Apple Health Managed Care and Your Rights: Medicaid in Washington State

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Section 1: Intro

What is Apple Health Managed Care?

- **Apple Health** is the name for Washington State’s Medicaid program.
- **Medicaid** is a program that pays for health care for many Americans, especially people with low income. Both the federal and state governments pay for the Medicaid program.

Apple Health Managed Care is the part of Washington State’s Medicaid program where the state contracts with managed care health plans (“plans”) to manage and pay for most health services. About 85% of people who get Medicaid in Washington State get their services through Apple Health Managed Care. The rest get services through the “Fee-for-Service” system. (See below.)

What is the Health Care Authority (HCA)?

HCA is the state Medicaid agency. HCA
- pays health plans a monthly fee for each client they enroll (“enrollee”)
- oversees plans to make sure they provide enrollees services as required

How does Apple Health Managed Care work?

You must use providers and pharmacies that contract with the plan you are enrolled in, except for emergency or urgent care, or when your plan approves a request to see another provider.

- A provider not contracted with the plan to provide regular care to its enrollees is called **out-of-network**.

What is Fee-for-Service?

This means paying providers directly for each service they give.

Some people get all Apple Health care fee-for-service. This includes people who also get Medicare and a few other groups. See Section 4 below.

Some types of medical care are fee-for-service for everyone because HCA does not include it in the contracts with the plans. **Examples** include long-term care services, and eyeglasses for children.

What are the different Apple Health Managed Care programs?

There are four types now. A new type (Dental) is expected to start sometime in 2019.

**Apple Health Managed Care** includes medical services and limited mental health services.

**Apple Health Integrated Managed Care** includes medical services and all behavioral health services. Behavioral health includes treatment for mental health and substance abuse.
**Apple Health Core Connections** serves clients in foster care or adoption support and young adults under age 26 who have aged out of foster care. See section 4, “Special Groups,” below. Beginning January 1, 2019, Core Connections medical and behavioral health services will be integrated everywhere in Washington State.

**Behavioral Health Organizations** provide behavioral health services in counties that do not yet have Apple Health Integrated Managed Care. See “How do I get services for mental health or substance abuse,” below.

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**Can I get a benefits booklet about my Apple Health medical care?**

Yes. When you become eligible for benefits, and are enrolled in managed care, the HCA sends you a letter telling you:

- Which Apple Health Managed Care program you have
- how to get online the “Welcome to Apple Health” benefit booklet that applies to you

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**For a paper copy of your booklet, call HCA Customer Service at 1-800-562-3022.**

The “Welcome to Apple Health” booklet has basic info about your program. The booklet or booklets that apply to you depend on if you are in Fee-for-Service and if your region has regular or integrated Apple Health Managed Care plans. All program booklets are available [here](https://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/apple-health-client-booklets).

**Can I get a member handbook about my specific health plan?**

Yes. Each health plan has a handbook explaining how and where to get care through your plan, how to choose a primary care provider, which services the plan covers, what to do if you need emergency care, and what to do if you are unhappy with your plan. It also tells you how to get services not covered by the plan, transportation to care appointments, and language interpreters.

Your plan will send you the Internet link to their handbook. You can call them to have them mail you a paper copy. They will mail it within five workdays.

Keep both your Welcome to Apple Health and member booklets, or links to them. You may need both to answer questions about your coverage.
Section 2: Choosing a plan and providers

What plans can I choose from?
It depends on where you live. The plans contracted in Washington in 2018 and 2019 include Amerigroup, Community Health Plan of Washington, Coordinated Care Corporation, Molina Healthcare of Washington, Inc., and United Healthcare Community Plan. Check www.WaHealthPlanFinder.org or ask HCA which plans are available where you live.

How do I choose a plan?
If you apply for Apple Health online using www.WaHealthPlanFinder.org, you can choose a plan when you apply. If you do not choose a plan then or if you use a paper application, HCA chooses the plan for you. HCA enrolls you right away, overnight or within two days.

To decide which plan to choose, check the plan websites or call them to find out if they include the primary care provider, specialists, hospitals, and pharmacies you already use, and all the medications you need.

You can change plans and add family members to your account using www.WaHealthPlanFinder.org.

I did not choose a plan when I applied. I do not want the plan HCA assigned me. What can I do?

Contact HCA right away. You can change plans each month. Usually the change is effective the next month. If you need to change right away for medical reasons, HCA can help.

—if being in the wrong plan creates a medical problem, call HCA Customer Service. Explain the problem. Ask for a faster change.

What is a primary care provider (PCP)?
The PCP gives you care for routine health needs. The PCP can be a doctor (MD or DO), nurse practitioner (ARNP), or physician’s assistant (PA).

If you need care from a specialist, such as a neurologist, cardiologist, or orthopedist, generally you need a referral from your PCP.

Your doctor or pharmacist sometimes must get advance approval from your plan to pay for the care or medications your health care providers think you need.

Can I choose a primary care provider?
Yes. You must choose one who is in the plan’s network. Call the provider’s office to make sure. Your plan can also help you find providers.
How do I decide on a primary care provider?

Each family member can have a different PCP, or you can choose one PCP to care for all family members enrolled in Apple Health.

If you need to pick a new PCP, ask the provider you want if she is taking new Apple Health Managed Care patients. A plan may not know which providers are currently taking new Apple Health patients.

Will a plan let me see this specialist?

Find out before choosing a plan if the PCP you want can refer you to the specialists you want. Call the PCP’s office to ask, or contact the specialist directly. Ask the specialist if you can access them through the plan and PCP you want to choose.

What hospitals and pharmacy can I use under a plan?

Call the plan you are looking at. Ask for a list of pharmacies and hospitals you can use if you choose that plan.

Will a plan cover my medications?

The list of medications a plan covers is called a formulary. Ask the plan if its formulary covers your meds and if you need advance approval for any of them. Ask the plan if their formulary is online, or to send you a paper copy.

Should I ask around about plans and providers?

Yes. Talk with friends, family members or others. Ask:

- How does the PCP deal with Apple Health clients?
- Is it hard to reach the PCP or an on-call doctor or nurse after hours?
- Do you get appointments or referrals you need? How long do you have to wait to get an appointment?


Section 3: Services while you are enrolled

How can I get help getting to my appointments?

You can ask for transportation assistance to get to medical appointments covered by Medicaid. Contact the transportation broker for your region shown here: https://www.hca.wa.gov/assets/billers-and-providers/non_emergency_medical_transportation_regional_broker_phone_list.pdf.
How do I get services for mental health or substance abuse (behavioral health services)?

It depends on where you live and whether you have Fee-for-Service, Apple Health Managed Care, or Apple Health Integrated Managed Care.

**Integrated Managed Care:** These plans manage all behavioral health services and medical services. In 2018, these plans were in Chelan, Clark, Douglas, Grant, and Skamania counties. In January 2019, the only counties that will not have these plans are Thurston, Mason, Clallam, Jefferson, Kitsap, Grays Harbor, Pacific, Lewis, Cowlitz, and Wahkiakum. (They will be added to Integrated care in 2020.) The [Apple Health Integrated Managed Care benefits booklet](https://www.hca.wa.gov/assets/free-or-low-cost/19-049.pdf) explains how to get services in counties with Integrated Managed Care.

**If you live in an Integrated region but are not in Apple Health managed care** (you are “Fee for Service”), you will still be enrolled in a plan to manage behavioral health services only (BHSO). The Benefits booklet about these plans is [here](https://www.hca.wa.gov/assets/free-or-low-cost/19-049.pdf).

**Behavioral Health services outside Integrated Managed Care areas:** If you are enrolled in Apple Health Managed Care, you get limited mental health services through your health plan. More intensive behavioral health services are provided through a Behavioral Health Organization (BHO) that has a contract to serve Medicaid clients in your area.

If you are in Fee-for-Service and live outside the Integrated Managed Care counties, you get intensive behavioral health services through your area’s BHO.

A [list of BHOs](https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/BHO/BHO_Contacts_For_Services.pdf) by area is here:

I speak in a language other than English. Can my provider and plan help?

Yes.

**Health providers** must provide bilingual staff or interpreters for patients who prefer to speak in a language other than English. Ask the provider for help.

Your **plan** must

- offer you bilingual staff or interpreters to speak with their staff
- give you copies of important documents in your preferred written language

**Contact your plan** if you need language access services to communicate with the plan, or a provider is not providing an interpreter or translator. You can file a grievance with HCA or the Federal Department of Health and Human Services if a provider or plan do not provide qualified interpreter services and access to translated written materials. A compliance officer (ADA/nondiscrimination coordinator) can help with a grievance. Contact the compliance officer at
I have a disability. Can my provider and plan accommodate me?

Yes. Providers must have offices and equipment accessible to persons with disabilities or other special needs. Ask the provider for help if you want an accommodation, or have other concerns about getting care that suits your needs.

If you are deaf or blind, your plan must offer you an interpreter and, if you wish, give you important written materials in an alternate format like Braille. If you have any other disability, your plan must offer accommodations to make their services accessible to you.

Contact your plan if you need the plan to accommodate a disability, or a provider is not accommodating you.

Can I choose a different provider for my women's health care services?

Yes. Under Washington State law (RCW 48.42.100), your plan must let you go to the provider of your choice for these services. You do not need referral from a PCP. These services include prenatal and maternity care, birth control, gynecological exams, PAP smears, and other women's healthcare services. You can choose from different types of providers, such as a doctor, obstetrician-gynecologist (OB-GYN), physician's assistant, nurse practitioner, nurse midwife, or other women's health care provider.

For many of these services, the provider you choose must be a member of your plan. For family planning services, you can go outside the network to a local health department or a family planning clinic that takes Apple Health.
I have an ongoing need for a specialist. Do I need a referral for every appointment?

No. If you have special health care needs and must see a specialist a lot, the plan should let you see a specialist in its network without a referral for each appointment or let the specialist be your PCP. This is called Direct Access to Specialists for Individuals with Special Health Care Needs. Federal law requires this. 42 CFR 438.208(c)(4) and 438.6(m).

To get this, you will need an assessment showing you need frequent or regular care from a specialist. Call your plan’s customer service number, or ask your PCP how to do this. If your plan refuses to let you do this, you can appeal. Section 10 has info about free legal services.

Section 4: Special groups

Who always gets Apple Health through Fee-for-Service instead of managed care?

- People who get Medicare
- People who get Medicaid on the Medically Needy (“spenddown”) program
- People living in an ICF or ID institution for people with developmental disabilities, such as Fircrest School, Lakeland Village, and Rainier School
- People approved by HCA for disenrollment from Apple Health Managed Care for health reasons. See Section 5 below

Can I choose not to be in managed care?

Yes, if you are any of these:

- American Indian or Alaska Native
- Living in a county with only one Apple Health Managed Care plan (a “voluntary county”). You can get Apple Health services from the plan or choose Fee-for-Service
- A child getting services under a “children with special health care needs” program. To find out if your child is in this category, or to get referrals to these services, contact your local CSHCN coordinator. A list is here: https://www.doh.wa.gov/Portals/1/Documents/Pubs/970-141-CoordinatorList.pdf

My child gets Medically Intensive Apple Health services (private duty nursing). Does she need to be in managed care?

These children are automatically enrolled in managed care. You can ask to be disenrolled if your child’s providers do not participate with any plan. See Section 5 below.

- **Disenrollment** is when you ask to be taken out of a plan after you are enrolled. Section 5 has more about disenrollment.
My minor child gets SSI. Does he need to be in managed care?

Your child on SSI may be able to get the health services he needs through a managed care plan. Plans are required to contract with providers to give the care your child needs. The plan can coordinate care and make special contracts with providers outside their networks if needed to do this. These extra services are not available in Medicaid Fee for Service.

Some children may need to be in Medicaid Fee for Service for a medical reason. **Examples:**

- to complete a current treatment plan without delay
- current providers important to the child do not all contract with the same plan, but all are available through Fee-for-Service Medicaid

Our [State Medicaid Plan](https://www.hca.wa.gov/assets/program/18-0006-ManagedCareApprovalPkt-5-16-18.pdf) says children on SSI can choose to be in Fee-for-Service or in managed care. See [https://www.hca.wa.gov/assets/program/18-0006-ManagedCareApprovalPkt-5-16-18.pdf](https://www.hca.wa.gov/assets/program/18-0006-ManagedCareApprovalPkt-5-16-18.pdf). But currently HCA enrolls these children automatically. HCA will excuse these children or any other Medicaid client from being enrolled in managed care if there is a medical need to do so. See Section 5 below.

*If you believe your child getting SSI needs care available through Fee-for-Service, but not through any one Apple Health Plan, contact HCA. You can ask to disenroll from managed care. See Section 5 below. You can appeal if denied. Read [Apple Health Grievances and Appeals](https://www.hca.wa.gov/assets/program/18-0006-ManagedCareApprovalPkt-5-16-18.pdf).*

**Section 5: I want Fee-for-Service Medicaid and not Apple Health Managed Care. What can I do?**

First, make sure the providers you need are contracted with Medicaid and will serve you in the Fee-for-Service Medicaid program. Some providers contract only with Medicaid plans, not with Medicaid Fee-for-Service. Some Fee-for-Service clients have trouble finding providers willing to serve them.

Apple Health Managed Care plans may have some advantages for you compared to the Fee-for-Service program. Plans must offer care coordination for patients with complex conditions. Plans must help you establish care with a primary provider after enrollment. Plans must maintain adequate networks of providers contracted to care for enrollees.

If you are in one of the groups listed in Section 4 above, you can choose not to be enrolled in Apple Health Managed Care. Contact HCA Customer Service. You will not need to show a medical or other reason.

**I am not in one of these groups. When do I ask about getting Fee-for-Service?**

Some people know before they apply for benefits that they need to be in Fee-for-Service instead of managed care.
Example: You are an eligible hospice patient. Your hospice provider is not contracted with any managed care plan but can serve you as a Fee-for-Service client.

If you know this before you get benefits, take action before apply for benefits. Call HCA customer service at 1-800-562-3022. Ask HCA at the same time for help to apply and to be exempt from managed care.

If you apply for benefits without asking to be exempt at that time, you will be enrolled automatically right away. Then you can ask only to disenroll from managed care.

- Asking to be exempt before applying for benefits gives special rights. You can stay in Fee-for-Service while HCA reviews your request. If HCA denies your request, you can ask quickly for an appeal and “continued benefits” to stay in Fee-for-Service during your appeal.

If you ask to disenroll from managed care after you have been enrolled, you can still ask to be in Fee-for-Service while HCA considers your request. You do not have a right to that. HCA probably will not allow it unless you have a very good reason.

I want Fee for Service for a medical reason. What can I do?

Call Health Care Authority Customer Service at 1-800-562-3022. They will review your reasons for asking to leave or stay out of managed care to see if you qualify for disenrollment or exemption. Even if they do not think so, ask them to consider your request anyway.

Usually HCA will exempt or disenroll you from managed care only for a good medical reason. You must show both of these:

- You have a treatment plan for services you cannot get through a plan.
- Changing providers or plans would interrupt your treatment and put your health at risk.

HCA should grant your request if there is no way for you to continue treatment in managed care. See page 5 of the Apple Health booklet: http://www.hca.wa.gov/assets/free-or-low-cost/22-1298.pdf. See also WAC 182-538-130.

What if I have a different reason to be in Fee-for-Service instead of managed care?

If your plan is not providing the services you need in the way you need, first ask HCA for help to require the plan to meet your needs. Switching to another plan is also an option.

But if you believe no plan available to you can address your needs, and your needs can be met in Fee for Service, you can ask HCA to disenroll you.

Reasons to do this other than medical reasons could be based on your health or safety, or a need for accommodation. The contract between HCA and managed care plans allows some reasons besides medical ones. This is based on federal rules. 42 C.F.R. 438.56(d)(2).
Can I appeal a denial to be exempt or to disenroll?

Yes. If HCA denies your request, it must send you a notice explaining why it was denied and what your appeal rights are. See Apple Health Grievances and Appeals.

Section 6: Special Managed Care Programs (Foster Care, PACE)

What is the foster care managed care program?

This program is called Apple Health Core Connections. Children in foster care or adoption support and young adults ages 18-26 who were once in foster care are automatically enrolled unless you are Native American or Alaskan Native. Read Apple Health Core Connections, or call customer service at 1-844-354-9876.

Can I opt out of the Core Connections program?

Maybe. Young adult alumni and children getting adoption support can opt out of Apple Health Core Connections for any reason. Call 1-800-562-3022 ext. 15480.

What care am I eligible for if I opt out of Apple Health Core Connections?

You will get Apple Health services as a fee-for-service client. You cannot enroll in Apple Health Managed Care or Integrated Managed Care.

What is the “PACE” managed care program?

Program for All Inclusive Care for the Elderly (PACE) is a voluntary managed care program. It is available only in King County. You may be eligible if all these are true:

- you are over age 55
- you need personal care services
- you qualify for COPES or nursing home level of care needs

Section 7: Other rights

Can I change my plan?

Yes. You can change plans every month, effective the next month. Try to get your change in by the 25th of the month. Otherwise, it may not process until the next month. If being in the wrong plan for even a short time creates a medical problem, call HCA Customer Service to ask for a faster switch.

How do I change my plan?

Visit WAPHealthPlanFinder.org, the ProviderOne Client Portal at https://www.wapwaphoonline.org/client or call the Health Care Authority Customer Service Center at 1-800-562-3022. Press 6 for client services, then 2 for plan enrollment. You can leave a voicemail with your request.

Can I change primary care providers?

Yes. Call the plan to switch. The change becomes usually is effective at the start of the next month.

Do I have to pay for Apple Health services?

There is no charge for Apple Health covered services. If the service you want is not covered by Apple Health, or is determined to be not medically necessary, a contracted Apple Health provider can bill you for it only if you first sign an agreement to pay for it.

Some exceptions apply. You can be billed if you are enrolled in managed care and use a provider not approved by your plan for non-urgent services.

If the service you get is paid Fee-for-Service, you must use a provider contracted with the Medicaid agency (not the plan) to avoid getting a bill. An example is glasses or contact lenses for a child under age 21. Those services are Fee-for-Service even when the child is enrolled in a plan.

If you get a bill, call your plan. If that does not solve the problem, call HCA Customer Service at 1-800-562-3022. If the bill goes to a collection agency, you are sued, or your wages are garnished as a result of a medical bill, contact legal services. Billing and Medicaid (Apple Health) has more info.

What is EPSDT?

EPSDT stands for Early and Periodic Screening Diagnosis and Treatment. All children under age 21 with Apple Health have special coverage for all needed medical services because of EPSDT.

Watch this video to learn more:

The EPSDT benefit covers health screenings AND all requested health services that are medically necessary, safe and effective, and not experimental. EPDST applies to children in both managed care and fee-for-service. For children in managed care, the plan is responsible for most EPSDT services. For fee-for-service children and services not contracted to plans, such as vision care, HCA is responsible.

Plans and HCA cannot deny a requested health service for other reasons for any child under age 21. If a health service for a child under 21 is denied based on the service being “noncovered,” you should appeal that denial. Read Apple Health Grievances and Appeals. See contact info for free legal services in section 10.
If your child is in managed care, EPSDT means the plan must “arrange” the care your child needs. If your plan says it covers the service but cannot give you a qualified and available provider, you can file an appeal and complain to the HCA. You can seek free legal help for this. See section 10.

**How quickly can I get care I need?**

You have the right to receive needed medical care without inappropriate delay. Read about how to seek care and the time frames for getting the care in the “If You Need Care” section of your Apple Health benefits booklet and the “When a Health Provider Will See You” section of your plan’s member handbook.

**What other rights and responsibilities do I have?**

Your Apple Health benefits book has a section called “Your Rights and Responsibilities.” Your plan’s member handbook also has this info.

If you are in a regular (not “integrated”) Apple Health Managed Care, your benefit booklet is here: [https://www.hca.wa.gov/assets/free-or-low-cost/22-1298.pdf](https://www.hca.wa.gov/assets/free-or-low-cost/22-1298.pdf).

If you are in an Apple Health Integrated Managed Care, your benefit booklet is here: [https://www.hca.wa.gov/assets/free-or-low-cost/19-046.pdf](https://www.hca.wa.gov/assets/free-or-low-cost/19-046.pdf).

Section 1 here has more about getting benefit booklets and plan handbooks.

**Section 8: After Apple Health**

**How long will I stay on Apple Health Managed Care?**

As long as your family income stays below a certain level. Maximum income levels for children and pregnant women are higher than for other adults.

**I am a parent or relative caring for children. Am I still eligible if I start working?**

Apple Health will cover you for a year or more after your income rises above the usual maximum for eligibility. After that, even if your income stays above the maximum, your children may still be eligible up to a much higher income level.

**I am losing Apple Health because of income or other changes. What are my options?**

Low-cost health insurance options and coverage with subsidies for people with much higher incomes than are allowed for Apple Coverage is available through the State’s Health Benefit Exchange. Read [Coverage Options in Washington State](https://nohla.org), available at [nohla.org](https://nohla.org). Read about the Health Benefit Exchange at [wahbexchange.org](https://wahbexchange.org). You can apply for Apple Health and Health Benefit Exchange coverage through Washington Healthplanfinder at [wahealthplanfinder.org](https://wahealthplanfinder.org).
HCA has info here: https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/eligibility.

I am eligible for Medicare. What happens next?

You will not be enrolled in Apple Health managed care. You may still qualify for other Fee for Service Apple Health (Medicaid) programs. DSHS, not HCA, processes these age- and disability-related medical programs.

You will get a letter explaining that your Apple Health coverage will end, but you can seek different medical programs before it ends. You can seek age- and disability-related programs online through washingtonconnection.org OR with a paper application: https://www.hca.wa.gov/assets/free-or-low-cost/18-005.pdf. Page 1 of the form says where to hand-deliver, fax, or mail it.

Section 9: If you have a problem with your plan

Read these:

- Apple Health Grievances and Appeals
- Billing and Medicaid (Apple Health)

Both are available at washingtonlawhelp.org.

Section 10: Resources and more info

How can I contact the Health Care Authority Customer Service Center?

Phone: 1-800-562-3022
Email: askmedicaid@hca.wa.gov
TTD: Dial 711 through Washington Relay
The “Contact Us” webform: https://fortress.wa.gov/hca/p1contactus/Client_WebForm.aspx

Where can I read more about Apple Health Managed Care?


State Regulations about managed care: WAC Chapter 182-538

Where can I get free legal services?

OUTSIDE KING COUNTY:

- Apply online with CLEAR*Online -http://nwjustice.org/get-legal-help
  for limited topics, including Apple Health
  or
Call CLEAR at 1-888-201-1014. CLEAR is Washington’s toll-free, centralized intake, advice and referral service for low-income people seeking free legal assistance with civil legal problems. Call 1-888-201-1014 weekdays 9:15 a.m. - 12:15 p.m.

If you are age 60 or over, call CLEAR*Sr at 1-888-387-7111 weekdays 9:15 a.m. - 12:15 p.m., regardless of income. Asset limits may apply.

INSIDE KING COUNTY:

If you live in King County, call 211 for info and referral to an appropriate legal services provider weekdays 8:00 am – 6:00 pm. You can also call (206) 461-3200, or toll-free 1-877-211-WASH (9274).

Info on legal service providers in King County is also available at www.resourcehouse.com/win211/.

ACCESS TO LEGAL SERVICES BOTH INSIDE AND OUTSIDE KING COUNTY:

The services listed above will conference in free interpreters as needed.

If you are deaf, hard of hearing or have a speech difficulty, you can call any of these services listed above using the relay service of your choice. CLEAR*ASL services are available statewide for callers using a video phone and whose primary language is ASL. Call CLEAR at 1-888-201-1014 to schedule an appointment with an attorney fluent in ASL.

Northwest Health Law Advocates

This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice.

This information is current as of January 2019.