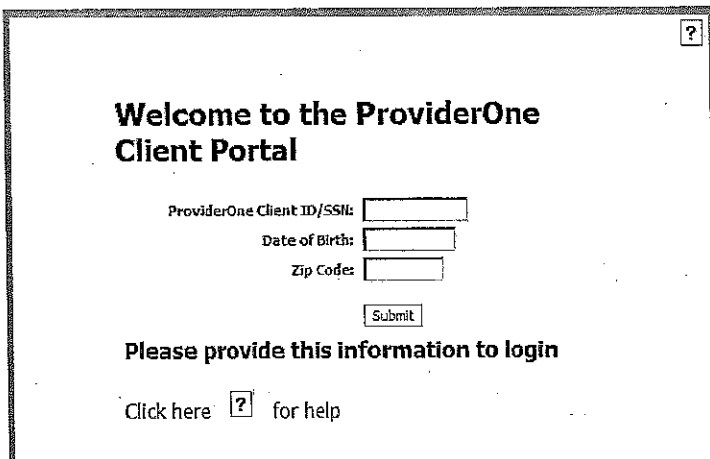


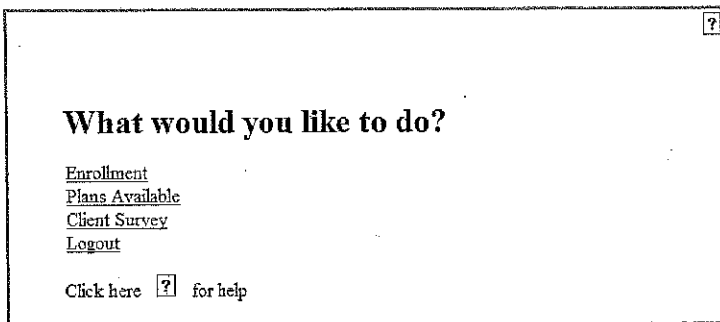
How to Change Enrollment in a Healthy Options Plan Using the ProviderOne Client Web Portal

1. Go to <https://www.waproviderone.org/client>
Note: You cannot access this website from a DSHS or HCA networked computer.
2. Enter the client's ProviderOne ID Number (123456789WA) or Social Security number, Date of Birth, and Zip Code and click *Submit*.



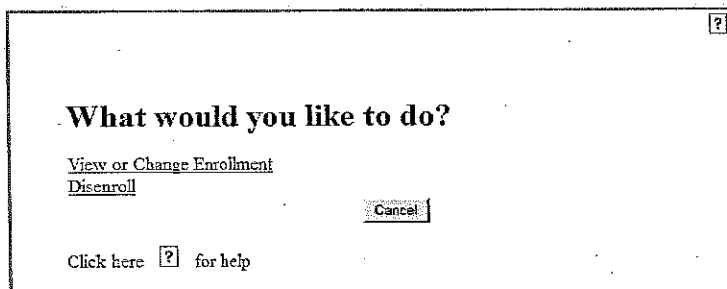
A screenshot of the ProviderOne Client Portal login page. The page has a title "Welcome to the ProviderOne Client Portal" and a small question mark icon in the top right corner. Below the title are three input fields: "ProviderOne Client ID/SSN:", "Date of Birth:", and "Zip Code:". A "Submit" button is located below these fields. Below the button, the text "Please provide this information to login" is displayed. At the bottom left, there is a link "Click here" followed by a question mark icon and the text "for help".

3. Click *Enrollment*.



A screenshot of the ProviderOne Client Portal menu page. The page has a title "What would you like to do?" and a small question mark icon in the top right corner. Below the title are four links: "Enrollment", "Plans Available", "Client Survey", and "Logout". At the bottom left, there is a link "Click here" followed by a question mark icon and the text "for help".

4. Click *View or Change Enrollment*. Do not try to disenroll using this tool.



A screenshot of the ProviderOne Client Portal menu page, showing the "View or Change Enrollment" link selected. The page has a title "What would you like to do?" and a small question mark icon in the top right corner. Below the title are three links: "View or Change Enrollment", "Disenroll", and "Cancel". At the bottom left, there is a link "Click here" followed by a question mark icon and the text "for help".

- Client information and current plan are displayed. Click *Change Enrollment*.

ProviderOne Client Portal

ProviderOne Client ID: 12344568WA Client Name: Doe, John

Program: HO-Healthy Options Plan: 185010201-Molina Healthcare of Washington, Inc

Start Date: 10/01/2008 End Date: 12/31/2999

Enrollment is: Mandatory Enrollment Reason: Auto Assignment

Household Members:

ProviderOne Client Id	Name Of Client	Start Date	End Date	Relationship
12344568WA	Doe, John	10/01/2008	12/31/2999	CH
12344567WA	Doe, Jane	10/01/2008	12/31/2999	OP

Accept Enrollment Change Enrollment Do Not Enrol Cancel

Click here for help Click here for IDn and Provider lookup

NOTE: If there is more than one person in the household, the pop up box below will appear. Click *OK*. Everyone in the household must have the same plan. There are some exceptions. Please call Medicaid customer service at 1-800-562-3022 for help.

Windows Internet Explorer

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

OK Cancel

- Choose the plan your client is requesting and click *Ok*.

ProviderOne Client Portal

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

Available Plans:

Choose One:

Plan	Phone Number
<input checked="" type="checkbox"/> 105010101-Community, Health, Plan, of, Washington	800-4401561

[Click here for help](#) [Click here for Plan and Provider lookup](#)

- Click *Accept Enrollment*, then click *OK* in the pop up box to make this change effective.

ProviderOne Client Portal

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

Program: **HO-Healthy Options** Plan: **105010101-Community, Health, Plan, of, Washington**

Start Date: **08/01/2010** End Date: **12/31/2009**

Enrollment is: **Mandatory** Enrollment Reason: **Client Choice**

Household Members:

ProviderOne Client Id	Name Of Client	Start Date	End Date	Relationship
123456789W	Doe, John	10-01-2008	12-31-2009	CH
123456781W	Doe, Jane	10-01-2008	12-31-2009	OP

[Click here for help](#) [Click here for Plan and Provider lookup](#)

Windows Internet Explorer

Are you sure want to enroll?



- To enter the patient's primary care provider, or pregnancy or surgical information, click *Click Here* in the *Sign-up Form Details* column. If you choose not to enter that information click *Ok* to complete the plan change.

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

[Click here](#)  for help
 [Click here](#) for  and Provider lookup

- If you choose to enter additional information for each household member, we send the information to the health plan to help with PCP assignment and care coordination. Enter the applicable information and click *Ok*. Do this for each household member.


PCP Choice:

Pregnancy Due Date:
Pregnancy Doctor:
Provider Contact Number:

Surgery Date:
Surgery Doctor:
Provider Contact Number:

Do you have any special medical condition or developmental delay?:

In general, how would you rate your overall health now?:

[Click here](#)  for help

- When finished entering details click *Ok*.
- Click *Logout* on the Enrollment Confirmation screen to end the session.

