

Welcome

to Washington Apple Health



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 ၁-၈၀၀-၅၆၂-၃၀၂၂ သို့ ကျေးဇူးပြုပြီး ခေါ်ဆိုပါ။ (TTY/TDD အတွက်သာလျှင်
၁-၈၀၀-၈၄၈-၅၄၂၉)
BURMESE

បើសិនជាមិនមែនជាភាសាដែលអ្នកអាចអានបាន សូមទូរស័ព្ទ 1-800-562-3022 សំរាប់ជំនួយ ។ (TTY/TDDសំរាប់តែមនុស្សគ្រ រិះមនុស្សមានត្រចៀកធ្ងន់ប៉ុណ្ណោះ
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

ຖ້າອັນນີ້ບໍ່ແມ່ນພາສາທີ່ທ່ານອ່ານໄດ້, ກະລຸນາໂທຫາ 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 ਫੋਨ 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 lagu 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። ከተንብብዎ ብእትኸእሉ ቋንቋ ተጻሒፉ እንተዘየሉ። ሓገዝ ንምርካብ ብኸብረትኩም ናብ 1-800-562-3022 ደውሉ። (ብ1-800-848-5429 ድማ
ንፒ.ቲ.ዋይ/ፒ.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]

"DSHS Services Card" [1]
"Social Security Card" [2]

Say or Enter Number

Say or Enter the 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.

"Hear Available Plans" [1]
"Get Details" [2]
"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 transferred 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, how to access services, and how to change health plans. 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 (Medicaid). You can get detailed information about Apple Health by looking at the Health Care Authority website on the *Laws and Rules* page, www.hca.wa.gov/pages/rules_index.aspx.

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 health plans to provide your coverage. Later you will receive a medical benefit handbook from your health plan. It will provide more detail about your covered benefits.

Apple Health services from all plans

All Apple Health Managed Care health plans cover the following services:

- Appointments with a doctor or health care professional for necessary care including preventive and wellness services and chronic disease management
- Emergency medical care
- 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

* 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.

Check the medical benefits book from your health plan for additional covered benefits and services. If a service you need is not listed, check with your health care provider or your health plan.

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 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, which will be effective the following enrollment month. 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 12.

HCA has contracts with the following health plans. They MAY be available where you live. If you have questions, check with the plans:

Amerigroup Washington Inc. (AMG)
1-800-600-4441

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

Coordinated Care of Washington (CCW)
1-877-644-4613

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

United Health Care Community Plan (UHC)
1-877-542-8997

For some situations you can receive health care without enrolling in a health plan. Call us right away at 1-800-562-3022 (The TTY/TDD line is 711 or 1-800-848-5429) if one or more of the following situations apply to you.

- **You have health insurance** other than Apple Health 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.
- **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 HCA information system. It coordinates the health plans and helps us send you important 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 at <https://www.waproviderone.org/client>. Health care providers can also use ProviderOne to make sure their patients are enrolled in Apple Health.

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

If you had previous Apple Health coverage, or had Medicaid before it was known as Apple Health, you won't get a new card. Your old card is still valid, even if there is a gap in coverage. Your ProviderOne client number remains the same.

If you don't get your Services Card or you lose it

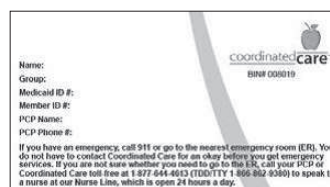
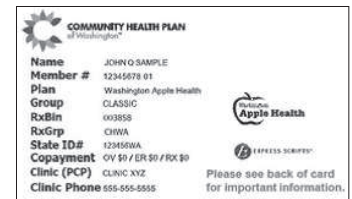
If you don't get your Services Card by the end of two weeks after successfully completing your Apple Health enrollment or if you lose your card, please call Apple Health Customer Service at 1-800-562-3022 to request a replacement card.

Requests can be made 24/7 by:

- **Self-service phone.** Call 1-800-562-3022 (toll free) and choose option 6 for Client Services, then option 1 for ID card.
- **By computer using the client portal.** The Client Portal is available at <https://www.waproviderone.org/client>.

Your health plan card

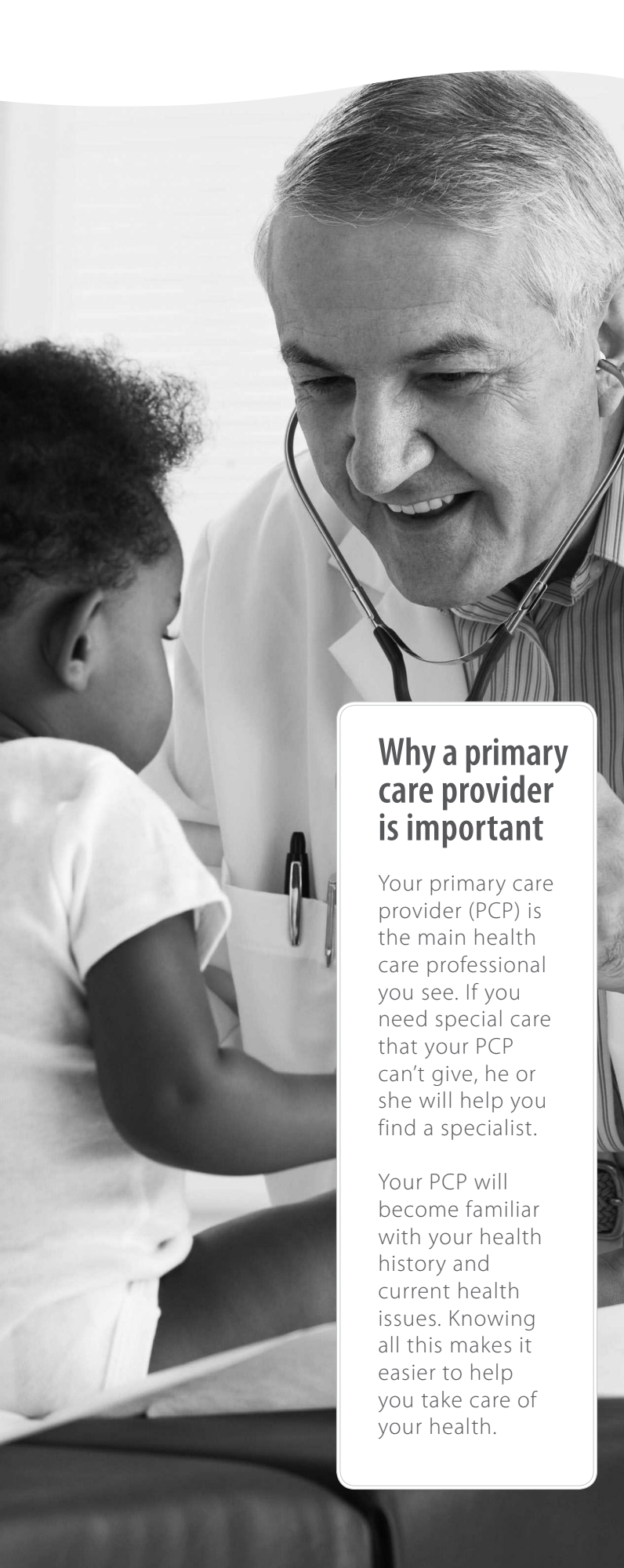
A few weeks after you enroll in Apple Health, you will receive a health plan ID card as well as more information about how to choose a doctor or primary care provider (PCP). Your health plan ID card will look like one of those shown below. Keep this card, too! Take both your Services Card and your health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



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.

Choosing a primary care provider

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

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

How to make an appointment

Once you have selected a PCP, call to make an appointment. You must have an appointment to see a provider. If you have immediate health concerns or needs, you should be able to see your PCP within a few days. Even if you don't have immediate health concerns, make an appointment for a general check-up (also called a wellness check). It will usually take longer to get an appointment for a general check-up, so don't put it off.



If you need care

Routine care	Make an appointment with your primary care provider (PCP). You should be able to make an office visit with your PCP or other 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.
For after-hours care	Call your health plan's nurse advice line 24 hours a day, 7 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.

Behavioral health services

If you're enrolled in Apple Health, you have access to behavioral health (mental health and drug and alcohol treatment) services. Short-term mental health treatment in a clinic is available through your health plan.

To access these services, contact your plan directly. (Note: If you are not enrolled in an Apple Health managed care plan, or you don't know how to reach your plan, call Apple Health Customer Service at 1-800-562-3022.)

If you need additional mental health services or you need alcohol or drug treatment, the services come from Behavioral Health Organizations (BHOs) through contracts with the Washington State Department of Social and Health Services (DSHS).

To access these additional services:

- Contact the BHO for your region directly, or
- Call the 24-hour, free and confidential Washington Recovery Help Line at 1-866-789-1511 (TTY 1-206-461-3219), or
- Go to www.waRecoveryHelpLine.org.

For more information about behavioral health treatment and services funded by DSHS, visit www.dshs.wa.gov/mental-health-and-addiction-services.

Behavioral health services in Clark and Skamania counties

This information only pertains to you if you live in Clark or Skamania County. In these counties, all behavioral health services are included in your managed care plan benefit package. You will have one point of contact for all of your behavioral health services. Your benefits have not changed.

Alcohol and drug treatment services from BHOs may include:

Assessment — An “interview” by a health provider to decide the services you need.

Brief intervention 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. (Hospital based treatment is covered by the MCO.)

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 BHOs may include:

Intake Evaluation — Identifies your needs and goals, and helps your mental health care provider to 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 individual 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 covered by Apple Health fee-for-service

The Apple Health fee-for-service program covers certain benefits and services even if you are enrolled in a 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 terminations

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

Services you may need to access health care

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 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 <http://www.hca.wa.gov/medicaid/transportation/pages/newrequest.aspx>; click on "Regional Broker."

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).

There is a plan comparison table in this booklet showing health plan quality measures and scores. You can use the scores to help you decide which health plan is best for you. Higher percentages mean the health plan's performance is high; lower percentages means the health plan's performance is low and needs improvement. You will also find a description of the measures, and why receiving this care is important for you or your family member's health.

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 primary care provider, and other reasons. Please contact us if you'd 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 having to wait 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 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.
 - » Your health plan's organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive the Member's Rights and Responsibilities at least yearly. Your rights include mental health and substance use disorder services.
- Receive managed care benefit, policies, and services information yearly and upon request.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical health advance directive forms.
- 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 use this website to report changes to your account.

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.

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 your medical condition requires it, a decision will be made about your care within three calendar days. Refer to your medical benefits book for more detailed information on these steps.

Plan Comparison 2015

This table is available for plan comparison and includes four measures important to parents of children and two measures important to those with diabetes.

Category	Amerigroup	Coordinated Care	Community Health Plan	Molina Healthcare	UnitedHealth Care
Child Vaccinations	66%	80%	73%	69%	69%
Teen Vaccinations	64%	61%	75%	76%	66%
Nutrition Counseling for Children and Teens	56%	51%	57%	49%	39%
Exercise Counseling for Children and Teens	52%	52%	50%	42%	38%
Diabetes HemoglobinA1c Blood Test	91%	91%	92%	90%	89%
Diabetes Eye Exam	57%	55%	64%	48%	49%

Category definition

Child Vaccinations	The percent of children 2 years of age who had all the recommended vaccines by their second birthday. Vaccines protect children from disease. If vaccines were not given, the bacteria and viruses that cause these diseases could begin to infect more and more children again.
Teen Vaccinations	The percent of adolescents who had all the recommended vaccines by their 13th birthday. Vaccines help teens stay healthy.
Nutrition Counseling for Children and Teens	The percent of children ages 3 to 17 whose doctor or nurse practitioner provided help on proper nutrition or referral for nutritional education. Children should eat a variety of fruits and vegetables, low fat foods, and foods high in protein, such as milk daily.
Exercise Counseling for Children and Teens	The percent of children ages 3 to 17 whose doctor or nurse practitioner encouraged physical activity or referral for physical activity. Children should have 60 or more minutes of physical activity daily.
Diabetes HemoglobinA1c Blood Test	The percentage of people ages 18 to 75 with diabetes who had their Hemoglobin A1c tested. The HemoglobinA1c is a blood test that shows the average level of blood sugar (glucose) in the last 3 months. It shows how well you are managing your diabetes. Bloods levels of 7 or lower are best.
Diabetes Eye Exam	The percent of people ages 18 to 75 with diabetes who had a dilated retinal eye exam. A dilated eye exam can detect diabetic eye disease that often has no symptoms until the disease reaches a serious stage.

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.

Where to get answers to your questions

If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> • Changing health plans • Eligibility for health care services • Services cards 	Apple Health Customer Service at 1-800-562-3022 and choose option 6 for Client Services or send your questions to https://fortress.wa.gov/hca/p1contactus , or see our website at: https://www.waproviderone.org/client .
<ul style="list-style-type: none"> • Choosing a provider • Covered services • Your medical care • Referrals to specialists 	Your health plan. Your health plan phone number is listed under “Your Health Plan” on page 7.
<ul style="list-style-type: none"> • Changes to your account, such as: address, income, marital status, pregnancy, births, or adoptions. 	www.wahealthplanfinder.org or call 1-855-923-4633 (TTY/TDD users call 1-855-627-9604)

Useful web pages

Web page	URL
Washington Apple Health (Medicaid)	www.hca.wa.gov/medicaid
Washington Healthplanfinder	www.wahealthplanfinder.org
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 (TYY 1-206-461-3219).

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.



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.

To obtain this document in another format (such as Braille or audio) or read in your primary language, call HCA's Apple Health Customer Service at 1-800-562-3022. This book is also available in other languages at no cost to you. The TTY/TDD line is 711 or 1-800-848-5429 for people who have difficulties with hearing or speech.

Washington State
Health Care Authority

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

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