



{system date}

Re: Client # {ACES HOH}

Welcome to Washington Apple Health! You are approved for coverage under the fully integrated managed care program, which covers your medical and behavioral health (mental health and substance use disorder) services. We will enroll you with a health plan, effective the first of the month in which you are eligible. See your “{Program booklet name}” {Placeholder for URL} for additional information.

{Option text 1 – Prospective (AA) and Retro (RA) assignment segment(s) same plan or Prospective (AA) only}

The managed care health plan we assigned you to is {Plan Name} starting {Start date}.

{Option text 2 – Only Retro (RA) assignment segment approved}

You are eligible for enrollment for a limited time. You have been enrolled in {Plan Name} from {Start date} to {End date}. Please contact {Plan Name} at {Plan Phone Number} for information on how to get covered health care services paid during this time period only.

{Option text 3 – Prospective (AA) and Retro (RA) assignment segments different plans}

The managed care health plan we assigned you to is {Plan Name} starting {Start date}. Below you will find the plan(s) we assigned you to for a limited time:

{ Plan Name}	{ Phone #}	{Start Date}	{End Date}
{ Plan Name}	{ Phone #}	{Start Date}	{End Date}

{For all Correspondence}

Show this letter to your doctor or pharmacist until you get your new plan membership ID card in the mail. You may begin using your plan’s network of providers and pharmacies for all of your health care services.

How do I change health plans?

See your attached enrollment form on how to change your plan. Please let us know if you would like to switch plans by {Cutoff Dt.-3}.

Why would I want to change my plan?

Your current doctor or health care provider may not accept the health plan we assigned you. Check with your current health care provider to see what plans they accept.

What are my plan choices?

{Plan 1 Name}	{Plan 1 Phone Number}
{Plan 2 Name}	{Plan 2 Phone Number}
{Plan 3 Name}	{Plan 3 Phone Number}

ProviderOne #: {insert ProviderOne #}

{Plan 4 Name}	{Plan 4 Phone Number}
{Plan 5 Name}	{Plan 5 Phone Number}
{Plan 6 Name}	{Plan 6 Phone Number}
{Plan 7 Name}	{Plan 7 Phone Number}
{Plan 8 Name}	{Plan 8 Phone Number}
{Plan 9 Name}	{Plan 9 Phone Number}

If you have questions, call 1-800-562-3022 or 1-800-848-5429 TTY/TDD or 711 (for people with hearing or speech equipment). The call is free.

ProviderOne #: {insert ProviderOne #}