



Integrated Managed Care Member Handbook

**Washington Apple Health
Amerigroup Washington, Inc.**

800-600-4441 (TTY 711)
myamergroup.com/wa



Amerigroup Washington, Inc.

**Washington Apple Health
Managed Care**

Enrollee Handbook 2022

If the enclosed information is not in your primary language, we can translate this at no cost to you. If you have trouble understanding the things we send you, we can get you other formats, like braille, large print or audio. We can tell you if a provider's office is accessible to you. Please call Member Services at 800-600-4441 (TTY 711). **ENGLISH**

Si la información adjunta no está en su idioma principal, podemos traducirla sin costo para usted. Si tiene problemas para entender las cosas que le enviamos, podemos enviarla en otros formatos, como braille, letra grande o audio. Podemos indicarle si el consultorio de un proveedor tiene acceso para usted. Llame a Servicios al Miembro al 800-600-4441 (TTY 711). **SPANISH**

Yog cov ntaub ntawv uas muab tso nrog ua ke tuaj no tsis yog koj hom lus hais, peb tuaj yeem muab cov ntaub ntawv no txhais pub dawb rau koj. Yog koj tsis nkag siab txog cov ntaub ntawv uas peb xa tuaj rau koj, peb tuaj yeem muab nws sau ua lwm hom ntawv tuaj rau koj, xws li Cov Ntawv Sau Rau Neeg Dig Muag Xua, muab luam tawm koj loj los sis muab tso ua suab lus. Peb tuaj yeem qhia rau koj tau yog koj tuaj yeem mus ntsib lub chaw ua haujlwm ntawm tug kws kuaj mob. Thov hu rau Lub Chaw Pab Cuam Tswv Cuab rau ntawm 800-600-4441 (TTY 711). **HMONG**

Afai o le faamatalaga o fafao faatasi atu e lē oi lau gagana 'autū, e mafai ona matou faaliliuina e aunoa ma lou totogia. Afai e iai se faafitauli e faigata ona e malamalama i mea o matou lafoina atu ia oe, e mafai ona matou faaooina atu i se isi ituaiga fometi, e pei o le braille, faalapopo'a mata'itusi pe ala i se leo ua pu'eina. E mafai foi ona matou logoina oe pe e iai se ofisa ete alu iai. Faamolemole telefoni i le Tautua mo Suiauai i le 800-600-4441 (TTY 711). **SAMOAN**

Если приложенная информация не на вашем родном языке, мы можем перевести ее для вас бесплатно. Если вы испытываете трудности с прочтением документов, которые мы вам посылаем, мы можем предоставлять их вам в другом формате, например напечатанные на шрифте Брайля или крупным шрифтом, либо в виде аудиозаписи. Мы можем подсказать, имеются ли в офисе поставщика медицинских услуг необходимые вам специальные условия. Позвоните в отдел обслуживания участников по телефону 800-600-4441 (TTY 711). **RUSSIAN**

Якщо інформацію, що додається, викладено не Вашою основною мовою, ми можемо перекласти її для Вас безкоштовно. Якщо у Вас виникають труднощі зі сприйняттям повідомлень, що ми Вам надсилаємо, ми можемо запропонувати Вам інші формати, як-от шрифт Брайля, великий шрифт чи аудіозаписи. Ми можемо повідомити, чи є офіс провайдера доступним для Вас. Будь ласка, телефонуйте у відділ обслуговування клієнтів на номер 800-600-4441 (TTY 711). **UKRAINIAN**

동봉한 자료가 귀하께서 주로 쓰시는 언어로 되어 있지 않은 경우, 저희가 무료로 번역을 해드릴 수 있습니다. 저희가 보내드리는 자료를 이해하는 데 문제가 있으시면 점자, 대형 활자본 또는 오디오 같은 다른 형식으로 자료를 보내드릴 수 있습니다. 서비스 제공자의 진료소가 장애인들도 이용할 수 있는지 여부를 알려드릴 수 있습니다. 가입자 서비스부에 800-600-4441(TTY 711)번으로 연락해 주십시오. **KOREAN**

Kung ang nakalakip na impormasyon ay wala sa inyong pangunahing wika, maaari naming isalin-wika ito nang wala kayong babayaran. Kung nagkakaproblema kayong maunawaan ang mga bagay na ipinapadala namin sa inyo, maaari namin kayong bigyan ng iba pang format, tulad ng braille, malalaking letra o audio. Maaari naming sabihin sa inyo kung maaari ninyong puntahan ang opisina ng isang provider. Pakitawagan ang Mga Serbisyo sa Miyembro sa 800-600-4441 (TTY 711). **TAGALOG**

Dacă informația conținută nu este în limba dumneavoastră principală, o putem traduce fără a fi nevoie să plătiți pentru ea. Dacă aveți probleme în a înțelege ceea ce vă trimitem, vă putem trimite alte formate, precum braille, caractere de mari dimensiuni sau audio. Vă putem spune dacă biroul furnizorului este accesibil pentru dumneavoastră. Apelați Serviciile pentru membri la numărul 800-600-4441 (TTY 711). **ROMANIAN**

የታሸገው መረጃ በመጀመሪያ ቋንቋዎ ካልሆነ፣ ምንም ክፍያ ሳይፈጽሙ ልንተረጉምሎት እንችላለን። የምንልክሎትን ነገሮች ለመረዳት ከተችገሩ፣ ሌሎች ፎርማቶችን፣ እንደ braille፣ ትልቅ ህትመት ወይም ድምጽ ልንሰጥዎት እንችላለን። የአቅራቢው ቢሮ ለእርሶ ተደራሽ ሊሆን መቻሉን እንነግሮታለን። እባክዎ ለአባላት አገልግሎት በስልክ ቁጥር 800-600-4441 (TTY 711) ይደውሉ። **AMHARIC**

እንድሕር አብዚ ዝተተሓሓዘ ሓበሬታ ብናይ ኣድኦም ቋንቋ ዘይኮይኑ እዚ ብዘይዝኾነ ክፍሊት ንዐኡም ክንትርጉምሎም ንኽእል ኢና። እቲ ዝልክኽናልኩም ነገር እንድሕር ክትርድእዎ ዘፀግመልኩም ኮይኑ ካልእ ክጥዱ ክነቕርብሎም ንኽእል ኢና ከም ብራይል ዓብዩ ፕሮግራም ወይ ድማ ድምዒ። እንድሕር እቲ መቐረቢ ቤት ፅሕፈት ዝረኽበዎ ኮይኖም ክንነግርሎም ንኽእል ኢና። በጃኦም ብናይ ኣባላት ግልጋሎት ስልኪ 800-600-4441 (TTY 711)። **TIGRINYA**

ຖ້າຂໍ້ມູນທີ່ຄັດຕືດມານີ້ບໍ່ແມ່ນພາສາຫລັກຂອງທ່ານ,ພວກເຮົາສາດແປໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າໃດໆ.ຖ້າທ່ານມີບັນຫາໃນການເຂົ້າໃຈເລື່ອງທີ່ພວກເຮົາສົ່ງເຖິງທ່ານ,ພວກເຮົາສາມາດໃຫ້ທ່ານຮູ້ບ່ອນອື່ນ ເຊັ່ນ: ຕົວອັກສອນສໍາລັບຄົນຕາບອດ,ການພິມທີ່ ມີຂະໜາດໃຫຍ່ ຫລື ໄຟລ໌ສຽງ. ພວກເຮົາສາມາດບອກທ່ານໄດ້ຖ້າຫ້ອງການຜູ້ສະໜອງການບໍລິການແມ່ນສາມາດເຂົ້າອອກໄດ້ສໍາລັບທ່ານ.ກະລຸນາໃຫ້ທ່ານບໍລິການຂອງສະມາຊິກທີ່ເປັນ 800-600-4441 (TTY 711). **LAOTIAN**

Nếu thông tin đính kèm không ở dạng ngôn ngữ chính của quý vị, chúng tôi có thể dịch miễn phí cho quý vị. Nếu quý vị khó hiểu thông tin chúng tôi gửi cho quý vị, chúng tôi có thể gửi cho quý vị định dạng khác, như chữ nổi braille, bản in chữ lớn hoặc bản âm thanh. Chúng tôi có thể cho quý vị biết liệu quý vị có thể tiếp cận phòng mạch của nhà cung cấp hay không. Vui lòng gọi đến Dịch Vụ Hội Viên theo số 800-600-4441 (TTY 711). **VIETNAMESE**

如果隨附資訊並非您的主要語言，我們可以免費提供翻譯服務。如果您難以理解我們所寄發給您的內容，我們可以為您提供其他格式，如盲文、大型字型印刷版或音訊。我們可告知您，提供者的診室是否為您提供無障礙措施。請致電 800-600-4441 (TTY 711) 聯絡會員服務部。 **TRADITIONAL CHINESE**

اگر اطلاعات پیوست به زبان اصلی که شما به آن تکلم می کنید نمی باشد، ما می توانیم آنها را به صورت رایگان برای شما ترجمه کنیم. اگر در درک متونی که ما برای شما ارسال می کنیم با مشکل مواجه هستید، ما می توانیم آنها را در قالب های دیگر، مانند خط بریل، چاپ بزرگتر یا قالب صوتی به شما ارائه کنیم. ما می توانیم به اطلاع شما برسانیم که آیا مطب یا دفتر یک ارائه کننده خدمات برای شما قابل دسترسی می باشد. لطفا با بخش خدمات مشتریان به شماره 800-600-4441 (711 TTY) تماس بگیرید. **FARSI**

ប្រសិនបើព័ត៌មានដែលមានភ្ជាប់មកជាមួយមិនមែនជាភាសាចម្បងរបស់លោកអ្នកទេនោះយើងខ្ញុំអាចបកប្រែវាដោយឥតគិតថ្លៃសម្រាប់អ្នក។

ប្រសិនបើលោកអ្នកមានបញ្ហាមិនអាចយល់ពីអ្វីដែលយើងខ្ញុំបានផ្ញើទៅឱ្យលោកអ្នកទេនោះ យើងខ្ញុំអាចផ្ញើជាទម្រង់ផ្សេងទៀតដូចជាអក្សរស្នាបសម្រាប់ជនពិការ អក្សរទំហំធំ ឬជាសម្លេង។

យើងខ្ញុំអាចប្រាប់លោកអ្នកបានថា តើការិយាល័យរបស់អ្នកផ្តល់សេវាមួយនោះអាចទទួលអ្នកឬក៏អត់។ សូមហៅទៅកាន់សេវាសមាជិកតាមលេខ 800-600-4441 (TTY 711). **CAMBODIAN**

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Welcome to Amerigroup and Washington Apple Health

Welcome!

You are receiving this handbook because you recently enrolled in Washington Apple Health (Medicaid). Amerigroup works with Apple Health to provide your coverage. This handbook will provide more detail about your covered benefits.

Most Apple Health clients are enrolled with managed care. This means Apple Health pays your health plan a monthly premium for your coverage, which includes physical and behavioral health services like preventive, primary, specialty care, telemedicine, and other health services. Clients in managed care must see providers who are in their plan's provider network. To see providers outside of your plan's network, pre-approval needs to be obtained.

Amerigroup will get in touch with you in the next few weeks. You can ask us any questions you have and get help making appointments. If you need to speak with us before we call you, our phone lines are open Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

If English is not your preferred language or you are deaf, deafblind, or hard of hearing, we can help. We want you to be able to access your healthcare benefits. If you need any information in a language other than English, including sign language, call us at **800-600-4441 (TTY 711)**. We will provide language assistance at no cost to you. We can also assist you in finding a provider who speaks your language.

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

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

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

Call us if you need information in other formats or help to understand the information we provide to you. If you have a disability, are blind or have limited vision, are deaf or hard of hearing, or do not understand this book or other materials, call us at **800-600-4441 (TTY 711)**. We can provide you with materials in another format or auxiliary aids, like braille, at no cost to you. We can tell you if a provider's office is wheelchair accessible or has special communication devices or other special equipment. We also offer:

- TTY line (Our TTY phone number is **711**).
- Information in large print.
- Help in making appointments or arranging transportation to appointments.
- Names and addresses of providers who specialize in specific care needs.

Important contact information

	Customer service hours	Customer service phone numbers	Website address
Amerigroup	Monday–Friday 8 a.m. to 5 p.m. Pacific time	800-600-4441 (TTY 711)	myamerigroup.com/wa
Health Care Authority (HCA) Apple Health Customer Service	Monday–Friday 7 a.m. to 5 p.m.	800-562-3022 TRS 711	hca.wa.gov/apple-health
Washington Healthplanfinder	Monday–Friday 8 a.m. to 6 p.m.	855-923-4633 TTY 855-627-9604	wahealthplanfinder.org

My healthcare providers

We suggest you write down the name and phone number of your providers for quick access. We will have the information on our website in our provider directory at myamerigroup.com/wa. You can also call us and we will help.

Healthcare provider	Name	Phone number
My primary care provider:		
My behavioral health provider is:		
My dental provider is:		
My specialty care provider is:		

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

How to use this handbook

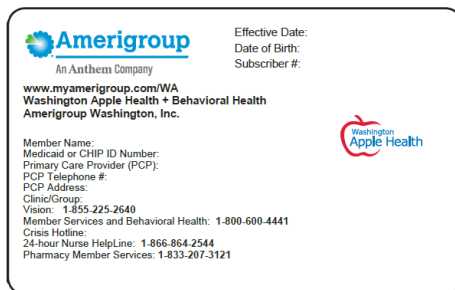
This is your guide to services. When you have a question, refer to the table below to see who can help.

If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> • Changing or disenrolling from your Apple Health managed care page 6 • How to get Apple Health covered services not included through your plan page 9 • Your ProviderOne services card page 5 	<p>HCA:</p> <ul style="list-style-type: none"> • ProviderOne Client Portal: waproviderone.org/client • fortress.wa.gov/hca/p1contactus <p>If you still have questions or need further help, call 800-562-3022.</p>
<ul style="list-style-type: none"> • Choosing or changing your providers page 7 • Covered services or medications page 15 • Making a complaint page 37 • Appealing a decision by your health plan that affects your benefits page 39 	<p>Amerigroup at 800-600-4441 (TTY 711) or go online to myamerigroup.com/wa.</p>
<ul style="list-style-type: none"> • Your medical care page 7 • Referrals to specialists page 8 	<p>Your primary care provider (PCP). If you need help to select a primary care provider, call us at 800-600-4441 (TTY 711) or go online to myamerigroup.com/wa.</p> <p>You can speak with a nurse or doctor 24 hours a day, seven days a week by calling 24-hour Nurse HelpLine at 866-864-2544 (TTY 711) for English or 866-864-2545 (TTY 711) for Spanish.</p>
<ul style="list-style-type: none"> • Changes to your account such as: <ul style="list-style-type: none"> • Address changes, • Income change, • Marital status, • Pregnancy, and, • Births or adoptions. 	<p>Washington Healthplanfinder at 855-WAFINDER (855-923-4633) or go online to: wahealthplanfinder.org.</p>

Getting started

You will need two cards to access services: your Amerigroup card and your ProviderOne services card.

1. Your Amerigroup member ID card



Your member ID card should arrive within 30 days of your enrollment date. Your member ID card will have your member ID number on it, and if any information is incorrect on your member ID card, call us right away. Always carry your member ID card and show it each time you get care. If you are eligible and need care before the card comes, contact us at **800-600-4441 (TTY 711)** and mpsweb@amergroup.com. Your provider can also

contact us to check eligibility at any time.

2. Your ProviderOne services card

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



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

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

Using the ProviderOne services card

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

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

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

If you need a new ProviderOne services card

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

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

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 change your health plan at any time. The change in enrollment in the new plan may start as soon as the first of the next month. Make sure you are enrolled in the newly requested plan before you see providers in your new plan's network.

There are several ways to switch your plan:

- Change your plan on the Washington Healthplanfinder website: wahealthplanfinder.org
- Visit the ProviderOne client portal: waproviderone.org/client
- Request a change online: fortress.wa.gov/hca/p1contactus/home/client
 - Select the topic "Enroll/Change Health Plans."
- Call HCA at **800-562-3022** (TRS: **711**).

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

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

Using private health insurance and your Amerigroup coverage

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

Make sure your healthcare providers are either a member of Amerigroup's provider network or willing to bill us for any copays, deductibles, or balances that remain after your primary coverage pays your healthcare bill. This will help you avoid any out-of-pocket costs.

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

- Private health insurance card,
- ProviderOne services card, and,
- Amerigroup card.

Contact Amerigroup 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 healthcare

How to choose your primary care provider (PCP)

It's important to choose a primary care provider (PCP). You can find your PCP's information on your member ID card. If you do not choose a PCP, we will choose one for you. If you are already seeing a PCP you like, or have heard about a provider you want to try, you can ask for that provider. If the provider you would like to see is not in our network, we can help you find a new PCP. You have the right to change health plans without interruption of care, as noted in HCA's Transition of Care policy.

Each family member can have their own PCP, or you can choose one PCP to take care of all family members who have Apple Health managed care coverage. If you or your family want to change your PCP, you can choose a new one at any time at myamerigroup.com/wa or call Member Services at **800-600-4441** (TTY **711**).

Setting your first PCP appointment

Your PCP will take care of most of your healthcare needs. Services you can get include regular check-ups, immunizations (shots), and other treatments.

As soon as you choose a PCP, make an appointment to establish yourself as a patient. This will help you get care more easily when you need it.

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

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

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

How to get specialty care and referrals

Your PCP will refer you to a specialist if you need care they cannot give. Your PCP can explain how referrals work. If you think a specialist does not meet your needs, talk to your PCP and they may be able to help you 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 may need to pre-approve any visits outside of our network. Discuss this with your PCP.

Your PCP will request pre-approval from us with medical information to show us why you need this care. We must respond to your PCP within five days of the request. We will notify you of our decision no later than 14 days. If we deny this request and you disagree with our decision, you have the right to appeal. This means you can ask us to have a different person review the request. See page 39 for more information.

If your PCP or Amerigroup refers you to a specialist outside of our network, and we give pre-approval, you are not responsible for any of the costs.

Services you can get without a referral

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

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

Telemedicine

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

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

LiveHealth Online lets you visit a doctor through video chat on your computer, tablet, or smartphone. LiveHealth Online has doctors who speak English and Spanish. You can get care for common health problems, and even prescriptions sent right to your pharmacy.

Sign up for LiveHealth Online free mobile app at livehealthonline.com or call **888-548-3432 (TTY 711)**.

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

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

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

You will only need your ProviderOne services card to access these benefits. Your PCP or Amerigroup will help you access these services and coordinate your care. See page 15 for more details on covered benefits. If you have any questions about a benefit or service listed here, call us.

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

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

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

To get a directory, call our member services line at **800-600-4441** (TTY **711**) or visit our website myamergroup.com/wa.

Payment for healthcare services

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

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

Providers should not ask you to pay for covered services. If you get a bill, please call us at **800-600-4441** (TTY **711**). We will work with your provider to make sure they are billing you appropriately.

Quality Improvement programs

We have quality programs in place to help improve medical care and health outcomes for our members. Our quality program focuses on quality of care, quality of service, and patient safety.

We use several tools to get data on how well we're serving you. One such tool is the HEDIS® (Healthcare Effectiveness Data and Information Set). HEDIS scores are national standard measures related to clinical care. These scores reflect care members actually receive, like:

- Childhood immunizations and screenings.
- Adult preventive care.
- Respiratory management.
- Comprehensive diabetes care.
- Behavioral healthcare.
- Prenatal care.
- And more.

We also use the CAHPS® (Consumer Assessment of Healthcare Provider and Systems) survey, which measures how pleased our members are with the quality of their care and the customer service we provide. Once a year, members are encouraged to take part in this survey to tell us things like:

- Your ability to get needed care.
- Your ability to get care quickly.
- How well your doctors talk with you.
- Whether you're being listened to and treated with respect.
- Your ability to get the information you need.
- And more.

Our quality program is designed with you in mind. When we understand what you need, prefer, and expect from us, we're able to improve our service to you. You may request a copy of the QM materials by contacting Member Services at **800-600-4441** (TTY **711**).

Utilization Management programs

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

To make sure decisions are fair, we do not reward the staff who make these decisions for saying no. If you have questions about how these decisions are made, call **800-600-4441** (TTY **711**), Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

Information for American Indians and Alaska Natives

HCA gives American Indians and Alaska Natives in Washington a choice between Apple Health managed care or Apple Health coverage without a managed care plan (also called fee-for-service). HCA does this to comply with federal rules, in recognition of the Indian healthcare

delivery system, and to help ensure that you have access to culturally appropriate healthcare. You can contact HCA at **800-562-3022** for questions about enrollment.

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

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

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

In an emergency

If you have a sudden or severe health problem that you think is an emergency, call **911** or go to the nearest emergency room.

As soon as possible afterward, call us and let us know that you had an emergency and where you received care. You do not need pre-authorization to seek care in the event of an emergency. You may use any hospital or emergency setting if you are having an emergency.

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

If you need urgent care

You may have an injury or illness that is not an emergency but needs urgent care. Contact us at **800-600-4441 (TTY 711)** to find urgent care facilities in our network or visit our website at myamerigroup.com/wa. If you have questions on whether to go to an urgent care facility call our 24-hour Nurse HelpLine at **866-864-2544** for English or **866-864-2545** for Spanish (TTY **711**). This line is open seven days a week.

If you need care after hours

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

You can also call our 24-hour Nurse HelpLine at the number above and ask for assistance.

Behavioral health crisis

Washington Recovery Help Line is a 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance use disorder treatment services, and problem gambling. Call or text **866-789-1511** or TTY **206-461-3219**. Email

recovery@crisisclinic.org or go to warecoveryhelpline.org. Teens can connect with other teens during specific hours: **866-833-6546**, teenlink@crisisclinic.org, or 866teenlink.org.

County crisis line phone numbers

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

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

Expectations for when a healthcare 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, behavioral health provider, urgent care clinic, or other provider within 24 hours.

- **Routine care:** Office visits with your PCP, behavioral health provider, or other provider within 10 days. Routine care is planned and includes regular provider visits for medical problems that are not urgent or emergencies.
- **Preventive care:** Office visits with your PCP or other provider within 30 days. Examples of preventive care include:
 - Annual physicals (also called checkups),
 - Well-child care visits,
 - Annual women’s healthcare, and
 - Immunizations (shots).

If you are unable to see a provider in the timeframes indicated above, please contact us.

Benefits covered by Amerigroup

This section describes services covered by Amerigroup. It is not a complete list of covered services. Check with your provider or contact us if a service you need is not listed. Or you may check our provider directory at myamerigroup.com/wa.

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

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

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

For some services, you may need to get a referral from your PCP and/or pre-approval from Amerigroup before you get them, otherwise we might not pay for those services. Work with your PCP to make sure there is a pre-approval in place before you get the service.

Visit our website at myamerigroup.com/wa to learn about how to submit a claim for covered services.

General services and emergency care

Service	Additional information
Emergency services	Available 24 hours per day, seven days per week anywhere in the United States.

Hospital, inpatient and outpatient services	Must be approved by us for all non-emergency care.
Urgent care	Use urgent care when you have a health problem that needs care right away, but your life is not in danger.
Preventive care	See page 16.
Hospital inpatient rehabilitation (physical medicine)	Must be approved by us.
Immunizations/ vaccinations	<p>Our members are eligible for immunizations from their PCP, pharmacy, or local health department. Check with your provider or contact member services for more information on the scheduling of your immunization series.</p> <p>You may also visit the Department of Health at doh.wa.gov/youandyourfamily/immunization for further information.</p>
Skilled Nursing Facility (SNF)	Covered for short-term, medically necessary services. Additional services may be available. Call us at 800-600-4441 (TTY 711).

Pharmacy or prescriptions

We use a list of approved drugs called the Apple Health Preferred Drug List (PDL) also known as a “formulary”. Your prescribing provider should prescribe medications to you that are on the PDL. You can call us and ask for:

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

You can also get this information by logging in to your secure member portal at **myamerigroup.com/wa**.

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.

Service	Additional information
Pharmacy services	Must use participating pharmacies. We use the PDL. Call us at 833-207-3121 (TTY 711) for a list of pharmacies.

Healthcare services for children

Children and youth under age 21 have a healthcare benefit called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT includes a full range of screening, diagnostic, and treatment services. Screenings can help identify potential physical, behavioral health, or developmental healthcare needs which may require additional diagnostics and/or treatment.

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

These services can be aimed at keeping conditions from getting worse or slowing the pace of the effects of a child’s healthcare problem. EPSDT encourages early and continued access to healthcare for children and youth.

An EPSDT screening is sometimes referred to as a well-child or well-care 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.
- Review eating or sleeping problems.
- Oral health screening and oral health services by an Access to Baby and Child Dentistry (ABCD) qualified PCP.
- Immunizations (shots).
- Mental health screening.
- Substance use disorder screening.

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

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

Additional services include:

Service	Additional information
Autism screening	Available for all children at 18 months and 24 months.
Chiropractic care	Benefit is for children 20 years of age and younger with referral from your PCP.

Developmental screening	Screenings available for all children at nine months, 18 months, and between 24 and 30 months.
Private Duty Nursing (PDN) or Medically Intensive Children's Program (MICP)	<p>Covered for children ages 17 and younger by us. Must be approved by us.</p> <p>For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (ALTSa). See 34 for contact information.</p>

Behavioral health

Behavioral health services include mental health and substance use disorder treatment services. If you need counseling, testing, or need to see a behavioral health provider, contact us at **800-600-4441** (TTY **711**) or select a provider from our provider directory.

Service	Additional information
Applied Behavioral Analysis (ABA)	Assists individuals with autism spectrum disorders and other developmental disabilities in improving their communication, social, and behavioral skills.
Substance use disorder (SUD) treatment services	<p>SUD treatment services may include:</p> <ul style="list-style-type: none"> • Assessment • Brief intervention and referral to treatment • Withdrawal management (detoxification) • Outpatient treatment • Intensive outpatient treatment • Inpatient and residential treatment • Case management
Mental health, inpatient treatment	Mental health services are covered when provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist.

Mental health, outpatient treatment	<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"> • Intake evaluation • Individual treatment services • Medication management • Peer support • Brief intervention and treatment • Family treatment • Mental health services provided in a residential setting • Psychological assessment • Crisis services
Medications for Opioid Disorder (MOUD)	<p>Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat certain substance use disorders. Call us at 800-600-4441 (TTY 711) for specific details.</p>
Evaluation and treatment or community hospitalization	<p>Includes freestanding Evaluation and Treatment (E&T)</p>

You may also receive General Fund State (GFS) or non-Medicaid covered services through any of our contracted network providers for behavioral health services. GFS services include:

- Therapeutic childcare in a substance abuse residential setting
- Day support
- Sobering services
- Interim services
- Respite care services

Nutrition

Service	Additional information
Medical nutrition therapy	<p>Covered for clients 20 years of age and younger when medically necessary and referred by the provider.</p> <ul style="list-style-type: none"> Includes medical nutrition therapy, nutrition assessment, and counseling for conditions that are within the scope of practice for a registered dietitian (RD) to evaluate and treat.
Enteral & parenteral nutrition	<p>Parenteral nutrition supplements and supplies for all enrollees.</p> <p>Enteral nutrition products and supplies for all ages for tube-fed enrollees. Oral enteral nutrition products for clients 20 years of age and younger for a limited time to address acute illness.</p>

Special healthcare needs or long-term illness

If you have special healthcare needs or a long-term illness, you may be eligible for additional services through our Health Home program or care coordination services. 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.

Therapy

Service	Additional information
Outpatient rehabilitation (occupational, physical, and speech therapies)	<p>This is a limited benefit. Call us at 800-600-4441 (TTY 711) for specific details. Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> Outpatient clinic Outpatient hospital The home by a Medicare-certified home health agency <p>When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf</p>

Habilitative services	<p>Healthcare 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. This is a limited benefit. Call us at 800-600-4441 (TTY 711) for specific details.</p> <p>Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home infusion agency <p>When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf</p>
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Specialty

Service	Additional information
Antigen (Allergy Serum)	Allergy shots.
Bariatric surgery	Pre-approval required for bariatric surgery. Only available in HCA-approved Centers of Excellence (COE).
Biofeedback therapy	Limited to plan requirements.
Chemotherapy	Some services may require pre-approval.
Cosmetic surgery	Only when the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma, or for mastectomy reconstruction for post-cancer treatment.
Diabetic supplies	Limited supplies available without pre-approval. Additional supplies are available with pre-approval.

Dialysis	These services may require pre-approval.
Hepatitis C treatment	Medications for the treatment of Hepatitis C are covered through the Healthcare Authority.
Organ transplants	Some organ transplants are covered by Apple Health without a managed care plan. Call us at 800-600-4441 (TTY 711) for specific details.
Oxygen and respiratory services	Medically necessary oxygen and/or respiratory therapy equipment, supplies, and services to eligible enrollees.
Podiatry	This is a limited benefit. Call us at 800-600-4441 (TTY 711) for specific information.
Smoking cessation	Covered for all clients with or without a PCP referral or pre-approval. Call Quit for Life at 866-QUIT-4-LIFE (TTY 711) for more information.
Transgender health services	Services related to transgender health and the treatment of gender dysphoria include hormone replacement therapy, puberty suppression therapy, and mental health services. These services may require prior authorization.
Tuberculosis (TB) screening and follow-up treatment	You have a choice of going to your PCP or the local health department.

Hearing and vision

Service	Additional information
Audiology tests	Hearing screening test.
Cochlear implant devices and Bone Anchored Hearing Aid (BAHA) Devices	Benefit is for children 20 years of age and younger. Replacement parts for all individuals who already have implant.
Eye exams and eyeglasses	You must use our provider network. Call us for benefit information. For children 20 years of age and under, eyeglasses and hardware fittings are covered. You can find eyewear suppliers at: fortress.wa.gov/hca/p1findaprovider . For adults in need of eyeglasses at a reduced cost, you can purchase eyeglass frames and lenses through participating optical providers. Find a list of participating providers at: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf .
Hearing exams and hearing aids	Exams are covered benefit for all individuals Hearing aids are available for: Children 20 and under Adults who meet program criteria Monaural hearing aids including: <ul style="list-style-type: none"> • Fitting • Follow up • Batteries

Family Planning/reproductive health

Service	Additional information
Family Planning Services, including birth control, and contraceptives	You can use our network of providers or go to your local health department or family planning clinic.
HIV/AIDS screening	You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening.

Medical equipment and supplies

We cover medical equipment or supplies when they are medically necessary and prescribed by your healthcare provider. We must pre-approve most equipment and supplies before we will pay for them. Call us for more information on covered medical equipment and supplies.

Service	Additional information
Medical equipment	Most equipment must get pre-approval. Call us at 800-600-4441 (TTY 711) for specific details.
Medical supplies	Most supplies must get pre-approval. Call us at 800-600-4441 (TTY 711) for specific details.

Labs and X-rays

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

Lab and X-ray services	<p>Some services may require pre-approval.</p> <p>Limitations shown below are for outpatient diagnostic services only:</p> <ul style="list-style-type: none"> • Drug screens only when medically necessary and: <ul style="list-style-type: none"> • Ordered by a physician as part of a medical evaluation; or • As substance use disorder screening required to assess suitability for medical tests or treatment. <p>Portable X-ray services furnished in the enrollee's home or a nursing facility are limited to films that do not involve the use of contrast media.</p>
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Women's health and maternity

Service	Additional information
Breast pumps	<p>Some types may require pre-approval.</p> <p>A standard electric breast pump is a covered benefit for all breastfeeding mothers.</p> <p>If a hospital grade breast pump is required, this may require additional certification from the facility that you are working with.</p>
Women's healthcare	Routine and preventive healthcare services, such as maternity and prenatal care, mammograms, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breastfeeding.

New Technology

The medical director and our participating providers assess new medical advances (or changes to existing technology) in:

- Medical procedures
- Behavioral health procedures
- Pharmaceuticals
- Devices

They also look at scientific literature and whether these new medical advances and treatments:

- Are considered safe and effective by the government
- Give equal or better outcomes than the covered treatment or therapy that exists now

They do this to see if these advances are suited as covered benefits.

Additional services we offer

24-Hour Nurse HelpLine — 866-864-2544 — Speak with a registered nurse about your non-emergency health questions and concerns, anytime — day or night.

Condition Care Programs — Our team can help you learn how to better manage your health issues. You can choose to join a Condition Care program at no cost to you.

You can join a Condition Care program to get healthcare and support services if you have any of these conditions:

- Asthma
- Bipolar Disorder
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Diabetes
- HIV/AIDS
- Major Depressive Disorder – Adult, Child, and Adolescent
- Schizophrenia
- Substance Use Disorder

If you wish to join, email us at dmsself-referral@amerigroup.com or call **888-830-4300** (TTY **711**) Monday through Friday, 8:30 a.m. to 5:30 p.m. Pacific time.

Healthy Families is a six-month program for members ages 7–17. The goal of the program is to help families form healthy eating habits and become more active. For kids who qualify, parents will get one-on-one coaching phone calls with us to:

- Create health goals just for your child that are clear and that they can meet.
- Make a plan to reach those goals.
- Talk about getting and staying active and healthy food choices.
- Help find resources to support a healthy life in your area.
- Find out if your health plan has extra benefits to help with living a healthier life.

Care Coordination for complex case management services

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

You may ask for case management services for yourself or a family member at any time. Others, such as healthcare providers, discharge planners, caregivers, and medical management programs can also refer you to case management. You must consent to case management services. For any questions, call **800-600-4441** (TTY **711**).

Value Added Benefits (VABs)

VABs are offered by Amerigroup and are in addition to your Apple Health benefits. These can be used to build more robust options for care, and to address social determinants of health. VABs are voluntary and are no cost to you.

Additional services offered by Amerigroup Washington:

For adults:

- A no-cost smartphone with monthly minutes, data, and unlimited text messages through SafeLink Wireless®. Members enrolled in Case Management may receive a monthly 8.5G plan with unlimited talk and text.
- No-cost eyeglasses for members ages 21–64 (one pair, under \$100, per year).
- No-cost acupuncture treatment (seven sessions per year from an in-network provider).
- Light box — helps prolong daylight during winter months for members ages 19 and older with seasonal affective disorder (SAD) or depression
- Peer support — We pay the registration and annual fees for members who want to become or renew as peer support counselors.
- Non-medical transportation — We'll help you get to school, work, job interviews, daycare, and other places you need to be; call Member Services to find out how to get a \$50 gas card or you can choose \$50 ORCA if you live in King County.
- WW® (formerly called Weight Watchers) — Members 18 or older with a doctor's permission can get one WW voucher that covers a sign-up fee, 13 weeks of classes, and 14 weeks of digital tools.
- Flu Pandemic Preparedness Kit — The kits will contain antiseptic hand sanitizer, N95 masks, antiseptic wipes, thermometer, tissues, and Nitrile gloves.

For kids:

- Free sports physicals for members ages 7–18.
- Free Boys & Girls Club membership for members ages 6–18 (where available).

- Free YMCA membership to the YMCA in Wenatchee and Longview Washington for ages 19 and younger when you fill out the Y scholarship form.
- Free 4-H membership
- Healthy Families program — helps families with children ages 7–17 live healthier lives. This six-month program includes:
 - Fitness and healthy behavior coaching.
 - Written nutrition information.
 - Online and community resources.
 - Circumcision for newborns (up to \$150).

For all:

- LiveHealth Online lets you visit a doctor through video chat — when your doctor isn't available and you need an appointment fast
- Free Costco Gold card membership — one per family
- Community Resource Link — find jobs, housing, food, and other support with our no-cost online tool
- Free first aid and dental hygiene kits when you fill out a personal disaster plan online
- Quit for Life stop-smoking program for members ages 18+
- Taking Care of Baby and Me® rewards program for pregnant women and new moms
- Electric breast pump (three options):
 - Medela in Style advanced personal double breast pump
 - Ameda Purely Yours double electric personal pump
 - Ameda Purely Yours ultra pump
- No-cost infant car seat — available to pregnant members and new moms or babies up to 12 months
- Free GED testing for members ages 17 and older; we cover the cost of all four tests
- FitnessCoach program which includes online exercise classes, information on fitness, and exercise topics, and extra resources for special needs populations
- Free membership to an organization that supports self-advocacy, disability rights, and opportunities for people with disabilities. Choose from:
 - American Association of People with Disabilities (AAPD)
 - Autistic Self Advocacy Network (ASAN)
 - National Council on Independent Living (NCIL)
 - TASH
- Free life transition kit for members who are either enrolled in a local employment program, moving out of an institution and into the community, or experiencing homelessness. This kit includes:
 - First-aid supplies
 - A travel toothbrush
 - Toothpaste
 - Mouthwash
 - Dental floss

- An emergency blanket
- For American Indians and Alaska Natives:
 - Smudging
 - Sweat lodge
 - Talking circle
 - Storytelling

You must see a plan provider when getting these services.

New! Maternal Health – Meal Program

Members who qualify or are identified by Case Management can receive up to two meals per day for 14 days, providing 28 meals per member total. Meals are customized to enhance recuperation for each member. We provide home-delivered, medically tailored meals to pregnant members who are on ordered bed rest or postpartum members or who were recently discharged. The meals will be home-delivered. We are not able to deliver meals to members who are not housed at this time.

New! Youth behavioral health – Calm app

To help youth improve their mental health state, Amerigroup will give a year subscription to the Calm app. Members can access age-appropriate meditations and sleep aids to help calm the mind and body. Offered in Spanish, German, French, Portuguese, Japanese and Korean. Eligible members age 18 and younger may receive a yearly subscription for the Calm app.

New! Emotional Well-being resources

Members ages 13+ receive access to our Emotional Well-being Resources. This is a web and mobile online community designed to help members cope with emotional health issues such as depression, anxiety, and stress, chronic pain, insomnia, and managing drugs or alcohol.

New! Baby essentials bundle package

Eligible members covers pregnant moms, new moms, and/or babies up to 12 months will be able to choose two of the following:

- Breastfeeding pillow
- Portable crib
- High chair
- Breastfeeding support kit
 - Safe sleep kit
 - Diapers
 - Microwave sterilizer
 - Microwave steam bags

- Baby monitor — video
- Baby proof items — plug protectors, doorknob covers, cabinet and drawer latches
- Infant/preemie car seat

New! Industry certification

Amerigroup will cover the cost of the exam fees for industry certifications in fields such as early childhood education, foundations of reading, business education, computer science, technology education, English language arts, health and marketing.

Limited to members who are recent high school graduate (or GED/HiSET recipients), recent vocational/college graduates, and members reentering society from incarceration. One per year.

New! Internet essentials package

To help ensure members have access to the internet for educational pursuits or employment opportunities, eligible members can receive up to \$300 towards the cost of internet services. Funds can be used to purchase modems, routers, and any additional equipment that is essential to obtain (or strengthen) an internet connection, as well as to help cover monthly service charges. For members without current internet access, the funds can be used for installation and set-up fees as well.

Members must have been previously incarcerated within the 12 months. Eligible for members in re-entry program and are seeking employment or furthering education. One per lifetime.

New! Free laptop program

Eligible for members transitioning from incarceration (within the past 12 months) and pursuing education/employment. Members will be able to receive a free laptop to help with employment and educational pursuits. One per lifetime.

New! Virtual tutorial services - ULearn - Elevation Strategic Solutions

Members can get help with language arts, math, science, social studies, and foreign language to help increase confidence, achievement, and academic readiness.

Maximum allowance of 24 hours per member per year- ULearn - Elevation Strategic Solutions.

Limited to members ages 8–17. Members must be at risk of failing a grade (or individual subject) to be eligible or any member in the juvenile justice system.

Apple Health services covered without a managed care plan

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

Service	Additional information
Ambulance services (air)	All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Ambulance services (ground)	All ground ambulance transportation services, emergency, and non-emergency, provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Crisis services	<p>Crisis services are available to support you, based on where you live. If there is a life-threatening emergency, please call 911. See page 14 for the numbers in your area.</p> <p>For the Suicide Prevention Life Line: 800-273-8255, (TTY 206-461-3219)</p> <p>For mental health or substance use disorder crises, please call the Behavioral Health Administrative Services organization (BH-ASO). The BH-ASOs support crisis services for Washington residents regardless of Apple Health eligibility. Phone numbers can be found on page 13 above, or at: hca.wa.gov/mental-health-crisis-lines</p>

Dental services	<p>Contracted services include:</p> <ul style="list-style-type: none"> • Prescriptions written by a dentist. • ABCD Services provided by an ABCD certified provider. • Medical/surgical services provided by a dentist. • Hospital/Ambulatory Surgery Center facility charges. <p>All other dental services are covered by Apple Health without a managed care plan. Learn more:</p> <ul style="list-style-type: none"> • Online at hca.wa.gov/dental-services, or • Call HCA at 800-562-3022. <p>To find a provider that accepts Apple Health online:</p> <ul style="list-style-type: none"> • DentistLink.org, or • fortress.wa.gov/hca/p1findaprovider
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 21 years of age and over — eyeglass frames and lenses are not covered by Apple Health, but if you wish to buy them, you can order them through participating optical providers at discounted prices. Visit: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf</p>
First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)	<p>MSS provides pregnant and postpartum individuals preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby.</p> <p>ICM helps families with children up to age 1 learn about, and how to use needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p> <p>CBE provides pregnant individuals and their support person(s) group classes when taught by an approved HCA CBE provider. Topics include warning signs in pregnancy, nutrition, breastfeeding, birthing plan, what to expect during labor and delivery, and newborn safety.</p>

	For providers in your area, visit hca.wa.gov/health-care-services-supports/apple-health-medicare-coverage/first-steps-maternity-and-infant-care .
Inpatient psychiatric care for children (Children's Long-term Inpatient Program (CLIP) for ages 5 to 17 years of age)	Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.
Long-Term Care Services and Supports (LTSS)	See page 34 of this booklet.
Pregnancy termination, voluntary	Includes termination and follow-up care for any complications.
Sterilizations, age 20 and under	Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.
Transgender health services	Services include surgical procedures, post-operative complications, and electrolysis or laser hair removal in preparation for bottom surgery. Prior authorization is required. For prior authorization, call 800-562-3022 or email transhealth@hca.wa.gov .
Transportation for non-emergency medical appointments	Apple Health pays for transportation services to and from needed non-emergency healthcare appointments. Call the transportation provider (broker) in your area to learn about services and limitations. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at hca.wa.gov/transportation-help .

Long-term services and supports (LTSS)

Aging and Long-Term Support Administration (AL TSA) – Home and Community Services (HCS) provides long-term care services for people who are older and individuals with disabilities in their own homes, including an in-home caregiver, or in community residential settings. HCS also provides services to assist people in transitioning from nursing homes and assist family

caregivers. These services are not provided by your health plan. To get more information about long-term care services, call your local HCS office.

LTSS

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

REGION 1: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima –
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, 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 dshs.wa.gov/dda or call your local DDA office listed below.

Services for people with developmental disabilities

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

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

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

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

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

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

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

Early learning programs

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

Early Childhood Education and Assistance Program (ECEAP) 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 dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart.

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

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

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

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

Excluded services (not covered)

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

Service	Additional information
Alternative medicines	Acupuncture, religious based practices, faith healing, herbal therapy, homeopathy, massage, or massage therapy.

Chiropractic care for adults (21 and over)	
Elective cosmetic or plastic surgery	Including face lifts, tattoo removal, or hair transplants.
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	
Marriage counseling and sex therapy	
Nonmedical equipment	Such as ramps or other home modifications.
Personal comfort items	
Physical exams needed for employment, insurance, or licensing	
Services not allowed by federal or state law and its territories and possessions	<p>U.S. Territories include:</p> <ul style="list-style-type: none"> • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Services provided outside of the United States	
Weight reduction and control services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.

Accessing your health information

You may ask for a copy of your PHI (personal health information). To request a copy, call Member Services at **800-600-4441** (TTY **711**) Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

If you are unhappy with your provider

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

Grievances or complaints can be about:

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

We must let you know by phone or letter that we received your grievance or complaint within two working days. We must address your concerns as quickly as possible but cannot take more than 45 days. You can get a free copy of our grievance policy by calling us.

Ombuds

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

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

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

		509-783-9444
King	King	800-790-8049 #3 or 206-477-0630
North Central	Chelan, Douglas, Grant, Okanogan	844-636-2038
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	888-336-6164 or 360-416-7004
Pierce	Pierce	800-531-0508
Salish	Clallam, Jefferson, Kitsap	888-377-8174 or 360-692-1582
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	866-814-3409 or 509-477-4666
Southwest	Clark, Klickitat, Skamania	800-696-1401
Thurston-Mason	Mason, Thurston	800-658-4105 or 360-763-5793

Important information about denials, appeals, and administrative hearings

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

A denial is when your health plan does not approve or pay for a service that either you or your doctor asked for. When we deny a service, we will send you a letter telling you why we denied

the requested service. This letter is the official notice of our decision. It will let you know your rights and information about how to request an appeal.

An appeal is when you ask us to review your case again because you disagree with our decision. You may appeal a denied service. You may call or write to let us know, but you must inform us of your appeal within 60 days of the date of denial. We can help you file an appeal. Your provider or someone else may appeal for you if you sign to say you agree to the appeal. You only have 10 days to appeal if you want to keep getting a service that you are receiving while we review our decision. We will reply in writing telling you we received your request for an appeal within five days. In most cases, we will review and decide your appeal within 14 days. We must tell you if we need more time to make a decision. An appeal decision must be made within 28 days.

We can help you file your appeal. To request an appeal, call us at **800-600-4441** (TTY **711**).

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

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

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

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

To ask for an administrative hearing, you will need to tell the Office of Administrative Hearings that Amerigroup is involved; the reason for the hearing; what service was denied; the date it was denied; and the date that the appeal was denied. Also, be sure to give your name, address, and phone number.

Submit the request for a hearing by:

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

Or

2. Writing to:

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

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

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

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

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

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

To ask for an independent review, call us at **800-600-4441 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

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

- Call **844-728-5212**,

Or

- Write to:

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

Your rights

As an enrollee, you have a right to:

- Make decisions about your healthcare, including refusing treatment. This includes physical and behavioral health services.
- Be informed about all appropriate or medically necessary treatment options available, regardless of cost.
- Choose or change your PCP.
- Get a second opinion from another provider in your health plan.
- Get services in a timely manner.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
- Speak freely about your healthcare 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 healthcare 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, its practitioners and providers and Members' Rights and Responsibilities at least yearly.
- Make recommendations regarding your rights and responsibilities as an Amerigroup member.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical advance directive forms.

Your responsibilities

As an enrollee, you agree to:

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

Advance directives

What is an advance directive?

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

- What kind of healthcare you do or do not want if:
 - You lose consciousness.
 - You can no longer make healthcare 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 healthcare 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 healthcare. 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 Amerigroup or HCA if your directive is not followed.

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

Mental health advance directives

What is a mental health advance directive?

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

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

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

How do I complete a mental health advance directive?

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

Amerigroup, your behavioral healthcare provider, or your ombuds can also help you complete the form. Contact us for more information.

Preventing fraud, waste, and abuse

We are committed to protecting the integrity of our healthcare program and the effectiveness of our operations by preventing, detecting, and investigating fraud, waste, and abuse.

Combating fraud, waste, and abuse begins with knowledge and awareness.

- *Fraud* — Any type of intentional deception or misrepresentation made with the knowledge that the deception could result in some unauthorized benefit to the person committing it—or any other person. The attempt itself is fraud, regardless of whether or not it is successful.
- *Waste* — Includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs. Waste is generally not considered to be driven by intentional actions, but rather occurs when resources are misused.
- *Abuse* — When healthcare providers or suppliers do not follow good medical practices resulting in unnecessary or excessive costs, incorrect payment, misuse of codes, or services that are not medically necessary.

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

- If someone offers you money or goods in return for your ProviderOne services card or if you are offered money or goods in return for going to a health appointment.
- You receive an explanation of benefits for goods or services that you did not receive.
- If you know of someone falsely claiming benefits.
- Any other practices that you become aware of that seem fraudulent, abusive, or wasteful.

To report Fraud, Waste, and Abuse, you can:

- Visit myamerigroup.com/wa and select **Report Waste, Fraud, and Abuse** at the bottom of the page. You will be sent to our fraud education site, fighthealthcarefraud.com, where you can click on **Report It** to complete an online fraud referral form.
- Call Member Services at **800-600-4441** (TTY **711**).

Any incident of fraud, waste, or abuse may be reported to us anonymously; however, our ability to investigate an anonymously reported matter may be handicapped without enough information. Hence, we encourage you to give as much information as possible. We appreciate your time in referring suspected fraud, but be advised that we do not routinely update individuals who make referrals as it may potentially compromise an investigation.

Examples of Provider Fraud, Waste, and Abuse (FWA):

- Altering medical records to misrepresent actual services provided
- Billing for services not provided
- Billing for medically unnecessary tests or procedures
- Billing professional services performed by untrained or unqualified personnel
- Misrepresentation of diagnosis or services
- Soliciting, offering, or receiving kickbacks or bribes
- Unbundling — when multiple procedure codes are billed individually for a group of procedures which should be covered by a single comprehensive procedure code
- Upcoding — when a provider bills a health insurance payer using a procedure code for a more expensive service than was actually performed

When reporting concerns involving a provider (a doctor, dentist, counselor, medical supply company, etc.), include:

- Name, address, and phone number of the provider
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and facility, if you have it
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation
- Dates of events
- Summary of what happened

Examples of Member Fraud, Waste, and Abuse

- Forging, altering, or selling prescriptions
- Letting someone else use the member's ID (Identification) card
- Obtaining controlled substances from multiple providers
- Relocating to out-of-service Plan area
- Using someone else's ID card

When reporting concerns involving a member, include:

- The member's name
- The member's date of birth, Member ID, or case number, if you have it
- The city where the member resides
- Specific details describing the fraud, waste, or abuse

If a member appears to have committed fraud, waste, or abuse or has failed to correct issues, the member may be involuntarily dis-enrolled from our healthcare plan, with state approval.

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 healthcare

operations. We also use and share your information for other reasons as allowed and required by law.

Protected health information (PHI) refers to health information such as medical records that include your name, member number, or other identifiers used or shared by health plans.

Health plans and HCA share PHI for the following reasons:

- Treatment — Includes referrals between your PCP and other healthcare 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.
- Healthcare 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 Amerigroup to use and share your PHI for the following reasons:
 - When the U.S. Secretary of the Department of Health and Human Services (DHHS) requires us to share your PHI.
 - Public Health and Safety which may include helping public health agencies to prevent or control disease.
 - Government agencies may need your PHI for audits or special functions, such as national security activities.
 - For research in certain cases, when approved by a privacy or institutional review board.
 - For legal proceedings, such as in response to a court order. Your PHI may also be shared with funeral directors or coroners to help them do their jobs.
 - With law enforcement to help find a suspect, witness, or missing person. Your PHI may also be shared with other legal authorities if we believe that you may be a victim of abuse, neglect, or domestic violence.
 - To obey Workers' Compensation laws.

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

You may ask for a copy of your PHI (personal health information). To request a copy, call Member Services at **800-600-4441** (TTY **711**) Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

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

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

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

Or:

Call **800-368-1019** (TDD **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

Amerigroup Washington, Inc.

705 Fifth Ave. S, Ste. 300

Seattle, WA 98104

myamerigroup.com/wa

800-600-4441 (TTY **711**) for more information.

