Welcome to the community.

Washington
Your Medical Benefits Book
If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at 1-877-542-8997 (TTY: 711).

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

Samoan:
Afa'i o fa'amatalaga ua tuuina atu e le'o tusia i lau gagaana masani, fa'amolemele fa'afesota'i mai le vaega a le United Healthcare Community Plan ile telefoni 1-877-542-8997. (TTY:711).

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

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

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

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

Amharic:

Tigrinya:

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

Lào:
คำอี้ดีมัวภูมิที่ดีแล้วมีปีตัวเมืองในต่อเส้นทาง, กระทำไปยัง UnitedHealthcare Community Plan ที่เบี้ย 1-877-542-8997 (TTY: 711).

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

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

Khmer:
ប្រការ៉េដែលចេញមកមកពាក្យខ្លះអាចមិនមានភាសាអ្នកស្រាវជ្រាវបាន អេត្តិថុជាជាចារេ UnitedHealthcare Community Plan មាន 1-877-542-8997 (មានការជួបនៅ [TTY]: 711).

Tagalog:

Farsi:
در صورت اینکه اطلاعات پیوست به زبان اولیه شما نمی‌باشد، لطفاً با United Healthcare Community Plan 1-877-542-8997 تماس حاصل نمایید (وسیله ارتباطی برای ناشنواهان - 711).
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Welcome to Washington Apple Health from UnitedHealthcare Community Plan

Welcome to Washington Apple Health coverage from UnitedHealthcare Community Plan. We want to be sure you get off to a good start as a new member. To get to know you better, 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 a.m. to 5 p.m.

Important contact information.

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<tr>
<th>Customer Service Hours</th>
<th>Customer Service Phone Numbers</th>
<th>Website Address</th>
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<tr>
<td>UnitedHealthcare Community Plan</td>
<td>Mon. – Fri. 8 a.m. to 5 p.m.</td>
<td>1-877-542-8997 TTY: 711 Go online to MyUHC.com/CommunityPlan or UHCCommunityPlan.com</td>
</tr>
<tr>
<td>Health Care Authority Apple Health Customer Service</td>
<td>Mon. – Fri.</td>
<td>1-800-562-3022 TTY: 711 or 1-800-848-5429 Go online to <a href="http://www.hca.wa.gov/medicaid/Pages/index.aspx">www.hca.wa.gov/medicaid/Pages/index.aspx</a></td>
</tr>
<tr>
<td>Washington Health Insurance Exchange</td>
<td>Mon.-Fri. 7:30 a.m. to 8 p.m.</td>
<td>1-855-923-4633 TTY: 711 or 1-855-627-9604 Go online to <a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a></td>
</tr>
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</table>
How to use this book.
This handbook is your guide to health services. The first several pages will tell you what you need to know right away. When you have a question, check the list below to see who can help.

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<tr>
<td>• Changing health plans.</td>
<td>Health Care Authority Apple Health Customer Service at 1-800-562-3022, or go online to <a href="http://www.hca.wa.gov/medicaid/Pages/index.aspx">www.hca.wa.gov/medicaid/Pages/index.aspx</a></td>
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<tr>
<td>• Eligibility for health care services.</td>
<td>UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711, or go online to MyUHC.com/CommunityPlan</td>
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<tr>
<td>• Disenrolling from Apple Health Managed Care.</td>
<td>• You can also call UnitedHealthcare Community Plan's 24-hour Nurse Advice Line at 1-877-543-3409.</td>
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<td>• Choosing or changing a provider.</td>
<td>• Changes to your account such as address change, income change, marital status, pregnancy, and births or adoptions.</td>
</tr>
<tr>
<td>• Covered services or medications.</td>
<td>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>
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<td>• Making a complaint.</td>
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<td>• Appealing a decision by your health plan that affects your benefits.</td>
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<tr>
<td>• Your medical care.</td>
<td></td>
</tr>
<tr>
<td>• Referrals to specialists.</td>
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</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 10 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. 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 equipment. Also, we have services like:

- TTY line (our TTY phone number is 711).
- Information in large print.
- Help in making or getting 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.

Do health plans have quality improvement programs?
Quality improvement.
UnitedHealthcare Community Plan has a Quality Improvement program. It works to give you better care and services. Each year we report how well we are providing health care services to our members. Many of the things we report on are major public health issues. If you would like to know more about our Quality Improvement program and our progress towards meeting goals, please call 1-877-542-8997, TTY: 711.
Care management.
UnitedHealthcare Community Plan provides care management to those with special needs. Our Personal Care Managers work with the health plan, 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 does a health plan 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 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 a.m. to 5 p.m. Monday – Friday with questions. We will explain how UM works and what it means for your care. Voicemail available 24 hours a day, 7 days a week. Additional language assistance is available and we can get you the materials in a language or format that is easy for you to understand.

How to Choose Your Primary Care Provider (PCP)
You may have already picked your PCP, but if you have not, 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 who are in Apple Health Managed Care. If you do not choose a PCP, UnitedHealthcare Community Plan will choose one for you. If you want to change your PCP, UnitedHealthcare Community Plan can help you choose a new one.

Our Member Services staff at 1-877-542-8997, TTY: 711, can help you find a doctor that is right for you. We can also provide information on a provider’s schooling, training and board certifications.
You Will Need Two Cards to Access Services

Your UnitedHealthcare Community Plan ID card.
Your UnitedHealthcare Community Plan ID card should arrive within 30 days of your enrollment date. If anything is wrong with your ID card, call 1-877-542-8997, TTY: 711, right away. Your ID card will have your UnitedHealthcare Community Plan member ID number. You will need this number for your UnitedHealthcare Community Plan related questions. 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.

Your Services Card.
Most people will receive two cards in the mail, one from Washington Apple Health (the Services Card) and one from the health insurance plan that will manage your care.

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. HCA will activate your card before we mail it to you.

ProviderOne.
You’ll see “ProviderOne” on your Services Card.

ProviderOne is the information system that coordinates the health plans for us and helps us send you information at various times. 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.waprovierone.org/client. Health care providers can also use ProviderOne to see whether their patients are enrolled in Apple Health.
Each member of your household who is eligible for Apple Health will receive his or her own Services Card. Each person has a different ProviderOne client number that stays with him or her for life.

If you had previous Apple Health coverage (or had Medicaid before it was known as Apple Health), you won’t be mailed a new card. Your old card is still valid, even if there is a gap in coverage. Your ProviderOne client number remains the same.

If you don’t receive the card or lose your card.
If you don’t receive your Services Card by the end of two weeks after successfully completing your Apple Health enrollment on www.wahealthplanfinder.org, or if you lose your card, please call the Health Care Authority’s Apple Health Customer Service Center at 1-800-562-3022.

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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 officially enrolled in the newly requested plan prior to seeing providers in another plan’s network. Changing health plans must be done through the Health Care Authority. There are several ways to switch your plan:

- Go to the ProviderOne Client Portal at https://fortress.wa.gov/hca/p1findaprovider/. You can log in to your profile and request a change of health plan there.
- Download and fill out the sign-up form at http://www.hca.wa.gov/medicaid/healthyoptions/pages/client.aspx. Fold it and mail it according to the instructions. No postage is necessary.
- Fill out the sign-up form and fax it to 1-866-668-1214.
- 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.

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How to Get Health Care

Services you can access through UnitedHealthcare Community Plan include exams, regular check-ups, immunizations (shots) for your children, or other treatments to keep you well, give you advice when you need it, and refer you to the hospital or specialists when needed.
Going to the Doctor

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. If you can, 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 to let your PCP know.

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 UnitedHealthcare Community Plan to approve before you can get them. This is called a “pre-approval.” Your PCP will be able to tell you what services require this approval.

If we do not have a specialist in UnitedHealthcare Community Plan who can give the care you need, we will get you a specialist outside the UnitedHealthcare Community Plan network. This requires an authorization from UnitedHealthcare. If your PCP or UnitedHealthcare Community Plan refers you to a provider outside our network, you are not responsible for any of the costs. UnitedHealthcare Community Plan will pay for these services. 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.
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 28 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 are not covered through UnitedHealthcare Community Plan. Other community-based services and programs provide these benefits. These are called “fee-for-service” benefits. Fee-for-service benefits include dental care, orthodontial care for children, vision exams, alcohol and substance 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 18 for more details on covered benefits.

**Services From UnitedHealthcare Community Plan 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 copays. But if you get a service that is not covered or is not considered to be medically necessary you might have to pay.

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. As soon as possible, call your PCP or health plan to arrange for follow-up care after the emergency is over.

In an emergency, a person with an average knowledge of health might fear that someone will suffer serious harm to body parts or functions or serious disfigurement without receiving care right away.

**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 and will not stop crying, 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 UnitedHealthcare Community Plan. You can also call your PCP’s office or the UnitedHealthcare Community Plan’s 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 UnitedHealthcare Community Plan 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).
Getting Care After Hours

UnitedHealthcare Community Plan has a toll-free phone number to call for medical advice from nurses 24 hours a day. The phone number is 1-877-543-3409, TTY: 711. Call your PCP's office or UnitedHealthcare Community Plan's Nurse Advice Line for advice on how to reach a provider after hours.

A Health Plan Provider Will See You

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

**Emergency care**: Available 24 hours per day, seven days per week. An emergency is when someone has a sudden or severe medical problem and needs care right away. Call your PCP or health plan for help to get follow-up care after an emergency care visit.

**Urgent care**: Office visits with your PCP or other provider within 24 hours. Urgent care is for medical problems that need care right away, but your life is not in danger.

**Routine care**: Office visits with your PCP or other provider within seven 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 a UnitedHealthcare Community Plan Doctor, Pharmacy, or Hospital

You must use doctors and other medical providers who work with UnitedHealthcare Community Plan. We also have certain hospitals and pharmacies you must use. Call our member service line at 1-877-542-8997, TTY: 711, or visit our website MyUHC.com/CommunityPlan to get a provider directory or get more information about our doctors, hospitals, and pharmacies. The directory of providers, pharmacies, and hospitals includes:

- The service provider’s name, location, and phone number.
- The specialty and medical degree.
- The languages spoken by those providers.
Going to the Doctor

• Any limits on the kind of patients (adults, children, etc.) the provider sees.
• Which PCPs are accepting new patients.

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

Do You Have to Pay for Health Care Services?

You have no copays for doctor visits or prescriptions. But if you get service that is not covered by UnitedHealthcare Community Plan or the Apple Health fee-for-service program you might have to pay. You may have to pay if:

• A service you get is not covered;
• A service you get is not medically necessary;
• If you choose to get care from a provider who does not work with Unitedhealthcare Community Plan (unless it is an emergency or pre-approved); and
• You sign an agreement to pay form and:
  – You get specialty care or equipment without a referral from your PCP; or
  – You get care that requires prior authorization, before it is approved.

If you get a bill for a service you believe is covered, or a service you believe is non-covered, call UnitedHealthcare Community Plan. We will explain the process for submitting the bill. If you still need help, call Apple Health Customer Service at 1-800-562-3022.

Mental Health Services

If you need mental health care, your PCP and UnitedHealthcare Community Plan can help coordinate your care with a mental health provider. We cover evaluations and, if needed, psychological testing.

Your PCP might think your mental health needs are better served through your local Community Mental Health Agency. If so, your PCP will send you there for an intake evaluation to see if you qualify. Based on the evaluation results, you may continue to get all your mental health care treatment from the Community Mental Health Agency. If you do not qualify for care from the Community Mental Health Agency, your PCP and UnitedHealthcare Community Plan will help you get needed care.
Prescriptions

UnitedHealthcare Community Plan uses a list of approved drugs. This is called a “formulary” or a “preferred drug list.” To make sure your drugs will be paid for, your PCP should prescribe medications to you from this list. You do not have to pay for drugs covered by your health plan. 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.”

To make sure your drugs will be paid for, you must get your medications at a pharmacy that contracts with UnitedHealthcare Community Plan. Call our Member Services staff at 1-877-542-8997, TTY: 711, and we will help you find a pharmacy near you.

Medical Equipment or Medical Supplies

UnitedHealthcare Community Plan covers medical equipment or supplies when they are medically necessary and prescribed by your health care provider. Most equipment and supplies must be approved by UnitedHealthcare Community Plan before we will pay for them.

For more information on covered medical equipment, supplies and how to get them, call Member Services at 1-877-542-8997, TTY: 711.

Special Health Care Needs or Long-Term Illness

If you have special health care needs, you may be eligible for extra benefits in our disease management program or Health Home program. You may also get direct access to specialists who can help you get needed care. In some cases, we may allow you to use your specialist as your PCP. You can get more information about care coordination and care management from UnitedHealthcare Community Plan.

Long-Term Care Services

If you are eligible and need long-term care services, including in-home caregiver and nursing home services, they will be provided through the Apple Health fee-for-service program but not by your health plan. To get more information about long-term care services, call Aging and Disability Services at 1-800-422-3263.
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. The program provides complete, periodic health screenings to clients under age 21 to identify existing health care issues early and prevent the decline of a child's health. These 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 those additional services needed to support a child who has developmental delay. These services can also 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. EPSDT includes these services:

**Screening** – An EPSDT screening is sometimes referred to as a well-child or well-adolescent checkup. When the parent, child, or provider asks, screenings are done according to a recommended schedule to fully assess each child's health status and find possible health problems. A well-child checkup or screening should include all of the following:

- Complete health and developmental history.
- A full physical examination.
- Appropriate behavioral health and substance abuse screening.
- Health education and counseling based on age and health history.
- Appropriate vision testing.
- Appropriate hearing testing.
- Appropriate laboratory testing.
- Dental screening services.
- Immunization shots.

In addition to these well-child check-ups, any visit a child makes to a medical provider is considered an EPSDT screening.

**Diagnosis** – When a health condition or risk for such is identified, additional tests may be done to make a diagnosis or decide a referral to a specialist for further evaluation is needed.
Treatment – When a health care condition is diagnosed by a child’s medical provider, the child’s medical 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 needed may require prior approval. All non-covered services require prior approval either from the child’s health plan 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 covered by UnitedHealthcare Community Plan are listed below. Check with your provider or us if a service you need is not listed as a benefit.

For some services, you may need to get a referral from your PCP and/or approval from UnitedHealthcare Community Plan before you get the services. Otherwise, UnitedHealthcare Community Plan might not pay for the service.

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

Remember to call UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711, before you get medical services or ask your PCP to help you get the care you need.

<table>
<thead>
<tr>
<th>Benefit/Service</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services</td>
<td>For emergencies or when transporting between facilities</td>
</tr>
<tr>
<td>Antigen (allergy serum)</td>
<td>Allergy shots</td>
</tr>
<tr>
<td>Applied Behavioral Analysis (ABA)</td>
<td>Assist children with autism spectrum disorders and other developmental disabilities, to improve the communication, social, and behavioral challenges, associated with these disorders.</td>
</tr>
<tr>
<td>Audiology Tests</td>
<td>Hearing tests</td>
</tr>
<tr>
<td>Autism Screening</td>
<td>Available for children suspected of having autism up to 36 months</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>Prior approval required for bariatric surgery</td>
</tr>
<tr>
<td>Biofeedback Therapy</td>
<td>Limited to plan requirements</td>
</tr>
<tr>
<td>Birth Control</td>
<td>See Family Planning Services</td>
</tr>
<tr>
<td>Benefit/Service</td>
<td>Comments</td>
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<tr>
<td>-----------------------------------------------</td>
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</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>Covered</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Some services may require prior approval</td>
</tr>
<tr>
<td>Chiropractic Care for Children</td>
<td>Benefit is for children only (under age 21) 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>Benefit is for children only (under age 21)</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>See Family Planning Services</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>Only when the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma, or for mastectomy reconstruction for post-cancer treatment.</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>Available for all children between 9 to 30 months of age</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>Covered</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Available 24 hours per day, seven days per week anywhere in the United States. An emergency is when someone has a serious medical problem and needs care right away.</td>
</tr>
</tbody>
</table>
## Benefits and Services

<table>
<thead>
<tr>
<th>Benefit/Service</th>
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</table>
| **Early Periodic Screening, Diagnosis, and Treatment**    | 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. These EPSDT screenings (well child care) include:  
  - A complete physical exam with health, mental health screening, and developmental history.  
  - Immunization shots and lab tests.  
  - Screens for: vision, hearing, dental care, mental health, and substance abuse.  
  Any health treatment that is medically necessary, even if the treatment is not listed as a covered service. |
| **Enteral Nutrition**                                     | All ages for tube-fed clients.  
Oral nutrition for clients under age 21.  
Oral nutrition is not covered for clients age 21 and older. |
| **Eye Exams**                                             | You must use our provider network. Limited to one exam every 12 months for clients under age 21, and every 24 months for clients age 21 and over. Can be more frequent if determined to be medically necessary by UnitedHealthcare Community Plan.  
Search for a vision center by going to [https://www.marchvisioncare.com/members/locate.aspx](https://www.marchvisioncare.com/members/locate.aspx) or to call Member Services. |
<p>| <strong>Family Planning Services</strong>                              | You have the choice of using our network of providers, or going to the local health department or family planning clinic. |
| <strong>Habilitative Services</strong>                                 | Contact UnitedHealthcare Community Plan to see if you are eligible. |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Health Care Services (Office Visits, Preventive Care, Specialty Care)</td>
<td>Must use UnitedHealthcare Community Plan's participating providers. We may require prior approval. Contact UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711.</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 UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711 to see if you qualify. Health Homes have care coordinators who provide one-on-one support to enrollees who have chronic conditions. They are especially useful if you have several chronic conditions and need help coordinating your care among many providers.</td>
</tr>
<tr>
<td>Hearing Exams and Hearing Aids</td>
<td>Covered for clients under age 21</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.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Must be approved by UnitedHealthcare Community Plan.</td>
</tr>
<tr>
<td>Hospital, Inpatient and Outpatient Services</td>
<td>Must be approved by UnitedHealthcare Community Plan for all non-emergency care.</td>
</tr>
<tr>
<td>Hospital Inpatient Rehabilitation (physical medicine)</td>
<td>Must be approved by UnitedHealthcare Community Plan.</td>
</tr>
<tr>
<td>Immunizations/Vaccinations</td>
<td></td>
</tr>
<tr>
<td>Lab and X-ray Services</td>
<td></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>Benefit/Service</td>
<td>Comments</td>
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</tr>
<tr>
<td>Medical Equipment</td>
<td>Most equipment must get prior approval from UnitedHealthcare Community Plan. Call UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711, for specific details.</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Most supplies must first be approved by UnitedHealthcare Community Plan. Call us at 1-877-542-8997, TTY: 711, for specific details.</td>
</tr>
</tbody>
</table>
| Mental Health, Outpatient 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. These services include:  
  - Psychological testing, evaluation, and diagnosis.  
  - Mental health treatment.  
  - Mental health medication management by your PCP or mental health provider. |
| Nutritional Therapy                     | Covered for clients under age 21 when medically necessary and referred by the provider after an EPSDT screening. |
| Organ Transplants                       | Call UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711, for specific details. |
  Limit applies whether performed in any of the following:  
  - Outpatient clinic.  
  - Outpatient hospital.  
  - The home by a Medicare-certified home health agency.  
  - Apple Health may cover services through the fee-for-service program for children when provided in an approved neurodevelopmental center. See: http://www.doh.wa.gov/CFH/cshcn/docs/ndclistonweb.pdf. |
<table>
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<tr>
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<tbody>
<tr>
<td>Oxygen and Respiratory Services</td>
<td>Some services may require prior authorization.</td>
</tr>
<tr>
<td>Pharmacy Services</td>
<td>Must use participating pharmacies. We have our own drug formulary (list). Contact UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711, for a list of pharmacies.</td>
</tr>
<tr>
<td>Podiatry</td>
<td>Limited benefit: Call UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711, for specific information.</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td></td>
</tr>
<tr>
<td>Radiology and Medical Imaging Services</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>Covered for short-term (less than 30 days). Additional services may be available contact UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711.</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>Covered for all clients based on the UnitedHealthcare Community Plan’s policies.</td>
</tr>
<tr>
<td>Tuberculosis (TB) Screening and Follow-up Treatment</td>
<td>You have a choice of going to your PCP or the local health department.</td>
</tr>
<tr>
<td>Women’s Health Care</td>
<td>Routine and preventive health care services, such as maternity care, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding.</td>
</tr>
</tbody>
</table>
Additional Services From UnitedHealthcare Community Plan

Extra help when you need it. If you have asthma, diabetes or another chronic condition, one of our Personal Care Managers can help.

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

Sports physicals. Get exams for sports teams.

Online tools. Find a doctor, pharmacy, and answers to your questions at MyUHC.com/CommunityPlan.

Healthy First Steps.* Expectant moms get extra help to stay healthy and have a healthy baby. Free breast pumps available for eligible members. 1-800-599-5985.

Healthy Rewards.* Gift cards for eligible members who complete recommended services.

Youth Programs. Boys & Girls Clubs provide after-school programs, mentoring, and homework assistance for youth members at participating clubs.

Quit For Life® Program. Coaching and online support to help you quit tobacco. No cost nicotine patches or gum available. 1-866-QUIT-4-Life (1-866-784-8454).

Behavioral Health Services. Get help with issues such as depression or anxiety.

Quarterly newsletters. Updates, tips and advice on healthy habits.

Community Events. Look for us at health fairs and events in your area.

* Members who qualify will automatically receive information in the mail about benefits and rewards available to them.
Services Covered Outside of UnitedHealthcare Community Plan

The Apple Health fee-for-service program covers the following benefits and services even when you are enrolled in UnitedHealthcare Community Plan. UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Alcohol and Substance Use Disorder Services, Inpatient, Outpatient, and Detoxification</strong></td>
<td>Must be provided by Department of Social and Health Services (DSHS) certified agencies. Call 1-877-301-4557 for specific information.</td>
</tr>
<tr>
<td><strong>Long-Term Care Services and Services for People with Developmental Disabilities</strong></td>
<td>The Aging and Long Term Services Administration (ALTSA) must approve these services. Call 1-800-422-3263 (Aging and Disability Services).</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>You will need to use a dental provider who has agreed to be an Apple Health fee-for-service provider. A list of dental providers is available at <a href="http://www.hca.wa.gov/medicaid/dentalproviders/Pages/index.aspx">http://www.hca.wa.gov/medicaid/dentalproviders/Pages/index.aspx</a>. More information on dental benefits is available at <a href="http://www.hca.wa.gov/medicaid/dentalproviders/">http://www.hca.wa.gov/medicaid/dentalproviders/</a> Documents/AdultDentalCoverage.pdf, or you can call HCA for more information at 1-800-562-3022.</td>
</tr>
<tr>
<td><strong>Eyeglasses and Fitting Services</strong></td>
<td>Covered for clients under age 21. You will need to use an Apple Health fee-for-service provider.</td>
</tr>
<tr>
<td><strong>Inpatient Psychiatric Care, and Crisis Services</strong></td>
<td>Must be authorized by a mental health professional from the local area mental health agency. For more information, call 1-800-446-0259.</td>
</tr>
<tr>
<td><strong>Early Support for Infants and Toddlers (ESIT) from Birth to Age 3</strong></td>
<td>Please call 1-800-322-2588 for information.</td>
</tr>
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</table>
## Benefits and Services

<table>
<thead>
<tr>
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<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Maternity Support Services</td>
<td>Part of the First Steps Program. Call 1-800-322-2588.</td>
</tr>
<tr>
<td>Osteopathic Manipulative Therapy</td>
<td>Limited benefit: Ten osteopathic manipulations per calendar year are covered by the health plan, only when performed by a plan doctor of osteopathy (D.O.).</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>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.gov/medicaid/Pages/index.aspx">http://www.hca.wa.gov/medicaid/Pages/index.aspx</a>.</td>
</tr>
</tbody>
</table>
Services NOT Covered by UnitedHealthcare Community Plan

These services are not available from UnitedHealthcare Community Plan or Apple Health. If you get any of these services, you may have to pay the bill. If you have any questions, call UnitedHealthcare Community Plan at 1-877-542-8997, TTY: 711.

<table>
<thead>
<tr>
<th>Services Excluded</th>
<th>Comments</th>
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<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>Gender Reassignment Surgery</td>
<td></td>
</tr>
<tr>
<td>Marriage Counseling and Sex Therapy</td>
<td></td>
</tr>
<tr>
<td>Personal Comfort Items</td>
<td></td>
</tr>
<tr>
<td>Nonmedical Equipment</td>
<td>Such as ramps or other home modifications</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 UnitedHealthcare Community Plan?

You have the right to file a complaint. This is called a grievance. Or 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. The health plan will help you file a grievance or an appeal.

**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.

UnitedHealthcare Community Plan must let you know by phone or letter that we received your grievance or complaint within five working days. We must address your concerns as quickly as possible, not taking more than 45 days.

For more information on how to file a grievance or to request a free copy of UnitedHealthcare Community Plan’s grievance policy call Member Services at **1-877-542-8997** TTY: 711 or visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com).

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**Important Information About Denial, 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 the UnitedHealthcare Community Plan’s action. It will let you know your rights and information about how to request an appeal if you wish.

An **appeal** is when you ask UnitedHealthcare Community Plan 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 ask for the appeal within 90 days of the date of the denial letter. However, you only have 10 days to ask for an appeal if you want to keep getting a service that you are already receiving while we review our decision. We will reply in writing telling you we received your request for an appeal within five working days. In most cases, UnitedHealthcare Community Plan will review and decide your appeal within 14 days. We must tell you if we need more time (up to 30 days) to make a decision. We must get your written permission to take more than 30 days to make a decision. In any case, an appeal decision must be made within 45 days.
As a member you have rights and responsibilities including the right to voice a complaint or appeal or suggest changes to the policy. You can view the full policy by visiting UHCCommunityPlan.com or request by calling 1-877-542-8997, TTY: 711.

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

If it’s urgent. For urgent medical conditions, you or your doctor can ask for an expedited (quick) review or hearing by calling UnitedHealthcare Community Plan. If your medical condition requires it, a decision will be made about your care within 72 hours. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request, your appeal will be reviewed in the same time frames outlined above. We must make reasonable efforts to give you a prompt verbal notice if we deny your request for an expedited (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 from UnitedHealthcare Community Plan, you have the right to ask for an administrative hearing. You only have 90 days from the date of our appeal decision to request an administrative hearing. However, 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 UnitedHealthcare Community Plan 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 letter telling you the decision from the hearing. If you disagree with the hearing decision, you have the right to appeal the decision by asking for a review of your case by an Independent Review Organization (IRO), or you can appeal directly to the Health Care Authority’s Board of Appeals.
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.

An IRO is a group of doctors who do not work for UnitedHealthcare Community Plan. 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 still 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 toll free 1-884-728-5212

OR

• Write to:
  HCA Review Judge
  P.O. Box 42700
  Olympia, WA 98504-2700

• Location:
  626 8th Avenue S.E.
  Olympia, Washington
  Fax 360-507-9018
  Internet web site www.hca.wa.gov/appeals

Your Rights

As a member of UnitedHealthcare Community Plan, you have a right to:

• Help make decisions about your health care, including refusing 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.
• 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 doctor and how referrals are made to specialists and other providers.
  – How UnitedHealthcare Community Plan pays 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.
• Our organizational structure including policies and procedures, practice guidelines, and how to recommend changes.

Your Responsibilities

As a member of UnitedHealthcare Community Plan, 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.
• Show your providers the same respect you want from them.
• 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 so you can get the care you need.
• 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.
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. 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, family, friends, and those close to you. Put decisions about your medical care in writing now. You can cancel an advance directive at any time. Your health plan, doctor, or hospital can give you more information about advance directives if you ask. 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.
We Protect Your Privacy

We are required by law to protect your health information. Health plans, like UnitedHealthcare Community Plan, use and share protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment, and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private.

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** — UnitedHealthcare Community Plan 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 or share PHI about you to run our business. For example, we may use information from your claim to let you know about a health program that could help you. Your PHI may also be used to see that claims are paid correctly.

UnitedHealthcare Community Plan may use or share your PHI without getting written authorization (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 the plan to share your PHI.
  - Public Health and Safety: This may include helping public health agencies to prevent or control disease.
  - Health Care Oversight: Your PHI may be used or shared with government agencies. They may need your PHI for audits.
  - Research: Your PHI may be used or shared for research in certain cases, when approved by a privacy or institutional review board.
  - Legal or Administrative Proceedings: Your PHI may be used or shared 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.
Other Plan Details

- Law Enforcement: Your PHI may be used or shared with police 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.
- Government Functions: Your PHI may be shared with the government for special functions, such as national security activities.
- Workers’ Compensation: Your PHI may be used or shared 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 your health plan. 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 Secretary of the U.S. Department of Health and Human Services by writing to:

  Office for Civil Rights
  U.S. Department of Health and Human Services
  2201 Sixth Avenue – Mail Stop RX-11
  Seattle, WA 98121

**Note:** This information is only an overview. Each health plan is 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 health plan’s Notice of Privacy Practices for additional details. You may also contact UnitedHealthcare Community Plan for more information.