



COMMUNITY HEALTH PLAN
of Washington™

The power of community



WASHINGTON APPLE HEALTH

Your Behavioral Health Benefit Book **2022**



You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language, at no additional cost.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-440-1561 (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-440-1561 (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-440-1561 (TTY: 711).

繁體中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-440-1561 (TTY: 711)。

Af Soomaali (Somali) DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqadda, oo lacag la'aan ah, ayaa lagu heli karaa adiga. Wac 1-800-440-1561. (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-440-1561 (телетайп: 711).

(Arabic) العربية ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-440-1561 (711).

አማርኛ (Amharic) ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚኒተላው ቁጥር ይደውሉ 1-800-440-1561 (መስማት ለተሳናቸው፡ 711)።

(Dari) توجه برای دری اگر به زبان در صحبت می کنید، خدمات مساعدت زبان، طور رایگان برا شما موجود می باشد. با شماره 1-800-440-1561 (TTY: 711) تماس بگیرید.

ትግርኛ (Tigrinya) ምልክታ፡ ትግርኛ ትዛረብ ተኸይንካ ኣገልግሎት ኣገዝ ቋንቋ ንዓኽ ብናጻ ይርከብ። ደውል 1-800-440-1561 (TTY: 711)።

မြန်မာစာ (Burmese) သတိပူပီရန် - အကယုၣ် သွည့် ဝုမန္ဓာစကား ကို ဝေပုဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံစီစဉ်ဆွဲကွဲပေးပါမည်။ ဖုန်းနံပါတ် 1-800-440-1561 (TTY: 711) သို့မူ ဝေခံဆိုပါ။

ਪੰਜਾਬੀ (Panjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-440-1561 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-440-1561 (TTY: 711) 번으로 전화해 주십시오.

(Farsi) فارسی توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای تماس بگیرید. 1-800-440-1561 (TTY: 711) شما فراهم می باشد. با

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-440-1561 (телетайп: 711).

ភាសាខ្មែរ (Khmer) កត់ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាមិនគិតថ្លៃមានសម្រាប់អ្នក។ សូមទូរស័ព្ទមកលេខ 1-800-440-1561 (TTY: 711)។

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Welcome to Community Health Plan of Washington and Washington Apple Health

Welcome!

You are receiving this handbook because you recently enrolled in Washington Apple Health (Medicaid) Behavioral Health Services Only (BHSO). Community Health Plan of Washington works with Apple Health to provide your BHSO coverage. This handbook will provide more detail about your covered benefits.

Most Apple Health BHSO clients are enrolled with managed care. This means Apple Health pays your monthly premium for your coverage, which includes behavioral health (mental health and substance use disorder treatment services). Clients in managed care must see providers who are in their plan's provider network. To see providers outside of your plan's network, pre-approval needs to be obtained

Community Health Plan of Washington will get in touch with you in the next few weeks. You can ask us any questions you have and 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.

If English is not your preferred language or you are deaf, deafblind, or hard of hearing, we can help. We want you to be able to access your health care benefits. If you need any information in a language other than English, including sign language, call us at 1-800-440-1561 (TTY Relay: Dial 711). We will provide language assistance at no cost to you. We can also assist you in finding a provider who speaks your language.

You are entitled to language access services when you attend a health care appointment covered by Apple Health. Your provider is required to arrange for an interpreter to be at your appointments. Let your health care provider know you need an interpreter when you schedule your appointment.

Spoken language interpreters can go to the provider's office, be on the phone, or on video during your appointment. Sign language interpreters can go to the provider's office or be on video during your appointment.

If you have any questions about our interpreter services program, visit our website at chpw.org/contact-us/language-assistance. You can also visit the Health Care Authority (HCA) Interpreter Services webpage at hca.wa.gov/interpreter-services or email HCA Interpreter Services at interpretersvcs@hca.wa.gov.

Call us if you need information in other formats or help to understand the information we provide to you. 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 at 1-800-440-1561 (TTY Relay: Dial 711). We can provide you with materials in another format or auxiliary aids, like braille, at no cost to you. 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 Dial 711).
- Information in large print.
- Help in making appointments or arranging transportation to appointments.
- Names and addresses of providers who specialize in specific care needs.

Important contact information

	Customer service hours	Customer service phone numbers	Website address
Community Health Plan of Washington	Monday – Friday 8 a.m. to 5 p.m.	1-800-440-1561 (TTY Relay: Dial 711)	chpw.org
Health Care Authority (HCA) Apple Health Customer Service	Monday – Friday 7 a.m. to 5 p.m.	1-800-562-3022 TRS 711	hca.wa.gov/apple-health
Washington Healthplanfinder	Monday-Friday 8 a.m. to 6 p.m.	1-855-923-4633 TTY 1-855-627-9604	wahealthplanfinder.org

My health care providers

We suggest you write down the name and phone number of your provider for quick access. We will have the information on our website in our provider directory at chpw.org/find-a-doctor. You can also call us and we will help.

Health Care Provider	Name	Phone Number
My Primary Care Provider:		
My Behavioral Health Provider is:		
My Dental Provider is:		
My Specialty Care Provider is:		

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. 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 at: hca.wa.gov/about-hca/rulemaking.

How to use this handbook

This is your guide to services. When you have a question, refer to the table below to see who can help.

If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> • Changing or disenrolling from your Apple Health Behavioral Health Services Only (BHSO) plan – page 11 • How to get Apple Health covered services not included through your plan – page 16 • Your ProviderOne services card – page 10 	<p>HCA:</p> <ul style="list-style-type: none"> • ProviderOne Client Portal: www.waproviderone.org/client • https://www.fortress.wa.gov/hca/p1contacus/ <p>If you still have questions or need further help, call 1-800-562-3022.</p>
<ul style="list-style-type: none"> • Covered services – page 20 • Making a complaint – page 9 • Appealing a decision by your health plan that affects your benefits – page 31 	<p>Community Health Plan of Washington at 1-800-440-1561 (TTY Relay: Dial 711) or go online to chpw.org.</p>
<ul style="list-style-type: none"> • Your Behavioral Health Services (Mental Health or substance use disorder) – page 11 • Referrals to specialists – page 14 	<p>Your behavioral health provider. (If you need help to select a primary care provider, call us at 1-800-440-1561 (TTY Relay: Dial 711) or go online to chpw.org.)</p> <p>The Nurse Advice Line can be reached at 1-866-418-2920 (TTY Relay: Dial 711)</p>

- Changes to your account such as:

- Address changes,
- Income change,
- Marital status,
- Pregnancy, and,
- Births or adoptions.

Washington Healthplanfinder at
1-855-WAFINDER (1-855-923-4633) or
go online to: wahealthplanfinder.org.

Getting started

You will need two cards to access services, your Community Health Plan of Washington card and your ProviderOne services card.

1. Your Community Health Plan of Washington member ID card



Your member ID card should arrive within 30 days of your enrollment date. Your member ID card will have your member ID

number on it, and if any information is incorrect on your member ID card, call us right away. Always carry your ID card and show it each time you get care. If you are eligible and need care before the card comes, contact us at 1-800-440-1561 (TTY Relay: Dial 711) or CustomerCare@chpw.org. Your provider can also contact us to check eligibility at any time.

2. Your ProviderOne services card

You will also receive a ProviderOne services card in the mail.



About 7-10 days after you're found eligible for Apple Health coverage, a services card will be mailed to you. This is a plastic ID card that looks like other health insurance ID cards. Keep this card, if you have received a ProviderOne services card in the past HCA will not send you a new one. Each person has their own ProviderOne client number. Take this card with you to your doctor

appointments. Providers use this card to make sure your services are covered.

Using the ProviderOne services card

You may access a digital copy of your services card through the WAPlanfinder mobile app, more information is available at wahbexchange.org/mobile/. No need to order a replacement when you always have a digital copy with you!

The number on the card is your ProviderOne client number. It will always be nine digits long and end in "WA". You can look online to check that your enrollment has started or switch your health plan through the ProviderOne Client Portal at www.waproviderone.org/client.

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

If you need a new ProviderOne services card

If you don't receive your card, the information is incorrect, or you lose your card, there are several ways to request a replacement:

- Visit the ProviderOne client portal website: www.waproviderone.org/client
- Call the toll-free IVR line at 1-800-562-3022, follow the prompts.
- Request a change online: <https://fortress.wa.gov/hca/p1contactus/>
 - Select the topic "Services Card."

There is no charge for a new card. It takes 7-10 days to get the new card in the mail. Your old card will stop working when you ask for a new one.

Changing behavioral health services plans

You have the right to change your Behavioral Health Services Only plan (BHSO) at any time. You have the right to change health plans without interruption of care, as noted in HCA's Transition of Care policy. Your new plan may start as soon as the first of the next month.

Make sure you are enrolled in the newly requested plan before you see providers in your new plan's network.

There are several ways to switch your plan:

- Change your plan on the Washington Healthplanfinder website: wahealthplanfinder.org
- Visit the ProviderOne client portal: <https://www.waproviderone.org/client>
- Request a change online: <https://fortress.wa.gov/hca/p1contactus/home/client>

- Select the topic "Enroll/Change Health Plans."
- Call HCA at 1-800-562-3022 (TRS: 711).

If you choose to change to a new plan, we will work with your new plan to transition any medically necessary care to support continuity for your needed services

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

Using private health insurance and your Community Health Plan of Washington coverage

Some enrollees may also have private health insurance. We may coordinate with your other insurance to help cover some co-pays, deductibles, and services your private health insurance does not cover.

Make sure your behavioral health care providers are either a member of Community Health Plan of Washington's provider network or willing to bill us for any co-pays, deductibles, or balances that remain after your primary coverage pays your health care bill. This will help you avoid any out-of-pocket costs. If you are Medicare eligible, remember your doctor must bill Medicare first.

When you go to your doctor or other medical provider(s), show all of your cards including your:

- Private health insurance card,
- ProviderOne services card, and,
- Community Health Plan of Washington card.

Contact Community Health Plan of Washington right away if:

- Your private health insurance coverage ends,
- Your private health insurance coverage changes, or,
- You have any questions about using Apple Health with your private health insurance.

How to get behavioral health services

Behavioral health services and your primary care provider (PCP)

Behavioral health includes mental and substance use disorder (SUD) treatment services. Most behavioral health service enrollees may already have a primary care provider (PCP) from another medical network, such as Medicare, private health insurance, Indian Health Center, or Apple Health without a managed care plan (also called as fee-for-service). We will coordinate your behavioral health services with your PCP, if necessary. Please call us at 1-800-440-1561 (TTY Relay: Dial 711) if you need help.

One of our behavioral health providers will take care of your behavioral health needs including mental health and substance use disorder treatment services. If you need counseling, testing or need to see a behavioral health specialist, we will coordinate your behavioral health care needs.

How to get behavioral health services

If you need behavioral health services call Community Health Plan of Washington Customer Service at 1-800-440-1561 (TTY Relay: Dial 711) and we can help you find a behavioral health specialist who is covered under your plan.

If we do not have a behavioral health specialist in our 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. We need to pre-approve any visits outside of our network. Discuss this with your PCP. Your PCP will request pre-approval from us with medical information to show us why you need this care. We must respond to your PCP within five days of the request. We will notify you of our decision no later than 14 days.

If we deny this request and you disagree with our decision, you have the right to appeal. This means you can ask us to have a different person review the request. See page 31 for more information. If your PCP refers you to a provider outside our network, check with Community Health Plan of Washington to receive pre-approval so you are not responsible for any of the costs. We will pay for these services.

Services you can get without a referral

You do not need a referral from your PCP to see a provider in our network if you need:

- Behavioral health crisis response services including:
 - Crisis intervention, and
 - Evaluation and Treatment services.
- Outpatient behavioral health services (see page 21 for limitations)

Telemedicine

With Apple Health, you can visit with your provider over the phone or the computer instead of an in-person appointment. This is telemedicine. Telemedicine must be HIPAA-compliant (private), interactive, and real-time audio and/or video communications.

Patients can share information with their provider and receive diagnosis and treatment in real time without being in the same location.

Community Health Plan of Washington covers telemedicine services approved for physical services. There are no behavioral health telemedicine services at this time. To find a telemedicine provider, visit chpw.org/virtualcare or ask your provider. You can also call our 24-hour Nurse Line at 1-866-418-2920 (TTY Relay: Dial 711) for free advice on what kind of care you may need.

Apple Health services covered without a managed care plan (also called fee-for-service)

The HCA pays certain benefits and services directly even if you are enrolled in a health plan. These benefits include:

- Long-term care services and supports, and
- Services for individuals with developmental disabilities.

You will only need your ProviderOne services card to access these benefits. Your PCP or Community Health Plan of Washington will help you access these services and coordinate your care. See page 26 for more details on covered benefits. If you have any questions about a benefit or service listed here, call us.

You must go to Community Health Plan of Washington behavioral health providers or hospitals

You must use behavioral health providers who work with Community Health Plan of Washington. We also have hospitals and pharmacies for you to use. You can request a directory with information about our providers, pharmacies, and hospitals which includes:

- The provider's name, location, and phone number.
- The specialty, qualifications, and medical degree.
- Medical school attended, Residency completion, and Board Certification status.
- The languages spoken by those providers.
- Any limits on the kind of patients (adults, children, etc.) the provider sees.
- Identifying which providers are accepting new patients.

To get a directory call our member services line at 1-800-440-1561 (TTY Relay: Dial 711) or visit our website chpw.org.

Payment for behavioral health services

As an Apple Health client, you have no copays or deductibles for any covered services. You might have to pay for your services if:

- You get a service that Apple Health does not cover.
- 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 ProviderOne services card and health plan card with you every time you need services.
- You get care from a service provider who is not in our network unless it's an emergency or has been pre-approved by your health plan.
- You don't follow our rules for getting care from a specialist.

Providers should not ask you to pay for covered services. If you get a bill, please call us at 1-800-440-1561 (TTY Relay: Dial 711). We will work with your provider to make sure they are billing you appropriately.

Quality Improvement programs

The goal of Community Health Plan of Washington's Quality Improvement Program is to improve your quality of care and experience. We track different health programs and report on how we're doing. We use this information to figure out how we can do better to make sure everyone gets the care and support they need.

From time to time, we will contact you by e-mail, mail, or phone to tell you about programs or services that we think might help you, remind you about important health services, or just to learn more about you so we can continue to improve. If you have questions or want more information about the Quality Improvement Program, please call our Customer Service at 1-800-440-1561 (TTY Relay: Dial 711) or email us at CustomerCare@chpw.org.

Utilization Management programs

Community Health Plan of Washington wants you to get care that's right for you, without getting care you don't need. We help make sure you get the right level of care by making decisions based on medically necessary need, appropriateness, and whether it is a covered benefit.

To make sure decisions are fair, we do not reward the staff who make these decisions for saying no. If you have questions about how these decisions are made, call 1-800-440-1561 (TTY Relay: Dial 711), Monday through Friday, 8:00 a.m. to 5:00 p.m.

Information for American Indians and Alaska Natives

HCA gives American Indians and Alaska Natives in Washington a choice between Apple Health managed care or Apple Health coverage without a managed care plan (also called fee-for-service). HCA does this to comply with federal rules, in recognition of the Indian health care delivery system, and to help ensure that you have access to culturally appropriate health care. You can contact HCA at 1-800-562-3022 for questions about enrollment.

If you are American Indian or Alaska Native, you may be able to get health care services through an Indian Health Service facility, tribal health care program or Urban Indian Health Program (UIHP) such as the Seattle Indian Health Board or NATIVE Project of Spokane. The providers at these clinics know your culture, community, and health care needs.

They will give you the care you need or refer you to a specialist. They may help you decide whether to choose a managed care plan or Apple Health coverage without a managed care plan. If you have questions about your health care or your health care coverage, your tribal or UIHP staff may be able to help you.

Getting care in an emergency or when you are away from home

Examples of behavioral health emergency/crisis include, when the individual:

- Threatens to or talks about hurting or killing themselves
- Feels hopeless
- Feels rage or uncontrolled anger
- Feels trapped, like there is no way out
- Engages in reckless behaviors
- Feels anxious, agitated, or unable to sleep
- Withdraws from friends and family
- Encounters dramatic mood changes
- Sees no reason for living
- Increases alcohol or drug use

If you think you have a behavioral health emergency/crisis, call a 24-hour crisis line, call 911, or go to the nearest hospital location where emergency providers can help you. You do not need pre-authorization to seek care in the event of an emergency. You may use any hospital or emergency setting if you are having an emergency.

Behavioral health crisis: Washington Recovery Help Line is a 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance use disorder treatment services, and problem gambling. Call 1-866-789-1511 or 1-206-461-3219 (TTY), email recovery@crisisclinic.org, or go to warecoveryhelpline.org. Teens can connect with teens during specific hours: 1-866-833-6546, 866teenlink.org.

County crisis line phone numbers

You may call your local crisis line to request assistance for you or a friend or family member. See the county crisis numbers below.

Region	Counties	Crisis lines
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-800-803-8833
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	1-888-544-9986
King	King	1-866-427-4747

North Central	Chelan, Douglas, Grant, Okanogan	1-800-852-2923
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	1-800-584-3578
Pierce	Pierce	1-800-576-7764
Salish	Clallam, Jefferson, Kitsap	1-888-910-0416
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-877- 266-1818
Southwest	Clark, Klickitat, Skamania	1-800-626-8137
Thurston-Mason	Mason, Thurston	1-800-270-0041

Expectations for when a health care 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 a day, seven days a week.
- **Urgent care:** Office visits with your behavioral health provider or other provider within 24 hours.
- **Routine care:** Office visits with your behavioral health provider, or other provider within 10 days. Routine care is planned and includes regular provider visits for concerns that are not urgent or emergencies.

Prescriptions

Behavioral health prescriptions are not covered under this benefit. Instead, they are covered as part of your physical health benefit. Enrollees with Medicare Part D coverage will access their prescription coverage through their Medicare Part D plan. If you have questions about your prescription drug coverage, call us.

Benefits covered by Community Health Plan of Washington

Some of the behavioral health benefits we cover are listed below. It is not a complete list of covered services. Check with your behavioral health provider or contact us if a service you need is not listed. For some services, you may need a referral from your PCP, behavioral health provider, and/or pre-approval from Community Health Plan of Washington.

Some covered health care services may require pre-approval. All non-covered services require pre-approval from us, or HCA if the service is offered through Apple Health without a managed care plan.

Some services are limited by number of visits. If you need additional services, your provider may request a Limitation Extension (LE).

If you need non-covered behavioral health services, have your provider request an exception to rule (ETR).

Remember to call us at 1-800-440-1561 (TTY Relay: Dial 711) or check our provider directory at chpw.org/find-a-doctor before you get behavioral health services or ask your PCP to help you get the care you need.

General services and emergency care

Service	Additional information
Emergency services	Available 24 hours per day, seven days per week anywhere in the United States.
Hospital, inpatient and outpatient services	Must be approved by us for all non-emergency care.
Urgent care	Use urgent care when you have a behavioral health problem that needs care right away, but your life is not in danger.

Behavioral health

Behavioral health services include mental health and substance use disorder treatment services. If you need counseling, testing or need to see a behavioral health provider, contact us at 1-800-440-1561 (TTY Relay: Dial 711) or select a provider from our provider directory.

Service	Additional information
Substance use disorder (SUD) treatment services	SUD treatment services may include: <ul style="list-style-type: none"> • Assessment • Brief intervention and referral to treatment • Withdrawal management (detoxification) • Outpatient treatment • Intensive outpatient treatment • Inpatient and residential treatment • Case management
Mental health, inpatient treatment	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.
Mental health, outpatient treatment	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. Mental health services may include: <ul style="list-style-type: none"> • Intake valuation • Individual treatment services • Medication management • Peer support • Brief intervention and treatment • Family treatment • Mental health services provided in a residential setting

	<ul style="list-style-type: none"> • Psychological assessment • Crisis services
Evaluation and treatment or community hospitalization	Includes freestanding Evaluation and Treatment (E&T)

General Funds-State (GFS) are state funds provided to Managed Care Organizations (MCOs) to help pay for services that are not covered by Medicaid. For example, room and board for residential behavioral health (BH) treatment is not covered by Medicaid and is reimbursed with GFS.

GFS funded services vary by region. They are usually connected to other behavioral health services for additional funding.

Laboratory services

Service	Additional information
Laboratory services	Some services may require pre-approval.

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.

Some behavioral health benefits are covered through Community Health Plan of Washington and some are by your Apple Health coverage without a managed care plan (fee-for-service). Call us with questions.

Screenings are covered directly by Apple Health and can help identify potential physical, behavioral health, or developmental health care needs which may require additional diagnostics and/or treatment. EPSDT 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 continued access to health care for children and youth.

Additional services we offer

At CHPW, you are at the center of your family and your health, and you know your needs best. We listen and center care around you. We offer additional services and benefits that cost you nothing and help you live a healthier life.

Virtual Care and Nurse Advice Line. CHPW covers virtual visits to behavioral health providers in our network. You also have 24/7 access to a doctor or nurse through our CHPW Virtual Care service and our free Nurse Advice Line. More details at chpw.org/virtualcare.

Benefits+. You may qualify for a free cellphone, discounted Amazon Prime, and other additional benefits. Find out more at chpw.org/benefitsplus.

Services for Youth. CHPW has home, school, and community-based services to help children with behavioral needs. This support includes intensive mental health services and coordinated care among your child's providers.

Check out our member center. You can log onto chpw.org/member-center and print your ID card, download your member handbook, change your PCP, update your address, and more.

Additional Care Coordination services we may offer

To take care of your health, you must first take care of your basic needs. Community Health Plan of Washington's Community Programs team connects you to local resources for some of these needs. We can identify sources of help, make referrals, and coordinate with your providers. Community Programs can connect you with resources and programs in your community, such as: housing, transportation and food. You may ask for Community Programs services yourself or a family member can request them for you. Others, such as your health care providers, hospital discharge planners, caregivers and our case management staff can also refer you to Community Programs for connection to services. We need your permission before you can receive Community Programs services. For more information call 1-866-418-7006.

We can also help connect you to treatment or services that you may need, such as: ABA (Applied Behavioral Analysis), WISe (Wraparound with Intensive Services), PACT (Program of Assertive Community Treatment) and CLIP (Children's Long-Term Inpatient treatment). Any of our staff can help direct you to those services. For referral or questions call 1-800-440-1561 (TTY Relay: Dial 711). For Applied Behavioral Analysis referrals please call our dedicated phone line - ABA Phone Number: 1-844-225-8624

Care Management Programs. CHPW Care Management programs provide extra support to members with complex or chronic medical conditions. They help members maintain their care plans, and coordinate care between doctors and other providers. Call 1-866-418-7003 for more information.

Community Programs. Community Program goes beyond medical care. Staff help with other aspects of your life that affect your health. Community Programs can help you find stable housing, make sure you have enough food, make sure you have a ride to and from your appointments, and connect you to other local resources.

Case Management. Managing physical health and behavioral health issues can be difficult. Our Case Management team is here to help you. Your personal case manager will help you identify and make a plan to reach your health goals. They will also be there to coordinate the different health services and programs you need to feel your best.

Transition of Care. After you get out of the hospital, you still need support to make sure you fully recover. CHPW's Transition of Care team works with your hospital to make sure your discharge transition is smooth. They will check in on you with a phone call after you leave the hospital. They will make sure you are able to get to your follow-up appointments and pick up the medication you need.

You can quit. We can help. Quit smoking with the help of a coach, aids, and web support with the Quit for Life® program. Learn more at chpw.org/member-center/health-management/health-coaching/smoking-cessation.

Learn how the Health Homes program can make managing your care easier. Eligible members can get help with transitional care, care coordination, health education, care management, and much more. You can get more information at chpw.org/provider-center/member-health-services/health-homes.

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 a mental health referral for you, if needed. Speak to a Community Health Plan of Washington representative at 1-800-440-1561 (TTY Relay: Dial 711) to learn more.

Apple Health services covered without a managed care plan

Apple Health coverage without a managed care plan (fee-for-service) or other community-based programs cover the following benefits and services even when you are enrolled with us. We will coordinate with your PCP to help you access these services and coordinate your care. You will need to use your ProviderOne services card for all services. If you have a question about a benefit or service not listed here, call us. View the Apple Health coverage without a managed care plan booklet for a complete list of services: hca.wa.gov/assets/free-or-low-cost/19-065.pdf.

Service	Additional information
Ambulance services (Air)	All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Ambulance services (Ground)	All ground ambulance transportation services, emergency, and non-emergency, provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Crisis Services	<p>Crisis services are available to support you, based on where you live. If there is a life-threatening emergency, please call 911. See page 19 for the numbers in your area.</p> <p>For the Suicide Prevention Life Line: 1-800-273-8255, TTY Users 1-206-461-3219</p> <p>For mental health or substance use disorder crises, please call the Behavioral Health Administrative Services organization (BH-ASO). Phone numbers can be found on page 19 or at: hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines.</p>
First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)	<p>MSS provides pregnant and postpartum individuals preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby.</p> <p>ICM helps families with children up to age one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p> <p>CBE provide pregnant individuals and their support person(s) group classes when taught by an approved HCA CBE provider. Topics include warning signs in pregnancy, nutrition, breastfeeding, birthing plan, what to expect during labor and delivery, and newborn safety.</p> <p>For providers in your area, visit hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care.</p>

Inpatient Psychiatric Care	Call us for help in accessing these services.
Transportation for non-emergency medical appointments	Apple Health pays for transportation services to and from needed non-emergency health care appointments. 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 hca.wa.gov/transportation-help .

Excluded services (not covered)

The following services are not covered by us or Apple Health without a managed care plan. If you get any of these services, you may have to pay the bill. If you have any questions, call us.

Service	Additional information
Alternative medicines	Religious based practices, faith healing, herbal therapy, or homeopathy
Marriage counseling and sex therapy	
Personal comfort items	
Services not allowed by federal or state law and its territories and possessions.	U.S. Territories include: <ul style="list-style-type: none"> • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Services provided outside of the United States	

If you are unhappy with your provider

You or your authorized representative have 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.
- The quality of your care or how you were treated.
- Any other problems you may have getting health care.

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.

Ombuds

An Ombuds is a person who is an available option to provide free and confidential assistance with resolving concerns related to your behavioral health services. They can help if you have a behavioral health grievance, appeal, or fair hearing to resolve your concerns at the lowest possible level. The Ombuds is independent of your health plan. It is provided by a person who has had behavioral health services or whose family member has had behavioral health services.

Use the phone numbers below to contact an Ombuds in your area:

Region	Counties	Ombuds
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-833-721-6011 or 1-360-266-7578
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	1-833-783-9444 or 1-509-783-9444

King	King	1-800-790-8049 #3 or 1-206-477-0630
North Central	Chelan, Douglas, Grant, Okanogan	1-844-636-2038
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	1-888-336-6164 or 1-360-416-7004
Pierce	Pierce	1-800-531-0508
Salish	Clallam, Jefferson, Kitsap	1-888-377-8174 or 1-360-692-1582
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-866-814-3409 or 1-509-477-4666
Southwest	Clark, Klickitat, Skamania	1-800-696-1401
Thurston-Mason	Mason, Thurston	1-800-658-4105 or 1-360-763-5793

Important information about denials, appeals, and administrative hearings

You have the right to ask for a review of any decision if you think it was not correct, not all behavioral health information was considered, or you think the decision should be reviewed by another person. 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 decision. It will let you know your rights and information about how to request an appeal.

An appeal is when you ask us to review your case again because you disagree with our decision. You may appeal a denied service. You may call or write to let us know, but you must inform us of your appeal within 60 days of the date of denial. We can help you file an appeal. Your provider, Ombuds, or someone else may appeal for you if you sign to say you agree to the appeal. 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 five 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.

You can request an appeal verbally or in writing. Send written appeal request to 1111 3rd Ave, Suite 400, Seattle, WA 98101 or Fax (206) 652-7040 or email CustomerCare@chpw.org. We can help you file your appeal. To request an appeal verbally, call us at 1-800-440-1561 (TTY Relay: Dial 711).

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 behavioral health conditions, you or your doctor can ask for an expedited (quick) appeal by calling us. If your behavioral health condition requires it, a decision will be made about your care within three 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 a written notice within two days of a decision.

If you disagree with the appeal decision, you have the right to ask for an administrative hearing. In an administrative hearing, an administrative law judge who does not work for us or HCA will review your case.

You have 120 days from the date of our appeal decision to request an administrative hearing. You only have 10 days to ask for an administrative hearing if you want to keep getting the service that you were receiving before our denial.

To ask for an administrative hearing you will need to 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.

Submit the request for a hearing by:

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

Or

2. Writing to:

Office of Administrative Hearings
P.O. Box 42489
Olympia, WA 98504-2489

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

The administrative hearing judge will send you a notice explaining their decision. If you disagree with the hearing decision, you have the right to appeal the decision directly to HCA'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 days** of the date of mailing if you take no action to appeal the hearing decision.

If you disagree with the hearing decision, you may request an Independent Review. You do not need to have an independent review and may skip this step and ask for a review from HCA's Board of Appeals.

An IRO is an independent review by a doctor who does not work for us. To request an IRO, you must call us and ask for a review by an IRO within 21 days after you get the hearing decision letter. You must provide us any extra information within five days of asking for the IRO. We will let you know the IRO's decision.

Call 1-800-440-1561 (TTY Relay: Dial 711) for help. You may ask for a quick decision if your health is at risk. 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. We will let you know the IRO's decision.

If you do not agree with the decision of the IRO, you can ask to have a review judge from the HCA'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:

- Make decisions about your health care, including refusing treatment. This includes physical and behavioral health services.
- Be informed about all treatment options available, regardless of cost.
- Choose or change your PCP.
- Get a second opinion from another provider in your health plan.
- Get services in a timely manner.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their 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 or help in asking for a review of a denial of services or an appeal.
- 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.
- Make recommendations regarding your rights and responsibilities as a Community Health Plan of Washington member.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical advance directive forms.

Your responsibilities

As an enrollee, you agree to:

- Talk with your providers about your health and health care needs.
- Help make decisions about your health care, including refusing treatment.
- 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.
- 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 ProviderOne services card and Community Health Plan of Washington 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.
- 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 PCP, 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 HCA 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 Healthplanfinder at wahealthplanfinder.org, and report changes to your account such as income, marital status, births, adoptions, address changes, and becoming eligible for Medicare or other insurance.

Advance directives

What is an advance directive?

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 Community Health Plan of Washington or HCA 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.

Mental health advance directives

What is a mental health advance directive?

A mental health advance directive is a legal written document that describes what you want to happen if your mental health problems become so severe that you need help from others. This might be when your judgment is impaired and/or you are unable to communicate effectively.

It can inform others about what treatment you want or don't want, and it can identify a person to whom you have given the authority to make decisions on your behalf.

If you have a physical health care advance directive you should share that with your mental health care provider so they know your wishes.

How do I complete a mental health advance directive?

You can get a copy of the mental health advance directive form and more information on how to complete it at hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-advance-directives.

Community Health Plan of Washington, your behavioral health care provider, or your Ombuds can also help you complete the form. Contact us for more information.

Preventing fraud, waste, and abuse

When fraud, waste and abuse go unchecked it cost taxpayer dollars. These dollars could be used for coverage of critical Apple Health benefits and services within the community. As enrollees you are in a unique position to identify fraudulent or wasteful practices. If you see any of the following, please let us know:

- If someone offers you money or goods in return for your ProviderOne services card or if you are offered money or goods in return for going to a health appointment.
- You receive an explanation of benefits for goods or services that you did not receive.
- If you know of someone falsely claiming benefits.

- Any other practices that you become aware of that seem fraudulent, abusive or wasteful.
- If you suspect fraud, waste, or abuse, you can report it to us online or by email, mail, or fax. You have the option to report anonymously. To report online go to forms.chpw.org/report-potential-fraud. To report by email, mail or fax you can download a "Potential Fraud Report" form and use the contact information listed on the form. The form can be found at chpw.org/member-center/member-rights/fraud-waste-and-abuse.

Send your report and any documentation by any of the following methods:

- Email at: potential.fraud@chpw.org
- Fax at: (206) 521-8834
- Mail to:
Community Health Plan of Washington
Attn: VP, Compliance Officer
1111 3rd Ave, Suite 400
Seattle, WA 98101

You can also call our Customer Service department at 1-800-440-1561 (TTY Relay: Dial 711).

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 HCA 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 reasons:
 - When the U.S. Secretary of the Department of Health and Human Services (DHHS) 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 want to access your protected Health Information (PHI), complete and return the Request to Access Protected Health Information form found at chpw.org/member-center/member-forms-tools. You may also request a copy of the form by calling

Community Health Plan of Washington's Customer Service department at 1-800-440-1561 (TTY Relay: Dial 711).

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. DHHS, Office for Civil Rights at: 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 Relay: Dial 711)**, our address **1111 Third Ave, Suite 400, Seattle, WA 98101**, our email CustomerCare@chpw.org, our website chpw.org for more information.



**COMMUNITY
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