Welcome

to Washington Apple Health

in Clark and Skamania Counties

Washington Apple Health

Washington State Health Care Authority

If this is not in a language you can read, please call 1-800-562-3022 for help. (TTY/TDD only 1-800-848-5429).
ENGLISH

ይህ፣ እርስዎ በሚገባዎ ቋንቋ ካልተጻፈ፣ እርዳታ ለማግኘት ወደ 1-800-562-3022 ይደውሉ (ለ TTY/TDD ብቻ 1-800-848-5429).
AMHARIC

إن لم يكن هذا مكتوبًا بلغة يمكنك قراءتها، فالرجاء الاتصال بالرقم 1-800-562-3022 للحصول على المساعدة (بالنسبة لأجهزة الاتصال الخاصة بضعاف السمع/الهواتف النصية (TTY/TDD) فقط اتصل بالرقم 1-800-848-5429)
ARABIC

သင်ဖတ်နိုင်သည့်ဘာသာစကားဖြင့်မရှိလျှင် အကူအညီအတွက် ၁-၈၀၀-၅۶၂-၃၀၂၂ သို့ ကျေးဇူးပြုပြီး ခေါ်ဆိုပါ။ (TTY/TDD အတွက်သာလျှင် ၁-၈၀၀-၈၄۶-၅۶၂۶)
BURMESE

ប្រសិនវាមិនមែនជាភាសាដែលអ្នកអាចអានបាន សូមទូរស័ព្ទ 1-800-562-3022 សំរាប់ជំនួយ ។ (TTY/TDDសំរាប់តែមនុស្សត និងមនុស្សមានត្រចៀកធ្ងន់ប៉ុណ្ណោះ 1-800-848-5429) ។
CAMBODIAN

如果这不是你熟悉的语言，请拨打求助电话：1-800-562-3022（TTY/TDD专线：1-800-848-5429）。
CHINESE

해당 언어를 읽을 수 없다면 1-800-562-3022 (TTY/TDD의 경우, 1-800-848-5429) 에 전화를 걸어 도움을 요청하십시오.
KOREAN

ຖ້າອັນນี้ບໍ່ແມ່ນພາສາທີ່ທ່ານອ່ານໄດ້, ກະຣຸນາໂທຫາ 1-800-562-3022 ເພື່ອຂໍຄວາມຊ່ວຍເຫລືອ. (ສຳລັບ TTY/TDD ເທົ່ານັ້ນ 1-800-848-5429).
LAOTIAN

ਜੇ ਤੁਸੀਂ ਇਸ ਭਾਸ਼ਾ ਨੂੰ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ, ਤਾਂ ਮਦਦ ਲਈ ਕਿਰਪਾ ਕਰਕੇ 1-800-562-3022 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (ਕੇਵਲ TTY/TDD ਲਈ 1-800-848-5429)।
PUNJABI

Если данный документ напечатан на языке, на котором вы не можете читать, пожалуйста, обратитесь за помощью, позвонив по телефону 1-800-562-3022. (Линия для пользователей TTY/TTD: 1-800-848-5429).
RUSSIAN

Haddii aysan tani ahayn luuqadda aad akhrin kartid, fadlan wac 1-800-562-3022 si laguu caawiyo. (TTY/TDD keliya 1-800-848-5429).
SOMALI

Si esto no está en un idioma que puede leer, por favor llame al 1-800-562-3022 para recibir ayuda (Solo usuarios TTY/TDD 1-800-848-5429).
SPANISH

Kung hindi ito nasa isang wika na inyong mababasa, mangyaring tumawag sa 1-800-562-3022 para matulungan. (TTY/TDD lamang 1-800-848-5429).
TAGALOG

እዚ። ከተንበብዎ ብእትኽእሉ ቋንቋ ተጻሒፉ እንተዘየሎ። ሓገዝ ንምርካብ ብኽብረትኩም ናብ 1-800-562-3022 ደውሉ፥ (ብ1-800-848-5429 ድማ ንቲ.ቲ.ዋይ/ቲ.ዲ.ዲ ጥራይ)፣
TIGRIGNA

Якщо ви не можете прочитати цю інформацію, будь ласка, зверніться по допомогу за телефоном 1-800-562-3022 (тільки для користувачів пристроїв TTY/TTD: 1-800-848-5429)
UKRAINIAN

Nếu đây không phải là ngôn ngữ của quý vị, xin hãy gọi số 1-800-562-3022 để được giúp đỡ. (Số 1-800-848-5429 dành cho người dùng TTY/TDD).
VIETNAMESE

Using the automated system to hear available health plans

How

You can speak or press the number in brackets.
You can key ahead anytime.

1-800-562-3022

Stay on the line or
English [1]
Spanish [2]

Client services [6]

Health plan enrollment [2]

Services card [1]
Social Security card [2]

Say or enter number

Say or enter ZIP code

Yourself [1]
Other family member [2]

Other private insurance?
Yes [1]
No [2]
Information will play:
Plan name, start/end dates, and toll free number

Get details [2]
Hear available plans [1]
Repeat [9]
Services menu [8]

Health plan enrollment

1-800-562-3022

Press 6 for clients, then press 2.

What will I hear?

The automated system plays the current health plan information for the person calling or for another family member.

When choosing to hear available health plans, the system plays the health plan names and toll free numbers. If family members have different choices, the call is transfered to an agent.

If choosing "get details," information about the current managed care program will play. If confirming an assigned plan or enrolling in a different plan, more details are given:

- Doctor or clinic name
- Pregnancy due date
- Surgery date
- Special needs or chronic condition
- General health rating

Disclaimer about this booklet:

This booklet will introduce you to your benefits and explain your rights and responsibilities, and how to access services through your health plan. Please be advised this booklet does not create any legal rights or entitlements. You should not rely on this booklet as your only source of information about Apple Health. You can get detailed information about Apple Health by going to the *Laws and Rules* page on the Health Care Authority website ***www.hca.wa.gov/pages/rules_index.aspx***.

Washington State Health Care Authority

Client ID Number:
Name:
Address:

Enrollment Form

***Easy* as 1-2-3!**

1. Please mark one box to show how you want to get health care for the people in your family.

- ☐ Amerigroup Washington Inc. (AMG)
- ☐ Community Health Plan of Washington (CHPW)
- ☐ Coordinated Care of Washington (CCW)
- ☐ Molina Healthcare of Washington Inc. (MHW)
- ☐ United Health Care Community Plan (UHC)
- ☐ FEE FOR SERVICE
- ☐ PCCM CLINIC _____

2. Write the name of the doctor or clinic you would like for each person. All doctors and clinics you list must be in the plan you choose above. Call the doctors to see if they are with the health plan.

Client ID	Client Name (Last, First, MI)	How would you rate this person's Health? Excellent	Very Good	Good	Fair	Poor	Special Health Condition or Developmental Delay? Yes	No
Doctor or Clinic:		☐	☐	☐	☐	☐	☐	☐
Doctor or Clinic:		☐	☐	☐	☐	☐	☐	☐
Doctor or Clinic:		☐	☐	☐	☐	☐	☐	☐
Doctor or Clinic:		☐	☐	☐	☐	☐	☐	☐
Doctor or Clinic:		☐	☐	☐	☐	☐	☐	☐
Doctor or Clinic:								

3. Is anyone above pregnant or having surgery?

☐ Pregnant Family Member's Client ID: _____ Due Date: _____
Doctor or clinic: _____

☐ Scheduled for surgery Family Member's Client ID: _____ Date: _____

Signature_____**Date** _____

Choose ONE way to let us know your choice.

- Sign up on line: **https://www.WAProviderOne.org/client**
- Call our automated system anytime: 1-800-562-3022
- Fill out and mail to: Washington State Health Care Authority, PO Box 42719, Olympia, WA 98504
- Fill out and then fax to: **1-866-668-1214**

If you have questions call 1-800-562-3022, Monday – Friday 7:30 a.m. to 5:00 p.m.
TTY/TDD users call 711 or 1-800-848-5429

Provider One Number

HCA 13-862 (1/16)

http://www.hca.wa.gov/medicaid/forms/documents/13_862.pdf

Welcome to Washington Apple Health

You are receiving this booklet because you recently enrolled in Washington Apple Health (Medicaid). The Washington State Health Care Authority (HCA) administers Apple Health and contracts with managed care plans to provide your coverage. Later you will receive "Your Benefits Handbook" from your health plan. It will provide more detail about your covered benefits.

This booklet will help explain the benefits of enrolling in Washington Apple Health. In Clark and Skamania counties you will receive your health care services through one of the managed care health plans available to you. The managed care plan will coordinate all your care, including physical, mental health, drug and alcohol services. This whole-person care is sometimes referred to as fully integrated managed care.

Apple Health services from your plan

Your Apple Health managed care health plan covers the following services:

- Appointments with a doctor or health care professional for necessary care including preventive and wellness services, and chronic disease management
- Medical care in an emergency
- Maternity and newborn care
- Pediatric services, including oral and vision care
- Laboratory services
- Prescription drugs
- Hospitalization
- Ambulatory patient services
- Rehabilitative and habilitative* services and devices
- Mental health services
- Drug and alcohol treatment

*Contact your health plan to see if you are eligible

Note: This list is for general information only and does not guarantee Apple Health will cover the service.

Contact your health plan's member services number when you:

- Have a problem with your health plan.
- Want to change your primary care provider (PCP).
- Lose your health plan ID card and want another one.
- Have a special health care need (or your child does).
- Need access to mental health services.
- Need access to drug and alcohol treatment.
- Need to find a primary care provider.

Your health plan

This booklet includes a letter, or you will receive one separately, telling you the name of your health plan. You have the right to request to change your health plan at any time. If you wish to select a different health plan, you may go online or use the sign-up form enclosed with your letter. For more information on how to change plans see "Changing health plans" on page 13.

HCA has contracts with the following health plans in your county. If you have questions, check with the plans:

Community Health Plan of Washington (CHPW)
1-800-440-1561

Molina Healthcare of Washington (MHW)
1-800-869-7165

If one or more of the following situations applies to you, call us right away at 1-800-562-3022 (TTY/TDD users call 711 or 1-800-848-5429).

- **You have health insurance** other than Apple Health (Medicaid) or become eligible for Medicare.
- **You are American Indian or Alaska Native**. You can choose a health plan, a Primary Care Case Management (PCCM) clinic, or Apple Health Fee-for-service coverage.
- **You are enrolled or choose to enroll** in Washington's Program of All-Inclusive Care for the Elderly (PACE).
- **On a case-by-case basis**, if you have a verifiable medical condition, and changing providers or health plans would interrupt your treatment and place your health at risk.

Your services card

You will receive two cards in the mail, one from Washington Apple Health (the Services Card) and one from the health plan that will manage your care.

About two weeks after you enroll in Washington Apple Health through Washington Healthplanfinder **www.wahealthplanfinder.org** or Washington Connection **www.washingtonconnection.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. HCA will activate your card before we mail it to you.

ProviderOne

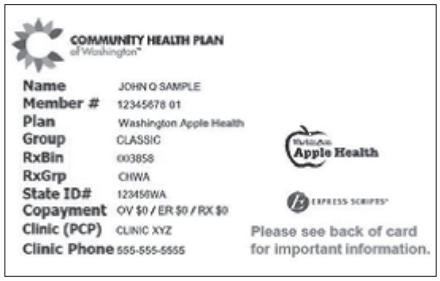
You'll see "ProviderOne" on your Services Card. ProviderOne is the information system that coordinates the health plans for us and helps us send you information at various times. The number on the card is your ProviderOne client number, (nine-digits ending in WA). You can look online to check that your enrollment has started in your health plan through the ProviderOne Client Portal at **https://www.waproviderone.org/client**. 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. Your old card is still valid, even if there is a gap in coverage. Your ProviderOne client number remains the same.

Your health plan card

A few weeks after you enroll in Apple Health, you will receive a health plan ID card, as well as more information about how to choose a doctor or primary care provider (PCP). Your health plan ID card will look like one of those shown below. Keep this card, too! Take both your Services Card and your health plan ID card with you when you go to a doctor, pharmacy, or other health care providers. You may also need a photo ID.



If you need health care services before your cards arrive

You will receive a letter that shows your health plan. If you need to go to a health care provider or fill a prescription before your cards arrive, take this letter with you to the health care provider or pharmacy. You can go to any doctor, health clinic, behavioral health provider, or pharmacy, as long as the provider is in your plan's network (contracted with your health plan). Contact your health plan for a list of providers.

You can also call your health plan for help, even if you have not received your Services Card or health plan ID card.

Choosing a primary care provider

To choose a primary care provider (PCP), follow the directions sent to you by your health plan, or call your health plan's member services phone number. You can also choose a PCP through your health plan's website on page 18.

If the provider you want is not in your health plan's network, ask the provider which health plan he or she works with. You have the right to change health plans.

You can ask for a male or female PCP. You can also ask for a provider who speaks your language, specializes in your disability, or understands your culture.

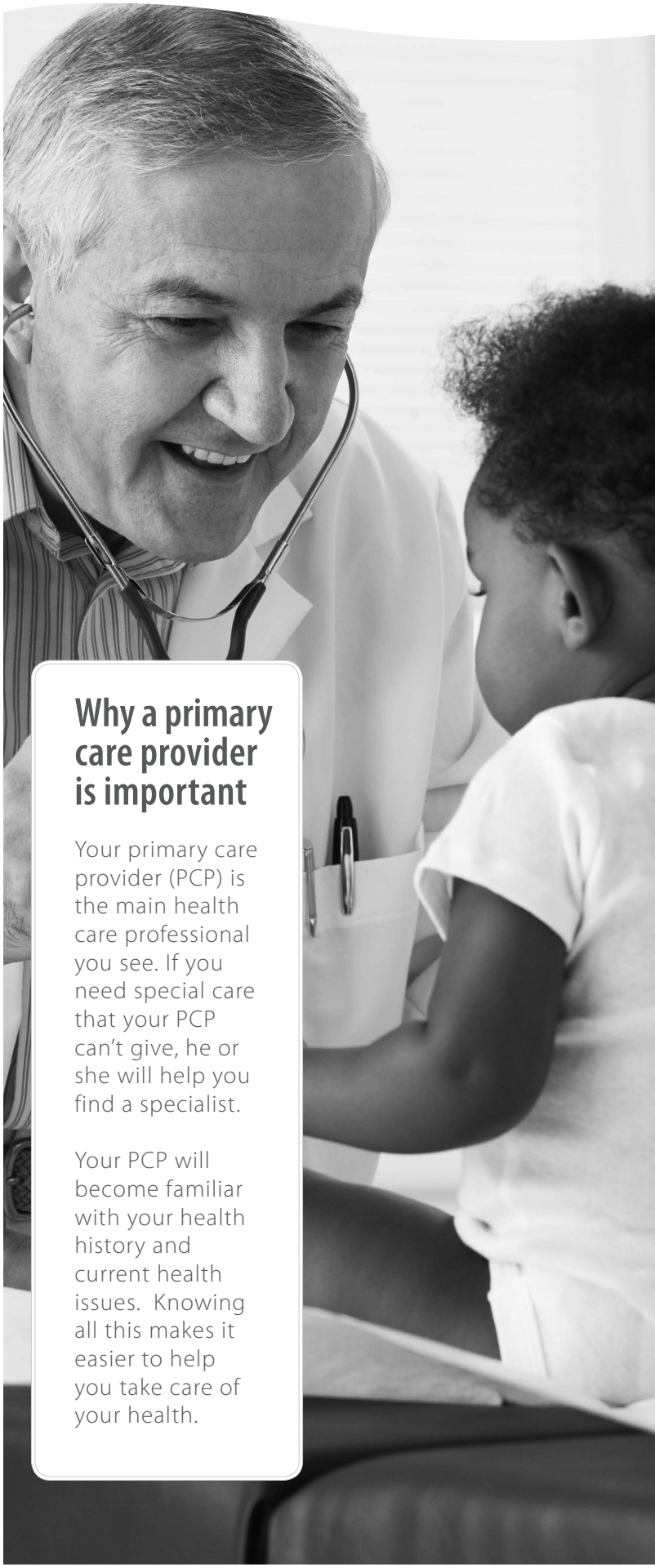
Your PCP should be someone you feel comfortable with. If you aren't happy with your PCP for any reason, call your plan's member services phone line at any time to change to another provider.

If you don't choose a PCP, your health plan will choose one for you.

If you already have a primary care provider

If you are already seeing a PCP you like, or have heard about a provider you want to try, you can ask for that provider. However, your PCP has to be part of your health plan's network (contracted with your health plan).

If the provider you want is not in your health plan's network, ask the provider which health plan he or she works with.



Why a primary care provider is important

Your primary care provider (PCP) is the main health care professional you see. If you need special care that your PCP can't give, he or she will help you find a specialist.

Your PCP will become familiar with your health history and current health issues. Knowing all this makes it easier to help you take care of your health.

If you need care

Routine care	Make an appointment with your PCP. You should be able to make an office visit with your PCP or another provider within 10 days.
Preventive care	Make an appointment with your PCP or other provider. You should be able to get an appointment within 30 days.
Specialty care	Call your health plan or PCP.
Mental Health	Call your health plan or PCP.
Drug or Alcohol Treatment	Call your health plan or PCP.
For after-hours care	Call your health plan's nurse advice line 24 hours a day, seven days per week.
For urgent care	Go to an urgent care center that contracts with your health plan, or call your PCP or the nurse advice line. You should be able to visit with your PCP or other provider within 24 hours.
For emergency care	Call 911 or go to the nearest place where emergency providers can help. As soon as possible, you or someone you know must call your PCP or your health plan to report your emergency. This is available 24 hours a day, 7 days per week.
For care away from home	If it is not an emergency, call your PCP or the nurse advice line, listed on your plan ID card.

Behavioral health services

Behavioral Health (mental health and drug and alcohol treatment) services are now included in your managed care plan benefit package. Your benefits have not changed. The only change is who covers the service for you. Contact your health plan or primary care provider if you need help coordinating your care.

Crisis services:

Crisis services are available through a Behavioral Health – Administrative Services Organization (BH-ASO) in your area.

Beacon Health Options (Beacon)
1-800-626-8137

- 24/7 crisis hotline
- Stabilization services
- Involuntary Treatment Act (ITA)

Drug and alcohol treatment from managed care organizations (MCOs) may include:

Assessment – An "interview" by a health provider to decide the services you need.

Brief Intervention and Referral to Treatment – Time limited, to reduce problem use.

Withdrawal Management (Detoxification) – Help with decreasing your use of alcohol or other drugs over time, until it is safe to stop using.

Outpatient Treatment – individual and group counseling sessions in your community.

Intensive Outpatient Treatment – More frequent individual and group counseling sessions.

Inpatient Residential Treatment – A comprehensive program of individual counseling, group counseling, and education provided in a 24-hour-a-day supervised facility.

Opiate Substitution Treatment Services – Provides outpatient assessment and treatment for opiate dependency. Includes approved medication and counseling.

Case Management – Help with finding medical, social, education, and other services.

Mental health services from MCOs may include:

Intake Evaluation – Identifies your needs and goals and helps your mental health care provider recommend other services and plan treatment.

Individual Treatment Services – Counseling and/or other activities designed to meet your goals in your service plan.

Medication Management – Licensed staff prescribing medicine and talking to you about side effects.

Medication Monitoring – Services to check on how your medication is working and to help you to take it correctly.

Group Treatment Services – Counseling with others who have similar challenges.

Peer Support – Help with navigating the mental health system and reaching your recovery goals, provided by a trained person who is in recovery from mental illness.

Brief Intervention and Treatment – Short-term counseling that is focused on a specific problem.

Family Treatment – Family-centered counseling to help build stronger relationships and solve problems.

High Intensity Treatment – Services provided by a team of mental health providers to help you meet your goals in your service plan.

Therapeutic Psychoeducation – Education about mental illness, mental health treatment choices, medications and recovery, including supports and/or supportive services.

Day Support – Intensive program to learn or assist with independent living skills.

Evaluation and Treatment/Community Hospitalization – Medically necessary inpatient crisis care. You **do not** need an outpatient intake evaluation before this service.

Stabilization Services – Provided in your home or home-like setting to help prevent a hospital stay. You **do not** need an intake evaluation before this service.

Rehabilitation Case Management – Coordination between your inpatient and outpatient mental health services. This might be part of your intake evaluation.

Mental Health Services Provided in Residential Settings – Services provided where you live if you live in a group setting.

Special Population Evaluation – Treatment planning assistance from a specialist who works with children, older adults and people from multi-cultural backgrounds.

Psychological Assessment – Testing that helps with diagnosis, evaluation, and treatment planning.

Services that Apple Health Fee-for-Service (FFS) covers

The Apple Health Fee-for-Service program covers benefits and services *even if you are enrolled in an Apple Health managed care health plan.* Some of these benefits include:

- Long-term care services.
- Services for people with developmental disabilities.
- Dental services.
- Eyeglasses and fitting services for children (under age 21).
- Maternity support services, prenatal genetic counseling, and pregnancy termination.

If you have a question about a benefit or service not listed here call Apple Health Customer Service at 1-800-562-3022.

Other services

You might need an interpreter

If you don't speak English well, professional interpreters are available in many languages, including sign language, at no cost to you. When you make a health care appointment, let the receptionist know if you need an interpreter. The interpreter can go to the provider's office or be on the phone during your appointment.

It's better to use one of these professional interpreters than to bring a family member or friend to interpret for you. The interpreters are trained to understand health care terms. They will help you and your provider understand each other.

If you have a disability

If you have a speech or hearing disability or a mobility issue, you should tell the receptionist when you make your appointment. The receptionist will help you make any necessary arrangements.

You can get help with transportation

If you have no way to get to your health care appointment, you may be eligible for help with transportation. The appointment must be for services allowed by your health plan. The transportation provided will be the most appropriate and least costly, but is at no cost to you. The most common types of transportation available include: public bus, gas vouchers, client and volunteer mileage reimbursement, volunteer drivers, taxi, wheelchair van or accessible vehicle, and commercial bus and air. A list of brokers can be found at: **www.hca.wa.gov/medicaid/transportation/pages/newrequest.aspx** and click on "Regional Broker."

What if I move to a different county?

If you move and no longer live in Clark or Skamania county, you may have to select a new managed care health plan for your medical services. You will still receive the same behavioral health benefits but they will be delivered through a Behavioral Health Organization (BHO).

Changing health plans

You have the right to request to change your health plan at any time. Depending on when you make your request, your new plan will usually start the first of the next month. There are several ways to switch your plan:

- Go online to **www.wahealthplanfinder.org**.
- Go to the ProviderOne Client Portal at **https://www.waproviderone.org/client**.
- Download the enrollment form at **www.hca.wa.gov/medicaid/forms/Documents/13_862.pdf**. Fill it out and fax it to the fax number on the form.
- Call Apple Health Customer Service at 1-800-562-3022 (TTY/TDD 711 or 1-800-848-5429).

Your rights and responsibilities

By law, you have rights regarding the health care services you receive, and you also have certain responsibilities to help maintain and improve your health and avoid unnecessary costs. It is possible to lose your health plan. This might happen if you don't keep your provider appointments, don't cooperate with your providers, and other reasons. Please contact us if you would like more information.

You have the right to:

- Help make decisions about your health care, including refusing treatment.
- Be informed about all treatment options available, regardless of cost.
- Get a second opinion from another provider in your health plan.
- Get services without waiting too long.
- 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 the health plan pays your providers for your physical and behavioral health care.
  - » All options for care and why you are getting certain kinds of care.
  - » How to get help with filing a grievance or complaint about your care.
  - » Your health plan's organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive your Member's Rights and Responsibilities in writing at least yearly. Your rights include mental health and substance use disorder services.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical health advance directive forms.

You have the responsibility to:

- Help make decisions about your health care, including refusing treatment.
- 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 get paid for providing services to you.
- Show your providers the same respect you want from them.
- Bring your Services Card and health plan 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.
- Know your health problems and take part in making agreed-upon treatment goals as much as possible.
- Give your providers and health plan complete information about your health so you can get the care you need.
- Follow your provider's instructions for care that you have agreed to.
- 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 primary care provider, one pharmacy, one prescriber for controlled substances, and one hospital for non-emergent care. You must stay in the same plan for at least 12 months.
- Inform us right away if your family size changes (such as pregnancy, births, adoptions) or your circumstances change (such as a new address, change in income, or becoming eligible for Medicare or other insurance).
- Renew your coverage annually using the Healthplanfinder website at **www.wahealthplanfinder.org**. You also can use this website to report changes to your account.

If you're unhappy with your health plan

You have the right to file a grievance (complaint) if you are unhappy with the way you have been treated. You also have the right to appeal a decision your health plan makes if it denies a covered service. Your health plan must help you file a grievance or an appeal.

- Your health plan must let you know by phone or letter that it received your grievance within two working days.
- Your health plan must let you know in writing that it received your appeal within 72 hours.

Your concerns must be addressed as quickly as possible, not taking more than 45 days.

Is it urgent? If you are appealing a decision and have an urgent physical or behavioral health condition, you or your provider can ask for an expedited (quick) review or hearing. If this condition requires it, a decision will be made about your care within three calendar days. Refer to "Your Benefits Handbook" for more detailed information on these steps.

A note about privacy

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

By law, all health plans are required to protect your health information. Health plans and HCA use and share protected health information about you to provide your health benefits; to carry out treatment, payment, and health care operations; and for other reasons allowed and required by law. Health plans and HCA have the duty to keep your health information private.

To read HCA's privacy policy, go to **www.hca.wa.gov** and click on "Privacy" at the bottom of the page. If you want to read your health plan's privacy policy, call your health plan's member services or visit the plan's website.

Health care from a tribal or urban Indian clinic

If you are American Indian or Alaska Native, you may be able to sign up for the Primary Care Case Management (PCCM) program. Tribal and urban Indian clinics provide PCCM health services. See the list of PCCM clinics below. The providers at the clinic know your culture, community, and health care needs. They will give you the care you need or send you to a specialist. If you have questions about the PCCM program, talk to your tribal or urban Indian clinic staff to see if this is a good choice for you.

If you choose PCCM or FFS for physical health care, you will be automatically enrolled in a managed care plan only for your behavioral health services.

Primary Care Case Management (PCCM) Clinics

For American Indian or Alaska Native family members

Tribe	Name and location(s) of clinic	Phone number
Any tribe	Seattle Indian Health Board — Seattle	206-324-9360
Any tribe	NATIVE Project — Spokane	509-483-7535
Colville	Lake Roosevelt Community Health Center — Inchelium and Keller	509-722-7006
Colville	Colville Indian Health Center* — Nespelem and Omak	509-634-2900
Lower Elwha	Lower Elwha Health Center — Port Angeles	360-452-6252
Lummi	Lummi Tribal Health Center — Bellingham	360-384-0464
Nooksack	Nooksack Community Clinic — Everson	360-966-2106
Puyallup	Puyallup Tribal Health Authority — Tacoma	253-593-0232
Quileute	Quileute Health Center — LaPush	360-374-9035
Quinault	Roger Saux Health Clinic — Taholah	360-276-4405
Spokane	David C. Wynecoop Memorial Clinic* — Wellpinit	509-258-4517
Tulalip	Tulalip Health Center — Tulalip	360-716-4511
Yakama	Yakama Indian Health Services* — Toppenish & White Swan	509-865-2102

*Federally recognized tribal status must be verified to receive services at this site.

Where to get answers to your questions

If you have any questions about	Contact
• Changing health plans • Eligibility for health care services • Services Cards	Apple Health Customer Service at 1-800-562-3022 or send your questions to **https://fortress.wa.gov/hca/p1contactus/** ProviderOne Client Portal: **https://www.waproviderone.org/client** Call toll-free 1-800-562-3022 and choose option 6 for automated Client Services
• Choosing a provider • Covered services • Your medical care • Your behavioral health care • Referrals to specialists	Your health plan. Your health plan's phone number is listed on page 8 of this booklet.
Changes to your account, such as: income, marital status, pregnancy, births, or adoptions.	online: **www.wahealthplanfinder.org** or call 1-855-923-4633 (TTY/TDD users call 1-855-627-9604) or visit your DSHS Customer Service Office (CSO) or go to Washington Connections **www.washingtonconnection.org**

Useful web pages

Web page	URL
Washington Apple Health (Medicaid) website	**www.hca.wa.gov/medicaid**
Request Non-Emergency Medical Transportation	**www.hca.wa.gov/medicaid/transportation/pages/newrequest.aspx**
Recovery Help Line	**www.waRecoveryHelpLine.org**. If you need treatment, call the 24-hour, free and confidential line 1-866-789-1511 (TTY 1-206-461-3219).

List your providers below, so you have the information available when you call for assistance.

	Name and location	Phone number
Doctor		
Specialist		
Specialist		
Specialist		
Pharmacy		
Pharmacy		
Hospital		
Counselor		

What are my plan choices?

Managed care plan	Main phone	Nurse helpline
Community Health Plan of Washington (CHPW) **www.chpw.org**	1-800-440-1561	1-866-418-1002
Molina Healthcare of Washington (MHW) **www.molinahealthcare.com**	1-800-869-7165	English 1-888-275-8750 Spanish 1-866-648-3537

To obtain this document in another format (such as Braille or audio), call HCA's Apple Health Customer Service at 1-800-562-3022. (The TTY/TDD line is 711 or 1-800-848-5429 for people who have difficulties with hearing or speech.)

Call 1-800-562-3022, if this document is in a language you cannot read. This document is available in another language at no cost to you.

HCA 19-046 EN (2/16)

Washington State
Health Care Authority

P.O. Box 42719
Olympia, WA 98504-2719

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