COMMUNITY HEALTH PLAN
of Washington™

The power of community

WASHINGTON APPLE HEALTH

Your Medical and Behavioral Health Benefit Book **2026**

Washington Apple Health

COMMUNITY HEALTH PLAN of Washington™ | APPLE HEALTH (MEDICAID)

The power of community

Non-Discrimination Notice

Community Health Plan of Washington (CHPW) complies with applicable federal, state, and local civil rights laws. Community Health Plan of Washington does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, sex, sexual orientation, gender (including gender identity or expression), veteran or military status, or the presence of any sensory, mental or physical disability or the use of a service animal.

To ensure access and to help people with disabilities communicate effectively with us, Community Health Plan of Washington:

- Provides free and timely reasonable modifications
- Provides free auxiliary aids and services, such as information in large print, audio, and accessible electronic formats

Community Health Plan of Washington also provides free and timely language assistance services to people whose primary language is not English, such as:

- Qualified interpreters, and
- Information written in other languages

If you need these services, contact CHPW Customer Service at 1-800-440-1561 (TTY: 711), 8 a.m. to 5 p.m., Monday through Friday.

If you believe that Community Health Plan of Washington has failed to provide these services or discriminated in another way prohibited by law, you can file a grievance with: Civil Rights Coordinator, by mail at 1111 3rd Ave, Suite 400, Seattle WA 98101; by phone at 1-800-440-1561 (TTY: 711), 8 a.m. to 5 p.m., Monday through Friday; by fax at 206-613-8984; or by email at civil.rights@chpw.org. If you need help filing a grievance, the Appeals and Grievances Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at hhs.gov/ocr/complaints/index.html.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
For free language assistance services and auxiliary aids and services, call 1-800-440-1561 (TTY: 711).

Español (Spanish)
Para obtener servicios gratuitos de asistencia lingüística así como ayudas y servicios auxiliares, llame al 1-800-440-1561 (TTY: 711).

中文（简体) (Chinese)
如需免费的语言协助服务以及辅助工具和服务，请致电1-800-440-1561 (听障人士请拨打 TTY：711）。

Tiếng Việt (Vietnamese)
Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-800-440-1561 (TTY: 711).

한국인 (Korean)
무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-800-440-1561 (TTY: 711)로 문의해 주시기 바랍니다.

Русский (Russian)
Для получения бесплатных услуг языковой помощи а также вспомогательных средств и услуг, звоните по номеру 1-800-440-1561 (TTY: 711).

Tagalog
Para sa mga libreng serbisyo sa tulong sa wika at mga pantulong na kagamitan at serbisyo, tumawag sa 1-800-440-1561 (TTY: 711).

Українська (Ukrainian)
Для отримання безкоштовної мовної допомоги, допоміжних засобів та послуг телефонуйте за номером 1-800-440-1561 (TTY: 711).

ខ្មែរ (Mon-Khmer Cambodian)
សម្រាប់សេវាកម្មជំនួយផ្នែកភាសា និងឧបករណ៍ និងសេវាកម្មជំនួយដោយឥតគិតថ្លៃ សូមទូរសព្ទទៅលេខ 1-800-440-1561 (TTY: 711)។

日本語 (Japanese)
言語サポートサービス（無料）および補助的な器具やサービスをご希望の方は、
1-800-440-1561（TTY: 711）までお電話ください。

አማርኛ (Amharic)
ለ ለነጻ የቋንቋ እርዳታ አገልግሎቶች እንዲሁም ለአካል ጉዳተኞች እርዳታ እና አገልግሎቶች፣
ወደ 1-800-440-1561 (TTY: 711) ይደውሉ።

العربية (Arabic)
لتلقي خدمات المساعدة اللغوية المجانية والأدوات المساعدة والخدمات الإضافية، يرجى الاتصال على الرقم
1-800-440-1561 (الهاتف النصي TTY: اتصل على الرقم 711).

ਪੰਜਾਬੀ (Punjabi)
ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਲਈ, 1-800-440-1561 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Deutsch (German)
Kostenlose Sprachassistenzdienste, Hilfsmittel und Dienstleistungen erhalten Sie unter
1-800-440-1561 (TTY: 711).

ພາສາລາວ (Laotian)
ສໍາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ,
ໃຫ້ໂທ 1-800-440-1561 (TTY: 711).

Cushite Afaan Oromoo
Tajaajiloota hiikkaa afaanii, fi namoota hanqina dubbachuu, arguu fi dhagahuu qabaniif deeggarsa dubbii, argaa fi dhageettii meeshaatiinii bilisaan argachuuf, gara 1-800-440-1561 (TTY: 711) tti bilbilaa.

ትግርኛ (Tigrinya)
ብነጻ ናይ ቋንቋ ሓገዝ ኣገልግሎት፣ ከምኡ'ውን ናይ ረድኤት ሓገዝን ኣገልግሎትን ንምርካብ ናብ
1-800-440-1561 (TTY፡- 711) ደውሉ።

Soomaali (Somali)
Si aad u hesho adeegyada caawinta luqadda bilaashka ah iyo qalabka iyo adeegyada kaalmada ah,
wac 1-800-440-1561 (TTY: 711).

پښتو (Pashto)
د ژبې اړوند په ځانګړي توګه د معلولیت لرونکو لپاره د ژباړې د وړیا خدماتو، او نورو مرستو او خدماتو لپاره، 1561-440-800-1
(TTY:711) شمېرې ته زنګ ووهئ.

Français (French)
Pour bénéficier d’une assistance linguistique gratuite et d’aides et services auxiliaires,
appelez le 1-866-440-1561 (TTY : 711).

دری (Dari)
برای درخواست خدمات ترجمه رایگان، وکمک ها و خدمات پشتیبان مخصوص افراد ناتوان یا کم توان، با
1-800-440-1561 (TTY: 711) به تماس شوید.

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Welcome to Community Health Plan of Washington and Washington Apple Health

Welcome!

Thank you for enrolling in Washington Apple Health (Medicaid) and welcome to Community Health Plan of Washington (CHPW), your health plan. We work with Apple Health to provide your coverage. This handbook will provide more details about your covered benefits and how to get services.

When you are enrolled in managed care, Apple Health pays your health plan a monthly premium for your coverage. Your coverage includes physical and behavioral health services like preventive, primary, specialty care, telemedicine, and other health services. Most members in managed care must see providers in their plan's network. We will help you arrange for care with an out-of-network provider if needed. You need pre-approval to see providers outside of your plan's network. Work with your primary care provider (PCP) or contact customer service for your health plan to get pre-approval for care received outside of their service area. To get an Indian Health Care Provider (IHCP) as your PCP, contact 1-800-440-1561 (TTY: 711). We will cover emergency services if you have an emergency outside of the service area.

We will get in touch with new members in the next few weeks to complete an initial health screening. You can ask us any questions and get help making appointments. If you have any questions, call us at 1-800-440-1561 (TTY: 711), 8 a.m. – 5 p.m., Monday through Friday.

Language Access and Interpreter Services

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 different format or language other than English, including sign language, call us at 1-800-440-1561 (TTY: 711). We will provide language assistance at no cost to you. We can also help you find a provider who speaks your language.

You are entitled to language access services when you attend a health care appointment covered by Apple Health. If you face barriers in accessing interpreter services, contact us at 1-800-440-1561 (TTY: 711). We will assist you in ensuring an interpreter is available for your appointment. You can also let your health care provider know you need an interpreter when you schedule your appointment. Your providers are required to schedule an interpreter for your appointments if you request one.

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

If you prefer an in-person interpreter, please let your health care provider or health plan know. The interpreter services program administered by Health Care Authority (HCA) is designed to assist health care providers find a spoken language or sign language interpreter. 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 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 help understanding information or if you need it in other formats. 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: 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 711).
- Information in large print.
- Help making appointments or arranging transportation to appointments.
- Names and addresses of providers who specialize in specific care needs.

Important contact information

If you need assistance managing your coverage or services, contact your managed care plan. If your issue is not resolved or you need additional support contact the Health Care Authority.

Organization	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: 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

My health care providers

We suggest you write down the name and phone number of your providers 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:		
My Dental Provider:		
My Specialty Care Provider:		
My Pharmacy Provider:		

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.

How to use this handbook

This is your guide to services. Use the table below to learn who to contact with questions.

If you have any questions about …	Contact
• Changing or disenrolling from your Apple Health managed care plan - page 14 • How to get Apple Health covered services not included through your plan - page 13 • Your ProviderOne services card - page 12	Washington State Health Care Authority (HCA): • ProviderOne Client Portal: https://www.waproviderone.org/client • https://fortress.wa.gov/hca/p1contactus/ If you still have questions or need further help, call Apple Health Customer Service at 1-800-562-3022.
• Choosing or changing your providers - - page 17 • Covered services or medications - page 25 • Making a complaint - page 49 • Appealing a decision by your health plan that affects your benefits - page 51	Community Health Plan of Washington at 1-800-440-1561 (TTY: 711) or go online to chpw.org.
• Your medical care - page 17 • Referrals to specialists - page 18	Your primary care provider (PCP). If you need help to select a primary care provider, call us at 1-800-440-1561 (TTY: 711) or go online to chpw.org. The Nurse Advice Line can be reached at 1-866-418-2920 (TTY: 711).

• Changes to your:
  ○ Address,
  ○ Income,
  ○ Marital status,
  ○ Household size,
  ○ Other insurance (including Medicare),
  ○ Tax filing status,
  ○ Pregnancy, and
  ○ Births or adoptions.
	Washington Healthplanfinder at
	
	1-855-WAFINDER (1-855-923-4633) or visit wahealthplanfinder.org.

• If you or a loved one are in need of immediate assistance related to a behavioral health crisis	Contact the 988 Suicide & Crisis Lifeline (the 988 Lifeline is confidential, free, and available 24/7/365) at:
	• Call, text, or chat 988
	  ○ To get crisis support in Spanish, call, text, or chat the 988 Lifeline and choose option 2.
	  ○ For AI/AN members, the Native & Strong Lifeline is available by pressing option 4. Native counselors are available 24/7 completely free of charge. Learn more about the Native and Strong Lifeline.

• For assistance identifying treatment and recovery services for those experiencing substance use disorder, gambling, and/or mental health challenges, contact the Washington Recovery helpline. The help line is available 24 hours a day, anonymous, and confidential.	Contact Washington Recovery Help Line at: • https://www.warecoveryhelpline.org • 1-866-789-1511

• How to report fraud, waste, and abuse.	Washington State Health Care Authority • Reporting Washington Apple Health eligibility fraud, email WAHEligibilityFraud@hca.wa.gov or call 1-360-725-0934 • Reporting Medicaid providers, email hottips@hca.wa.gov or call 1-833-794-2345 Visit HCA's website for detailed information: hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention

Getting started

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

Take both your services card and your health plan ID card with you when you go to a doctor, pharmacy, or other health care providers. You may also need a photo ID.

1. Your Community Health Plan of Washington member ID card

Your member ID card should arrive 30 days after enrolling in coverage. Your member ID number will be on your member ID card. Call us right away if any information on your card is incorrect, or you do not receive it within 30 days. Always carry your member ID card and show it each time you get care. You do not need to wait for your card to arrive to go to a provider or fill a prescription. Contact us at 1-800-440-1561 (TTY: 711) or customercare@chpw.org if you need care before your card comes. Your provider can also contact us to check eligibility.

2. Your ProviderOne services card

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

Your ProviderOne services card will be mailed to you 7 to 10 days after you're found eligible for Apple Health coverage. This is a plastic ID card that looks like other health insurance ID cards. Keep this card safe as it has unique and identifying information about you.

Your services card will include only the following information:

- Your name
- ProviderOne ID number
- Date issued
- ProviderOne website
- Customer service information
  (no information about resident or immigration status will be displayed)

If you have been sent a ProviderOne services card in the past HCA will not automatically send you a new card. Each person is assigned a unique ProviderOne client number.

Using the ProviderOne services card

Take this card with you to your doctor appointments. Providers use this card to make sure your services are covered. You can view a digital copy of your ProviderOne services card through the WAPlanfinder mobile app. Learn more about the app at wahbexchange.org/mobile/. There is no need to order a replacement when you have a digital copy with you!

Your ProviderOne client number is on the back of your card. It will always be nine digits and end in "WA". You will need your unique ProviderOne client number to confirm your coverage started or switch your health plan through the ProviderOne Client Portal at https://www.waproviderone.org/client.

Health care providers use your ProviderOne client number to see if you are enrolled in Apple Health.

If you need a new ProviderOne services card

You can access a digital copy of your ProviderOne services card through the WAPlanfinder mobile app. Learn more about the app at wahbexchange.org/mobile/.

You can request a new ProviderOne services card if you don't receive your card, the information is incorrect, or you lose your card. You can request a replacement in several ways:

- Visit the ProviderOne client portal website: https://www.waproviderone.org/client
- Call the toll-free Health Care Authority (HCA) Apple Health Customer Service line at 1-800-562-3022, follow the prompts.
- Request a change online: https://fortress.wa.gov/hca/p1contactus/
    - Select "Client."
    - Use "Select Topic" drop down menu to choose "Services Card."

There is no charge for a new card. It takes 7 to 10 days to get the new card in the mail.

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

The Health Care Authority (HCA) pays for some benefits and services directly through Apple Health even if you are enrolled in a health plan. These services include:

- Dental services,
- Eyeglasses for children (age 20 and younger),
- Long-term care services and supports[1],
- First Steps Maternity Support Services (MSS), First Steps Infant Case Management (ICM), childbirth education, birth doulas, Substance Using Pregnant People (SUPP) Program, prenatal genetic counseling, and pregnancy terminations[2], and,
- Services for individuals with developmental disabilities.

You only need your ProviderOne services card to access these benefits. You can talk to your PCP to discuss potential services and how to access them. If you have a question about a benefit or service not listed here call Apple Health Customer Service at 1-800-562-3022.

[1] Long-term services and supports are not covered under Apple Health Expansion.
[2] Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

Changing health plans

You have the right to change your health plan at any time. All health plans are required to offer the same basic services. Depending on when you make your request, your new plan will usually start the first of the next month.

Make sure your plan change has taken place 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 Apple Health Customer Service 1-800-562-3022 (TRS: 711).

If you decide to change health plans, we will work with your new plan to transition medically necessary care so you can keep getting services you need.

NOTE: Enrollees in the Patient Review and Coordination (PRC) program must stay with the same health plan for one year. Contact us if you move or need to add an Indian Health Care Provider to your PRC program**.**

Considerations when changing plans

Value-added benefits (VAB) are available to you in addition to your Apple Health benefits at no cost. VABs can give you more options for care and well-being.

View the VAB Comparison Guide to help you choose a managed care plan that best fits the needs of you and your family at hca.wa.gov/vab-chart.

Information for American Indians and Alaska Natives

American Indians and Alaska Natives (AI/AN) in Washington have a choice between Apple Health managed care or Apple Health coverage without a managed care plan (also called fee-for-service). This is 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 Apple Health Customer Service at 1-800-562-3022 for questions or to change your enrollment. You can change your selection(s) at any time, but the change will not take effect until the next available month, unless the reason for the change is an urgent need to access care.

If you are connected or partnered with a Tribal Assister through an Indian Health Service (IHS) facility, tribally operated health care program, or Urban Indian Health Program (UIHP), they can help you make your decision. 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. Learn more about Tribal Assisters.

If you are an AI/AN member, you may be able to get health care services through an IHS facility, Indian Health Care Provider, or UIHP such as the Seattle Indian Health Board or NATIVE Project of Spokane. The providers at these clinics are knowledgeable and understand your culture, community, and health care needs. They will give you the care you need or refer you to a specialist.

Information for Apple Health Expansion enrollees

Apple Health Expansion is a program designed to provide health care coverage to people aged 19 or older who do not qualify for other Apple Health programs based on their immigration status. Under this program, you are enrolled in a health plan. This health plan manages your health care and is your point of contact for help getting services, coordinating your care, and ensuring you receive written and spoken language interpreter services for your health care appointments and care.

Apple Health Expansion includes most services covered under other Apple Health programs. You have access to medical, dental, pharmacy, and behavioral health services under your Apple Health Expansion coverage.

Some services available under Apple Health Expansion include:

- Medical and behavioral health services
- Dental services
- Transportation to Apple Health covered appointments
- Interpreter services
- Pharmacy (Over-the-counter and prescription drugs on the Apple Health preferred drug list)
- Vision hardware (for enrollees aged 19-20)

Some services are **not available** under Apple Health Expansion coverage. These include but are not limited to:

- Early and periodic screening, diagnostic, and treatment (EPSDT)
- Supportive supervision
- Private duty nursing
- Long-term nursing facility care
- Intermediate care facility
- Health Home program
- Pregnancy and after-pregnancy related services

The following Apple Health programs are available regardless of citizenship or immigration status.

- Apple Health for Kids
- Apple Health for Pregnant Individuals
- After-Pregnancy Coverage
- Family Planning Only

Your rights and privacy

We are required by law to protect your health information and keep it private. We only use and share your information to provide benefits, carry out treatment, payment, and health care operations. Learn more about your privacy and how your information is shared at hca.wa.gov/apple-health-privacy.

Your immigration status will be protected, and action will not be taken against you for filing a complaint or grievance regarding the care you've received.

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

Some enrollees have private health insurance. We may work with other insurance to help cover some co-pays, deductibles, and services private health insurance does not cover.
Make sure your health care providers are in Community Health Plan of Washington's provider network or willing to bill us for any co-pays, deductibles, or balances your private insurance does not cover. This will help you avoid out-of-pocket costs.

Show all cards when you go to the doctor or other medical providers. This includes:

- Private health insurance card,
- ProviderOne services card, and
- Community Health Plan of Washington member ID 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 health care

How to choose your primary care provider (PCP)

It's important to choose a primary care provider (PCP). You will be prompted to choose a PCP when you enroll; a PCP will be assigned to you if you do not choose one. You can request a provider if you are already seeing a PCP or have heard about a provider you want to try. We can help you find a new PCP if the provider you would like to see is not in our network. Let us know if you are seeing an Indian Health Care Provider (IHCP). There is no requirement that IHCPs are in network, and you may continue to see them as your PCP. You have the right to change health plans without interruption of care. This right is in HCA's Transition of Care policy.

Each eligible family member can have their own PCP, or you can choose one PCP to take care of all eligible family members who have Apple Health managed care coverage. You can choose a new PCP for you or your family at any time at chpw.org/member-center or call 1-800-440-1561 (TTY: 711).

Setting your first PCP appointment

Your PCP will take care of most of your health care needs. Services you can get include regular check-ups and prevention services, immunizations (shots), visits when you are sick or have a health concern, and other treatments.

Make an appointment as soon as you choose a PCP to become a patient with them. This will help you get care when you need it.

It is helpful for your PCP to know as much about your physical and behavioral health history as possible. Remember to bring your ProviderOne services card, Community Health Plan of Washington member ID card and any other insurance cards. Write down your health history. Make a list of any:

- Medical or behavioral health concerns you have,
- Medications you take, and,
- Questions you want to ask your PCP.

Let your PCP know as soon as possible if you need to cancel an appointment.

How to get specialty care and referrals

Your PCP will refer you to a specialist if you need care they cannot give. Your PCP can explain how referrals work. Talk to your PCP if you think a specialist does not meet your needs. They can help you see a different specialist.

Your PCP must ask us for pre-approval or prior authorization before giving you some treatments and services. Your PCP can tell you what services require pre-approval or you can call us to ask.

We will get you the care you need from a specialist outside our network if we don't have one in network. We may 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 from the day of the request.

You have the right to appeal if we deny this request and you disagree with our decision. This means you can ask us to have a different person review the request. See page 51 for more information. You are not responsible for any costs if your PCP or Community Health Plan of Washington refers you to a specialist outside of our network and we give pre-approval.

Services you can get without a referral

You do not need a referral from a health care professional to see a provider in our network if you need any of the following services. If you have questions about if you need a referral, you can contact Community Health Plan of Washington.

- Well-child checkups
- Behavioral health (mental health and substance use disorder) treatment and crisis response services including:
  - Crisis Intervention
  - Crisis Stabilization
  - Evaluation and Treatment
  - Secure Withdrawal Management and Stabilization
- Family planning
- Infectious Disease screening and treatment, including Hepatitis C, HIV or AIDS testing
- Preventive services like immunizations (vaccines), blood pressure, or cancer screenings
- Outpatient behavioral health (mental health and substance use disorder) services including medications for opioid use disorder/medications for alcohol use disorder
- Sexually transmitted disease treatment and follow-up care
- Tuberculosis screening and follow-up care
- Reproductive health services including:
  - Pregnancy services including services from a midwife
- Cancer screening (cervical, breast, and prostate)

Telehealth/Telemedicine

If supported by your provider, you can talk with your provider over the phone or the computer instead of an in-person appointment. This is known as telemedicine. Telehealth (also referred to as telemedicine) must be interactive real-time audio or audio and video communications. Virtual urgent care may also be an option as part of your Apple Health coverage. More information can be found on page 22.

You can share information with your provider and receive diagnosis and treatment in real time without being in the same place.

Community Health Plan of Washington covers approved telehealth services. To connect with a telehealth provider, ask your provider if they offer virtual appointments or visit chpw.org/virtualcare. You can also call our 24-hour Nurse Line at 1-866-418-2920 (TTY: 711) for free advice on what kind of care you may need. If you have questions or want more information about CHPW Virtual Care, please call Customer Service at 1-800-440-1561 (TTY: 711) or email customercare@chpw.org.

Community Health Plan of Washington providers

In most cases, you must use physical and 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. Directories include:

- Hospitals and pharmacies.
- 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.
- Limits on patient types (adults, children, etc.).
- If they are accepting new patients.

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

Care Coordination/Case Management

Coordination Services by Community Health Workers

Community Health Workers (CHW) are a covered benefit to help coordinate your care. CHWs are trusted members of the community who can help you and your family connect with health care providers, social services, and resources.

CHWs can:

- Help with referrals to other doctors or services.
- Support you after an emergency room visit.
- Assist after hospital or nursing facility stays.
- Connect you with community resources for housing, food, transportation, or other needs.

CHWs support individuals with serious or long-term health conditions by helping them navigate the health system and stay connected to the care they need. The CHW benefit provides preventive and supportive services designed to address both social needs and chronic or high-risk health conditions.

Speak with your provider if you are interested in CHW services. You can also learn more by visiting hca.wa.gov/billers-providers-partners/program-information-providers/community-health-workers-chw.

Complex case management services

Complex case management is a service to help enrollees with complex or multiple health care needs get care and services. Case managers help coordinate your care, with your goals in mind. A plan representative may suggest case management based on questions answered in your first health screening (health assessment) upon enrollment.

You can ask for case management services for yourself or a family member at any time. Health care providers, discharge planners, caregivers, and medical management programs can also refer you to case management. You must consent to case management services. For any questions call 1-800-440-1561 (TTY: 711).

Community Care Hubs

There are nine Community Care Hubs (CCH) across Washington State, each managed by their regional Accountable Community of Health (ACH). CCHs function as a central source for connecting individuals with health care needs and related Social Care Support services. CCHs coordinate referrals by working closely with community organizations, social services, health care facilities, correctional institutions, and governmental bodies. CCHs connect individuals with trained community-based workers (CBW), who provide personalized support to achieve health goals.

To support the no wrong door policy, referrals can be taken via the statewide Crisis Connections call center by calling 1-833-453-0336, 211, or 988.

Locate your local CCH by visiting coalitionofachs.org/hubs.

Payment for health care services

As an Apple Health client, you have no co-pays 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, such as cosmetic surgery.
- You get a service that is not medically necessary.
- You get care from a provider who is not in our network, and it is not an emergency, or 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. Call us at 1-800-440-1561 (TTY: 711) if you get a bill. We will work with your provider to make sure they are billing correctly and understand Medicaid rules.

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 are doing. We use this information to figure out what we can do better to make sure everyone gets the care and support they need.

From time to time, we will contact you by email, mail, text, 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 Customer Service at 1-800-440-1561 (TTY: 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 medical need, appropriateness, and covered benefits.

If you have questions about how these decisions are made, call 1-800-440-1561 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

How we evaluate new technology

We review new equipment, drugs, and procedures to decide if they should be covered based on medical necessity. Some new equipment, drugs, and procedures are still being tested to see if they really help. If they are still being tested, they are called experimental or investigational. These services are covered after research and Community Health Plan of Washington determines they are more helpful than harmful. If you want to know more, contact us at 1-800-440-1561 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

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

In an emergency

Call 911 or go to the nearest emergency room if you have a sudden or severe health problem that you think is an emergency.

Call us as soon as possible afterwards to let us know that you had an emergency and where you received care. 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.

Only go to the hospital emergency room if it's an emergency. Do not go to the emergency room for routine care.

If you need urgent care

You may have an injury or illness that is not an emergency but needs urgent care. Contact us at 1-800-440-1561 (TTY: 711) to find urgent care facilities in our network or visit our website at chpw.org. If you have questions on whether to go to an urgent care facility call our 24-hour nurse line at 1-866-418-2920 (TTY: 711). This line is open seven (7) days a week.

If you need care after hours

Call our 24-hour nurse line at 1-866-418-2920 (TTY: 711) and ask for assistance. You can also contact your health plan's virtual care service via phone, smartphone, tablet, or computer at chpwvirtualcare.org or call 1-800-400-6354 for help.

Call your PCP to see if they offer after-hours care.

Behavioral health crisis

Examples of behavioral health emergency/crisis can include when a person:

- Threatens to or talks about hurting or killing themselves and/or others
- 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
- Has frequent overdose events

You can call the crisis lines below if you or someone you know is experiencing a behavioral health crisis.

- **Call 911 for immediate help for a life-threatening emergency.**
- **Call 988 for immediate help for a behavioral health crisis.**
  - Call or text 988. The line is free, confidential, and available 24/7.
  - For AI/AN members, the Native & Strong Lifeline is available by pressing option 4. Native counselors are available 24/7 completely free of charge. Learn more about the Native & Strong Lifeline.

  For substance use, problem gambling or mental health support: call or text the Washington Recovery Help Line at 1-866-789-1511 or 1-206-461-3219 (TTY) for 24-hour referrals. You can also go to warecoveryhelpline.org.

  - Teens can connect with teens between 6-10 p.m. Call 1-866-833-6546, email teenlink@crisisclinic.org, or go to 866teenlink.org.

County crisis line phone numbers

Call your local Behavioral Health - Administrative Services Organization (BH-ASO) county crisis line below to request assistance if you or someone you know is experiencing a behavioral health crisis.

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

Wait times to see a provider depend on your care needs. View expected wait times to see a provider below.

- **Emergency care:** Available 24 hours a day, seven days a week.
- **Urgent care:** Office visits with your PCP, behavioral health provider, urgent care clinic, or other provider within 24 hours.
- **Routine care:** Office visits with your PCP, behavioral health provider, or other provider within 10 days. Routine care is planned and includes regular provider visits for medical problems that are not urgent or emergencies.
- **Preventive care:** Office visits with your PCP or other provider within 30 days (21 days for children ages 2 and younger). Examples of preventive care include:
    - Annual physicals (also called check-ups),
    - Well-child checkups,
    - Annual reproductive health care, and
    - Immunizations (shots).
- Pregnancy care should begin before the end of your first trimester (during the first 12 weeks/3 months).

Contact us if it takes longer than the times above to see a provider and we will work with you to find you a provider as soon as possible.

Benefits covered by Community Health Plan of Washington

This section describes benefits and services covered by Community Health Plan of Washington. It is not a complete list of covered services. Children and youth age 20 years and younger may receive services not listed when medically necessary. Check with your provider or contact us if a service you need is not listed. You can view our benefits and services at chpw.org/member-center.

Some covered health care services may require pre-approval.

- All non-covered services require pre-approval from us.
- Non-covered services through Apple Health without a managed care plan require pre-approval from HCA.

Some services are limited by the number of visits. Your provider can request a Limitation Extension (LE) if you need more visits. For children and youth 20 years and younger, requests will be reviewed on a case-by-case basis to assess if additional visits are medically necessary. For adults, ask your provider to request an exception to rule (ETR) if you need non-covered services.

You may need to get a referral from your PCP and/or pre-approval from Community Health Plan of Washington before you get some services. If you don't have a referral or pre-approval, we may not pay for services. Work with your PCP to make sure there is a pre-approval in place before you get the service.

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 health problem that needs care right away, but your life is not in danger.
Preventive care	See page 25.
Hospital inpatient rehabilitation (physical medicine)	Must be approved by Community Health Plan of Washington.
Immunizations/ vaccinations	Enrollees are eligible for immunizations from their PCP, pharmacy, or local health department. Check with your provider or contact member services for more information on the scheduling of your immunization series. You may also visit the Department of Health at doh.wa.gov/youandyourfamily/immunization for further information.
Skilled Nursing Facility (SNF)	Covered for short-term, medically necessary services. Additional services may be available if you qualify for long-term care. Call us at 1-800-440-1561 (TTY: 711).

Pharmacy or prescriptions

We use a list of covered drugs called the Apple Health Preferred Drug List (PDL). A PDL is a list of drugs that are covered by Community Health Plan of Washington. Your provider should prescribe medications to you that are on the PDL. You can call us and ask for:

- A copy of the PDL.
- Information about the group of providers and pharmacists who created the PDL.
- A copy of the policy on how we decide what drugs are covered.
- How to ask for authorization of a drug that is not on the PDL.

Some drugs are covered by Apple Health without a managed care plan. Call us at 1-800-440-1561 (TTY: 711) for questions or to learn more.

You must get your medications at a pharmacy in our provider network. This makes sure that your prescriptions will be covered. Call us for help finding a pharmacy near you.

Service	Additional information
Pharmacy services	Enrollees must use participating pharmacies. We use the Apple Health PDL. Call us at 1-800-440-1561 (TTY: 711) for a list of pharmacies or visit our website.

Health care services for children

Children and youth age 20 and younger who are enrolled in Apple Health may receive a full range of health care including preventive, dental, mental health, developmental, and specialty care[3]. This benefit includes any medically necessary health care service. Services may include preventive care and services to maintain functioning and improve children's health. This includes services needed to support a child who has a developmental delay.

Well-child checkups, sometimes referred to as an Early Periodic Screening, Diagnostic, and Treatment (EPSDT) screening or screening services, are regular visits with your child's health care provider. These visits and routine screenings can help to stay up to date on your child's physical, emotional, and social development and identify potential health care needs which may require additional assessment and treatment.

[3] Health care services for children ages 0-18, including EPSDT are not covered under Apple Health Expansion.

When a potential health condition is identified, your child's provider(s) will offer additional services or provide a referral for assessment and treatment options. Assessment may be performed by a qualified provider and take place outside of your well-child checkup. Diagnosis helps you and your provider identify what services will address the health condition. Visit HCA's Well-child checkups and children and youth services webpages to learn more.

Additional services for children and youth age 20 and younger include:

Service	Additional information
Chiropractic care	For children 20 years of age and younger with referral from your PCP.
Private Duty Nursing (PDN) through the Medically Intensive Children's Program (MICP)	Covered for children ages 17 and younger. Must be approved by Community Health Plan of Washington. For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (ALTSA). See page 45 for contact information.

Behavioral health

Behavioral health services include mental health and substance use disorder treatment services. We can help you find a provider if you need counseling, testing, or behavioral health support. Contact us at 1-800-440-1561 (TTY: 711) or select a provider from our provider directory.

For children and youth 17 years old and younger, Washington's Mental Health Referral Service for children and teens can help find a mental health provider. If you have questions, call 833-303-5437 Monday to Friday, 8 a.m. to 5 p.m. or complete an online request form.

To learn more, visit seattlechildrens.org/clinics/washington-mental-health-referral-service/

Service	Additional information

Mental health treatment	Mental health services are covered when provided in a Behavioral Health Agency or provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist.
	Mental health services may include:
	• Intake evaluation, assessment, and screening
	• Peer support
	• Mental health treatment interventions such as:
	  ○ Individual, family, and group therapy
	  ○ Outpatient, residential, and inpatient
	  ○ Intensive and brief treatment models
	• Crisis services
	• Medication management and monitoring
	• Care coordination and community integration

Applied Behavioral Analysis (ABA)	Supports individuals with autism spectrum disorders and other developmental disabilities in enhancing their communication, social, and behavioral skills.
Substance use disorder (SUD) treatment services	SUD treatment services may include: • Assessment • Brief intervention and referral to treatment • Individual, family, and group therapy • Outpatient, residential, and inpatient • Medications for Opioid Use Disorder (MOUD) • Medications for Alcohol Use Disorder (MAUD) • Case management • Care coordination and community integration • Peer support • Crisis services • Withdrawal management (detoxification)
Medications for Opioid Disorder (MOUD)	Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat certain substance use disorders. Call us at 1-800-440-1561 (TTY: 711) for specific details.

	You may also locate medications for opioid use disorder through the MOUD Locator Tool found at https://search.warecoveryhelpline.org/
Problem Gambling Disorder Treatment Interventions	Covered services include: • Assessment • Individual, family, and group therapy

Family Youth System Partner Round Tables (FYSPRT)

Family Youth System Partner Round Tables (FYSPRT) are an important mechanism to address recurring gaps, barriers and needs related to child, youth and family behavioral health, and to share lived experiences and knowledge to impact policies and programs that improve behavioral health outcomes for youth and families in Washington.

Learn how to share your feedback on behavioral health systems under the Make your voice heard section on page 60.

Nutrition

Service	Additional information
Medical nutrition therapy	Enrollees may receive medical nutrition therapy services provided by a registered dietician (RD) when there is a medical need and a referral by the provider for nutritional services including assessment, diagnosis, and treatment.
Enteral & parenteral nutrition	Parenteral nutrition supplements and supplies are covered for all enrollees. The Enteral Nutrition Program covers products, equipment, and supplies related to medically necessary nutrition. Enteral nutrition products, equipment and supplies are covered for all ages for tube-fed enrollees. Oral enteral nutrition products for enrollees 20 years of age and younger are allowed for a limited time to address acute illness and medical necessity is established. Enteral nutrition may be provided orally or via feeding tube.

Special health care needs or long-term illness

You may be eligible for additional services to help navigate your care through our Health Home[4] program or care coordination services if you have special health care needs or a long-term illness. This may include supporting access to specialists. In some cases, you may be able to use your specialist as your PCP. Call us at 1-800-440-1561 (TTY: 711) for more information about the Health Home program, care coordination, and care management.

Therapies to restore functioning

Service	Additional information
Outpatient rehabilitation (occupational, physical, and speech therapies)	This is a limited benefit. Call us at 1-800-440-1561 (TTY: 711) for specific details. Limitations may apply whether performed in any of the following settings: • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home health agency
Habilitative services	Health care services that help you keep, learn, or improve skills and functioning for daily living that were not acquired due to congenital, genetic, or early-acquired health conditions. This is a limited benefit. Call us at 1-800-440-1561 (TTY: 711) for specific details. Limitations may apply whether performed in any of the following settings: • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home infusion agency

When these services are provided to children age 20 or younger, locate an approved neurodevelopmental center at doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf

[4] The Health Home program is not covered under Apple Health Expansion.

Other health care services

Service	Additional information
Antigen (Allergy Serum)	Allergy shots.
Bariatric surgery	Pre-approval is required for bariatric surgery. You must go to an HCA-approved Centers of Excellence (COE) facility.
Biofeedback therapy	Limited to plan requirements. For children 20 years and younger, may be available if medically necessary.
Chemotherapy	Some services may require pre-approval.
Cosmetic surgery	Only when the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma, or for mastectomy reconstruction for post-cancer treatment.
Diabetic supplies	Limited supplies available without pre-approval. Additional supplies are available with pre-approval.
Dialysis	These services may require pre-approval.
Hepatitis C treatment	Any provider licensed to prescribe direct-acting antiviral medications is allowed to screen and treat Apple Health enrollees. This includes primary care providers, substance use disorder treatment facilities, and others. Some Hepatitis C treatment drugs are covered by Apple Health without a managed care plan. Call us at 1-800-440-1561 (TTY: 711) to learn more.
Organ transplants	Some organ transplants are covered by Community Health Plan of Washington and others are covered by Apple Health without a managed care plan. Call us at 1-800-440-1561 (TTY: 711) for details.
Oxygen and respiratory services	Medically necessary oxygen and/or respiratory therapy equipment, supplies, and services to eligible enrollees.
Podiatry	This is a limited benefit. Call us at 1-800-440-1561 (TTY: 711) for more information.
Smoking cessation	Covered for all enrollees with or without a PCP referral or pre-approval. Call Community Health Plan of Washington at 1-800-440-1561 (TTY: 711) for more information or visit their website at chpw.org/quit-for-life.

Transhealth services	The following services related to transhealth are covered through your health plan. • Physician services • Hormone therapy • Puberty suppression therapy • Speech therapy (including voice training) • Behavioral health services • Labs • Pathology • Radiology • Testosterone testing These services may require pre-approval. Surgical consults, gender affirming surgical services, and gender affirming hair removal are covered if medically necessary to treat gender dysphoria. These services are covered directly by Apple Health fee-for-service and not through your health plan. Visit Transhealth webpage at hca.wa.gov/transhealth for more information.
Tuberculosis (TB) screening and follow-up treatment	You have a choice of going to your PCP or the local health department.

Hearing and vision

Service	Additional information
Audiology tests	Hearing screening test.
Cochlear implant devices and Bone Anchored Hearing Aid (BAHA) Devices	Bilateral Cochlear Implants, including implants, parts, accessories, batteries, chargers, and repairs are a covered benefit for all individuals. BAHA, including BAHA devices (both surgically implanted and soft band headbands), replacement parts, and batteries are a benefit for children 20 years of age and younger. Cochlear implants are covered for all ages. The benefit includes replacement parts. New Bone Anchored Hearing Aid (BAHA) devices are covered for ages 20 and younger. BAHA replacement parts are covered for all ages.
Eye exams & eyeglasses	Eye exams are covered for all ages. You must use Community Health Plan of Washington's provider network. Call for benefit information 1-800-440-1561 (TTY: 711). For children age 20 and younger, eyeglasses are covered. This includes up to two replacement frames and up to four replacement lenses in a calendar year, if they have been lost or broken, without authorization. Contact lenses are covered with limitations when they are used instead of eyeglasses to correct vision. The coverage includes one pair of back-up eyeglasses for eligible clients. Eyeglass and contact lens fitting fees are covered for all ages. You can find eyewear suppliers at: https://fortress.wa.gov/hca/p1findaprovider/. For adults in need of eyeglasses at a reduced cost you can purchase eyeglass frames and lenses through participating optical providers. Find a list of participating providers at: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf. As part of our Value-Added Benefits, all members age 21 and over can get free eyeglasses through VSP every 24 months. For additional information on this benefit, see our website at: chpw.org/vision.

Hearing exams and hearing aids	Hearing exams are a covered benefit for all enrollees. Monaural or binaural hearing aids are covered for: • Children age 20 and younger • Adults who meet program criteria Hearing aid coverage includes: • Ear mold(s) • Fittings • Follow up • Batteries

Family planning and reproductive health

Service	Additional information
Family Planning Services including prescription and over-the-counter birth control, contraceptives (including long-acting reversible contraception and permanent sterilization), and emergency contraceptives (Plan B)	You can use our network of providers or go to your local health department, a specialty family planning clinic or your PCP. If you are age 21 or older and interested in sterilization, you must use a provider in our network. (Sterilizations are still covered if you are age 18 to 20. Refer to "Apple Health services covered without a managed care plan.")
HIV/AIDS screening	You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening.

Medical equipment and supplies

We cover medical equipment and 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. Call us for more information on covered medical equipment and supplies.

Service	Additional information
Medical equipment	Most equipment must get pre-approval. Call us at 1-800-440-1561 (TTY: 711) for details.
Medical supplies	Most supplies must get pre-approval. Call us at 1-800-440-1561 (TTY: 711) for details.

Labs and x-rays

Service	Additional information
Radiology and medical imaging services	Some services may require pre-approval.

Lab and x-ray services	Some services may require pre-approval.
	Limitations shown below are for outpatient diagnostic services only:
	• Drug screens only when medically necessary and:
	  ○ Ordered by a physician as part of a medical evaluation; or
	  ○ As substance use disorder screening required to assess suitability for medical tests or treatment.
	Portable x-ray services that take place at your home, or a nursing facility, are only covered when contrast media is not used.

Reproductive, pregnancy, and pregnancy-related services

Service	Additional information
Breast pumps	Some types may require pre-approval. The purchase (not rental) of manual and electric breast pumps without prior authorization, with the limitation of one per client in a three-year period. The rental of a hospital grade electric breast pump requires prior authorization. Contact Community Health Plan of Washington to learn more about additional benefits.
Pregnancy and postpartum services[5]	• Prenatal care: regular office visits and associated services from your provider of choice. • Delivery in a hospital, birthing center, or home birth. Talk to your pregnancy provider to determine what the best delivery option is for you. • Delivery provided by a licensed midwife, nurse midwife or physician. • 12 months of comprehensive postpartum care for the birthing person. • One year of medical care for infants. • Chest-feeding - Lactation consultation (contact Community Health Plan of Washington for details on covered services).

[5] Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

After-Pregnancy Coverage (APC)[6]	• You may be eligible for 12 months of comprehensive postpartum coverage if you are pregnant and enrolled in an Apple Health program or apply for APC if you are not enrolled in a Apple Health program and within 12 months of having had a pregnancy end. Learn more at hca.wa.gov/apc.
Reproductive health care[6]	Routine and preventive health care services, including: mammograms, reproductive health, general examination, birth control, testing and treatment for sexually transmitted infections, immunizations, and chest-feeding supports. Contact your plan for more information on covered benefits.

Additional services we offer

At CHPW, our Apple Health coverage is built around you. We offer additional services and benefits that cost you nothing and help you and your family live healthier.

Virtual Care and Nurse Advice Line. Visit with a doctor by phone or video anytime, day or night. For more information, visit chpw.org/virtualcare. Or call our 24-hour Nurse Advice Line at 1-866-418-2920 (TTY: 711) to speak with a registered nurse.

First Steps (maternity and infant care). This program is provided through the Washington State Health Care Authority. It covers a variety of services for low-income pregnant women and their babies. For more information visit hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/first-steps-enhanced-services.

90-day prescription fills. If you're taking certain long-term drugs for chronic conditions (mental health, diabetes, hypertension, coronary artery disease, or chronic heart failure), you can get a 90-day fill from your Community Health Center pharmacy and select contracted pharmacies.

Behavioral Health support. Many people experience mental health or substance use issues at some point in their lives. Our website has information for all ages on recognizing and managing a mental health or substance use condition. More information at chpw.org/behavioral-health.

[6] Clients enrolled in Apple Health Expansion who report a pregnancy will transition to Apple Health for Pregnant individuals, followed by After-Pregnancy Coverage. Clients who do not report a pregnancy until after it ends will be enrolled in After-Pregnancy Coverage for up to 12 months after their pregnancy ends. Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

Free cellphone. You may be eligible for a free cellphone and free monthly call minutes and text messages. For more information visit chpw.org/free-cellphone.

Amazon Prime discount. Eligible Apple Health members can get a discount of over 50% on Prime membership. Enjoy free two-day shipping on millions of items plus free movies, music, and e-books. More at chpw.org/amazon-prime.

Value-Added Benefits (VAB)

Value-added benefits (VAB) are offered by Community Health Plan of Washington and are in addition to your Apple Health benefits. VABs can give you more options for care and well-being. VABs are voluntary and are no cost to you. VABs vary between the plans. To see a comparison of VABs offered across the 5 plans see Apple Health Plans Value-Added Benefits Comparison Chart.

Free eyeglasses for adults. CHPW offers free glasses (frames and basic lenses) every 24 months to members age 21 and over. We also cover routine eye exams every 24 months. (Eyeglasses for children under 21 are covered by Apple Health through the Health Care Authority). See chpw.org/vision for details.

Alternative Treatments. CHPW members get a combined total of up to 20 acupuncture, massage, and chiropractic visits per year. No referral or prior authorization needed. You can see any licensed provider in Washington. More details at chpw.org/alternative-treatments.

MemberFirst™. Taking care of your health is an important part of staying healthy, and now you can earn rewards for it. Our MemberFirst™ program rewards members for completing key preventive cancer screenings. See chpw.org/memberfirst for details.

ChildrenFirst™. Give you and your kids a head start to good health. Our ChildrenFirst™ program rewards pregnant members, parents and kids with gift cards for completing prenatal, postpartum, and well-child checkups. More information at chpw.org/childrenfirst.

Boys & Girls Club membership. As a CHPW member, your child (ages 6 to 18) can enjoy free after-school access to participating clubs. Enjoy homework help, fitness activities, free snacks, and more. See chpw.org/boys-and-girls-club for more details.

Sports physicals for kids. Your children (ages 6-18) can get a sports physical checkup from their doctor every year at no cost. This is in addition to your child's annual checkup. Details at chpw.org/sportsphysical.

Circumcision. CHPW covers up to $200 toward child circumcision. Each child under 18 assigned male at birth is eligible. Details at chpw.org/circumcision.

Care Coordination

Additional Care Coordination services we may offer

At Community Health Plan of Washington, we support your health beyond the doctor's office. We offer a variety of services and resources to help you manage your health and well-being in all aspects of your life.

Community Support Services. Our Community Support Services department has a team of Community Health Workers who can connect you to local resources to help meet basic everyday needs such as housing, transportation, and food. You can ask for support services for yourself, or a family member can request them for you. Others, such as your health care providers, hospital discharge planners, caregivers, and our care management staff, can also refer you. For more information, call 1-866-418-7006.

Care Management. Managing multiple health issues or chronic health issues can be difficult. Our Care 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 can also help coordinate the care you get from different providers.

Our case managers can also help connect you to treatment or services you may need such as: Private Duty Nursing, ABA (Applied Behavioral Analysis), WISe (Wraparound with Intensive Services), PACT (Program of Assertive Community Treatment), and CLIP (Children's Long-Term Inpatient Program). If you have questions or want to refer yourself to Care Management, contact our Care Management team at 1-866-418-7004 (TTY: 711).

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, web support, and other resources with the Quit for Life® program. Learn more at chpw.org/quit-for-life.

Health Homes. This 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/health-homes.

Pregnancy support. Our specialized team is here to help you get the care that is best for you and your baby. Get one-on-one support before, during, and after your pregnancy. Benefits also include a free breast pump and access to local resources. More at chpw.org/member-center/pregnancy-care.

Youth Behavior Health Services Support. CHPW has home, school, and community-based services to help children with behavioral needs. When a child's behavior disrupts family life, school, or peers, they can benefit from behavioral health support. The support includes intensive care coordination and intensive mental health services provided in the home. If your child is in need of Applied Behavioral Analysis (ABA), please call our dedicated phone lines - ABA Phone Numbers: 1-866-418-7004 or 1-866-418-7005 (D-SNP). We can also be reached by email at: caremgmtReferrals@chpw.org.

Apple Health services covered without a managed care plan

Apple Health covers some other services that are not covered under a managed care plan (also known as fee-for-service). Other community-based programs cover the benefits and services listed below 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 your ProviderOne services card for these services.

Call us with questions about a benefit or service not listed here. 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
Abortion services[7]	Apple Health fee-for-service covers: • Medication abortion, also known as the abortion pill. • Procedural abortion. Clients enrolled in an Apple Health managed care organization (MCO) may self-refer outside their MCO for abortion services. Includes follow-up care for any complications.
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 are provided to Apple Health clients, including those enrolled in a managed care organization (MCO).

[7] Apple Health Expansion does not cover pregnancy and after-pregnancy related services, including abortion services.

Crisis services	Crisis services are available to support you or someone you know. Call 911 for a life-threatening emergency or 988 for a behavioral health emergency. See page 24 for local crisis lines available in your area. For the National Suicide Prevention Lifeline: Call or text 988 or call 1-800-273-8255, TTY Users 1-206-461-3219. For mental health or substance use disorder crisis services by county, please call the Behavioral Health Administrative Services Organization (BH-ASO). The BH-ASOs support crisis services for Washington residents regardless of Apple Health eligibility. Crisis phone numbers, by county, can be found on page 24 above, or at: hca.wa.gov/mental-health-crisis-lines.
Dental services	Contracted services include: • Prescriptions written by a dentist. • ABCD Services provided by a Mouth Matters - certified provider. • Medical/surgical services provided by a dentist. • Hospital/Ambulatory Surgery Center facility charges. All other dental services are covered by Apple Health without a managed care plan. You must see a dental provider who has agreed to bill Apple Health without a managed care plan using your ProviderOne services card. Learn more: • Online at hca.wa.gov/dental-services, or • Call Apple Health Customer Service at 1-800-562-3022. To find a provider that accepts Washington Apple Health online: • DentistLink.org, or • https://fortress.wa.gov/hca/p1findaprovider/

Birth Doula services[8]	Covered birth doula services include emotional, physical, psychosocial, and informational support to pregnant, birthing, post-pregnant people, and their families. To learn more, visit hca.wa.gov/billers-providers-partners/program-information-providers/doulas.
Eyeglasses	For children 20 years of age and younger - eyeglass frames, lenses, and contact lenses are covered by Apple Health coverage without a managed care plan. For adults 21 years of age and over - eyeglass frames and lenses are not covered by Apple Health, but if you wish to buy them, you can order them through participating optical providers at discounted prices. Visit: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf

[8] Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)[9]	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. ICM helps families with children age one and younger learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive. CBE provides 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. For providers in your area, visit hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care.
Inpatient Psychiatric Care for children (Children's Long-term Inpatient Program (CLIP) for ages 5 to 17 years of age)	Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.
Long-Term Care Services and Supports (LTSS)	See page 45 of this booklet. Services and supports to assist you if you have a functional impairment or with activities of daily living.
Sterilizations, ages 18-20	You may self-refer to any provider who accepts Apple Health. The provider does not have to be part of the managed care plan's network.
Transhealth services	Services include surgical procedures, post-operative complications, and electrolysis or laser hair removal in preparation for bottom surgery. Prior authorization is required. For prior authorization call Apple Health Customer Service at 1-800-562-3022 or email transhealth@hca.wa.gov. Learn more at hca.wa.gov/transhealth.

[9] Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

Substance Using Pregnant People (SUPP) Program[10]	The SUPP Program is an inpatient hospital-based program for pregnant individuals who have a medical need and substance use history. The purpose of the program is to reduce harm to a birthing parent and their unborn baby by providing withdrawal management and medical stabilization and treatment within a hospital setting. For more information and a list of approved providers, visit hca.wa.gov/supp-program.
Transportation for non-emergency medical appointments	The Health Care Authority pays for transportation services to and from needed non-emergency health care appointments that are covered by Apple Health. For children and youth 20 years and younger, transportation assistance may be available for any medically necessary health care service. 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. Call the transportation provider (broker) in your area to learn about services and limitations.

Long-term services and supports (LTSS)[11]

Home and Community Living Administration (HCLA) formerly known as Aging and Long-Term Support Administration (ALTSA) – Home and Community Services (HCS) provides long-term care services for older adults and individuals with disabilities in their own homes, including an in-home caregiver, or in community residential settings. HCS also provides services to assist people in transitioning from nursing homes and to assist family caregivers. These services are not provided by your health plan. To get more information about long-term care services, call your local HCS office.

[10] Apple Health Expansion does not cover pregnancy and after-pregnancy related services.
[11] Long-term services and supports are not available under Apple Health Expansion.

LTSS

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

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

REGION 2 – Island, King (ZIP codes 98011, 98019, 98028, 98072, 98133, 98177) San Juan, Skagit, Snohomish, and Whatcom – 1-800-780-7094;

- If you reside in King County in a ZIP code not listed above, and are interested in in-home or residential services, contact the HCS intake at 1-(206)-341–7750 or FAX (206) 373 – 6855
- If you are interested in nursing home services, contact HCA intake at 1-800-780-7094 or FAX (425) 977 - 6579

REGION 3 – Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum – 1-800-786-3799 or FAX (360) 586 – 0499

Developmental Disability and Community Services (DDCS) formerly known as Developmental Disabilities Administration (DDA) assists with long-term services and supports to help children and adults with developmental disabilities and their families get services and supports based on need and choice in their community. To get more information about services and supports, visit dshs.wa.gov/dda/ or call your local DDCS office listed below.

Services for people with developmental disabilities

The Developmental Disability and Community Services (DDCS) must approve these services.

If you need information or services, visit dshs.wa.gov/dda/consumers-and-families/eligibility or contact your DDCS local office:

Region 1: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima – 1-800-462-0624 or email DDAR1IE@dshs.wa.gov

Region 2: Island, King, San Juan, Skagit, Snohomish, Whatcom - 1-800-326-1247 or email DDA2IETEAM@dshs.wa.gov

Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum - 1-800-248-0949 or email DDAR3IE@dshs.wa.gov

Early childhood programs

The Department of Children, Youth, and Families (DCYF) also provides some services and programs for children under the age of five. Contact Community Health Plan of Washington at 1-800-440-1561 (TTY: 711), and we can help connect you with the services below, or help you identify related services available in your community.

Head Start/Early Head Start are free, federally-funded early learning programs that serve pregnant people and children birth – age five from low-income families, to promote readiness for school and life by providing early learning, health, nutrition, and family support services. Eligibility and enrollment in Head Start/Early Head Start programs are determined by income and other qualifying factors. For more information, visit dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart.

Early Childhood Education and Assistance Program (ECEAP) is Washington's pre-kindergarten early learning program that prepares three- and four-year-old children from low-income families for success in school and in life. Eligibility and enrollment in ECEAP are determined by income and other qualifying factors. For more information, visit dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart.

Early Childhood Intervention and Prevention Services (ECLIPSE) serves three- and four-year-old children enrolled in ECEAP, who are at risk of child abuse and neglect and may be experiencing behavioral health issues due to exposure to complex trauma and extreme stress. These services are available to young children and families who interact with multiple systems. Services are provided in limited counties throughout Washington State. For more information, visit dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart.

Home Visiting for Families offers free, family-focused services to expectant parents and families with new babies and young children, providing culturally respectful information and resources to support parenting and child development. For more information, visit dcyf.wa.gov/services/child-development-supports/home-visiting.

Early Support for Infants and Toddlers (ESIT) builds upon family strengths by providing coordination, supports, resources, and services to enhance the development of children with developmental delays and disabilities through everyday learning opportunities. For more information, visit dcyf.wa.gov/services/child-development-supports/esit. Excluded services (not covered)

Excluded services (not covered)

The following services are not covered by Apple Health, Apple Health Expansion, or Apple Health without a managed care plan. If you get any of these services, you may have to pay the bill. Call Community Health Plan of Washington with any questions or to see if there is a Value-Added Benefit option for a service that is not covered. View our Value-Added Benefits guide for more information at hca.wa.gov/vab-chart

Service	Additional information
Alternative medicines	Acupuncture, religious based practices, faith healing, herbal therapy, homeopathy, massage, or massage therapy.
Chiropractic care for adults (21 and over)	
Elective cosmetic or plastic surgery	Including face lifts, tattoo removal, or hair transplants.
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	
Marriage counseling and sex therapy	
Nonmedical equipment	Such as ramps or other home modifications.
Personal comfort items	
Physical exams needed for employment, insurance, or licensing	
Services not allowed by federal or state law and its territories and possessions	U.S. Territories include: • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Services provided outside of the United States	
Weight reduction and control services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.

Accessing your health information

Learn what your options are when apps ask for permission to access your health information at chpw.org/member-center/member-rights/using-third-party-apps/interoperability-faqs.

If you are unhappy with your provider, health plan, or any aspect of care

You or your authorized representative have the right to file a complaint. This is called a grievance. Filing a complaint will not impact your rights to privacy. We will help you file a grievance. To file a grievance, call us at 1-800-440-1561 (TTY: 711) or write to us at:

Community Health Plan of Washington
Attention: Appeals & Grievances
1111 3rd Ave, Suite 400,
Seattle, WA 98101

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.
- The service provided by doctors or health plan.
- Being unable to find or access the care that you needed.
- Any other problems you 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 or visiting chpw.org/member-center/member-rights/grievances-and-appeals to access online.

Protections under Americans with Disabilities Act/Washington Laws Against Discrimination

Discrimination against people with disabilities is unlawful. Under the Washington Law Against Discrimination ("WLAD"), RCW 49.60.040(7), the definition of "disability" covers substance use disorder. Disability laws protect individuals in recovery, including those taking medications for opioid use disorder.

For more information, visit the Washington State Attorney General's guidance on Know your Rights and Responsibilities.

Behavioral Health Advocates (previously called Ombuds)

A Behavioral Health Advocate is a person who is available to provide free and confidential assistance with resolving concerns related to your behavioral health services. They can help to resolve your concerns if you have a behavioral health grievance, appeal, or fair hearing. The Behavioral Health Advocate is independent of your health plan. It is provided by a person who has had behavioral health services, or a person whose family member has had behavioral health services.

Use the phone numbers below to contact a Behavioral Health Advocate in your area.

Reach all regions at 1-800-366-3103. Or email the Office of Behavioral Health Advocacy at info@obhadvocacy.org.

Region	Counties	Behavioral Health Advocate
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	360-561-2257
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	509-808-9790
King	King	206-265-1399
North Central	Chelan, Douglas, Grant, Okanogan	509-389-4485
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	360-528-1799
Pierce	Pierce	253-304-7355
Salish	Clallam, Jefferson, Kitsap	360-481-6561
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	509-655-2839
Southwest	Clark, Klickitat, Skamania	509-434-4951
Thurston-Mason	Mason, Thurston	360-489-7505

Important information about denials, appeals, and administrative hearings

A denial is when your health plan does not approve or pay for a service that either you or your doctor asked for. When we deny a service, we will send you a letter telling you why we denied the requested service. This letter is the official notice of our decision. It will let you know your rights and information about how to request an appeal.

You have the right to ask for a review of any decision if you disagree, think it was not correct, not all medical information was considered, or you think the decision should be reviewed by another person.

An appeal is when you ask us to review your case again because you disagree with our decision. You may appeal a denied service within 60 days of the date of denial. Appealing denied services will not jeopardize your privacy rights. We can help you file an appeal. Your provider, a Behavioral Health Advocate, 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 your written appeal request to 1111 3rd Ave, Suite 400, Seattle, WA 98101, or Fax (206) 613-8984 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: 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 medical conditions, you or your doctor can ask for an expedited (quick) appeal by calling us. If your medical or 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 will try to call you if we deny your request for an expedited appeal so we can explain why and help answer any questions. 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. Asking for help finding a lawyer will not jeopardize your privacy rights.

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: 711) for help preparing for your independent review. 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 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 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, disability, or immigration status.
- 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 status 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. If you are going to be late or need to cancel your appointment, you must follow your provider's office policies to avoid consequences like dismissal from the practice.
- 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 member 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 HCA if your family size or situation changes, such as pregnancy, births, adoptions, address changes, you become eligible for Medicare or other insurance, or your immigration status changes.
- Renew your coverage annually using the Washington Healthplanfinder at wahealthplanfinder.org, and report changes to your account such as income, marital status, pregnancies or 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 or other choices for you based on your wishes. Early execution of advanced directives gives you the power to choose who makes decisions on your behalf and to outline what type of decisions can be made for you. Having an advanced directive also greatly reduces the need for future court involvement to appoint a person to make decisions on your behalf, which can cause undue stress and financial burden on you and your loved ones. There are four types of advance directives in Washington State:

1. Durable power of attorney for health care. This names another person to make medical and health care decisions for you if you are not able to make them for yourself. A durable power of attorney for health care can be amended to include permissions for the person you name to make decisions about your ongoing long-term care needs when you are unable to make them for yourself.
2. Durable power of attorney for finances. This names another person to make financial, business, and estate planning decisions for you if you are not able to make them for yourself. This allows your named person to make decisions on your behalf to pay for your care if you are unable to make such decisions for yourself.
3. Health care directive (living will). This written statement tells people whether you want treatments to prolong your life.
4. 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 or talk to your health care provider.

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-supp.3orts/behavioral-health-recovery/mental-health-advance-directives.

Community Health Plan of Washington, your behavioral health care provider, or your Behavioral Health Advocate 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 costs 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.

Visit the HCA Fraud Prevention website for more information: hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention

We protect your privacy

We are required by law to protect your health information, including your immigration status, 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 including your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information. 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 the following 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 Access to Protected Health Information form found at chpw.org/member-center/member-forms-tools. You may also request a copy of the form by calling CHPW's Customer Service at 1-800-440-1561 (TTY: 711).

If you believe we violated your rights to privacy of your PHI, you can:

- Call or email 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.
  The HCA Privacy Office can be reached by phone at 1-844-284-2149 and by email at privacyofficer@hca.wa.gov.
- 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: 711), our address 1111 3rd Ave, Suite 400, Seattle, WA 98101, our email customercare@chpw.org, our website chpw.org for more information.

Make your voice heard

The Member Advisory Council (MAC) is a collective space where CHPW members can share their values, needs, and experiences directly with us. As a Council member, you can help shape and improve CHPW's health services and programs to best support your community's health. We value your time, expertise, and invaluable lived experiences. As a Council member, you will be compensated for each Council meeting you attend.

Whether you're new to CHPW or a long-time member, your unique background and lived experiences are important to us. To connect with us about joining, complete this short form forms.chpw.org/member-advisory-signup or email us at member_workgroup@chpw.org.

Family Youth System Partner Round Tables (FYSPRT)

Family Youth System Partner Round Tables (FYSPRT) embrace the idea that youth and families can and should have an active role in how behavioral health systems serve them. FYSPRTs are a platform for families, youth, and system partners (juvenile justice, education, child welfare, etc.) to come together to collaborate, listen, and incorporate the voice of the community into decision making at the regional, state, and legislative levels.

Washington has 10 regional FYSPRTs and each regional FYSPRT has meetings that are open to the public. FYSPRT meetings are a collaborative process. A family, youth, and system partner tri-lead work together in an equal partnership to create meeting agendas and share meeting facilitation. The lived and living experience of families and youth are important for identifying gaps or needs in services that can inform the work of the Statewide FYSPRT and potentially specific legislative groups that are part of the Child, Youth and Family Behavioral Health Governance Structure. As part of this structure, the work of the regional FYSPRTs has the potential to impact policies and programs that improve behavioral health outcomes for youth and families in Washington.

Although youth and families may express their concerns about their services in this forum, FYSPRTs are intended to address recurring system gaps and barriers and not individual care issues. To address specific concerns related to a youth or family's current behavioral health services, they can talk with their provider to address the concern. If the concern is not resolved, a grievance can be completed as part of addressing the treatment concern. For more assistance on this, contact the Ombuds in your area.

Visit HCA's website for more information: hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt.

Consumer Notices Workgroup

The Washington Apple Health Consumer Notices Workgroup is a collaboration between the HCA, consumers, and stakeholders—consisting of community partners and legal advocates.

The CNW works together to improve all Apple Health notices by:

- Formatting the notices to increase readability.
- Using plain talking language.
- Increasing consumer confidence.

Clients interested in participating in the consumer notices workgroup may be eligible for a quarterly $50 gift card! For more information contact jasmine.sannicolas@hca.wa.gov.

COMMUNITY
HEALTH PLAN
of Washington™

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