



First-timers' Guide to Washington Apple Health (Medicaid)

If you've never been enrolled in Washington Apple Health (Washington's Medicaid program) before, the process might seem overwhelming at first. Here are some basic pointers to help you get started. Even if you're not brand new to the system, this guide may help answer your questions.

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

Your Services Card

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

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



You'll see "ProviderOne" on your Services Card. ProviderOne is the technology system that coordinates the health plans for us and helps us send you information at various times. The number on the card is your ProviderOne client number. You can look online to check that your enrollment has started or switch your health plan through the [ProviderOne Client Portal](#). Health care providers can also use ProviderOne to see whether their patients are enrolled in Apple Health.

Each member of your household who is eligible for Apple Health will receive his or her own Services Card. Each person has a different ProviderOne client number that stays with him or her for life.

If you had previous Apple Health coverage (or had Medicaid before it was known as Apple Health), you won't be mailed a new card because your old card is still valid, even if there is a gap in coverage.

Your ProviderOne client number remains the same.

Privacy

Your Services Card does not contain any personal information except your name, your ProviderOne number, and the issue date, so your privacy is maintained if the card is lost or stolen. Neither Apple Health nor your health plan will ever contact you directly asking for your personal information to obtain or replace a Services Card, so never give your personal information, such as Social Security number, to someone who calls or emails you to ask for it.

If you don't receive the card

If you don't receive your Services Card by the end of two weeks after successfully completing your Apple Health enrollment on www.wahealthplanfinder.org, please call our Customer Service Center at 1-800-562-3022.

If you need to see a doctor or health care provider or fill a prescription before your card comes, don't worry. (See "If you need a doctor or prescription before your cards arrive," on page 3.)

Your health plan

After you are enrolled in Apple Health, we will send you a letter telling you which health plan has been chosen for you and a booklet called *Your Medical Benefits Book*. It will give you information about each of the available health plans.

About a month after completing your enrollment, you will receive a health plan ID card (this is in addition to your Services Card), as well as more information about how to choose a doctor or primary care provider, how to make appointments, how to get prescriptions filled, and what services are provided. Keep this information in case you need to go back and read it again later.

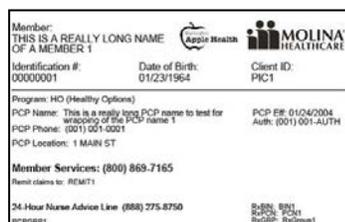
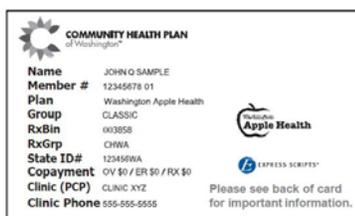
Here are the phone numbers for the five health plans.

| | |
|--|----------------|
| Amerigroup Washington Inc (AMG) | 1-800-600-4441 |
| Community Health Plan of Washington (CHPW) | 1-800-440-1561 |
| Coordinated Care Corporation (CCC) | 1-877-644-4613 |
| Molina Healthcare of Washington (MHC) | 1-800-869-7165 |
| United Health Care Community Plan (UHC) | 1-877-542-8997 |

If you wish to select a different health plan, use the sign-up form in *Your Medical Benefits Book*. This form is personalized for you. Or, [download the form](#) and fill in your information. Indicate the health plan you want, sign it, and mail it back to us. No postage is required. (See "Q: Can I change my health plan?" on page 5 for other ways to change your plan.)

Your health plan card

You will receive a health plan ID card like one of those shown below. Keep this card, too! Take both your Services Card and your health plan card with you when you go to a doctor, pharmacy, or other health care provider. You may also need a photo ID.



If you need a doctor or prescription before your cards arrive

It will take about a month after your completed Apple Health enrollment to get you all set up with your health plan. If you need to go to a doctor or fill a prescription before your cards arrive, you can go to any doctor, health clinic, or pharmacy that accepts Apple Health. To find a provider in your area, go to the [Find a Provider List](#). Call a doctor or health care provider from this list to ask if he or she is accepting new Apple Health (Medicaid) patients. If you tell a provider or pharmacist your name, date of birth, and Social Security number, they can look you up online and find your ProviderOne client number.

Once you know your health plan, you can call the health plan for help, even if you have not received your Services Card or health plan card. (See phone numbers for health plans, page 2.)

Some other questions you might have

Q: How do I get my ProviderOne client number if I don't have my card yet?

If you have not received your Services Card two weeks after you have completed your Apple Health enrollment or if you had a card and it is lost, call our Customer Service Center at 1-800-562-3022, extension 16131. The customer service specialist can give you your ProviderOne client number, which you can use to prove you are enrolled in Apple Health.

Q: What if I lose my Services Card?

If you had a Services Card at one time and have lost it, call 1-800-562-3022 to get a replacement. There is no charge. Your old card will be deactivated. It will take seven to 10 days for the replacement to arrive in the mail.

Q: What if I lose my health plan card?

Call your health plan and request a replacement. The health plan can make an appointment for you without your card.

Q: How do I check my enrollment status?

Call our Customer Service Center at 1-800-562-3022. You will need your Services Card number or Social Security number. From the main menu, select your language and then follow the prompts. The answer to the first prompt is “client service,” and the next one is “check eligibility.” Next, when prompted, say “continue.” On the next prompt, answer either “DSHS Services Card” (this means your Services Card or ProviderOne card) or “Social Security card,” depending on which number you know. You can say the number or use the dial pad to enter it. The prompt will ask for your ZIP Code. Next, the prompt asks whether you want information about yourself or another family member. Finally, say whether you want to check enrollment status for today’s date or a different date. The automated service will report your enrollment status and what health plan you are enrolled in.

Q: Do I have to be in a health plan?

Yes, except for a few exceptions. *Your Medical Benefits Book* will explain this in more detail.

Q: Can I see whatever doctor or provider I want?

You must see one of the providers in your health plan, unless the health plan gives you specific permission to see a specialist, either within or outside of the health plan.

If you want to use a specific doctor or health care provider, ask which health plans he or she is in. If that doctor or provider is not in your health plan, you can switch to a different health plan. (See [Q: Can I change my health plan?](#) on page 5.)

Q. How do I find a doctor or primary care provider?

Your health plan will help you choose a doctor or primary care provider.

Q: How do I know which pharmacy or drug store to use?

Your health plan will give you information about which local pharmacies and drug stores to use.

Q. What is a primary care provider?

The primary care provider is the person you will see for most or all of your health care. It may be a doctor, nurse practitioner, or other health care professional that is in your health plan.

Q. How do I make an appointment?

You will receive a letter from Washington Apple Health telling you which health plan you’re in. It is also listed on the first page of *Your Medical Benefits Book*. Your health care plan will send you information on how to make an appointment. Or, call your health plan and they can get you started. (See health plan phone numbers on page 2.)

Q. Is the insurance called Washington Apple Health, or do I call it Medicaid when I call my doctor?

The name Washington Apple Health is new, so your doctor or the receptionist may call it Medicaid or Healthy Options. But they are the same thing.

Q: Does everyone in my household have to have the same health plan?

Yes, unless someone in your family is American Indian or Alaska Native, or is enrolled in the Patient Review and Coordination program. *Your Medical Benefits Book* has more information on these programs.

Q. What is the difference in the plans?

Your Medical Benefits Book will describe each plan and point out differences.

Q: Can I change my health plan?

Yes. There are several ways to switch your plan:

- Go to the [ProviderOne Client Portal](#).
- Fill out the personalized sign-up form in *Your Medical Benefits Book*, or [download the form](#). Fold it and mail it according to the instructions. No postage is necessary.
- Fill out the sign-up form and fax it to: 1-866-668-1214.
- Call our customer service line at 1-800-562-3022.

Q: What if I need care after hours?

Your health plan has a toll-free number you can call to speak to a nurse 24 hours a day. The nurse will give you advice about care and other options. The phone number is in *Your Medical Benefits Book* and in the information your health plan sends you.

Q: What if I have an emergency?

If you have a sudden or severe health problem that you think is an emergency, call 911 or go to the nearest location where emergency providers will help you. As soon as possible afterward, call your health plan and let them know that you had an emergency and where you received care.

If you need urgent care but your life is not in danger, call your primary care provider, your health plan, or the 24-hour nurse's line.

Q: Do I have to pay to see a doctor or get prescriptions?

No, as long as you follow the rules set by your health plan.

Please note: You might have to pay if:

- You get a service that is not covered, such as chiropractic care or cosmetic surgery. *Your Medical Benefits Book* will list all the services that are covered, as well as those that are not covered.
- You get a service that is not medically necessary.
- You don't know the name of your health plan and a service provider does not know who to bill. This is why it's important to keep your Services Card and health plan card with you.
- You get care from a service provider who does not work with your health plan (unless it's an emergency or has been pre-approved by your health plan).
- You don't follow your health plan's rules for getting care from a specialist.

Q: What is fee-for-service?

That's what we call it when Washington Apple Health pays doctors and providers for each service they do, such as a doctor visit or procedure. For the first month after you enroll in Apple Health, before your health plan is ready for you, you can receive needed health care on a fee-for-service basis. After that, most people are on a managed care health plan. (See next question, [Q: What is managed care?](#))

Certain benefits are available to you that are not covered through your health plan. These benefits, which we call fee-for-service benefits, are provided by other community-based services and programs. Fee-for-service benefits include dental care, hearing aids, vision exams, alcohol and substance abuse services, long-term care, and in-patient psychiatric care. For a list of all fee-for-service benefits, see *Your Medical Benefits Book*. Your primary care provider or health plan will help you find these benefits and coordinate your care.

Q: What is managed care?

Most Apple Health clients have managed care, which means Washington Apple Health pays a health plan a set monthly amount for your care. The health plan is then in charge of paying the doctor or provider for your care. Your health plan is responsible for keeping you healthy. (See previous question, Q: What is fee-for-service?)

Q: How do I get dental care and hearing aids?

You must get these from a provider who accepts Apple Health fee-for-service. *Your Medical Benefits Book* will explain this in more detail.

Q: How do I get eye exams and eye glasses?

Request eye exams, including tests for refraction and visual fields, from your health plan.

For children up to 20 years old, eyeglass frames, lenses, contact lenses and fitting services are covered by Apple Health.

For adults, eyeglass frames, lenses, contact lenses and fitting services are **not** covered by Apple Health, but you can order them through your provider at a discounted price.

Q: How do I get alcohol and substance abuse services and other benefits that are on the fee-for-service list?

The answer is different for each service. *Your Medical Benefits Book* will explain this in more detail.

Q: When do I have to renew my coverage?

Each year you will receive a renewal notice about two months before the end of your certification period. This reminder will tell you how to complete the renewal process so we can determine if you remain eligible for continued health care coverage.

Please respond promptly when you receive this notification to confirm you'd like to continue your coverage. You will avoid possible problems getting prescriptions or services by preventing a break in your coverage.

Important Web Pages and URLs

| Web Page | URL |
|-----------------------------|--|
| Find a Provider List | https://fortress.wa.gov/hca/p1findaprovider/ |
| ProviderOne Client Portal | https://www.waproviderone.org/client |
| Washington Healthplanfinder | www.wahealthplanfinder.org |
| Your Medical Benefits Book | www.hca.wa.gov/medicaid/publications/documents/22-542.pdf |
| Enrollment Form | www.hca.wa.gov/medicaid/forms/documents/13_862.pdf |