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

Part 1 of this guide gets you started. It answers some basic questions.
Part 2 gives advice about your first visit to a medical provider. (see HCA 19-041)

Part 1: After you enroll in Apple Health

We will mail you a letter that includes the name of your welcome booklet. Your booklet shares important information about your coverage. You can view it online at www.hca.wa.gov/ah-client-booklets. Your health plan will send you information, too.

This is your Services Card

About two weeks after you enroll in Washington Apple Health, you will receive a Services Card (also called a ProviderOne card) like the one pictured here. Keep this card. Your Services Card shows your client number, which you need to receive health services. You do not need to activate your new Services Card. It is activated before it’s mailed to you.

Each member of your household who is eligible for Apple Health receives their own Services Card. Each person has a different client number that stays with them for life.

If you have had Apple Health coverage in the past (or had Medicaid before it was known as Apple Health), we won’t mail you a new card. Your old card is still valid, even if you weren’t covered continuously. Your client number remains the same.

You’ll see “ProviderOne” on your Services Card

ProviderOne is the computer system that coordinates with the health plans. It also sends you letters and handbooks. The number on the card is your ProviderOne client number.
Protecting your privacy
Your Services Card does not contain any personal information except your name, your ProviderOne client number, and the issue date. Your privacy is maintained if the card is lost or stolen.

Neither Apple Health nor your health plan will contact you directly to ask for your personal information to get or replace a Services Card. Never give your personal information, such as your Social Security number, to someone who calls or emails you to ask for it. If someone asks you for your Social Security number, please ask for their name and contact information, and report that to our Customer Service Center at 1-800-562-3022.

If you don't receive the card
If you don't receive your Services Card by the end of two weeks after completing your Apple Health application, please visit the ProviderOne client portal at https://www.waproviderone.org/client to get a free replacement card.

Enrolling in your health plan
If you applied for Apple Health online through www.wahealthplanfinder.org, you probably enrolled in one of the health plans available in your area. If you did not enroll in a health plan at that time, we'll choose one for you.

If another plan is available in your area, you can switch at any time by visiting www.wahealthplanfinder.org. The change in your health plan is effective on the first day of the following month. (See “Can I change my health plan?” on page 4 for other ways to change your plan.)

Renewing your coverage
Your enrollment in Apple Health usually lasts for one year. We will send you a letter to remind you to renew your Apple Health coverage, so it’s important that you keep your mailing address updated. The letter may say that you will be automatically renewed, and you won’t have to do anything unless information in the letter is not correct. If you do need to renew your Apple Health, you can renew at www.wahealthplanfinder.org, (coverage for children, pregnant women, parents/caretakers, and single adults) or at www.washingtonconnection.org (coverage for individuals age 65 or older, blind or disabled), by mail, or over the phone. The letter will tell you all your options in detail.

Here are the five health plans and their contact information. Not all plans are available in all areas of the state.

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<thead>
<tr>
<th>Managed care health plan</th>
<th>Main phone</th>
<th>Nurse Helpline</th>
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<tr>
<td>Amerigroup Washington, Inc. (AMG)</td>
<td>1-800-600-4441</td>
<td>1-866-864-2544</td>
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<tr>
<td>Community Health Plan of Washington (CHPW)</td>
<td>1-800-440-1561</td>
<td>1-866-418-2920</td>
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<td><a href="www.chpw.org">www.chpw.org</a></td>
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<td>Coordinated Care Corporation (CCC)</td>
<td>1-877-644-4613</td>
<td>1-877-644-4613</td>
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<tr>
<td><a href="www.coordinatedcarehealth.com">www.coordinatedcarehealth.com</a></td>
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<td>Molina Healthcare of Washington (MHC)</td>
<td>1-800-869-7165</td>
<td>1-888-275-8750</td>
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<td><a href="www.molinahealthcare.com/members/wa/en-us/Pages/home.aspx">www.molinahealthcare.com/members/wa/en-us/Pages/home.aspx</a></td>
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<tr>
<td>UnitedHealthcare Community Plan (UHC)</td>
<td>1-877-542-8997</td>
<td>1-877-543-3409</td>
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<td><a href="www.uhccommunityplan.com">www.uhccommunityplan.com</a></td>
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Your health plan card
Your health plan will send you an ID card like one of those shown above. Keep this card. 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.

Questions you might have

How do I get my client number if I don’t have my card yet?
If you need to see a doctor or fill a prescription before your cards arrive, you have two ways to receive services:
• Visit the ProviderOne client portal at https://www.wa.providerone.org/client to get your client number. Give that to the provider or pharmacist.
• Tell a provider or pharmacist your name, date of birth, and Social Security number. They can look you up online and find your client number.

What if I lose my Services Card?
There are several ways to request a replacement:
• Use the ProviderOne client portal at https://www.wa.providerone.org/client.
• Call our Customer Service Center at 1-800-562-3022.
• Request a change online at https://fortress.wa.gov/hca/p1contactus/. Choose “Client” and select the topic “Services Card.”
There is no charge for a new card. It takes seven to 10 days to get the new card in the mail. Your old card will stop working when you ask for a new one.

What if I lose my health plan card?
Call your health plan and request a new card. (See contact information for health plans, page 2.)

How do I check to see if I’m signed up for Apple Health coverage or enrolled in a health plan?
You can check to see if your coverage has started by visiting the ProviderOne client portal at https://www.wa.providerone.org/client or call our Customer Service Center toll-free line at 1-800-562-3022. You will need to know your Services Card number or Social Security number.
1. Select your language:
   • (1) for English
   • (2) for Spanish; or
   • (3) for Other and you’ll be routed directly to an agent for interpreter assistance.
• If no selection, English is assumed.
2. At the main menu, press (1) for client self-service options.
3. Press (3) for “check eligibility.”
4. Press (1) to enter your ProviderOne Services Card number and zip code; or
   Press (2) to enter your Social Security number and zip code.
5. Press (1) to check benefits for today, or (2) to check benefits for another date. The system will play high level benefit information. To hear more detailed benefits, at the end of the message press (1).
Do I have to be enrolled in a health plan? Yes, with few exceptions. For more details see your Welcome to Washington Apple Health booklet available online at www.hca.wa.gov/ah-client-booklets. If you’re not sure which booklet to read, call the Apple Health Customer Service Center at 1-800-562-3022 for assistance.

Can I see any provider I want? No, you must see providers in your health plan’s network, unless the health plan gives you written permission to see a specialist, either within or outside the health plan network.

If you want to use a specific doctor or health care provider, ask the doctor or provider which health plan he or she is in. If that doctor or provider is in a health plan that’s available in your area, you can change health plans. Some services are not covered by your health plan, but are covered under Apple Health fee-for-service, and you will need to see a provider who accepts Apple Health fee-for-service. (See “What is fee-for-service?” on page 5.)

What is a primary care provider? Your primary care provider is the doctor, nurse practitioner, other health care professional, or clinic you see for most or all of your health care. Your primary care provider must be in your health plan network.

How do I find a primary care provider? Your primary care provider must be in your health plan network. Choose a primary care provider from your current health plan’s network, or the plan will help you choose one. Visit your health plan’s website to choose a primary care provider. There’s more about choosing a provider in Part 2 of this guide.

How do I make an appointment? 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. Also see Part 2 (HCA 19-041) of this guide for information about making your first appointment.

Does everyone in my household need to have the same health plan? Yes. In general, everyone in your household has the same health plan, unless they are American Indian or Alaska Native. The Welcome to Washington Apple Health booklet available online at www.hca.wa.gov/ah-client-booklets has more information.

What is the difference in the plans? All plans cover the same basic services, but they have some differences in the way they provide services. All plans cover the same basic services, but they have some differences in the way they provide services.

Your Welcome to Washington Apple Health booklet lists the basic services.

Each health plan has its own network of providers. Please verify with the health plan if the providers you prefer are in the plan’s network.

Can I change my health plan? Yes, at any time. The change will be effective on the first day of the next month. There are several ways to switch your plan:

- Change it on the Washington Healthplanfinder website. www.wahealthplanfinder.org (those receiving coverage for children, pregnant women, parents, caretakers and single adults)
- Visit the ProviderOne Client Portal website. https://www.waproviderone.org/client
- Request a change online at https://fortress.wa.gov/hca/p1contactus/. Choose “Client” and select the topic “Enroll/Change Health Plans.”
- Call our Customer Service Center at 1-800-562-3022.

Which pharmacy or drug store do I use? Your health plan will give you information about which pharmacies and drug stores to use.

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, seven days a week. The phone number is in the information your health plan sends you and is listed on page 2.

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 can 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. See page 2 for phone numbers.
Do I have to pay to see a provider or get prescriptions filled?
No—as long as you follow the rules set by your health plan.

You might have to pay if:
- You get a service that is not covered, such as chiropractic care or cosmetic surgery.
- You get a service that is not medically necessary.
- You don’t know the name of your health plan, and a service provider you see does not know who to bill. This is why you must take your Services Card and health plan card with you every time you need services. (See information about these cards on pages 1-3).
- You get care from a service provider who is not in your health plan’s network, 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.

What is fee-for-service?
That’s what we call it when Apple Health pays doctors and providers directly for each service they do. This coverage is often referred to as “coverage without a managed care plan”. Most Apple Health clients don’t get fee-for-service for their regular health care. Most get “managed care” through their health plans for most of their services. (See the next question, “What is managed care?”)

Certain benefits available to you are called “fee-for-service benefits.” These are covered by the state, not through your health plan, and are provided by other community-based services and programs. See the ProviderOne Find a Provider search tool at https://fortress.wa.gov/hca/p1findaprovider to find a fee-for-service provider.

For a list of some fee-for-service benefits, see your Welcome to Washington Apple Health booklet available online at www.hca.wa.gov/ah-client-booklets.

How do I get dental care?
You get dental care from a provider who accepts Apple Health fee-for-service. See the ProviderOne Find a Provider search tool at https://fortress.wa.gov/hca/p1findaprovider to find a fee-for-service provider.

What dental services and treatments are covered?
See an overview of dental services covered by Apple Health at www.hca.wa.gov/dental-services.

How do I get eye exams and eye glasses?
Eye exams, including tests for refraction and visual fields, are provided through your health plan.
- For children up to 20 years old — eyeglass frames, lenses, contact lenses, and fitting services are covered by Apple Health fee-for-service.
- For adults — eyeglass frames, lenses, and contact lenses are not covered by Apple Health, but if you wish to buy them, you can order them through participating providers at a discounted price. You’ll find a list of participating providers at www.hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf.

What’s the difference between Washington Apple Health and Medicaid?
Washington Apple Health is the name for Medicaid in Washington State. Your provider or the receptionist may call it Medicaid. They mean the same thing.

What else do I need to know?
More information is included in your Welcome to Washington Apple Health booklet available online at www.hca.wa.gov/ah-client-booklets and in the materials you receive from your health plan.

What is managed care?
Most Apple Health clients have “managed care,” which means Apple Health pays a health plan a monthly fee for your care. The health plan then pays the provider that cared for you. Most Apple Health clients receive managed care for most services, but some services are paid through “fee-for-service.” (See previous question, “What is fee-for-service?”)
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