

Coordinated Care of Washington, Inc.

Washington Apple Health Behavioral Health Services Only

Enrollee Handbook 2024



ENGLISH: If the enclosed information is not in your primary language, please call 1-877-644-4613 (TTY: 711).

Amharic: አባሪ የሆነው መረጃ በመጀመሪያ ቋንቋዎ ካልሆነ፣ እባክዎን በስልክ ቁጥር 1-877-644-4613 (TTY (የመስማት ችግር ላለባቸው): 711) ደውሎ ያሳውቁን።

ARABIC إذا لم تكن المعلومات المرفقة مكتوبة بلغتك الأم، فيرجى الاتصال برقم الهاتف 1-877-644-4613 (الهاتف النصي (TTY): 711)

BURMESE: ပါဝင်သော အချက်များမှာ သင့်ဘာသာစကားမဟုတ်ခဲ့လျှင် 1-877-644-4613 (အသံမှ စာသားမကတ်ဆွဲရုံသို့ ပြောင်းပေးသည့် လိုင်းခွဲနံပါတ်- 711) သို့ ဖုန်းခေါ်ဆိုပါ။

CAMBODIAN (ខ្មែរ): ប្រសិនបើព័ត៌មាននេះមិនស្គាល់ក្នុងភាសាម្តាយរបស់អ្នកទេ សូមទូរស័ព្ទទៅលេខ 1-877-644-4613 (TTY: 711)។

CHINESE 如果隨附的資料不是使用您的母語，請致電 1-877-644-4613 (TTY: 711)

KOREAN: 동봉한 안내자료가 귀하의 모국어가 아닐 경우 1-877-644-4613 (TTY 전용: 711) 번으로 연락하십시오.

LAOTIAN (ພາສາລາວ): ຖ້າຂໍ້ມູນທີ່ຄັດຕິດມານີ້ບໍ່ເປັນພາສາຕົ້ນຕໍຂອງທ່ານ, ກະລຸນາໃຫ້ຫາບີ 1-877-644-4613 (TTY: 711).

OROMO (Oromiffaa) Odeeffannoon dhihaate afaan kee jalqabaatiin yoo hin taane, Laakkoofsa 1-877-644-4613 (TTY: 711).

PERSIAN: اگر اطلاعات ضمیمه به زبان مادری شما نمی‌باشد، لطفاً با شماره 1-877-644-4613 (TTY: 711) تماس بگیرید.

PUNJABI (ਪੰਜਾਬੀ): ਜੇਕਰ ਨੱਥੀ ਕੀਤੀ ਗਈ ਜਾਣਕਾਰੀ ਤੁਹਾਡੀ ਮੁਢਲੀ ਭਾਸ਼ਾ ਵਿੱਚ ਨਹੀਂ ਹੈ, ਕਿਰਪਾ ਕਰਕੇ 1-877-644-4613 (TTY ਟੀਟੀਵਾਈ:711) ਉੱਤੇ ਕਾਲ ਕਰੋ।

ROMANIAN (Română) Dacă informațiile atașate nu sunt în limba dvs. maternă, vă rugăm să sunați la 1-877-644-4613 (TTY:711).

RUSSIAN (Русский). Если прилагаемая информация изложена не на вашем родном языке, позвоните по телефону 1-877-644-4613 (TTY: 711).

SOMALI (Soomaali): Haddii macluumaadka halkaan ku lifaaqan aysan ahayn luqadaada koowaad, fadlan wac 1-877-644-4613 (TTY: 711).

SPANISH (Español): Si la información adjunta no está en su idioma primario, por favor llame al 1-877-644-4613 (Para TTY: llame al 711).

SWAHILI (Kishwahili): Iwapo lugha iliyotumiwa katika taarifa zililo ambatishwa si lugha yako ya asili, tafadhali piga simu kwa 1-877-644-4613 (TTY: 711) pekee.

TAGALOG (Tagalog) Kung hindi nakasulat sa inyong pangunahing wika ang nakalakup na impormasyon, mangyaring tumawag sa 1-877-644-4613 (TTY: 711).

Tigrinya: እዚ ንስደልኩም ዘለና ጽሑፍ ብቀዳማይ ቋንቋኹም እንተዘይቀረቡ ብኹብረትኩም ብቁጽሪ ቴሌፎን 1-877-644-4613 (TTY (ናይ ምስማስ ጸገም ንዘለዎም): 711) ደዌልኩም ጥብሩና።

UKRAINIAN (Українська). Якщо інформація, що додається, написана не вашою рідною мовою, зателефонуйте за номером 1-877-644-4613 (TTY: 711).

VIETNAMESE (Tiếng Việt): Nếu tin tức đính kèm không có ngôn ngữ của quý vị, xin gọi số 1-877-644-4613 (TTY: 711).

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Welcome to Coordinated Care and Washington Apple Health

Welcome!

Thank you for enrolling in Washington Apple Health (Medicaid) Behavioral Health Services Only (BHSO) and welcome to Coordinated Care, 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 Coordinated Care'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.

Coordinated Care will get in touch with you in the next few weeks. You can ask us any questions you have and get help making appointments. Our phone lines are open for any questions you have before we call you. Call us at 1-877-644-4613 (TTY: 711), 8 a.m. - 5 p.m. Monday - 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 1-877-644-4613 (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 www.CoordinatedCareHealth.com. 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 1-877-644-4613 (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
Coordinated Care	Monday – Friday 8 a.m. – 5 p.m. (Nurse Advice available 24/7)	1-877-644-4613 (TTY: 711)	CoordinatedCareHealth.com
Health Care Authority (HCA) Apple Health Customer Service	Monday – Friday 7 a.m. to 5 p.m.	1-800-562-3022 TRS 711	hca.wa.gov/apple-health
Washington Healthplanfinder	Monday-Friday 8 a.m. to 6 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 providers for quick access. We will have the information on our website in our provider directory at <https://findaprovider.coordinatedcarehealth.com>. You can also call us and we will help.

Health Care Provider	Name	Phone Number
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My Primary Care Provider:

My Behavioral Health Provider is:

My Dental Provider is:

My Specialty Care Provider is:

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

How to use this handbook

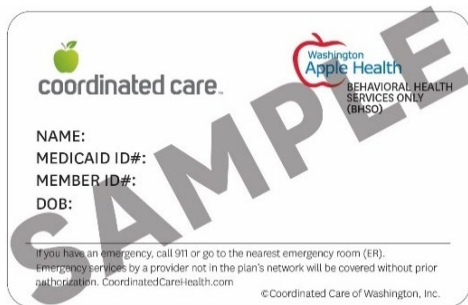
This is your guide to services. Use the table below to learn who to contact with questions.

If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> • Changing or disenrolling from your Apple Health Behavioral Health Services Only (BHSO) plan (page 5) • How to get Apple Health covered services not included through your plan (page 8) • Your ProviderOne services card (page 4) 	<p>HCA:</p> <ul style="list-style-type: none"> • ProviderOne Client Portal: https://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 (page 13) • Making a complaint (page 21) • Appealing a decision by your health plan that affects your benefits (page 22) 	<p>Coordinated Care at 1-877-644-4613 (TTY: 711) or go online to: www.CoordinatedCareHealth.com.</p>
<ul style="list-style-type: none"> • Your Behavioral Health Services (Mental Health or substance use disorder) (page 14) • Referrals to specialists (page 6) 	<p>Your behavioral health provider. (If you need help to select a behavioral health provider, call us at 1-877-644-4613 (TTY: 711) or go online to: www.CoordinatedCareHealth.com.)</p> <p>24/7 Nurse Advice Line: 1-877-644-4613 (TTY: 711).</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 1-855-WAFINDER (1-855-923-4633) or go online to: wahealthplanfinder.org.</p>
<ul style="list-style-type: none"> • How to report Fraud, Waste, and Abuse 	<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 our webpage for detailed information: www.hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention</p>

Getting started

You will need two cards to access services, your Coordinated Care card and your ProviderOne services card.

1. Your Coordinated Care 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 1-877-644-4613 (TTY: 711) or coordinatedcaremember@centene.com if you need care before your card comes. Your provider can also contact us to check eligibility at any time.

2. Your ProviderOne services card

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



Your ProviderOne services card will be mailed to you seven to 10 days after you're found eligible for Apple Health coverage. This is a plastic ID card that looks like other health insurance ID cards. Keep this card 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 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 can also use ProviderOne to see whether you are enrolled in Apple Health.

If you need a new ProviderOne services card

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

- Visit the ProviderOne client portal website: <https://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 7-10 days to get the new card in the mail.

Changing behavioral health services plans

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

There are several ways to switch your plan:

- Change your plan on the Washington Healthplanfinder website: wahealthplanfinder.org
- Visit the ProviderOne client portal: <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: 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 Coordinated Care 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 behavioral health care providers are in Coordinated Care's provider network or willing to bill us for any co-pays, 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
- Coordinated Care card

Contact Coordinated Care right away if:

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

How to get behavioral health services

Behavioral health services and your primary care provider (PCP)

Behavioral health includes mental and substance use disorder (SUD) treatment services. Most behavioral health members already have a primary care provider (PCP) from another medical network like Medicare, private health insurance, Indian Health Center, or Apple Health without a managed care plan (also called fee-for-service). We will coordinate your behavioral health services with your PCP, if necessary. Call us at 1-877-644-4613 (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 may access them by self-referral, referral from your PCP or by contacting Coordinated Care to assist in connecting you with a behavioral health specialist.

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

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

You have the right to appeal if we deny this request and you disagree with our decision. This means you can ask us to have a different person review the request. See page 22 for more information.

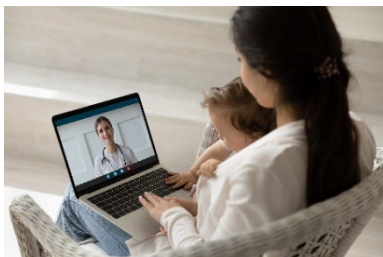
You are not responsible for any costs if your PCP or Coordinated Care refers you to a specialist outside of our network and we give pre-approval.

Services you can get without a referral

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

- Behavioral health crisis response services including:
 - Crisis intervention
 - Evaluation and Treatment services
- Outpatient behavioral health services (see page 14 for limitations)

Telehealth/Telemedicine



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

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

Telehealth (also called telemedicine) is the use of computers and mobile devices to access health care services remotely. Telehealth services are covered for Coordinated Care members from any in-network provider. Talk with your provider to see if they offer these services and how you can access them. If your doctor does not offer this option, Coordinated Care works with Teladoc. Teladoc offers our members 24-hour access to in-network providers for nonemergency issues.

If you have questions about this service, call us at 1-877-644-4613 (TTY: 711) or visit our telehealth page at www.CoordinatedCareHealth.com/telehealth.

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

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

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

You will only need your ProviderOne services card to access these benefits. Your PCP or Coordinated Care will help you access these services and coordinate your care. See page 18 for more details on covered benefits. Call us if you have questions about a benefit or service listed here.

You must go to Coordinated Care behavioral health providers and hospitals

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

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

To get a directory, call our member services line at 1-877-644-4613 (TTY: 711) or visit our website www.CoordinatedCareHealth.com.

Payment for behavioral health services

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

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

Providers should not ask you to pay for covered services. Call us at 1-877-644-4613 (TTY: 711) if you get a bill. We will work with your provider to make sure they are billing you correctly.

Quality Improvement programs

We want to improve the health of all our members. Our Quality Improvement (QI) Program helps us do this. This program reviews the quality and safety of our services. It also reviews the care we offer. We include doctors in our quality review and set goals for quality so that we can track our progress. Coordinated Care has earned national recognition through the National Committee for Quality Assurance (NCQA) for our quality programs. This organization guides the standard of care for health plans across the country. Call our health plan if you would like a copy of our quality improvement plan. For more information on the QI Program, please visit our website at www.CoordinatedCareHealth.com.

Utilization Management programs

Coordinated Care 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 1-877-644-4613 (TTY: 711), 8 a.m. - 5 p.m. Monday - Friday.

Access to utilization management staff

All Utilization Management (UM) decisions are based solely on a member's medical needs and the benefits offered. UM decision-making is based only on appropriateness of care, service, and existence of coverage. Coordinated Care's policies and financial incentives for decision-makers do not encourage nor support decisions that result in underutilization.

We offer a UM program. Through this program, we help you get the right care when you need it. UM includes but is not limited to:

- Preservice review
- Urgent, concurrent review
- Post-service review
- Filing an appeal

Our Utilization Review team looks at service approval requests. The team will decide if:

- The service is needed
- The service is covered by your health plan

You or your doctor can ask for a review if we say we will not pay for services. We'll let you and your doctor know after we get the request. The request can be for services that:

- Are not approved
- Have changed in amount, length, or scope, resulting in a smaller amount than first requested.

If you have questions about an approval request or a denial you received, call Member Services. A member of our Utilization Management team can speak with you if you like. You can

also call us if you have questions about getting special care, or questions about your doctor. Call 1-877-644-4613 (TTY: 711). You can reach us 8 a.m. - 5 p.m. Monday - Friday. If you call and we're closed, you can leave a message. Someone will call you back the next working day. The person who calls you back will let you know their name and title and will let you know they are calling from Coordinated Care.

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 American Indian or Alaska Native, you may be able to get health care services through an Indian Health Service facility, tribal health care 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 health care 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 health care or your health care coverage, your tribal or UIHP staff may be able to help you.

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 our [service area guide](#) to see if alignment is available in your county.

What if I am an American Indian/Alaska Native?

Dual-eligible American Indian/Alaska Natives can:

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

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

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

In an emergency

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

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

Behavioral health crisis

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

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

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

- **For immediate help:** call 911 for a life-threatening emergency or 988 for a mental health emergency.
- **For immediate help with a mental health crisis or thoughts of suicide:** contact the [National Suicide Prevention Lifeline](https://www.nationalsuicidepreventionlifeline.org) 1-800-273-8255 (TRS: 1-800-799-4889) 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 1-866-789-1511 or 1-206-461-3219 (TTY), email recovery@crisisclinic.org, or go to warecoveryhelpline.org. Teens can connect with teens during specific hours: 1-866-833-6546, 866teenlink.org.

County crisis line phone numbers

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

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. Enrollees with Medicare Part D coverage will access their prescription coverage through their Medicare Part D plan. Call us with questions about your prescription drug coverage.

Benefits covered by Coordinated Care

This section describes behavioral health benefits and services covered by Coordinated Care. 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 www.CoordinatedCareHealth.com.

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. Have your provider request an exception to rule (ETR) if you need non-covered services.

Remember to call us at 1-877-644-4613 (TTY: 711) or check our provider directory at www.CoordinatedCareHealth.com 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 1-877-644-4613 (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 • 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

	<ul style="list-style-type: none"> • 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
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 the HCA website for more information: hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt.

In addition to the Apple Health benefits described in this handbook, Coordinated Care covers the following non-Medicaid services with limitations:

- Room and board
- Behavioral Health Personal Care
- Urinalysis testing
- Therapeutic interventions for children
- High intensity treatment, including non-Medicaid PACT services and supports
- Sobering services
- Rehabilitation case management

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 Coordinated Care and some are by your Apple Health coverage without a managed care plan (fee-for-service). Call us with questions.

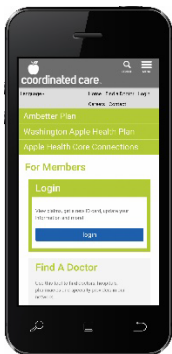
Screenings are covered directly by Apple Health and can help identify potential physical, behavioral health, or developmental health care needs which may require additional diagnostics and treatment.

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

Cell Phone Program



A smartphone is available to qualifying members at no cost through SafeLink®, a federally funded phone program. Coordinated Care members get a phone with 350 minutes per month, unlimited texting and 4.5 GB of data. In addition, calls to our Member Services line or our 24/7 Nurse Advice Line do not count towards your minutes.

Healthy Kids Club (HKC)



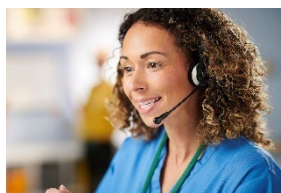
For kids 12 years old and under. A resource to help kids stay active, eat healthy foods and snacks and help others. HKC has online books, activities, and more [here](#).

Health Library



Our website contains an award-winning Health Library of books and materials for adults, teens and children. Visit us online and take advantage of this resource.

24/7 Nurse Advice Line



A health information line is available to you at no cost, 24 hours a day. Seven days a week you can speak to a nurse who will give you advice on any medical or behavioral health question. They can also assist you in finding a behavioral health provider, determine the best place to go for care (your doctor, the ER or somewhere else) and more.

To learn more about Coordinated Care programs, call Member Services at 1-877-644-4613 (TTY: 711) or visit us online at www.CoordinatedCareHealth.com.

Additional Care Coordination services we may offer

We identify possible members for case management through our internal referral processes, from providers, and when a member or their caregiver requests case management. Through this process, a case manager will work with you and your family (or a representative) to review your strengths and needs. The review should result in a service plan that meets your needs and/or your family's needs, including:

- A plan that you, your family or representative, and case manager agree on
- Meets all your needs (medical, functional, social and behavioral health) in the most unified setting

The case manager can help with:

- Assessing your health care needs
- Developing a plan of care
- Giving you and your family the information and training needed to make informed decisions and choices
- Giving providers the information they need about any changes in your health to help them in planning, delivering and monitoring services.

Apple Health services covered without a managed care plan

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

Call us if you have questions about a benefit or service not listed here. View the Apple Health coverage without a managed care plan booklet for a complete list of services:

hca.wa.gov/assets/free-or-low-cost/19-065.pdf.

Service	Additional information
Ambulance services (Air)	All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Ambulance services (Ground)	All ground ambulance transportation services, emergency, and non-emergency, provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Crisis services	<p>Crisis services are available to support you, based on where you live. Call 911 for a life-threatening emergency or 988 for a mental health emergency. See page 12 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 crises, please call the Behavioral Health Administrative Services organization (BH-ASO). Phone numbers can be found on page 12 or at: hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-crisis-lines.</p>
First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)	<p>MSS provides pregnant and postpartum individuals preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby.</p> <p>ICM helps families with children up to age one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p>

	<p>CBE provides pregnant individuals and their support person(s) group classes when taught by an approved HCA CBE provider. Topics include warning signs in pregnancy, nutrition, breastfeeding, birthing plan, what to expect during labor and delivery, and newborn safety.</p> <p>For providers in your area, visit hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care.</p>
Inpatient Psychiatric Care	Call us for help in accessing these services.
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 hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/substance-using-pregnant-people-supp-program.</p>
Transportation for non-emergency medical appointments	<p>Apple Health pays for transportation services to and from needed non-emergency health care appointments. Call the transportation provider (broker) in your area to learn about services and limitations. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at hca.wa.gov/transportation-help.</p>

Excluded services (not covered)

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

Service	Additional information
Alternative medicines	Religious based practices, faith healing, herbal therapy, or homeopathy.
Marriage counseling and sex therapy	
Personal comfort items	

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

Accessing your health information

There are new options for managing your digital health records. On July 1, 2021, a federal rule named the Interoperability and Patient Access Rule (CMS 9115 F) makes it easier for members to get their health records when they need it most. You now have full access to your health records on your mobile device which lets you manage your health better and know what resources are open to you.

Imagine:

- You go to a new doctor because you don't feel well and that doctor can pull up your health history from the past five years.
- You use an up-to-date provider directory to find a provider or specialist.
- That provider or specialist can use your health history to diagnose you and make sure you get the best care.
- You go to your computer to see if a claim is paid, denied or still being processed.
- If you want, you take your health history with you as you switch health plans.*

**As of 2022, members can request that their health records go with them as they switch health plans.*

THE NEW RULE MAKES IT EASY TO FIND INFORMATION** ON:

- claims (paid and denied)
- specific parts of your clinical information
- pharmacy drug coverage
- healthcare providers

***You can get information for dates of service on or after January 1, 2016.*

For more info, visit your [online member account](#). Learn more about managing your digital medical records on the [Interoperability and Patient Access webpage](#).

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 1-877-644-4613 (TTY: 711) or write to us at:

Coordinated Care
Attn: Grievance
1145 Broadway, Suite 700
Tacoma, WA 98402

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.

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 service 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	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, Behavioral 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:

Coordinated Care
Attn: Appeals
1145 Broadway, Suite 700
Tacoma, WA 98402
Fax: 1-866-270-4489

We can help you file your appeal. To request an appeal verbally, call us at 1-877-644-4613 (TTY: 711).

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

If it's urgent. For urgent behavioral health conditions, you or your doctor can ask for an expedited (quick) appeal by calling us. If your behavioral health condition requires it, a decision will be made about your care within three days. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request, your appeal will be reviewed in the same time frames outlined above. 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 Coordinated Care 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 1-800-583-8271,

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 1-888-201-1014.

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.

For help filing an IRO, please call our Member Services team at 1-877-644-4613 (TTY: 711).

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 an enrollee, 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 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 Coordinated Care 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 health care needs.
- Help make decisions about your health care, including refusing treatment.
- Know your health problems and take part in agreed-upon treatment goals as much as possible.
- Give your providers and Coordinated Care 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 Coordinated Care 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, 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. Health care directive (living will). This written statement tells people whether you want treatments to prolong your life.
3. Organ donation request.

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

- Ask to see your health plan's policies on advance directives.
- File a grievance with Coordinated Care 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 that 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.

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

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

There are many ways to report fraud and abuse:

- Call Coordinated Care Member Services 1-877-644-4613 (TTY 711)
- Write to us at:

Coordinated Care
Compliance Department
1145 Broadway, Suite 700
Tacoma, WA 98402

You may also call our Fraud, Waste & Abuse Hotline: 1-866-685-8664. The Fraud, Waste & Abuse Hotline is answered by an independent third party and is available 24 hours a day, 7 days a week. Reporting can be anonymous.

We protect your privacy

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

Protected health information (PHI) refers to health information such as medical records that include your name, member number, or other identifiers used or shared by health plans. Health plans and 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 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 Coordinated Care 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 have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than

photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

Federal law also requires us to tell you how we protect your PHI that is told to us, in writing or saved on a computer. To protect PHI:

- On paper (called physical), we:
 - Lock our offices and files.
 - Destroy paper with health information so others cannot get it.
- Saved on a computer (called technical), we:
 - Use passwords so only the right people can get in.
 - Use special programs to watch our systems.
- Used or shared by people who work for us, doctors, or the state, we:
 - Make rules for keeping information safe (called policies and procedures).
 - Teach people who work for us to follow the rules.

You can ask us to change the medical record we have for you if you think something is wrong or missing.

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 at **1-877-644-4613 (TTY: 711); 1145 Broadway Suite 700, Tacoma, WA 98402, coordinatedcaremember@centene.com, and www.CoordinatedCareHealth.com** for more information.

