



Molina Healthcare Washington Apple Health Managed Care

Enrollee Handbook **2025**

Molina Healthcare complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency), sex (consistent with the scope of sex discrimination described at § 92.101(a), including gender identity and sexual orientation), age, or disability. Molina Healthcare does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters (including qualified sign language interpreters). (2) Written information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes (1) Qualified oral interpreters. (2) Information translated in your language.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Molina Member Services at 1-800- 869-7165, TTY/TTD: 711, Monday to Friday, 7:30 a.m. to 6:30 p.m., local time.

If you believe we have failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency), sex (consistent with the scope of sex discrimination described at § 92.101(a), including gender identity and sexual orientation), age, or disability, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at: <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, or TTY/TTD: 711 or submit your grievance to:

Civil Rights Unit

200 Oceangate, Long Beach, CA 90802

Email: civil.rights@molinahealthcare.com Website: <https://molinahealthcare.Alertline.com>

Additionally, you may file a grievance with the Washington Office of the Insurance Commissioner electronically at insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at fortress.wa.gov/oic/online-services/cc/pub/complaininginformation.aspx

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

Phone 1-800-368-1019, TTY/TDD: 800-537-7697

Complaint forms are available here: www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. Choice counseling is provided by HCA's Medical Assistance Customer Service Center. For assistance, you may call 1-800-562-3022, TRS 711.

English	For free language assistance services, and auxiliary aids and services, call 1-800-869-7165 (TTY: 711).
Spanish Español	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-800-869-7165 (TTY: 711).
Chinese 中文（简体）	如需免费的语言协助服务以及辅助工具和服务，请致电1-800-869-7165 (TTY 用户请拨打 711)。
Vietnamese Tiếng Việt	Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-800-869-7165 (TTY: 711).
Korean 한국인	무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-800-869-7165 (TTY: 711)로 연락 주시기 바랍니다.
Russian Русский	Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-800-869-7165 (телетайп: 711).
Tagalog	Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-800-869-7165 (TTY: 711).
Ukrainian Українська	Для отримання безкоштовної мовної допомоги, допоміжних засобів та послуг телефонуйте за номером 1-800-869-7165 (TTY: 711).
Mon-Khmer Cambodian ខ្មែរ	សម្រាប់សេវា កម្មវិធីជំនួយភាសា និងជំនួយធនធានភាសា បំរើ យុត្តិធម៌តែម្ដង សូមទូរសព្ទទៅ 1-800-869-7165 (TTY: 711)។
Japanese 日本語	無料の言語サポートや補助器具・サービスをご希望の方は、1-800-869-7165 (TTY: 711) までお電話ください。
Amharic አማርኛ	ለነጻ የቋንቋ እርዳታ አገልግሎቶች፣ እና ረዳት እርዳታዎች እና አገልግሎቶች፣ ወደ 1-800-869-7165 (TTY: 711) ይደውሉ።
Cushite Afaan Oromoo	Tajaajiloota hiikkaa afaanii, fi namoota hanqina dhagahuu qabaniif deeggarsa dhageettii meeshaatiinii bilisaan argachuuf, gara 1-800-869-7165 (TTY: 711) tti bilbilaa.
Arabic العربية	اتصل على الرقم 1-800-869-7165 (الهاتف النصي 711) لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.
Punjabi ਪੰਜਾਬੀ	ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਲਈ, 1-800-869-7165 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।
German Deutsch	Kostenlose Sprachassistenzen, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-800-869-7165 (TTY: 711).
Laotian ພາສາລາວ	ສໍາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທ 1-800-869-7165 (TTY: 711).

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Welcome

Welcome to Molina Healthcare and Washington Apple Health

Thank you for enrolling in Washington Apple Health (Medicaid) and welcome to Molina Healthcare, your health plan. We work with Apple Health to provide your coverage. This handbook will provide more details about your covered benefits and how to get services.

When you are enrolled in managed care, Apple Health pays your health plan a monthly premium for your coverage. Your coverage includes physical and behavioral health services like preventive, primary, specialty care, telemedicine, and other health services. Most clients in managed care must see providers in their plan's network. Most services received outside of your plan's service area will not be covered unless pre-approved. Work with your primary care provider (PCP) to get pre-approval for care received outside of the service area. To get an Indian Health Care Provider (IHCP) as your PCP, contact 1-800-869-7165 (TTY 711) for AI/AN PCP assignment. We will cover emergency services if you have an emergency outside of the service area.



We will get in touch with new members in the next few weeks. You can ask us any questions and get help making appointments. If you have any questions, call us at 1-800-869-7165 (TTY 711), Monday–Friday, 7:30 a.m.–6:30 p.m.

If English is not your preferred language or you are deaf, deafblind, or hard of hearing, we can help. We want you to be able to access your health care benefits. If you need any information in a language other than English, including sign language, call us at 1-800-869-7165 (TTY 711). We will provide language assistance at no cost to you. We can also help you find a provider who speaks your language.

You are entitled to language access services when you attend a health care appointment covered by Apple Health. Your provider is required to schedule an interpreter for your appointments. Let your health care provider know you need an interpreter when you schedule your appointment.

Spoken language interpreters can go to the provider's office, be on the phone, or be on video during your appointment. Sign language interpreters can go to the provider's office or be on video during your appointment.

If you have any questions about our interpreter services program, visit our website at MolinaHealthcare.com/WA. You can also visit the Health Care Authority (HCA) Interpreter Services webpage at hca.wa.gov/interpreter-services or email HCA Interpreter Services at interpretersvcs@hca.wa.gov.

Call us if you need help understanding information or if you need it in other formats. If you have a disability, are blind or have limited vision, are deaf or hard of hearing, or do not understand this book or other materials, call us at 1-800-869-7165 (TTY 711). We can provide you with materials in another format or auxiliary aids, like braille, at no cost to you. We can tell you if a provider's office is wheelchair accessible or has special communication devices or other special equipment. We also offer:

- TTY line (Our TTY phone number is 711).
- Information in large print.
- Help with making appointments or arranging transportation to appointments.
- Names and addresses of providers who specialize in specific care needs.



Important contact information

Organization	Customer service hours	Customer service phone numbers	Website address
Molina Healthcare	Monday-Friday 7:30 a.m.-6:30 p.m.	1-800-869-7165 TTY 711	MolinaHealthcare.com/WA
Health Care Authority (HCA) Apple Health Customer Service	Monday-Friday 7 a.m.-5 p.m.	1-800-562-3022 TRS 711	hca.wa.gov/apple-health
Washington Healthplanfinder	Monday-Friday 8 a.m.-6 p.m.	1-855-923-4633 TTY 1-855-627-9604	wahealthplanfinder.org

My health care providers

We suggest you write down the name and phone number of your providers for quick access. We will have the information on our website in our provider directory at

MolinaProviderDirectory.com/WA. You can also call us and we will help.

Health Care Provider	Name	Phone Number
My Primary Care Provider:		
My Behavioral Health Provider:		
My Dental Provider:		
My Specialty Care Provider:		
My Pharmacy Provider:		

This handbook does not create any legal rights or entitlements. You should not rely on this handbook as your only source of information about Apple Health. This handbook is intended to provide a summary of information about your health benefits. You can get detailed information about the Apple Health program by looking at the Health Care Authority laws and rules page online at: hca.wa.gov/about-hca/rulemaking.

How to use this handbook

This is your guide to services. Use the table below to learn who to contact with questions.

If you have any questions about ...	Contact
<ul style="list-style-type: none"> Changing or disenrolling from your Apple Health managed care plan (page 12) How to get Apple Health covered services not included through your plan (page 11) Your ProviderOne services card (page 10) 	<p>Washington State Health Care Authority (HCA):</p> <ul style="list-style-type: none"> ProviderOne Client Portal: waproviderone.org/client fortress.wa.gov/hca/p1contactus/ <p>If you still have questions or need further help, call HCA at 1-800-562-3022.</p>
<ul style="list-style-type: none"> Choosing or changing your providers (page 15) Covered services or medications (page 23) Making a complaint (page 62) Appealing a decision by your health plan that affects your benefits (page 54) 	<p>Molina Healthcare at 1-800-869-7165 (TTY 711) or go online to MolinaHealthcare.com/WA.</p>
<ul style="list-style-type: none"> Your medical care (page 23) Referrals to specialists (page 15) 	<p>Your primary care provider. If you need help to select a primary care provider, call us at 1-800-869-7165 (TTY 711) or go online to MolinaProviderDirectory.com/WA.</p> <p>You can also call Molina Healthcare's 24-hour Nurse Advice Line at 1-888-275-8750 (TTY 711).</p>
<ul style="list-style-type: none"> Changes to your account such as: <ul style="list-style-type: none"> Address changes, Income change, Marital status, Pregnancy, and, Births or adoptions. 	<p>Washington Healthplanfinder at 1-855-WAFINDER (1-855-923-4633) or go online to: wahealthplanfinder.org.</p>

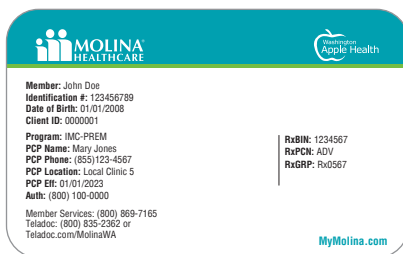
If you have any questions about ...	Contact
<ul style="list-style-type: none">• How to report fraud, waste, and abuse.	<p>Washington State Health Care Authority</p> <ul style="list-style-type: none">• Reporting Washington Apple Health eligibility fraud WAHEligibilityFraud@hca.wa.gov 1-360-725-0934• Reporting Medicaid providers hottips@hca.wa.gov 1-833-794-2345 <p>Visit HCA's website for detailed information: hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention</p> <p>You can report fraud with or without giving your name to:</p> <p>Molina Healthcare AlertLine</p> <ul style="list-style-type: none">• Phone Toll Free: (866) 606-3889 or online: MolinaHealthcare.AlertLine.com



Getting started

You will need two cards to access services, your Molina Healthcare member ID card and your ProviderOne services card.

1. Your Molina Healthcare member ID card



Your member ID card should arrive 30 days after enrolling in coverage. Your member ID number will be on your member ID card. Call us right away if any information on your card is incorrect, or you do not receive it within 30 days. Always carry your member ID card and show it each time you get care. You do not need to wait for your card to arrive to go to a provider or fill a prescription. Contact us by phone at 1-800-869-7165 (TTY 711) or contact us by email at MHWMemberServicesWeb@MolinaHealthcare.com if you need care before your card comes. Your provider can also contact us to check eligibility.

2. Your ProviderOne services card

You will also receive a ProviderOne services card in the mail. Your ProviderOne services card will be mailed to you seven to 10 days after you're found eligible for Apple Health coverage. This is a plastic ID card that looks like other health insurance ID cards. Keep this card and protect your information.

Your services card will include only the following information:

- Your name
- Provider One ID number
- Date issued
- ProviderOne website
- Customer service information

(no information about resident or immigration status will be displayed)



HCA will not automatically send you a new card if you received one in the past. You can request a new card, if needed. Each person has their own ProviderOne client number. Take this card with you to your doctor appointments. Providers use this card to make sure your services are covered.

Using the ProviderOne services card

You can view a digital copy of your ProviderOne services card through the WAPlanfinder mobile app. Learn more about the app at wahbexchange.org/mobile/. There is no need to order a replacement when you always have a digital copy with you!

Your ProviderOne client number is on the back of your card. It will always be nine digits and end in “WA”. Confirm your coverage started or switch your health plan through the ProviderOne Client Portal at waproviderone.org/client.

Health care providers also use ProviderOne to see if you are enrolled in Apple Health.

If you need a new ProviderOne services card

You can request a new ProviderOne services card if you don’t receive your card, the information is incorrect, or you lose your card. You can request a replacement several ways:

- Visit the ProviderOne client portal website: waproviderone.org/client
- Call the toll-free IVR line at 1-800-562-3022, follow the prompts.
- Request a change online: fortress.wa.gov/hca/p1contactus/
 - o Select “Client.”
 - o Use select topic drop down menu to choose “Services Card.”

There is no charge for a new card. It takes seven to 10 days to get the new card in the mail.

Apple Health services covered without a managed care plan (also called fee-for-service)

The Health Care Authority (HCA) pays for some benefits and services directly through Apple Health even if you are enrolled in a health plan. These benefits include:

- Dental services by a dental professional,
- Eyeglasses for children (age 20 and younger),
- Long-term care services and supports¹,
- First Steps Maternity Support Services (MSS), First Steps Infant Case Management (ICM), childbirth education, Substance Using Pregnant People (SUPP) Program, prenatal genetic counseling, and pregnancy terminations², and,
- Services for individuals with developmental disabilities.

You only need your ProviderOne services card to access these benefits. Your PCP or Molina Healthcare will help you access these services and coordinate your care. See [page 23](#) for more details on covered benefits. Call us if you have questions about benefits or services.

¹ Long-term services and supports are not covered under Apple Health Expansion.

² Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

Changing health plans

You have the right to change your health plan at any time. Your plan change may happen as soon as the month after you make your change. Make sure your plan change has taken place before you see providers in your new plan's network.

There are several ways to switch your plan.

- Change your plan on the Washington Healthplanfinder website: wahealthplanfinder.org
- Visit the ProviderOne client portal: waproviderone.org/client
- Request a change online: fortress.wa.gov/hca/p1contactus/home/client
 - o Select the topic "Enroll/Change Health Plans."
 - o Call HCA: 1-800-562-3022 (TRS: 711).

If you decide to change health plans, we will work with your new plan to transition medically necessary care so you can keep getting services you need.

NOTE: Enrollees in the Patient Review and Coordination program must stay with the same health plan for one year. Contact us if you move.

Information for American Indians and Alaska Natives

HCA gives American Indians and Alaska Natives in Washington a choice between Apple Health managed care or Apple Health coverage without a managed care plan (also called fee-for-service). HCA does this to comply with federal rules, in recognition of the Indian health care delivery system, and to help ensure that you have access to culturally appropriate health care. You can contact HCA at 1-800-562-3022 for questions or to change your enrollment. You can change your selection(s) at any time, but the change will not take effect until the next available month.

If you are connected or partnered with a Tribal Assister through an Indian Health Service (IHS) facility, Tribal health program, or Urban Indian Health Program (UIHP), they can help you make your decision. They may help you decide whether to choose a managed care plan or Apple Health coverage without a managed care plan. If you have questions about your health care or your health care coverage, your tribal or UIHP staff may be able to help you.

If you are American Indian or Alaska Native, you may be able to get health care services through an IHS facility, tribal health care program or UIHP such as the Seattle Indian Health Board or NATIVE Project of Spokane. The providers at these clinics are knowledgeable and understand your culture, community, and health care needs. They will give you the care you need or refer you to a specialist.

Information for Apple Health Expansion enrollees

Apple Health Expansion is a new program designed to provide health care coverage to people aged 19 or older with immigration statuses that qualify for the program. Eligible enrollees include those who do not qualify for other Apple Health programs based on their immigration status. Under this program, you are enrolled in a health plan offered in your county. This health plan manages your health care and is your point of contact for help getting services, coordinating your care, and ensuring you receive the needed language access supports.

Apple Health Expansion includes most services covered under other Apple Health programs. You have access to medical, dental, pharmacy, and behavioral health services under your Apple Health Expansion coverage.

Some services available under Apple Health Expansion include:

- Medical and behavioral health services
- Dental services
- Transportation to Apple Health covered appointments
- Interpreter services
- Pharmacy (Over the counter and prescription drugs on the Apple Health preferred drug list)
- Vision hardware (for enrollees aged 19–20)

Some services are **not available** under Apple Health Expansion coverage. These include but are not limited to:

- Early and periodic screening, diagnostic, and treatment (EPSDT)
- Supportive supervision
- Private duty nursing
- Long-term nursing facility care
- Intermediate care facility
- Health Home program
- Pregnancy and after-pregnancy related services

The following Apple Health programs are available regardless of citizenship or immigration status.

- Apple Health for Kids
- Apple Health for Pregnant Individuals
- After-Pregnancy Coverage
- Family Planning Only

Your rights and privacy

We are required by law to protect your health information and keep it private. We only use and share your information to provide benefits, carry out treatment, payment, and health care operations. Your immigration status will be protected, and action will not be taken against you for filing a complaint or grievance regarding the care you've received. More information on privacy can be found under the "We Protect Your Privacy" section of this manual.

Using private health insurance and your Molina Healthcare coverage

Some enrollees have private health insurance. We may work with other insurance to help cover some co-pays, deductibles, and services private health insurance does not cover.

Make sure your health care providers are in Molina Healthcare's provider network or willing to bill us for any co-pays, deductibles, or balances your private insurance does not cover. This will help you avoid out-of-pocket costs.

Show all cards when you go to the doctor or other medical providers. This includes:

- Private health insurance card,
- ProviderOne services card, and
- Molina Healthcare member ID card.

Contact Molina Healthcare right away if:

- Your private health insurance coverage ends,
- Your private health insurance coverage changes, or,
- You have any questions about using Apple Health with your private health insurance.



How to get health care

How to choose your primary care provider (PCP)

It's important to choose a primary care provider (PCP). You can find your PCP's information on your member ID card. We will choose a PCP for you if you do not choose one. You can request a provider if you are already seeing a PCP or have heard about a provider you want to try. We can help you find a new PCP if the provider you would like to see is not in our network. You have the right to change health plans without interruption of care. This right is in HCA's Transition of Care policy.

Each eligible family member can have their own PCP, or you can choose one PCP to take care of all eligible family members who have Apple Health managed care coverage. You can choose a new PCP for you or your family any time at MolinaProviderDirectory.com/WA or call us at 1-800-869-7165 (TTY 711).

Setting your first PCP appointment

Your PCP will take care of most of your health care needs. Services you can get include regular check-ups, immunizations (shots), and other treatments.

Make an appointment as soon as you choose a PCP to become a patient with them. This will help you get care when you need it.

It is helpful for your PCP to know as much about your physical and behavioral health history as possible. Remember to bring your ProviderOne services card, Molina Healthcare member ID card and any other insurance cards. Write down your health history. Make a list of any:

- Medical or behavioral health concerns you have,
- Medications you take, and,
- Questions you want to ask your PCP.

Let your PCP know as soon as possible if you need to cancel an appointment.

How to get specialty care and referrals

Your PCP will refer you to a specialist if you need care they cannot give. Your PCP can explain how referrals work. Talk to your PCP if you think a specialist does not meet your needs. They can help you see a different specialist.

Your PCP must ask us for pre-approval or prior authorization before giving you some treatments and services. Your PCP can tell you what services require pre-approval or you can call us to ask.

We will get you the care you need from a specialist outside our network if we don't have one in network. We may need to pre-approve any visits outside of our network. Discuss this with your PCP.

Your PCP will request pre-approval from us with medical information to show us why you need this care. We must respond to your PCP within five days of the request. We will notify you of our decision no later than 14 days.

You have the right to appeal if we deny this request and you disagree with our decision. This means you can ask us to have a different person review the request. See [page 55](#) for more information. You are not responsible for any costs if your PCP or Molina Healthcare refers you to a specialist outside of our network and we give pre-approval.

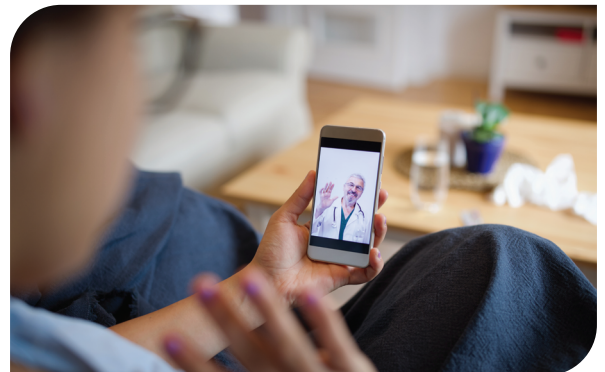
Services you can get without a referral

You do not need a referral from your PCP to see a provider in our network if you need:

- Behavioral health crisis response services including:
 - Crisis intervention
 - Evaluation and Treatment services
- Family planning services
- HIV or AIDS testing
- Immunizations
- Outpatient behavioral health services
- Sexually transmitted disease treatment and follow-up care
- Tuberculosis screening and follow-up care
- Women's health services including:
 - Maternity services including services from a midwife, and,
 - Breast or pelvic exams

Telehealth/Telemedicine

If supported by your provider, you can visit your provider over the phone or the computer instead of an in-person appointment. This is known as telemedicine. Telehealth (also referred to as telemedicine) must be private, interactive, and real-time audio or audio and video communications. Virtual urgent care is also an option as part of your Apple Health coverage. More information can be found on [page 41](#).



You can share information with your provider and receive diagnosis and treatment in real time without being in the same place.

Telehealth is a valuable option when you're unable to travel to your provider's office. Many clinics now offer this service, and it is covered by Molina Healthcare. Contact your provider to ask if they offer phone or online appointments. To learn more, visit MolinaHealthcare.com/WA-Telehealth.

You must go to Molina Healthcare doctors, pharmacies, behavioral health providers, and hospitals

You must use physical and behavioral health providers who work with Molina Healthcare. We also have hospitals and pharmacies for you to use. You can request a directory with information about our providers, pharmacies, and hospitals. Directories include:

- Hospitals and pharmacies.
- The provider's name, location, and phone number.
- The specialty, qualifications, and medical degree.
- Medical school attended, Residency completion, and Board Certification status.
- The languages spoken by those providers.
- Any limits on the kind of patients (adults, children, etc.) the provider sees.
- Identifying which PCPs are accepting new patients.

To get a directory, call our member services line at 1-800-869-7165 (TTY 711) or visit our website MolinaProviderDirectory.com/WA.

Payment for health care services

As an Apple Health client, you have no co-pays or deductibles for any covered services. You might have to pay for your services if:

- You get a service that Apple Health does not cover, such as cosmetic surgery.
- You get a service that is not medically necessary.
- You get care from a provider who is not in our network and it is not an emergency or preapproved by your health plan.
- You don't follow our rules for getting care from a specialist.

Providers should not ask you to pay for covered services. Call us at 1-800-869-7165 (TTY 711) if you get a bill. We will work with your provider to make sure they are billing correctly.

Quality Improvement programs

The Molina Healthcare Quality Improvement Program works to ensure that members get high quality care and useful service from its provider network and the health plan.

Molina Healthcare's Quality Improvement Program:

- Makes sure you have access to a qualified health care team.
- Reviews and acts if there is an issue with the quality of care that has been provided.
- Responds to and addresses the culturally and linguistically diverse needs of our members.
- Promotes safety in health care through education for our members and providers.
- Provides **Tips to Stay Healthy** to help members know what services are needed and when they need those services.
- Provides a **Guide to Accessing Quality Health Care** to help members access our programs and services.
- Tracks and evaluates our performance through **HEDIS®** (Healthcare Effectiveness Data and Information Set).
 - HEDIS® is one of health care's most widely used performance improvement tools which helps compare various aspects of health care quality such as preventive and wellness screenings, diabetes management, prenatal and postpartum care for pregnancy, and immunizations for children.
- Offers surveys to our members to let us know their experience and satisfaction with the health plan and the providers such as **CAHPS®** (Consumer Assessment of Healthcare Providers and Systems).

To learn about processes, goals and outcomes as they relate to member care and services, visit: MolinaHealthcare.com/WAQIPProgram.

For member information on healthy living, visit: MolinaHealthcare.com/MHWMedicaidPublications or MolinaHealthcare.com/StayingHealthy.

If you want a free copy of Molina Healthcare's Quality Improvement Program description or progress report, please call Member Services at 1-800-869-7165 (TTY 711).

Utilization Management programs

Molina Healthcare wants you to get care that's right for you, without getting care you don't need. We help make sure you get the right level of care by making decisions based on medical need, appropriateness, and covered benefits.

We do not reward the staff who make these decisions for saying no. This makes sure our decisions are fair. If you have questions about how these decisions are made, call Molina Healthcare at 1-800-869-7165 (TTY 711), 7:30 a.m.–6:30 p.m., Monday–Friday.

We are also happy to provide you with a copy of the rules used to make decisions. If you need help with your language, bilingual staff or interpreters are available at no cost. We also offer TTY services if you are deaf, hard of hearing, or have trouble speaking. Please leave a message with your phone number if you call after hours or on the weekend. We will return your call within one business day. Member Services may also call to talk about Utilization Management issues. When calling, Molina Utilization Management staff will use their name, title and Molina's name.

How we evaluate new technology

We review new equipment, drugs, and procedures to decide if they should be covered based on medical necessity. Some new equipment, drugs, and procedures are still being tested to see if they really help. If they are still being tested, they are called experimental or investigational. These services are covered after research and Molina Healthcare determines they are more helpful than harmful. If you want to know more, contact us at 1-800-869-7165 (TTY 711), 7:30 a.m.–6:30 p.m., Monday–Friday.



Getting care in an emergency or when you are away from home

In an emergency

Call 911 or go to the nearest emergency room if you have a sudden or severe health problem that you think is an emergency.

Call us as soon as possible afterwards to let us know that you had an emergency and where you received care. You do not need pre-authorization to seek care in the event of an emergency. You may use any hospital or emergency setting if you are having an emergency.

Only go to the hospital emergency room if it's an emergency. Do not go to the emergency room for routine care.

If you need urgent care

You may have an injury or illness that is not an emergency but needs urgent care. Contact us at 1-800-869-7165 (TTY 711) to find urgent care facilities in our network or visit our website at MolinaProviderDirectory.com/WA. If you have questions on whether to go to an urgent care facility call our 24-hour nurse line at 1-888-275-8750 (TTY 711). This line is open seven (7) days a week.

If you need care after hours

Call our 24-hour nurse line and ask for assistance 1-888-275-8750 (TTY 711).

You can also contact your health plan's virtual urgent care service via phone, smartphone, tablet, or computer 1-800-835-2362 (TTY 711), go to Teladoc.com/MolinaWa, or download the Teladoc app: Teladoc.com/mobile.

Call your PCP to see if they offer after-hours care.

Behavioral health crisis

Examples of behavioral health emergency/crisis can include when someone:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Threatens to or talks about hurting or killing themselves and/or others • Feels hopeless • Feels rage or uncontrolled anger • Feels trapped, like there is no way out • Engages in reckless behaviors | <ul style="list-style-type: none"> • Feels anxious, agitated, or unable to sleep • Withdraws from friends and family • Encounters dramatic mood changes • Sees no reason for living • Increases alcohol or drug use |
|---|--|

Call your county crisis line below if you or someone you know is experiencing a mental health crisis.

- **Call 911 for immediate help for a life-threatening emergency.**
- **Call 988 for immediate help for a behavioral health crisis.**
 - Call or text 988. The line is free, confidential, and available 24/7.

For substance use, problem gambling or mental health support: call or text the Washington Recovery Help Line at 1-866-789-1511 or 1-206-461-3219 (TTY) for 24-hour referrals. You can also go to warecoveryhelpline.org.

- Teens can connect with teens between 6 p.m.-10 p.m. Call 1-866-833-6546, email teenlink@crisisclinic.org, or go to 866teenlink.org.

Washington Recovery Help Line is a 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance use disorder treatment services, and problem gambling. Call or text 1-866-789-1511 or 1-206-461-3219 (TTY), email recovery@crisisclinic.org or go to warecoveryhelpline.org. Teens can connect with teens during specific hours: 1-866-833-6546, teenlink@crisisclinic.org, or teenlink.org.

County crisis line phone numbers

Call your local Behavioral Health Administrative Services Organization (BH-ASO) county crisis line below to request assistance if you or someone you know is experiencing a behavioral health crisis.

Region	Counties	Crisis lines
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-800-803-8833
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	1-888-544-9986
King	King	1-866-427-4747
North Central	Chelan, Douglas, Grant, Okanogan	1-800-852-2923
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	1-800-584-3578
Pierce	Pierce	1-800-576-7764
Salish	Clallam, Jefferson, Kitsap	1-888-910-0416
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-877-266-1818
Southwest	Clark, Klickitat, Skamania	1-800-626-8137
Thurston-Mason	Mason, Thurston	1-800-270-0041

Expectations for when a health care provider will see you

Wait times to see a provider depend on your care needs. View expected wait times to see a provider below.

- **Emergency care:** Available 24 hours a day, seven days a week.
- **Urgent care:** Office visits with your PCP, behavioral health provider, urgent care clinic, or other provider within 24 hours.
- **Routine care:** Office visits with your PCP, behavioral health provider, or other provider within 10 days. Routine care is planned and includes regular provider visits for medical problems that are not urgent or emergencies.
- **Preventive care:** Office visits with your PCP or other provider within 30 days. Examples of preventive care include:
 - o Annual physicals (also called check-ups),
 - o Well-child visits,
 - o Annual women's health care, and
 - o Immunizations (shots).

Contact us if it takes longer than the times above to see a provider.



Your Benefits

Benefits covered by Molina Healthcare

This section describes benefits and services covered by Molina Healthcare. It is not a complete list of covered services. Check with your provider or contact us if a service you need is not listed. You can view our benefits and services at MolinaHealthcare.com/WA.

Some covered health care services may require pre-approval. All non-covered services require pre-approval from us. Non-covered services through Apple Health without a managed care plan require pre-approval from HCA.

Some services are limited by the number of visits. Your provider can request a Limitation Extension (LE) if you need more visits. Ask your provider to request an exception to rule (ETR) if you need non-covered services.

You may need to get a referral from your PCP and/or pre-approval from Molina Healthcare before you get some services. If you don't have a referral or pre-approval, we may not pay for services. Work with your PCP to make sure there is a pre-approval in place before you get the service.

General services and emergency care

Service	Additional information
Emergency services	Available 24 hours per day, seven days per week anywhere in the United States.
Hospital, inpatient and outpatient services	Must be approved by us for all non-emergency care.
Urgent care	Use urgent care when you have a health problem that needs care right away, but your life is not in danger.
Preventive care	See page 22 .
Hospital inpatient rehabilitation (physical medicine)	Must be approved by Molina Healthcare.

Service	Additional information
Immunizations/vaccinations	<p>Enrollees are eligible for immunizations from their PCP, pharmacy, or local health department. Check with your provider or contact member services for more information on the scheduling of your immunization series.</p> <p>You may also visit the Department of Health at doh.wa.gov/youandyourfamily/immunization for further information.</p>
Skilled Nursing Facility (SNF)	<p>Covered for short-term, medically necessary services. Additional services may be available. Call us at 1-800-869-7165 (TTY 711).</p>

Pharmacy or prescriptions

We use a list of covered drugs called the Apple Health Preferred Drug List (PDL). A PDL is a list of drugs that are covered by Molina Healthcare. Your provider should prescribe medications to you that are on the PDL. You can call us and ask for:

- A copy of the PDL.
- Information about the group of providers and pharmacists who created the PDL.
- A copy of the policy on how we decide what drugs are covered.
- How to ask for authorization of a drug that is not on the PDL.

Some drugs are covered by Apple Health without a managed care plan. Call us at 1-800-869-7165 (TTY 711) for questions or to learn more.

You must get your medications at a pharmacy in our provider network. This makes sure that your prescriptions will be covered. Call us for help finding a pharmacy near you.

Service	Additional information
Pharmacy services	<p>Members must use participating pharmacies. We use the Apple Health PDL. Call us at 1-800-869-7165 (TTY 711) for a list of pharmacies.</p>

Health care services for children

Children and youth under age 21 have a health care benefit called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)³. EPSDT includes a full range of screening, diagnostic, and treatment services. Screenings can help identify potential physical, behavioral health or developmental health care needs which may require additional diagnostics and treatment.

EPSDT includes any diagnostic testing and medically necessary treatment needed to correct or improve a physical or behavioral health condition. This includes additional services needed to support a child who has developmental delay.

These services aim to keep conditions from getting worse and lessen the effects of a child's health care problem. EPSDT encourages early and continued access to health care for children and youth.

An EPSDT screening is sometimes referred to as a well-child or well-care check-up. Children under age 3 are eligible for well-child check-ups according to the Bright Futures EPSDT schedule and aged 3-20 are eligible for a well-child check-up every calendar year. A well-child check-up should include the following:

- Complete health and developmental history.
- A full physical examination.
- Health education and counseling based on age and health history.
- Vision testing.
- Hearing testing.
- Laboratory tests.
- Lead screening.
- Review eating or sleeping problems.
- Oral health screening and oral health services by an Access to Baby and Child Dentistry (ABCD) qualified PCP.
- Immunizations (shots).
- Mental health screening.
- Substance use disorder screening.

When a health condition is diagnosed by a child's medical provider, the child's provider(s) will:

- Treat the child if it is within the provider's scope of practice; or
- Refer the child to an appropriate specialist for treatment, which may include additional testing or specialty evaluations, such as:
 - o Developmental assessment,
 - o Comprehensive mental health,

³ Health care services for children ages 0-18, including EPSDT are not covered under Apple Health Expansion.

- o Substance use disorder evaluation, or
- o Nutritional counseling.
- Treating providers communicate the results of their services to the referring EPSDT screening provider(s). All services, including non-covered, for children ages 20 and under must be reviewed for medical necessity.

Additional services include:

Service	Additional information
Autism screening	Available for all children at 18 months and 24 months.
Chiropractic care	For children 20 years of age and younger with referral from your PCP.
Developmental screening	Screenings available for all children at nine months, 18 months, and between 24 and 30 months.
Private Duty Nursing (PDN) or Medically Intensive Children's Program (MICP)	Covered for children ages 17 and younger. Must be approved by us. For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (ALTSa). See page 48 for contact information.



Behavioral health

Behavioral health services include mental health and substance use disorder treatment services. We can help you find a provider if you need counseling, testing, or behavioral health support. Contact us at 1-800-869-7165 (TTY 711) or select a provider from our provider directory.

Service	Additional information
Applied Behavioral Analysis (ABA)	Assists individuals with autism spectrum disorders and other developmental disabilities in improving their communication, social and behavioral skills.
Substance use disorder (SUD) treatment services	<p>SUD treatment services may include:</p> <ul style="list-style-type: none"> • Assessment • Brief intervention and referral to treatment • Individual, family, and group therapy • Outpatient, residential, and inpatient • Medications for Opioid Use Disorder (MOUD) • Case management • Peer support • Crisis Services • Withdrawal management (detoxification)
Mental health treatment	<p>Mental health services are covered when provided in a Behavioral Health Agency or provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist.</p> <p>Mental health services may include:</p> <ul style="list-style-type: none"> • Intake evaluation, assessment, and screening • Peer support • Mental health treatment interventions such as: <ul style="list-style-type: none"> o Individual, family, and group therapy o Outpatient, residential, and inpatient o Intensive and brief treatment models • Crisis services • Medication management and monitoring • Care coordination and community integration
Medications for Opioid Disorder (MOUD)	Previously referred to as Medication Assisted Treatment (MAT). Medications used to treat certain substance use disorders. Call us at 1-800-869-7165 (TTY 711) for specific details.
Problem Gambling Disorder Treatment Interventions	<p>Covered service include:</p> <ul style="list-style-type: none"> • Assessment • Therapeutic individual, family and/or group services

Family Youth System Partner Round Tables (FYSPRT)

Family Youth System Partner Round Tables (FYSPRTs) embrace the idea that youth and families can and should have an active role in how behavioral health systems serve them. FYSPRTs are a platform for families, youth, and system partners (juvenile justice, education, child welfare, etc.) to come together to collaborate, listen, and incorporate the voice of the community into decision making at the regional, state, and legislative levels.

FYSPRTs are an important mechanism to address recurring gaps, barriers and needs related to child, youth and family behavioral health, and to share lived experiences and knowledge to impact policies and programs that improve behavioral health outcomes for youth and families in Washington

Washington has 10 regional FYSPRTs and each regional FYSPRT has meetings that are open to the public. FYSPRT meetings are a collaborative process. A family, youth, and system partner tri-lead work together in an equal partnership to create meeting agendas and share meeting facilitation. The lived experience of families and youth and their input will drive improvement of outcomes for youth and families across Washington. Although youth and families may express their concerns about their services in this forum, FYSPRTs are intended to address recurring system gaps and barriers and not individual care issues. To address specific concerns related to a youth or family's specific services, a grievance can be completed as part of addressing the treatment concern. For more assistance on this, contact the Ombuds in your area.

Visit HCA's website for more information: hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt

In addition to Behavioral Health services covered by Apple Health, Molina Healthcare has limited General Fund-State (GFS) funds that can be used for members when the service is not covered by Apple Health. The availability of these funds is not guaranteed, and once exhausted the associated services would not be available. The Health Care Authority (HCA) has chosen the priority uses for these funds, which must meet medical necessity and be requested by a contracted provider according to Molina Healthcare's policies. GFS funds can be used for the following services if funds are available. The top priority services include:

- Substance Use Disorder (SUD) treatment services
- Behavioral Health Personal Care
- Residential Services, including but not limited to: Room and board in hospital diversion settings, substance use disorder and mental health residential settings or freestanding Evaluation and Treatment facilities
- High Intensity Treatment, including non-Medicaid Program of Assertive Community

Treatment (PACT) services and support

- Urinalysis Testing
- Therapeutic Interventions for children
- Sobering Services
- Rehabilitation Case Management

Please ask your provider if additional services can be provided (if resources are available)

Nutrition

Service	Additional information
Medical nutrition therapy	<p>Covered for enrollees 20 years of age and younger when medically necessary and referred by the provider after an EPSDT screening.</p> <ul style="list-style-type: none"> • Includes medical nutrition therapy, nutrition assessment, and counseling for conditions that are within the scope of practice for a registered dietitian (RD) to evaluate and treat.
Enteral & parenteral nutrition	<p>Parenteral nutrition supplements and supplies are covered for all enrollees.</p> <p>Enteral nutrition products and supplies are covered for all ages for tube-fed enrollees. Oral enteral nutrition products for enrollees 20 years of age and younger for a limited time to address acute illness.</p>

Special health care needs or long-term illness

You may be eligible for additional services through our Health Home⁴ program or care coordination services if you have special health care needs or a long-term illness. This may include supporting access to specialists. In some cases, you may be able to use your specialist as your PCP. Call us at 1-800-869-7165 (TTY 711) for more information about care coordination and care management.

⁴ The Health Home program is not covered under Apple Health Expansion.

Therapy

Service	Additional information
Outpatient rehabilitation (occupational, physical, and speech therapies)	<p>This is a limited benefit. Call us at 1-800-869-7165 (TTY 711) for specific details. Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home health agency when provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf
Habilitative services	<p>Health care services that help you keep, learn, or improve skills and functioning for daily living that were not acquired due to congenital, genetic, or early-acquired health conditions. This is a limited benefit. Call us at 1-800-869-7165 (TTY 711) for specific details.</p> <p>Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home infusion agency when provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf

Specialty

Service	Additional information
Antigen (Allergy Serum)	Allergy shots.
Bariatric surgery	Pre-approval is required for bariatric surgery. You must go to an HCA-approved Centers of Excellence (COE)..
Biofeedback therapy	Limited to plan requirements.
Chemotherapy	Some services may require pre-approval.

Service	Additional information
Cosmetic surgery	Only when the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma, or for mastectomy reconstruction for post-cancer treatment.
Diabetic supplies	Limited supplies available without pre-approval. Additional supplies are available with pre-approval.
Dialysis	These services may require pre-approval.
Hepatitis C treatment	Any provider licensed to prescribe direct-acting antiviral medications is allowed to screen and treat Apple Health enrollees. This includes primary care providers, substance use disorder treatment facilities, and others. Some Hepatitis C treatment drugs are covered by Apple Health without a managed care plan. Call us at 1-800-869-7165 (TTY 711) to learn more.
Organ transplants	Some organ transplants are covered by Apple Health without a managed care plan. Call us at 1-800-869-7165 (TTY 711) for specific details.
Oxygen and respiratory services	Medically necessary oxygen and/or respiratory therapy equipment, supplies, and services to eligible enrollees.
Podiatry	This is a limited benefit. Call us at 1-800-869-7165 (TTY 711) for specific information.
Smoking cessation	Covered for all enrollees with or without a PCP referral or pre-approval. Call our Health Management Department to learn about the Molina MyHealth – Tobacco Cessation Program at 1-866-891-2320 (TTY 711).
Transhealth services	Services related to transhealth and the treatment of gender dysphoria include: <ul style="list-style-type: none"> • Hormone replacement therapy • Puberty suppression therapy • Behavioral health services These services may require pre-approval.
Tuberculosis (TB) screening and follow-up treatment	You have a choice of going to your PCP or the local health department.

Hearing and vision

Service	Additional information
Audiology tests	Hearing screening test.
Cochlear implant devices and Bone Anchored Hearing Aid (BAHA) Devices	<p>Bilateral Cochlear Implants, including implants, parts, accessories, batteries, chargers, and repairs are a covered benefit for all individuals.</p> <p>BAHA, including BAHA devices (both surgically implanted and soft band headbands), replacement parts, and batteries are a benefit for children 20 years of age and younger.</p>
Eye exams & eyeglasses	<p>You must use our provider network. Call us for benefit information. For children 20 years of age and under, eyeglasses are covered. You can find eyewear suppliers at: fortress.wa.gov/hca/p1findaprovider/. Eyeglass and contact lens fitting fees are covered for all ages.</p> <p>For adults in need of eyeglasses at a reduced cost you can purchase eyeglass frames and lenses through participating optical providers. Find a list of participating providers at: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf.</p> <p>Molina offers members, ages 21+, eyeglasses at no cost to you from Zenni Eyewear! Browse over 55 styles online including bifocal and progressive lenses. Then try them on virtually. Your glasses will be made to order and delivered right to your door. Learn more at MolinaHealthcare.com/memberWA.</p>
Hearing exams and hearing aids	<p>Hearing exams are a covered benefit for all enrollees.</p> <p>Hearing aids are available for:</p> <ul style="list-style-type: none"> • Children 20 and under • Adults who meet program criteria <p>Monaural hearing aids including:</p> <ul style="list-style-type: none"> • Fitting • Follow up • Batteries

Family planning/reproductive health

Service	Additional information
Family Planning Services including prescription and over-the-counter birth control, contraceptives, and emergency contraceptives (Plan B)	You can use our network of providers or go to your local health department or family planning clinic.
HIV/AIDS screening	You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening.
After-Pregnancy Coverage (APC) ⁵	If you are enrolled in Apple Health coverage and are pregnant, you can receive up to 12 months of postpartum coverage once your pregnancy ends. Learn more at hca.wa.gov/apc .

Medical equipment and supplies

We cover medical equipment or supplies when they are medically necessary and prescribed by your health care provider. We must pre-approve most equipment and supplies before we will pay for them. Call us for more information on covered medical equipment and supplies.

Service	Additional information
Medical equipment	Most equipment must get pre-approval. Call us at 1-800-869-7165 (TTY 711) for specific details.
Medical supplies	Most supplies must get pre-approval. Call us at 1-800-869-7165 (TTY 711) for details.

⁵ Clients enrolled in Apple Health Expansion who report a pregnancy will transition to Apple Health for Pregnant individuals, followed by After-Pregnancy Coverage. Clients who do not report a pregnancy until after it ends will be enrolled in After-Pregnancy Coverage for up to 12 months after their pregnancy ends. Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

Labs and x-rays

Service	Additional information
Radiology and medical imaging services	Some services may require pre-approval.
Lab and x-ray services	<p>Some services may require pre-approval.</p> <p>Limitations shown below are for outpatient diagnostic services only:</p> <ul style="list-style-type: none"> • Drug screens only when medically necessary and: <ul style="list-style-type: none"> o Ordered by a physician as part of a medical evaluation; or o As substance use disorder screening required to assess suitability for medical tests or treatment. <p>Portable x-ray services furnished in the enrollee's home or a nursing facility are limited to films that do not involve the use of contrast media.</p>

Women's health and maternity

Service	Additional information
Breast pumps	Some types may require pre-approval.
Maternity services ⁶	<ul style="list-style-type: none"> • Prenatal care: regular office visits and associated services from your provider of choice. • Delivery in a hospital, birthing center, or home birth. Talk to your maternity provider to determine what the best delivery option is for you. • Delivery provided by a licensed midwife, nurse midwife or physician. • 12 months of comprehensive postpartum care for the birthing person. • One year of medical care for infants. • Chest-feeding - Lactation consultation..
Women's health care ⁶	Routine and preventive health care services, such as maternity and prenatal care, mammograms, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding.

⁶ Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

Additional services we offer



Molina Help Finder

Help finding resources for housing, job training, transportation, education and more. Visit MolinaHelpFinder.com.



24-Hour Nurse Advice Line

Call anytime, day or night, to speak with a registered nurse.

- 1-888-275-8750 English and other languages
- TTY 711 Deaf and hard of hearing



90-day prescription refills

Save time by getting a 90-day refill on select long-term medications.



DentistLink

Connect to a local dentist who accepts Apple Health coverage at dentistlink.org.
This resource is available to all Apple Health members in Washington state.



Health Management Programs

Molina Healthcare provides programs to help you and your family better understand your health conditions. You may receive a call from a case manager (nurse and registered dietician) who can provide you with education and support based on your health care needs. Health education materials can also be sent to you based on goals set by you and your case manager.

How do I enroll?

To join a program, you must meet certain requirements. Members who meet the requirements are enrolled automatically. Molina Healthcare uses the following information to identify members for our Health Management programs:

- Claims
- Pharmacy
- Other health management programs
- You can refer yourself to a program, or your provider may refer you. It's up to you if you want to be in a program. You can ask to be removed at any time.

The programs, available to you at no cost, include:



Molina My Health – Tobacco Cessation Program

Adult members, age 18 and older, who are ready to try and quit tobacco use will work directly with a trained Health Educator to:

- Make an individualized tobacco cessation plan of care
- Get support throughout the quit process

Other resources to help you quit smoking: [Smokefree.gov](https://www.smokefree.gov)



Molina My Health – Weight Management Program

For adult members, age 18 and older, who are interested in losing weight (except for those scheduled for bariatric surgery). A case manager will:

- Work together with you to develop a weight management plan of care
- Make sure the plan of care is individualized to meet your needs
- Help you reach your weight loss goals



Molina My Health – Nutrition Consult Program

Molina offers a Nutrition Consultation Program to support your nutrition health needs. A Registered Dietitian will work closely with you to:

- Understand your health concerns
- Develop an individualized plan of care
- Provide you with tools and aids to better self-manage your health condition



Molina My Health – Living with Diabetes

For child and adult members, age 2 and older, who have a diagnosis of diabetes. A case manager will help you:

- Understand and identify your symptoms
- The importance of checking your blood sugar and knowing your hemoglobin A1c level
- The value of daily activity
- Following the diabetes self-management plan outlined by your doctor



Molina My Health – Living with Heart Failure

For adult members, age 18 and older, who have a diagnosis of heart failure. Members will learn from their case manager about:

- Heart-healthy eating
- Monitoring your weight
- Reporting symptom changes to the doctor
- The importance of daily activity and taking medications as prescribed



Molina My Health – Living with COPD

For adult members, age 18 and older, who have a diagnosis of COPD. Members will learn from their case manager about:

- Breathing exercises
- Planning and pacing activities
- Oxygen-related safety measures
- The importance of taking medications as prescribed



Molina My Health – Living with Hypertension

For adult members, age 18 and older, who have a diagnosis of high blood pressure. Members will learn from their case manager about:

- Heart-healthy eating
- Monitoring blood pressure
- The importance of daily activity
- The importance of taking medications as directed



Molina My Health – Living with Depression

For adult members, age 18 and older, who either have a diagnosis of depression or may be having symptoms of depression. The program is designed to:

- Promote early identification of symptoms
- Provide education, guidance and support
- Teach life coping skills
- Share available services, treatment options and community

Value-Added Benefits (VAB)

Molina offers value-added benefits (VAB) in addition to your Apple Health benefits. VABs can give you more options for care and well-being. VABs are voluntary and no cost to you.

Member Rewards Program*

Molina rewards members for completing select wellness and screening activities such as immunizations, prenatal care and diabetes screenings.

To see a list of reward-earning services for you and your family, visit MolinaHealthcare.com/WA-Medicaid-Wellness.

Molina makes it easier than ever to get your health rewards. Simply let us know when you complete your wellness or screening activities and we will confirm the details and get your reward to you!!



How do I get my rewards?

1. Complete eligible services for you (or your children) on time.
2. Visit our webpage for instructions on how to receive your reward!

Important Information:

- Apple Health members can get up to \$200 in total rewards every 12 months.
- Each reward for services can be received no more than once a year. For example, a diabetes A1C test can be completed every 3-6 months, but you can receive only one \$35 reward each year.
- All rewards services done in 2025 must be submitted to Molina Healthcare by January 31, 2026. Submissions received after the deadline will not be processed.

Questions?

Please call Member Services at:

1-800-869-7165 (TTY 711)

**Health rewards can change without notice.
Restrictions apply.*

Free Eyewear

Look great. See even better. Molina members can now get free glasses from Zenni Eyewear! This benefit is for members age 21+.



Browse from over 55 styles online, including bifocal and progressive lenses. Try them on virtually. Your made-to-order glasses are then delivered to your door!

Follow these simple steps:

- Go to Molina.zennioptical.com from a camera-enabled computer, cell phone, or tablet
- Confirm your information
- Use Zenni's Virtual Try-On Tool
- Enter or take a picture of your prescription
- Find your favorite frames

Boys & Girls Club Membership

Molina covers the annual membership fee** for Apple Health members, ages 6-18, at Boys & Girls Clubs in Washington State. Your child gets:

- Club access during open hours including after school (open as late as 7:30 p.m.)
- Summer Club access

- After-school programs focused on healthy lifestyles, fitness and homework support
- Most clubs provide a free snack or a meal
- Some clubs may provide free transportation from your child's school to the Club
- And so much more!

Visit your local Boys & Girls Club and show your Molina Member ID Card to sign up. You can also visit Washingtonclubs.org/locations to find a club near you!

***Boys & Girls Club membership benefit covers the annual membership fee only. Some Clubs assess monthly participation fees, which are the responsibility of the member. Additional scholarships may be available, please inquire with your local Boys & Girls Club.*

Medically Tailored Meals

Molina offers meals and post discharge support services to eligible members while you recover:

- Up to 28 chef-prepared, healthy meals after an inpatient hospital stay
- Two meals a day for one week, for up to two weeks
- Food that is ready-to-eat in just 2-3 minutes
- No prep required!

For more information, talk with your Molina Transitions of Care coach after an inpatient stay.

Smartphone Assistance Program[▲]

Qualifying members can get this Molina exclusive service plan, at no cost to you, that includes:

- Unlimited Talk
- Unlimited Text
- 4 GB of Data
- International Calling^{▲▲}

Molina is partnering with TruConnect on this assistance program.



Sign up today! Visit TruConnect.com/Molina or call 1-844-700-0795 (TTY 711).

- [▲] *This benefit is for members eligible for the FCC's Lifeline and Affordable Connectivity Program (ACP) benefits.*
- ^{▲▲} *Exclusive to Molina members: Select countries include Mexico, Canada, China, South Korea and Vietnam.*

Virtual Urgent Care

If you are not feeling well and are unable to visit your primary care provider (PCP), Molina Healthcare brings care to you – safely and securely – through virtual urgent care via Teladoc at no cost to you. With virtual urgent care, you can talk to a board-certified doctor from your phone, smartphone, tablet or computer 24/7.

Virtual urgent care is great for:

- Minor illnesses such as colds, sinus infections, sore throats, pink eye and allergies.

Register for the service today so that you are all set up.

- Go to member.teladoc.com/molinawa
- Call 1-800-835-2362 (TTY 711)
- Download the Teladoc app: teladoc.com/mobile

Translation services available. For emergencies call 911.

Molina offers this service at no cost to our Apple Health members in Washington state through Teladoc contracted providers. Cell phone and internet rates may apply.

Behavioral Health Virtual Services

Molina Healthcare partners with several telemedicine providers and health platforms that can provide support when you're experiencing loneliness, or need treatment for mental health and substance use disorder treatment services. You can find more information about these supports on Molina Healthcare's value-added benefits webpage under the heading Behavioral Health & Recovery, visit MolinaHealthcare.com/MemberWA.

Talk to a behavior health provider from the comfort of your home.

Molina Healthcare has expanded our virtual services to include mental health care through Teladoc. Now members can receive confidential therapy in a setting you choose.

- Get support for anxiety, eating disorders, depression, grief, family difficulties and more
- Select a provider from board-certified psychiatrists, psychologists or licensed therapists
- Choose a therapist based on specialty, location, language, gender and ability to prescribe medication



Make an appointment for your online visit. Appointments are available seven days a week, 7 a.m. to 9 p.m. local time. Members can keep the same therapist for ongoing appointments, too!

Schedule a confidential therapy appointment today! Visit Teladoc.com/MolinaWA or call (800) 835-2362 (TTY 711).

For emergencies call 911.

BeMe App (help navigating emotions)

BeMe is a mental health wellness app built with teens (ages 13-19) in mind to help manage feelings and challenges (e.g. school stress, building self-esteem, developing healthy habits, improving relationships and coping with bullying). The app can provide live coaching and crisis support if needed.

Search “BeMe” app in the Apple App Store or Google Play Store and download or scan this QR code.



Pyx Health App (help with loneliness and anxiety)

No one should go through life’s challenges alone. That’s why we offer members the Pyx Health app. Feel better each day with companionship and humor through the support of technology and compassionate staff.

Sign up today! Search “Pyx Health” in the Apple App Store or Google Play Store. For more information, visit MolinaHealthcare.com/MemberWA.

Care Coordination

Complex case management services

Complex case management is a service to help enrollees with complex or multiple health care needs get care and services. Case managers help coordinate your care, with your goals in mind. A plan representative may suggest case management based on questions answered in your first health screening (health assessment) upon enrollment.

You can ask for case management services for yourself or a family member at any time. Health care providers, discharge planners, caregivers, and medical management programs can also refer you to case management. You must consent to case management services. For any questions call 1-800-869-7165 (TTY 711).

Additional Care Coordination services we may offer

Transition out of incarceration

Molina Healthcare of Washington has a dedicated team to transition and coordinate care for all members incarcerated in city and county jails, Department of Corrections facilities and Juvenile detention and rehabilitation facilities. Upon notification, case management staff will coordinate care with members, jail staff, and allied partners to coordinate re-entry planning, offer resource support, and ensure they have a smooth transition back to the community.

Transitional care coordination will be provided up to the first 30 calendar days of incarceration or as needed upon member's release and may include but is not limited to:

- Assisting members with transportation to appointments
- Establishing care with medical and/or behavioral health providers
- Providing housing resources
- Employment assistance as needed
- Other support services as requested

Additional care coordination services include ensuring there are no delays or gaps in care by expediting service authorizations and medications as needed.

Case Management

Case Management services are provided by clinical and non-clinical staff including nurses, social workers and Community Connectors who help members manage chronic diseases and barriers that get in the way of self-care. Case managers can help by:

- Coordinating care with your providers
- Referring you for needed services
- Connecting you to community resources
- Providing health education and coaching
- Helping manage your health conditions
- Providing high-risk OB case management
- Providing Neonatal Intensive Care (NICU/Complex Pediatrics Case Management)

Molina Healthcare wants to get to know our members and offer Case Management Services as soon as possible, to those who need it. Members enrolled in Case Management should expect to receive a call from our team during the first 60 days of enrollment to ask you screening questions (also called a Health Assessment). If we are not able to reach you by phone, we will mail the Health Assessment to you. You can fill it out and mail it back in the included envelope (no postage needed), call us back, or go online at [MyMolina.com](https://www.molinahc.com) to complete the assessment.

Case Management also supports the following specialty programs for:

- Bariatric Surgery
- Applied Behavioral Analysis (ABA) Therapy
- Transgender Health Services
- Children with Special Healthcare Needs
- Transplants

Case Management provides education, resources and support to help members better understand their condition.

To learn more, join or dis-enroll from any of these programs, please call Member Services at 1-800-869-7165 (TTY 711).

Health Home Program⁷

What is a Health Home?

A Health Home is not a place. It is a set of care coordination services. These services include:

- Comprehensive care management
- Care coordination and health promotion
- Comprehensive transitional planning – get help when you are discharged from a hospital or other institution such as a nursing home
- Individual and family support services – educate family, friends and caregivers in providing support to reach your health goals
- Referral to community and social support services
- Support for your chronic conditions and assistance in meeting your health goals

Who is eligible for Health Home services?

Health Home services are for Apple Health members who need support managing their chronic conditions and help coordinating care among providers and community services. The Health Care Authority determines who is eligible for Health Home services.

If you are eligible for Health Home services, you will receive a welcome call and letter describing the program and services. A Care Coordinator will be available to meet with you and provide Health Home services to you in person.

How does joining the Health Home program affect my current coverage?

Your current Apple Health benefits do not change, including appeal rights

- You can keep the providers you have
- Health Home care coordination services are voluntary additional benefits available at no cost to you

Apple Health services covered without a managed care plan

Apple Health covers some other services that are not covered under a managed care plan (also known as fee-for-service). Other community-based programs cover the benefits and services listed below even when you are enrolled with us. We will coordinate with your PCP to help you access these services and coordinate your care. You will need your ProviderOne services card for these services.

⁷ The Health Home program is not covered under Apple Health Expansion

Call us with questions about a benefit or service not listed here. View the Apple Health coverage without a managed care plan booklet for a complete list of services:

hca.wa.gov/assets/free-or-low-cost/19-065.pdf.

Service	Additional information
Abortion services ⁸	<p>Apple Health fee-for-service covers:</p> <ul style="list-style-type: none"> • Medication abortion, also known as the abortion pill. • Surgical abortion, also called in-clinic abortion. <p>Clients enrolled in an Apple Health managed care organization (MCO) may self-refer outside their MCO for abortion services. Includes follow-up care for any complications.</p>
Ambulance services (Air)	All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Ambulance services (Ground)	All ground ambulance transportation services, emergency, and non-emergency are provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Crisis services	<p>Crisis services are available to support you or someone you know. Call 911 for a life-threatening emergency or 988 for a behavioral health emergency. See page 20 for the numbers in your area.</p> <p>For the National Suicide Prevention Lifeline: Call or text 988 or call 1-800-273-8255, TTY Users 1-206-461-3219. For mental health or substance use disorder crisis services by county, please call the Behavioral Health Administrative Services Organization (BH-ASO). The BH-ASOs support crisis services for Washington residents regardless of Apple Health eligibility. Crisis phone numbers, by county, can be found on page 21 above, or at: hca.wa.gov/mental-health-crisis-lines.</p>

⁸ Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

Service	Additional information
Dental services	<p>Contracted services include:</p> <ul style="list-style-type: none"> • Prescriptions written by a dentist. • ABCD Services provided by an ABCD certified provider. • Medical/surgical services provided by a dentist. • Hospital/Ambulatory Surgery Center facility charges. <p>All other dental services are covered by Apple Health without a managed care plan. You must see a dental provider who has agreed to bill Apple Health without a managed care plan using your ProviderOne services card.</p> <p>Learn more:</p> <ul style="list-style-type: none"> • Online at hca.wa.gov/dental-services, or • Call HCA at 1-800-562-3022. <p>To find a provider that accepts Washington Apple Health online:</p> <ul style="list-style-type: none"> • DentistLink.org, or • fortress.wa.gov/hca/p1findaprovider/
Doula care ⁹	Support for planning, during delivery and after delivery with a Doula is covered.
Eyeglasses	<p>For children 20 years of age and younger - eyeglass frames, lenses, and contact lenses are covered by Apple Health coverage without a managed care plan.</p> <p>For adults 21 years of age and over - eyeglass frames and lenses are not covered by Apple Health, but if you wish to buy them, you can order them through participating optical providers at discounted prices. Visit:</p> <p>hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf</p>

⁹ Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

Service	Additional information
First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE) ¹⁰	<p>MSS provides pregnant and postpartum individuals preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby.</p> <p>ICM helps families with children up to age one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p> <p>CBE provides pregnant individuals and their support person(s) group classes when taught by an approved HCA CBE provider. Topics include warning signs in pregnancy, nutrition, breastfeeding, birthing plan, what to expect during labor and delivery, and newborn safety.</p> <p>For providers in your area, visit hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care.</p>
Inpatient Psychiatric Care for children (Children's Long-term Inpatient Program (CLIP) for ages 5 to 17 years of age)	Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.
Long-Term Care Services and Supports (LTSS)	See page 48 of this booklet.
Sterilizations, age 20 and under	Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.
Transhealth services	<p>Services include surgical procedures, post-operative complications, and electrolysis or laser hair removal in preparation for bottom surgery. Prior authorization is required. For prior authorization call 1-800-562-3022 or email transhealth@hca.wa.gov. Learn more at hca.wa.gov/transhealth.</p>

¹⁰ Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

Service	Additional information
Substance Using Pregnant People (SUPP) Program ¹¹	<p>The SUPP Program is an inpatient hospital-based program for pregnant individuals who have a medical need and substance use history. The purpose of the program is to reduce harm to a birthing parent and their unborn baby by providing withdrawal management and medical stabilization and treatment within a hospital setting.</p> <p>For more information and a list of approved providers, visit hca.wa.gov/supp-program.</p>
Transportation for non-emergency medical appointments	<p>The Health Care Authority pays for transportation services to and from needed non-emergency health care appointments that are covered by Apple Health. Call the transportation provider (broker) in your area to learn about services and limitations. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at hca.wa.gov/transportation-help.</p>

Long-term services and supports (LTSS)¹²

Aging and Long-Term Support Administration (AL TSA) – Home and Community Services (HCS) provides long-term care services for people who are older and individuals with disabilities in their own homes, including an in-home caregiver, or in community residential settings. HCS also provides services to assist people in transitioning from nursing homes and assist family caregivers. These services are not provided by your health plan. To get more information about long-term care services, call your local HCS office.

¹¹ Apple Health Expansion does not cover pregnancy and after-pregnancy related services.

¹² Long-term services and supports are not available under Apple Health Expansion.

LTSS

ALTSA Home and Community Services must approve these services. Call your local HCS office for more information:

REGION 1 – Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima – 1-509-568-3767 or 1-866-323-9409

REGION 2North – Island, San Juan, Skagit, Snohomish, and Whatcom – 1-800-780-7094; Nursing Facility Intake

REGION 2South – King – 1-206-341-7750

REGION 3 – Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum – 1-800-786-3799

Developmental Disabilities Administration (DDA) aims to help children and adults with developmental disabilities and their families get services and supports based on need and choice in their community. To get more information about services and supports, visit dshs.wa.gov/dda/ or call your local DDA office listed below.

**Services for
people with
developmental
disabilities**

The Developmental Disabilities Administration (DDA) must approve these services. If you need information or services, please contact your DDA local office:

Region 1: Asotin, Chelan, Douglas, Ferry, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Whitman – 1-800-319-7116 or email R1ServiceRequestA@dshs.wa.gov

Region 1: Adams, Benton, Columbia, Franklin, Garfield, Grant, Kittitas, Klickitat, Walla Walla, Yakima – 1-866-715-3646 or email R1ServiceRequestB@dshs.wa.gov

Region 2North: Island, San Juan, Skagit, Snohomish, Whatcom – 1-800-567-5582 or email R2ServiceRequestA@dshs.wa.gov

Region 2South: King – 1-800-974-4428 or email R2ServiceRequestB@dshs.wa.gov

Region 3: Kitsap, Pierce – 1-800-735-6740 or email R3ServiceRequestA@dshs.wa.gov

Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum – 1-(888) 707-1202 or email R3ServiceRequestB@dshs.wa.gov

Early learning programs

Department of Children, Youth, and Families (DCYF) provides the services and programs below for children under the age of five. Contact us and we can help connect you with the services below, or help you identify related services available in your community.

Early Childhood Education and Assistance Program (ECEAP) and Head Start are Washington's pre-kindergarten programs that prepare three and four-year-old children from low-income families for success in school and in life. ECEAP is open to any preschool aged child and family if they meet the income limits. For information on ECEAP and Head Start preschools visit dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart.

Early Support for Infants and Toddlers (ESIT) services are designed to enable children birth to three with developmental delays or disabilities to be active and successful during the early childhood years and in the future in a variety of settings. Settings may include their homes, childcare, preschool or school programs, and in their communities. For more information visit dcyf.wa.gov/services/child-development-supports/esit.

Home Visiting for Families is voluntary, family-focused and offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health of your child. For more information visit dcyf.wa.gov/services/child-development-supports/home-visiting.

Early Childhood Intervention and Prevention Services (ECLIPSE) serves children birth to five years old who are at risk of child abuse and neglect and may be experiencing behavioral health issues due to exposure to complex trauma. Services are provided in King County and Yakima County. For more information visit dcyf.wa.gov/services/early-learning-providers/eceap.

Excluded services (not covered)

The following services are not covered by Apple Health, Apple Health Expansion, or Apple Health without a managed care plan. If you get any of these services, you may have to pay the bill. Call Molina Healthcare with any questions or to see if there is a Value-Added Benefit option for a service that is not covered. View our Value-Added Benefits guide for more information at hca.wa.gov/vab-chart

Service	Additional information
Alternative medicines	Acupuncture, religious based practices, faith healing, herbal therapy, homeopathy, massage, or massage therapy.
Chiropractic care for adults (21 and over)	
Elective cosmetic or plastic surgery	Including face lifts, tattoo removal, or hair transplants.
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	
Marriage counseling and sex therapy	
Nonmedical equipment	Such as ramps or other home modifications.
Personal comfort items	
Physical exams needed for employment, insurance, or licensing	
Services not allowed by federal or state law and its territories and possessions	U.S. Territories include: <ul style="list-style-type: none"> • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Services provided outside of the United States	
Weight reduction and control services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.

Accessing your health information



My Molina mobile app

Molina Healthcare has a mobile app that you can download (in English or Spanish). The app gives you easy access to helpful member information from your smartphone or tablet. It lets you:

- Find a provider or clinic near you
- See your Molina ID card
- Change your provider
- Look up community resources to get extra help for your family
- And more!

To download the app go to the Apple App Store or Google Play Store; or scan the QR code below.



If you need help, please call Molina Healthcare at 1-800-869-7165 (TTY 711).



MyMolina.com

If you prefer to use a desktop computer, visit [MyMolina.com](https://www.mymolina.com), our secure member portal, to easily get a new ID card, request a case manager, view health information and more.

If you are unhappy with your provider, health plan, or any aspect of care

You or your authorized representative have the right to file a complaint. This is called a grievance. We will help you file a grievance. To file a grievance, call us at 1-800-869-7165 (TTY 711) or write to us at:

Email: WAMemberServices@MolinaHealthcare.com

Fax: 1-877-814-0342

Mail: Molina Healthcare

Attention: Member Appeals

P.O. Box 4004

Bothell, WA 98041-4004

Grievances or complaints can be about:

- A problem with your doctor's office.
- Getting a bill from your doctor.
- Being sent to collections due to an unpaid medical bill.
- The quality of your care or how you were treated.
- The service provided by doctors or health plan.
- Any other problems you have getting health care.

We must let you know by phone or letter that we received your grievance or complaint within two working days. We must address your concerns as quickly as possible but cannot take more than 45 days. You can get a free copy of our grievance policy by calling us or visiting MolinaHealthcare.com to access online.

Behavioral Health Advocates (previously called Ombuds)

A Behavioral Health Advocate is a person who is available to provide free and confidential assistance with resolving concerns related to your behavioral health services. They can help to resolve your concerns if you have a behavioral health grievance, appeal, or fair hearing. The Behavioral Health Advocate is independent of your health plan. It is provided by a person who has had behavioral health services, or a person whose family member has had behavioral health services.

Use the phone numbers below to contact a Behavioral Health Advocate in your area.

Reach all regions at 1-800-366-3103. Or email the Office of Behavioral Health Advocacy at info@obhadvocacy.org.

Region	Counties	Behavioral Health Advocate
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	1-360-561-2257
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	1-509-808-9790
King	King	1-206-265-1399
North Central	Chelan, Douglas, Grant, Okanogan	1-509-389-4485
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	1-360-528-1799
Pierce	Pierce	1-253-304-7355

Region	Counties	Behavioral Health Advocate
Salish	Clallam, Jefferson, Kitsap	1-360-481-6561
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-509-655-2839
Southwest	Clark, Klickitat, Skamania	1-509-434-4951
Thurston-Mason	Mason, Thurston	1-360-489-7505

Important information about denials, appeals, and administrative hearings

A denial is when your health plan does not approve or pay for a service that either you or your doctor asked for. When we deny a service, we will send you a letter telling you why we denied the requested service. This letter is the official notice of our decision. It will let you know your rights and information about how to request an appeal.

You have the right to ask for a review of any decision if you disagree, think it was not correct, not all medical information was considered, or you think the decision should be reviewed by another person.

An appeal is when you ask us to review your case again because you disagree with our decision. You may appeal a denied service within 60 days of the date of denial. Appealing denied services will not jeopardize your privacy rights. We can help you file an appeal. Your provider, a Behavioral Health Advocate, or someone else may appeal for you if you sign to say you agree to the appeal. You only have 10 days to appeal if you want to keep getting a service that you are receiving while we review our decision. We will reply in writing telling you we received your request for an appeal within five days. In most cases we will review and decide your appeal within 14 days. We must tell you if we need more time to make a decision. An appeal decision must be made within 28 days.

You can request an appeal verbally or in writing. Send your written appeal request to

Member Appeals
Molina Healthcare
P.O. Box 4004
Bothell, WA 98041-4004

via Fax 1-877-814-0342 or by email at WAMemberServices@MolinaHealthcare.com. We can help you file your appeal. To request an appeal verbally, call us at 1-800-869-7165 (TTY 711).

NOTE: If you keep getting a service during the appeal process and you lose the appeal, **you may have to pay for the services you received.**

If it's urgent. For urgent medical conditions, you or your doctor can ask for an expedited (quick) appeal by calling us. If your medical or behavioral health condition requires it, a decision will be made about your care within three days. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request, your appeal will be reviewed in the same time frames outlined above. We must make reasonable efforts to give you a prompt verbal notice if we deny your request for an expedited appeal. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal. We will try to call you if we deny your request for an expedited appeal so we can explain why and help answer any questions. We must mail a written notice within two days of a decision.

If you disagree with the appeal decision, you have the right to ask for an administrative hearing. In an administrative hearing, an Administrative Law Judge who does not work for us or HCA will review your case.

You have 120 days from the date of our appeal decision to request an administrative hearing. You only have 10 days to ask for an administrative hearing if you want to keep getting the service that you were receiving before our denial.

To ask for an administrative hearing you will need to tell the Office of Administrative Hearings that Molina Healthcare is involved; the reason for the hearing; what service was denied; the date it was denied and the date that the appeal was denied. Also, be sure to give your name, address, and phone number.

Submit the request for a hearing by:

1. Calling the Office of Administrative Hearings (oah.wa.gov) at 1-800-583-8271,
Or
2. Writing to:
Office of Administrative Hearings
P.O. Box 42489
Olympia, WA 98504-2489

You may talk with a lawyer or have another person represent you at the hearing. If you need help finding a lawyer, visit nwjustice.org or call the NW Justice CLEAR line at 1-(888) 201-1014. Asking for help finding a lawyer will not jeopardize your privacy rights.

The administrative hearing judge will send you a notice explaining their decision. If you disagree with the hearing decision, you have the right to appeal the decision directly to HCA's Board of Appeals or by asking for a review of your case by an Independent Review Organization (IRO).

Important time limit: The decision from the hearing becomes a final order within **21 days** of the date of mailing if you take no action to appeal the hearing decision.

If you disagree with the hearing decision, you may request an Independent Review. You do not need to have an independent review and may skip this step and ask for a review from HCA's Board of Appeals.

An IRO is an independent review by a doctor who does not work for us. To request an IRO, you must call us and ask for a review by an IRO within 21 days after you get the hearing decision letter. You must provide us any extra information within five days of asking for the IRO. We will let you know the IRO's decision.

If you need help filing an IRO, please contact Molina Healthcare:

Email: WAMemberServices@MolinaHealthcare.com

Fax: 1-877-814-0342

Mail: Molina Healthcare

Attention: Member Appeals

P.O. Box 4004

Bothell, WA 98041-4004

If you do not agree with the decision of the IRO, you can ask to have a review judge from HCA's Board of Appeals to review your case. You only have 21 days to ask for the review after getting your IRO decision letter. The decision of the review judge is final. To ask a review judge to review your case:

- Call (844) 728-5212,
Or
- Write to:
HCA Board of Appeals
P.O. Box 42700
Olympia, WA 98504-2700

Your rights

As an enrollee, you have a right to:

- Make decisions about your health care, including refusing treatment. This includes physical and behavioral health services.
- Be informed about all treatment options available, regardless of cost.
- Choose or change your PCP.
- Get a second opinion from another provider in your health plan.
- Get services in a timely manner.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, gender, sexual preference, age, religion, creed, disability, or immigration status.

- Speak freely about your health care and concerns without any bad results.
- Have your privacy protected and information about your care kept confidential.
- Ask for and get copies of your medical records.
- Ask for and have corrections made to your medical records when needed.
- Ask for and get information about:
 - Your health care and covered services.
 - Your provider and how referrals are made to specialists and other providers.
 - How we pay your providers for your medical care.
 - All options for care and why you are getting certain kinds of care.
 - How to get help with filing a grievance or complaint about your care or help in asking for a review of a denial of services or an appeal.
 - Our organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive plan policies, benefits, services and Members' Rights and Responsibilities at least yearly.
- Make recommendations regarding your rights and responsibilities as a Molina Healthcare member.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical advance directive forms.

Your responsibilities

As an enrollee, you agree to:

- Talk with your providers about your health and health care needs.
- Help make decisions about your health care, including refusing treatment.
- Know your health status and take part in agreed-upon treatment goals as much as possible.
- Give your providers and Molina Healthcare complete information about your health.
- Follow your provider's instructions for care that you have agreed to.
- Keep appointments and be on time. Call your provider's office if you are going to be late or if you have to cancel the appointment.
- Give your providers information they need to be paid for providing services to you.
- Bring your ProviderOne services card and Molina Healthcare member ID card to all of your appointments.
- Learn about your health plan and what services are covered.
- Use health care services when you need them.

- Use health care services appropriately. If you do not, you may be enrolled in the Patient Review and Coordination Program. In this program, you are assigned to one PCP, one pharmacy, one prescriber for controlled substances, and one hospital for non-emergency care. You must stay in the same plan for at least 12 months.
- Inform HCA if your family size or situation changes, such as pregnancy, births, adoptions, address changes, you become eligible for Medicare or other insurance, or your immigration status changes.
- Renew your coverage annually using the Washington Healthplanfinder at [wahealthplanfinder.org](https://www.wahealthplanfinder.org), and report changes to your account such as income, marital status, births, adoptions, address changes, and becoming eligible for Medicare or other insurance.

Advance directives

What is an advance directive?

An advance directive puts your choices for health care into writing. The advance directive tells your doctor and family:

- What kind of health care you do or do not want if:
- You lose consciousness.
- You can no longer make health care decisions.
- You cannot tell your doctor or family what kind of care you want.
- You want to donate your organ(s) after your death.
- You want someone else to decide about your health care if you can't.

Having an advance directive means your loved ones or your doctor can make medical choices for you based on your wishes. There are three types of advance directives in Washington State:

1. Durable power of attorney for health care. This names another person to make medical decisions for you if you are not able to make them for yourself.
2. Health care directive (living will). This written statement tells people whether you want treatments to prolong your life.
3. Organ donation request.

Talk to your doctor and those close to you. You can cancel an advance directive at any time. You can get more information from us, your doctor, or a hospital about advance directives. You can also:

- Ask to see your health plan's policies on advance directives.
- File a grievance with Molina Healthcare or HCA if your directive is not followed.

The Physician Orders for Life Sustaining Treatment (POLST) form is for anybody who has a serious health condition and needs to make decisions about life-sustaining treatment. Your provider can use the POLST form to represent your wishes as clear and specific medical orders. To learn more about Advance Directives contact us.

Mental health advance directives

What is a mental health advance directive?

A mental health advance directive is a legal written document that describes what you want to happen if your mental health problems become so severe that you need help from others. This might be when your judgment is impaired and/or you are unable to communicate effectively.

It can inform others about what treatment you want or don't want, and it can identify a person to whom you have given the authority to make decisions on your behalf.

If you have a physical health care advance directive you should share that with your mental health care provider so they know your wishes.

How do I complete a mental health advance directive?

You can get a copy of the mental health advance directive form and more information on how to complete it at hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-advance-directives.

Molina Healthcare, your behavioral health care provider, or your Behavioral Health Advocate can also help you complete the form. Contact us for more information.

Preventing fraud, waste, and abuse

When fraud, waste, and abuse go unchecked, it costs taxpayer dollars. These dollars could be used for coverage of critical Apple Health benefits and services within the community. As enrollees you are in a unique position to identify fraudulent or wasteful practices. If you see any of the following, please let us know:

- If someone offers you money or goods in return for your ProviderOne services card or if you are offered money or goods in return for going to a health appointment.
- You receive an explanation of benefits for goods or services that you did not receive.
- If you know of someone falsely claiming benefits.
- Any other practices that you become aware of that seem fraudulent, abusive, or wasteful.

You can report fraud with or without giving your name to:

Molina Healthcare AlertLine

- Phone Toll Free: 1-866-606-3889
- Online: MolinaHealthcare.AlertLine.com

Molina Healthcare Member Services

- Phone Toll Free: 1-800-869-7165 (TTY 711)

Molina Healthcare Compliance Officer

Molina Healthcare of Washington

Attn: Compliance Officer

P.O. Box 4004

Bothell, WA 98041-4004

Visit the HCA Fraud Prevention [website](https://hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention) for more information:

hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention

We protect your privacy

We are required by law to protect your health information, including your immigration status, and keep it private. We use and share your information to provide benefits, carry out treatment, payment, and health care operations. We also use and share your information for other reasons as allowed and required by law.

Protected health information (PHI) refers to health information such as medical records that include your name, member number, or other identifiers used or shared by health plans including your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information. Health plans and HCA share PHI for the following reasons:

- **Treatment** — Includes referrals between your PCP and other health care providers.
- **Payment** — We may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical needs.
- **Health care operations** — We may use information from your claim to let you know about a health program that could help you.

We may use or share your PHI without getting written approval from you under the following circumstances:

- Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
 - o The information is directly related to the family or friend's involvement with your care or payment for that care; and you have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.

- The law allows HCA or Molina Healthcare to use and share your PHI for the following reasons:
 - o When the U.S. Secretary of the Department of Health and Human Services (DHHS) requires us to share your PHI.
 - o Public Health and Safety which may include helping public health agencies to prevent or control disease.
 - o Government agencies may need your PHI for audits or special functions, such as national security activities.
 - o For research in certain cases, when approved by a privacy or institutional review board.
 - o For legal proceedings, such as in response to a court order. Your PHI may also be shared with funeral directors or coroners to help them do their jobs.
 - o With law enforcement to help find a suspect, witness, or missing person. Your PHI may also be shared with other legal authorities if we believe that you may be a victim of abuse, neglect, or domestic violence.
 - o To obey Workers' Compensation laws.

Your written approval is required for all other reasons not listed above. You may cancel a written approval that you have given to us. However, your cancellation will not apply to actions taken before the cancellation.

You have a right to review and get a copy of your Protected Health Information (PHI) held by us. This may include records used in making coverage claims and other decisions as a Molina Healthcare member. You will need to make your request in writing.

Molina Healthcare
 Attn: Compliance Officer
 P.O. Box 4004
 Bothell, WA 98041-4004

Please note that in certain cases, we may deny the request. It's important to be aware that we do not have complete copies of your medical records. For access to copies of, or modifications to your medical records, please contact your doctor or clinic.

Important Note

We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.

If you believe we violated your rights to privacy of your PHI, you can:

- Call us and file a complaint. We will not take any action against you for filing a complaint. The care you get will not change in any way.
- File a complaint with the U.S. DHHS, Office for Civil Rights at: ocrportal.hhs.gov/ocr/portal/lobby.jsf, or write to:

U.S. Department of Health and Human Services
200 Independence Ave SW, Room 509F, HHH Building
Washington, D.C 20201

Or:

Call 1-800-368-1019 (TDD 1-800-537-7697)

Note: This information is only an overview. We are required to keep your PHI private and give you written information annually about the plan's privacy practices and your PHI. Please refer to your Notice of Privacy Practices for additional details. You may also contact us at at **1-800-869-7165 (TTY 711), P.O. Box 4004, Bothell, WA 98041-4004, or email us at MHWMemberServicesWeb@MolinaHealthcare.com** for more information.

