

Wellpoint Washington, Inc.

**Washington Apple Health
Managed Care**

Enrollee Handbook **2024**

If the enclosed information is not in your primary language, we can translate it at no cost to you. If you have trouble understanding the things we send you, we can share them with you in other formats, like braille, large print, or audio. We can tell you if a provider's office is accessible to you. Please call Wellpoint Washington, Inc. Member Services at 833-731-2167 (TTY 711). **ENGLISH**

Si la información adjunta no está en su idioma principal, podemos traducirla sin costo para usted. Si tiene problemas para entender las cosas que le enviamos, podemos compartirlas en otros formatos, como braille, letra grande o audio. Podemos indicarle si el consultorio de un proveedor tiene acceso para usted. Llame a Servicios al Miembro de Wellpoint Washington, Inc. al 833-731-2167 (TTY 711). **SPANISH**

Yog cov ntaub ntawv uas muab tso nrog ua ke tuaj no tsis yog koj hom lus hais, peb tuaj yeem muab nws txhais pub dawb rau koj. Yog koj tsis nkag siab txog cov ntaub ntawv uas peb xa tuaj rau koj, peb tuaj yeem muab tej ntawd qhia rau koj ua lwm hom ntawv tuaj rau koj, xws li Cov Ntawv Sau Rau Neeg Dig Muag Xua, muab luam tawm koj loj los sis muab tso ua suab lus. Peb tuaj yeem qhia rau koj tau yog koj tuaj yeem mus ntsib lub chaw ua haujlwm ntawm tug kws kuaj mob. Thov hu rau Wellpoint Washington, Inc. Lub Chaw Pab Cuam Tswv Cuab rau ntawm 833-731-2167 (TTY 711). **HMONG**

Afai o le faamatalaga o fafao faatasi atu e lē oi lau gagana 'autū, e mafai ona matou faaliliuina e aunoa ma lou tologia. Afai e iai se faafitauli e faigata ona e malamalama i mea o matou lafoina atu ia oe, e mafai ona matou faaooina atu i se isi ituaiga tusitusiga, e pei o le lomiga o i latou e faaletonu le vaai (braille), faalapopo'a mata'itusi pe ala i se faamatalaga sa pueina. E mafai foi ona matou logoina oe pe e iai se ofisa ete alu iai. Faamolemole telefoni Wellpoint Washington, Inc. i le Auaunaga mo Tagata auai (Member Services) i le 833-731-2167 (TTY 711).

SAMOAN

Если приложенная информация не на вашем родном языке, мы можем перевести ее для вас бесплатно. Если вы испытываете трудности с прочтением документов, которые мы вам посылаем, мы можем предоставлять их вам в другом формате, например напечатанные на шрифте Брайля или крупным шрифтом, либо в виде аудиозаписи. Мы можем подсказать, имеются ли в офисе поставщика медицинских услуг необходимые вам специальные условия. Позвоните в отдел обслуживания участников Wellpoint Washington, Inc. по телефону 833-731-2167 (TTY 711). **RUSSIAN**

Якщо інформацію, що додається, викладено не Вашою основною мовою, ми можемо перекласти її для Вас безкоштовно. Якщо у Вас виникають труднощі зі сприйняттям повідомлень, що ми Вам надсилаємо, ми можемо запропонувати Вам інші формати, як-от шрифт Брайля, великий шрифт чи аудіозаписи. Ми можемо повідомити, чи є офіс провайдера доступним для Вас. Будь ласка, телефонуйте у відділ обслуговування клієнтів Wellpoint Washington, Inc. на номер 833-731-2167 (TTY 711). **UKRAINIAN**

동봉한 자료가 귀하께서 주로 쓰시는 언어로 되어 있지 않은 경우, 저희가 무료로 번역을 해드릴 수 있습니다. 저희가 보내드리는 자료를 이해하는 데 문제가 있으시면 점자, 대형 활자본 또는 오디오 같은 다른 형식으로 자료를 공유해 드릴 수 있습니다. 서비스 제공자의 진료소가 장애인들도 이용할 수 있는지 여부를 알려드릴 수 있습니다. Wellpoint Washington, Inc. 가입자 서비스 부에 833-731-2167 (TTY 711) 번으로 연락해 주십시오.

KOREAN

Kung ang nakalakip na impormasyon ay wala sa inyong pangunahing wika, maaari naming isalin-wika ito nang wala kayong babayaran. Kung nagkakarproblema kayong maunawaan ang mga bagay na ipinapadala namin sa inyo, maaari naming ibahagi ang mga ito sa inyo sa iba pang format, tulad ng braille, malalaking letra o audio. Maaari naming sabihin sa inyo kung maaari ninyong puntahan ang opisina ng isang provider. Pakitawagan ang Mga Serbisyo sa Miyembro ng Wellpoint Washington, Inc. sa 833-731-2167 (TTY 711). **TAGALOG**

Dacă informația conținută nu este în limba dumneavoastră principală, o putem traduce fără a fi nevoie să plătiți pentru ea. Dacă aveți probleme în a înțelege ceea ce vă trimitem, vi le putem trimite în alte formate, precum braille, caractere de mari dimensiuni sau audio. Vă putem spune dacă biroul furnizorului este accesibil pentru dumneavoastră. Apelați Serviciile pentru membri Wellpoint Washington, Inc. la numărul 833-731-2167 (TTY 711). **ROMANIAN**

የታሸገው መረጃ በመጀመርያ ቋንቋዎ ካልሆነ፣ ምንም ክፍያ ሳይፈጽሙ መረጃውን ልንተረጎምሎት እንችላለን። የምንልክሎትን ነገሮች ለመረዳት ከተቸገሩ፣ በሌሎች ፎርማቶች፣ እንደ የዓይነ-ስዊራን ስርዓተ-ፅሁፍ (Braille)፣ ትልቅ ህትመት ወይም ድምጽ ለእርስዎ ንጥረት ለማግኘት እንችላለን። የአቅራቢው ቢሮ ለእርሶ ተደራሽ ሊሆን መቻሉን እንነግርታለን። እባክዎ ለ Wellpoint Washington, Inc. አባላት አገልግሎቶች በስልክ ቁጥር 833-731-2167 (TTY 711) ይደውሉ። **AMHARIC**

እንድሕር ኣብዚ ዝተተሓሓዘ ሓበሬታ ብናይ ኣድኦም ቋንቋ ዘይኮይኑ ነዚ ብዘይዝኾነ ክፍሊት ንዐኡም ክንትርጎምሎም ንኸእል ኢና። እቲ ዝልኣኸናልኩም ነገር እንድሕር ክትርድእዎ ዘፀግመልኩም ኮይኑ ብካልእ ክጥፂ ንኣካፍለኩም ንኸእል ኢና ከም ብራይል ዓብዩ ፕርንት ወይ ድማ ድምፂ። እንድሕር እቲ መቐረቢ ቤት ፅሕፈት ዝረኽቡዎ ኮይኖም ክንነግርሎም ንኸእል ኢና። በጃኦም ብናይ Wellpoint Washington, Inc. አባላት ግልጋሎት ስልኪ 833-731-2167 (TTY 711)።

TIGRINYA

ຖ້າຂໍ້ມູນທີ່ຄັດຕິດມານີ້ບໍ່ແມ່ນພາສາຫລັກຂອງທ່ານ,ພວກເຮົາສາດແບມັນໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າໃດໆ.ຖ້າທ່ານມີບັນຫາໃນການເຂົ້າໃຈເລື່ອງທີ່ພວກເຮົາສົ່ງເຖິງທ່ານ,ພວກເຮົາສາມາດແບ່ງບັນພວກມັນໃຫ້ທ່ານໄດ້ໃນຮູບແບບອື່ນໆເຊັ່ນ:

ຕົວອັກສອນສໍາລັບຄົນຕາບອດ,ການພິມທີ່ມີຂະໜາດໃຫຍ່ ຫລື ໄຟວ໌ສຽງ.

ພວກເຮົາສາມາດບອກທ່ານໄດ້ຖ້າຫ້ອງການຜູ້ສະໜອງການບໍລິການແມ່ນສາມາດເຂົ້າອອກໄດ້ສໍາລັບທ່ານ.ກະລຸນາໂທຫາ Wellpoint Washington, Inc. ຝ່າຍບໍລິການສະມາຊິກ ທີ່ເບີ 833-731-2167 (TTY 711). **LAOTIAN**

Nếu thông tin đính kèm không ở dạng ngôn ngữ chính của quý vị, chúng tôi có thể dịch thông tin miễn phí cho quý vị. Nếu quý vị khó hiểu thông tin chúng tôi gửi cho quý vị, chúng tôi có thể chia sẻ chúng với quý vị bằng các định dạng khác, như chữ nổi braille, bản in chữ lớn hoặc bản âm thanh. Chúng tôi có thể cho quý vị biết liệu quý vị có thể tiếp cận phòng mạch của nhà cung cấp hay không. Vui lòng gọi đến Dịch vụ Hội viên của Wellpoint Washington, Inc. theo số 833-731-2167 (TTY 711). **VIETNAMESE**

如果隨附資訊並非您的主要語言，我們可以免費為您翻譯。如果您難以理解我們所寄發給您的內容，我們可以與您分享其他格式，如盲文、大型字型印刷版或音訊。我們可告知您，提供者的診室是否為您提供無障礙措施。請致電 833-731-2167 (TTY 711) 聯絡Wellpoint Washington, Inc. 會員服務部。 **TRADITIONAL CHINESE**

اگر اطلاعات پیوست به زبان اصلی که شما به آن تکلم می کنید نمی باشد، ما می توانیم آنها را به صورت رایگان برای شما ترجمه کنیم. اگر در درک چیزهایی که ما برای شما ارسال می کنیم با مشکل مواجه هستید، ما می توانیم آنها را در قالب های دیگر، مانند خط بریل، چاپ بزرگتر یا قالب صوتی با شما به اشتراک بگذاریم. ما می توانیم به اطلاع شما برسانیم که آیا مطب یا دفتر یک ارائه کننده خدمات برای شما قابل دسترسی می باشد. لطفا با بخش خدمات مشتریان Wellpoint Washington, Inc. به شماره 833-731-2167 (TTY 711) تماس بگیرید. **FARSI**

ប្រសិនបើព័ត៌មានដែលមានភ្ជាប់មកជាមួយមិនមែនជាភាសាចម្បងរបស់លោកអ្នកទេនោះ: យើងខ្ញុំអាចបកប្រែវាដោយឥតគិតថ្លៃសម្រាប់អ្នក។ ប្រសិនបើលោកអ្នកមានបញ្ហាមិនអាចយល់ពីអ្វីដែលយើងខ្ញុំបានផ្ញើទៅឱ្យ លោកអ្នកទេនោះ: យើងខ្ញុំអាចចែករំលែកឯកសារទាំងនេះទៅដល់អ្នកជាទម្រង់ផ្សេងទៀតដូចជាអក្សរស្នាបសម្រាប់ជនពិការ អក្សរធំបំផុត ឬជាសម្តែង។ យើងខ្ញុំអាចប្រាប់លោកអ្នកបានថាតើការិយាល័យរបស់អ្នកផ្តល់សេវាមួយនោះអាចទទួលអ្នកឬក៏អត់។ សូមហៅទៅកាន់សេវាសមាជិក Wellpoint Washington, Inc. តាមលេខ 833-731-2167 (TTY 711). **CAMBODIAN**

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Welcome to Wellpoint Washington, Inc. and Washington Apple Health

Welcome!

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

Most Apple Health clients are enrolled with managed care. This means Apple Health pays your health plan a monthly premium for your coverage. Your coverage includes physical and behavioral health services like preventive, primary, specialty care, telemedicine, and other health services. You must see providers in the Wellpoint network. Most services received outside of our network will not be covered unless pre-approved. Work with your primary care provider (PCP) to get pre-approval for care received outside of our network. We will cover emergency services if you have an emergency outside of the service area.

We will get in touch with new members in the next few weeks. You can ask us any questions and get help making appointments. If you have questions before we reach you, our phone lines are open for any questions you have. Call us at **833-731-2167 (TTY 711)** Monday to Friday, 8 a.m. to 5 p.m. Pacific time.

If English is not your preferred language or you are deaf, deafblind, or hard of hearing, we can help. We want you to be able to access your healthcare benefits. If you need any information in a language other than English, including sign language, call us at **833-731-2167 (TTY 711)**. We will provide language assistance at no cost to you. We can also help you find a provider who speaks your language.

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

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

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

Call us if you need help understanding information or if you need it in other formats. If you have a disability, are blind or have limited vision, are deaf or hard of hearing, or do not understand this book or other materials, call us at **833-731-2167 (TTY 711)**. We can provide you with materials in another format or auxiliary aids, like braille, at no cost to you. We can tell you if a provider’s office is wheelchair accessible or has special communication devices or other special equipment. We also offer:

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

Important contact information

Organization	Customer service hours	Customer service phone numbers	Website address
Wellpoint Washington, Inc.	Monday – Friday 8 a.m. to 5 p.m. Pacific time	833-731-2167 (TTY 711)	wellpoint.com/wa/medicaid
Healthcare Authority (HCA) Apple Health Customer Service	Monday – Friday 7 a.m. to 5 p.m.	800-562-3022 (TRS 711)	hca.wa.gov/apple-health
Washington Healthplanfinder	Monday-Friday 8 a.m. to 6 p.m.	855-923-4633 (TTY 855-627-9604)	wahealthplanfinder.org

My healthcare providers

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

Healthcare Provider	Name	Phone Number
My Primary Care Provider:		
My Behavioral Health Provider:		
My Dental Provider:		
My Specialty Care Provider:		
My Pharmacy Provider:		

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

How to use this handbook

This is your guide to services. Use the table below to learn who to contact with questions.

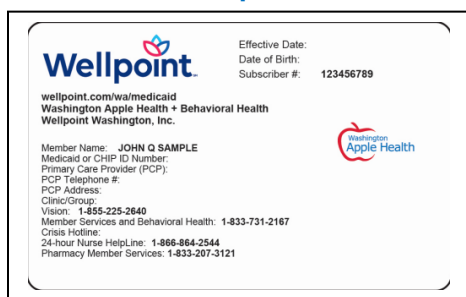
If you have any questions about ...	Contact
<ul style="list-style-type: none"> • Changing or disenrolling from your Apple Health managed care plan page 14. • How to get Apple Health covered services not included through your plan page 13. • Your ProviderOne services card page 12. 	<p>HCA:</p> <ul style="list-style-type: none"> • ProviderOne Client Portal: waproviderone.org/client • fortress.wa.gov/hca/p1contactus <p>If you still have questions or need further help, call 800-562-3022.</p>
<ul style="list-style-type: none"> • Choosing or changing your providers page 16. • Covered services or medications page 25. • Making a complaint page 50. • Appealing a decision by your health plan that affects your benefits page 51. 	<p>Wellpoint at 833-731-2167 (TTY 711) or go online to wellpoint.com/wa/medicaid.</p>
<ul style="list-style-type: none"> • Your medical care page 18. • Referrals to specialists page 18. 	<p>Your primary care provider. If you need help to select a primary care provider, call us at 833-731-2167 (TTY 711) or go online to wellpoint.com/wa/medicaid.</p> <p>24-hour Nurse HelpLine at 866-864-2544 (TTY 711); Spanish 866-864-2545. This line is open seven (7) days a week.</p>

<ul style="list-style-type: none"> • Changes to your account such as: <ul style="list-style-type: none"> • Address changes, • Income change, • Marital status, • Pregnancy, and, • Births or adoptions. 	<p>Washington Healthplanfinder at 855-WAFINDER (855-923-4633) or go online to: wahealthplanfinder.org.</p>
<ul style="list-style-type: none"> • How to report fraud, waste, and abuse. 	<p>There are several ways you can report:</p> <p>Visit wellpoint.com/wa/medicaid and select Report Waste, Fraud or Abuse at the bottom of the page. You will be sent to our fraud education site, fighthealthcarefraud.com, where you can select Report It to complete an online fraud referral form. You can also call Member Services at 833-731-2167 (TTY 711).</p> <p>Washington State Healthcare Authority</p> <ul style="list-style-type: none"> • Reporting Washington Apple Health eligibility fraud WAHEligibilityFraud@hca.wa.gov 360-725-0934 • Reporting Medicaid providers hottips@hca.wa.gov 833-794-2345 <p>Visit our webpage for detailed information: hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention.</p>

Getting started

You will need two cards to access services, your Wellpoint member ID card and your ProviderOne services card.

1. Your Wellpoint member ID card



Your member ID card should arrive 30 days after enrolling in coverage. Your member ID number will be on your member ID card. Call us right away if any information on your card is incorrect, or you do not receive it within 30 days. Always carry your member ID card and show it each time you get care. You do not need to wait for your card to arrive to go to a provider or fill a prescription.

Contact us at **833-731-2167 (TTY 711)** if you need care before your card comes. Your provider can also contact us to check eligibility.

2. Your ProviderOne services card

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



Your ProviderOne services card will be mailed to you seven to 10 days after you're found eligible for Apple Health coverage. This is a plastic ID card that looks like other health insurance ID cards. Keep this card and protect your information.

Your services card will include:

- ProviderOne ID number
- Date issued
- ProviderOne website
- Customer service information

HCA will not send you a new one if you received one in the past. You can request a new card, if needed. Each person has their own ProviderOne client number. Take this card with you to your doctor appointments. Providers use this card to make sure your services are covered.

Using the ProviderOne services card

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

Your ProviderOne client number is on the back of your card. It will always be nine digits and end in "WA". Confirm your coverage started or switch your health plan through the ProviderOne Client Portal at waproviderone.org/client.

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

If you need a new ProviderOne services card

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

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

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

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

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

- Dental services by a dental professional,
- Eyeglasses for children (age 20 and younger),
- Long-term care services and supports,
- First Steps Maternity Support Services (MSS), First Steps Infant Case

Management (ICM), childbirth education, Substance Using Pregnant People (SUPP) Program, prenatal genetic counseling, and pregnancy terminations, and,

- Services for individuals with developmental disabilities.

You will only need your ProviderOne services card to access these benefits. Your PCP or Wellpoint will help you access these services and coordinate your care. See page 26 for more details on covered benefits. Call us if you have questions about a benefit or service listed here.

Changing health plans

You have the right to change your health plan at any time. Your plan change may happen as soon as the month after you make your change. Make sure your plan change has taken place before you see providers in your new plan's network.

There are several ways to switch your plan.

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

If you decide to change health plans, we will work with your new plan to transition medically necessary care so you can keep getting services you need. **NOTE:** Enrollees in the Patient Review and Coordination program must stay with the same health plan for one year. Contact us if you move.

Using private health insurance and your Wellpoint coverage

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

Make sure your healthcare providers are in Wellpoint's provider network or willing to bill us for any co-pays, deductibles, or balances your private insurance does not cover. This will help you avoid out-of-pocket costs.

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

- Private health insurance card,

- ProviderOne services card, and
- Wellpoint member ID card.

Contact Wellpoint right away if:

- Your private health insurance coverage ends,
- Your private health insurance coverage changes, or,
- You have any questions about using Apple Health with your private health insurance.

How to get healthcare

How to choose your primary care provider (PCP)

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

Each family member can have their own PCP, or you can choose one PCP to take care of all family members who have Apple Health managed care coverage. You can choose a new PCP for you or your family any time at [wellpoint.com/wa/medicaid](https://www.wellpoint.com/wa/medicaid) or by calling **833-731-2167 (TTY 711)**.

Setting your first PCP appointment

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

Make an appointment as soon as you choose a PCP to become a patient with them. This will help you get care when you need it.

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

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

Let your PCP know as soon as possible if you need to cancel an appointment.

How to get specialty care and referrals

Your PCP will refer you to a specialist if you need care they cannot give. Your PCP can explain how referrals work. Talk to your PCP if you think a specialist does not meet your needs. They can help you see a different specialist.

Your PCP must ask us for pre-approval or prior authorization before giving you some treatments and services. Your PCP can tell you what services require pre-approval or you can call us to ask.

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

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

You have the right to appeal if we deny this request and you disagree with our decision. This means you can ask us to have a different person review the request. See page 53 for more information. You are not responsible for any costs if your PCP or Wellpoint refers you to a specialist outside of our network and we give pre-approval.

Services you can get without a referral

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

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

Telehealth/Telemedicine

If supported by your provider, you can visit your provider over the phone or the computer instead of an in-person appointment. This is known as telemedicine. Telehealth (also referred to as telemedicine) must be private, interactive, and real-time audio or audio and video communications. Virtual urgent care is also an option as part of your Apple Health coverage, more information can be found on page 21.

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

LiveHealth Online lets you visit a doctor through video chat on your computer, tablet, or smartphone. LiveHealth Online has doctors who speak English and Spanish. You can get care for common health problems, and even prescriptions sent right to your pharmacy. Sign up for LiveHealth Online free mobile app at livehealthonline.com or call **888-548-3432 (TTY 711)**.

You must go to Wellpoint doctors, pharmacies, behavioral health providers, and hospitals

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

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

To get a directory, call our member services line at **833-731-2167 (TTY 711)** or visit our website wellpoint.com/wa/medicaid.

Payment for healthcare services

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

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

Providers should not ask you to pay for covered services. Call us at **833-731-2167 (TTY 711)** if you get a bill. We will work with your provider to make sure they are billing correctly.

Quality Improvement programs

We have quality programs in place to help improve medical care and health outcomes for our members. Our quality program focuses on:

- Quality of care.
- Quality of service.
- Patient safety.

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

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

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

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

Our quality program is designed with you in mind. When we understand what you need, prefer, and expect from us, we're able to improve our service to you. You may request a copy of the QM materials by contacting Member Services at **833-731-2167 (TTY 711)**.

Utilization Management programs

Wellpoint wants you to get care that's right for you, without getting care you don't need. We help make sure you get the right level of care by making decisions based on medical need, appropriateness, and covered benefits.

We do not reward the staff who make these decisions for saying no. This makes sure our decisions are fair. If you have questions about how these decisions are made, call **833-731-2167 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

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 Wellpoint determines they are more helpful than harmful. If you want to know more, contact us at **833-731-2167 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

Information for American Indians and Alaska Natives

HCA gives American Indians and Alaska Natives in Washington a choice between Apple Health managed care or Apple Health coverage without a managed care plan (also called fee-for-service). HCA does this to comply with federal rules, in recognition of the Indian healthcare delivery system, and to help ensure that you have access to culturally appropriate healthcare. You can contact HCA at **800-562-3022** for questions or to change your enrollment. You can change your selection(s) at any time, but the change will not take effect until the next available month.

If you are American Indian or Alaska Native, you may be able to get healthcare services through an Indian Health Service facility, tribal healthcare program or Urban Indian Health Program (UIHP) such as the Seattle Indian Health Board or NATIVE Project of Spokane. The providers at these clinics are knowledgeable and understand your culture, community, and healthcare needs. If you are connected or partnered with a Tribal Assister through an IHS facility, Tribal health program or UIHP, they can help you make your decision.

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

Call 24-hour Nurse HelpLine and ask for assistance **866-864-2544 (TTY 711; Spanish 866-864-2545)**

You can also contact your health plan's virtual care service via phone, smartphone, tablet, or computer.

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

In an emergency

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

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

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

If you need urgent care

You may have an injury or illness that is not an emergency but needs urgent care. Contact us at **833-731-2167 (TTY 711)** to find urgent care facilities in our network or visit our website at wellpoint.com/wa/medicaid. If you have questions on whether to go to an urgent care facility call 24-hour Nurse HelpLine at **866-864-2544 (TTY 711; Spanish 866-864-2545)**. This line is open seven (7) days a week.

If you need care after hours

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

Behavioral health crisis

Examples of behavioral health emergency/crisis can include when someone:

- Threatens to or talks about hurting or killing themselves and/or others
- Feels anxious, agitated, or unable to sleep
- Feels hopeless
- Withdraws from friends and family
- Feels rage or uncontrolled anger
- Encounters dramatic mood changes
- Feels trapped, like there is no way out
- Sees no reason for living

- Engages in reckless behaviors
- Increases alcohol or drug use

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

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

Washington Recovery Help Line is a 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance use disorder treatment services, and problem gambling. Call or text **866-789-1511** or **206-461-3219 (TTY 711)**, email recovery@crisisclinic.org or go to [warecoveryhelpline.org](https://www.warecoveryhelpline.org). Teens can connect with teens during specific hours: **866-833-6546**, teenlink@crisisclinic.org, or [866teenlink.org](https://www.866teenlink.org).

County crisis line phone numbers

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

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

Expectations for when a healthcare provider will see you

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

- **Emergency care:** Available 24 hours a day, seven days a week.
- **Urgent care:** Office visits with your PCP, behavioral health provider, urgent care clinic, or other provider within 24 hours.
- **Routine care:** Office visits with your PCP, behavioral health provider, or other provider within 10 days. Routine care is planned and includes regular

provider visits for medical problems that are not urgent or emergencies.

- **Preventive care:** Office visits with your PCP or other provider within 30 days. Examples of preventive care include:
 - Annual physicals (also called check-ups),
 - Well-child visits,
 - Annual women’s healthcare, and
 - Immunizations (shots).

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

Benefits covered by Wellpoint

This section describes benefits and services covered by Wellpoint. It is not a complete list of covered services. Check with your provider or contact us if a service you need is not listed. You can view our benefits and services at [wellpoint.com/wa/medicaid](https://www.wellpoint.com/wa/medicaid).

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

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

You may need to get a referral from your PCP and/or pre-approval from Wellpoint before you get some services. If you don’t have a referral or pre-approval, we may not pay for services. Work with your PCP to make sure there is a pre-approval in place before you get the service.

General services and emergency care

Service	Additional information
Emergency services	Available 24 hours per day, seven days per week anywhere in the United States.
Hospital, inpatient and outpatient services	Must be approved by us for all non-emergency care.
Urgent care	Use urgent care when you have a health problem that needs care right away, but your life is not in danger.

Preventive care	See page 25.
Hospital inpatient rehabilitation (physical medicine)	Must be approved by us.
Immunizations/ vaccinations	Our members are eligible for immunizations from their PCP, pharmacy, or local health department. Check with your provider or contact member services for more information on the scheduling of your immunization series. You may also visit the Department of Health at doh.wa.gov/youandyourfamily/immunization for further information.
Skilled Nursing Facility (SNF)	Covered for short-term, medically necessary services. Additional services may be available. Call us at 833-731-2167 (TTY 711) .

Pharmacy or prescriptions

We use a list of covered drugs called the Apple Health Preferred Drug List (PDL). A PDL is a list of drugs that are covered by Wellpoint. Your provider should prescribe medications to you that are on the PDL. You can call us and ask for:

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

Some drugs are covered by Apple Health without a managed care plan. Call us at **833-731-2167 (TTY 711)** for questions or to learn more.

If you have been recently released from incarceration and are having difficulty accessing prescriptions – see page 42.

You must get your medications at a pharmacy in our provider network. This makes sure that your prescriptions will be covered. Call us for help finding a pharmacy near you.

Service	Additional information
Pharmacy services	Members must use participating pharmacies. We use the Apple Health PDL. Call us at 833-731-2167 (TTY 711) for a list of pharmacies.

Healthcare services for children

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

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

These services aim to keep conditions from getting worse and lessen the effects of a child’s healthcare problem. EPSDT encourages early and continued access to healthcare for children and youth.

An EPSDT screening is sometimes referred to as a well-child or well-care check-up. Children under age 3 are eligible for well-child check-ups according to the Bright Futures EPSDT schedule and aged 3-20 are eligible for a well-child check-up every calendar year. A well-child check-up should include the following:

- Complete health and developmental history.
- A full physical examination.
- Health education and counseling based on age and health history.
- Vision testing.
- Hearing testing.
- Laboratory tests.
- Lead screening.
- Review eating or sleeping problems.
- Oral health screening and oral health services by an Access to Baby and Child Dentistry (ABCD) qualified PCP.
- Immunizations (shots).
- Mental health screening.
- Substance use disorder screening.

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

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

Additional services include:

Service	Additional information
Autism screening	Available for all children at 18 months and 24 months.
Chiropractic care	For children 20 years of age and younger with referral from your PCP.
Developmental screening	Screenings available for all children at nine months, 18 months, and between 24 and 30 months.
Private Duty Nursing (PDN) or Medically Intensive Children’s Program (MICP)	Covered for children ages 17 and younger. Must be approved by us. For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (AL TSA). See page 46 for contact information.

Behavioral health

Behavioral health services include mental health and substance use disorder treatment services. We can help you find a provider if you need counseling, testing, or behavioral health support. Contact us at **833-731-2167 (TTY 711)** or select a provider

from our provider directory.

Service	Additional information
Applied Behavioral Analysis (ABA)	<p>Assists individuals with autism spectrum disorders and other developmental disabilities in improving their communication, social and behavioral skills.</p> <p>If you need assistance accessing ABA services, you can contact 833-324-2088.</p>
Substance use disorder (SUD) treatment services	<p>SUD treatment services may include:</p> <ul style="list-style-type: none"> • Assessment • Brief intervention and referral to treatment • Individual, family, and group therapy. • Outpatient, residential, and inpatient. Opiate substitution treatment services • Case management • Peer support • Crisis Services • Withdrawal management (detoxification)
Mental health treatment	<p>Mental health services are covered when provided in a Behavioral Health Agency or provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist.</p> <p>Mental health services may include:</p> <ul style="list-style-type: none"> • Intake evaluation, assessment, and screening • Peer support • Mental health treatment interventions such as: <ul style="list-style-type: none"> ○ Individual, family, and group therapy ○ Outpatient, residential, and inpatient ○ Intensive and brief treatment models • Crisis services • Medication management and monitoring

	<ul style="list-style-type: none"> • Care coordination and community integration
Medications for Opioid Disorder (MOUD)	Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat certain substance use disorders. Call us at 833-731-2167 (TTY 711) for specific details.
Problem Gambling Disorder Treatment Interventions	<p>Covered service include:</p> <ul style="list-style-type: none"> • Assessment. • Therapeutic individual, family and/or group services.

Washington State Family Youth System Partner Round Tables (FYSPRTs) provide a forum for families, youth, systems, and communities to strengthen sustainable resources by providing community-based approaches to address the individual behavioral health needs of children, youth, and families.

Visit our HCA [website](https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt) for more information: [hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt](https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt).

You may also receive General Fund State (GFS) or services not covered by Apple Health through any of our contracted network providers for behavioral health services. Your provider may request those services on your behalf. If you have any questions about these services, please contact your provider or Wellpoint at **(TTY 711)**.

Nutrition

Service	Additional information
Medical nutrition therapy	<p>Covered for clients 21 years of age and younger when medically necessary and referred by the provider after an EPSDT screening.</p> <ul style="list-style-type: none">• Includes medical nutrition therapy, nutrition assessment, and counseling for conditions that are within the scope of practice for a registered dietitian (RD) to evaluate and treat.
Enteral & parenteral nutrition	<p>Parenteral nutrition supplements and supplies for all enrollees.</p> <p>Enteral nutrition products and supplies for all ages for tube-fed enrollees. Oral enteral nutrition products for clients 20 years of age and younger for a limited time to address acute illness.</p>

Special healthcare needs or long-term illness

You may be eligible for additional services through our Health Home program or care coordination services if you have special healthcare needs or a long-term illness. This may include direct access to specialists. In some cases, you may be able to use your specialist as your PCP. Call us for more information about care coordination and care management.

Therapy

Service	Additional information
<p>Outpatient rehabilitation (occupational, physical, and speech therapies)</p>	<p>This is a limited benefit. Call us at 833-731-2167 (TTY 711) for specific details. Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home health agency <p>When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf</p>
<p>Habilitative services</p>	<p>Healthcare services that help you keep, learn, or improve skills and functioning for daily living that were not acquired due to congenital, genetic, or early-acquired health conditions. This is a limited benefit. Call us at 833-731-2167 (TTY 711) for specific details.</p> <p>Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home infusion agency <p>When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf</p>

Specialty

Service	Additional information
Antigen (Allergy Serum)	Allergy shots.
Bariatric surgery	Pre-approval required for bariatric surgery. Only available in HCA-approved Centers of Excellence (COE).
Biofeedback therapy	Limited to plan requirements.
Chemotherapy	Some services may require pre-approval.
Cosmetic surgery	Only when the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma, or for mastectomy reconstruction for post-cancer treatment.
Diabetic supplies	Limited supplies available without pre-approval. Additional supplies are available with pre-approval.
Dialysis	These services may require pre-approval.
Hepatitis C treatment	<p>Any provider licensed to prescribe direct-acting antiviral medications is allowed to screen and treat Apple Health members. This includes primary care providers, substance use disorder treatment facilities, and others.</p> <p>Some Hepatitis C treatment drugs are covered by Apple Health without a managed care plan. Call us at 833-731-2167 (TTY 711) to learn more.</p>
Organ transplants	Some organ transplants are covered by Apple Health without a managed care plan. Call us at 833-731-2167 (TTY 711) for specific details.

Oxygen and respiratory services	Medically necessary oxygen and/or respiratory therapy equipment, supplies, and services to eligible enrollees.
Podiatry	This is a limited benefit. Call us at 833-731-2167 (TTY 711) for specific information.
Smoking cessation	Covered for all clients with or without a PCP referral or pre-approval. Members have access to the EX Program through any browser on their smartphone, tablet, or PC by visiting becomeanex.org/create-profile/
Transhealth services	Services related to transhealth and the treatment of gender dysphoria include hormone replacement therapy, puberty suppression therapy, and mental health services. These services may require prior authorization.
Tuberculosis (TB) screening and follow-up	You have a choice of going to your PCP or the local health department.

Hearing and vision

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

Family planning/reproductive health

Service	Additional information
Family Planning Services including prescription and over-the-counter birth control, contraceptives, and emergency contraceptives (Plan B)	You can use our network of providers or go to your local health department or family planning clinic.
HIV/AIDS screening	You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening.
After-Pregnancy Coverage (APC)	If you are enrolled in Apple Health coverage and are pregnant, you can receive up to 12 months of postpartum coverage once your pregnancy ends. Learn more at hca.wa.gov/apc .

Medical equipment and supplies

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

Service	Additional information
Medical equipment	Most equipment must get pre-approval. Call us at 833-731-2167 (TTY 711) for specific details.
Medical supplies	Most supplies must get pre-approval. Call us at 833-731-2167 (TTY 711) for specific details.

Labs and x-rays

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

Women’s health and maternity

Service	Additional information
Breast pumps	Some types may require pre-approval.
Maternity services	<ul style="list-style-type: none"> • Prenatal care: regular office visits and associated services from your provider of choice. • Delivery in a hospital, birthing center, or home birth. Talk to your maternity provider to determine what the best delivery option is for you. • Delivery provided by a licensed midwife, nurse midwife or physician. • 12 months of comprehensive postpartum care for the birthing person. • One year of medical care for infants. • Chest-feeding - Lactation consultation.
Women’s healthcare	Routine and preventive healthcare services, such as maternity and prenatal care, mammograms, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding.

Additional services we offer

24-Hour Nurse HelpLine — **866-864-2544** (Spanish **866-864-2545**) — Speak with a registered nurse about your non-emergency health questions and concerns, anytime — day or night.

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

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

- Asthma
- Bipolar Disorder
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Diabetes
- HIV/AIDS

- Major Depressive Disorder – Adult, Child, and Adolescent
- Schizophrenia
- Substance Use Disorder

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

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

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

Value-Added Benefits (VAB)

Value-added benefits (VAB) are offered by Wellpoint and are in addition to your Apple Health benefits. These can give you more options for care and address social determinants of health. VABs are voluntary and are no cost to you.

For adults:

- Eyeglasses — one pair, up to \$100 per year (for members ages 21–64)
- A smartphone — includes monthly minutes, data, and unlimited text messages
- Acupuncture treatments — seven sessions per year from a doctor in our plan
- Free GED/HiSET Assistance. Members ages 17+ may receive a gift card to help cover the cost of the GED tests or HiSET exams.
- Light box — helps prolong daylight in the wintertime (for members ages 18 and older with seasonal affective disorder (SAD) or depression)
- Emotional Well-being Resources for members 13 and older — access to web and mobile online community designed to help members cope with emotional health issues such as depression, anxiety, stress, chronic pain, insomnia, and managing drugs or alcohol
- Peer support — we pay the registration and annual fees for members who want to become or renew as peer support counselors
- Industry certification assistance for members 18 and over needing employment certifications. (One per lifetime.)

- Free laptop computer for members incarcerated in the previous 12 months who are seeking employment or furthering education
- \$100 internet services package for members incarcerated in the previous 12 months who are seeking employment or furthering education
- A \$50 ORCA LIFT card (King, Pierce & Snohomish County members only).
- \$50 allowance to help cover cost of a gym membership (for members diagnosed with obesity, diabetes/prediabetes and/or hypertension). *Gym must be able to receive coded card.
- WW® (formerly called Weight Watchers) — one WW voucher that covers a sign-up fee, 13 weeks of classes, and 14 weeks of digital tools (for members ages 18 and older with a doctor's permission)
- EX Program by Truth Initiative* — a program to help members quit smoking (for members ages 18 and older)

For kids:

- Boys & Girls Club membership for kids ages 6-18 (at participating clubs)
- 4-H membership (for kids ages 5–18)
- YMCA membership to the YMCA in Wenatchee and Cowlitz County (for ages 19 and younger)
- Sports physicals for members ages 7-18
- Healthy Families program — support, nutrition, and exercise coaching (for families with children ages 7–17)
- Tutorial services for youth ages 5–18
- Meditation app subscription — members under age 18 can access age-appropriate meditations and sleep aids to help calm the mind and body

For all:

- Choose Healthy — access to over 1,000 resource materials including videos, articles, and self-care tools
- LiveHealth Online — video chat with a doctor, therapist, psychologist, or psychiatrist using a smartphone, tablet, or computer
- Costco Gold Star membership (one per family <once per lifetime>).
- First-aid and dental hygiene kits <one per member, per lifetime>
- Flu pandemic prevention kit
- Membership to one of four national disability advocacy organizations:
 - American Association of People with Disabilities (AAPD)
 - Autistic Self Advocacy Network (ASAN)

- National Council on Independent Living (NCIL)
- TASH
- Life transition kit — includes first-aid supplies, a travel toothbrush, toothpaste, mouthwash, an emergency blanket, and more (for members experiencing homelessness, moving out of an institution and into the community,) one per member, per lifetime
- Wound kit – includes supplies and instructions on proper wound care (for members experiencing homelessness). These kits will be distributed at shelters
- Community Resource Link find jobs, housing, food, and other things you may need
- Fitness coach program — online exercise classes, information about fitness and exercise topics, and extra resources for those with special needs

For pregnant individuals and new parents:

- Taking Care of Baby and Me® rewards program — earn rewards just for going to your prenatal and postpartum checkups on time:
 - \$20 for completing a prenatal visit in your first trimester or within 42 days.
 - \$5 per visit for completing up to six prenatal visits (for a total of \$30).
 - \$25 for completing a postpartum visit 7–84 days after delivery.
- Baby essentials bundle — Eligible members receive a \$100 gift card to use towards the purchase of baby essential products such as: bottles & nursing supplies, formula and baby food, diapers, wipes, creams, bathtubs, car seat, strollers, and portable crib.
- Two weeks of home-delivered meals for members on bed rest or postpartum members recently discharged.
- Ten weeks of home-delivered meals for pregnant members with gestational diabetes.
- Circumcision for your newborn (up to \$150 and provider must be in-network).

Limitations and restrictions apply. Benefits may change.

You can redeem some benefits online through your secure account. View the extra benefits you're eligible for on the Benefit Reward Hub or call Member Services toll free at **833-731-2167 (TTY 711)**.

The EX Program is a personalized and convenient digital quit-tobacco program built in collaboration with the Mayo Clinic that helps members beat their addiction and live tobacco-free whether they smoke, vape, dip or chew. Wellpoint's adult members can use the link becomeanex.org/create-profile

Members have access to:

- Online videos, exercises, and self-guided tools on any device;
- Live-chat coaching from experts and personalized texts and emails;
- Active online community to lean on for advice, tips, and motivation;

Nicotine patches, gum, or lozenges delivered to the member's home.

Care Coordination

Complex case management services

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

You can ask for case management services for yourself or a family member at any time. Healthcare providers, discharge planners, caregivers, and medical management programs can also refer you to case management. You must consent to case management services. For any questions call **206-695-7081** ext. **106-103-5173**.

Additional Care Coordination services we may offer

Wellpoint offers a variety of care coordination and case management services to our members. Additional programs for case management include, but are not limited to the following:

- Bariatric Surgery
- Trans Health
- Prenatal and Postpartum
- Pediatric and Neonatal Intensive Unit (NICU)
- Special Healthcare Needs (adult and pediatric)
- Behavioral Health

Our dedicated case management team is available to assist members with any other physical, behavioral, or social gaps in care that are present.

Justice Support Program:

Wellpoint offers care coordination and transition support for all members entering and leaving incarceration, including city, county and tribal jails, Department of Corrections, Juvenile Rehabilitation, and juvenile detention facilities. The Justice Support Team is committed to helping our members transition successfully back to their communities.

Requests for care coordination for members currently or recently incarcerated can be made to CJTeam_wa@wellpoint.com.

Members leaving incarceration are able to access specific services post-incarceration regardless of eligibility status. These include prescription fills, durable medical equipment, and authorizations for inpatient substance use disorder treatment. For access to prescription fills after release from incarceration, members may contact CarelonRx Pharmacy Member Services at **833-207-3121**.

Apple Health services covered without a managed care plan

Apple Health covers some other services that are not covered under a managed care plan (also known as fee-for-service). Other community-based programs cover the benefits and services listed below even when you are enrolled with us. We will coordinate with your PCP to help you access these services and coordinate your care. You will need to use your ProviderOne services card for all services.

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

Service	Additional information
Abortion services	<p>Apple Health fee-for-service covers:</p> <ul style="list-style-type: none"> • Medication abortion, also known as the abortion pill. • Surgical abortion, also called in-clinic abortion. <p>Clients enrolled in an Apple Health managed care organization (MCO) may self-refer outside their MCO for abortion services.</p> <p>Includes follow-up care for any complications.</p>
Ambulance services (Air)	All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).

<p>Ambulance services (Ground)</p>	<p>All ground ambulance transportation services, emergency, and non-emergency are provided to Apple Health clients, including those enrolled in a managed care organization (MCO).</p>
<p>Crisis services</p>	<p>Crisis services are available to support you, based on where you live. Call 911 for a life-threatening emergency or 988 for a mental health emergency. See page 26 for the numbers in your area.</p> <p>For National the Suicide Prevention Lifeline: Call or text 988 or call 800-273-8255, TTY Users 206-461-3219</p> <p>For mental health or substance use disorder crises, please call the Behavioral Health Administrative Services organization (BH-ASO). The BH-ASOs support crisis services for Washington residents regardless of Apple Health eligibility. Phone numbers can be found on page 25 above, or at:</p> <p>hca.wa.gov/mental-health-crisis-lines</p>
<p>Dental services</p>	<p>Contracted services include:</p> <ul style="list-style-type: none"> • Prescriptions written by a dentist. • ABCD Services provided by an ABCD certified provider. • Medical/surgical services provided by a dentist. • Hospital/Ambulatory Surgery Center facility charges. <p>All other dental services are covered by Apple Health without a managed care plan.</p> <p>You must see a dental provider who has agreed to bill Apple Health without a managed care plan using your ProviderOne services card.</p> <p>Learn more:</p> <ul style="list-style-type: none"> • Online at hca.wa.gov/dental-services, or • Call HCA at 800-562-3022. <p>To find a provider that accepts Washington Apple Health online:</p> <ul style="list-style-type: none"> • DentistLink.org, or • fortress.wa.gov/hca/p1findaprovider

<p>Eyeglasses and fitting services</p>	<p>For children 20 years of age and younger - eyeglass frames, lenses, and contact lenses are covered by Apple Health coverage without a managed care plan.</p> <p>For adults 21 years of age and over - eyeglass frames and lenses are not covered by Apple Health, but if you wish to buy them, you can order them through participating optical providers at discounted prices. Visit: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf</p>
<p>First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)</p>	<p>MSS provides pregnant and postpartum individuals preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby.</p> <p>ICM helps families with children up to age one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p> <p>CBE provides pregnant individuals and their support person(s) group classes when taught by an approved HCA CBE provider. Topics include warning signs in pregnancy, nutrition, breastfeeding, birthing plan, what to expect during labor and delivery, and newborn safety.</p> <p>For providers in your area, visit hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care.</p>
<p>Inpatient Psychiatric Care for children (Children’s Long-term Inpatient Program (CLIP) for ages 5 to 17 years of</p>	<p>Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.</p>
<p>Long-Term Care Services and Supports (LTSS)</p>	<p>See page 46 of this booklet.</p>
<p>Sterilizations, age 20 and under</p>	<p>Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.</p>

Transhealth services	Services include surgical procedures, post-operative complications, and electrolysis or laser hair removal in preparation for bottom surgery. Prior authorization is required. For prior authorization call 800-562-3022 or email transhealth@hca.wa.gov . Learn more at hca.wa.gov/transhealth .
Substance Using Pregnant People (SUPP) Program	The SUPP Program is an inpatient hospital-based program for pregnant individuals who have a medical need and substance use history. The purpose of the program is to reduce harm to a birthing parent and their unborn baby by providing withdrawal management and medical stabilization and treatment within a hospital setting. For more information and a list of approved providers, visit hca.wa.gov/supp-program .
Transportation for non-emergency medical appointments	Apple Health pays for transportation services to and from needed non-emergency healthcare appointments. Call the transportation provider (broker) in your area to learn about services and limitations. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at hca.wa.gov/transportation-help .

Long-term services and supports (LTSS)

Aging and Long-Term Support Administration (AL TSA) – Home and Community Services (HCS) provides long-term care services for people who are older and individuals with disabilities in their own homes, including an in-home caregiver, or in community residential settings. HCS also provides services to assist people in transitioning from nursing homes and assist family caregivers. These services are not provided by your health plan. To get more information about long-term care services, call your local HCS office.

LTSS

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

REGION 1 – Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln,

Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima – **509-568-3767** or **866-323-9409**

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

REGION 2S – King – **206-341-7750**

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

Developmental Disabilities Administration (DDA) aims to help children and adults with developmental disabilities and their families get services and supports based on need and choice in their community. To get more information about services and supports, visit dshs.wa.gov/dda or call your local DDA office listed below.

Services for people with developmental disabilities

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

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

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

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

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

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

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

Early learning programs

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

Early Childhood Education and Assistance Program (ECEAP) and Head Start are Washington's pre-kindergarten programs that prepare three and four-year-old children from low-income families for success in school and in life. ECEAP is open to any preschool aged child and family if they meet the income limits. For information on ECEAP and Head Start preschools visit dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart.

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

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

Early Childhood Intervention and Prevention Services (ECLIPSE) serves children birth to five years old who are at risk of child abuse and neglect and may be experiencing behavioral health issues due to exposure to complex trauma. Services are provided in King County and Yakima County. For more information visit dcyf.wa.gov/services/early-learning-providers/eceap.

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

Excluded services (not covered)

The following services are not covered by Apple Health, or Apple Health without a managed care plan. If you get any of these services, you may have to pay the bill. Call Wellpoint with any questions or to see if there is a Value-Added Benefit option for a service that is not covered. View our Value-Added Benefits guide for more information at hca.wa.gov/vab-chart.

Service	Additional information
Alternative medicines	Acupuncture, religious based practices, faith healing, herbal therapy, homeopathy, massage, or massage therapy.
Chiropractic care for adults (21 and over)	
Elective cosmetic or plastic surgery	Including face lifts, tattoo removal, or hair transplants.
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	
Marriage counseling and sex therapy	
Nonmedical equipment	Such as ramps or other home modifications.
Personal comfort items	
Physical exams needed for employment, insurance, or licensing	
Services not allowed by federal or state law and its territories and possessions	<p>U.S. Territories include:</p> <ul style="list-style-type: none"> • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Services provided outside of the United States	

Weight reduction and control services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.
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Accessing your health information

You may ask for a copy of your personal health information (PHI). To request a copy, call Member Services at **833-731-2167 (TTY 711)** Monday through Friday from 8 a.m. to 5 p.m. Pacific time.

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

You or your authorized representative have the right to file a complaint. This is called a grievance. We will help you file a grievance. To file a grievance, call us at **833-731-2167 (TTY 711)** or write to us at:

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

Grievances or complaints can be about:

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

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

Behavioral Health Advocates (previously called Ombuds)

A Behavioral Health Advocate is a person who is available to provide free and confidential assistance with resolving concerns related to your behavioral health services. They can help to resolve your concerns if you have a behavioral health grievance, appeal, or fair hearing. The Behavioral Health Advocate is independent of your health plan. It is provided by a person who has had behavioral health services, or a person whose family member has had behavioral health services.

Use the phone numbers below to contact a Behavioral Health Advocate in your area.

Reach all regions at **800-366-3103**. Or email the Office of Behavioral Health Advocacy at info@obhadvocacy.org.

Region	Counties	Behavioral Health Advocate
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	360-561-2257
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	509-808-9790
King	King	206-265-1399
North Central	Chelan, Douglas, Grant, Okanogan	509-389-4485
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	360-528-1799
Pierce	Pierce	253-304-7355
Salish	Clallam, Jefferson, Kitsap	360-481-6561
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	509-655-2839
Southwest	Clark, Klickitat, Skamania	509-434-4951
Thurston-Mason	Mason, Thurston	360-489-7505

Important information about denials, appeals, and administrative hearings

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

You have the right to ask for a review of any decision if you disagree, think it was not correct, not all medical information was considered, or you think the decision should be reviewed by another person.

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

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

Wellpoint Washington, Inc.
705 5th Ave. S, Ste. 300
Seattle, WA 98104

You can also fax us at **844-759-5953**. We can help you file your appeal. To request an appeal verbally, call us at **833-731-2167 (TTY 711)**.

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

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

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

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

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

Submit the request for a hearing by:

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

Or

2. Writing to:

Office of Administrative Hearings

P.O. Box 42489

Olympia, WA 98504-2489

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

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

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

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

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

To ask for an independent review, call us at **833-731-2167 (TTY 711)**, Monday through Friday from 8 a.m. to 5 p.m. Pacific time. You may also fax the request to **844-759-5953**. You can also send your request by mail at the address below:

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

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

• Call **844-728-5212**,
Or

• Write to:

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

Your rights

As an enrollee, you have a right to:

- Make decisions about your healthcare, including refusing treatment. This includes physical and behavioral health services.
- Be informed about all treatment options available, regardless of cost.
- Choose or change your PCP.
- Get a second opinion from another provider in your health plan.
- Get services in a timely manner.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
- Speak freely about your healthcare and concerns without any bad results.
- Have your privacy protected and information about your care kept confidential.
- Ask for and get copies of your medical records.
- Ask for and have corrections made to your medical records when needed.
- Ask for and get information about:

- Your healthcare and covered services.
- Your provider and how referrals are made to specialists and other providers.
- How we pay your providers for your medical care.
- All options for care and why you are getting certain kinds of care.
- How to get help with filing a grievance or complaint about your care or help in asking for a review of a denial of services or an appeal.
- Our organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive plan policies, benefits, services and Members' Rights and Responsibilities at least yearly.
- Make recommendations regarding your rights and responsibilities as a Wellpoint member
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical advance directive forms.

Your responsibilities

As an enrollee, you agree to:

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

Advance directives

What is an advance directive?

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

- What kind of healthcare you do or do not want if:
 - You lose consciousness.
 - You can no longer make healthcare decisions.

- You cannot tell your doctor or family what kind of care you want.
- You want to donate your organ(s) after your death.
- You want someone else to decide about your healthcare if you can't.

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

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

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

- Ask to see your health plan's policies on advance directives.
- File a grievance with Wellpoint or HCA if your directive is not followed.

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

Mental health advance directives

What is a mental health advance directive?

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

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

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

How do I complete a mental health advance directive?

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

Wellpoint, your behavioral healthcare provider, or your Behavioral Health Advocate can also help you complete the form. Contact us for more information.

Preventing fraud, waste, and abuse

When fraud, waste, and abuse go unchecked, it costs taxpayer dollars. These dollars could be used for coverage of critical Apple Health benefits and services within the community. Understanding fraud, waste and abuse begins with knowledge and awareness.

- **Fraud:** Any type of intentional deception or misrepresentation made with the knowledge that the deception could result in some unauthorized benefit to the person committing it -- or any other person. This includes any act that constitutes fraud under applicable Federal or State law.
- **Waste:** Includes overusing services, or other practices that, directly or indirectly, result in excessive costs. Waste is generally not considered to be driven by intentional actions, but rather occurs when resources are misused.
- **Abuse:** Behaviors that are inconsistent with sound financial, business, and medical practices and result in unnecessary costs and payments for services that are not medically necessary or fail to meet professionally recognized standards for healthcare. This includes any member actions that result in unnecessary costs.

As enrollees you are in a unique position to identify potentially fraudulent or wasteful practices. If you see any of the following, please let us know:

- If someone offers you money or goods in return for your ProviderOne services card or if you are offered money or goods in return for going to a health appointment.
- You receive an explanation of benefits listing goods or services that you did not receive.

As an enrollee, there are also things you cannot do as they are considered fraudulent, such as:

- Forging, altering, or selling prescriptions.
- Letting someone else use your Member ID (identification) card.
- Relocating to out-of-service plan area and not notifying us.
- Using someone else's ID card.

To report fraud, waste, and abuse, you can: Visit [wellpoint.com/wa/medicaid](https://www.wellpoint.com/wa/medicaid) and select **Report Waste, Fraud or Abuse** at the bottom of the page. You will be sent to our fraud education site, [fighthealthcarefraud.com](https://www.fighthealthcarefraud.com), where you can select **Report It** to complete an online fraud referral form. You can also call Member Services at **833-731-2167 (TTY 711)**.

Visit the HCA Fraud Prevention [website](https://www.hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention) for more information: [hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention](https://www.hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention)

We protect your privacy

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

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

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

We may use or share your PHI without getting written approval from you under the following 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 Wellpoint to use and share your PHI for the following reasons:
 - When the U.S. Secretary of the Department of Health and Human Services (DHHS) requires us to share your PHI.

- Public Health and Safety which may include helping public health agencies to prevent or control disease.
- Government agencies may need your PHI for audits or special functions, such as national security activities.
- For research in certain cases, when approved by a privacy or institutional review board.
- For legal proceedings, such as in response to a court order. Your PHI may also be shared with funeral directors or coroners to help them do their jobs.
- With law enforcement to help find a suspect, witness, or missing person. Your PHI may also be shared with other legal authorities if we believe that you may be a victim of abuse, neglect, or domestic violence.
- To obey Workers' Compensation laws.

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

You may ask for a copy of your personal health information (PHI). To request a copy, call Member Services at **833-731-2167 (TTY 711)**.

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

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

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

Or:

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

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

Wellpoint Washington, Inc.
705 5th Ave. S., Ste. 300
Seattle, WA 98104

[wellpoint.com/wa/medicaid](https://www.wellpoint.com/wa/medicaid)

or

833-731-2167 (TTY 711)