination. You may also get direct access to specialists. In some cases, you may be able to use your specialist as your PCP. Call us for more information about care coordination and care management.

**Long-Term Care Services**

Aging and Long-Term Support Administration (ALTSA) – Home and Community Services (HCS)

If you need long-term care services, including an in-home caregiver, these services are provided through ALTSA, not by your health plan. To get more information about long-term care services, call your local Home and Community Services (HCS) office.

**Long-Term Care Services**

ALTSA Home and Community Services must approve these services. Call your local HCS office for more information:

**and Supports**

**REGION 1** – Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima - 509-568-3767 or 866-323-9409

**REGION 2N** – Island, San Juan, Skagit, Snohomish, and Whatcom – 800-780-7094;
Nursing Facility Intake

REGION 2S – King: 206-341-7750

REGION 3 – Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum – 800-786-3799

The Developmental Disabilities Administration (DDA) must approve these services. If you need information or services please contact your DDA local office:

Region 1: Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens –800-319-7116 or email R1ServiceRequestA@dshs.wa.gov

Region 1: Adams, Asotin, Benton, Columbia, Franklin, Garfield, Grant, Kittitas, Klickitat, Walla Walla, Whitman, Yakima – 866-715-3646 or email R1ServiceRequestB@dshs.wa.gov

Region 2: Island, San Juan, Skagit, Snohomish, Whatcom – 800-567-5582 or email R2ServiceRequestA@dshs.wa.gov

Region 2: King – 800-974-4428 or email R2ServiceRequestB@dshs.wa.gov

Region 3: Kitsap, Pierce – 800-735-6740 or email R3ServiceRequestA@dshs.wa.gov

Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum – 888-707-1202 or email R3ServiceRequestB@dshs.wa.gov

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. 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 additional services needed to support a child who has developmental delay. These services can 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.

An EPSDT screening is sometimes referred to as a well-child or well-adolescent checkup. A well-child checkup or EPSDT screening should include all of the following:
• Complete health and developmental history.
• A full physical examination, including lead screening as appropriate.
• Health education and counseling based on age and health history.
• Vision testing.
• Hearing testing.
• Laboratory tests.
• Blood lead screening.
• Eating or sleeping problems.
• Oral health screening.
• Immunizations (shots).
• Behavioral health and substance use disorder screening.

When a health care condition is diagnosed by a child’s medical provider, the child’s 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 may require pre-approval. All non-covered services require pre-approval either from us 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 we cover are listed below. Check with your provider or contact us if a service you need is not listed. For some services, you may need to get a referral from your PCP and/or pre-approval from us before you get them or we might not pay for them.

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

Remember to call us before you get medical services or ask your PCP to help you.

<table>
<thead>
<tr>
<th>Service</th>
<th>Comments</th>
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<tbody>
<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 in improving the communication, social and behavioral skills</td>
</tr>
<tr>
<td>Audiology Tests</td>
<td>Hearing tests.</td>
</tr>
<tr>
<td>Autism Screening</td>
<td>Available for all children 18 months and 24 months.</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td>Bariatric Surgery</td>
<td>Pre-approval required for bariatric surgery. Only available in HCA-approved Centers of Excellence</td>
</tr>
<tr>
<td>Bio-feedback 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 pre-approval.</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Some services may require pre-approval</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Covered for children under age 21 only with a referral from a 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>Covered for children under age 21 only.</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>See Family Planning Services.</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>One screening available for all children at 9 months, 18 months, and between 24 and 30 months.</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Limited supplies available without prior approval, additional supplies available with prior approval.</td>
</tr>
<tr>
<td>Dialysis</td>
<td>Pre-authorization may be required.</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Available 24 hours per day anywhere in the United States.</td>
</tr>
<tr>
<td>Early Periodic Screening, Diagnosis, and Treatment (EPSDT)</td>
<td>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. Any health treatment that is medically necessary, even if the treatment is not listed as a covered service. See separate section.</td>
</tr>
<tr>
<td>Enteral Nutrition (products and equipment)</td>
<td>Parenteral nutritional supplements and supplies for all enrollees.</td>
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<tr>
<td></td>
<td>Enteral nutrition products and supplies for all ages for tube-fed enrollees.</td>
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<tr>
<td></td>
<td>Oral enteral nutrition products for clients under age 21 only.</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
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<td>-------------------------------</td>
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<tr>
<td><strong>Eye Exams</strong></td>
<td>You must use our provider network. Call us for benefit information. For children under age 21, eyeglasses, contact lenses, and hardware fittings are covered separately under the fee-for-service program using your ProviderOne Services Card. The “Eyewear Supplier” list at</td>
</tr>
<tr>
<td><strong>Family Planning Services</strong></td>
<td>You can use our network of providers, or go to the local health department or family planning clinic.</td>
</tr>
<tr>
<td><strong>Habilitative Services</strong></td>
<td>Contact us to see if you are eligible.</td>
</tr>
<tr>
<td><strong>Health Care Services (Office Visits, Preventive Care,)</strong></td>
<td>Must use our participating providers. We may require pre-approval. Contact us.</td>
</tr>
<tr>
<td><strong>Health Education and Counseling</strong></td>
<td>Examples: Health education for conditions such as diabetes and heart disease.</td>
</tr>
<tr>
<td><strong>Health Home</strong></td>
<td>Some enrollees may be eligible for this unique intensive care coordination program. Contact us to see if you qualify. Health Homes have care coordinators who provide one-on-one support to enrollees who have chronic conditions and need help coordinating care among many providers.</td>
</tr>
<tr>
<td><strong>Hearing Exams and Hearing Aids</strong></td>
<td>Covered for enrollees under age 21 only.</td>
</tr>
<tr>
<td><strong>HIV/AIDS Screening</strong></td>
<td>You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening. A health home provides additional help coordinating your care. Contact Community Health Plan of Washington to see if you are eligible.</td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td>Must be approved by us.</td>
</tr>
<tr>
<td><strong>Hospice</strong></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><strong>Hospital, Inpatient and Outpatient Services</strong></td>
<td>Must be approved by us for all non-emergency care.</td>
</tr>
<tr>
<td><strong>Hospital Inpatient and Outpatient Rehabilitation</strong></td>
<td>Must be approved by us.</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Immunizations/Vaccinations</td>
<td>Our members are eligible for immunizations from their primary care provider, pharmacy or their local health department. Check with your provider or contact member services for more information on the scheduling of your immunization series.</td>
</tr>
<tr>
<td>Lab and X-ray Services</td>
<td>Some services may require pre-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>Must get pre-approval from us for most equipment. Call us for details.</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Must get pre-approval from us for most supplies. Call us for details.</td>
</tr>
<tr>
<td>Medically Intensive Children’s Program</td>
<td>Covered for children under age 18 only.</td>
</tr>
<tr>
<td>Medication Assisted Therapy (MAT)</td>
<td>Medications associated with alcohol or substance use disorder services.</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>See Enteral Nutrition benefit.</td>
</tr>
<tr>
<td>Organ Transplants</td>
<td>Call us for details.</td>
</tr>
<tr>
<td>Osteopathic Manipulative Therapy</td>
<td>Benefit limited to ten osteopathic manipulations per calendar year ONLY when performed by a network Doctor of Osteopathy (D.O.)</td>
</tr>
<tr>
<td>Outpatient Rehabilitation (Occupational, Physical, and Speech Therapies)</td>
<td>Limited benefit. Call Community Health Plan of Washington at 1-800-440-1561 (TTY 7-1-1) for specific details.</td>
</tr>
<tr>
<td>Oxygen and Respiratory Services</td>
<td>Some services may require pre-approval.</td>
</tr>
<tr>
<td>Pharmacy Services and Prescriptions</td>
<td>Must use participating pharmacies. Contact us for a list of pharmacies.</td>
</tr>
</tbody>
</table>
### Additional Services We Offer

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.
- **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).
- **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/).

<table>
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<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Podiatry</strong></td>
<td>Limited benefit. Call us for details.</td>
</tr>
<tr>
<td><strong>Reconstructive Surgery</strong></td>
<td>Covered only when the surgery and related services and supplies are provided to correct defects from birth, illness, trauma, and mastectomy reconstruction.</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>Limited benefit. Call us for details.</td>
</tr>
<tr>
<td><strong>Smoking Cessation</strong></td>
<td>Covered for all clients with or without PCP referral or pre-approval.</td>
</tr>
<tr>
<td><strong>Transgender Health Services</strong></td>
<td>Hormone and mental health therapy for all ages, and puberty blocking treatment for adolescents.</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, breast-feeding, reproductive health, general examination, contraceptive services, and testing and treatment for sexually transmitted diseases.</td>
</tr>
</tbody>
</table>
• Check out our member center. You can log onto www.chpw.org and print your ID card, download your member handbook, change your PCP, update your address, and more.

• **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 http://chpw.org/ under the For Members menu. Then select Health and Wellness option, and navigate to the Health and Wellness A to Z section.

• **Get Community Health Plan of Washington information at your fingertips.** The My CHPW app 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.

• **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 by the State Fee-For-Service**

Apple Health fee-for-service covers the following benefits and services even when you are enrolled with us. We 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 us.

<table>
<thead>
<tr>
<th>Service</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. Examples include: a person who is ventilator dependent, quadriplegic, etc.</td>
</tr>
<tr>
<td></td>
<td>All air ambulance transportation services provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO), is covered by the Health Care Authority.</td>
</tr>
<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 details. We cover medications associated with alcohol or substance use disorder services.</td>
</tr>
<tr>
<td>Service</td>
<td>Details</td>
</tr>
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</tr>
<tr>
<td>Dental Services</td>
<td>You must see a dental provider who has agreed to be an Apple Health fee-for-service provider. A list of dental providers and more information is available at <a href="http://www.hca.wa.gov/assets/free-or-low-cost/22-811.pdf">http://www.hca.wa.gov/assets/free-or-low-cost/22-811.pdf</a>, or call HCA at 1-800-562-3022.</td>
</tr>
<tr>
<td>Eyeglasses and Fitting Services</td>
<td>Covered for children under age 21. You must use an Apple Health fee-for-service provider.</td>
</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>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>Maternity Support Services</td>
<td>Call the First Steps Program at 1-800-322-2588 for information.</td>
</tr>
<tr>
<td>Pregnancy Termination, 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>

**Excluded Services (NOT Covered)**

The following services are not covered by us or fee-for-service. If you get any of these services, you may have to pay the bill. If you have any questions, call us.
<table>
<thead>
<tr>
<th>Service</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</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 Us

You or your authorized representative has the right to file a complaint. This is called a grievance. We will help you file a grievance.

Grievances or complaints can be about:

- A problem with your doctor’s office.
- Getting a bill from your doctor.
- Being sent to collections due to an unpaid medical bill.
- Any other problems you may have getting health care.
- The quality of your care or how you were treated.

We 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 but cannot take more than 45 days. You can get a free copy of our grievance policy by calling us.

If we cannot resolve your grievance, you can also file a grievance directly with the Health Care Authority by calling 1-800-562-3022.
Important Information About Denials, Appeals, and Administrative Hearings

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. We will help you file an appeal.

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 our action. It will let you know your rights and information about how to request an appeal. You or your provider may appeal a denied service.

An appeal is when you ask us to review your case again because you disagree with our decision. With written consent, you can have your doctor or someone else appeal on your behalf. You must appeal within calendar 60 days of the date of the denial letter. You only have 10 days to appeal if you want to keep getting a service that you are receiving while we review our decision. We will reply in writing telling you we received your request for an appeal within 5 calendar days. In most cases we will review and decide your appeal within 14 days. We must tell you if we need more time to make a decision. An appeal decision must be made within 28 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) appeal by calling us. If your medical condition requires it, a decision will be made about your care within 3 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 appeal. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal. We must mail written notice within two calendar days of a decision.

If you disagree with the appeal decision, you have the right to ask for an administrative hearing. You have 120 calendar days from the date of our appeal decision to request an administrative hearing. You only have 10 calendar days to ask for an administrative hearing if you want to keep getting the service that you were receiving before our denial. In a hearing, an administrative law judge that does not work for us or the Health Care Authority will review 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. Write 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 notice explaining the decision from the hearing judge. If you disagree with the hearing decision, you have the right to appeal the decision directly to the Health Care Authority’s Board of Appeals or by asking for a review of your case by an Independent Review Organization (IRO).

**Important Time Limit:** The decision from the hearing becomes a final order within 21 calendar 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 us. 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 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 to 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 an enrollee, you have a right to:

- Help make decisions about your health care, including mental and substance use disorder services and refusing treatment.
- Be informed about all treatment options available, regardless of cost.
- Change primary care providers.
- 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 we pay 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 plan policies, benefits, services and 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 an enrollee, 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.
- 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 agreed-upon treatment goals as much as possible.
- Give your providers and Community Health Plan of Washington complete information about your health.
• 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.
  ▪ You want to donate your organ(s) after your death.
  ▪ 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 and those close to you. You can cancel an advance directive at any time. You can get more information from us, your doctor, or a hospital about advance directives. 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. To learn more about Advance Directives contact us.
We Protect Your Privacy

We are required by law to protect your health information and keep it private. We use and share your information to provide benefits, carry out treatment, payment, and health care operations. We also use and share your information for other reasons as allowed and required by law.

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 – We 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 information from your claim to let you know about a health program that could help you.

We 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:
  - When the U. S. Secretary of the Department of Health and Human Services requires us to share your PHI.
  - Public Health and Safety which may include helping public health agencies to prevent or control disease.
  - Government agencies may need your PHI for audits or special functions, such as national security activities.
  - For research in certain cases, when approved by a privacy or institutional review board.
  - 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.
  - With law enforcement 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.
  - 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 us. However, your cancellation will not apply to actions taken before the cancellation.
If you believe we violated your rights to privacy of your PHI, you can:

- Call us and file a complaint. We 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 U.S. Department of Health and Human Services, Office for Civil Rights at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or write to:

  U.S. Department of Health and Human Services  
  200 Independence Ave SW, Room 509F, HHH Building  
  Washington, D.C. 20201

OR:

Call 1-800-368-1019 (TDD 1-800-537-7697)

**Note:** This information is only an overview. We are 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 Notice of Privacy Practices for additional details. You may also contact us 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/ or mail us at 1111 3rd Avenue, Suite 400, Seattle, WA 98101 for more information.