



# Member Handbook

Washington

1-800-600-4441 (TTY 711)  
[www.myamerigroup.com/wa](http://www.myamerigroup.com/wa)



**Amerigroup Washington**

**WASHINGTON APPLE HEALTH  
MANAGED CARE**

**ENROLLEE MEDICAL HEALTH BENEFIT  
BOOK  
2019**

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Call 1-800-600-4441 (TTY 711).

[Amharic] የቋንቋ እገዛ አገልግሎት፣ አስተርጓሚ እና የሰነዶችን ትርጉም ጨምሮ በነጻ ይገኛል። 1-800-600-4441 (TTY 711) ይደውሉ።

[Arabic] خدمات المساعدة في اللغات، بما في ذلك المترجمين الفوريين و ترجمة المواد المطبوعة، متوفرة مجاناً، اتصل على رقم (TTY 711) 1-800-600-4441.

[Burmese] ဘာသာပြန်ဆိုသူများနှင့် ထုတ်ပြန်ထားသည့် စာရွက်စာတမ်းများဘာသာပြန်ခြင်းအပါအဝင် ဘာသာစကားအထောက်အကူဝန်ဆောင်မှုများကို အခမဲ့ရရှိပါသည်။ 1-800-600-4441 (TTY 711) ကိုဖုန်းခေါ်ဆိုပါ။

[Cambodian] សេវាជំនួយភាសា រួមមានទាំងអ្នកបកប្រែផ្ទាល់មាត់ និង ការបកប្រែឯកសារបោះពុម្ព គឺអាចរកបានដោយឥតគិតថ្លៃ។ ហៅទូរស័ព្ទទៅលេខ 1-800-600-4441 (TTY 711)។

[Chinese] 免费提供语言协助服务，包括口译员和印制资料翻译。请致电 1-800-600-4441 (TTY 711)。

[Korean] 통역 서비스와 인쇄 자료 번역을 포함한 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-600-4441 (TTY 711) 번으로 전화하십시오.

[Laotian] ການບໍລິການດ້ານພາສາ, ລວມທັງນາຍແປພາສາ ແລະ ການແປເອກສານຕີພິມ, ມີໄວ້ໃຫ້ຟຣີໂດຍບໍ່ຄິດຄ່າ. ໂທຫາເລກ 1-800-600-4441 (TTY 711).

[Oromo] Tajajilli gargaarsa afaanii, nama afaan hiikuu fi ragaalee maxxanfaman hiikuun, kaffaltii malee ni argattu. 1-800-600-4441 (TTY 711) irratti bilbilaa.

[Persian] خدمات کمک زبانی، از جمله مترجم شفاهی و ترجمه اسناد و مدارک (مطالب) چاپی، بصورت رایگان خواهد شد. یا شماره 1-800-600-4441 (TTY 711) تماس بگیرید.

[Punjabi] ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ—ਦੁਭਾਸ਼ੀਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋਈ ਸਮੱਗਰੀ ਦੇ ਅੰਨ੍ਹਵਾਦ ਸਮੇਤ—ਮੁਫਤ ਉਪਲੱਬਧ ਹਨ। 1-800-600-4441 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Serviciile de asistență lingvistică, inclusiv cele de interpretariat și de traducere a materialelor imprimate, sunt disponibile gratuit. Apelați 1-800-600-4441 (TTY 711).

[Russian] Языковая поддержка, в том числе услуги переводчиков и перевод печатных материалов, доступна бесплатно. Позвоните по номеру 1-800-600-4441 (TTY 711).

[Somali] Adeego caawimaad luuqada ah, ay ku jirto turjubaano afka ah iyo turjumid lagu sameeyo waraaqaha la daabaco, ayaa lagu helayaa lacag la'aan. Wac 1-800-600-4441 (TTY 711).

[Spanish] Hay servicios de asistencia con idiomas, incluyendo intérpretes y traducción de materiales impresos, disponibles sin costo. Llame al 1-800-600-4441 (TTY 711).

[Swahili] Huduma za msaada wa lugha, ikiwa ni pamoja na wakalimani na tafsiri ya nyaraka zilizochapishwa, zinapatikana bure bila ya malipo. Piga 1-800-600-4441 (TTY 711).

[Tagalog] Mga serbisyong tulong sa wika, kabilang ang mga tagapagsalin at pagsasalin ng nakalimbag na mga kagamitan, ay magagamit ng walang bayad. Tumawag sa 1-800-600-4441 (TTY 711).

[Tigrigna] ተርጓሚን ናይ ዝተፀሓፉ ማተርያላት ትርጉምን ሓሞኑ ናይ ቋንቋ ሓገዝ ግልጋሎት፣ ብዘይ ምንም ክፍሊት ይርከቡ። ብ 1-800-600-4441 (TTY 711) ደውል።

[Ukrainian] Мовна підтримка, у тому числі послуги перекладачів та переклад друкованих матеріалів, доступна безкоштовно. Зателефонуйте за номером 1-800-600-4441 (TTY 711).

[Vietnamese] Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch viên và bản dịch tài liệu in, hiện có miễn phí. Gọi 1-800-600-4441 (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 Amerigroup 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 from 8 a.m. to 5 p.m.

### Important contact information

	Customer Service Hours	Customer Service Phone Numbers	Website Address
<b>Amerigroup</b>	Monday-Friday 8 a.m. to 5 p.m. Pacific time	1-800-600-4441 (TTY 711)	<a href="http://www.myamerigroup.com/WA">www.myamerigroup.com/WA</a>
<b>Health Care Authority (HCA) Apple Health Customer Service</b>	Monday – Friday 7 a.m. to 5 p.m.	1-800-562-3022 TRS 7-1-1 or TTY 1-800-848-5429	<a href="https://www.hca.wa.gov/apple-health">https://www.hca.wa.gov/apple-health</a>
<b>Washington Health Benefit Exchange</b>	Monday-Friday 8 a.m. to 6 p.m.	1-855-923-4633 TRS 7-1-1 or TTY 1-855-627-9604	<a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a>

## 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"> <li>• Changing or Disenrolling from your Apple Health managed care plan</li> <li>• How to get Apple Health covered services not included through your plan</li> <li>• Your ProviderOne Services card</li> </ul>	<p>HCA at:            ProviderOne Client Portal is available at:  <a href="https://www.waproviderone.org/client">https://www.waproviderone.org/client</a></p> <p>Or:  <a href="https://fortress.wa.gov/hca/p1contactus/">https://fortress.wa.gov/hca/p1contactus/</a></p> <p>If you still have questions or need further help, Call toll-free 1-800-562-3022</p>
<ul style="list-style-type: none"> <li>• Choosing or changing your providers</li> <li>• Covered services or medications</li> <li>• Making a complaint</li> <li>• Appealing a decision by your health plan that affects your benefits</li> </ul>	<p>Amerigroup at 1-800-600-4441 (TTY 711) or go online to <a href="http://www.myamerigroup.com/WA">www.myamerigroup.com/WA</a>.</p>
<ul style="list-style-type: none"> <li>• Your medical care</li> <li>• Referrals to specialists</li> </ul>	<p>Your primary care provider. (If you need help to select a primary care provider, call us at 1-800-600-4441 (TTY 711) or go online to <a href="http://www.myamerigroup.com/WA">www.myamerigroup.com/WA</a>.</p> <p>You can speak with a nurse or doctor 24 hours a day, 7 days a week by calling the 24-hour Nurse HelpLine at 1-866-864-2544 (TTY 711) for English or 1-866-864-2545 (TTY 711) for Spanish.</p>
<ul style="list-style-type: none"> <li>• Changes to your account such as:               <ul style="list-style-type: none"> <li>○ Address changes,</li> <li>○ income change,</li> <li>○ marital status,</li> <li>○ pregnancy, and,</li> <li>○ births or adoptions</li> </ul> </li> </ul>	<p>Washington Health Benefit Exchange at 1-855-WAFINDER (1-855-923-4633) or go online to <a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a>.</p>

## Amerigroup, our providers, and you

When you join Amerigroup, 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 providers 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 TTY 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

Advances in medical technology often bring new treatments to the market. We want to make sure you have access to medical and behavioral health treatments that are safe and effective. We review new technologies to make sure they're safe and effective and work the way they're supposed to.

We use the following in our review process:

- Scientific literature
- Peer-reviewed medical journals
- Nationally-recognized guidelines



- Current medical community standards
- Government agencies, like the Food and Drug Administration (FDA)
- Medical experts in the condition the new treatment is for

## **Quality Management program**

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
- 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 health care
- 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.

## **How Amerigroup pays providers in our plan**

Different plan providers have agreed to be paid by us in different ways. This is called a Physician Incentive Plan. Your provider may be paid each time he or she treats you (fee-for-service). Or your provider may be paid a set fee each month for each member whether or not the member actually gets services (capitation).

Physician Incentive Plans may include ways to earn more money based on things like member satisfaction, quality of care, accessibility and availability.

## You will need two cards to access services

### Your Amerigroup 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 Amerigroup Member Services at 1-800-600-4441 (TTY 711) or at [mpsweb@amerigroup.com](mailto:mpsweb@amerigroup.com). Your provider can also contact us to verify eligibility if you have not yet received your ID card.

 An Anthem Company <a href="http://www.myaerigroup.com/WA">www.myaerigroup.com/WA</a>	Effective Date: Date of Birth: Subscriber #:		<b>MEMBERS:</b> Please carry this card at all times. Show this card before you get medical care. You don't need to show it before you get emergency care. In an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for non-emergency care. If you have questions call Member Services at 1-800-600-4441 (TTY 711).  <b>MIEMBROS:</b> Lleve esta tarjeta con usted en todo momento. Muéstrela para recibir el cuidado de la salud. No necesita mostrarla para recibir cuidado de emergencia. En caso de emergencia, llame al 911 o acuda a la sala de emergencias más cercana. Siempre llame a su PCP de Amerigroup para recibir cuidados que no sean de emergencia. Si tiene alguna pregunta, llame a Servicios al Miembro al 1-800-600-4441 (TTY 711).  <b>HOSPITALS:</b> Preadmission certification is required for all non-emergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730. <b>PROVIDERS:</b> Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730. <b>PHARMACIES:</b> Submit claims using RxBIN: 020107; RxPCN: CM; RxGRP: WKHA. Help for Pharmacists, call 1-833-253-4453.  SUBMIT CLAIMS TO: AMERIGROUP • P.O. BOX 51010 • VIRGINIA BEACH, VA 23466-1010 USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD. EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.  WA07 1/19
<b>Washington Apple Health + Behavioral Health</b> Member Name: Medicaid or CHIP ID Number: Primary Care Provider (PCP): PCP Telephone #: PCP Address: Clinic/Group: Vision: 1-855-225-2640 Member Services and Behavioral Health: 1-800-600-4441 Crisis Hotline: 24-hour Nurse HelpLine: 1-866-864-2544 Pharmacy Member Services: 1-833-207-3121			

### 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](http://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](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](http://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](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 Amerigroup 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 Amerigroup'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,
- 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 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, Amerigroup, 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

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.

## 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. To get preapproval, your PCP or current specialist will submit a request to Amerigroup. The request must tell us why you need to see the nonplan specialist and contain supporting documentation. We’ll make a decision within five calendar days of getting the request. If the request is urgent, we’ll make our decision within 24 hours. If you or your provider disagrees with our decision, you may ask for an appeal. Please refer to the section titled **Important information about denials, appeals, and administrative hearings** for more information. If your PCP or Amerigroup refers you to a provider outside our network, you are not responsible for any of the costs. We will pay for them.

Certain benefits are available to you that we do not cover. Other programs provide these “fee-for-service” benefits. Fee-for-service benefits include dental care, vision hardware, alcohol and substance use disorder services, long-term care, and inpatient psychiatric care. These are the benefits that you will need your ProviderOne services card to access. Your PCP or Amerigroup will help you find these benefits and coordinate your care. See page 22 for more details on covered benefits.

If your PCP or Amerigroup refers you to a specialist outside of our network and this request is approved by Amerigroup 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 Amerigroup will help you access these services and coordinate your care. See page 22 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 1-800-600-4441 (TTY 711). We will work with your provider to make sure they are billing you appropriately.

## Preventing Fraud Waste and Abuse

Program integrity is everyone's responsibility. When Fraud, Waste and Abuse goes unchecked it cost 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 Apple Health 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

## 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 Amerigroup 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 1-800-600-4441 (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 1-866-864-2544 (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 1-866-864-2544 (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](mailto:recovery@crisisclinic.org) or go to <https://www.warecoveryhelpline.org>. Teens can connect with teens during specific hours: 866-833-6546, [teenlink@crisisclinic.org](mailto:teenlink@crisisclinic.org), [866teenlink.org](https://www.866teenlink.org).

## Behavioral Health Organizations (BHO)

BHOs integrate mental health and Substance Use Disorder treatment 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
- 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
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Great Rivers BHO	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-800-392-6298	<a href="http://greatriversbho.org/">http://greatriversbho.org/</a>
Salish BHO	Clallam, Jefferson, Kitsap	1-360-337-7050 or 1-800-525-5637	<a href="https://www.kitsapgov.com/hs/Pages/SBHO-LANDING-HOME.aspx">https://www.kitsapgov.com/hs/Pages/SBHO-LANDING-HOME.aspx</a>
Thurston-Mason BHO	Mason, Thurston	1-360-763-5828 or 1-800-658-4105	<a href="http://tmbho.org/">tmbho.org/</a>

## 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:

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 an Amerigroup doctor, pharmacy, behavioral health provider or hospital

You must use doctors and other medical providers who work with Amerigroup. We also have pharmacies you must use. Call our member service line at 1-800-600-4441 (TTY 711) or visit our website [www.myamerigroup.com/WA](http://www.myamerigroup.com/WA) 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, 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 [www.dshs.wa.gov/dda/](http://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, Stevens - -800-319-7116 or email [R1ServiceRequestA@dshs.wa.gov](mailto:R1ServiceRequestA@dshs.wa.gov)

Region 1: Adams, Asotin, Benton, Columbia, Franklin, Garfield, Grant, Kittitas, Klickitat, Walla Walla, Whitman, Yakima - 866-715-3646 or email [R1ServiceRequestB@dshs.wa.gov](mailto:R1ServiceRequestB@dshs.wa.gov)

Region 2: Island, San Juan, Skagit, Snohomish, Whatcom - 800-567-5582 or email [R2ServiceRequestA@dshs.wa.gov](mailto:R2ServiceRequestA@dshs.wa.gov)

Region 2: King - 800-974-4428 or email  
[R2ServiceRequestB@dshs.wa.gov](mailto:R2ServiceRequestB@dshs.wa.gov)

Region 3: Kitsap, Pierce - 800-735-6740 or email  
[R3ServiceRequestA@dshs.wa.gov](mailto: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](mailto:R3ServiceRequestB@dshs.wa.gov)

## Early Learning Programs

Department of Children, Youth, and Families (DCYF) provides services and programs for children under 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 Amerigroup

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	Allergy shots
Applied Behavioral Analysis (ABA)	Assist children age twenty (20) and younger with autism spectrum disorders and other developmental disabilities in improving the 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 Family Planning Services
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
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 Family Planning Services
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 treatment Services	<p>These services are split between us and your BHO, Call us or the BHO for assistance in accessing services. Substance Use Disorder treatment services may include:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Brief intervention and referral to treatment</li> <li>• Outpatient treatment</li> <li>• Opiate substitution treatment services</li> </ul>
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. The “Eyewear Supplier” list at <a href="https://fortress.wa.gov/hca/p1findaprovider/">https://fortress.wa.gov/hca/p1findaprovider/</a>.</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.
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 1-800-600-4441 (TTY 711) for specific details.
Medical Supplies	Most supplies must get pre-approval. Call us at 1-800-600-4441 (TTY 711) for specific details.
Medication Assisted Treatment	Medications used to treat substance use disorders. Call us at 1-800-600-4441 (TTY 711) for specific details.
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"> <li>• Evaluation and Diagnosis</li> <li>• Medication Management</li> <li>• Psychiatric and Psychological Testing</li> <li>• Treatment and Counseling</li> </ul> <p>If you need help finding mental health care for your child or youth, call us at 1-800-600-4441 (TTY 711).</p>
Nutritional Therapy	Covered for clients age twenty (20) and younger when medically necessary and referred by the provider after an EPSDT screening.
Organ Transplants	Call us at 1-800-600-4441 (TTY 711) for specific details.

Outpatient Rehabilitation (Occupational, Physical, and Speech Therapies)	<p>Call us at 1-800-600-4441 (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"> <li>• Outpatient clinic</li> <li>• Outpatient hospital</li> <li>• The home by a Medicare-certified home health agency</li> <li>• When provided to children age twenty (20) and younger in an approved neurodevelopmental center. See: <a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf</a></li> </ul>
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 1-800-600-4441 (TTY 711) for a list of pharmacies.
Podiatry	This is a limited benefit. Call us at 1-800-600-4441 (TTY 711) for specific information.
Private Duty Nursing or Medically Intensive Children's Program	<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 (AL TSA). See page 19 for contact information.</p>
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 1-800-600-4441 (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

### For adults:

- **A no-cost smartphone** with monthly minutes, data and unlimited text messages through SafeLink Wireless®
- **No-cost eyeglasses** for members ages 21-64 (one pair, under \$100, per year)
- **No-cost acupuncture treatment** (three sessions per year from a plan doctor)
- **Light box** — helps prolong daylight during winter months for members ages 19 and older with seasonal affective disorder (SAD); members with glaucoma, cataracts or eye damage from diabetes should talk to their doctor before starting light therapy
- **Peer support** — we pay the registration and annual fees for members who want to become or renew as peer support counselors
- **Nonmedical 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 ORCA or gas card
- **Weight Watchers®** — members 18 or older with a doctor's permission can get one Weight Watchers voucher that covers a sign-up fee, 13 weeks of classes and 14 weeks of digital tools

### For kids:

- **No-cost sports physicals** for members ages 7-18
- **No-cost (Boys & Girls Club) membership** for members ages 6-18 (where available)
- **No-cost YMCA membership** to the YMCA in Wenatchee for ages 19 and younger when you fill out the Y scholarship form
- **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
- **My Wellness Guide** — tools that help you take control of your health by setting goals, creating action plans and tracking progress
- **myStrength™** web and mobile tools to help improve your mental and emotional health
- **Community Resource Link** — find jobs, housing, food and other support with our no-cost online tool
- **No-cost 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 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
- **No-cost 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
- **No-cost 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.

## 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 can help 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
<b>Ambulance Services (Air)</b>	All air ambulance transportation services provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO).
<b>Ambulance Services (Ground)</b>	All ground ambulance transportation services, emergency and non-emergency, provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO).
<b>Crisis Services</b>	<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:</p> <p><a href="https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines">https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines</a></p>

<b>Dental Services</b>	<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"> <li>On-Line at <a href="https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/dental-services">https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/dental-services</a>, or</li> <li>Call HCA at 1-800-562-3022.</li> </ul> <p>To find a provider that accepts Washington Apple Health Online: <a href="#">Find a provider</a></p>
<b>Eyeglasses and Fitting Services</b>	<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 <a href="#">Find a list of participating providers</a>.</p>
<b>First Steps Maternity Support Services (MSS) and Infant Case Management (ICM)</b>	<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>
<b>Inpatient Psychiatric Care</b>	<p>Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.</p>
<b>Long-Term Care Services and Supports</b>	<p>See page 20 of this booklet.</p>
<b>Pregnancy Termination, Voluntary</b>	<p>Includes termination and follow-up care for any complications.</p>
<b>Sterilizations, age twenty (20) and under</b>	<p>Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.</p>



<b>Substance Use Disorder Services, Inpatient, Outpatient, and Detoxification</b>	<p>Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.</p> <p>We cover medications associated with substance use disorder services.</p>
<b>Transgender Health Services</b>	Surgical procedures and postoperative complications.
<b>Transportation for Non-Emergency Medical Appointments</b>	<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 <a href="http://www.hca.wa.gov/transportation-help">http://www.hca.wa.gov/transportation-help</a></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
<b>Alternative Medicines</b>	Acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, or massage therapy.
<b>Chiropractic Care for Adults (21 and over)</b>	
<b>Cosmetic or Plastic Surgery</b>	Including face lifts, tattoo removal, or hair transplants.
<b>Diagnosis and Treatment of Infertility, Impotence, and Sexual Dysfunction</b>	
<b>Marriage Counseling and Sex Therapy</b>	
<b>Personal Comfort Items</b>	
<b>Nonmedical Equipment</b>	Such as ramps or other home modifications.
<b>Physical Exams Needed for Employment, Insurance, or Licensing</b>	

<b>Services Not Allowed by Federal or State Law</b>	
<b>Weight Reduction and Control Services</b>	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.

To ask for an appeal, send your request to:

Amerigroup Washington, Inc.  
705 Fifth Ave. S., Ste. 300  
Seattle, WA 98104

Fax: 1-844-759-5953

You may file an appeal verbally by calling 1-800-600-4441 (TTY 711). Call us with questions or if you need help: 1-800-600-4441 (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**, 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](http://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 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.

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 at 1-800-600-4441 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m.

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 Amerigroup 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.

Amerigroup, 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 Amerigroup 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.



You may ask for a copy of your PHI information. To request a copy, call Member Services at 1-800-600-4441 (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. Department of Health and Human Services, Office for Civil Rights at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or write to:

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

OR:

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

**Note:** This information is only an overview. We are required to keep your PHI private and give you written information annually about the plan's privacy practices and your PHI. Please refer to your Notice of Privacy Practices for additional details. You may also contact us at

**Amerigroup Washington, Inc.**

**705 Fifth Ave. S., Ste. 300**

**Seattle, WA 98104**

for more information.