



Attention Providers:

Effective dates of service January 1, 2017 and after, the Health Care Authority (HCA or the agency) will change the process for managing Apple Health (Medicaid) benefits for clients with other primary health insurance.

What is changing?

Starting January 1, 2017 and after, the agency will enroll some fee-for-service Apple Health clients who have additional primary health insurance into an agency-contracted managed care organization (MCO).

This change does not affect all fee-for-service Apple Health clients who have additional primary health insurance. The agency will continue to cover the following clients under the fee-for-service Apple Health program:

- Dual-eligible clients whose primary insurance is Medicare
- Foster care clients
- American Indian and Alaskan Native clients

What do you need to know?

- Affected clients will have three identification cards: a Provider One card, a card from their primary insurance company, and a card from their MCO. Providers are responsible for verifying the client's eligibility. For information about a client's coverage (including verification of eligibility and MCO enrollment status) and instructions for using HIPAA-complaint procedures, see the agency's [ProviderOne Billing and Resource Guide](#), located on the agency's website under Billers and Providers.
- Providers do not have to be part of the client's MCO's network. However, to bill the client's MCO, providers must follow the MCO's billing requirements.
- After billing a client's primary health insurance for a covered service, providers must then bill the client's secondary carrier (the MCO) or PBM to coordinate benefits for copays, deductibles, or other remaining balances. Providers may not bill copays, deductibles, or other remaining balances to the client for a covered service.
- If a provider bills the client's MCO as a secondary payer, the MCO does not require prior authorization. However, if the client's primary health insurance does not cover the service, the provider must follow the client's MCO's requirements, including prior authorization.

For more information:

- See the agency's [ProviderOne Billing and Resource Guide](#), as well as the [Billers and Providers](#) webpage for future updates to billing guides affected by this change.
- Contact the agency using [the secure online form](#).
- Call the agency's Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022.