

Voucher Form: Interim Pharmacy and Healthcare Services for Foster Children



Pharmacist or Physician:

As of April 1, 2016 Coordinated Care of Washington, Inc. serves all children and youth in out of home placements with the Department of Children, Youth and Families (DCYF) or by Tribal Indian Child Welfare programs, who have opted-in to Coordinated Care. Youth in foster care, with the exception of American Indian/Alaska Native youth, are auto-enrolled with Coordinated Care, in the Apple Health Core Connections program for healthcare coverage. Youth who are auto-enrolled or opted in have coverage beginning the first of the month they are eligible for Medicaid.

When verification is delayed in ProviderOne and/or the Coordinated Care Provider Portal, this voucher serves as proof of the youth's eligibility as a Coordinated Care enrollee.

Please do not withhold health care services, including filling prescriptions, based on lack of verified eligibility in ProviderOne or Coordinated Care's Provider Portal for a youth in foster care. The billing, coverage, and reimbursement policies applicable to services for youth with Coordinated Care apply to services for a child in foster care.

If the youth in foster care remains on the Apple Health (Medicaid) coverage without a Managed Care Plan (aka fee-for-service program), we will inform you how to submit for payment to the Health Care Authority (HCA) for services provided.

Please **FAX** this voucher to Coordinated Care, as a record of providing services or prescriptions.

- **Pharmacists fax this voucher to 1-866-270-0122**
- **Providers fax this voucher to 1-855-678-6980**

To determine Coordinated Care Member eligibility and coverage:

- *In-network* providers: view Member IDs in the provider portal at <https://provider.coordinatedcarehealth.com> or call 1-844-354-9876
- *Out-of-network* providers: call 1-844-354-9876.
- *Pharmacists*: call Coordinated Care's Pharmacy Department: 1-877-644-4613 Ext. 69622
- Once a Coordinated Care ID number is available, providers may bill within the timely filing limit of 365 days from date of service, to receive reimbursement.
- To view our Provider Directory, visit: <http://apps.coordinatedcarehealth.com/findadoc>
- To check the Coordinated Care Preferred Drug List visit: www.coordinatedcarehealth.com/for-providers/pharmacy-program
- To reach Apple Health Core Connections Member Services, call 1-844-354-9876.

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Please complete as much of the information below as possible. It is not necessary to have the youth's ProviderOne number or Coordinated Care member ID in order to deliver services and treatment.

Fax this form to the numbers provided on the first page, and we'll work with you to ensure appropriate billing and payment when services are delivered.

NOTICE: *Walgreens' system is unable to process this interim voucher. Once a Coordinated Care Member ID is assigned, prescriptions can be transferred to Walgreens.*

DCYF or Tribal Caseworker's Name:	
Caseworker's Phone:	
Youth's ProviderOne ID Number:	
Youth's Name:	
Youth's Date of Birth:	
Date of Service:	
Caregiver's Name:	
Address:	
City, Zip:	Phone (include area code):
Provider's Fax Number (include area code):	
Provider Contact Name:	
Provider Contact Telephone Number (include area code):	
Pharmacy Name:	
Pharmacy Phone (include area code):	