

11.15.2023


Coordinated Care Claim Processing Update

Effective January 1, 2024, Coordinated Care Apple Health will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN and Rx Group.

Please use the following information when submitting claims for Coordinated Care Apple Health (Medicaid) and Coordinated Care Apple Health Core Connections foster care members.

Plan Name	Bin	PCN	Rx Group
Coordinated Care Apple Health	003858	MA	2FEA
Coordinated Care Apple Health Core Connections	003858	MA	2FEA

Sample ID Cards

 Washington Apple Health RXBIN: 003858 RXPCN: MA RXGRP: 2FEA NAME: MEDICAID ID#: MEMBER ID#: DOB: <small>If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. CoordinatedCareHealth.com ©Coordinated Care of Washington, Inc.</small>	IMPORTANT TELEPHONE NUMBERS Members ALL Member Services: 1-877-644-4613 TTY: 711 24/7 Nurse Advice Line: 1-877-644-4613 Medical and Behavioral Health Claims Coordinated Care Attn: Claims PO Box 4030 Farmington, MO 63640-4197 Providers Provider Services & IVR Eligibility Inquiry: 1-877-644-4613 Prior Auth: CoordinatedCareHealth.com or 1-877-644-4613 Pharmacists Only: 833-750-4510 <div>Coordinated Care 1145 Broadway, Suite 700 Tacoma, WA 98402</div> <div>EDI/EFT/ERA please visit Provider Resources at www.CoordinatedCareHealth.com</div>
 Washington Apple Health RXBIN: 003858 RXPCN: MA RXGRP: 2FEA NAME: MEDICAID ID#: MEMBER ID#: DOB: <small>If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. CoordinatedCareHealth.com ©Coordinated Care of Washington, Inc.</small>	IMPORTANT TELEPHONE NUMBERS Members ALL Member Services: 1-844-354-9876 TTY: 711 24/7 Nurse Advice Line: 1-844-354-9876 Medical and Behavioral Health Claims Coordinated Care Attn: Claims PO Box 4030 Farmington, MO 63640-4197 Providers Provider Services & IVR Eligibility Inquiry: 1-877-644-4613 Prior Auth: CoordinatedCareHealth.com or 1-877-644-4613 Pharmacists Only: 833-750-4512 <div>Coordinated Care 1145 Broadway, Suite 700 Tacoma, WA 98402</div> <div>EDI/EFT/ERA please visit Provider Resources at www.CoordinatedCareHealth.com</div>

If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>. If you still need assistance processing a claim, please call the **Coordinated Care Apple Health Help Desk** at **833.750.4510** or the **Coordinated Care Apple Health Core Connections Help Desk** at **833.750.4512**.

ambetter from Coordinated Care Claim Processing Update

Effective January 1, 2024, ambetter from Coordinated Care will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for ambetter from Coordinated Care members.

BIN:	003858
PCN:	A4
Rx Group:	2DTA

Sample ID Cards





Subscriber: [Jane Doe]		Policy #: [XXXXXXXXXX]	
Member: [John Doe]		Member ID #: [XXXXXXXXXXXXXXX]	
		Effective Date: [00/00/00]	
 AmbetterHealth.com/copies	PCP: [\$10 copay after ded. [[(\$600)]] Specialist: [\$25 coin. after ded. [[(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [[(\$600)]] Urgent Care: [20% coin. after ded. [[(\$600)]] ER: [\$250 copay after ded. [[(\$600)]] Max Out-of-Pocket: [\$25,000]		
Plan: [Plan name] [Line 2 if needed]		RXBIN: 003858 RXPEN: A4 RXGROUP: DOTA	
[Network Name] Network Coverage Only			
REFERRAL NOT REQUIRED			

Subscriber: [Jane Doe]		Policy #: [XXXXXXXXXX]	
Member: [John Doe]		Member ID #: [XXXXXXXXXXXXXXX]	
		Effective Date: [00/00/00]	
 AmbetterHealth.com/copies	PCP: [\$10 copay after ded. [[(\$600)]] Specialist: [\$25 coin. after ded. [[(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [[(\$600)]] Urgent Care: [20% coin. after ded. [[(\$600)]] ER: [\$250 copay after ded. [[(\$600)]] Max Out-of-Pocket: [\$25,000]		
Plan: [Plan name] [Line 2 if needed]		RXBIN: 003858 RXPEN: A4 RXGROUP: DOTA	
[Network Name] Network Coverage Only			
REFERRAL NOT REQUIRED			

Ambetter.CoordinatedCareHealth.com			
Member/Provider Services: 1-877-687-1197 (TTY 711) 24/7 Nurse Line: 1-877-687-1197 <i>Numbers below for providers:</i> Pharmacist Only: 1-833-750-4284 EDI Payor ID: 68069 [Enroll Vision:] 1-866-753-5789		Medical Claims Address: Coordinated Care Corporation ATTN Claims PO Box 5010 Farmington, MO 63640-5010	
<p>If you have an emergency, call 911 or go to the nearest Emergency Room. Emergency services received in WA are covered at in-network cost sharing, regardless of the provider's network status. For more specific and out of state coverage information, please review your Evidence of Coverage or visit AmbetterCoordinatedCareHealth.com.</p>			
<small>AMB23-WA-C-0004B</small>			

Subscriber: [Jane Doe]		Policy #: [XXXXXXXXXX]	
Member: [John Doe]		Member ID #: [XXXXXXXXXXXXXXX]	
		Effective Date: [00/00/00]	
 AmbetterHealth.com/copies	PCP: [\$10 copay after ded. [[(\$600)]] Specialist: [\$25 coin. after ded. [[(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [[(\$600)]] Urgent Care: [20% coin. after ded. [[(\$600)]] ER: [\$250 copay after ded. [[(\$600)]] Max Out-of-Pocket: [\$25,000]		
Plan: [Plan name] [Line 2 if needed]		RXBIN: 003858 RXPEN: A4 RXGROUP: DOTA	
[Network Name] Network Coverage Only			
REFERRAL NOT REQUIRED			

Ambetter.CoordinatedCareHealth.com			
Member/Provider Services: 1-877-687-1197 (TTY 711) 24/7 Nurse Line: 1-877-687-1197 <i>Numbers below for providers:</i> Pharmacist Only: 1-833-750-4284 EDI Payor ID: 68069		Medical Claims Address: Coordinated Care Corporation ATTN Claims PO Box 5010 Farmington, MO 63640-5010	
<p>If you have an emergency, call 911 or go to the nearest Emergency Room. Emergency services received in WA are covered at in-network cost sharing, regardless of the provider's network status. For more specific and out of state coverage information, please review your Evidence of Coverage or visit AmbetterCoordinatedCareHealth.com.</p>			
<small>AMB23-WA-C-0004B</small>			

 FROM  ambetter FROM 	
Subscriber: [Jane Doe] Member: [John Doe]	Policy #: [8700000000] Member ID #: [XXXXXXXXXXXX] Effective Date: [00/00/00]
PUBLIC OPTION  AmbetterHealthn.com/copays	PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]
Plan: [Plan name] [Line 2 if needed] Referral Not Required	RXBIN: 003858 RXPCN: A4 RXGROUP: 2DTA
CASCADE SELECT: CASCADE COMPLETE CARE NETWORK ONLY	

Ambetter.CoordinatedCareHealth.com	
Member/Provider Services: 1-877-687-1197 (TTY 711) 24/7 Nurse Line: 1-877-687-1197	Medical Claims Address: Coordinated Care Corporation ATTN Claims PO Box 5010 Farmington, MO 63640-5010
Numbers below for providers: Pharmacist Only: 1-833-750-4284 EDI Payor ID: 68069	
<small>If you have an emergency, call 911 or go to the nearest Emergency Room. Emergency services received in WA are covered at in-network cost sharing, regardless of the provider's network status. For more specific and out of state coverage information, please review your Evidence of Coverage or visit Ambetter.CoordinatedCareHealth.com.</small>	
<small>Ambetter from Coordinated Care is underwritten by Coordinated Care Corporation, which is a Qualified Health Plan issuer in the Washington Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Coordinated Care Corporation.</small>	

If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.4284**.