



Welcome to the
community.

**UnitedHealthcare Community Plan
Washington Apple Health Managed Care**

Enrollee Medical Health Benefit Book

2019





English:

If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at **1-877-542-8997, TTY 711.**

Hmong:

Yog cov ntaub ntawv muab tuaj hauv no tsis yog sau ua koj hom lus, thov hu rau UnitedHealthcare Community Plan ntawm 1-877-542-8997 (TTY: 711).

Samoan:

Afai o fa'amatalaga ua tuuina atu e le'oa tusia i lau gagana masani, fa'amolemole fa'afesoota'i mai le vaega a le United Healthcare Community Plan ile telefoni 1-877-542-8997. (TTY:711).

Russian:

Если прилагаемая информация представлена не на Вашем родном языке, позвоните представителю UnitedHealthcare Community Plan по тел. 1-877-542-8997 (телетайп: 711).

Ukrainian:

Якщо інформація, що додається, подана не на Вашій рідній мові, зателефонуйте до UnitedHealthcare Community Plan 1-877-542-8997 (для осіб з порушеннями слуху: 711).

Korean:

동방한 안내 자료가 귀하의 모국어로 준비되어 있지 않으면 1-877-542-8997(TTY: 711)로 UnitedHealthcare Community Plan에 전화하십시오.

Romanian:

Dacă informațiile alăturate nu sunt în limba dumneavoastră principală, vă rugăm să sunați la UnitedHealthcare Community Plan, la numărul 1-877-542-8997 (TTY: 711).

Amharic:

ተያይዞ ያለው መረጃ በቋንቋዎ ካልሆነ፤ እባክዎን በሚከተለው ስልክ ቁጥር ወደ UnitedHealthcare Community Plan ይደውሉ፡ 1-877-542-8997 (መስማት ለተሳናቸው/ TTY: 711)::

Tigrinya:

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Spanish:

Si la información adjunta no está en su lengua materna, llame a UnitedHealthcare Community Plan al 1-877-542-8997 (TTY: 711).

Lao:

ຖ້າຂໍ້ມູນທີ່ຕິດອັດມານີ້ ບໍ່ແມ່ນພາສາຕົ້ນຕໍຂອງທ່ານ, ກະລຸນາໂທຫາ UnitedHealthcare Community Plan ທີ່ເບີ 1-877-542-8997 (TTY: 711).

Vietnamese:

Nếu ngôn ngữ trong thông tin đính kèm này không phải là ngôn ngữ chính của quý vị, xin gọi cho UnitedHealthcare Community Plan theo số 1-877-542-8997 (TTY: 711).

Traditional Chinese:

若隨附資訊的語言不屬於您主要使用語言，請致電 UnitedHealthcare Community Plan，電話號碼為 1-877-542-8997 (聽障專線 (TTY)：711)。

Khmer:

ប្រសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសារដើមរបស់អ្នកទេ សូមទូរស័ព្ទមកកាន់ UnitedHealthcare Community Plan លេខ 1-877-542-8997 (ស្រមោលអ្នកឆ្ងង់ [TTY]: 711).

Tagalog:

Kung ang nakalakip na impormasyon ay wala sa iyong pangunahing wika, mangyaring tumawag sa UnitedHealthcare Community Plan sa 1-877-542-8997 (TTY: 711).

Farsi:

در صورت اینکه اطلاعات پیوست به زبان اولیه شما نمیباشد، لطفاً با United Healthcare Community Plan با شماره 1-877-542-8997 تماس حاصل نمایید (وسیله ارتباطی برای ناشنویان - TTY: 711).



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This handbook does not create any legal rights or entitlements. You should not rely on this handbook as your only source of information about Apple Health (Medicaid). This handbook is intended to provide a summary of information about your health benefits. You can get detailed information about the Apple Health program by looking at the Health Care Authority laws and rules page on the Internet <http://www.hca.wa.gov/about-hca/rulemaking>.



Welcome to **UnitedHealthcare Community Plan** and **Washington Apple Health**

We want you to get a good start as a new enrollee. We will get in touch with you in the next few weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call you, our phone lines are open Monday through Friday, 8:00 a.m. to 5:00 p.m.

Important Contact Information

	Customer Service Hours	Customer Service Phone Numbers	Website Address
UnitedHealthcare Community Plan	Monday – Friday 8:00 a.m. to 5:00 p.m.	1-877-542-8997 TTY 711	Go online to myuhc.com/CommunityPlan or UHCCommunityPlan.com
Health Care Authority (HCA) Apple Health Customer Service	Monday – Friday 7:00 a.m. to 5:00 p.m.	1-800-562-3022 TRS 711 or TTY 1-800-848-5429	https://www.hca.wa.gov/ apple-health
Washington Health Benefit Exchange	Monday – Friday 8:00 a.m. to 6:00 p.m.	1-855-923-4633 TRS 711 or TTY 1-855-627-9604	https://www.wahealthplan finder.org

How to Use This Book

This handbook is your guide to services. When you have a question, check the list below to see who can help.

If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> • 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. 	<p>HCA at: ProviderOne Client Portal is available at https://www.waproviderone.org/client or https://fortress.wa.gov/hca/p1contactus/ If you still have questions or need further help, call toll-free 1-800-562-3022.</p>
<ul style="list-style-type: none"> • Choosing or changing your providers. • Covered services or medications. • Making a complaint. • Appealing a decision by your health plan that affects your benefits. 	<p>UnitedHealthcare Community Plan at 1-877-542-8997, TTY 711 or go online to myuhc.com/CommunityPlan</p>
<ul style="list-style-type: none"> • Your medical care. • Referrals to specialists. 	<p>Your primary care provider. If you need help to select a primary care provider, call us at 1-877-542-8997, TTY 711, or go online to myuhc.com/CommunityPlan. You can also call UnitedHealthcare Community Plan’s 24-hour Nurse Advice Line at 1-877-543-3409, TTY 711.</p>
<p>Changes to your account such as:</p> <ul style="list-style-type: none"> • Address changes, • Income change, • Marital status, • Pregnancy, and • Births or adoptions. 	<p>Washington Health Benefit Exchange at 1-855-WAFINDER (1-855-923-4633) or go online to https://www.wahealthplanfinder.org</p>

UnitedHealthcare Community Plan, Our Providers, and You



When you join UnitedHealthcare Community Plan, our providers will take care of you. Most of the time you will be seen by your primary care provider (PCP). Your PCP will arrange for you to see other provider if you need to:

- Have a test,
- See a specialist, or
- Go into the hospital.

You can go to certain providers without your PCP arranging it first. This applies only to certain services. See page 14 for details.

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 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.

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 UnitedHealthcare Community Plan determines they are more helpful than harmful. If you want to know more contact us at **1-877-542-8997, TTY 711**.

Our Quality Improvement Programs

Quality Improvement.

UnitedHealthcare Community Plan has a Quality Improvement program. It works to give our members better care and services. Each year we report how well we are providing health care services to our members. Many of the things we report on are major public health issues. If you would like to know more about our Quality Improvement program and our progress towards meeting goals, please call **1-877-542-8997, TTY 711**.

Care Management.

UnitedHealthcare Community Plan provides care management to those with special needs. Our Personal Care Managers work with your physician and outside agencies. They help you get the special services and care you need. We also have disease management programs. Members get reminders about their care and advice from a nurse. If you have special needs or need help managing a chronic illness, one of our Personal Care Managers can help. You or your caregiver may call **1-877-542-8997, TTY 711**, if you feel you need these services.

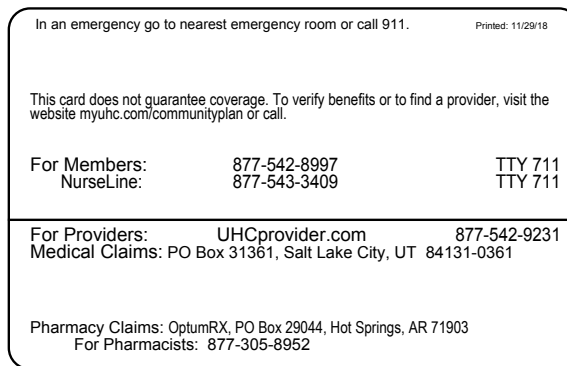
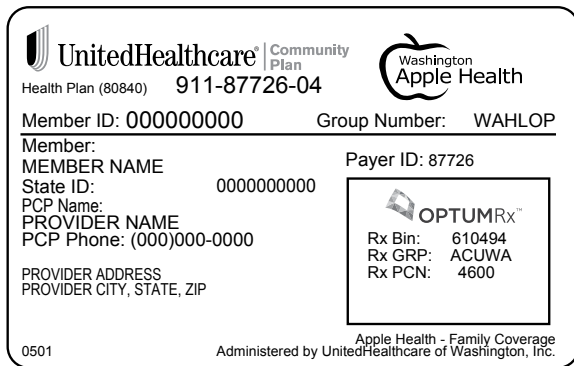
How We Pay Providers

We don't want you to get too little care, care you don't really need or care you could have to pay for. We make sure you get the right care by making decisions based on medical need, service appropriateness and if it is a benefit. This is called utilization management (UM). To make sure decisions are fair, we do not provide financial bonuses or other rewards for saying no to needed care to health care providers or our staff involved in care decisions. Call **1-877-542-8997, TTY 711**, 8:00 a.m. to 5:00 p.m. Monday – Friday with questions. We will explain how UM works and what it means for your care. Voicemail available 24 hours a day, 7 days a week. Additional language assistance is available and we can get you the materials in a language or format that is easy for you to understand.

You Will Need Two Cards to Access Services

Your UnitedHealthcare Community Plan 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 **1-877-542-8997, TTY 711** or view online at myuhc.com/CommunityPlan. 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 two weeks after you enroll in Washington Apple Health 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.waproviderone.org/client>. Health care providers can also use ProviderOne to see whether 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 Health Plans

You have the right to request to change your health plan at any time. Your new plan may start as soon as the first of the next month. It’s important to make sure you are enrolled in the newly requested plan prior to seeing providers in another plan’s network. There are several ways to switch your plan:

- Visit the Washington Healthplanfinder website www.wahealthplanfinder.org.
- 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.

Using Private Health Insurance and Your UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan'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,
- Your Apple Health services card, and
- UnitedHealthcare Community Plan card.

Contact UnitedHealthcare Community Plan 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

Services you can get include regular check-ups, immunizations (shots), and other treatments.

Your Primary Care Provider (PCP) will take care of most of your health care needs. You must have an appointment to see your PCP.

As soon as you choose a PCP, make an appointment to establish yourself as a patient with your chosen PCP. Establishing yourself as a patient will help you get care more easily once you do need it.

It's important to prepare for your first appointment. Your PCP will need to know as much about your physical and behavioral health history as you can tell him or her. Remember to bring your Apple Health, UnitedHealthcare Community Plan, and any other insurance cards. Write down your health history. Make a list of any:

- Problems you have now,
- Medicines you take, and
- Questions you want to ask your PCP.

If you cannot keep an appointment, call to let your PCP know as soon as possible.

How to Choose Your Primary Care Provider (PCP)

You may already have a PCP, but if you don't, you should pick one right away. If you do not choose a PCP, we will choose one for you. 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. If you or your family want to change your PCP, we can help you choose a new one at any time.

Telemedicine

Lets you schedule a live video visit with a provider. This can be helpful if it's hard for you to get to appointments – or if your PCP or mental health provider has limited availability. Some limitations apply. To learn more call **1-877-542-8997, TTY 711**.

How to Get Specialty Care and Referrals

If you need care that your PCP cannot give, he or she will refer you to a specialist. Talk with your PCP to learn how referrals work. If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help if you need to see a different specialist.

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

If we do not have a specialist in our network, we will get you the care you need from a specialist outside our network. We need to pre-approve any visits outside of our network. Your provider may ask you to sign an agreement to pay. If you get out-of-network care without authorization, you may be responsible for the costs. If your PCP asks for an authorization for you to get care outside of our network, we will make a decision within 5 days after getting all of the information we need. Our decision can take up to 14 days if your doctor did not give us all the necessary information.

If your PCP or UnitedHealthcare Community Plan refers you to a specialist outside of our network and this request is approved by UnitedHealthcare Community Plan before you receive the service, you are not responsible for any of the costs. We will pay for them.

Apple Health Services Covered Without a Managed Care Plan

The Apple Health services covered without a managed care plan (also referred to as fee-for-service) covers certain benefits and services directly even if you are enrolled in a health plan. These benefits include:

- Dental services.
- Eye glasses and fitting for children (age twenty and younger).
- Long term care services and supports.
- Maternity support services, prenatal genetic counseling, and pregnancy terminations.
- Services for people with developmental disabilities.

You will only need your ProviderOne Services Card to access these benefits. Your PCP or UnitedHealthcare Community Plan will help you access these services and coordinate your care. See page 34 for more details on covered benefits. If you have any questions about a benefit or service listed here, call us.

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:

- Family planning services.
- HIV or AIDS testing.
- Immunizations.
- 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.
 - Breast or pelvic exams.

Payment for Health Care Services

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

- You get a service that is not covered, such as chiropractic care or cosmetic surgery.
- You get a service that is not medically necessary.
- You don't know the name of your health plan, and a service provider you see does not know who to bill. This is why you must take your Services Card and health plan card with you every time you need services.
- You get care from a service provider who is not in 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 **1-877-542-8997, TTY 711**. We will work with your provider to make sure they are billing you appropriately.

Getting Care in an Emergency or When You Are Away From Home

Medical emergencies.

You are always covered for emergency care anywhere in the United States. Examples of an emergency are:

- A heart attack or severe chest pain,
- Bleeding that won't stop,
- Bad burns,
- Broken bones,
- Trouble breathing,
- Convulsions,
- Loss of consciousness,
- When you feel you might hurt yourself or others, or
- If you are pregnant and have pain, bleeding, fever, or vomiting.

If you think you have an emergency, call 911 or go to the nearest hospital location where emergency providers can help you. Emergencies are covered anywhere in the United States.

After seeing an emergency provider, call your PCP, behavioral health provider, or UnitedHealthcare Community Plan to arrange for follow-up care after the emergency is over.

Urgent care.

Use urgent care is when you have a health problem that needs care right away, but your life is not in danger. This could be:

- A child with an earache who wakes up in the middle of the night,
- A sprained ankle, or
- A bad splinter you cannot remove.

Urgent care is covered anywhere in the United States. Call us at **1-877-542-8997, TTY 711** and we can help you find an urgent care center that works with us.

You can call your PCP's office or our 24-hour Nurse Advice Line at **1-877-542-8997, TTY 711** or go to the urgent care center.

Medical care away from home.

If you need medical care that is not an emergency or seems urgent, or you need to get prescriptions filled while you are away from home, call your PCP or call us for advice. We will help you get the care you need. Routine or preventive care, like a scheduled provider visit or well-exam, is not covered when you are outside of your service area.

Getting care after hours.

The toll-free phone number to call for medical advice from a nurse 24 hours a day, seven days a week is **1-877-543-3409, TTY 711**. Call your PCP's office or the Nurse Advice Line for advice on how to reach a provider after hours.

Behavioral health crisis.

Washington Recovery Help Line is a 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance abuse, and problem gambling. Call **1-866-789-1511** or **206.461.3219 (TTY)**, recovery@crisisclinic.org or go to <https://www.warecoveryhelpline.org>.

Teens can connect with teens during specific hours: **1-866-833-6546**, teenlink@crisisclinic.org, 866teenlink.org.

Behavioral Health Organizations (BHO)

BHOs integrate mental health and drug and alcohol services in each region, transforming two service delivery systems into one region-wide system.

The Health Care Authority (HCA) manages the contracts for mental health and substance use disorder (SUD) (drug and alcohol) services the four Regional Service Areas (RSA) in the state. They are:

- Salish
- North Sound
- Great Rivers
- Thurston-Mason

If you live in one of these regions your behavioral health services are coordinated by a BHO.

If you need substance use disorder treatment or intensive mental health services, the BHO covers these services in these regions.

For contact information for these organizations see Behavioral Health Organizations below:

Behavioral Health Organization contacts.

Organization	Counties Served	Phone Number	Website
Great Rivers BHO	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-800-392-6298	http://greatriversbho.org/
North Sound BHO	San Juan, Skagit, Snohomish, Whatcom	1-888-693-7200	http://northsoundbho.org/
Salish BHO	Clallam, Jefferson, Kitsap	1-360-337-7050 or 1-800-525-5637	https://www.kitsap.gov/hs/Pages/SBHO-LANDING-HOME.aspx
Thurston-Mason BHO	Mason, Thurston	1-360-763-5828 or 1-800-658-4105	tmbho.org/

Expectations for When a Health Plan Provider Will See You

How soon you get in to see your provider depends on the care you need. You should expect to see one of our providers within the following timelines:

- **Emergency care:** Available 24 hours a day, seven days a week.
- **Urgent care:** Office visits with your PCP or other provider within 24 hours.
- **Routine care:** Office visits with your PCP or other provider within ten (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 thirty (30) days. Examples of preventive care are annual physicals (also called checkups), well-child care visits, annual women's health care, and immunizations (shots).

You Must Go to a UnitedHealthcare Community Plan Doctor, Pharmacy, Behavioral Health Provider or Hospital

You must use doctors and other medical providers who work with UnitedHealthcare Community Plan. We also have pharmacies you must use. Call our member service line at **1-877-542-8997, TTY 711** or visit our website **myuhc.com/CommunityPlan** to get a provider directory or get more information about our providers, hospitals, and pharmacies. The directory of providers, pharmacies, and hospitals 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.
- Identifying which PCPs are accepting new patients.

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

Prescriptions

We use a list of approved drugs. This is called a “formulary” or a “preferred drug list.” Your prescribing provider should prescribe medications to you that are preferred on this list. You can call us and ask for:

- A copy of the formulary or preferred drug list.
- Information about the group of providers and pharmacists who created the formulary.
- A copy of the policy on how we decide what drugs are covered.
- How your prescribing provider can ask for authorization of a drug that is not on the “formulary” or “preferred drug list.”

To make sure your prescriptions are covered, you must get your medications at a pharmacy in our provider network. Call us and we will help you find a pharmacy near you.

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.

Special Health Care Needs or Long-Term Illness

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

Long-Term Services and Supports

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.

Long-term care services and supports.

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, and Yakima: **509-568-3767** or **866-323-9409**
- Region 2N** Island, San Juan, Skagit, Snohomish, and Whatcom: **800-780-7094**;
Nursing Facility Intake
- Region 2S** King: **206-341-7750**
- Region 3** Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, and Wahkiakum: **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, please visit www.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** Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, and Stevens: **1-800-319-7116** or email **R1ServiceRequestA@dshs.wa.gov**
- Region 1** Adams, Asotin, Benton, Columbia, Franklin, Garfield, Grant, Kittitas, Klickitat, Walla Walla, Whitman, and Yakima: **1-866-715-3646** or email **R1ServiceRequestB@dshs.wa.gov**
- Region 2** Island, San Juan, Skagit, Snohomish, and Whatcom: **1-800-567-5582** or email **R2ServiceRequestA@dshs.wa.gov**
- Region 2** King: **1-800-974-4428** or email **R2ServiceRequestB@dshs.wa.gov**
- Region 3** Kitsap and Pierce: **1-800-735-6740** or email **R3ServiceRequestA@dshs.wa.gov**
- Region 3** Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, and 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 of the age of 5 including:

ECEAP (Early Childhood Education and Assistance Program) and HeadStart are Washington’s pre-kindergarten programs that prepare 3- and 4-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 <http://www.dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart>.

Early Support for Infants and Toddlers (ESIT) services are designed to enable children birth to 3 with developmental delays or disabilities to be active and successful during the early childhood years and in the future in a variety of settings – in their homes, in child care, in preschool or school programs, and in their communities. For more information <http://www.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 <http://www.dcyf.wa.gov/services/child-development-supports/home-visiting>.

Early Childhood Intervention and Prevention Services (ECLIPSE) serves children birth to 5 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 <http://www.dcyf.wa.gov/services/child-dev-support-providers/eclipse>.


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

Health Care Services for Children

Children and youth age twenty (20) and younger 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. EPSDT includes any diagnostic testing and medically necessary treatment needed to correct or improve a physical or behavioral health (mental health, drug, and alcohol) condition, as well as additional services needed to support a child who has developmental delay.

Screenings can help identify potential physical, behavioral health or developmental health care needs which may require additional diagnostics and/or treatment.



EPSDT services can be aimed at keeping conditions from getting worse or slow the pace of the effects of a child's health care problem. EPSDT encourages early and continued access to health care for children and youth.

An EPSDT screening is sometimes referred to as a well-child or well-adolescent checkup. A well-child checkup or EPSDT screening should include all of the following:

- Complete health and developmental history.
- A full physical examination.
- Health education and counseling based on age and health history.
- Vision testing.
- Hearing testing.
- Laboratory tests.
- Blood lead screening.
- Talk about eating or sleeping problems.
- Oral health screening.
- Immunizations (shots).
- Mental health screening.
- Substance use disorder (drug and alcohol) screening.

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

- Treat the child if it is within the provider's scope of practice; or
- Refer the child to an appropriate provider for treatment, which may include additional testing or specialty evaluations, such as:
 - Developmental assessment,
 - Comprehensive mental health,
 - Substance use disorder evaluation, or
 - Nutritional counseling.

Treating providers communicate the results of their services to the referring EPSDT screening provider(s).

Some health care services may require pre-approval from us or from the State, if the service is offered by the State as coverage without a managed care plan (also referred to as fee-for-service).

Benefits Covered by UnitedHealthcare Community Plan



Some of the benefits we cover are listed below. Check with your provider or contact us if a service you need is not listed.

For some services, you may need to get a referral from your PCP and/or pre-approval from us before you get them or we might not pay for them.

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

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

Service	Comments
Antigen (Allergy Serum)	Allergy shots.
Applied Behavioral Analysis (ABA)	Assists children age twenty (20) and younger with autism spectrum disorders and other developmental disabilities in improving their communication, social and behavioral skills.
Audiology Tests	Hearing tests.
Autism Screening	Available for all children 18 months and 24 months.
Bariatric Surgery	Pre-approval required for bariatric surgery. Only available in HCA-approved Centers of Excellence.
Biofeedback Therapy	Limited to plan requirements.
Birth Control	See <i>Family Planning Services</i> .
Blood, Blood Products, and Related Services	Includes blood, blood components, human blood products, and their administration.
Breast Pumps	Some types may require pre-approval.
Chemotherapy	Some services may require pre-approval.

Benefits and Services

Service	Comments
Chiropractic Care	Benefit is for children age twenty (20) and younger with referral from PCP after being seen for an EPSDT (well-child care) screening.
Cochlear Implant Devices and Bone Anchored Hearing Aid (BAHA) Devices	Benefit is for children age twenty (20) and younger.
Contraceptives	See <i>Family Planning Services</i> .
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.
Developmental Screening	One screening available for all children at 9 months, 18 months, and between 24 and 30 months.
Diabetic Supplies	Limited supplies available without pre-approval. Additional supplies are available with prior authorization.
Dialysis	These services may require pre-approval.
Drug and Alcohol Treatment Services also referred to as Substance Use Disorder Services	<p>These services are split between us and your BHO. Call us or the BHO for assistance in accessing services. Drug and alcohol treatment services may include:</p> <ul style="list-style-type: none"> • Assessment. • Brief intervention and referral to treatment. • Outpatient treatment. • Opiate substitution treatment services.

Service	Comments
Emergency Services	Available 24 hours per day, 7 days per week anywhere in the United States.
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	EPSDT includes a full range of prevention, diagnostic, and treatment services to make sure children age twenty (20) and younger get all the care they need to identify and treat health problems at an early stage. Any health treatment that is medically necessary, even if the treatment is not listed as a covered service. See “Health Care Services for Children” section.
Enteral Nutrition (products and equipment)	<p>Parenteral nutritional supplements and supplies for all enrollees.</p> <p>Enteral nutrition products and supplies for all ages for tube-fed enrollees.</p> <p>Oral enteral nutrition products for clients age twenty (20) and younger.</p>
Evaluation and Treatment/Community Hospitalization	Medically necessary inpatient behavioral health crisis care.
Eye Exams	<p>You must use our provider network. Call us for benefit information.</p> <p>For children under age 21, eyeglasses, contact lenses, and hardware fittings are covered separately under the fee-for-service program using your ProviderOne Services Card.</p> <p>The “Eyewear Supplier” list is at https://fortress.wa.gov/hca/p1findaprovider/.</p>
Family Planning Services	You can use our network of providers, or go to your local health department or family planning clinic.
Habilitative Services	Health care services that help you keep, learn, or improve skills and functioning for daily living that were not acquired due to a congenital, genetic, or early-acquired health conditions. Call us to see if you are eligible.
Health Education and Counseling	Examples: Health education for conditions such as diabetes and heart disease.

Benefits and Services

Service	Comments
Hearing Exams and Hearing Aids	Covered for clients age twenty (20) and younger.
HIV/AIDS Screening	You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening. A health home provides additional help coordinating your care. Contact us to see if you are eligible.
Home Health Care	Must be approved by us.
Hospital, Inpatient and Outpatient Services	Must be approved by us for all non-emergency care.
Hospital Inpatient Rehabilitation (physical medicine)	Must be approved by us.
Immunizations/Vaccinations	Our members are eligible for immunizations from their primary care provider, pharmacy or their local health department. Check with your provider or contact member services for more information on the scheduling of your immunization series.
Lab and X-ray Services	Some services may require pre-approval.
Mammograms	See Women's Health Care.
Maternity and Prenatal Care	See Women's Health Care.
Medical Equipment	Most equipment must get pre-approval. Call us at 1-877-542-8997, TTY 711 for specific details.
Medical Supplies	Most supplies must get pre-approval. Call us at 1-877-542-8997, TTY 711 for specific details.
Medication Treatment	Medications used to treat substance use disorders. Call us at 1-877-542-8997, TTY 711 for specific details.

Service	Comments
Mental Health, Outpatient Treatment	<p>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.</p> <p>Mental health services may include:</p> <ul style="list-style-type: none"> • Evaluation and Diagnosis. • Medication Management. • Psychiatric and Psychological Testing. • Treatment and Counseling. <p>If you need help finding mental health care for your child or youth, call us at 1-877-542-8997, TTY 711.</p>
Nutritional Therapy	<p>Covered for clients age twenty (20) and younger when medically necessary and referred by the provider after an EPSDT screening.</p>
Organ Transplants	<p>Call us at 1-877-542-8997, TTY 711 for specific details.</p>
Outpatient Rehabilitation (Occupational, Physical, and Speech Therapies)	<p>Call us 1-877-542-8997, TTY 711 for specific details. For adults 21 and older, this is a limited benefit.</p> <p>Limitations 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 health agency. • When provided to children age twenty (20) and younger in an approved neurodevelopmental center. See: http://www.doh.wa.gov/CFH/cshcn/docs/ndclistonweb.pdf.

Benefits and Services

Service	Comments
Oxygen and Respiratory Services	Some services may require pre-approval.
Pharmacy Services	Must use participating pharmacies. We have our own drug formulary (list). Call us at 1-877-542-8997, TTY 711 for a list of pharmacies.
Podiatry	This is a limited benefit. Call us at 1-877-542-8997, TTY 711 for specific information.
Private Duty Nursing or Medically Intensive Children's Program	Covered for children ages 17 and younger by us. Must be approved by us. For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (ALTSA). See page 20 for contact information.
Radiology and Medical Imaging Services	Some services may require pre-approval.
Skilled Nursing Facility (SNF)	Covered for short-term (less than 30 days) services. Additional services may be available. Call us at 1-877-542-8997, TTY 711 .
Smoking Cessation	Covered for all clients with or without a PCP referral or pre-approval. Call us for more information.
Transgender Health Services	Hormone and mental health therapy for all ages, and puberty blocking treatment for adolescents.
Tuberculosis (TB) Screening and Follow-Up Treatment	You have a choice of going to your PCP or the local health department.
Women's Health Care	Routine and preventive health care services, such as maternity care, mammograms, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding.

Additional Services We Offer

Benefits at a Glance

We're proud to have you as a member of UnitedHealthcare Community Plan. There are no costs to you for covered services. You have a variety of health care benefits and services available to you. Here is a brief overview. For a full list of benefits and services available to you, see your Medical Benefits Book or visit myuhc.com/CommunityPlan or UHCCommunityPlan.com.



Large choice of doctors.

Pick your own local primary care provider (PCP).



Prescription drugs.

Large list of covered prescription drugs at no cost.



Hospital care.

Choose the hospital you want from our large network.



Vision.

Coverage for eye exams. Search for a vision care center near you at MarchVisionCare.com or call Member Services at **1-877-542-8997, TTY 711**.



Immunizations, flu shots and vaccines.

To keep your family healthy.



Sports physicals.

Get exams for sports teams.



Quarterly newsletters.

Updates, tips and advice on healthy habits.

Extra Help When Members Need It



Extra help when you need it.

If you have asthma, diabetes or another chronic condition, one of our Personal Care Managers can help. You or your caregiver may call if you feel you need these services. We also have face-to face support for qualifying members with chronic and complex health conditions.



24/7 NurseLine.

Get answers and advice anytime — even in the middle of the night and on weekends.
1-877-543-3409, TTY 711



Prevention and wellness programs.

Support to help you manage and improve your health.



Quit For Life® program.

Coaching and online support to help you quit tobacco. Get assistance deciding which type of nicotine substitute or medication is right for you. All at no cost.
1-866-QUIT-4-Life (1-866-784-8454)

Online and Mobile Tools



Online and mobile tools.

Find a doctor, pharmacy and answers to your questions at myuhc.com/CommunityPlan. Use our mobile UnitedHealthcare Health4Me® app that lets you easily access your health plan information. The app can be downloaded to an Apple® or Android® smartphone or tablet.



UnitedHealthcare OMW™ (UnitedHealthcare On My Way).

An engaging, interactive program that helps prepares young people for real-world situations that lie ahead. uhcOMW.com



Fresh EBT.

Helps Supplemental Nutrition Assistance Program (SNAP) participants manage their balance from their smartphone. Download the Fresh EBT App.

Healthy Rewards and Activities



Youth programs.

Boys & Girls Clubs provide a free annual membership for youth members at participating clubs. It includes after-school programs, mentoring and homework assistance. To redeem, present your UnitedHealthcare Community Plan ID card when registering. *The membership in South Puget Sound clubs in Pierce, Mason and Kitsap Counties is a bit different. Members get free registration and the first two months free from their monthly fees.*



UnitedHealthcare Healthy First Steps®.

Expectant moms get extra help to stay healthy and have a healthy baby. Breast pumps available at no cost for eligible members. **1-800-599-5985, TTY 711**



Baby Blocks.

This Web-based mobile tool sends reminders and rewards pregnant women and new mothers. It includes prenatal, postpartum and well-child care (up to 15 months). Register at **UHCBabyBlocks.com**.



Member Rewards.

Eligible members who complete recommended services may get rewarded with gift cards* for:

- Getting your kids to their annual well-child examination.
- Taking simple steps to manage your diabetes.
- Completing recommended screenings.

** Reward programs may be subject to certain state and federal restrictions, including a limit on the total dollar amount you may receive from your participation in the program and any other UnitedHealthcare and its affiliates' programs in which you participate.*

**Call us. We're here for you.**

Call one of our member advocates when you have a question or need help. Our interpreters are also ready to help you by phone. You can receive information in your preferred language or another format such as large print, Braille, audio tapes or other devices to assist the hearing impaired. This includes American Sign Language. Call **1-877-542-8997, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

**Follow us on Facebook at facebook.com/UnitedHealthcareCommunityPlan.**

Keep up on local events and health plan news.

Simple for you. That's our promise.

Health care isn't always easy. But we'll make it as simple as possible for you. So let us know if you need help with anything. And thank you for joining UnitedHealthcare Community Plan.

Apple Health Services Covered Without a Managed Care Plan

Apple Health coverage without a managed care plan (fee-for-service) or other community based programs cover the following benefits and services even when you are enrolled with us. We and your PCP will help you access these services and coordinate your care. To access these services you need to use your ProviderOne card. If you have a question about a benefit or service not listed here, call us.

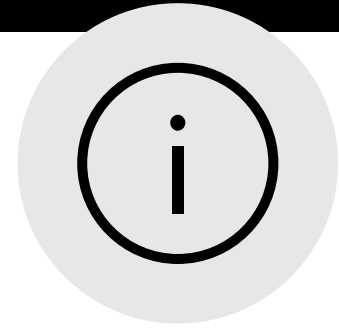
Service	Comments
Ambulance Services (Air)	All air ambulance transportation services provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO).
Ambulance Services (Ground)	All ground ambulance transportation services, emergency and non-emergency, provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO).
Crisis Services	<p>Crisis services are available to support you, based on where you live. If there is a life-threatening emergency, please call 911.</p> <p>For the Suicide Prevention Life Line: 1-800-273-8255 TTY Users: 1-800-799-4TTY (4889)</p> <p>For all other mental health crises, please call the Behavioral Health Organization or Behavioral Health Administrative Services organization (BHASO). Phone numbers can be found at: https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines</p>
Dental Services	<p>You must see a dental provider who has agreed to be an Apple Health fee-for-service provider. More information is available:</p> <ul style="list-style-type: none">• Online at https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/dental-services, or• Call HCA at 1-800-562-3022. <p>To find a provider that accepts Washington Apple Health online: https://fortress.wa.gov/hca/p1findaprovider.</p>

Service	Comments
Eyeglasses and Fitting Services	<p>For children 20 years of age and younger — Eyeglass frames, lenses, contact lenses, and fitting services are covered by Apple Health coverage without a managed care plan.</p> <p>For adults — 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 a discounted prices. Visit this site to find a list of participating providers: https://www.hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf.</p>
First Steps Maternity Support Services (MSS) and Infant Case Management (ICM)	<p>MSS provides pregnant and postpartum clients preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby. ICM helps families with children 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>
Inpatient Psychiatric Care	<p>Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.</p>
Long-Term Care Services and Supports	<p>See page 19 of this booklet.</p>
Pregnancy Termination, Voluntary	<p>Includes termination and follow-up care for any complications.</p>
Sterilizations, age twenty (20) and under	<p>Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.</p>
Substance Use Disorder Services, Inpatient, Outpatient, and Detoxification	<p>Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services. We cover medications associated with substance use disorder services.</p>
Transgender Health Services	<p>Surgical procedures and postoperative complications.</p>
Transportation for Non-Emergency Medical Appointments	<p>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 http://www.hca.wa.gov/transportation-help.</p>

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.

Service	Comments
Alternative Medicines	Acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, or massage therapy.
Chiropractic Care for Adults (21 and over)	
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	
Personal Comfort Items	
Nonmedical Equipment	Such as ramps or other home modifications.
Physical Exams Needed for Employment, Insurance, or Licensing	
Services Not Allowed by Federal or State Law	
Weight Reduction and Control Services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.



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

We must let you know by phone or letter that we received your grievance or complaint within two working days. We must address your concerns as quickly as possible but cannot take more than 45 days.

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 information was considered, or you think the decision should be reviewed by another person. This is called an appeal. We will help you file an appeal.

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

An appeal is when you ask us to review your case again because you disagree with our decision. You may appeal a denied service. You may call to let us know, but you must send your appeal in writing with your signature unless the request is urgent. We can help you file an appeal. Your provider 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. Otherwise, you have 60 days from the date on your denial letter to send the appeal in writing. 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.

Other Plan Details

To ask for an appeal, send your request to:

UnitedHealthcare Community Plan
Grievances and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

You have rights and responsibilities including the right to voice a complaint or appeal or suggest changes to the policy. You can view the full policy by visiting **UHCCommunityPlan.com** or **myuhc.com/CommunityPlan** or request by calling **1-877-542-8997, TTY 711**. To file a complaint in writing:

Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your UnitedHealthcare Community Plan member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:

UnitedHealthcare Community Plan
Grievances and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

Call us with questions or if you need help: **1-877-542-8997, 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, you or your doctor can ask for an expedited (quick) appeal by calling us. If your medical condition requires it, a decision will be made about your care within 3 calendar days. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request for a quick appeal, 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 and we will mail you a letter within two days. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal.

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. The appeal must be done before the administrative hearing can begin.

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 UnitedHealthcare Community Plan 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.

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 by an Independent Review Organization (IRO). 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.

To ask for an independent review, call us **1-877-542-8997, TTY 711**.

If you do not agree with the decision of the IRO, you can ask to have a review judge from the Health Care Authority's Board of Appeals to review your case. You only have 21 days to ask for the review after getting your IRO decision letter. The decision of the review judge is final. To ask a review judge to review your case:

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

Your Rights

As an enrollee, you have a right to:

- Help make decisions about your health care, including mental health and substance use disorder services, and refusing treatment.
- Be informed about all treatment options available, regardless of cost.
- Change primary care providers.
- Get a second opinion from another provider in your health plan.
- Get services without having to wait too long.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of his or her race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
- Speak freely about your health care and concerns without any bad results.
- Have your privacy protected and information about your care kept confidential.
- Ask for and get copies of your medical records.
- Ask for and have corrections made to your medical records when needed.
- Ask for and get information about:
 - Your health care and covered services.
 - Your provider and how referrals are made to specialists and other providers.
 - How we pay your providers for your medical care.
 - All options for care and why you are getting certain kinds of care.
 - How to get help with filing a grievance or complaint about your care 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.
- Receive a list of crisis phone numbers.
- Receive help completing advance directive forms, both medical and mental health advance directives.

Your Responsibilities

As an enrollee, you agree to:

- Help make decisions about your health care, including refusing treatment.
- Keep appointments and be on time. Call your provider's office if you are going to be late or if you have to cancel the appointment.
- Give your providers information they need to be paid for providing services to you.
- Bring your Services Card and health plan ID card to all of your appointments.
- Learn about your health plan and what services are covered.
- Use health care services when you need them.
- Know your health problems and take part in agreed-upon treatment goals as much as possible.
- Give your providers and UnitedHealthcare Community Plan complete information about your health.
- Follow your provider's instructions for care that you have agreed to.
- Use health care services appropriately. If you do not, you may be enrolled in the Patient Review and Coordination Program. In this program, you are assigned to one primary care provider, one pharmacy, one prescriber for controlled substances, and one hospital for non-emergency care. You must stay in the same plan for at least 12 months.
- Inform the Health Care Authority if your family size or situation changes, such as pregnancy, births, adoptions, address changes, or you become eligible for Medicare or other insurance.
- Renew your coverage annually using the Washington Health Benefit Exchange at <https://www.wahealthplanfinder.org>, and report changes to your account such as income, marital status, births, adoptions, address changes, become eligible for Medicare or other insurance.

Advance Directives

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

- What kind of health care you do or do not want if:
 - You lose consciousness.
 - You can no longer make health care decisions.
 - You cannot tell your doctor or family what kind of care you want.
 - You want to donate your organ(s) after your death.
 - You want someone else to decide about your health care if you can't.

Having an advance directive means your loved ones or your doctor can make medical choices for you based on your wishes. There are the following 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 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.

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 <https://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.

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

We Protect Your Privacy

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

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

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

We may use or share your PHI without getting written approval from you under certain circumstances.

- Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
 - The information is directly related to the family or friend's involvement with your care or payment for that care; and you have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.
- The law allows HCA or UnitedHealthcare Community Plan to use and share your PHI for the following:
 - When the U. S. Secretary of the Department of Health and Human Services requires us to share your PHI.
 - Public Health and Safety which may include helping public health agencies to prevent or control disease.
 - Government agencies may need your PHI for audits or special functions, such as national security activities.
 - For research in certain cases, when approved by a privacy or institutional review board.
 - For legal proceedings, such as in response to a court order. Your PHI may also be shared with funeral directors or coroners to help them do their jobs.
 - With law enforcement to help find a suspect, witness, or missing person. Your PHI may also be shared with other legal authorities if we believe that you may be a victim of abuse, neglect, or domestic violence.
 - To obey Workers' Compensation laws.

Your written approval is required for all other reasons not listed above. You may cancel a written approval that you have given to us. However, your cancellation will not apply to actions taken before the cancellation.

We take your privacy seriously. We protect oral, written and electronic protected health information (PHI) throughout our business. To place a request to see and obtain a copy of certain PHI you can contact us at **1-877-542-8997, TTY 711**, or you can submit a written request. View our privacy policy online at **myuhc.com/CommunityPlan**.

Mail us your written requests to exercise any of your rights, including modifying or cancelling a confidential communication, requesting copies of your records or requesting amendments to your record, at the following address:

UnitedHealthcare
Customer Service – Privacy Unit
P.O. Box 740815
Atlanta, GA 30374-0815

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 for more information.

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