



Washington



UnitedHealthcare Community Plan

**Washington Apple Health
Behavioral Health Services Only**

Member Handbook

2025

CSWA25MD0270072_000

United
Healthcare®
Community Plan



This page is intentionally left blank.

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, sex, sexual orientation or gender identity.

If you believe you were treated in a discriminatory way by us, you can send a grievance to our Civil Rights Coordinator.

Email: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

If you need help with your complaint, please call **1-877-542-8997**, TTY **711**, 8 a.m.–5 p.m., Monday–Friday.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

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

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services at **1-877-542-8997**, TTY **711**, 8 a.m.–5 p.m., Monday–Friday.

This notice is available at

<https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice>.

1-877-542-8997, TTY 711

English: ATTENTION: Translation and other language assistance services are available at no cost to you. If you need help, please call the number above.

Spanish: ATENCIÓN: La traducción y los servicios de asistencia de otros idiomas se encuentran disponibles sin costo alguno para usted. Si necesita ayuda, llame al número que se indica arriba.

Amharic: ማሳሰቢያ፡- የትርጉም እና ሌሎች የቋንቋ ድጋፍ አገልግሎቶችን ያለ ምንም ወጪ ማግኘት ይቻላል። እርዳታ ከፈለጉ እባክዎ ከላይ ባለው ቁጥር ይደውሉ።

Arabic: تنبيه: تتوفر خدمات الترجمة وخدمات المساعدة اللغوية الأخرى لك مجانًا. إذا كنت بحاجة إلى المساعدة، يُرجى الاتصال بالرقم أعلاه.

Burmese: သတိမူရန်- သင့်အတွက် အခကြေးငွေ ကုန်ကျမှု မရှိဘဲ ဘာသာပြန်ဆိုခြင်းနှင့် အခြားသော ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို ရယူနိုင်ပါသည်။ အကူအညီလိုအပ်ပါက အထက်ပါဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။

Cambodian: យកចិត្តទុកដាក់៖ ការបកប្រែ និងសេវាជំនួយផ្នែកភាសាផ្សេងទៀត គឺអាចរកបានដោយ ឥតគិតថ្លៃសម្រាប់អ្នក។ ប្រសិនបើអ្នកត្រូវការជំនួយ សូមហៅទូរសព្ទមកលេខខាងលើ។

Chinese: 注意：您可以免費獲得翻譯及其他語言協助服務。如果您需要協助，請致電上列電話號碼。

Korean: 참고: 번역 및 기타 언어 지원 서비스를 무료로 제공해 드립니다. 도움이 필요하시면 위에 명시된 번호로 전화해 주십시오.

Laotian: ເຊີນຊາບ: ມີບໍລິການຊ່ວຍເຫຼືອໃນການແປພາສາ ແລະ ພາສາອື່ນໆໃຫ້ແກ່ທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍໃດໆ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອ, ກະລຸນາໃບຫາເບີຂ້າງເທິງ.

Oromo: FUULEFFANNAA: Tajaajiloonni hiikkaa fi deeggarsa afaanii biroon kaffaltii tokko malee isiniif kennamu. Gargaarsa yoo barbaaddan, lakkoofsa armaan ol jiruun bilbilaa.

Persian: توجه: خدمات ترجمه و سایر کمک‌های زبانی به صورت رایگان در اختیار شما قرار دارد. اگر به کمک نیاز دارید، با شماره بالا تماس بگیرید.

Punjabi: ਅਨੁਵਾਦ ਅਤੇ ਹੋਰ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਕਿਸੇ ਖਰਚ ਦੇ ਬਿਨਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਜੇ ਤੁਹਾਨੂੰ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian: ATENȚIE: Sunt disponibile gratuit servicii de traducere și alte servicii de asistență lingvistică. Dacă aveți nevoie de ajutor, vă rugăm să apelați numărul de mai sus.

Russian: ВНИМАНИЕ! Услуги перевода, а также другие услуги языковой поддержки предоставляются бесплатно. Если вам требуется помощь, пожалуйста, позвоните по указанному выше номеру.

Somali: Turjumaada iyo adeegyada kale ee kaalmada luuqadda waxaad ku heleysaa lacag la'aan. Haddii aad u baahan tahay adigu caawimaad, fadlan wac lambarka kor kuqoran.

Swahili: ANGALIA: Tafsiri na huduma zingine za usaidizi wa lugha zinapatikana bila gharama kwako. Ikiwa unahitaji msaada, tafadhali piga simu kwa nambari iliyo hapo juu.

Tagalog: ATENSYON: Ang pagsasalin at iba pang mga serbisyong tulong sa wika ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas.

Tigrigna: ኣቓል:- ናይ ትርጉምን ካልእ ናይ ቋንቋ ኣገዝ ኣገልግሎታትን ብዘይ ዝኾነ ወጻኢታት ይወሃበኩም። ኣገዝ ምስ እትደልዩ በዚ ኣብ ላዕሊ ዘሎ ቁጽሪ ደውሉ።

Ukrainian: УБАГА! Послуги перекладу та інші послуги мовної підтримки надаються вам безкоштовно. Якщо вам потрібна допомога, будь ласка, зателефонуйте за вказаним вище номером.

Vietnamese: CHÚ Ý: Dịch vụ dịch thuật và hỗ trợ ngôn ngữ khác được cung cấp cho quý vị miễn phí. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên.

Kosraean: MWE AHK KAHLWEMYE: Asr kahsruh in kas in lweng kuh luhngas e wacngihn molo nuh sum. Efihn kom enenuh kahsruh, nuhnakmuhnas pahngon numbu se sihmlac luhng nge.

Marshallese: KŌJJELĀ: Jipañ ko ikkijien ukook ilo peba im kajin ko jet rej belloko ilo ejjelok wōḡāñ ñan eok. Ñe kwōj aikuj jipañ, jouj im kall e nōmba eo itulōñ.

Palauan: ATTENTION: Ngeseu er a oidel a tekoi me a bebil er a tekoi a ngar er ngii el diak el ocheraol. A lsekum kousbech a ngeseu, momekedong er tia el dengua el ngar er eou.

Pohnpeian: MEHN KAPEHSE: Sawas en kawehwe oh soangen sahpis teikan ohng ekei lokaia kak koda me ke sohte pain pwain. Mah ke anahne sawas, menlau eker nempe me sansal pah.

Chuukese: ESINESIN: Angangen chiaku me aninnis non kapasen fonu ese nifinifin mei kawor non an ese kamo ngonuk. Ika epwe wor chon anisuk, kose mochen kokkori ena nampa asan.

Yapese: MARANG'AG: Pilyeg e thin nge ayuw ko boch e sabethin e kubaaq ni dariy pulwon. Faanra bt'uf e ayuw rom, wenig ngom mu denguwa nag e pii numba ni baaray nga lang.

Table of contents

Welcome to UnitedHealthcare Community Plan and Washington Apple Health	8
Important contact information	10
My health care providers	11
How to use this handbook	12
Getting started	14
You will need two cards to access services, your UnitedHealthcare Community Plan card and your ProviderOne services card	14
1. Your UnitedHealthcare Community Plan member ID card	14
2. Your ProviderOne services card	15
Changing behavioral health services plans	16
Using private health insurance and your UnitedHealthcare Community Plan coverage	17
How to get behavioral health services	18
Behavioral health services and your primary care provider (PCP)	18
Services you can get without a referral	19
Telehealth/Telemedicine	19
You must go to behavioral health providers and hospitals in UnitedHealthcare Community Plan’s network	21
Payment for behavioral health services	21
Quality Improvement programs	22
Utilization Management programs	22
How we evaluate new technology	22
Information for American Indians and Alaska Natives	23
Apple Health Medicare Connect	23

Getting care in an emergency or when you are away from home	24
In an emergency	24
Behavioral health crisis	25
County crisis line phone numbers	26
Expectations for when a health care provider will see you	27
Benefits covered by UnitedHealthcare Community Plan.	28
General services and emergency care	29
Behavioral health	29
Laboratory services	32
Health care services for children	32
Additional services we offer	33
Additional Care Coordination services we may offer	33
Apple Health services covered without a managed care plan	34
Excluded services (not covered)	36
Accessing your health information	37
If you are unhappy with your provider, health plan, or any aspect of care.	37
Behavioral Health Advocates (previously called Ombuds)	38
Important information about denials, appeals, and administrative hearings	40
Your rights.	43
Your responsibilities	44
Advance directives	45
What is an advance directive?	45
Mental health advance directives	46
What is a mental health advance directive?	46
How do I complete a mental health advance directive?	46
Preventing fraud, waste, and abuse.	46
We protect your privacy.	47

Welcome to UnitedHealthcare Community Plan and Washington Apple Health

Welcome!

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

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

Apple Health Medicare Connect plans are available to some Apple Health members. This is a special kind of Medicare Advantage plan for dual-eligible individuals that allows for care coordination between Medicare and Apple Health services. A dual-eligible individual has both Medicare coverage and Apple Health coverage. This includes physical and behavioral health care coverage.

UnitedHealthcare Community Plan will get in touch with you in the next few weeks. You can ask us any questions you have and get help making appointments. If you have any questions, call us at **1-877-542-8997**, TTY **711**, 8:00 a.m. to 5:00 p.m., Monday to Friday.

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 health care benefits. If you need any information in a language other than English, including sign language, call us at **1-877-542-8997, 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 health care appointment covered by Apple Health. Your provider is required to schedule an interpreter for your appointments. Let your health care provider know you need an interpreter when you schedule your appointment.

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

If you have any questions about our interpreter services program, visit our website at myuhc.com/CommunityPlan or uhc.com/communityplan/washington/plans/medicaid/bhso. You can also visit the Health Care Authority (HCA) Interpreter Services webpage at hca.wa.gov/interpreter-services or email HCA Interpreter Services at interpretersvcs@hca.wa.gov.

Call us if you need help understanding information or if you need it in other formats.

If you have a disability, are blind or have limited vision, are deaf or hard of hearing, or do not understand this book or other materials, call us at **1-877-542-8997, TTY 711**. We can provide you with materials in another format or auxiliary aids, like braille, at no cost to you. We can tell you if a provider's office is wheelchair accessible or has special communication devices or other special equipment. We also offer:

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

Important contact information

Organization	Customer service hours	Customer service phone numbers	Website address
UnitedHealthcare Community Plan	Monday–Friday 8:00 a.m.–5:00 p.m.	1-877-542-8997 TTY 711	<ul style="list-style-type: none">• myuhc.com/CommunityPlan• UHCCP.com/wa/bhso• UnitedHealthcare app
Health Care Authority (HCA) Apple Health Customer Service	Monday–Friday 7:00 a.m.–5:00 p.m.	1-800-562-3022 TRS 711	hca.wa.gov/apple-health
Washington Healthplanfinder	Monday–Friday 8:00 a.m.–6:00 p.m.	1-855-923-4633 TTY 1-855-627-9604	wahealthplanfinder.org

My health care providers

We suggest you write down the name and phone number of your provider for quick access. We will have the information on our website in our Provider Directory at myuhc.com/CommunityPlan or UHCCP.com/wa/bhso. You can also call us and we will help.

Health care 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 Health Care Authority laws and rules page online at: hca.wa.gov/about-hca/rulemaking.

How to use this handbook

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

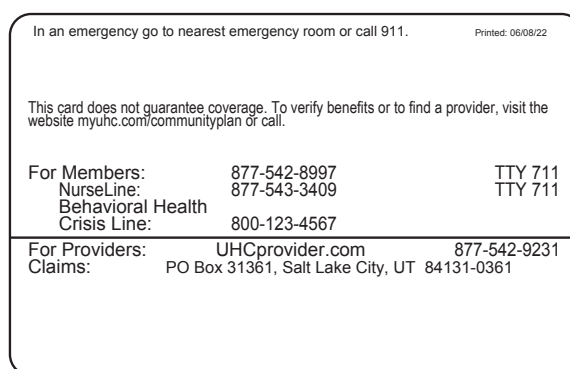
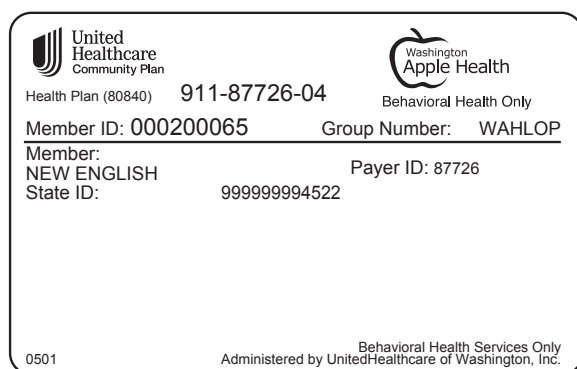
If you have any questions about ...	Contact ...
<ul style="list-style-type: none">• Changing or disenrolling from your Apple Health Behavioral Health Services Only (BHSO) plan. See page 16.• How to get Apple Health covered services not included through your plan. See page 20.• Your ProviderOne services card. See page 15.	<p>HCA:</p> <ul style="list-style-type: none">• ProviderOne Client Portal: www.waproviderone.org/client• https://fortress.wa.gov/hca/p1contactus/ <p>If you still have questions or need further help, call 1-800-562-3022.</p>
<ul style="list-style-type: none">• Covered services. See page 28.• Making a complaint. See page 37.• Appealing a decision by your health plan that affects your benefits. See page 40.	<p>UnitedHealthcare Community Plan at 1-877-542-8997, TTY 711</p> <p>Or go online to myuhc.com/CommunityPlan or UHCCP.com/wa/bhso</p>
<ul style="list-style-type: none">• Your Behavioral Health Services (Mental Health or substance use disorder). See page 18.• Referrals to specialists. See page 18.	<p>Your behavioral health provider.</p> <p>If you need help to select a behavioral health provider, call us 1-877-542-8997, TTY 711.</p> <p>Or go online to myuhc.com/CommunityPlan or UHCCP.com/wa/bhso</p> <p>You can also call UnitedHealthcare Community Plan's 24-hour NurseLine at 1-877-543-3409, TTY 711.</p>

If you have any questions about ...	Contact ...
<p>Changes to your account such as:</p> <ul style="list-style-type: none"> • Address changes, • Income change, • Marital status, • Pregnancy, and • Births or adoptions. 	<p>Washington Healthplanfinder at 1-855-WAFINDER (1-855-923-4633)</p> <p>Or go online to www.wahealthplanfinder.org</p>
<p>How to report fraud, waste and abuse</p>	<p>Washington State Health Care Authority</p> <ul style="list-style-type: none"> • Reporting Washington Apple Health eligibility fraud WAHEligibilityFraud@hca.wa.gov 1-360-725-0934 • Reporting Medicaid providers hottips@hca.wa.gov 1-833-794-2345 <p>Visit HCA's web page for detailed information: hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention</p> <ul style="list-style-type: none"> • UnitedHealthcare Community Plan Fraud, Waste and Abuse Hotline 1-844-359-7736

Getting started

You will need two cards to access services, your UnitedHealthcare Community Plan card and your ProviderOne services card

1. Your UnitedHealthcare Community Plan 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. 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 **1-877-542-8997, TTY 711** if you need care before your card comes. Your provider can also contact us to check eligibility.

Note: If you do not receive your ID card within 30 days, please contact us right away to verify your address and get a new ID card sent to you. You can also print a copy of your ID card from myuhc.com/CommunityPlan.

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:

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

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

Using the ProviderOne services card

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

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

Health care 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: www.waproviderone.org/client
- Call the toll-free IVR line at 1-800-562-3022, follow the prompts
- Request a change online: <https://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–10 days to get the new card in the mail.

Changing behavioral health services plans

You have the right to change your Behavioral Health Services Only (BHSO) plan at any time. Your plan change may happen as soon as the month after you make your change. Make sure you are enrolled in the newly requested plan before you see providers in your new plan’s network.

There are several ways to change your health plan:

- Change your plan on the Washington Healthplanfinder website: wahealthplanfinder.org
- Visit the ProviderOne client portal: <https://www.waproviderone.org/client>
- Request a change online: <https://fortress.wa.gov/hca/p1contactus/home/client>
 - Select the topic “Enroll/Change Health Plans”
- Call HCA: 1-800-562-3022 (TRS: 711)

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

Note: Members in the Patient Review and Coordination (PRC) program must stay with the same health plan for one year. Contact us if you move.

Using private health insurance and your UnitedHealthcare Community Plan coverage

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

Make sure your behavioral health care providers are in UnitedHealthcare Community Plan's provider network or willing to bill us for any copays, deductibles, or balances that remain after your primary coverage pays your health care bill. This will help you avoid any out-of-pocket costs. If you are Medicare eligible, remember your doctor must bill Medicare first.

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

- Private health insurance card,
- ProviderOne services card, and
- UnitedHealthcare Community Plan member ID card.

Contact UnitedHealthcare Community Plan right away if:

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

How to get behavioral health services

Behavioral health services and your primary care provider (PCP)

Behavioral health includes mental and substance use disorder (SUD) treatment services. Most behavioral health members already have a primary care provider (PCP) from another medical network like Medicare, private health insurance, Indian Health Center, or Apple Health without a managed care plan (also called fee-for-service). We will coordinate your behavioral health services with your PCP, if necessary. Call us at **1-877-542-8997**, TTY **711** if you need help.

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

How to get behavioral health services

If you need behavioral health services you do not need a referral from a physician to see behavioral health specialists in your plan or to access drug and alcohol treatment services covered by your plan. Required care is 100% covered. If you need behavioral health care, your PCP and UnitedHealthcare Community Plan can help coordinate your care.

We will get you the care you need from a behavioral health specialist outside the UnitedHealthcare Community Plan network if we don't have one in network. We need to pre-approve any visits outside of our network.

Your PCP will request pre-approval from us with clinical information telling 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 from the day of your request.

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 40 for more information.

You are not responsible for any costs if your PCP or UnitedHealthcare Community Plan 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 services including:
 - Crisis intervention
 - Evaluation and Treatment services
- Outpatient behavioral health services (see page 29 for limitations)

Telehealth/Telemedicine

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

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

The telehealth/telemedicine providers below are available at no cost to members.

Bright Heart Health

Treatment and services for behavioral health, opioid abuse, substance use disorder, eating disorders, medication for opioid use disorder, and chronic pain management. Includes services for pregnant and parenting members.

- Phone number: 1-800-892-2695
- Website: <https://www.brighthearthealth.com/>

Eleanor Health

Treatment and services for substance use disorder. Includes care coordination with physical health providers, help for long-term behavioral health needs, and community support.

- Website: <https://www.eleanorhealth.com/>

BoulderCare

Treatment and services for substance use disorder.

- Website: boulder.care/

Charlie Health

Personalized Intensive Outpatient Program for youth.

- Phone number: 1-866-508-7084
- Website: charliehealth.com

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

The Health Care Authority (HCA) pays for some benefits and services directly through Apple Health even if you are enrolled in a health plan. These benefits include:

- Long-term care services and supports,
- Substance Using Pregnant People (SUPP) program, and
- Services for individuals with developmental disabilities.

You only need your ProviderOne services card to access these benefits. Your PCP or UnitedHealthcare Community Plan will help you access these services and coordinate your care. See page 28 for more details on covered benefits. Call us if you have questions about benefits or services.

You must go to behavioral health providers and hospitals in UnitedHealthcare Community Plan's network

You must use behavioral health providers who work with UnitedHealthcare Community Plan. We also have hospitals for you to use. You can request a directory with information about our providers and hospitals or visit your health plan's online provider directory. Directories include:

- The provider's name, location, and phone number
- Specialty, qualifications, and medical degree
- The languages spoken by those providers
- Limits on patient types (adults, children, etc.)
- Whether they are accepting new patients

To get a directory in print, call our Member Services line at **1-877-542-8997**, TTY **711** or visit our website myuhc.com/CommunityPlan or UHCCP.com/wa/bhso.

Payment for behavioral health services

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

- You get a service that Apple Health does not cover
- You get a service that is not medically necessary
- You get care from a 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 **1-877-542-8997**, TTY **711** if you get a bill. We will work with your provider to make sure they are billing correctly.

Quality Improvement programs

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

Utilization Management programs

UnitedHealthcare Community Plan 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 **1-877-542-8997, TTY 711**, 8:00 a.m. to 5:00 p.m., Monday to Friday.

How we evaluate new technology

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

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 health care delivery system, and to help ensure that you have access to culturally appropriate health care. You can contact HCA at 1-800-562-3022 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 connected or partnered with a Tribal Assister through an Indian Health Service (IHS) facility, Tribal health program, or Urban Indian Health Program (UIHP), they can help you make your decision. 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 health care or your health care coverage, your tribal or UIHP staff may be able to help you.

If you are American Indian or Alaska Native, you may be able to get health care services through an IHS facility, tribal health care program or UIHP such as the Seattle Indian Health Board or NATIVE Project (in Spokane). The providers at these clinics are knowledgeable and understand your culture, community, and health care needs. They will give you the care you need or refer you to a specialist.

Apple Health Medicare Connect

Apple Health Medicare Connect is a special kind of Medicare Advantage plan for dual-eligible individuals allowing care coordination between Medicare and Apple Health (Medicaid) services.

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

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

Enrollment into Apple Health Medicare Connect follows the Medicare open enrollment timelines below:

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

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

What if I am an American Indian/Alaska Native?

Dual-eligible American Indian/Alaska Natives can:

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

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

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

In an emergency

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

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

Behavioral health crisis

Examples of behavioral health emergency/crisis include when a person:

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

You can call the crisis lines below if you or someone you know is experiencing a behavioral health crisis.

- **Call 911 for immediate help for a life-threatening emergency**
- **Call 988 for immediate help for a behavioral health crisis**
 - Call or text **988**. The line is free, confidential, and available 24/7.
- **For substance use, problem gambling or mental health support:** call or text the Washington Recovery Help Line at 1-866-789-1511 or 1-206-461-3219 (TTY) for 24-hour referrals. You can also go to warecoveryhelpline.org.
 - Teens can connect with teens between 6:00 p.m.-10:00 p.m. Call 1-866-833-6546, email teenlink@crisisclinic.org, or go to teenlink.org.

County crisis line phone numbers

Call your local Behavioral Health Administrative Services Organization (BH-ASO) county crisis line below to request assistance if you or someone you know is experiencing a behavioral health crisis.

Region	Counties	Crisis lines
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-800-803-8833
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	1-888-544-9986
King	King	1-866-427-4747
North Central	Chelan, Douglas, Grant, Okanogan	1-800-852-2923
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	1-800-584-3578
Pierce	Pierce	1-800-576-7764
Salish	Clallam, Jefferson, Kitsap	1-888-910-0416
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-877- 266-1818
Southwest	Clark, Klickitat, Skamania	1-800-626-8137
Thurston-Mason	Mason, Thurston	1-800-270-0041

Expectations for when a health care provider will see you

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

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

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

Prescriptions

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

Benefits covered by UnitedHealthcare Community Plan

This section describes behavioral health benefits and services covered by UnitedHealthcare Community Plan. It is not a complete list of covered services. Check with your behavioral health provider or contact us if a service you need is not listed. You can view our benefits and services at myuhc.com/CommunityPlan or UHCCP.com/wa/bhso.

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

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

Remember to call us at **1-877-542-8997**, TTY **711** or check our Provider Directory at myuhc.com/CommunityPlan or UHCCP.com/wa/bhso before you get behavioral health services. You can also ask your PCP to help you get the care you need.

General services and emergency care

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

Behavioral health

Behavioral health services include mental health and substance use disorder treatment services. We can help you find a provider if you need counseling, testing, or behavioral health support. Contact us at **1-877-542-8997**, TTY **711** or select a provider from our Provider Directory.

Service	Additional information
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• Medications for Opioid Use Disorder (MOUD)• Case management• Peer support• Crisis services• Withdrawal management (detoxification)

Service	Additional information
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 • Care coordination and community integration • Crisis services • Medication management and monitoring • Care coordination and community integration
Medications for Opioid Use Disorder (MOUD)	<p>Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat certain substance use disorders. Call us at 1-877-542-8997, TTY 711 for details.</p>
Problem gambling disorder treatment interventions	<p>Covered services include:</p> <ul style="list-style-type: none"> • Assessment • Therapeutic individual, family and/or group services

Family Youth System Partner Round Tables (FYSPRT)

Family Youth System Partner Round Tables (FYSPRTs) embrace the idea that youth and families can and should have an active role in how behavioral health systems serve them. FYSPRTs are a platform for families, youth, and system partners (juvenile justice, education, child welfare, etc.) to come together to collaborate, listen, and incorporate the voice of the community into decision making at the regional, state, and legislative levels.

FYSPRTs are an important mechanism to address recurring gaps, barriers and needs related to child, youth and family behavioral health, and to share lived experiences and knowledge to impact policies and programs that improve behavioral health outcomes for youth and families in Washington.

Washington has 10 regional FYSPRTs and each regional FYSPRT has meetings that are open to the public. FYSPRT meetings are a collaborative process. A family, youth, and system partner tri-lead work together in an equal partnership to create meeting agendas and share meeting facilitation. The lived experience of families and youth and their input will drive improvement of outcomes for youth and families across Washington. Although youth and families may express their concerns about their services in this forum, FYSPRTs are intended to address recurring system gaps and barriers and not individual care issues. To address specific concerns related to a youth or family's specific services, a grievance can be completed as part of addressing the treatment concern. For more assistance on this, contact the Ombuds in your area.

Visit **HCA's website** for more information: hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt.

Some behavioral health services beyond those in the benefit package may be available through limited state funding. These services must be determined to be medically necessary and there must be state funding available. Currently those services may include:

- Alcohol/drug information school
- Assistance with application for entitlement programs
- Court ordered drug testing
- Medicaid personal care
- Jail services/community transition
- Childcare services – Services for children of parents in treatment in order to complete the parent's plan for substance use disorder treatment
- Expanded community service
- Sobering services

To access these services, please speak with your behavioral health provider, United Healthcare Care Coordinator, or contact 211 for community resources.

Laboratory services

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

Health care services for children

Children and youth under age 21 have a health care benefit called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT includes a full range of screening, diagnostic, and treatment services.

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

Screenings are covered directly by Apple Health and can help identify potential physical, behavioral health, or developmental health care needs which may require additional diagnostics and treatment.

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

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

Additional services we offer

Substance use disorder helpline

Licensed clinicians are available 24/7 to answer questions and provide supports on alcohol and drug addiction. Call the toll-free at **1-855-780-5955** or visit liveandworkwell.com/recovery to use live chat.

Additional Care Coordination services we may offer

Care Management

UnitedHealthcare Community Plan provides behavioral health care management/care coordination services to qualifying members, or upon request from Allied Service systems. Our care managers work with your physician and/or other agencies to help you find and access necessary services and supports to meet your needs. Members can get reminders about their care and advice from a nurse. If you have special needs or need help managing a chronic illness, one of our care managers can help. You or your caregiver may call **1-877-542-8997, TTY 711**, if you feel you need these services.

Transgender health services

Care Coordination Services will collaborate with the medical coverage payor for members receiving services for treatment of gender dysphoria to ensure that the member is connected with appropriate providers and is supported in getting the necessary authorizations for care, as well as assist in accessing any necessary behavioral health treatment or other auxiliary services and supports. UnitedHealthcare Community Plan has a dedicated gender-affirming care coordinator.

Apple Health services covered without a managed care plan

Apple Health coverage without a managed care plan (fee-for-service) or other community-based programs cover the benefits and services listed below even when you are enrolled with us. We will coordinate with your PCP to help you access these services and coordinate your care. Use your ProviderOne services card for these services.

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

Service	Additional information
Ambulance services (Air)	All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Ambulance services (Ground)	All ground ambulance transportation services, emergency, and non-emergency, provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Crisis services	<p>Crisis services are available to support you or someone you know. Call 911 for a life-threatening emergency or 988 for a behavioral health emergency. See page 26 for the numbers in your area.</p> <p>For the National Suicide Prevention Lifeline: Call or text 988 or call 1-800-273-8255, TTY Users 1-206-461-3219</p> <p>For mental health or substance use disorder crisis services by county, please call the Behavioral Health Administrative Services Organization (BH-ASO) crisis phone number. Crisis phone numbers by county can be found on page 26 or at: hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-crisis-lines.</p>

Service	Additional information
First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)	<p>MSS provides pregnant and postpartum individuals preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby.</p> <p>ICM helps families with children up to age one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p> <p>CBE provides pregnant individuals and their support person(s) group classes taught by an approved HCA CBE provider. Topics include warning signs in pregnancy, nutrition, breastfeeding/chestfeeding, birthing plan, what to expect during labor and delivery, and newborn safety. For providers in your area, visit hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care.</p>
Inpatient psychiatric care	<p>Call us for help in accessing these services.</p>
Substance Using Pregnant People (SUPP) Program	<p>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.</p> <p>For more information and a list of approved providers, visit https://www.hca.wa.gov/supp-program.</p>
Transportation for non-emergency medical appointments	<p>The Health Care Authority pays for transportation services to and from needed non-emergency health care appointments that are covered by Apple Health. Call the transportation provider (broker) in your area to learn about services and limitations. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at hca.wa.gov/transportation-help.</p>

Excluded services (not covered)

The following services are not covered by Apple Health BHSO or Apple Health without a managed care plan. If you get these services, you may have to pay the bill. If you have any questions, call us.

Service	Additional information
Alternative medicines	Religious based practices, faith healing, herbal therapy, or homeopathy.
Marriage counseling and sex therapy	
Personal comfort items	
Services not allowed by federal or state law and its territories and possessions.	U.S. Territories include: <ul style="list-style-type: none">• Puerto Rico• Guam• U.S. Virgin Islands• Northern Mariana Islands• American Samoa
Services provided outside of the United States	

Accessing your health information

You have a right to see or get a copy of certain Health Information. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary.

To submit a written request, mail to:

UnitedHealthcare Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis MN 55440

You can see a copy of our Notice of Privacy Practices at uhc.com/privacy. Click on HIPAA Notice of Privacy Practices – Medical for Community and State Plans (English) (pdf).

If you have questions about UnitedHealthcare Community Plan's privacy practices, call Member Services at **1-877-542-8997**, TTY **711**.

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 **1-877-542-8997**, TTY **711**, or write to us at:

UnitedHealthcare Community Plan
Grievances and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364
or Fax at 1-801-994-1082

You can also file a grievance online at myuhc.com/communityplan.

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 health care

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 or visiting myuhc.com/communityplan to access online.

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 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 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 1-800-366-3103. 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	1-360-561-2257
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	1-509-808-9790
King	King	1-206-265-1399
North Central	Chelan, Douglas, Grant, Okanogan	1-509-389-4485
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	1-360-528-1799
Pierce	Pierce	1-253-304-7355
Salish	Clallam, Jefferson, Kitsap	1-360-481-6561
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-509-655-2839
Southwest	Clark, Klickitat, Skamania	1-509-434-4951
Thurston-Mason	Mason, Thurston	1-360-489-7505

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 within 60 days of the date of denial. We can help you file an appeal. Your provider, Ombuds, or someone else may appeal for you if you sign to say you agree to the appeal. You only have 10 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, online, or in writing.

Send written appeal request to:

UnitedHealthcare Community Plan
Grievances and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364
or Fax at 1-801-994-1082

We can help you file your appeal. To request an appeal verbally, call us at **1-877-542-8997**, TTY **711**.

You can also submit an appeal online at myuhc.com/communityplan.

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

If it's urgent. For urgent behavioral health conditions, you or your doctor can ask for an expedited (quick) appeal by calling us. If your behavioral health condition requires it, a decision will be made about your care within three days. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request, your appeal will be reviewed in the same time frames outlined above. 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. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal. We must mail a written notice within two calendar days of a decision.

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

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

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

Submit the request for a hearing by:

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

Or:

- 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 1-888-201-1014. Asking for help finding a lawyer will not jeopardize your privacy rights.

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.

You can contact us at **1-877-542-8997**, TTY **711** for assistance.

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

- Call 1-844-728-5212

Or:

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

Your rights

As a member, you have a right to:

- Make decisions about your health care, 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 health care and concerns without any bad results
- Have your privacy protected and information about your care kept confidential
- Ask for and get copies of your medical records
- Ask for and have corrections made to your medical records when needed
- Ask for and get information about:
 - Your health care and covered services
 - Your provider and how referrals are made to specialists and other providers
 - How we pay your providers for your behavioral health 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 UnitedHealthcare Community Plan member
- Receive a list of crisis phone numbers
- Receive help completing mental or medical advance directive forms

Your responsibilities

As a member, you agree to:

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

Advance directives

What is an advance directive?

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

- What kind of health care you do or do not want if:
 - You lose consciousness
 - You can no longer make health care decisions
 - You cannot tell your doctor or family what kind of care you want
 - You want to donate your organ(s) after your death
 - You want someone else to decide about your health care if you can't

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

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

Talk to your doctor 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 UnitedHealthcare Community Plan 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 health care advance directive you should share it with your mental health care provider so they know your wishes.

How do I complete a mental health advance directive?

You can get a copy of the mental health advance directive form and more information on how to complete it at hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-advance-directives.

UnitedHealthcare Community Plan, your behavioral health care 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. As members you are in a unique position to identify fraudulent or wasteful practices. If you see any of the following, please let us know:

- If someone offers you money or goods in return for your ProviderOne services card or if you are offered money or goods in return for going to a health appointment
- You receive an explanation of benefits for goods or services that you did not receive
- If you know of someone falsely claiming benefits
- Any other practices that you become aware of that seem fraudulent, abusive or wasteful

If you suspect a fraud, waste and abuse event involving a care provider, please notify UnitedHealthcare Community Plan by calling our Fraud, Waste and Abuse Hotline: **1-844-359-7736**. Please also report the incident to all of the following entities within five (5) business days of learning of the event.

- Washington State Health Care Authority
Email: hottips@hca.wa.gov
Telephone: 833-794-2345
- Medicaid Fraud Control Unit, Office of Attorney General
Email: MFCUreferrals@atg.wa.gov

Visit the HCA Fraud Prevention website for more information:

<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 health care operations. We also use and share your information for other reasons as allowed and required by law.

Protected health information (PHI) refers to health information such as medical records that include your name, member number, or other identifiers used or shared by health plans including your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information. Health plans and HCA share PHI for the following reasons:

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

We may use or share your PHI without getting written approval from you under the following circumstances:

- Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
 - The information is related to the family or friend's involvement with your care or payment for that care; and you have either orally agreed to the disclosure or have been given an opportunity to object and have not objected
- The law allows HCA or UnitedHealthcare Community Plan to use and share your PHI for the following reasons:
 - When the U.S. Secretary of the Department of Health and Human Services (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.

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

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

UnitedHealthcare Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis, MN 55440

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

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

UnitedHealthcare Community Plan, **1-877-542-8997**, TTY **711**

UnitedHealth Group Call Center, **1-866-633-2446**, TTY **711**

UnitedHealthcare Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis, MN 55440

myuhc.com/CommunityPlan or
UHCCP.com/wa/bhso

This page is intentionally left blank.

This page is intentionally left blank.

UnitedHealthcare Community Plan
1-877-542-8997, TTY 711
myuhc.com/CommunityPlan
or
UHCCP.com/wa/bhso

