



Changing your enrollment for Washington Apple Health (Medicaid) is easy! Here is your step-by-step guide to navigate the ProviderOne Client Web Portal. Note: before you begin, you will need your ProviderOne ID Number or Social Security number, date of birth and zip code.

1. Go to www.waproviderone.org/client - Your screen will look like the one below. Enter your member information in the boxes and click "submit".

Welcome to the ProviderOne Client Portal

ProviderOne Client ID/SSN:

Date of Birth:

Zip Code:

Please provide this information to login

Click here for help

2. Select "Enrollment" on the list.

What would you like to do?

[Enrollment](#)

[Plans Available](#)

[Client Survey](#)

[Logout](#)

Click here for help

3. Select "View or Change Enrollment".

What would you like to do?

[View or Change Enrollment](#)

[Disenroll](#)

Click here for help

4. Your current information and plan will be displayed. To change your enrollment, select “Change Enrollment”. Note: If you have more than one person in the household, a pop up box will appear and ask if you want to “change the organization for everyone in your household” – you should click “OK”. Everyone in the household must be enrolled on the same plan. (For exceptions, you can contact Medicaid customer service at 1-800-562-3022 for help).

ProviderOne Client Id: [REDACTED] Client Name: [REDACTED]

Program: HO-Healthy Options Plan: Coordinated Care Corporation

Start Date: 07/01/2012 End Date: 12/31/2999

Enrollment is: Mandatory Enrollment Reason: Client Choice

Household Members:

ProviderOne Client Id	Name Of Client	Program	Plan	Start Date	End Date	Relationship
[REDACTED]	[REDACTED]	HO-Healthy Options	Coordinated Care Corporation	07/01/2012	12/31/2999	CH

Accept Enrollment Change Enrollment Do Not Enroll Cancel

Windows Internet Explorer

Do you want to change organization for everyone in your household?

OK Cancel

5. Select the plan you would like to change to (i.e. Coordinated Care) by marking the box and then select “OK”.

Available Plans:

Choose One:

	Plan	Phone Number
<input type="checkbox"/>	Amerigroup Washington Inc	(800) 600-4441
<input type="checkbox"/>	Community Health Plan of Washington	(800) 440-1561
<input checked="" type="checkbox"/>	Coordinated Care Corporation	(877) 644-4613
<input type="checkbox"/>	United Health Care Community Plan	(877) 542-8997

Ok Cancel

- Select "Accept Enrollment" at the bottom left hand side of the page. A pop up box will open and you will need to select "OK" to confirm the change and make it effective.

ProviderOne Client Id: 123456789W Client Name: Doe, John

Program: HO-Healthy Options Plan:

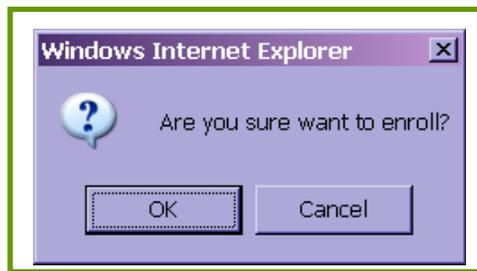
Start Date: 08/01/2010 End Date: 12/31/2999

Enrollment is: Mandatory Enrollment Reason: Client Choice

Household Members:

ProviderOne Client Id	Name Of Client	Start Date	End Date	Relationship
123456789WA	Doe, John	10/01/2008	12/31/2999	CH
123456781WA	Doe, Jane	10/01/2008	12/31/2999	OP

Accept Enrollment Change Enrollment Do Not Enroll Cancel



- If you wish to update patient information such as primary care provider or other pregnancy or surgery information, select the "Click Here" button to the right of the client name in the "Sign-up Form Details" column.

Enrollment Confirmation

Thank you for your plan choice! Next step - Go to the "Click here" link below, for each household member

Household Members:

ProviderOne Client Id	Name Of Client	Start Date	End Date	Relationship	Sign-up Form Details
123456789WA	Doe, John	08/01/2010	12/31/2999	Self	Click Here
123456788WA	Doe, Jane	08/01/2010	12/31/2999	CH	Click Here
123456787WA	Doe, Jack	08/01/2010	12/31/2999	OP	Click Here

Client Survey Logout Ok

8. Once you have entered all applicable information, select "OK" on the bottom right hand side of the page to complete your enrollment. This information must be entered for each household member.

The screenshot shows a web form for enrollment. At the top, there is a blue header bar with two fields: "ProviderOne Client Id:" with the value "123456789WA" and "Client Name:" with the value "Doe, John". Below this, the form contains several input fields: "PCP Choice:" with "Dr. Smith", "Pregnancy Due Date:" with "07/04/2010", "Pregnancy Doctor:" with "Dr. Jones", and "Provider Contact Number:" with "360-111-1111". The next row contains "Surgery Date:" with "08/01/2010", "Surgery Doctor:" with "Dr. Howard", and "Provider Contact Number:" with "360-222-2222". Below these fields, there is a checkbox labeled "Do you have any special medical condition or developmental delay?:" which is checked. Underneath that is a dropdown menu for "In general, how would you rate your overall health now?:" with "2-Very Good" selected. At the bottom right, there are "Ok" and "Cancel" buttons. At the bottom left, there is a link "Click here" followed by a question mark icon and the text "for help".

Please note: To ensure proper assignment of PCP, call our Member Services at (877) 644-4613 or complete the PCP Selection and Change form at our website.

9. Select "Logout" on the Enrollment Confirmation screen to end your session.

That's it! You're all set and ready to begin receiving the benefits of being a part of Coordinated Care.