

Coordinated Care of Washington, Inc. Washington Apple Health Managed Care

Enrollee Handbook 2024



ENGLISH: If the enclosed information is not in your primary language, please call 1-877-644-4613 (TDD/TTY only: 1-866-862-9380).

AMHARIC (አማርኛ) አባሪ የሆነው መረጃ በመጀመሪያ ቋንቋዎ ካልሆነ፣ አባክዎን በዚህ ስልክ ቁጥር ደውለው ያስታውቁን። 1-877-644-4613 (ለ TDD/TTY ብቻ፡ 1-866-862-9380)።

ARABIC (اللغة العربية) إذا لم تكن المعلومات المرفقة مكتوبة بلغتك الأم، يُرجى الاتصال برقم الهاتف 1-877-644-4613 (فعليهم الاتصال برقم الهاتف: 1-866-862-9380 TTY-المبرقة الكاتبة/ TDD-أما الذين يستخدمون جهاز الاتصال اللاسلكي للصم).

BURMESE (မြန်မာ) - ပါဝင်သောအချက်အလက်များမှာ သင့်မှလသာသာစကား မဟုတ်လျှင်၊ ကျေးဇူးပြု၍ 1-877-644-4613 (TDD/TTY သာလျှင်: 1-866-862-9380) သို့ ဖုန်းခေါ်ဆိုပါ။

PERSIAN (فارسی): اگر اطلاعات ضمیمه به زبان مادری شما نمی باشد، لطفا با شماره تلفن 1-877-644-4613 (شماره تماس فقط برای ناشنوايان: 1-877-644-4613) تماس بگیرید.

CAMBODIAN (ខ្មែរ): ប្រសិនបើព័ត៌មានដែលភ្ជាប់មកជាមួយមិនមែនជាភាសាចម្បងរបស់អ្នកទេ សូមទូរសព្ទមកលេខ៖ 1-877-644-4613 (សម្រាប់តែ TDD/TTY ប៉ុណ្ណោះ តាមរយៈលេខ៖ 1-866-862-9380)។

CHINESE (中文): 如果隨附的資料不是使用您的母語，請致電 1-877-644-4613 (限TDD/TTY: 1-866-862-9380)。

KOREAN (한국어): 동봉한 안내자료가 귀하의 모국어가 아닐 경우 1-877-644-4613(TDD/TTY 전용: 1-866-862-9380) 번으로 연락하십시오.

LAOTIAN (ລາວ): ຖ້າຫາກຂໍ້ມູນທີ່ໃຫ້ມາໃນທີ່ນີ້ບໍ່ແມ່ນພາສາຕົ້ນຕໍຂອງທ່ານ, ກະລຸນາໃຫ້ຫາບີ 1-877-644-4613 (TDD/TTY: 1-866-862-9380).

OROMO (Oromiffaa) Odeeffannoon dhihaate afaan kee jalqabaatiin yoo hin taane, Laakkoofsa 1-877-644-4613 (TDD/TTY qofatti bilbili: 1-866-862-9380).

PUNJABI (ਪੰਜਾਬੀ): ਜੇਕਰ ਨੱਥੀ ਵੀਤੀ ਗਈ ਜਾਣਕਾਰੀ ਤੁਹਾਡੀ ਮੁਢਲੀ ਭਾਸ਼ਾ ਵਿੱਚ ਨਹੀਂ ਹੈ, ਕਿਰਪਾ ਕਰਕੇ 1-877-644-4613 (ਕੇਵਲ TDD/TTY: 1-866-862-9380) ਉੱਤੇ ਕਾਲ ਕਰੋ।

ROMANIAN (Română) Dacă informațiile atașate nu sunt în limba dvs. maternă, vă rugăm să sunați la 1-877-644-4613 (TDD/TTY numai: 1-866-862-9380).

RUSSIAN (Русский): Если прилагаемая информация изложена не на вашем родном языке, просим позвонить по телефону 1-877-644-4613 (номер телетайпа для лиц с нарушениями слуха: 1-866-862-9380).

SOMALI (Soomaali): Haddii macluumaadka halkaan ku lifaaqan aysan ahayn luqadaada koowaad, fadlan wac 1-877-644-4613 (TDD/TTY Kaliya: 1-866-862-9380).

SPANISH (Español): Si la información adjunta no está en su idioma primario, por favor llame al 1-877-644-4613 (Para TDD/TTY solamente: llame al 1-866-862-9380).

SWAHILI (Kishwahili): Iwapo lugha iliyotumiwa katika taarifa zililo ambatishwa si lugha yako ya asili, tafadhali piga simu kwa 1-877-644-4613 (TDD/TTY: 1-866-862-9380) pekee.

TAGALOG (Tagalog) Kung hindi nakasulat sa inyong pangunahing wika ang nakapaloob na impormasyon, mangyaring tumawag sa 1-877-644-4613 (Sa gumagamit lang ng TDD/TTY: 1-866-862-9380).

TIGRIGNA (ትግርኛ): እዚ ንሰደልኩም ዘሎና ጽሑፍ ብዘርዳእኩም ቋንቋ እንተዘይቀረቡ ብኸብረትኩም በዚ ዝስዕብ ስልኪ ቁጥር ደዊልኩም ኣብኩና። 1-877-644-4613 (ቲ.ዲ.ዲ./ቲ.ቲ.ዲ. ቁጥር: 1-866-862-9380)።

UKRAINIAN (Український): Якщо інформація, що додається, не на вашій рідній мові, зателефонуйте, будь ласка, за номером 1-877-644-4613 (номер телекомунікаційного апарата (телетайпа) TDD/TTY тільки для осіб з порушеннями слуху: 1-866-862-9380).

VIETNAMESE (Tiếng Việt): Nếu tin tức đính kèm không có ngôn ngữ của quý vị, xin gọi số 1-877-644-4613 (TDD/TTY gọi số: 1-866-862-9380)

Table of Contents

Welcome to Coordinated Care and Washington Apple Health	1
Important contact information	2
My health care providers	2
How to use this handbook	3
Getting started	5
1. Your Coordinated Care member ID card	5
2. Your ProviderOne services card	5
Using the ProviderOne services card	6
If you need a new ProviderOne services card	6
Apple Health services covered without a managed care plan (also called fee-for-service)	6
Changing health plans	7
Using private health insurance and your Coordinated Care coverage	7
How to get health care	8
How to choose your primary care provider (PCP)	8
Setting your first PCP appointment	8
How to get specialty care and referrals	8
Services you can get without a referral	9
Telehealth/Telemedicine	9
You must go to Coordinated Care doctors, pharmacies, behavioral health providers, or hospitals. .	10
Payment for health care services	10
Quality Improvement programs	11
Utilization Management programs	11
How we evaluate new technology	12
Information for American Indians and Alaska Natives	12
Getting care in an emergency or when you are away from home	13
In an emergency	13
If you need urgent care	13
If you need care after hours	13
Behavioral health crisis	13
County crisis line phone numbers	14
Expectations for when a health care provider will see you	14
Benefits covered by Coordinated Care	15
General services and emergency care	15

Pharmacy or prescriptions	16
Health care services for children	16
Behavioral health	18
Nutrition	20
Special health care needs or long-term illness	20
Therapy.....	20
Specialty	21
Hearing and vision	22
Family Planning/reproductive health	23
Medical equipment and supplies	23
Labs and x-rays	23
Women’s health and maternity.....	24
Additional services we offer.....	25
Value Added Benefits (VABs)	26
Care Coordination.....	28
Complex case management services	28
Additional Care Coordination services we may offer	28
Apple Health services covered without a managed care plan.....	28
Long-term services and supports (LTSS).....	31
Early learning programs	33
Excluded services (not covered)	33
Accessing your health information.....	34
If you are unhappy with your provider, health plan, or any aspect of care	35
Behavioral Health Advocates (previously called Ombuds)	36
Important information about denials, appeals, and administrative hearings.....	37
Your rights	39
Your responsibilities	40
Advance directives.....	40
What is an advance directive?	40
Mental health advance directives	41
What is a mental health advance directive?	41
How do I complete a mental health advance directive?	41
Preventing fraud, waste, and abuse.....	42
We protect your privacy	42

Welcome to Coordinated Care and Washington Apple Health

Welcome!

Thank you for enrolling in Washington Apple Health (Medicaid) and welcome to Coordinated Care, 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.

Most Apple Health clients are enrolled with managed care. This means 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. You must see providers in Coordinated Care's network. Most services received outside of our network will not be covered unless pre-approved. Work with your primary care provider (PCP) to get pre-approval for care received outside of our network. 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. You can ask us any questions and get help making appointments. If you have questions before we reach you, our phone lines are open for any questions you have. Call us at 1-877-644-4613 (TTY: 711), 8 a.m. - 5 p.m. Monday - Friday.

If English is not your preferred language or you are deaf, deafblind, or hard of hearing, we can help. We want you to be able to access your health care benefits. If you need any information in a language other than English, including sign language, call us at 1-877-644-4613 (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. Your provider is required to schedule an interpreter for your appointments. Let your health care provider know you need an interpreter when you schedule your appointment.

Spoken language interpreters can go to the provider's office, be on the phone, or 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 have any questions about our interpreter services program, visit our website at www.CoordinatedCareHealth.com. You can also visit the Health Care Authority (HCA) Interpreter Services webpage at hca.wa.gov/interpreter-services or email HCA Interpreter Services at interpretersvcs@hca.wa.gov.

Call us if you need 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 1-877-644-4613 (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 in making appointments or arranging transportation to appointments.
- Names and addresses of providers who specialize in specific care needs.

Important contact information

	Customer service hours	Customer service phone numbers	Website address
Coordinated Care	Monday – Friday 8 a.m. – 5 p.m. (Nurse Advice available 24/7)	1-877-644-4613 (TTY: 711)	CoordinatedCareHealth.com
Health Care Authority (HCA) Apple Health Customer Service	Monday – Friday 7 a.m. to 5 p.m.	1-800-562-3022 TRS 711	hca.wa.gov/apple-health
Washington Healthplanfinder	Monday-Friday 8 a.m. to 6 p.m.	1-855-923-4633 TTY: 1-855-627-9604	wahealthplanfinder.org

My health care providers

We suggest you write down the name and phone number of your providers for quick access. We will have the information on our website in our provider directory at: <https://findaprovider.coordinatedcarehealth.com>. 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. You can get detailed information about the Apple Health program by looking at the Health Care Authority laws and rules page on the Internet at: hca.wa.gov/about-hca/rulemaking.

How to use this handbook

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

If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> • Changing or disenrolling from your Apple Health managed care plan (page 7) • How to get Apple Health covered services not included through your plan (page 6) • Your ProviderOne services card (page 5) 	<p>HCA:</p> <ul style="list-style-type: none"> • ProviderOne Client Portal: https://www.waproviderone.org/client • https://fortress.wa.gov/hca/p1contactus/ <p>If you still have questions or need further help, call 1-800-562-3022.</p>
<ul style="list-style-type: none"> • Choosing or changing your providers (page 8) • Covered services or medications (page 15) • Making a complaint (page 35) • Appealing a decision by your health plan that affects your benefits (page 37) 	<p>Coordinated Care at 1-877-644-4613 (TTY: 711) or go online to: www.CoordinatedCareHealth.com.</p>
<ul style="list-style-type: none"> • Your medical care (page 8) • Referrals to specialists (page 8) 	<p>Your primary care provider (PCP). If you need help to select a primary care provider, call us at 1-877-644-4613 (TTY: 711) or go online to: www.CoordinatedCareHealth.com.</p> <p>24/7 Nurse Advice Line: 1-877-644-4613 (TTY: 711).</p>
<ul style="list-style-type: none"> • Changes to your account such as: <ul style="list-style-type: none"> • Address changes • Income change • Marital status • Pregnancy, and • Births or adoptions 	<p>Washington Healthplanfinder at 1-855-WAFINDER (1-855-923-4633) or go online to: wahealthplanfinder.org.</p>

- How to report fraud, waste, and abuse.

[Washington State Health Care Authority](#)

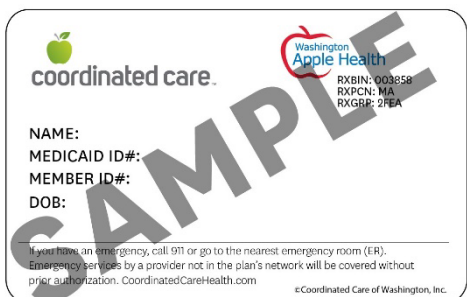
- Reporting Washington Apple Health eligibility fraud
WAHEligibilityFraud@hca.wa.gov
1-360-725-0934
- Reporting Medicaid providers
hottips@hca.wa.gov
1-833-794-2345

Visit our webpage for detailed information:
hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention.

Getting started

You will need two cards to access services, your Coordinated Care member ID card and your ProviderOne services card.

1. Your Coordinated Care 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 1-877-644-4613 (TTY: 711) or coordinatedcaremember@centene.com 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 seven 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 and protect your information.

Your services card will include:

- ProviderOne ID number
- Date issued
- ProviderOne website
- Customer service information

HCA will not send you a new one if you received one in the past. You can request a new card, if needed. Each person has their own ProviderOne client number. Take this card with you to your doctor appointments. Providers use this card to make sure your services are covered.

Using the ProviderOne services card

You 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 always 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". Confirm your coverage started or switch your health plan through the ProviderOne Client Portal at <https://www.waproviderone.org/client>.

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

If you need a new ProviderOne services card

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 several ways:

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

There is no charge for a new card. It takes seven 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)

HCA pays for some benefits and services directly, even if you are enrolled in a health plan. These benefits include:

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

You will only need your ProviderOne services card to access these benefits. Your PCP or Coordinated Care will help you access these services and coordinate your care. See page 28 for more details on covered benefits. Call us if you have questions about a benefit or service listed here.

Changing health plans

You have the right to change your health plan at any time. Your plan change may happen as soon as the month after you make your change. 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 HCA: 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 program must stay with the same health plan for one year. Contact us if you move.

Using private health insurance and your Coordinated Care 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 Coordinated Care'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
- Coordinated Care member ID card

Contact Coordinated Care 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 can find your PCP's information on your member ID card. We will choose a PCP for 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. You have the right to change health plans without interruption of care. This right is in HCA's Transition of Care policy.

Each family member can have their own PCP, or you can choose one PCP to take care of all family members who have Apple Health managed care coverage. You can choose a new PCP for you or your family any time at www.CoordinatedCareHealth.com and/or 1-877-644-4613 (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, immunizations (shots), 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, Coordinated Care 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.

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 37 for more information.

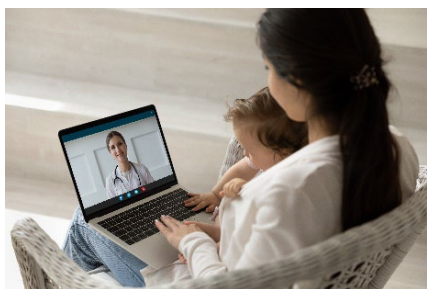
You are not responsible for any costs if your PCP or Coordinated Care refers you to a specialist outside of our network and we give pre-approval.

Services you can get without a referral

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

- Behavioral health crisis response services including:
 - Crisis intervention
 - Evaluation and Treatment services
- Family planning services
- HIV or AIDS testing
- Immunizations
- Outpatient behavioral health services
- Sexually transmitted disease treatment and follow-up care
- Tuberculosis screening and follow-up care
- Women's health services including:
 - Maternity services including services from a midwife, and
 - Breast or pelvic exams

Telehealth/Telemedicine



If supported by your provider, you can visit 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 private, interactive, and real-time audio or audio and video communications. Virtual urgent care is also an option as part of your Apple Health coverage, more information can be found on page 13. You can share information with your provider and receive diagnosis and treatment in real time

without being in the same place.

Telehealth (also called telemedicine) is the use of computers and mobile devices to access health care services remotely. Telehealth services are covered for Coordinated Care members from any in-network provider. Talk with your provider to see if they offer these services and how you can access them. If your doctor does not offer this option, Coordinated Care works with Teladoc. Teladoc offers our members 24-hour access to in-network providers for non-emergency issues.

Teladoc behavioral health services are only available to Coordinated Care members 18 years and older at this time. Behavioral Health Services Only (BHSO) members are only covered for behavioral health telehealth services from Teladoc or any Coordinated Care provider.

If you have questions about this service, call us at 1-877-644-4613 (TTY: 711) or visit our telehealth page at www.CoordinatedCareHealth.com/telehealth.

You must go to Coordinated Care doctors, pharmacies, behavioral health providers, or hospitals

You must use physical and behavioral health providers who work with Coordinated Care. 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
- Any limits on the kind of patients (adults, children, etc.) the provider sees
- Identifying which PCPs are accepting new patients

To get a directory, call our member services line at 1-877-644-4613 (TTY: 711) or visit our website www.CoordinatedCareHealth.com.

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 don't know the name of your health plan, and a service provider you see does not know who to bill.
 - It's important to take your ProviderOne services card and health plan member ID card with you every time you need services.
- You get care from a service 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 1-877-644-4613 (TTY: 711) if you get a bill. We will work with your provider to make sure they are billing you correctly.

Quality Improvement programs

We want to improve the health of all our members. Our Quality Improvement (QI) Program helps us do this. This program reviews the quality and safety of our services. It also reviews the care we offer. We include doctors in our quality review and set goals for quality so that we can track our progress. Coordinated Care has earned national recognition through the National Committee for Quality Assurance (NCQA) for our quality programs. This organization guides the standard of care for health plans across the country. Call our health plan if you would like a copy of our quality improvement plan. For more information on the QI Program, please visit our website at www.coordinatedcarehealth.com.

Coordinated Care wants to make sure you have access to the most up-to-date medical care. We have a team that watches for advances in medicine. This may include new medicine, tests, surgeries or other treatment options. The team checks to make sure the new treatments are safe. We will tell you and your doctor about new services covered under your benefits.

Utilization Management programs

Coordinated Care 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.

We do not reward the staff who make these decisions for saying no. This makes sure our decisions are fair. If you have questions about how these decisions are made, call us at 1-877-644-4613 (TTY: 711), 8 a.m. - 5 p.m. Monday - Friday.

Access to utilization management staff

All Utilization Management (UM) decisions are based solely on a member's medical needs and the benefits offered. UM decision-making is based only on appropriateness of care, service, and existence of coverage. Coordinated Care's policies and financial incentives for decision-makers do not encourage nor support decisions that result in underutilization.

We offer a UM program. Through this program, we help you get the right care when you need it. UM includes but is not limited to:

- Preservice review
- Urgent concurrent review
- Post-service review
- Filing an appeal

Our Utilization Review team looks at service approval requests. The team will decide if:

- The service is needed
- The service is covered by your health plan

You or your doctor can ask for a review if we say we will not pay for services. We'll let you and your doctor know after we get the request. The request can be for services that:

- Are not approved
- Have changed in amount, length, or scope, resulting in a smaller amount than first requested

If you have questions about an approval request or a denial you received, call Member Services. A member of our Utilization Management team can speak with you if you like. You can also call us if you have questions about getting special care, or questions about your doctor. Call 1-877-644-4613 (TTY: 711). You can reach us 8 a.m. - 5 p.m. Monday - Friday. If you call and we're closed, you can leave a message. Someone will call you back the next working day. The person who calls you back will let you know their name and title and will let you know they are calling from Coordinated Care.

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 Coordinated Care determines they are more helpful than harmful. If you want to know more, contact us at 1-877-644-4613 (TTY: 711), 8 a.m. - 5 p.m. Monday – Friday.

Information for American Indians and Alaska Natives

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

If you are American Indian or Alaska Native, you may be able to get health care services through an Indian Health Service facility, tribal health care program or Urban Indian Health Program (UIHP) such as the Seattle Indian Health Board or NATIVE Project of Spokane. The providers at these clinics are knowledgeable and understand your culture, community, and health care needs. If you are connected or partnered with a Tribal Assister through an IHS facility, Tribal health program or UIHP, they can help you make your decision.

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

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

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 1-877-644-4613 (TTY: 711) to find urgent care facilities in our network or visit our website at www.CoordinatedCareHealth.com. If you have questions on whether to go to an urgent care facility call our 24-hour nurse line at 1-877-644-4613 (TTY: 711). This line is open seven (7) days a week.

If you need care after hours

Call our 24-hour nurse line and ask for assistance 1-877-644-4613 (TTY: 711). You can also contact your health plan's virtual care service via phone, smartphone, tablet, or computer.

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

Behavioral health crisis

Examples of behavioral health emergency/crisis can include when someone:

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

Call your county crisis line below if you or someone you know is experiencing a mental health crisis.

- **For immediate help:** call 911 for a life-threatening emergency or 988 for a mental health emergency
- For immediate help with a mental health crisis or thoughts of suicide: contact the [National Suicide Prevention Lifeline](https://www.national suicide prevention lifeline.org) 1-800-273-8255 (TRS: 1-800-799-4889) or call or text 988. The line is free, confidential, and available 24/7/365. You can also dial 988 if you are worried about a loved one who may need crisis support.

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

County crisis line phone numbers

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

Region	Counties	Crisis lines
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-800-803-8833
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	1-888-544-9986
King	King	1-866-427-4747
North Central	Chelan, Douglas, Grant, Okanogan	1-800-852-2923
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	1-800-584-3578
Pierce	Pierce	1-800-576-7764
Salish	Clallam, Jefferson, Kitsap	1-888-910-0416
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-877-266-1818
Southwest	Clark, Klickitat, Skamania	1-800-626-8137
Thurston-Mason	Mason, Thurston	1-800-270-0041

Expectations for when a health care provider will see you

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. Examples of preventive care include:
 - Annual physicals (also called check-ups)
 - Well-child visits
 - Annual women’s health care, and
 - Immunizations (shots)

Contact us if it takes longer than the times above to see a provider.

Benefits covered by Coordinated Care

This section describes benefits and services covered by Coordinated Care. It is not a complete list of covered services. Check with your provider or contact us if a service you need is not listed. You can view our benefits and services at www.CoordinatedCareHealth.com.

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. Have your provider 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 Coordinated Care 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 15.
Hospital inpatient rehabilitation (physical medicine)	Must be approved by us.
Immunizations/ vaccinations	Our members 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. Call us at 1-877-644-4613 (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 Coordinated Care. 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 1-877-644-4613 (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	Members must use participating pharmacies. We use the Apple Health PDL. Call us at 1-877-644-4613 (TTY: 711) for a list of pharmacies.

Health care services for children

Children and youth under age 21 have a health care benefit called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT includes a full range of screening, diagnostic, and treatment services. Screenings can help identify potential physical, behavioral

health or developmental health care needs which may require additional diagnostics and treatment.

EPSDT includes any diagnostic testing and medically necessary treatment needed to correct or improve a physical or behavioral health condition. This includes additional services needed to support a child who has developmental delay.

These services aim to keep conditions from getting worse and lessen the effects of a child's health care problem. EPSDT encourages early and continued access to health care for children and youth.

An EPSDT screening is sometimes referred to as a well-child or well-care check-up. Children under age 3 are eligible for well-child check-ups according to the Bright Futures EPSDT schedule and aged 3-20 are eligible for a well-child check-up every calendar year. A well-child check-up should include the following:

- Complete health and developmental history
- A full physical examination
- Health education and counseling based on age and health history
- Vision testing
- Hearing testing
- Laboratory tests
- Lead screening
- Review eating or sleeping problems
- Oral health screening and oral health services by an Access to Baby and Child Dentistry (ABCD) qualified PCP
- Immunizations (shots)
- Mental health screening
- Substance use disorder screening

When a health condition is diagnosed by a child's medical provider, the child's provider(s) will:

- Treat the child if it is within the provider's scope of practice; or
- Refer the child to an appropriate specialist for treatment, which may include additional testing or specialty evaluations, such as:
 - Developmental assessment
 - Comprehensive mental health
 - Substance use disorder evaluation, or
 - Nutritional counseling
- Treating providers communicate the results of their services to the referring EPSDT screening provider(s). All services, including non-covered, for children ages 20 and under must be reviewed for medical necessity.

Additional services include:

Service	Additional information
Autism screening	Available for all children at 18 months and 24 months.
Chiropractic care	For children 20 years of age and younger with referral from your PCP.
Developmental screening	Screenings available for all children at nine months, 18 months, and between 24 and 30 months.
Private Duty Nursing (PDN) or Medically Intensive Children’s Program (MICP)	Covered for children ages 17 and younger. Must be approved by us. For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (ALTSA). See page 31 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 1-877-644-4613 (TTY: 711) or select a provider from our provider directory.

Service	Additional information
Applied Behavioral Analysis (ABA)	Assists individuals with autism spectrum disorders and other developmental disabilities in improving their communication, social and behavioral skills.
Substance use disorder (SUD) treatment services	SUD treatment services may include: <ul style="list-style-type: none"> • Assessment • Brief intervention and referral to treatment • Individual, family, and group therapy • Outpatient, residential, and inpatient. Opiate substitution treatment services. • Case management • Peer support • Crisis Services • Withdrawal management (detoxification)
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

	<p>clinical social worker, or licensed marriage and family therapist.</p> <p>Mental health services may include:</p> <ul style="list-style-type: none"> • Intake evaluation, assessment, and screening • Peer support • Mental health treatment interventions such as: <ul style="list-style-type: none"> ○ 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
Medications for Opioid Disorder (MOUD)	<p>Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat certain substance use disorders. Call us at 1-877-644-4613 (TTY: 711) for specific details.</p>
Problem Gambling Disorder Treatment Interventions	<p>Covered service include:</p> <ul style="list-style-type: none"> • Assessment • Therapeutic individual, family and/or group services

Washington State Family Youth System Partner Round Tables (FYSPRTs) provide a forum for families, youth, systems, and communities to strengthen sustainable resources by providing community-based approaches to address the individual behavioral health needs of children, youth, and families.

Visit our HCA [website](https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt) for more information: [hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt](https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt)

In addition to the Apple Health benefits described in this handbook, Coordinated Care covers the following non-Medicaid services with limitations:

- Room and board
- Urinalysis testing
- Therapeutic interventions for children
- High intensity treatment, including non-Medicaid PACT services and supports
- Sobering services

Nutrition

Service	Additional information
Medical nutrition therapy	Covered for clients 20 years of age and younger when medically necessary and referred by the provider after an EPSDT screening. <ul style="list-style-type: none"> Includes medical nutrition therapy, nutrition assessment, and counseling for conditions that are within the scope of practice for a registered dietitian (RD) to evaluate and treat.
Enteral & parenteral nutrition	Parenteral nutrition supplements and supplies for all enrollees. <ul style="list-style-type: none"> This includes Inherited Metabolic Disorders: Amino acid, fatty acid, or carbohydrate metabolic disorders, including phenylketonuria (PKU) for all ages. Enteral nutrition products and supplies for all ages for tube-fed enrollees. Oral enteral nutrition products for clients 20 years of age and younger for a limited time to address acute illness.

Special health care needs or long-term illness

You may be eligible for additional services through our Health Home program or care coordination services if you have special health care needs or a long-term illness. This may include direct access to specialists. In some cases, you may be able to use your specialist as your PCP. Call us for more information about care coordination and care management.

Therapy

Service	Additional information
Outpatient rehabilitation (occupational, physical, and speech therapies)	This is a limited benefit. Call us at 1-877-644-4613 (TTY: 711) for specific details. Limitations may apply whether performed in any of the following settings: <ul style="list-style-type: none"> Outpatient clinic Outpatient hospital The home by a Medicare-certified home health agency When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf
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.

	<p>This is a limited benefit. Call us at 1-877-644-4613 (TTY: 711) for specific details.</p> <p>Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home infusion agency <p>When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf</p>
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Specialty

Service	Additional information
Antigen (Allergy Serum)	Allergy shots.
Bariatric surgery	Pre-approval required for bariatric surgery. Only available in HCA-approved Centers of Excellence (COE).
Biofeedback therapy	Limited to plan requirements.
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	<p>Any provider licensed to prescribe direct-acting antiviral medications is allowed to screen and treat Apple Health members. This includes primary care providers, substance use disorder treatment facilities, and others.</p> <p>Some Hepatitis C treatment drugs are covered by Apple Health without a managed care plan. Call us at 1-877-644-4613 (TTY: 711) to learn more.</p>
Organ transplants	Some organ transplants are covered by Apple Health without a managed care plan. Call us at 1-877-644-4613 (TTY: 711) for specific 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 1-877-644-4613 (TTY: 711) for specific information.
Smoking cessation	Covered for all clients with or without a PCP referral or pre-approval. Call 1-866-274-5791 for more information or visit their website at www.CoordinatedCareHealth.com/benefits .
Transhealth services	Services related to transhealth and the treatment of gender dysphoria include hormone replacement therapy, puberty suppression therapy, and mental health services. These services may require prior authorization.
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	<p>Bilateral Cochlear Implants, including implants, parts, accessories, batteries, chargers, and repairs are a covered benefit for all individuals.</p> <p>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.</p>
Eye exams & eyeglasses	<p>You must use our provider network. Call us for benefit information.</p> <p>For children 20 years of age and under, eyeglasses and hardware fittings are covered. You can find eyewear suppliers at: https://fortress.wa.gov/hca/p1findaprovider/.</p> <p>New adult eyeglass benefit, beginning 1/1/2024. You can receive \$100 toward eyeglasses or contacts for members age 21+. Members must go to an in-network Envolve vision provider. See page 27 for more information.</p>
Hearing exams and hearing aids	<p>Exams are a covered benefit for all individuals.</p> <p>Hearing aids are available for:</p> <ul style="list-style-type: none"> • Children 20 and under • Adults who meet program criteria

	Monaural hearing aids including: <ul style="list-style-type: none"> • Fitting • Follow up • Batteries
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Family Planning/reproductive health

Service	Additional information
Family Planning Services including prescription and over-the-counter birth control, contraceptives, and emergency contraceptives (Plan B)	You can use our network of providers or go to your local health department or family planning clinic.
HIV/AIDS screening	You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening.
After-Pregnancy Coverage (APC)	If you are enrolled in Apple Health coverage and are pregnant, you can receive up to 12 months of postpartum coverage once your pregnancy ends. Learn more at hcw.wa.gov/apc .

Medical equipment and supplies

We cover medical equipment or supplies when they are medically necessary and prescribed by your health care provider. We must pre-approve most equipment and supplies before we will pay for them. 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 1-877-644-4613 (TTY: 711) for specific details.
Medical supplies	Most supplies must get pre-approval. Call us at 1-877-644-4613 (TTY: 711) for specific details.

Labs and x-rays

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

<p>Lab and x-ray services</p>	<p>Some services may require pre-approval.</p> <p>Limitations shown below are for outpatient diagnostic services only:</p> <ul style="list-style-type: none"> • Drug screens only when medically necessary and: <ul style="list-style-type: none"> • 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. <p>Portable x-ray services furnished in the enrollee’s home or a nursing facility are limited to films that do not involve the use of contrast media.</p>
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Women’s health and maternity

<p>Service</p>	<p>Additional information</p>
<p>Breast pumps</p>	<p>Some types may require pre-approval.</p>
<p>Maternity services</p>	<ul style="list-style-type: none"> • 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 maternity 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
<p>Women’s health care</p>	<p>Routine and preventive health care services, such as maternity and prenatal care, mammograms, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding.</p>

Additional services we offer

Community Health Services



Receive personalized assistance getting social services and accessing your health plan benefits. Our team of Community Health Workers (CHWs) are part of the Care & Disease Management department. Our CHWs can meet with you and show you how to take control of your health and benefits.

Ask your PCP or your care manager if you feel you need a visit from a Community Health Worker.

Health Library



Our website contains an award-winning Health Library of books and materials for adults, teens and children. Visit us online and take advantage of this resource.

LGBTQ+ Support



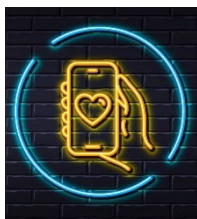
At Coordinated Care, we know that gender and identity journeys are different for each of our members.

With Coordinated Care, you can:

- Select the right provider from our network so you feel comfortable asking questions and getting care.
- Have a care manager who helps you navigate health care, assist in conversations with providers, and work with you to meet your goals.
- Take advantage of our resources and rewards programs to keep you healthy.

Wherever you are on your journey, we can support you with professional, caring staff and resources to get the most out of your health care.

Teladoc Health Mental Health



Web and mobile tools to help improve your whole health. Tools include mood tracker and wellness assessments, advice from leading doctors, and positive inspiration.

Tobacco Cessation Program



Our tobacco cessation program is designed to help members quit smoking and other tobacco use, with expert coaching over the phone, a personalized plan to quit using tobacco and evidence-based guides and resources.

To learn more about Coordinated Care programs, call Member Services at 1-877-644-4613 or visit us online at www.CoordinatedCareHealth.com.

Value Added Benefits (VABs)

Value-added benefits (VAB) are offered by Coordinated Care and are in addition to your Apple Health benefits. These can give you more options for care and address social determinants of health. VABs are voluntary and are no cost to you.

Coordinated Care Harvest Bucks™



We offer a fruit & vegetable prescription program in partnership with the Washington State Department of Health (DOH) and Safeway to support whole person care with healthy foods. Eligible members can receive prescription vouchers valued at \$10 each. Vouchers can be used to buy fresh, canned (no added sugar or salt), and frozen vegetables at any Safeway store in Washington.

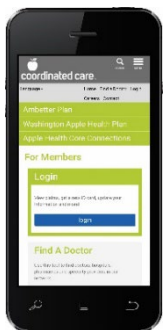
Learn more at www.CoordinatedCareHealth.com/HarvestBucks or email foodRx@CoordinatedCareHealth.com.

Boys & Girls Club Membership



Members 6-18 years-old get a no-cost Boys & Girls Club basic membership, covered by Coordinated Care. Show your Coordinated Care member ID card to get started.

Cell Phone Program



A smartphone is available to qualifying members at no cost through SafeLink®, a federally funded phone program. Coordinated Care members get a phone with 350 minutes per month, unlimited texting and 4.5 GB of data. In addition, calls to our Member Services line or our 24/7 Nurse Advice Line do not count towards your minutes.

Eyeglasses for adults



New adult eyeglasses benefit. We offer \$100 towards eyeglasses or contacts through in-network Envolve Vision providers for members ages 21+. The full \$100 allowance can be used towards eyeglasses or contacts.

Healthy Kids Club (HKC)



For kids 12 years old and under. A resource to help kids stay active, eat healthy foods and snacks and help others. HKC has online books, interactive activities, and more [here](#).

Maternity Programs

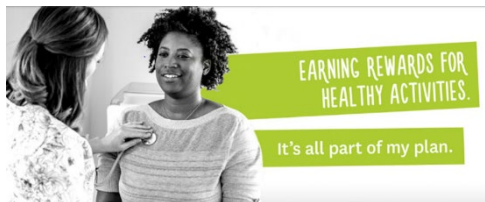


Coordinated Care provides pregnant members and new moms amazing programs to support you and your baby's health. You are automatically enrolled into Start Smart for Your Baby® when you complete the Notice of Pregnancy (NOP) form (this form must be completed at least 6 weeks before your due date to qualify for a car seat at no cost).

Start Smart for Your Baby® also provides educational materials, a breast pump, support and case management as needed to guide your pregnancy and delivery. In addition, programs such as Puff Free Pregnancy, Text4Baby and others are available.

Members receive a no cost membership to Pacify, an app with 24/7 access to breastfeeding consultants, doulas and other resources. Learn more about the membership at www.CoordinatedCareHealth.com/benefits.

Rewards Program



We want to support good health and preventive care. Through our rewards program, members can earn up to \$200 in rewards on a pre-paid card. There are no fees or cost to you and it's automatically triggered when you complete a qualifying activity; no extra paperwork required. It's our way of celebrating your choice to have better

health. You can find a list of how to earn rewards, participating stores and more information under the Benefits & Services section at www.CoordinatedCareHealth.com/rewards.

To learn more about Coordinated Care benefits visit us online at www.CoordinatedCareHealth.com/benefits.

Care Coordination

Complex case management services



Complex case management is a service to help members 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 1-877-644-4613 (TTY: 711).

Additional Care Coordination services we may offer

Care coordination and chronic disease coaching (such as diabetes or asthma) are part of your health benefits and are provided to you at no cost. Coordinated Care covers services for many conditions, such as asthma, diabetes, COPD, high-risk pregnancy, depression, Substance Use Disorder, ADHD ABA, and more. Call Member Services at 1-877-644-4613 (TTY 711) and ask to speak to a Care Manager.

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 to use your ProviderOne services card for all 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	<p>Apple Health fee-for-service covers:</p> <ul style="list-style-type: none"> • Medication abortion, also known as the abortion pill. • Surgical abortion, also called in-clinic abortion. <p>Clients enrolled in an Apple Health managed care organization (MCO) may self-refer outside their MCO for abortion services.</p> <p>Includes follow-up care for any complications.</p>
Ambulance services (Air)	<p>All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).</p>
Ambulance services (Ground)	<p>All ground ambulance transportation services, emergency, and non-emergency are provided to Apple Health clients, including those enrolled in a managed care organization (MCO).</p>
Crisis services	<p>Crisis services are available to support you, based on where you live. Call 911 for a life-threatening emergency or 988 for a mental health emergency. See page 14 for the numbers in your area.</p> <p>For the National Suicide Prevention Lifeline: Call or text 988 or call 1-800-273-8255, TTY Users 1-206-461-3219.</p> <p>For mental health or substance use disorder crises, please call the Behavioral Health Administrative Services organization (BH-ASO). The BH-ASOs support crisis services for Washington residents regardless of Apple Health eligibility. Phone numbers can be found on page 14 above, or at:</p> <p>hca.wa.gov/mental-health-crisis-lines</p>

<p>Dental services</p>	<p>Contracted services include:</p> <ul style="list-style-type: none"> • Prescriptions written by a dentist. • ABCD Services provided by an ABCD certified provider. • Medical/surgical services provided by a dentist. • Hospital/Ambulatory Surgery Center facility charges. <p>All other dental services are covered by Apple Health without a managed care plan.</p> <p>You must see a dental provider who has agreed to bill Apple Health without a managed care plan using your ProviderOne services card.</p> <p>Learn more:</p> <ul style="list-style-type: none"> • Online at hca.wa.gov/dental-services, or • Call HCA at 1-800-562-3022 <p>To find a provider that accepts Washington Apple Health online:</p> <ul style="list-style-type: none"> • DentistLink.org, or • http://www.fortress.wa.gov/hca/p1findaprovider/
<p>Eyeglasses and fitting services</p>	<p>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.</p> <p>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</p>
<p>First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)</p>	<p>MSS provides pregnant and postpartum individuals preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby.</p> <p>ICM helps families with children up to age one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p> <p>CBE 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.</p>

	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 31 of this booklet.
Sterilizations, age 20 and under	Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.
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 1-800-562-3022 or email transhealth@hca.wa.gov . Learn more at hca.wa.gov/transhealth
Substance Using Pregnant People (SUPP) Program	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 https://www.hca.wa.gov/supp-program .
Transportation for non-emergency medical appointments	Apple Health pays for transportation services to and from needed non-emergency health care appointments. Call the transportation provider (broker) in your area to learn about services and limitations. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at hca.wa.gov/transportation-help .

Long-term services and supports (LTSS)

Aging and Long-Term Support Administration (AL TSA) – Home and Community Services (HCS) provides long-term care services for people who are older 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 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.

LTSS

ALTSA 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 2N – Island, San Juan, Skagit, Snohomish, and Whatcom – 1-800-780-7094; Nursing Facility Intake

REGION 2S – King – 1-206-341-7750

REGION 3 – Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum – 1-800-786-3799

Developmental Disabilities Administration (DDA) aims 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 DDA office listed below.

Services for people with developmental disabilities

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

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

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

Region 2N: Island, San Juan, Skagit, Snohomish, Whatcom - 1-800-567-5582 or email R2ServiceRequestA@dshs.wa.gov

Region 2S: King – 1-800-974-4428 or email R2ServiceRequestB@dshs.wa.gov

Region 3: Kitsap, Pierce – 1-800-735-6740 or email R3ServiceRequestA@dshs.wa.gov

Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum – 1-888-707-1202 or email R3ServiceRequestB@dshs.wa.gov

Early learning programs



Department of Children, Youth, and Families (DCYF) provides services and programs for children under the age of five:

Early Childhood Education and Assistance Program (ECEAP) and HeadStart are Washington's pre-kindergarten programs that prepare three- and four-year-old children from low-income families for success in school and in life. ECEAP is open to any preschool aged child and family if they meet the income limits. For information on ECEAP and Head Start

preschools visit dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart.

Early Support for Infants and Toddlers (ESIT) services are designed to enable children birth to three with developmental delays or disabilities to be active and successful during the early childhood years and in the future in a variety of settings. Settings may include their homes, childcare, preschool or school programs, and in their communities. For more information visit dcyf.wa.gov/services/child-development-supports/esit.

Home Visiting for Families is voluntary, family-focused and offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of your child. For more information visit dcyf.wa.gov/services/child-development-supports/home-visiting.

Early Childhood Intervention and Prevention Services (ECLIPSE) serves children birth to five years old who are at risk of child abuse and neglect and may be experiencing behavioral health issues due to exposure to complex trauma. Services are provided in King County and Yakima County. For more information visit dcyf.wa.gov/services/early-learning-providers/eceap.

Contact us and we can help connect you with these services.

Excluded services (not covered)

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

Call Coordinated Care 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: <ul style="list-style-type: none"> • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Services provided outside of the United States	
Weight reduction and control services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.

Accessing your health information

There are new options for managing your digital health records. On July 1, 2021, a federal rule named the Interoperability and Patient Access Rule (CMS 9115 F) makes it easier for members to get their health records when they need it most. You now have full access to your health records on your mobile device which lets you manage your health better and know what resources are open to you.

Imagine:

- You go to a new doctor because you don't feel well and that doctor can pull up your health history from the past five years.

- You use an up-to-date provider directory to find a provider or specialist.
- That provider or specialist can use your health history to diagnose you and make sure you get the best care.
- You go to your computer to see if a claim is paid, denied or still being processed.
- If you want, you take your health history with you as you switch health plans.*

**As of 2022, members can request that their health records go with them as they switch health plans.*

THE NEW RULE MAKES IT EASY TO FIND INFORMATION** ON:

- Claims (paid and denied)
- Pharmacy drug coverage
- Specific parts of your clinical information
- Healthcare providers

***You can get information for dates of service on or after January 1, 2016.*

For more information, visit your [online member account](#). Learn more about managing your digital medical records on the [Interoperability and Patient Access webpage](#).

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. We will help you file a grievance. To file a grievance, call us at 1-877-644-4613 (TTY: 711) or write to us at:

Coordinated Care
 Attn: Grievance
 1145 Broadway, Suite 700
 Tacoma, WA 98402

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.
- 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.

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. You may call or write to let us know, but you must inform us of your appeal within 60 days of the date of denial. We can help you file an appeal. Your provider, a Behavior 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 written appeal request to:

Coordinated Care
Attn: Appeals
1145 Broadway, Suite 700
Tacoma, WA 98402
Fax: 1-866-270-4489

We can help you file your appeal. To request an appeal verbally, call us at 1-877-644-4613 (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 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 Coordinated Care is involved; the reason for the hearing; what service was denied; the date it was denied; and the date that the appeal was denied. Also, be sure to give your name, address, and phone number.

Submit the request for a hearing by:

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

Or

2. Writing to:

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

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

The administrative hearing judge will send you a notice explaining their decision. If you disagree with the hearing decision, you have the right to appeal the decision directly to HCA's Board of Appeals or by asking for a review of your case by an Independent Review Organization (IRO).

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

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

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

For help filing an IRO, please call our Member Services team at 1-877-644-4613 (TTY: 711).

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:

- Or
- Call 1-844-728-5212,
 - Write to:
HCA Board of Appeals
P.O. Box 42700
Olympia, WA 98504-2700

Your rights

As an enrollee, you have a right to:

- Make decisions about your health care, including refusing treatment. This includes physical and behavioral health services.
- Be informed about all treatment options available, regardless of cost.
- Choose or change your PCP.
- Get a second opinion from another provider in your health plan.
- Get services in a timely manner.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
- Speak freely about your health care and concerns without any bad results.
- Have your privacy protected and information about your care kept confidential.
- Ask for and get copies of your medical records.
- Ask for and have corrections made to your medical records when needed.
- Ask for and get information about:
 - Your health care and covered services.
 - Your provider and how referrals are made to specialists and other providers.
 - How we pay your providers for your medical care.
 - All options for care and why you are getting certain kinds of care.
 - How to get help with filing a grievance or complaint about your care or help in asking for a review of a denial of services or an appeal.
 - Our organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive plan policies, benefits, services and Members' Rights and Responsibilities at least yearly.
- Make recommendations regarding your rights and responsibilities as a Coordinated Care member

- Receive a list of crisis phone numbers.
- Receive help completing mental or medical advance directive forms.

Your responsibilities

As an enrollee, you agree to:

- Talk with your providers about your health and health care needs.
- Help make decisions about your health care, including refusing treatment.
- Know your health problems and take part in agreed-upon treatment goals as much as possible.
- Give your providers and Coordinated Care complete information about your health.
- Follow your provider's instructions for care that you have agreed to.
- Keep appointments and be on time. Call your provider's office if you are going to be late or if you have to cancel the appointment.
- Give your providers information they need to be paid for providing services to you.
- Bring your ProviderOne services card and Coordinated Care 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 the HCA if your family size or situation changes, such as pregnancy, births, adoptions, address changes, or you become eligible for Medicare or other insurance.
- Renew your coverage annually using the Washington Healthplanfinder at wahealthplanfinder.org, and report changes to your account such as income, marital status, births, adoptions, address changes, and becoming eligible for Medicare or other insurance.

Advance directives

What is an advance directive?

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

- What kind of health care you do or do not want if:
 - You lose consciousness.
 - You can no longer make health care decisions.

- You cannot tell your doctor or family what kind of care you want.
- You want to donate your organ(s) after your death.
- You want someone else to decide about your health care if you can't.

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

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

Talk to your doctor and those close to you. You can cancel an advance directive at any time. You can get more information from us, your doctor, or a hospital about advance directives. You can also:

- Ask to see your health plan's policies on advance directives.
- File a grievance with Coordinated Care or HCA if your directive is not followed.

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

Mental health advance directives

What is a mental health advance directive?

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

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

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

How do I complete a mental health advance directive?

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

Coordinated Care, 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.

There are many ways to report fraud and abuse:

- Call Coordinated Care Member Services 1-877-644-4613 (TTY: 711)
- Write to us at:

Coordinated Care
Compliance Department
1145 Broadway, Suite 700
Tacoma, WA 98402

Visit the HCA Fraud Prevention [website](https://www.hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention) for more information: [hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention](https://www.hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention)

We protect your privacy

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

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

- Treatment — Includes referrals between your PCP and other health care providers.
- Payment — We may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical needs.
- Health care operations — We may use information from your claim to let you know about a health program that could help you.

We may use or share your PHI without getting written approval from you under 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 Coordinated Care 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.

You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

Federal law also requires us to tell you how we protect your PHI that is told to us, in writing or saved on a computer. To protect PHI:

- On paper (called physical), we:
 - Lock our offices and files.
 - Destroy paper with health information so others cannot get it.
- Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in.
 - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors, or the state, we:
 - Make rules for keeping information safe (called policies and procedures).
 - Teach people who work for us to follow the rules.

You can ask us to change the medical record we have for you if you think something is wrong or missing.

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

- Call us and file a complaint. We will not take any action against you for filing a complaint. The care you get will not change in any way.
- File a complaint with the U.S. DHHS, Office for Civil Rights at: ocrportal.hhs.gov/ocr/portal/lobby.jsf, or write to:

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

Or:

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

Note: This information is only an overview. We are required to keep your PHI private and give you written information annually about the plan's privacy practices and your PHI. Please refer to your Notice of Privacy Practices for additional details. You may also contact us at **1-877-644-4613 (TTY: 711), 1145 Broadway Suite 700, Tacoma, WA 98402, coordinatedcaremember@centene.com, and www.CoordinatedCareHealth.com** for more information.

