



Behavioral Health Services Only (BHSO)

Member Handbook

Washington Apple Health
Amerigroup Washington, Inc.

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



Amerigroup Washington, Inc.

**Washington Apple Health
Behavioral Health Services Only**

Enrollee Handbook 2023

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 вы 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**

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 (TTY 711) تماس بگیرید. **FARSI**

ប្រសិនបើព័ត៌មានដែលមានភ្ជាប់មកជាមួយមិនមែនជាភាសាចម្បងរបស់លោកអ្នកទេនោះយើងខ្ញុំអាចបកប្រែវាដោយឥតគិតថ្លៃសម្រាប់អ្នក។

ប្រសិនបើលោកអ្នកមានបញ្ហាមិនអាចយល់ពីអ្វីដែលយើងខ្ញុំបានធ្វើទៅឱ្យលោកអ្នកទេនោះ យើងខ្ញុំអាចធ្វើជាទម្រង់ផ្សេងទៀតដូចជាអក្សរស្នាបសម្រាប់ជនពិការ អក្សរទំហំធំ ឬជាសម្លេង។

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

Table of contents

Welcome to Amerigroup and Washington Apple Health 7

Important contact information	8
My healthcare providers	8
How to use this handbook.....	10
Getting started	11
You will need two cards to access services, your Amerigroup card and your ProviderOne services card.	11
1. Your Amerigroup member ID card	11
2. Your ProviderOne services card	11
If you need a new ProviderOne services card.....	12
Changing behavioral health services plans	12
Using private health insurance and your Amerigroup coverage	13
How to get behavioral health services.....	14
Behavioral health services and your primary care provider (PCP)	14
Services you can get without a referral.....	14
Telehealth/Telemedicine	15
You must go to Amerigroup behavioral health providers and hospitals	15
Payment for behavioral health services.....	16
Quality Improvement programs	16
Utilization Management programs	17
Information for American Indians and Alaska Natives.....	17
Dual-Eligible Special Needs Plan (D-SNP)	18
Getting care in an emergency or when you are away from home	19
In an emergency	19
County crisis line phone numbers	19
Expectations for when a healthcare provider will see you	20
Benefits covered by Amerigroup.....	21
General services and emergency care	22
Laboratory services	24
Healthcare services for children.....	24

Additional services we offer 24

 Additional Care Coordination services we may offer 25

Excluded services (not covered)..... 27

Accessing your health information 28

If you are unhappy with your provider, health plan, or any aspect of care 28

Ombuds..... 29

Important information about denials, appeals, and administrative hearings 30

Your rights 32

Your responsibilities 33

Advance directives 34

 What is an advance directive? 34

Mental health advance directives 36

 What is a mental health advance directive? 36

 How do I complete a mental health advance directive? 36

Preventing fraud, waste, and abuse..... 36

We protect your privacy..... 38

Welcome to Amerigroup and Washington Apple Health

Welcome!

Thank you for enrolling in Washington Apple Health (Medicaid) Behavioral Health Services Only (BHSO) and welcome to Amerigroup, your health plan. We work with Apple Health to provide your BHSO coverage. This handbook will provide more details about your covered benefits and how to get services.

Most Apple Health BHSO clients are enrolled with managed care. This means Apple Health pays your monthly premium for your coverage. Your coverage is for behavioral health services including mental health and substance use disorder treatment services. You must see providers who are in Amerigroup provider network. You need pre-approval to see providers outside of your plan's network. Most services received outside of our service area will not be covered unless pre-approved.

Dual-Eligible Special Needs Plans (D-SNP) are available to some Apple Health members. This is a special kind of Medicare Advantage plan for dual-eligible individuals that allows for care coordination between Medicare and Apple Health services. A dual-eligible individual has both Medicare coverage and Apple Health coverage. This includes physical and behavioral healthcare coverage. 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. Our phone lines are open for any questions you have before we call you. Call us at **800-600-4441 (TTY 711)**, 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 help you find 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 schedule an interpreter for 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 on video during your appointment. Sign language interpreters can go to the provider's office or be on video during your appointment.

If you have any questions about our interpreter services program, visit our website at **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 help understanding information or if you need it in other formats. If you have a disability, are blind or have limited vision, are deaf or hard of hearing, or do not understand this book or other materials, call us at **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

Organization	Customer service hours	Customer service phone numbers	Website address
Amerigroup	Monday–Friday from 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 provider 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. Use the table below to learn who to contact with questions.

If you have any questions about ...	Contact
<ul style="list-style-type: none"> • Changing or disenrolling from your Apple Health Behavioral Health Services Only (BHSO) plan 12 • How to get Apple Health covered services not included through your plan 13 • Your ProviderOne services card 11 	<p>HCA:</p> <ul style="list-style-type: none"> • ProviderOne Client Portal: www.waproviderone.org/client • https://www.fortress.wa.gov/hca/p1contacus/ <p>If you still have questions or need further help, call 800-562-3022.</p>
<ul style="list-style-type: none"> • Covered services 21 • Making a complaint 27 • Appealing a decision by your health plan that affects your benefits 29 	<p>Amerigroup Washington, Inc. at 800-600-4441 (TTY 711) or go online to myamerigroup.com/wa.</p>
<ul style="list-style-type: none"> • Your Behavioral Health Services (Mental Health or substance use disorder) 15 • Referrals to specialists 15 	<p>Your behavioral health provider. (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>Call 24-hour Nurse HelpLine toll free at 866-864-2544 (TTY 711) for behavioral healthcare services medical advice from a nurse or doctor 24 hours a day.</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 30 days after enrolling in coverage. Your member ID number will be on your member ID card. Call us right away if any information is incorrect. Always carry your ID card and show it each time you get care. You do not need to wait for your card to arrive to go to a provider or fill a prescription. Contact us at **800-600-4441 (TTY 711)** and **mpsweb@amergroup.com** if you need care before your card comes. 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.



Your ProviderOne services card will be mailed to you seven to 10 days after you're found eligible for Apple Health coverage. This is a plastic ID card that looks like other health insurance ID cards. Keep this card. HCA will not automatically send you a new one if you received one in the past. You can request a new card, if needed. Each person has their own ProviderOne client number. Take this card with you to your doctor appointments. Providers use this card to make sure your services are covered.

Using the ProviderOne services card

You can view a digital copy of your ProviderOne services card through the WAPlanfinder mobile app. Learn more about the app at wahbexchange.org/mobile/. There is no need to order a replacement when you always have a digital copy with you!

Your ProviderOne client number is on the back of your card. It will always be nine digits long and end in "WA". Confirm your coverage 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

You can request a new ProviderOne services card if you don't receive your card, the information is incorrect, or you lose your card. You can request a replacement several ways:

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

There is no charge for a new card. It takes 7–10 days to get the new card in the mail.

Changing behavioral health services plans

You have the right to change your Behavioral Health Services Only (BHSO) plan at any time. Your plan change may happen as soon as the month after you make your change. 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: <https://fortress.wa.gov/hca/p1contactus/home/client>
 - Select the topic "Enroll/Change Health Plans."
- Call HCA: **800-562-3022 (TRS: 711)**.

We will transition your care if you decide to change health plans. We will work with your new plan to transition medically necessary care so you can keep getting services you need.

NOTE: Enrollees in the Patient Review and Coordination program must stay with the same health plan for one year. Contact us if you move.

Using private health insurance and your Amerigroup coverage

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

Make sure your behavioral healthcare providers are in 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. If you are Medicare eligible, remember your doctor must bill Medicare first.

Show all cards when you go to the doctor or other medical providers. This includes:

- 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 behavioral health services

Behavioral health services and your primary care provider (PCP)

Behavioral health includes mental and substance use disorder (SUD) treatment services. Most behavioral health members already have a primary care provider (PCP) from another medical network like Medicare, private health insurance, Indian Health Center, or Apple Health without a managed care plan (also called fee-for-service). We will coordinate your behavioral health services with your PCP, if necessary. Call us at **800-600-4441 (TTY 711)** if you need help.

One of our behavioral health providers will take care of your behavioral health needs including mental health and substance use disorder treatment services. We will coordinate your behavioral health needs if you need counseling, testing, or need to see a behavioral health specialist.

How to get behavioral health services

If you need behavioral health services, call Member Services at **800-600-4441 (TTY 711)**.

You can also get the name of a behavioral health provider who can provide any needed services. You may also call any of our contracted behavioral health providers directly for services. No referral or prior authorization is required for the majority of behavioral health services.

We will get you the care you need from a specialist outside the Amerigroup network if we don't have one in network. We need to pre-approve any visits outside of our network. Discuss this with your PCP.

Your PCP will request pre-approval from us with medical information to show us why you need this care. We must respond to your PCP within five days of the request. We will notify you of our decision no later than 14 days.

You have the right to appeal if we deny this request and you disagree with our decision. This means you can ask us to have a different person review the request. See page 30 for more information.

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

Services you can get without a referral

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

- Behavioral health crisis response services including:

- Crisis intervention
- Evaluation and Treatment services
- Outpatient behavioral health services (see page 23 for limitations)

Telehealth/Telemedicine

You can visit with your provider over the phone or the computer instead of an in-person appointment. This is known as telemedicine. Telemedicine (also referred to as telehealth) must be private, interactive, and real-time audio or audio and video communications.

You can share information with your provider and receive diagnosis and treatment in real time without being in the same place.

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.

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

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

- Long-term care services and supports, 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 21 for more details on covered benefits. Call us if you have questions about a benefit or service listed here.

You must go to Amerigroup behavioral health providers and hospitals

You must use 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. Directories include:

- 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 providers are accepting new patients.

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

Payment for behavioral health 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.
- You get a service that is not medically necessary.
- You don't know the name of your health plan, and a service provider you see does not know who to bill.
 - It's important to take your ProviderOne services card and health plan card with you every time you need services.
- You get care from a service provider who is not in our network and it is not an emergency or pre-approved by your health plan.
- You don't follow our rules for getting care from a specialist.

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

Quality Improvement programs

We 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 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 medical need, appropriateness, and covered benefits.

We do not reward the staff who make these decisions for saying no. This makes sure our decisions are fair. If you have questions about how these decisions are made, call **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 or to change your enrollment. You can change your selection(s) at any time, but the change will not take effect until the next available month.

If you are American Indian or Alaska Native, you may be able to get 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 are knowledgeable and understand your culture, community, and healthcare needs. If you are connected or partnered with a Tribal Assister through an IHS facility, Tribal health program or UIHP, they can help you make your decision.

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

Dual-Eligible Special Needs Plan (D-SNP)

A dual-eligible individual has both Medicare coverage and Apple Health coverage. If you are a dual-eligible client, Medicare is your primary coverage for your physical healthcare needs. Apple Health will be your secondary coverage. Dual-eligible clients also have behavioral health coverage through an Apple Health Behavioral Health Services Only (BHSO) managed care plan.

You have the option to choose the same plan for your D-SNP and BHSO coverage, if you live in a county that offers aligned enrollment. Aligned enrollment helps dual-eligible clients manage their physical and behavioral health services under one plan. This makes it easier to find a provider and coordinate your Medicare and Apple Health services.

Enrollment into a D-SNP follows the Medicare open enrollment timelines below:

- **Initial Enrollment Period.** When you first become eligible for Medicare, you can join a plan.
- **Open Enrollment Period.** From October 15–December 7 each year, you can join, switch, or drop a plan. Your coverage will begin on January 1 (as long as the plan gets your request by December 7).
- **Medicare Advantage Open Enrollment Period.** From January 1–March 31 each year, if you're enrolled in a Medicare Advantage Plan, you can switch to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. **Note:** You can only switch plans once during this period.

View the aligned enrollment map in our [service area guide](#) to see if alignment is available in your county.

What if I am an American Indian/Alaska Native?

Dual-eligible American Indian/Alaska Natives can:

- Enroll in an Apple Health BHSO, or
- Receive Apple Health behavioral health coverage without a plan.

There are advantages and disadvantages to each, depending on your individual circumstances. Tribal health clinic and urban Indian clinic staff are familiar with these options and can help you make your choice. Learn more about [Apple Health coverage for](#)

[American Indian/Alaska Natives.](#)

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

In an emergency

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

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

Behavioral health crisis

Examples of behavioral health emergency/crisis include when the individual:

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

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

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

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 **866-789-1511** or **206-461-3219 (TTY)**, email recovery@crisisclinic.org, or go to warecoveryhelpline.org. Teens can connect with teens during specific hours: **866-833-6546**, 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 numbers 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

Wait times to see a provider depend on your care needs. View expected wait times to see a provider below.

- **Emergency care:** Available 24 hours a day, seven days a week.
- **Urgent care:** Office visits with your behavioral health provider or other provider within 24 hours.
- **Routine care:** Office visits with your behavioral health provider, or other provider within 10 days. Routine care is planned and includes regular provider visits for concerns that are not urgent or emergencies.

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

Prescriptions

Behavioral health prescriptions are not covered under your BHSO plan. Prescriptions are covered as part of your physical health benefit. Enrollees with Medicare Part D coverage will access their prescription coverage through their Medicare Part D plan. Call us with questions about your prescription drug coverage.

Benefits covered by Amerigroup

This section describes behavioral health benefits and services covered by Amerigroup. It is not a complete list of covered services. Check with your behavioral health provider or contact us if a service you need is not listed. You can view our benefits and services at **myamerigroup.com/wa**.

Some covered healthcare services may require pre-approval. All non-covered services require pre-approval from us. Non-covered services through Apple Health without a managed care plan require pre-approval from HCA.

Some services are limited by number of visits. Your provider can request a Limitation Extension (LE) if you need more visits. Have your provider request an exception to the rule (ETR) if you need non-covered services.

Remember to call us at **800-600-4441 (TTY 711)** or check our provider directory at **myamerigroup.com/wa** before you get behavioral health services. You can also ask your PCP to help you get the care you need.

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 behavioral health problem that needs care right away, but your life is not in danger.

Behavioral health

Behavioral health services include mental health and substance use disorder treatment services. We can help you find a provider if you need counseling, testing, or behavioral health support. Contact us at **800-600-4441 (TTY 711)** or select a provider from our provider directory.

Service	Additional information
Substance use disorder (SUD) treatment services	SUD treatment services may include: <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. Includes freestanding Evaluation and Treatment (E&T).

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
-------------------------------------	--

You may also receive General Fund State (GFS) or non-Medicaid covered services through any of our contracted network providers for behavioral health services. Your provider may request those services on your behalf. If you have any questions about these services, please contact your provider or Amerigroup at **800-600-4441 (TTY 711)**.

Laboratory services

Service	Additional information
Laboratory services	Some services may require pre-approval.

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.

Some behavioral health benefits are covered through Amerigroup and some are by your Apple Health coverage without a managed care plan (fee-for-service). Call us with questions.

Screenings are covered directly by Apple Health and can help identify potential physical, behavioral health, or developmental healthcare needs which may require additional diagnostics and 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 aim to keep conditions from getting worse and slow the pace of the effects of a child's healthcare problem. EPSDT encourages early and continued access to healthcare for children and youth.

Additional services we offer

We give our members a lot of free extras to help support your whole health and well-being.

- Free GED testing for members ages 17 and older
- Free light box — helps prolong daylight in the winter time (for members ages 19 and older with seasonal affective disorder (SAD))
- Emotional Well-being Resources — access to web and mobile online community designed to help members cope with emotional health issues such as depression, anxiety, stress, chronic pain, insomnia, and managing drugs or alcohol

Peer support — we pay the registration and annual fees for members who want to become or renew as peer support counselors

EX Program by Truth Initiative* — a program to help members quit smoking (for members ages 18 and older)

For kids:

- Free Boys & Girls Club membership for kids ages 6–18 (at participating clubs)
- Free 4-H membership (for kids ages 5–18)
- Free YMCA membership to the YMCA in Wenatchee and Cowlitz County (for ages 19 and younger)
- Free Tutorial services for youth ages 5–18 at risk of failing a grade, a subject, or who are involved with the juvenile justice system
- Free Calm app — members under age 18 can access age-appropriate meditations and sleep aids to help calm the mind and body

For all:

- Choose Healthy — access to over 1,000 resource materials including videos, articles, and self-care tools
- LiveHealth Online — video chat with a doctor, therapist, psychologist, or psychiatrist using a smartphone, tablet, or computer
- Free Membership to one of four national disability advocacy organizations:
 - American Association of People with Disabilities (AAPD)
 - Autistic Self Advocacy Network (ASAN)
 - National Council on Independent Living (NCIL)
 - TASH
- Free Community Resource Link find jobs, housing, food, and other things you may need. Find this in the “Support – Community Support” section on our website
- Free Wound Kits for members experiencing homelessness.

Additional Care Coordination services we may offer

Criminal Justice Transitions:

Amerigroup offers Care Coordination for all members entering and leaving incarceration, including city, county and tribal jails, Department of Corrections, Juvenile Rehabilitation, and juvenile detention facilities. Amerigroup is committed to helping our members transition successfully back to their communities.

Requests for care coordination for members transitioning from incarceration can be made to CJTeam_wa@amerigroup.com.

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 benefits and services listed below even when you are enrolled with us. We will coordinate with your PCP to help you access these services and coordinate your care. You will need to use your ProviderOne services card for all services.

Call us if you have questions about a benefit or service not listed here. View the Apple Health coverage without a managed care plan booklet for a complete list of services:
hca.wa.gov/assets/free-or-low-cost/19-065.pdf.

Service	Additional information
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. Call 911 for a life-threatening emergency or 988 for a mental health emergency. See page 21 for the numbers in your area.</p> <p>For the National Suicide Prevention Lifeline: Call or text 988 or call 800-273-8255, TTY Users 206-461-3219</p> <p>For mental health or substance use disorder crises, please call the Behavioral Health Administrative Services organization (BH-ASO). Phone numbers can be found on page 21 or at hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-crisis-lines.</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 one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p> <p>CBE provides pregnant individuals and their support person(s) group classes when taught by an approved HCA CBE provider. Topics include warning signs in pregnancy, nutrition, breastfeeding, birthing plan, what to expect during labor and delivery, and newborn safety.</p> <p>For providers in your area, visit hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care.</p>
Inpatient Psychiatric Care	Call us for help in accessing these services.
Transportation for non-emergency medical appointments	<p>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.</p>

Excluded services (not covered)

The following services are not covered by us or Apple Health 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	Religious based practices, faith healing, herbal therapy, or homeopathy
Marriage counseling and sex therapy	
Personal comfort items	

Services not allowed by federal or state law and its territories and possessions.	U.S. Territories include: <ul style="list-style-type: none"> • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Services provided outside of the United States	

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, health plan, or any aspect of care

To file a grievance, call us at **877-644-4613 (TTY: 711)** or write to us at:

Amerigroup Washington, Inc.
ATTN: Grievance Coordinator
705 5th Ave. S., Ste. 300
Seattle, WA 98104

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.
- The service provided by doctors or health plan.
- Any other problems you 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 available 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 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

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

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

An appeal is when you ask us to review your case again. 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 calendar days of the date of denial. We can help you file an appeal. Your provider, Ombuds, or someone else may appeal for you if you sign to say you agree to the appeal. You only have 10 calendar 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 calendar days. In most cases we will review and decide your appeal within 14 calendar days. We must tell you if we need more time to make a decision. An appeal decision must be made within 28 calendar days.

You can request an appeal verbally or in writing. Send written appeal request to:

Amerigroup Washington, Inc.
Attn: Appeals Department
705 5th Ave. S., Ste. 300
Seattle, WA 98104

Or

Fax: 844-759-5953

We can help you file your appeal. To request an appeal verbally, 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 behavioral health conditions, you or your doctor can ask for an expedited (quick) appeal by calling us. If your behavioral health 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. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal. We will try

to call you if we deny your request for an expedited appeal so we can explain why and help answer any questions. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal. We must mail a written notice within two calendar days of a decision.

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

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

To ask for an administrative hearing you will need to tell the Office of Administrative Hearings that 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. You may also fax the request to 844-759-5953. You can also send your request by mail at the address below:

Amerigroup Washington, Inc.
ATTN: Appeals Department
705 5th Ave. S., Ste. 300
Seattle, WA, 98104

If you do not agree with the decision of the IRO, you can ask to have a review judge from the 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 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 and Members' Rights and Responsibilities at least yearly.
- Make recommendations regarding your rights and responsibilities as a 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 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/free-or-low-cost-health-care/i-need-behavioral-health-support/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

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 or 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

our fraud referral form.

- Call Member Services at **800-600-4441 (TTY 711)**.
- Call our Special Investigations Unit fraud hotline at **866-847-8247**.

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 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:

800-600-4441 (TTY 711),
Amerigroup Washington, Inc.
705 Fifth Ave. S., Ste. 300
Seattle, WA 98104, or
myamergroup.com/wa for more information.

