Welcome to the community.

Washington
Your Managed Care Enrollee Handbook
2018
If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at 1-877-542-8997, TTY 711.

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

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

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

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

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

UnitedHealthcare Community Plan 1-877-542-8997 (TTY: 711).

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

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

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


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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 at [http://www.hca.wa.gov/about-hca/rulemaking](http://www.hca.wa.gov/about-hca/rulemaking).
Welcome to

UnitedHealthcare Community Plan and Washington Apple Health

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

Important contact information.

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

<table>
<thead>
<tr>
<th>If you have any questions about ...</th>
<th>Contact ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Changing or disenrolling from Apple Health Integrated Managed Care Plan.</td>
<td>HCA at: ProviderOne Client Portal is available at: <a href="https://www.waprovderone.org/client">https://www.waprovderone.org/client</a></td>
</tr>
<tr>
<td>• Eligibility for health care services.</td>
<td>Call toll-free 1-800-562-3022. Or: <a href="https://fortress.wa.gov/hca/p1contactus/">https://fortress.wa.gov/hca/p1contactus/</a></td>
</tr>
<tr>
<td>• How to get Apple Health covered services not included through the plan.</td>
<td>UnitedHealthcare Community Plan at 1-877-542-8997, TTY 711, or go online to myuhc.com/CommunityPlan.</td>
</tr>
<tr>
<td>• ProviderOne Services cards.</td>
<td>Your primary care provider.</td>
</tr>
<tr>
<td>• Choosing or changing a provider.</td>
<td>• If you need help to select a primary care provider, call UnitedHealthcare Community Plan at 1-877-542-8997, TTY 711, or go online to myuhc.com/CommunityPlan.</td>
</tr>
<tr>
<td>• Covered services or medications.</td>
<td>• You can also call UnitedHealthcare Community Plan’s 24-hour Nurse Advice Line at 1-877-543-3409.</td>
</tr>
<tr>
<td>• Making a complaint.</td>
<td>• Changes to your account such as address change, income change, marital status, pregnancy, and births or adoptions. Washington Health Benefits Exchange at 1-855-WAFINDER (1-855-923-4633) or go online to <a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a>.</td>
</tr>
<tr>
<td>• Appealing a decision by your health plan that affects your benefits.</td>
<td></td>
</tr>
</tbody>
</table>
The Plan, Our Providers, and You

When you join UnitedHealthcare Community Plan, one of our providers will take care of you. Most of the time that person will be your primary care provider (PCP). If you need to have a test, see a specialist, or go into the hospital, your PCP will arrange it. In some cases, you can go to certain doctors without your PCP arranging it first. This applies to only certain services. See page 13 for details.

If you do not speak English, we can help. We want you to know how to use your health benefits. If you need any information in another language, just call us. Language assistance will be provided at no cost to you. We will find a way to talk to you in your own language. We can help you find a provider who can speak your language.

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 help you get the help you need. We can provide you materials in another format, like Braille. We can tell you if a provider’s office is wheelchair accessible or has special communication devices or other special equipment. We also offer:

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

How we evaluate new technology.
We review new equipment, drugs, and procedures to decide if they should be covered based on medical necessity. Some new equipment, drugs, and procedures are still being tested to see if they really help. If they are still being tested, they are called experimental or investigational. These services are covered after research and UnitedHealthcare Community Plan determines they are more helpful than harmful. If you want to know more, contact us at 1-877-542-8997, TTY 711.
Our Quality Improvement Programs

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

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

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

How to Choose Your Primary Care Provider (PCP)
If you have not picked your PCP, you should do so right away. Each family member can have a different PCP, or you can choose one PCP to take care of all family members. We can give you information about a PCP’s schooling, training and board certifications to help you choose. If you do not choose a PCP, we will choose one for you.
You Will Need Two Cards to Access Services

Your UnitedHealthcare Community Plan ID card.
Your ID card should arrive within 30 days of your enrollment date. If anything is wrong with your ID card, call us right away. Your ID card will have your member ID number. Carry your ID card at all times and show it each time you go for care. If you are eligible and need care before the card comes, you can call Member Services at 1-877-542-8997, TTY 711. or view online at myuhc.com/CommunityPlan.

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

About two weeks after you enroll in Washington Apple Health through www.wahealthplanfinder.org, you will receive a blue Services Card (also called a ProviderOne card) like the one pictured here. Keep this card. Your Services Card shows you are enrolled in Apple Health.

You do not have to activate your new Services Card. It will be activated before it is mailed to you.

ProviderOne is the computer system that coordinates the health plans and send you letters and handbooks. The number on the card is your ProviderOne client number.

You can look online to check that your enrollment has started or switch your health plan through the ProviderOne Client Portal at https://www.waprovderone.org/client. Health care providers can also use ProviderOne to see whether you are enrolled in Apple Health.

Each member of your household who is eligible for Apple Health will receive their own Services Card. Each person has a different ProviderOne client number that stays with him or her for life.
If you had previous Apple Health coverage (or had Medicaid before it was known as Apple Health), we won’t mail you a new card. Your old card and client number is still valid, even if there is a gap in coverage.

**If you don’t receive the card, the information is incorrect, or you lose your card:**
If you don’t receive your Services Card, or if you lose it you can request a replacement:

- Use the ProviderOne client portal at [https://www.waproviderone.org/client](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 our 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.

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**Changing Health Plans**

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

- Go to the Washington Healthplanfinder website at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).
- Visit the ProviderOne Client Portal website at [https://www.waproviderone.org/client](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 Health Care Authority 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.

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**How to Get Health Care**

You can access exams, regular check-ups, immunizations (shots), or other treatments to keep you well. In addition, we can give you advice when you need it and refer you to the hospital or specialists when needed.
Your care must be **medically necessary**. That means the services you get must be needed to:

- Prevent or diagnose and correct what could cause more suffering.
- Deal with a danger to your life.
- Deal with a problem that could cause illness.
- Deal with something that could limit your normal activities.

Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. As soon as you choose a PCP, call to make an appointment. Even if you have no immediate health care needs, you should establish yourself as a patient with your chosen PCP. Being an established patient will help you get care faster when you need it.

It’s important to prepare for your first appointment. Your PCP will need to know as much about your medical history as you can tell him or her. Write down your medical background, and make a list of any problems you have now, the prescriptions you have, and the questions you want to ask your PCP. If you cannot keep an appointment, call your PCP.

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**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 be sure you know 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. That is called a “pre-approval” or “prior authorization.” Your PCP will be able to 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 using the pre-approval process. Your provider may ask you to sign an agreement to pay. If you get out-of-network care without authorization, you may be responsible for the costs. If your PCP asks for an authorization for you to get care outside of our network, we will make a decision within 5 days after getting all of the information we need. Our decision can take up to 14 days if your doctor did not give us all the necessary information. If your PCP or UnitedHealthcare Community Plan refers you to a provider outside our network, you are not responsible for any of the costs. We will pay for them.
We can take up to 28 days to make a decision if you ask us to wait for more information from your doctor or if this is better for you. We will send you a notice if we need to take longer than 14 days to make a decision. Our notice will tell you:

- Why we need more time.
- How you can file a Grievance if you do not agree with our decision.

We will make a decision as fast as we can so you can get the care you need, when you need it. We will not take longer than 28 days to make a decision.

You can file an Appeal if a request for out-of-network care is denied. Page 33 of this handbook tells you how to file an Appeal. If you need help filing an Appeal, call us at 1-877-542-8997, TTY 711. We will help you. We will need to know why the care your PCP is asking for cannot be provided by a UnitedHealthcare Community Plan provider.

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 card to access. Your PCP or UnitedHealthcare Community Plan will help you find these benefits and coordinate your care. See page 20 for more details on covered benefits.

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**Services You Can Get WITHOUT a Referral**

You do not need a referral from your PCP to see another of our providers if you:

- Are pregnant.
- Want to see a midwife.
- Need women’s health services.
- Need family planning services.
- Need to have a breast or pelvic exam.
- Need HIV or AIDS testing.
- Need immunizations.
- Need sexually transmitted disease treatment and follow-up care.
- Need tuberculosis screening and follow-up care.
Payment for Health Care Services

You have no co-pays.

You might have to pay 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 your health plan’s network, unless it’s an emergency or has been pre-approved by your health plan.
- You don’t follow your health plan’s rules for getting care from a specialist.

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call UnitedHealthcare Community Plan at 1-877-542-8997, TTY 711 right away. UnitedHealthcare Community Plan can help you understand why you may have gotten a bill. If you are not responsible for payment, UnitedHealthcare Community Plan will contact the provider and help fix the problem for you.

How to Get Care in an Emergency or When You Are Away From Home

Emergencies: You are always covered for emergencies. An emergency means a medical or behavioral condition that comes on suddenly, is life-threatening, has pain, or other severe symptoms that cannot wait to be treated. Some examples of an emergency are:

- A heart attack or severe chest pain.
- Bleeding that won’t stop or a bad burn.
- Broken bones.
- Trouble breathing, convulsions, or loss of consciousness.
- When you feel you might hurt yourself or others.
- If you are pregnant and have signs like pain, bleeding, fever, or vomiting.

If you think you have an emergency, no matter where you are, call 911 or go to the nearest location where emergency providers can help you. Emergencies are covered anywhere in the United States. Prior authorization/referrals are not required for emergency services. As soon as possible, you or someone else should call your PCP or UnitedHealthcare Community Plan to report your emergency and get follow-up care after the emergency is over.
Urgent care: 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. If you think you need to be seen quickly, go to an urgent care center that works with us. You can also call your PCP’s office or our 24-hour Nurse Advice Line at 1-877-543-3409, TTY 711.

Medical care away from home: If you need medical care that is not an emergency or urgent, or need to get prescriptions filled while you are away from home, call your PCP or 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 (county).

If you are outside of the United States or its territories and need medical care, any health care services you receive will not be covered by UnitedHealthcare Community Plan. Medicaid cannot pay for any medical services you get outside of the United States.

Getting Care After-Hours

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

When a Health Plan Provider Will See You

You should expect to see one of our providers within the following timelines:

Emergency care: Available 24 hours per day, seven days per 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 10 days. Routine care is planned, regular provider visits for medical problems that are not urgent or an emergency.

Preventive care: Office visits with your PCP or other provider within 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 Our Doctors, Pharmacies, or Hospitals

You must use our doctors, other medical providers, hospitals and pharmacies. Call us at 1-877-542-8997, TTY 711 or visit our website myuhc.com/CommunityPlan to get a provider directory or more information. The directory includes:

- The service provider’s name, location, phone number, and hours open.
- The specialty, medical degree and board certification.
- The languages spoken by those providers.
- Any limits on the kind of patients (adults, children, etc.) the provider sees.
- Which PCPs are accepting new patients.

Member Services can also provide more information on the medical school, professional qualifications attended and residency completed.

Behavioral Health Services

If you need behavioral health care, your PCP and UnitedHealthcare Community Plan can help coordinate your care. We:

- Cover assessment for mental health services and treatment such as counseling, testing, and medications for addressing mental health symptoms.
- Cover lower and mid-level intensity treatment.
- Provide screening for substance use disorder and may make a referral to either a plan covered service or a community provider for further assessment.

Your PCP might think your behavioral needs are better served through services covered by a Behavioral Health Organization at a Community Mental Health or Substance Use Disorder Services agency. If so, your PCP will send you there for an evaluation. If the evaluation results determine you need this level of service, you may continue to get your behavioral health care from the Agency.

Washington Recovery Help Line is a 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance abuse, and problem gambling. Call 1-866-789-1511 or 206-461-3219 (TTY), recovery@crisisclinic.org or go to https://www.warecoveryhelpline.org. Teens can connect with teens during specific hours: 1-866-833-6546, teenlink@crisisclinic.org, 866teenlink.org.
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 from 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 UnitedHealthcare Community Plan decides what drugs are covered and how to ask for coverage of a drug that is not on the “formulary” or “preferred drug list.”

See our preferred drug list online or call Member Services for rules that apply or any limitations. Call us and we will help you find a pharmacy near you.

Medical Equipment or Medical 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. For more information on covered medical equipment, supplies and how to get them, call us.

Special Health Care Needs or Long-Term Illness

If you have special health care needs, 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 Care Services

Aging and Long-Term Support Administration (ALTSA) – Home and Community Services (HCS).
If you need long-term care services, including an in-home caregiver, these services are provided through ALTSA, not by your health plan. To get more information about long-term care services, call your local Home and Community Services (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 – 1-509-568-3767 or 1-866-323-9409

Region 2N — Snohomish, Whatcom, Skagit, Island, and San Juan – 1-800-780-7094; Nursing Facility Intake

Region 2S — King – 1-206-341-7750

Region 3 — Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum – 1-800-786-3799

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 – 1-800-319-7116 or email R1ServiceRequestA@dshs.wa.gov

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

Region 2 — Island, San Juan, Skagit, Snohomish, Whatcom – 1-800-567-5582 or email R2ServiceRequestA@dshs.wa.gov

Region 2 — King – 1-800-974-4428 or email R2ServiceRequestB@dshs.wa.gov

Region 3 — Kitsap, Pierce – 1-800-735-6740 or email R3ServiceRequestA@dshs.wa.gov

Region 3 — Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum – 1-888-707-1202 or email R3ServiceRequestB@dshs.wa.gov
Health Care Services for Children

Children and youth under age 21 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. Screenings can help identify potential physical, behavioral health or developmental health care needs which may require additional diagnostics and/or treatment. This benefit includes any diagnostic testing and medically necessary treatment needed to correct or improve a physical and behavioral health condition, as well as additional services needed to support a child who has developmental delay. These services can be aimed at keeping conditions from getting worse or slowing the pace of the effects of a child’s health care problem. EPSDT encourages early and continuing 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, including lead screening as appropriate.
- Health education and counseling based on age and health history.
- Vision testing.
- Hearing testing.
- Laboratory tests.
- Blood lead screening.
- Eating or sleeping problems.
- Oral health screening.
- Immunizations (shots).
- Behavioral health and substance use disorder 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 covered health care services may require pre-approval. All non-covered services require pre-approval either from us or from the State, if the service is offered by the State as fee-for-service care.
Benefits Covered by UnitedHealthcare Community Plan

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

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

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

<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antigen (allergy serum)</td>
<td>Allergy shots.</td>
</tr>
<tr>
<td>Applied Behavioral Analysis (ABA)</td>
<td>Assist children (under age 21) with autism spectrum disorders and other developmental disabilities in improving the communication, social and behavioral skills.</td>
</tr>
<tr>
<td>Audiology Tests</td>
<td>Hearing tests.</td>
</tr>
<tr>
<td>Autism Screening</td>
<td>Available for all children 18 months and 24 months.</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>Pre-approval required for bariatric surgery. Only available in HCA-approved Centers of Excellence.</td>
</tr>
<tr>
<td>Bio-feedback Therapy</td>
<td>Limited to plan requirements.</td>
</tr>
<tr>
<td>Birth Control</td>
<td>See Family Planning Services.</td>
</tr>
<tr>
<td>Blood Products</td>
<td>Includes blood, blood components, human blood products, and their administration.</td>
</tr>
<tr>
<td>Breast Pumps</td>
<td>Some types may require pre-approval.</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Some services may require pre-approval.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Benefit is for children under age 21 only with referral from PCP after being seen for an EPSDT (well-child care) screening.</td>
</tr>
<tr>
<td>Cochlear Implant Devices and Bone Anchored Hearing Aid (BAHA) Devices</td>
<td>Covered for children under age 21 only.</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>See Family Planning Services.</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>Covered only when the surgery and related services and supplies are provided to correct defects from birth, illness, trauma, and mastectomy reconstruction.</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>One screening available for all children at 9 months, 18 months, and between 24 and 30 months.</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>Limited supplies available without prior approval, additional supplies available with prior approval.</td>
</tr>
<tr>
<td>Dialysis</td>
<td>Pre-approval may be required.</td>
</tr>
<tr>
<td>Early Periodic Screening, Diagnosis, and Treatment (EPSDT)</td>
<td>EPSDT includes a full range of prevention, diagnostic, and treatment services to make sure children under age 21 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 separate section.</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Available 24 hours per day, seven days per week anywhere in the United States.</td>
</tr>
<tr>
<td>Enteral Nutrition (products and equipment)</td>
<td>Parenteral nutritional supplements and supplies for all enrollees. Enteral nutrition products and supplies for all ages for tube-fed enrollees. Oral enteral nutrition products for clients under age 21 only.</td>
</tr>
</tbody>
</table>
## Benefits and Services

<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exams</td>
<td>You must use our provider network. Call us for benefit information. 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>.</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>You can use our network of providers, or go to the local health department or family planning clinic.</td>
</tr>
<tr>
<td>Habilitative Services</td>
<td>Contact us to see if you are eligible.</td>
</tr>
<tr>
<td>Health Care Services (Office Visits, Preventive Care, Specialty Care)</td>
<td>Must use our participating providers. We may require prior approval. Contact us.</td>
</tr>
<tr>
<td>Health Education and Counseling</td>
<td>Examples: Health education for conditions such as diabetes and heart disease.</td>
</tr>
<tr>
<td>Health Home</td>
<td>Some enrollees may be eligible for this unique intensive care coordination program. Contact us to see if you qualify. Health Homes have care coordinators who provide one-on-one support to enrollees who have chronic conditions and need help coordinating care among many providers.</td>
</tr>
<tr>
<td>Hearing Exams and Hearing Aids</td>
<td>Covered for enrollees under age 21 only.</td>
</tr>
<tr>
<td>HIV/AIDS Screening</td>
<td>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 UnitedHealthcare Community Plan to see if you are eligible.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Must be approved by us.</td>
</tr>
<tr>
<td>Hospice</td>
<td>Includes services for adults and children in Skilled Nursing Facilities/Nursing Facilities, hospitals, hospice care centers and at home.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hospital, Inpatient and Outpatient Services</td>
<td>Must be approved by us for all non-emergency care.</td>
</tr>
<tr>
<td>Hospital Inpatient Rehabilitation (physical medicine)</td>
<td>Must be approved by us.</td>
</tr>
<tr>
<td>Immunizations/Vaccinations</td>
<td>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.</td>
</tr>
<tr>
<td>Lab and X-Ray Services</td>
<td>Some services may require prior approval.</td>
</tr>
<tr>
<td>Mammograms</td>
<td>See Women’s Health Care.</td>
</tr>
<tr>
<td>Maternity and Prenatal Care</td>
<td>See Women’s Health Care.</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td>Must get pre-approval from us for most equipment. Call us for details.</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Must get preapproval from us for most supplies. Call us for details.</td>
</tr>
<tr>
<td>Medically Intensive Children’s Program</td>
<td>Covered for children under age 18 only.</td>
</tr>
<tr>
<td>Medication Assisted Therapy (MAT)</td>
<td>Medications associated with alcohol or substance use disorder services.</td>
</tr>
<tr>
<td>Mental Health, Outpatient Treatment</td>
<td>Mental health services are covered when provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist.</td>
</tr>
<tr>
<td>Nutritional Therapy</td>
<td>See Enteral Nutrition benefit.</td>
</tr>
<tr>
<td>Organ Transplants</td>
<td>Call us for details.</td>
</tr>
<tr>
<td>Osteopathic Rehabilitation</td>
<td>Benefit limited to ten osteopathic manipulations per calendar year ONLY when performed by a network Doctor of Osteopathy (D.O.)</td>
</tr>
</tbody>
</table>
## Benefits and Services

<table>
<thead>
<tr>
<th>Benefit/Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Oxygen and Respiratory Services</strong></td>
<td>Some services may require pre-approval.</td>
</tr>
<tr>
<td><strong>Pharmacy Services</strong></td>
<td>Must use participating pharmacies. Contact us for a list of pharmacies.</td>
</tr>
<tr>
<td><strong>Podiatry</strong></td>
<td>Limited benefit: Call us for details.</td>
</tr>
<tr>
<td><strong>Radiology and Medical Imaging Services</strong></td>
<td>Some services may require prior approval.</td>
</tr>
<tr>
<td><strong>Reconstructive Surgery</strong></td>
<td>Covered only when the surgery and related services and supplies are provided to correct defects from birth, illness, trauma, and mastectomy reconstruction.</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong></td>
<td>Limited benefit. Call us for details.</td>
</tr>
<tr>
<td><strong>Smoking Cessation</strong></td>
<td>Covered for all clients with or without PCP referral or pre-approval.</td>
</tr>
<tr>
<td><strong>Transgender Health Services</strong></td>
<td>Hormone and mental health therapy for all ages, and puberty blocking treatment for adolescents.</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB) Screening and Follow-Up Treatment</strong></td>
<td>You have a choice of going to your PCP or the local health department.</td>
</tr>
<tr>
<td><strong>Women's Health Care</strong></td>
<td>Routine and preventive health care services, such as maternity care, breast-feeding, reproductive health, general examination, contraceptive services, and testing and treatment for sexually transmitted diseases.</td>
</tr>
</tbody>
</table>
Additional Services We Offer

Benefits at a Glance

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

No co-pays.
No co-pays for doctor visits or prescriptions.

Large choice of doctors.
Pick your own local primary care provider (PCP).

Prescription drugs.
Large list of covered prescription drugs at no cost.

Hospital care.
Choose the hospital you want from our large network.

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

Immunizations, flu shots and vaccines.
To keep your family healthy.

Sports physicals.
Get exams for sports teams.

Quarterly newsletters.
Updates, tips and advice on healthy habits.
Extra Help When Members Need It

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

**24/7 NurseLineSM.**
Get answers and advice anytime — even in the middle of the night and on weekends.
1-877-543-3409, TTY 711.

**Behavioral Health Services.**
Get help with issues such as depression or anxiety. Taking care of your mental health is just as important as taking care of your physical health. You do not need a referral from your PCP to see a network mental health professional.

**Prevention and wellness programs.**
Support to help you manage and improve your health.

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

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

MyHealthLine.
We want you to stay connected with easy and dependable access to health care services. If you qualify for our MyHealthLine program, you can get a smartphone and a monthly service plan at no cost. To learn more visit UHCmyhealthline.com.

KidsHealth® website.
A free online resource with articles and videos on hundreds of topics, including asthma, diabetes, nutrition and exercise. UHC.com/WAkids.

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

Healthy Rewards and Activities

Youth programs.
Boys & Girls Clubs provide a free annual membership for youth members at participating clubs. It includes after-school programs, mentoring and homework assistance. To redeem, present your UnitedHealthcare Community Plan ID card when registering. Membership is not available at South Puget Sound clubs in Pierce, Mason and Kitsap counties.

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

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

myMoney Connect™.
Apple Health Family Connect members may be able to earn rewards for themselves and their families for completing healthy activities. Must be at least 18 years of age to sign up. Some restrictions apply. Visit UHCMoneyConnect.com for more details.
Healthy Rewards.
We also reward diabetic members for completing recommended services. Eligible members will receive a postcard by mail. Members can choose their reward gift card from a list of merchants.

<table>
<thead>
<tr>
<th>Member</th>
<th>Recommended Service</th>
<th>Gift Card Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic</td>
<td>Eye exam, hemoglobin A1c and kidney function tests, and blood pressure check</td>
<td>$25 per visit ($100 total)</td>
</tr>
</tbody>
</table>

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

Call us. We’re here for you.
Call one of our member advocates when you have a question or need help. Our interpreters are also ready to help you by phone. You can receive information in your preferred language or another format such as large print, Braille or audio tapes. Call 1-877-542-8997, TTY 711, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Follow us on Facebook at facebook.com/UnitedHealthcareCommunityPlan. Keep up on local events and health plan news.

Simple for you. That’s our promise.
Health care isn’t always easy. But we’ll make it as simple as possible for you. So let us know if you need help with anything. And thank you for joining UnitedHealthcare Community Plan.
Benefits and Services

**Services Covered Outside of UnitedHealthcare Community Plan**

Apple Health fee-for-service covers the following benefits and services even when you are enrolled with us. We and your PCP can help coordinate your care with other community-based services and programs. 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.

<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services (Air and Ground)</td>
<td>All air ambulance transportation services provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO), is covered by the Health Care Authority. For emergencies or when transporting between facilities, such as, from the hospital to a rehabilitation center. Non-emergency ambulance transportation is covered for clients who are dependent and/or require mechanical transfers, a stretcher to be moved when needed for medical appointments for covered services. Examples include: a person who is ventilator dependent, quadriplegic, etc.</td>
</tr>
<tr>
<td>Alcohol and Substance Use Disorder Services, Inpatient, Outpatient, and Detoxification</td>
<td>Must be provided by Department of Social and Health Services (DSHS) certified agencies. Call DSHS at 1-866-789-1511 for details. We cover medications associated with alcohol or substance use disorder services.</td>
</tr>
<tr>
<td>Dental Services</td>
<td>You must see a dental provider who has agreed to be an Apple Health fee-for-service provider. A list of dental providers and more information on dental benefits is available at <a href="http://www.hca.wa.wa.gov/assets/free-or-low-cost/22-811.pdf">http://www.hca.wa.gov/assets/free-or-low-cost/22-811.pdf</a>, or you can call HCA at 1-800-562-3022.</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------</td>
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</tr>
<tr>
<td>Early Support for Infants and Toddlers (ESIT) from Birth to Age 3</td>
<td>Cal the First Steps Program at 1-800-322-2588 for information.</td>
</tr>
<tr>
<td>Eyeglasses and Fitting Services</td>
<td>Covered for clients under age 21. You will need to use an Apple Health fee-for-service provider.</td>
</tr>
<tr>
<td>Inpatient Psychiatric Care and Crisis Services</td>
<td>Must be authorized by a mental health professional from the local area mental health agency. For more information, call DSHS at 1-800-446-0259.</td>
</tr>
<tr>
<td>Long-Term Care Services and Services for People with Developmental Delay</td>
<td>See separate section of this booklet.</td>
</tr>
<tr>
<td>Maternity Support Services</td>
<td>Call the First Steps Program at 1-800-322-2588 for information.</td>
</tr>
<tr>
<td>Pregnancy Terminations, Voluntary</td>
<td>Includes termination and follow-up care for any complications.</td>
</tr>
<tr>
<td>Sterilizations, under age 21</td>
<td>Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.</td>
</tr>
<tr>
<td>Transgender Health Services</td>
<td>Surgical procedures and postoperative complications.</td>
</tr>
<tr>
<td>Transportation for Medical Appointments</td>
<td>Apple Health pays for transportation services to and from needed non-emergency health care appointments. If you have a current ProviderOne Services Card, you may be eligible for transportation. 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.wa.gov/transportation-help">http://www.hca.wa.gov/transportation-help</a>. Click on “Transportation Broker Directory.”</td>
</tr>
</tbody>
</table>
Excluded Services (NOT Covered)

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

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

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

Grievances or complaints can be about:

- A problem with your doctor’s office.
- Getting a bill from your doctor.
- Any other problems you may have getting health care.
- Being sent to collections due to an unpaid medical bill.
- 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. You can get a free copy of our grievance policy by calling us.

If we cannot resolve your grievance, you can also file a grievance directly with the Health Care Authority by calling 1-800-562-3022.

Important Information About Denial, Appeals, and Administrative Hearings

You have the right to ask for a reconsideration of a decision you are not happy with, if you feel you have been treated unfairly, or have been denied a medical service. 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 action. It will let you know your rights and information about how to request an appeal. You or your provider may appeal a denied service.

An appeal is when you ask us to review your case again because you disagree with a denial. With written consent, you can have someone else appeal on your behalf. You must appeal within calendar 60 days of the date of the denial letter. You only have 10 days to appeal if you want to keep getting a service that you are receiving while we review our decision. We will reply in writing telling you we received your request for an appeal within 5 calendar days. In most cases we will review and decide your appeal within 14 days. We must tell you if we need more time to make a decision. An appeal decision must be made within 28 days.
You have rights and responsibilities including the right to voice a complaint or appeal or suggest changes to the policy. You can view the full policy by visiting myuhc.com/CommunityPlan or request by calling 1-877-542-8997, TTY 711. To file a complaint in writing:

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

Mail the form or your letter to:
UnitedHealthcare Community Plan
Grievances and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

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

If it’s urgent. For urgent medical conditions, you or your doctor can ask for an expedited (quick) appeal by calling us. If your medical condition requires it, a decision will be made about your care within three calendar days. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request, your appeal will be reviewed in the same timeframes outlined above. We must make reasonable efforts to give you a prompt verbal notice if we deny your request for an expedited (quick) appeal. You may file a grievance if you do not like our decision to change your request from an expedited (quick) to a standard appeal. We must mail 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. 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 already getting before our denial. In a hearing, an administrative law judge that does not work for us or the Health Care Authority reviews your case.

To ask for an administrative hearing:
1. Call the Office of Administrative Hearings (www.oah.wa.gov) at 1-800-583-8271,

OR
2. Send a letter to:
   Office of Administrative Hearings
   P.O. Box 42489
   Olympia, WA 98504-2489

AND
3. Tell the Office of Administrative Hearings that UnitedHealthcare Community Plan is involved; the reason for the hearing; what service was denied; the date it was denied; and the date that the appeal was denied. Also, be sure to give your name, address, and phone number.

You may talk with a lawyer or have another person represent you at the hearing. If you need help finding a lawyer, visit www.nwjustice.org or call the NW Justice CLEAR line at 1-888-201-1014.

You will get a notice explaining the decision from the hearing judge. If you disagree with the hearing decision, you have the right to appeal the decision directly to the Health Care Authority’s Board of Appeals or by asking for a review of your case by an Independent Review Organization (IRO).

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

**An IRO** is a group of doctors who do not work for us. To request an IRO, you must call us and ask for a review by an IRO after you get the hearing decision letter. 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 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 1-884-728-5212

**OR**

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

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**Your Rights**

As an enrollee, you have a right to:

- Help make decisions about your health care, including mental and substance use disorder services and the right to refuse treatment.
- Be informed about all treatment options available, regardless of cost.
- Get a second opinion from another provider in your health plan.
- Get services without having to wait too long.
- Change primary care providers.
Other Plan Details

• 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 filing a grievance, complaint or appeal.
  – Our organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
• Receive the plan policies, benefits, services and Members’ Rights and Responsibilities at least yearly.
• Receive a list of crisis phone numbers.
• Receive help completing mental or medical advance directive forms.

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 making agreed-upon treatment goals as much as possible.
• Give your providers and UnitedHealthcare Community Plan complete information about your health.
• Follow your provider’s instructions for care that you have agreed to.
• Use health care services appropriately. If you do not, you may be enrolled in the Patient Review and Coordination Program. In this program, you are assigned to one primary care provider, one pharmacy, one prescriber for controlled substances, and one hospital for non-emergency care. You must stay in the same plan for at least 12 months.

• Inform the Health Care Authority if your family size or situation changes, such as pregnancy, births, adoptions, address changes, 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.

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**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 for any other reason.
  – If you want to donate your organ(s) after your death.
  – If you want someone else to decide about your health care if you can’t.

Having an advance directive means your loved ones or your doctor can make medical choices for you based on your wishes. There are three types of advance directives in Washington State.

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

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

• Ask to see your health plan’s policies on advance directives.
• File a grievance with your plan or the Health Care Authority if your directive is not followed.
The Physician Orders for Life Sustaining Treatment (POLST) form is for anybody who has a serious health condition, and needs to make decisions about life-sustaining treatment. Your provider can use the POLST form to represent your wishes as clear and specific medical orders.

We Protect Your Privacy

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

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

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

We may use or share your PHI without getting written approval from you under certain circumstances.
• Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
  – The information is directly related to the family or friend’s involvement with your care or payment for that care; and you have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.
• The law allows HCA or UnitedHealthcare Community Plan to use and share your PHI for the following reasons:
  – When the U.S. Secretary of the Department of Health and Human Services requires us to share your PHI.
  – Public Health and Safety which may include helping public health agencies to prevent or control disease.
  – Government agencies may need your PHI for audits or special functions, such as national security activities.
  – For research in certain cases, when approved by a privacy or institutional review board.
  – For legal proceedings, such as in response to a court order. Your PHI may also be shared with funeral directors or coroners to help them do their jobs.
  – With law enforcement to help find a suspect, witness, or missing person. Your PHI may also be shared with other legal authorities if we believe that you may be a victim of abuse, neglect, or domestic violence.
  – To obey Workers’ Compensation laws.

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

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

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

UnitedHealthcare
Customer Service – Privacy Unit
P.O. Box 740815
Atlanta, GA 30374-0815
If you believe your health plan violated your rights to privacy of your PHI, you can:

- Call your health plan and file a complaint. The health plan will not take any action against you for filing a complaint. The care you get will not change in any way.
- File a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or write to:
  
  U.S. Department of Health and Human Services  
  200 Independence Ave SW  
  Room 509F, HHH Building  
  Washington, D.C 20201  
  OR:  
  Call 1-800-368-1019 (TDD 1-800-537-7697)

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

You may also contact us for more information.

UnitedHealthcare Community Plan

**1-877-542-8997, TTY 711**

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

[myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan)