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


(لغة العربية): إذا لم تكن المعلومات المرفقة مكتوبة بلغتك الأم، يرجى الاتصال برقم الهاتف 1-877-644-4613.


PUNJABI (ਪੰਜਾਬੀ): ਤੇਲ੍ਹਾ ਇੱਕ ਗਾਡੀ ਵਿਚ ਰਹੇਗੀ ਉਰਦੂ ਸੰਖਿਆ ਦਾ ਹਿੰਦੀ ਰੰਗ ਦੀ ਟੇਲੀ ਨੰਬਰ, ਵਿਚਿਕਤ ਕਰਵਾਏ 1-877-644-4613 (ਵੇਬਡਾ TDD/TTY: 1-866-862-9380) ਇਹ ਦਿੱਤੇ ਜਾਵੇਂ


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).


UKRAINIAN (Український) Якщо інформація, що додається, не на вашій рідній мові, зв'яжіться з нами, за оміром 1-877-644-4613 (номер телекомунікаційного апарату (телетайпа) TDD/TTY тільки для осіб з порушеннями слуху: 1-866-862-9380).

VIETNAMESE (Tiếng Việt): Nếu tin tức dịch kèm không có ngôn ngữ của quý vị, xin gọi số 1-877-644-4613 (TDD/TTY gọi số: 1-866-862-9380)
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Please be advised that this handbook does not create any legal rights or entitlements. You should not rely on this handbook as your only source of information about Apple Health (Medicaid). The handbook is intended to provide a summary of information about your specialty behavioral health benefits. You can get detailed information about the Apple Health programs by looking at the Health Care Authority laws and rules page on the Internet at: http://www.hca.wa.gov/pages/rules_index.aspx.
Welcome to Washington Apple Health from Coordinated Care

Welcome to Washington Apple Health coverage from Coordinated Care for behavioral health services only. Behavioral health is the term used for mental health and drug and alcohol treatment services.

We want you to get a good start as a new enrollee. To get to know you better, we will get in touch with you in the next few weeks. You can ask us any questions you have, or get help making behavioral health appointments. If you need to speak with us before we contact you, our phone lines are open Monday through Friday, 8 AM – 5 PM, PST.

Important Contact Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Customer Service Hours</th>
<th>Customer Service Phone Numbers</th>
<th>Website Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate Care</td>
<td>Monday – Friday, 8 AM – 5 PM, PST</td>
<td>1-877-644-4613</td>
<td><a href="http://www.CoordinatedCareHealth.com">www.CoordinatedCareHealth.com</a></td>
</tr>
<tr>
<td>Health Care Authority (HCA)</td>
<td>Monday – Friday 7 a.m. to 5 p.m.</td>
<td>1-800-562-3022 TRS 7-1-1 or TTY 1-800-848-5429</td>
<td><a href="https://www.hca.wa.gov/apple-health">https://www.hca.wa.gov/apple-health</a></td>
</tr>
<tr>
<td>Apple Health Customer Service</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington Health Benefit Exchange</td>
<td>Monday-Friday 8 a.m. to 6 p.m.</td>
<td>1-855-923-4633 TRS 7-1-1 or TTY 1-855-627-9604</td>
<td><a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a></td>
</tr>
</tbody>
</table>

How to Use This Book

This handbook is your guide to behavioral health services. The first several pages will tell you what you need to know right away. When you have a question, check the list below to see who can help.
<table>
<thead>
<tr>
<th>If you have any questions about…</th>
<th>Contact…</th>
</tr>
</thead>
</table>
| • Changing or Disenrolling from your Apple Health managed care plan  
• How to get Apple Health covered services not included through your plan  
• Your ProviderOne Services card | HCA at: ProviderOne Client Portal is available at: [https://www.waproviderone.org/client](https://www.waproviderone.org/client)  
Or: [https://fortress.wa.gov/hca/p1contactus/](https://fortress.wa.gov/hca/p1contactus/)  
If you still have questions or need further help, Call toll-free 1-800-562-3022 |
| • Choosing or changing your providers  
• Covered services or medications  
• Making a complaint  
• Appealing a decision by your health plan that affects your benefits | Coordinated Care at 1-877-644-4613 or go online to [www.CoordinatedCareHealth.com](http://www.CoordinatedCareHealth.com) |
| • Your behavioral health services (mental health and drug and alcohol treatment services)  
• Referrals to specialists | Coordinated Care at 1-877-644-4613 or go online to [www.CoordinatedCareHealth.com](http://www.CoordinatedCareHealth.com)  
**Member Services/ 24-Hr Nurse Advice Line:**  
Phone: 1-877-644-4613  
TDD/TTY: 1-866-862-9380  
Fax Number: 1-877-644-4602 |
| • Changes to your account such as:  
  o Address changes,  
  o Income change,  
  o Marital status,  
  o Pregnancy, and,  
  o Births or adoptions. | Washington Health Benefit Exchange at 1-855-WAFINDER (1-855-923-4633) or go online to: [https://www.wahealthplanfinder.org](https://www.wahealthplanfinder.org) |

If you need behavioral health counseling, testing, or need to see a behavioral health specialist, we will coordinate your care with your primary care provider (PCP).

**If you do not speak English,** we will help. We want you to know how to use your health benefits. If you need any information in another language, call us. We will provide language assistance at no cost to you. We will find a way to talk to you in
your own language and help you find a provider who speaks your language. You are entitled to language access services when you attend a health care appointment covered by Apple Health (Medicaid). If we cannot find a provider who speaks your language, your provider will help arrange for an interpreter to be at your appointments. Just let your health care provider know you need an interpreter when you schedule your appointment.

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

- TTY line - Our TTY phone number is 1-866-862-9380
- Information in large print.
- Help in making appointments or arranging transportation to appointments.
- Names and addresses of providers who specialize in specific care needs.

**Review of Technology**

Coordinated Care has a team that watches for the most up-to-date care. This may include new medicine, tests, surgeries or other treatment options. These are sometimes called experimental treatments. The team checks to make sure the new treatments are safe. We will tell you and your doctor about new services that may be covered under the Coordinated Care benefits.

**Quality Improvement Program**

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. We 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.

**How We Pay Providers**

Coordinated Care wants our members to get appropriate care. We review your care to make sure it is best for you. We do not reward providers or employees who do this review to decide a certain way. These decisions are based on guidelines called, “medical necessity.” These are reviewed regularly and updated. We use doctors to help us review these guidelines.
You will need two cards to access services

**Your Coordinated Care ID card**

Your ID card should arrive within 30 days of your enrollment date. If anything is wrong with your ID card, call us right away. Your ID card will have your member ID number. Carry your ID card at all times and show it each time you go for care. If you are eligible and need care before the card comes, contact us at 1-877-644-4613, coordinatedcaremember@centene.com or go online to www.CoordinatedCareHealth.com. Your provider can also contact us to verify eligibility if you have not yet received your ID card.

---

**Your Services Card**

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

About seven to 10 days after you're found eligible for Apple Health coverage through www.wahealthplanfinder.org, you will receive a blue Services Card (also called a ProviderOne card) like the one pictured here. Keep this card. Your Services Card is active and shows you are enrolled in Apple Health.

If you have received a ProviderOne Services Card in the past, HCA will not send you a new one. You can continue using your old one. Your old card and client number is still valid, even if there is a gap in coverage. If you no longer have your Services Card, please contact HCA for a new one.

**ProviderOne**

The number on the card is your ProviderOne client number. It will always be nine digits long and end in “WA”. You can look online to check that your enrollment has started or switch your health plan through the ProviderOne Client Portal at https://www.waprovierone.org/client. Health care providers can also use ProviderOne to see if their patients are enrolled in Apple Health.
Each member of your household who is eligible for Apple Health will receive his or her own Services Card. Each person has a different ProviderOne client number that stays with him or her for life.

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

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

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

Changing Behavioral Health Services Plans

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

- Visit the ProviderOne Client Portal website https://www.waproviderone.org/client
- Request a change online at https://fortress.wa.gov/hca/p1contactus/Client(WebForm
  - Select the topic “Enroll/Change Health Plans”
- Call the HCA Customer Service Center at 1-800-562-3022.

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

If you are American Indian/Alaska Native, you have additional options. Contact HCA Customer Service for more information.

Behavioral Health Services and Your Primary Care Provider (PCP)

Most behavioral health services enrollees may already have a primary care provider (PCP) from another medical network, such as Medicare, private health insurance, Indian Health Centers, or the Medicaid fee-for-service network. We will coordinate your mental health and drug and alcohol treatment with your PCP, if necessary. Please call us at 1-877-644-4613 if you need help.
Using Private Health Insurance and Your Coordinated Care Coverage

We may pay co-pays, deductibles and services your private health insurance does not cover. You can avoid out-of-pocket costs if you make sure your health care providers are either a member of Coordinated Care’s provider network or willing to bill us for any co-pays, deductibles, or balances that remain after your primary coverage pays your health care bill.

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

- Private health insurance card,
- Apple Health services card, and,
- Coordinated Care 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 Behavioral Health Services

If you need behavioral health services please visit our website for more information on covered benefits and services available to you. Please contact Member Services at 1-877- 644-4613 (TDD/TTY: 1-866-862-9380) if you need help understanding your benefits and coverage.

Some of your behavioral health services may need prior authorization from your PCP. Services that cannot be completed by in-network providers, and are considered necessary with prior authorization, will be covered out-of-network.

Please contact us if you ever receive a notice of behavioral health services you did not get.

If we do not have a behavioral health specialist in our network who can give you the care you need, we will get you the care you need from a specialist outside the Coordinated Care network using the pre-approval process. If you are seeing an out-of-network specialist, your PCP or specialist may need to submit a prior authorization request. Once submitted, Coordinated Care has five (5) days to approve or deny the request. The wait time is extended to fourteen (14) days if additional information is required.

If a request for Out Of Network specialist care is denied, you have the right to request an appeal to have the denial reconsidered. You have sixty (60) calendar days from the date of the denial to request an appeal. If you request an appeal, we will
acknowledge your appeal in writing. We will request additional information about why you and your doctor believe you need to see a specialist that is outside of the network. If you have this information, please send it at the time of your appeal request. We will review all the information provided to us and our Medical Director, who is a doctor, will review your request and make a decision.

You and your provider will be notified of the decision in writing. Please keep this letter for your records. If your request is approved, the services will be authorized right away. If the request is denied, you will receive information about appeal steps if you choose to pursue them. If your appeal is approved or denied, you should contact your provider right away to make arrangements for your care.

To file an appeal in person, by phone, fax, or mail, please contact Coordinated Care at:

Phone: 1-877-644-4613
Fax: 1-866-270-4489
Address: 1145 Broadway, Suite 300
Tacoma, WA 98402

If your PCP refers you to a provider outside our network, check with Coordinated Care to receive pre-approval so you are not responsible for any of the costs. We will pay for these services.

**Telemedicine**

Telemedicine is when a provider uses interactive, real-time audio and video communications in place of a face-to-face appointment. Telemedicine services are covered for Coordinated Care members from any in-network providers. Talk with your provider to see if they offer these services and how you can access them. If you have questions about this service, call us at 1-877-644-4613.

**Payment for health care services**

As an Apple Health client, you have no copays for any covered behavioral health services. However, you might have to pay for your services if:

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

If you get a bill, please call us at 1-877-644-4613 (TDD/TTY: 1-866-862-9380). We
will work with your provider to make sure they are billing you appropriately.

How to Get Behavioral Health Care in an Emergency

Examples of when an individual may be experiencing a behavioral health emergency/crisis include, when the individual:

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

If you think you have a behavioral health emergency, call a 24-hour crisis line, call 911, or go to the nearest hospital location where emergency providers can help you.

**Washington Recovery Help Line: 1-866-789-1511 (24/7)**

If you or a family member has a problem with a substance use disorder, please consider calling the Washington Recovery Help Line. This an anonymous and confidential help line that provides crisis intervention and referral services for individuals in Washington State. Professionally trained volunteers and staff are available to provide emotional support 24-hours a day, seven days a week. In addition, they can suggest local treatment resources for substance use, problem gambling, and mental health, as well as to other community services.

**County crisis line phone numbers**

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
<th>Crisis Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Rivers</td>
<td>Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum</td>
<td>800-803-8833</td>
</tr>
<tr>
<td>Greater Columbia</td>
<td>Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima</td>
<td>888-545-3022</td>
</tr>
<tr>
<td>King</td>
<td>King</td>
<td>866-427-4747 or 206-461-3222</td>
</tr>
<tr>
<td>Region</td>
<td>Area</td>
<td>Phone Numbers</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>North Central</td>
<td>Chelan, Douglas, Grant, Okanogan</td>
<td>800-852-2923</td>
</tr>
<tr>
<td>North Sound</td>
<td>Island, San Juan, Skagit, Snohomish, Whatcom</td>
<td>800-584-3578</td>
</tr>
<tr>
<td>Pierce</td>
<td>Pierce</td>
<td>800-576-7764</td>
</tr>
<tr>
<td>Salish</td>
<td>Clallam, Jefferson, Kitsap</td>
<td>800-843-4793, 360-479-3033</td>
</tr>
<tr>
<td>Spokane</td>
<td>Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens</td>
<td>877-266-1818</td>
</tr>
<tr>
<td>Southwest</td>
<td>Clark, Klickitat, Skamania</td>
<td>800-626-8137</td>
</tr>
<tr>
<td>Thurston-Mason</td>
<td>Mason, Thurston</td>
<td>800-270-0041, 360-754-1338</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children’s Crisis Services for Medicaid-enrolled children/youth through 20 years of age</td>
</tr>
</tbody>
</table>

**Seeing a Behavioral Health Provider**

How soon you get in to see your provider depends on the care you need.

You must use a behavioral health provider who works with us. Call our member service line at 1-877-644-4613 or visit our website [www.CoordinatedCareHealth.com](http://www.CoordinatedCareHealth.com) to get a provider directory or more information about our behavioral health providers. This includes:

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

You can expect a Coordinated Care behavioral health provider to see you within the time frames listed below, depending on the type of care you need.
<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Appointment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life threatening</td>
<td>Immediately</td>
</tr>
<tr>
<td>Non-life threatening</td>
<td>Within 6 hours</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Routine care - initial visit</td>
<td>The earlier of 10 business days or 14 calendar days</td>
</tr>
<tr>
<td>Routine care - follow-up visits</td>
<td>Within 3 weeks</td>
</tr>
</tbody>
</table>
Behavioral Health Services

We can help coordinate your behavioral health care. We cover assessments for mental health services you might need such as, counseling, testing, and medications for addressing mental health symptoms. You will have a choice of treatment providers within our network of behavioral health providers. We also provide screening for drug and alcohol use disorders, medication for drug and alcohol treatment, and may make a referral to either a plan covered service or a community provider for further assessment. If you want to use your mental health or drug and alcohol treatment benefits, call our member service line at 1-877-644-4613.

Prescriptions

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

Benefits Covered by Coordinated Care

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

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

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

Remember to call us at 1-877-644-4613 before you get behavioral health services or ask your PCP to help you get the care you need.

<table>
<thead>
<tr>
<th>Behavioral Health Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug and Alcohol Treatment Services</strong> (also referred to as Substance Use Disorder Services)</td>
<td>Drug and alcohol treatment services may include:</td>
</tr>
<tr>
<td></td>
<td>• Assessment</td>
</tr>
<tr>
<td></td>
<td>• Brief intervention and referral to treatment</td>
</tr>
<tr>
<td></td>
<td>• Withdrawal management (detoxification)</td>
</tr>
<tr>
<td></td>
<td>• Outpatient treatment</td>
</tr>
<tr>
<td></td>
<td>• Intensive outpatient treatment</td>
</tr>
<tr>
<td></td>
<td>• Inpatient residential treatment</td>
</tr>
<tr>
<td></td>
<td>• Opiate substitution treatment services</td>
</tr>
<tr>
<td></td>
<td>• Case management</td>
</tr>
<tr>
<td>Behavioral Health Benefit</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Evaluation and treatment/Community Hospitalization, and Inpatient services</td>
<td>Medically necessary inpatient behavioral health crisis care.</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>Some services may require pre-approval.</td>
</tr>
<tr>
<td>Mental Health Treatment</td>
<td>Mental health services are covered when provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist.</td>
</tr>
<tr>
<td></td>
<td>Mental health services may include:</td>
</tr>
<tr>
<td></td>
<td>• Intake Evaluation</td>
</tr>
<tr>
<td></td>
<td>• Individual treatment services</td>
</tr>
<tr>
<td></td>
<td>• Medication management</td>
</tr>
<tr>
<td></td>
<td>• Medication monitoring</td>
</tr>
<tr>
<td></td>
<td>• Group treatment services</td>
</tr>
<tr>
<td></td>
<td>• Peer support</td>
</tr>
<tr>
<td></td>
<td>• Brief intervention and treatment</td>
</tr>
<tr>
<td></td>
<td>• Family treatment</td>
</tr>
<tr>
<td></td>
<td>• High intensity treatment</td>
</tr>
<tr>
<td></td>
<td>• Therapeutic Psychoeducation</td>
</tr>
<tr>
<td></td>
<td>• Day support</td>
</tr>
<tr>
<td></td>
<td>• Stabilization services</td>
</tr>
<tr>
<td></td>
<td>• Rehabilitation case management</td>
</tr>
<tr>
<td></td>
<td>• Mental health services provided in a residential setting</td>
</tr>
<tr>
<td></td>
<td>• Special population evaluation</td>
</tr>
<tr>
<td></td>
<td>• Psychological assessment</td>
</tr>
<tr>
<td></td>
<td>• Crisis Services</td>
</tr>
<tr>
<td></td>
<td>• Freestanding Evaluation and Treatment</td>
</tr>
</tbody>
</table>

Some additional services might be covered. Contact us for information.

**Additional Services from Coordinated Care**

**Cell Phone Program**
A cell phone 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 and unlimited texting. In addition, calls to our Member Services line or our 24/7 Nurse Advice Line do not count towards your minutes.

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.

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

24/7 Nurse Advice Line
A health information line is available to you at no cost, 24 hours a day. Seven days a week you can speak to a nurse who will give you advice on any medical or behavioral health question. They can also assist you in finding a behavioral health provider, determine the best place to go for care (your doctor, the ER or somewhere else) and more.

Apple Health services covered without a managed care plan

Additional services are available to Apple Health clients through other programs. To access these services you need to use your ProviderOne card. We and your PCP will help you access these services and coordinate your care. If you have a question about a benefit or service not listed here, call us.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services (Ground)</td>
<td>All ground ambulance transportation services, emergency and non-emergency, provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO).</td>
</tr>
<tr>
<td>Transportation for Non-Emergency Medical Appointments</td>
<td>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 <a href="http://www.hca.wa.gov/transportation-help">http://www.hca.wa.gov/transportation-help</a></td>
</tr>
</tbody>
</table>

Excluded Services (NOT covered)

The following services are not covered by us or fee-for-service. If you get any of these services, you may have to pay the bill. If you have any questions, call us.
### Services Excluded

<table>
<thead>
<tr>
<th>Services Excluded</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Medicines</td>
<td>Acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, or massage therapy.</td>
</tr>
<tr>
<td>Chiropractic Care for Adults (21 and Older)</td>
<td></td>
</tr>
<tr>
<td>Cosmetic or Plastic Surgery</td>
<td>Including face lifts, tattoo removal, or hair transplants.</td>
</tr>
<tr>
<td>Diagnosis and Treatment of Infertility, Impotence, and Sexual Dysfunction</td>
<td></td>
</tr>
<tr>
<td>Marriage Counseling and Sex Therapy</td>
<td></td>
</tr>
<tr>
<td>Personal Comfort Items</td>
<td></td>
</tr>
<tr>
<td>Nonmedical Equipment</td>
<td>Such as ramps or other home modifications.</td>
</tr>
<tr>
<td>Physical Exams Needed for Employment, Insurance, or Licensing</td>
<td></td>
</tr>
<tr>
<td>Services Not Allowed by Federal or State Law</td>
<td></td>
</tr>
<tr>
<td>Weight Reduction and Control Services</td>
<td>Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.</td>
</tr>
</tbody>
</table>

### If you are unhappy with us

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

**Grievances or complaints can be about:**

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

We must let you know by phone or letter that we received your grievance within two working days. We must address your concerns as quickly as possible but cannot take more than 45 days. You can get a free copy of our grievance policy by calling us. If we
cannot resolve your grievance, you can also file a grievance directly with the Health Care Authority by calling 1-800-562-3022.

## Ombuds

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

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Counties</th>
<th>Ombuds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Rivers</td>
<td>Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum</td>
<td>In Cowlitz, Pacific and Wahkiakum Counties: 866-731-7403 or 360-414-0237</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In Lewis and Grays Harbor: 833-721-6011 or 360-266-7578</td>
</tr>
<tr>
<td>Greater Columbia</td>
<td>Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima</td>
<td>800-257-0660 Or 509-783-7333</td>
</tr>
<tr>
<td>King</td>
<td>King</td>
<td>800-790-8049 #3 or 206-477-0630</td>
</tr>
<tr>
<td>North Central</td>
<td>Chelan, Douglas, Grant, Okanogan</td>
<td>844-636-2038</td>
</tr>
<tr>
<td>North Sound</td>
<td>Island, San Juan, Skagit, Snohomish, Whatcom</td>
<td>888-336-6164 or 360-416-7004</td>
</tr>
<tr>
<td>Pierce</td>
<td>Pierce</td>
<td>800-531-0508</td>
</tr>
<tr>
<td>Salish</td>
<td>Clallam, Jefferson, Kitsap</td>
<td>888-377-8174 or 360-692-1582</td>
</tr>
<tr>
<td>Spokane</td>
<td>Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens</td>
<td>866-814-3409 or 509-477-4666</td>
</tr>
<tr>
<td>Southwest</td>
<td>Clark, Klickitat, Skamania</td>
<td>866-666-5070</td>
</tr>
</tbody>
</table>
Important information about denials, appeals, and administrative hearings

You have the right to ask for a review of a decision if you think it was not correct, not all behavioral health information was considered, or you think the decision should be reviewed by another person. This is called an appeal. We will help you file an appeal.

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

An appeal is when you ask us to review your case again because you disagree with our decision. You may appeal a denied service. You may call to let us know, but you must send your appeal in writing with your signature. We can help you file an appeal. Your provider or someone else, including the Ombuds, 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 5 calendar days. In most cases we will review and decide your appeal within 14 days. We must tell you if we need more time to make a decision. An appeal decision must be made within 28 days.

An appeal may be filed verbally or in writing, and received by mail, telephone, fax, or in person.

Mail: Attn: Appeals
1145 Broadway, Suite 300
Tacoma, WA 98402
Fax: 1-866-270-4489
Phone: 1-877-644-4613 (TDD/TTY 1-866-862-9380)

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

If it’s urgent. For urgent behavioral health conditions, you or your provider can ask for an expedited (quick) appeal by calling us. If your condition requires it, a decision will be made about your care within 3 calendar days. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request, your appeal will be reviewed in the same time frames outlined above. We must make
reasonable efforts to give you a prompt verbal notice if we deny your request for an expedited appeal. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal. We must mail a written notice within two calendar days of a decision.

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

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

To ask for an administrative hearing:

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

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

   AND

3. Tell the Office of Administrative Hearings that 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.

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

   1-888-201-1014.

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 the Health Care Authority's Board of Appeals or by asking for a review of your case by an Independent Review Organization (IRO).

**Important Time Limit:** The decision from the hearing becomes a final order within 21 calendar days of the date of mailing if you take no action to appeal the hearing decision.
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 Health Care Authority’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 twenty-one (21) days after you get the hearing decision letter. You must provide us any extra information within 5 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 (TDD/TTY: 19866-862-9380) If you do not agree with the decision of the IRO, you can ask to have a review judge from the Health Care Authority’s Board of Appeals to review your case. You only have 21 days to ask for the review after getting your IRO decision letter. The decision of the review judge is final. To ask a review judge to review your case:

- Call 1-844-728-5212,

  OR

- Write to:

  HCA Board of Appeals
  P.O. Box 42700
  Olympia, WA 98504-2700

Your rights

As an enrollee, you have a right to:

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

To download and print your individual rights, please visit https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/client-rights.

Your responsibilities

As an enrollee, you agree to:

• Help make decisions about your behavioral health care, including refusing treatment.
• Keep appointments and be on time. Call your provider’s office if you are going to be late or if you have to cancel the appointment.
• Give your providers information they need to be paid for providing services to you.
• Bring your Services Card and health plan ID card to all of your appointments.
• Learn about your health plan and what services are covered.
• Use health care services when you need them.
• Know your health problems and take part in agreed-upon treatment goals as much as possible.
• Give your providers and Coordinated Care complete information about your health.
• Follow your provider’s instructions for care that you have agreed to.
• Use health care services appropriately. If you do not, you may be enrolled in the Patient Review and Coordination Program. In this program, you are
assigned to one primary care provider, one pharmacy, one prescriber for controlled substances, and one hospital for non-emergency care. You must stay in the same plan for at least 12 months.

- Inform the Health Care Authority if your family size or situation changes, such as pregnancy, births, adoptions, address changes, or you become eligible for Medicare or other insurance.
- Renew your coverage annually using the Washington Health Benefit Exchange at [https://www.wahealthplanfinder.org](https://www.wahealthplanfinder.org), and report changes to your account such as income, marital status, births, adoptions, address changes, become eligible for Medicare or other insurance.

Mental Health Advance Directives

**What is a mental health advance directive?**

A mental health advance directive is a written document that describes what you want to happen in times of crisis or great difficulty, such as hospitalizations. It tells others about what treatment you want or don’t want. It can identify a person you have chosen to make decisions for you.

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 advance directive form and more information on how to complete it at [www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-advance-directives](http://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-advance-directives), under Information for Clients and Families, or call the Office of Consumer Partnerships at 1-800-446-0259.

Coordinated Care, behavioral health care provider, or your Ombuds can also help you complete the form.

**Advance directives**

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

- What kind of health care you do or do not want if:
  - You lose consciousness.
  - You can no longer make health care decisions.
  - You cannot tell your doctor or family what kind of care you want.
  - You want to donate your organ(s) after your death.
  - You want someone else to decide about your health care if you can’t.
Having an advance directive means your loved ones or your doctor can make medical choices for you based on your wishes. There are three types of advance directives in Washington State.

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

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

- Ask to see your health plan’s policies on advance directives.
- File a grievance with your plan or the Health Care Authority if your directive is not followed.

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

**We protect your privacy**

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

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

Your written approval is required for most reasons. 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 about the denial. The explanation will also include instruction on how to request a review of the denial or will let you know that the denial cannot be reviewed.
If you believe we violated your rights to privacy of your PHI, you can:

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

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

OR:

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

**Note:** This information is only an overview. We are required to keep your PHI private and give you written information annually about the plan’s privacy practices and your PHI. Please refer to your Notice of Privacy Practices for additional details. You may also contact us at 1-877-644-4613, 1145 Broadway Ste 300, Tacoma, WA 98402, coordinatedcaremember@centene.com or www.CoordinatedCareHealth.com for more information.