

Washington **Apple Health**

Your Medical Benefit Book



[MolinaHealthcare.com](https://www.MolinaHealthcare.com)





Your Extended Family.

**Non-Discrimination Notification
Molina Healthcare of Washington
Medicaid**

Molina Healthcare of Washington (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (800) 869-7165, TTY/TTD: 711.

If you believe that Molina has failed to provide these services or discriminated in another way, you can file a grievance with our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (800) 816-3778.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

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

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

Language Access

If you, or someone you're helping, have questions about Molina Medicaid, you have the right to get help and information in your language at no cost.

To talk to an interpreter, call (800) 869-7165 (TTY 711).

Amharic	እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ Molina Medicaid ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ (800) 869-7165 (TTY 711) ይደውሉ።
Arabic	إن كان لديك أو لدى شخص تساعدُه أسئلة بخصوص Molina Medicaid, ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ (800) 869-7165 (TTY 711).
Chinese	如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 Molina Medicaid 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字1-(800) 869-7165 (TTY 711)]。
Cushite-Oromo	Isin yookan namni biraa isin deeggartan Molina Medicaid irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa (800) 869-7165 (TTY 711) tiin bilbilaa.
German	Falls Sie oder jemand, dem Sie helfen, Fragen zum Molina Medicaid haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 869-7165 (TTY 711) an.
Japanese	ご本人様、またはお客様の身の回りの方でも、Molina Medicaid についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合、(800) 869-7165 (TTY 711) までお電話ください。
Korean	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Molina Medicaid 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는(800) 869-7165 (TTY 711)로 전화하십시오.
Laotian	ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Molina Medicaid, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັບນາຍພາສາ, ໃຫ້ໂທຫາ (800) 869-7165 (TTY 711).
Cambodian-Mon-Khmer	ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងតែជួយ មានសំណួរអំពី Molina Medicaid ទេ, អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន ទៅក្នុងភាសា របស់អ្នក ដោយមិនអស់ប្រាក់ ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូម (800) 869-7165 (TTY 711)។
Punjabi	ਜੇ ਤੁਹਾਨੂੰ , ਜਾਂ ਤੁਸੀਂ ਿਜਸ ਦੀ ਮਦਦ ਕਰ ਰਹੇ ਹੋ , Molina Medicaid ਕੋਈ ਸਵਾਲ ਹੈ ਤਾਂ, ਤੁਹਾਨੂੰ ਿਬਨਾ ਿਕਸ ੇ ਕੀਮਤ 'ਤੇ ਈ ਭਾਸ਼ ਿਵੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ . ਦੁਆਰਾ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (800) 869-7165 (TTY 711)ਤੇ ਕਾਲ ਕਰੋ .
Russian	Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Molina Medicaid, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 869-7165 (TTY 711).
Spanish	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Molina Healthcare tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 869-7165 (TTY 711).
Tagalog	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Molina Medicaid, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa (800) 869-7165 (TTY 711).
Ukrainian	Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання Molina Medicaid, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на (800) 869-7165 (TTY 711).
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Molina Medicaid, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 869-7165 (TTY 711).

WASHINGTON APPLE HEALTH

**YOUR MEDICAL BENEFIT BOOK
2017**

Table of Contents

Welcome to Washington Apple Health from Molina Healthcare of Washington	1
Important contact information	1
How to use this book	2
The plan, our providers, and you.....	2
How to choose your Primary Care Provider (PCP)	4
You will need two cards to access services	4
Your Molina Healthcare ID card	4
Your ProviderOne services card	4
Changing health plans	5
How to get health care	5
How to get specialty care and referrals.....	6
Services from Molina Healthcare WITHOUT a referral	6
Payment for health care	7
How to get care in an emergency or when you are away from home.....	7
Getting care after hours	7
A health plan provider will see you.....	8
You must go to a Molina Healthcare provider, pharmacy, or hospital.....	8
Behavioral health services	8
Prescriptions	9
Medical equipment or medical supplies.....	9
Special health care needs or long-term illness.....	9
Long-term care services.....	9
Health care services for children.....	9
Benefits covered by Molina Healthcare	10
Additional services from Molina Healthcare.....	15
Fraud, Waste and Abuse	18
Services covered outside of Molina Healthcare.....	19
Services NOT covered by Molina Healthcare.....	20
If you are unhappy with Molina Healthcare	21
Important information about denial, appeals, and administrative hearings.....	21
Your rights	23
Your responsibilities.....	24
Advance directives.....	24
We protect your privacy	25

Please be advised that 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 (Medicaid). The handbook is intended to just 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 on the Internet <http://www.hca.wa.gov/about-hca/rulemaking>.

Welcome to Washington Apple Health from Molina Healthcare of Washington

Welcome to Washington Apple Health coverage from Molina Healthcare. We want to be sure you get off to a good start as a new member. To get to know you better, we will get in touch with you in the next few weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call you, our phone lines are open Monday through Friday from 7:30 a.m. to 6:30 p.m.



Important contact information

	Customer Service Hours	Customer Service Phone Numbers	Website Address
Molina Healthcare	Mon. – Fri. 7:30 a.m. – 6:30 p.m.	(800) 869-7165 TTY 711	www.MolinaHealthcare.com and www.MyMolina.com
Nurse Advice Line	24 hours a day, seven days a week	English (888) 275-8750 Spanish (866) 648-3537 TTY 711	www.MolinaHealthcare.com
Health Care Authority (HCA) Apple Health Customer Service	Mon. – Fri.	(800) 562-3022 TTY 711 or (800) 848-5429	http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage
Washington Health Benefit Exchange	Mon.-Fri. 7:30 a.m. – 8:00 p.m.	(855) 923-4633 TTY 711 or (855) 627-9604	www.wahbexchange.org

How to use this book

This handbook is your guide to health services. The first several pages will tell you what you need to know right away. When you have a question, check the list below to see who can help.

If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> • Changing health plans • Eligibility for health care services • How to get Apple Health services not covered by the plan • ProviderOne Services cards • Disenrolling from Apple Health Managed Care 	Health Care Authority Apple Health Customer Service at (800) 562-3022 or go online to http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage
<ul style="list-style-type: none"> • Choosing or changing a provider • Covered services or medications • Making a complaint • Appealing a decision by your health plan that affects your benefits 	Molina Healthcare at (800) 869-7165 (TTY 711) or go online to www.MolinaHealthcare.com .
<ul style="list-style-type: none"> • Your medical care • Referrals to specialists 	Your primary care provider. If you need help to select a primary care provider, call Molina Healthcare at (800) 869-7165 (TTY 711) or go online to www.MolinaHealthcare.com . You can also call Molina Healthcare's 24-hour Nurse Advice Line at (888) 275-8750 (TTY 711).
<ul style="list-style-type: none"> • Changes to your account such as address change, income change, marital status, pregnancy, and births or adoptions 	Washington Health Benefit Exchange at (855) WAFINDER (1-855-923-4633) or go online to www.wahealthplanfinder.org .

The plan, our providers, and you

When you join Molina Healthcare, one of our providers will take care of you. Most of the time that person will be your primary care provider (PCP). If you need to have a test, see a specialist, or go into the hospital, your PCP will arrange it. In some cases, you can go to certain providers without your PCP arranging it first. This applies only to certain services. See page 6 for details.

If you do not speak English, we can help. We want you to know how to use your health benefits. If you need any information in another language, just call us. We will find a way to talk to you in your own language. We can help you find a provider who can speak your language.

Call us if you need information in other formats or help to understand. 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. We can help you get the help you need. We can provide you materials in another format, like Braille. We can tell you if a provider's office is wheelchair accessible or has special communications devices or other special equipment. Also, we have services like:

- TTY line (Our TTY phone number is 711).
- Information in large print.

- Help in making appointments or arranging transportation to appointments.
- Names and addresses of providers who specialize in specific care needs.

How does Molina Healthcare review new technology?

Molina Healthcare reviews new equipment, drugs and procedures to decide if they should be covered. 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. Experimental and investigational services are covered only when research shows they are more helpful than harmful and it is medically necessary. If you want to know more about this, call Member Services. If your provider requests a service for you and it is denied because it is experimental or investigational, you or your providers can appeal Molina Healthcare's decision.

Does Molina Healthcare have a Quality Improvement (QI) Program?

Yes, the QI Program:

- Checks providers to be sure you have access to a qualified health care team.
- Reviews and takes action when there is an issue with the quality of care that has been provided.
- Promotes safety in health care through education for our members and our providers.
- Provides a Grow and Stay Healthy Guide to help members know what services are needed and when.
- Provides a Guide to Accessing Quality Health Care to help members access our programs and services.
- Evaluates the quality of health care through HEDIS® (Healthcare Effectiveness Data and Information Set).
 - These scores tell us when you have received the type of care you need. The scores look at how often members receive services such as flu shots, immunizations, eye tests, cholesterol tests and prenatal care for members who are pregnant.
- Surveys member's satisfaction with care. One type of survey is called CAHPS® (Consumer Assessment of Healthcare Providers and Systems).
 - This tells us if you are happy with your care and your provider. It also tells us what we can make better for our members. Some things are getting the right type of appointment at the right time and having enough providers to take care of your needs.

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

How does Molina Healthcare pay providers?

We make decisions about your covered care based on what you need. Molina Healthcare does not reward providers, employees or other people to deny or limit your care. Molina Healthcare does not encourage overuse or under-use of tests or treatments. If you would like more information on how Molina Healthcare pays providers, call Member Services at (800) 869-7165 (TTY 711).

What do I have to pay for?

You do not have to pay for services covered by Molina Healthcare or WA Apple Health other than any long term care share of cost. There are no co-pays for covered services. You may have to pay if:

- A service is not covered.
- A service is not medically necessary.
- You get care from a provider who does not have a contract with Molina Healthcare (unless it is an emergency).
- You sign a WA Apple Health approved agreement to pay and
 1. You get specialty care or equipment without a referral from your provider or
 2. You get care that requires Molina Healthcare Pre-Authorization, before Molina Healthcare gives its approval

If you have questions, please call Member Services at (800) 869-7165 (TTY 711).

What if I get a bill?

If you get a bill, call Member Services at (800) 869-7165 (TTY 711).

How to choose your primary care provider (PCP)

You may have already picked your PCP, but if you have not, you should do so right away. Each family member can have a different PCP, or you can choose one PCP to take care of all family members who are in Apple Health Managed Care. Molina Healthcare can provide you with a list of providers and information on a PCP’s schooling, training and board certifications and help you choose a PCP. Member Services staff at (800) 869-7165 (TTY 711) can help you find a provider that is right for you. If you do not choose a PCP, Molina Healthcare will choose one for you.

Group Practices

Some PCPs and specialists are in a network group practice. If a PCP is in a network group, Molina Healthcare’s Provider Online Directory shows the name of the network group practice under the PCP’s address. Your PCP will refer you to specialists and other providers within the network group practice as needed. In order to see a provider outside of the network group practice, you need authorization.

You will need two cards to access services

Your Molina Healthcare ID card

Your Molina Healthcare ID card should arrive within 30 days of your enrollment date. If anything is wrong with your ID card, call (800) 869-7165 (TTY 711) right away. Your ID card will have your Molina Healthcare member ID number. You will need this number for your Molina Healthcare related questions. Carry your ID card at all times and show it each time you go for care. If you are eligible and need care before the card comes, you can call Member Services at (800) 869-7165 (TTY 711) or email at wamemberservices@molinahealthcare.com.

Member:		
Identification #:	Date of Birth:	Client ID:
<hr/>		
Program:		PCP Eff:
PCP Name:		Auth:
PCP Phone:		
PCP Location:		
Member Services: (800) 869-7165 / TTY 711		
Molina Healthcare Virtual Care:		
(844) 870-6821 / TTY 711 or go to		
wavirtualcare.molinahealthcare.com		
		RxBIN:
		RxPCN:
		RxGRP:

Your Services Card

Most people will receive two cards in the mail, one from Washington Apple Health (the Services Card) and one from the health insurance plan that will manage your care.

About two weeks after you enroll in Washington Apple Health through www.wahealthplanfinder.org, you will receive a blue Services Card (also called a ProviderOne card) like the one pictured here. Keep this card. Your Services Card shows you are enrolled in Apple Health.



You do not have to activate your new Services Card. It will be activated before it is mailed to you.

ProviderOne

You'll see "ProviderOne" on your Services Card. ProviderOne is the information system that coordinates the health plans for Apple Health and sends you information at various times. The number on the card is your ProviderOne client number. You can look online to check that your enrollment has started or switch your health plan through the ProviderOne Client Portal at www.waproviderone.org/client. Health care providers can also use ProviderOne to see whether their patients are enrolled in Apple Health.

Each member of your household who is eligible for Apple Health will receive his or her own Services Card. Each person has a different ProviderOne client number that stays with him or her for life.

If you had previous Apple Health coverage (or had Medicaid before it was known as Apple Health), you won't be mailed a new card. Your old card is still valid, even if there is a gap in coverage. Your ProviderOne client number remains the same.

If you don't receive the card or lose your card

If you don't receive your Services Card by the end of two weeks after successfully completing your Apple Health enrollment on www.wahealthplanfinder.org, or if you lose your card, please call the Health Care Authority's Apple Health Customer Service Center at (800) 562-3022 to use the automated Services Card reissue system.

Changing health plans

You have the right to request to change your health plan at any time while on Apple Health. Depending on when you request to change plans, your new plan may start as soon as the first of the next month. It's important to make sure you are officially enrolled in the newly requested plan prior to seeing providers in another plan's network. Changing health plans must be done through the Health Care Authority (HCA). There are several ways to switch your plan:

- Go to the Washington Healthplanfinder website www.wahealthplanfinder.org.
- Visit the ProviderOne Client Portal website www.waproviderone.org/client.
- Request a change online at https://fortress.wa.gov/hca/p1contactus/client_webform/. Select the topic "Enroll/Change Health Plans."
- Call the Health Care Authority Customer Service Center at (800) 562-3022.

NOTE: If you are enrolled in the Patient Review and Coordination (PRC) program, you must stay with the same health plan for one year.

How to get health care

Services you can access through Molina Healthcare include exams, regular check-ups, immunizations (shots) for your children, or other treatments to keep you well. In addition, Molina Healthcare offers services to give you advice when you need it and refer you to the hospital or specialists when needed.

Your care must be **medically necessary**. That means the services you get must be needed to:

- Prevent or diagnose and correct what could cause more suffering.
- Deal with a danger to your life.
- Deal with a problem that could cause illness.
- Deal with something that could limit your normal activities.

Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. As soon as you choose a PCP, call to make an appointment. Even if you have no immediate health care needs, you need to establish yourself as a patient with your chosen PCP. Being an established patient will help you get care faster once you do need it.

If you can, it's important to prepare for your first appointment. Your PCP will need to know as much about your medical history as you can tell him or her. Write down your medical background, and make a list of any problems you have now, the prescriptions you have, and the questions you want to ask your PCP. If you cannot keep an appointment, call to let your PCP know.

How to get specialty care and referrals

If you need care that your PCP cannot give, he or she will refer you to a specialist who can. Talk with your PCP to be sure you know how referrals work. If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist. There are some treatments and services that your PCP must ask Molina Healthcare to approve *before* you can get them. That is called a “pre-approval” or “prior authorization.” Your PCP will be able to tell you what services require this approval, or you can call Molina Healthcare to ask.

If we do not have a specialist in the Molina Healthcare network who can give you the care you need, we will get you the care you need from a specialist outside the Molina Healthcare network using the pre-approval process. Getting a referral from your PCP ensures your health care is coordinated and all your providers know your health care goals and plans. For members requesting care from a specialist outside the network, your PCP or the specialist you are seeing need to request prior approval of specialty care or services from Molina Healthcare via fax or phone call. This request for prior approval must be done before any treatments or tests take place. If a request for specialty care is denied by Molina Healthcare, we will send you a letter within three days of the denial. You or your PCP can appeal our decision. If Molina Healthcare approves these services, you are not responsible for any of the costs. Molina Healthcare will pay for these services.

Certain benefits are available to you that are not covered through Molina Healthcare. Other community-based services and programs provide these benefits. These are called “fee-for-service” benefits. Fee-for-service benefits include dental care, vision hardware, alcohol and substance use disorder services, long-term care, and inpatient psychiatric care. These are the benefits that you will need your ProviderOne card to access. Your PCP or Molina Healthcare will help you find these benefits and coordinate your care. See page 10 for more details on covered benefits.

Services from Molina Healthcare WITHOUT a referral

You do not need a referral from your PCP to see another one of our in-network providers if you:

- Are pregnant.
- Want to see a midwife.

- Need women's health services.
- Need family planning services.
- Need to have a breast or pelvic exam.
- Need HIV or AIDS testing.
- Need immunizations.
- Need sexually transmitted disease treatment and follow-up care.
- Need tuberculosis screening and follow-up care.

Payment for health care services

You have no co-pays. But if you get a service that is not covered or is not considered to be medically necessary you might have to pay.

How to get care in an emergency or when you are away from home

Emergencies: You are always covered for emergencies. No prior authorization or referral is required. An emergency means a medical or behavioral condition that comes on suddenly, is life threatening, has pain, or other severe symptoms that cannot wait to be treated. Some examples of an emergency are:

- A heart attack or severe chest pain.
- Bleeding that won't stop or a bad burn.
- Broken bones.
- Trouble breathing, convulsions, or loss of consciousness.
- When you feel you might hurt yourself or others.
- If you are pregnant and have signs like pain, bleeding, fever, or vomiting.

If you think you have an emergency, no matter where you are, call 911 or go to the nearest location where emergency providers can help you. Emergencies are covered anywhere in the United States. Prior authorization/referrals are not required for emergency services. As soon as possible, call your PCP or health plan to help to get follow-up care after the emergency is over.

The definition of an emergency is where a person with an average knowledge of health might fear that someone will suffer serious harm to body parts or functions or serious disfigurement without receiving care right away.

Urgent care: Urgent care is when you have a health problem that needs care right away, but your life is not in danger. This could be a child with an earache who wakes up in the middle of the night, a sprained ankle, or a bad splinter you cannot remove.

Urgent care is covered anywhere in the United States. If you think you need to be seen quickly, go to an urgent care center that works with Molina Healthcare. You can also call your PCP's office or the Molina Healthcare's 24-hour Nurse Advice Line at (888) 275-8750 (TTY 711).

Medical care away from home: If you need medical care that is not an emergency or urgent, or need to get prescriptions filled while you are away from home, call your PCP or Molina Healthcare for advice. We will help you get the care you need. Routine or preventive care, like a scheduled provider visit or well-exam, is not covered when you are outside of your service area (county).

Getting care after hours

Molina Healthcare has a toll-free phone number to call for medical advice from a nurse 24 hours a day, seven days a week. The phone number is (888) 275-8750 (TTY 711) / (866) 648-3537 (Spanish). Call your PCP's office or Molina Healthcare's Nurse Advice Line for advice on how to reach a provider after hours.

A health plan provider will see you

How soon you get in to see your provider depends on the care you need. You should expect to see one of our providers within the following timelines:

Emergency care: Available 24 hours per day, seven days per week. An emergency is when someone has a sudden or severe medical problem and needs care right away. Call your PCP or health plan for help to get follow-up care after an emergency care visit.

Urgent care: Office visits with your PCP or other provider within 24 hours. Urgent care is for medical problems that need care right away, but your life is not in danger.

Routine care: Office visits with your PCP or other provider within ten days. Routine care is planned and includes regular provider visits for medical problems that are not urgent or an emergency. Once you have chosen your PCP, be sure to schedule an appointment right away to establish yourself as a patient.

Preventive care: Office visits with your PCP or other provider within 30 days. Examples of preventive care are annual physicals (also called check-ups), well-child care visits, annual women's health care, and immunizations (shots).

You must go to a Molina Healthcare provider, pharmacy, or hospital

You must use doctors and other medical providers who work with Molina Healthcare. We also have certain hospitals and pharmacies you must use. Call our member service line at (800) 869-7165 (TTY 711) or visit our website www.MolinaHealthcare.com to get a provider directory or get more information about our providers, hospitals, and pharmacies. The directory of providers, pharmacies, and hospitals includes:

- The service provider's name, location, phone number, and hours open.
- The specialty and medical degree.
- The languages spoken by those providers.
- Any limits on the kind of patients (adults, children, etc.) the provider sees.
- Which PCPs are accepting new patients.

NOTE: If you are enrolled in the Patient Review and Coordination program, you must stay with the same health plan for one year.

Payment for health care services

You have no co-pays. If you get a service that is not covered or is not considered to be medically necessary you might have to pay.



Behavioral Health Services

If you need behavioral health care, your PCP and Molina Healthcare can help coordinate your care. We cover assessment for mental health services and treatment you might need such as counseling, testing and medications for addressing mental health symptoms. We cover lower and mid-level intensity treatment. We also provide screening for substance use disorder needs and may make a referral to either a plan covered service or a community provider for further assessment.

Your PCP might think your behavioral needs are better served through services covered by a Behavioral Health Organization at a Community Mental Health or Substance Use Disorder Services agency. If so, your PCP will send you there for an evaluation to see if you need these services, based on medical necessity. If the evaluation results determine you need this level of service, you may continue to get your behavioral health care treatment from the Agency. If you do not need these services you will still receive needed care from your PCP and Molina Healthcare.

Prescriptions

Molina Healthcare uses a list of approved drugs. This is called a “formulary” or a “preferred drug list.” To make sure your drugs will be paid for, your PCP should prescribe medications to you from this list. You do not have to pay for drugs covered by your health plan. You can call us and ask for:

- A copy of the formulary or preferred drug list.
- Information about the group of providers and pharmacists who created the formulary.
- A copy of the policy on how Molina Healthcare decides what drugs are covered and how to ask for coverage of a drug that is not on the “formulary” or “preferred drug list.”

To make sure your drugs will be paid for, you must get your medications at a pharmacy that contracts with Molina Healthcare. Call our Member Services staff at (800) 869-7165 (TTY 711) and we will help you find a pharmacy near you.

Medical equipment or medical supplies

Molina Healthcare covers medical equipment or supplies when they are medically necessary and prescribed by your health care provider. Most equipment and supplies must be approved by Molina Healthcare before we will pay for them.

For more information on covered medical equipment, supplies and how to get them, call (800) 869-7165 (TTY 711).

Special health care needs or long-term illness

If you have special health care needs, you may be eligible for additional benefits through our disease management program or Health Home program or case management. You may also get direct access to specialists who can help you get needed care. In some cases, you may be able to use your specialist as your PCP. You can get more information about care coordination and care management from Molina Healthcare.

Long-term care services

If you are eligible and need long-term care services, including in-home caregiver and nursing home services, these are provided by Apple Health, not by your health plan. To get more information about long-term care services, call Aging and Disability Services at (800) 422-3263.

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). EPSDT includes a full range of screening, diagnostic, and treatment services. The program provides complete, periodic health screenings to clients under age 21 to identify existing health care issues early and prevent the decline of a child's health. These screenings can help identify potential physical, behavioral health or developmental health care needs which may require additional diagnostics and or treatment. This benefit includes any diagnostic testing and medically necessary treatment needed to correct or improve a physical and behavioral health condition, as well as those additional services needed to support a child who has developmental delay. These services can also be aimed at keeping conditions from getting worse or slowing the pace of the effects of a child's health care problem. EPSDT encourages early and continuing access to health care for children and youth. EPSDT includes these services:

Screening – An EPSDT screening is sometimes referred to as a well-child or well-adolescent check-up. When the parent, child, or provider asks, screenings are done according to a recommended schedule to fully assess each child's health status and find possible health problems. A well-child check-up or screening should include all of the following:

- Complete health and developmental history.
- A full physical examination, including lead screening as appropriate.
- Appropriate behavioral health and substance use disorder screening.
- Developmental screening.
- Autism screening.
- Health education and counseling based on age and health history.
- Appropriate vision testing.
- Appropriate hearing testing.
- Appropriate laboratory testing.
- Dental screening services.
- Immunizations (shots).

In addition to these well-child check-ups, any visit a child makes to a medical provider is considered an EPSDT screening.

Diagnosis – When a health condition or risk for such is identified, additional tests may be done to make a diagnosis or decide a referral to a specialist for further evaluation is needed.

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

- Treat the child if it is within the provider's scope of practice; or
- Refer the child to an appropriate provider for treatment, which may include additional testing or specialty evaluations, such as developmental assessment, comprehensive mental health, substance use disorder evaluation, or nutritional counseling. Treating providers communicate the results of their services to the referring EPSDT screening provider(s).

Some covered health care services may require prior approval. All non-covered services require prior approval either from the child's health plan or from the State, if the service is offered by the State as fee-for-service care.

Benefits covered by Molina Healthcare

Some of the benefits covered by Molina Healthcare are listed below. Check with your provider or Molina Healthcare if a service you need is not listed as a benefit.

For some services, you may need to get a referral from your PCP and/or pre-approval from Molina Healthcare before you get the services. Otherwise, Molina Healthcare might not pay for the service.

Some services are limited by number of visits or supply/equipment items. Molina Healthcare has a process to review a request from you or your provider for extra visits or a “limitation extension.” We also have a process to review requests for a medically necessary non-covered service as an “exception to rule” request.

Remember to call Molina Healthcare at (800) 869-7165 (TTY 711) before you get medical services or ask your PCP to help you get the care you need.

Benefit	Comments
Ambulance Services	For emergencies or when transporting between facilities, such as, from the hospital to a rehabilitation center Non-emergency ambulance transportation is covered for clients who are dependent and/or require mechanical transfers, a stretcher to be moved when needed for medical appointments for covered services. An example would be a person who is ventilator dependent, quadriplegic
Antigen (allergy serum)	Allergy shots
Applied Behavioral Analysis (ABA)	Assist children (under age 21) with autism spectrum disorders and other developmental disabilities, to improve the communication, social, and behavioral challenges, associated with these disorders
Audiology Tests	Hearing tests
Autism Screening	Available for children suspected of having autism up to 36 months
Bariatric Surgery	Prior approval required for bariatric surgery
Biofeedback Therapy	Limited to plan requirements
Birth Control	See Family Planning Services
Blood Products	Includes blood, blood components, human blood products, and their administration
Breast Pumps	Some types may require prior approval
Chemotherapy	Some services may require prior approval
Chiropractic Care	Benefit is for children only (under age 21) with referral from PCP after being seen for an EPSDT (well-child care) screening
Cochlear Implant Devices and Bone Anchored Hearing Aid (BAHA) Devices	Benefit is for children only (under age 21)
Contraceptives	See Family Planning Services

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
Developmental Screening	Available for all children between 9 to 30 months of age
Diabetic Supplies	Limited supplies available without prior approval, additional supplies available with prior approval
Dialysis	Prior authorization may be required
Emergency Services	Available 24 hours per day, seven days per week anywhere in the United States. An emergency is when someone has a serious medical or behavioral problem and needs care right away
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	<p>EPSDT includes a full range of prevention, diagnostic, and treatment services to make sure children under age 21 get all the care they need to identify and treat health problems at an early stage. These EPSDT screenings (well-child care) include:</p> <ul style="list-style-type: none"> • Complete health and developmental history • A full physical examination • Appropriate behavioral health and substance use disorder screening • Developmental screening • Autism screening • Health education and counseling based on age and health history • Appropriate vision testing • Appropriate hearing testing • Appropriate laboratory testing • Dental screening services • Immunization shots <p>Any health treatment that is medically necessary, even if the treatment is not listed as a covered service</p>
Enteral Nutrition (products and equipment)	<p>All ages for tube-fed clients.</p> <p>Oral nutrition for clients under age 21</p> <ul style="list-style-type: none"> • Oral nutrition is not covered for clients age 21 and older
Eye Exams	<p>You must use our provider network. Limited to one exam every 12 months for clients under age 21, and every 24 months for clients age 21 and over. Can be more frequent if determined to be medically necessary by Molina Healthcare.</p> <p>NOTE: For children through 20 years of age, eyeglasses, contact lenses, and hardware fittings are covered separately under the fee-for-service program using your ProviderOne Services Card. Providers may be outside of Molina Healthcare's network, see the "Eyewear Supplier" listing at https://fortress.wa.gov/hca/p1findaprovider/.</p>
Family Planning Services	You have the choice of using our network of providers, or going to the local health department or family planning clinic

Habilitative Services	Contact Molina Healthcare to see if you are eligible
Health Care Services (Office Visits, Preventive Care, Specialty Care)	Must use Molina Healthcare's participating providers. We may require prior approval. Contact Molina Healthcare at (800) 869-7165 (TTY 711).
Health Education and Counseling	Examples: Health education for conditions such as diabetes and heart disease
Health Home	Some enrollees may be eligible for this unique intensive care coordination program. Contact Molina Healthcare at (800) 869-7165 (TTY 711) to see if you qualify. Health Homes have care coordinators who provide one-on-one support to enrollees who have chronic conditions. They are especially useful if you have several chronic conditions and need help coordinating your care among many providers.
Hearing Exams and Hearing Aids	Covered for clients under age 21
HIV/AIDS Screening	You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening
Home Health Care	Must be approved by Molina Healthcare
Hospice	Includes services for adults and children in Skilled Nursing Facilities/Nursing Facilities, hospitals, hospice care centers and at home
Hospital, Inpatient and Outpatient Services	Must be approved by Molina Healthcare for all non-emergency care
Hospital Inpatient Rehabilitation (physical medicine)	Must be approved by Molina Healthcare
Immunizations/Vaccinations	
Lab and X-ray Services	Some services may require prior approval
Mammograms	See Women's Health Care
Maternity and Prenatal Care	See Women's Health Care
Medical Equipment	Most equipment must get prior approval from Molina Healthcare. Call Molina Healthcare at (800) 869-7165 (TTY 711) for specific details
Medical Supplies	Most supplies must first be approved by Molina Healthcare. Call us at (800) 869-7165 (TTY 711) for specific details

Medication Assisted Therapy (MAT)	Medications associated with alcohol or substance use disorder services are covered by Molina Healthcare
Mental Health, Outpatient Treatment	<p>Mental health services are covered when provided by a psychiatrist, psychologist, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist</p> <p>These services include:</p> <ul style="list-style-type: none"> • Psychological testing, evaluation, and diagnosis • Mental health treatment <p>Mental health medication management by your PCP or mental health provider</p>
Nutritional Therapy	Covered for clients under age 21 when medically necessary and referred by the provider after an EPSDT screening
Organ Transplants	Call Molina Healthcare at (800) 869-7165 (TTY 711) for specific details
Outpatient Rehabilitation (Occupational, Physical, and Speech Therapies)	<p>Limited benefit. Call Molina Healthcare at (800) 869-7165 (TTY 711) for specific details</p> <p>Limit applies whether performed in any of the following:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home health agency • Apple Health may cover services through the fee-for-service program for children when provided in an approved neurodevelopmental center. See: http://www.doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf
Oxygen and Respiratory Services	Some services may require prior approval
Pharmacy Services	Must use participating pharmacies. We have our own drug formulary (list). Contact Molina Healthcare at (800) 869-7165 (TTY 711) for a list of pharmacies
Podiatry	Limited benefit: Call Molina Healthcare at (800) 869-7165 (TTY 711) for specific information
Private Duty Nursing	Will require prior approval
Radiology and Medical Imaging Services	Some services may require prior approval
Skilled Nursing Facility (SNF)	Covered for short-term (less than 30 days). Additional services may be available contact Molina Healthcare at (800) 869-7165 (TTY 711).

Smoking Cessation	Covered for all clients based on the Molina Healthcare's policies
Transgender Health Services	Hormone and mental health therapy
Tuberculosis (TB) Screening and Follow-up Treatment	You have a choice of going to your PCP or the local health department
Women's Health Care	Routine and preventive health care services such as: maternity care, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding

Additional services from Molina Healthcare

Case Management and Disease Management

These two programs help members manage chronic diseases and barriers that get in the way of self-care.

Case Management offers members help and support from nurses and social workers for addressing member's health concerns and removing barriers that get in the way of care. Case Managers can help by:

- Coordinating care with providers.
- Referring for needed services.
- Connecting to community resources.
- Providing health education and coaching.
- Helping manage your health condition.

Molina Healthcare wants to get to know our members and screen for needs early so we can offer Case Management services as soon as possible. You should expect to receive a call from our Case Management team asking a few screening questions during the first 60 days of enrollment. If we are not able to contact you by phone the screening questions will be sent to your home and you can either call us back, complete online at MyMolina.com or mail in the questions (in the included self-addressed envelope).

Case Management also offers the following specialty programs:

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

Disease Management offers additional support to members by providing a customized approach to education, coaching and care planning to members with the following chronic conditions:

- Asthma.
- Prediabetes and Diabetes.
- Coronary Artery Disease (CAD).
- Chronic Obstructive Pulmonary Disease (COPD).
- Congestive Heart Failure (CHF).
- Hypertension.
- Obesity.

More specifically, Health Managers (who are trained registered nurses) help members by:

- Educating members about their disease condition(s).
- Monitoring and managing their health conditions.
- Encouraging and supporting communication with their provider(s).
- Referring to helpful resources.
- Supporting healthy lifestyle changes.
- Provide support for making the necessary changes to living a healthy life.

For more information about this free program please call Member Services at (800) 869-7165 (TTY 711).

Motherhood Matters Program

A program that helps pregnant women get the education and services they need for a healthy pregnancy. For more information please call Member Services at (800) 869-7165 (TTY 711).

Smoking Cessation Program

Smoking can negatively impact your health and the health of those around you. If you are interested in quitting, please call the Quit-4-Life program at (866) 784-8454 to speak with a coach today!

Weight Watchers®

The Weight Watchers® program is available to members 18 years and older who qualify. For information about this program, call our Corporate Education department at (866) 472-9483.

Health Incentives

Your health is important to Molina Healthcare. Below are incentive programs that give you reward points for keeping you and your family healthy. To get the incentive take a Molina Healthcare incentive form to your provider appointment and they will process your form. If you do not have an incentive form, call our Member Services department at (800) 869-7165 (TTY 711).

After your provider sends the information, you will receive a card in the mail telling you how to redeem your reward. These points can be redeemed online for many health related items such as a car seat, diabetic cookbook or gym bag.

- **Healthy 15 Month Old**

Take your child in for six well-child exams within their first 15 months of life and receive reward points.

- **Healthy Two Year Old**

Before your child turns two years of age be sure he or she has had all their required immunizations and receive reward points.

- **Well-child Check-up at 3, 4, 5, 6 Years of Age**

Well-child exams help keep your child healthy. A well-child exam is a physical exam and it also includes vision and hearing tests. Your child will also get immunized (shots) if they are due. Shots will help your child stay healthy. Take your child in for a yearly well-child exam and receive reward points.



- **Adolescent Well Care Visit for Ages 12 to 21**

Check-ups include a complete physical exam and may include vision and hearing tests. Your provider should check blood pressure, height, weight and body mass index (BMI). You may need some shots or boosters. Take your adolescent in for a yearly well care visit and receive reward points.

- **Prenatal Visit**

See your provider in the first three months of your pregnancy or within 42 days of joining Molina Healthcare and receive reward points.

- **Postpartum Visit**

Visit your provider who delivered your baby between 21 and 56 days after delivery for your after delivery exam and receive reward points.

- **Mammograms**

Mammograms are the best tool used today to detect changes in the breast. Get your mammogram and receive reward points.

- **Staying Healthy with Diabetes**

As a member of this program, you can team up with your health care provider to set and reach your diabetes management goals. Members who reduce their A1C, and get their annual eye exams receive reward points.

*Please note: Each member is eligible for up to \$200 of rewards per calendar year.

Health Home Program - Care Coordination Services

Who is eligible for Health Home services?

The services are for Apple Health members who need support managing their chronic conditions and helps you coordinate 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 or 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.

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 your chronic conditions and assist in meeting your health goals.

How does this affect your current coverage?

- Your current Medicaid 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.

Virtual Urgent Care

If you are not feeling well and are unable to visit your primary care provider (PCP), Molina brings health care to you – safely and securely – through Molina’s free virtual clinic*.

You can use a telephone, smartphone, computer or tablet to talk or video chat with a doctor or nurse practitioner 24/7, wherever you are. No appointment is necessary. Examples of treated conditions include: cold and flu, sore throat, pink eye, ear pain and sinus issues.

Register today at wavirtualcare.molinahealthcare.com so you are ready to go when you need to use services. To get care now, simply log in or call (844) 870-6821 (TTY 711).

*Molina offers this service through contracted providers. Virtual care is free. Rates for cell phone and Internet usage will apply as designated by your personal cell phone or Internet service provider.

My Molina Member Portal

MyMolina.com is our website for our members. It gives you secure access to your personal health information at any time. With MyMolina.com you can also use self-service features to get a new ID card, change your PCP and more! Sign up today!

Fraud, Waste and Abuse

Health care fraud, waste and abuse takes money away from health care programs and leave less money for real medical care. Let us know if you think a health care provider or someone else is doing something wrong. Doing something wrong could be fraud, waste, or abuse, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that were not given or necessary.
- Letting someone else use their Molina ID card.
- Using someone else’s Molina ID card.
- Making changes to a prescription.

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

Molina Healthcare Compliance AlertLine

- Phone Toll Free: (866) 606-3889
- Online: <https://molinahealthcare.AlertLine.com>

Member Services

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

Molina Healthcare Compliance Office

Molina Healthcare of Washington Confidential Fax
Toll Free (800) 282-9929

Mail Attn: Compliance Director
Molina Healthcare of Washington
P.O. Box 4004
Bothell, WA 98041-4004

Medicaid members can also report fraud to:

Washington State Health Care Authority:

Phone: Toll Free (800) 562-6906

Online: http://www.hca.wa.gov/medicaid/pi/pages/contact_us.aspx

Mail: Office of Program Integrity
626 8th Ave SE/ PO Box 45503
Olympia, WA 98504-5503

Office of the Attorney General

Phone: (360) 586-8888

Online: <http://www.atg.wa.gov/medicaid-fraud>

Mail: Medicaid Fraud Control Unit
PO Box 40114
Olympia, WA 98504

Services covered outside of Molina Healthcare:

The Apple Health fee-for-service program covers the following benefits and services even when you are enrolled in Molina Healthcare. Molina Healthcare and your PCP can help coordinate your care with other community-based services and programs. To access these services you need to use your ProviderOne card. If you have a question about a benefit or service not listed here, call Molina Healthcare at (800) 869-7165 (TTY 711).

Service	Comments
Alcohol and Substance Use Disorder Services, Inpatient, Outpatient, and Detoxification	Must be provided by Department of Social and Health Services (DSHS) certified agencies. Call DSHS at (866) 789-1511 for specific information. Medications associated with alcohol or substance use disorder services are covered by Molina Healthcare.
Long-Term Care Services and Services for People with Developmental Disabilities	The Aging and Long Term Services Administration (AL TSA) must approve these services. Call (800) 422-3263 (Aging and Disability Services).

Dental Services	You will need to use a dental provider who has agreed to be an Apple Health fee-for-service provider. A list of dental providers and more information on dental benefits is available at http://www.hca.wa.gov/assets/free-or-low-cost/22-811.pdf , or you can call HCA for more information at (800) 562-3022.
Eyeglasses and Fitting Services	Covered for clients under age 21. You will need to use an Apple Health fee-for-service provider.
Inpatient Psychiatric Care, and Crisis Services	Must be authorized by a mental health professional from the local area mental health agency. For more information, call DSHS at (800) 446-0259.
Early Support for Infants and Toddlers (ESIT) from Birth to Age 3	Call the First Steps Program at (800) 322-2588 for information
Maternity Support Services	Call the First Steps Program at (800) 322-2588 for information
Osteopathic Manipulative Therapy	Limited benefit: Ten osteopathic manipulations per calendar year are covered by the health plan, only when performed by a plan doctor of osteopathy (D.O.).
Pregnancy Terminations, Voluntary	Includes termination and follow-up care for any complications
Sterilizations, under age 21	Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered
Transgender Health Services	Surgical procedures and postoperative complications
Transportation for Medical Appointments	Apple Health pays for transportation services to and from needed non-emergency health care appointments. If you have a current ProviderOne Services Card, you may be eligible for transportation. 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 http://www.hca.wa.gov/assets/billers-and-providers/non_emergency_medical_transportation_regional_broker_phone_list.pdf Click on “Regional Broker.”

Services NOT covered by Molina Healthcare

These services are not available from Molina Healthcare or Apple Health. If you get any of these services, you may have to pay the bill. If you have any questions, call Molina Healthcare at (800) 869-7165 (TTY 711).

Services Excluded	Comments
Alternative Medicines	Acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, or massage therapy
Chiropractic Care for Adults	
Cosmetic or Plastic Surgery	Including tattoo removal, face lifts, ear or body piercing, or hair transplants

Diagnosis and Treatment of Infertility, Impotence, and Sexual Dysfunction	
Marriage Counseling and Sex Therapy	
Personal Comfort Items	
Nonmedical Equipment	Such as ramps or other home modifications
Physical Exams Needed for Employment, Insurance, or Licensing	
Services Not Allowed by Federal or State Law	
Weight Reduction and Control Services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction

If you are unhappy with Molina Healthcare?

You have the right to file a complaint. This is called a grievance. You have the right to ask for a reconsideration of a decision you are not happy with, if you feel you have been treated unfairly, or have been denied a medical service. This is called an appeal. The health plan will help you file a grievance or an appeal. Call Molina Healthcare at (800) 869-7165 (TTY 711).

Grievances or complaints can be about:

- A problem with your provider's office.
- Getting a bill from your provider.
- Being sent to collections due to an unpaid medical bill.
- Any other problems you may have getting health care.

Molina Healthcare 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, not taking more than 45 days.

You can get a free copy of Molina Healthcare's grievance policy by calling Molina Healthcare at (800) 869-7165 (TTY 711).

If your health plan is unable to resolve a grievance, you can also file a grievance directly with the Health Care Authority by calling (800) 562-3022.

Important information about denial, appeals, and administrative hearings

A denial is when your health plan does not approve or pay for a service that either you or your provider 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 the Molina Healthcare's action. It will let you know your rights and information about how to request an appeal. You or your provider may appeal a denied service.

An appeal is when you ask Molina Healthcare to review your case again because you disagree with a denial. With written consent, you can have someone else appeal on your behalf. You must ask for the appeal within

90 days of the date of the denial letter. However, you only have 10 days to ask for an appeal if you want to keep getting a service that you are already receiving while we review our decision. We will reply in writing telling you we received your request for an appeal within 72 hours. In most cases, Molina Healthcare will review and decide your appeal within 14 days. We must tell you if we need more time (up to 28 days) to make a decision. We must get your written permission to take more than 28 days to make a decision. In any case, an appeal decision must be made within 45 days.

Molina Healthcare can help you file your appeal. If you need help filing an appeal, call Member Services at (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 provider can ask for an expedited (quick) review or hearing by calling Molina Healthcare. If your medical condition requires it, a decision will be made about your care within three calendar 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 (quick) appeal. You may file a grievance if you do not like our decision to change your request from an expedited (quick) to a standard appeal. We must mail written notice within two calendar days of a decision.

If you disagree with the appeal decision from Molina Healthcare, you have the right to ask for an administrative hearing. You only have **90 days** from the date of our appeal decision to request an administrative hearing. However, you only have **10 days** to ask for an administrative hearing if you want to keep getting the service that you were already getting before our denial. In a hearing, an administrative law judge that does not work for Molina Healthcare or the Health Care Authority reviews your case.

To ask for an administrative hearing:

1. Call the Office of Administrative Hearings (www.oah.wa.gov) at (800) 583-8271,

OR

2. Send a letter to:
Office of Administrative Hearings
P.O. Box 42489
Olympia, WA 98504-2489

AND

3. 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.

You may talk with a lawyer or have another person represent you at the hearing. If you need help finding a lawyer, visit <http://www.nwjustice.org> or call the NW Justice CLEAR line at (888) 201-1014.

You will get a letter telling you the decision from the hearing. If you disagree with the hearing decision, you have the right to appeal the decision by asking for a review of your case by an Independent Review Organization (IRO), or you can appeal directly to the Health Care Authority's Board of Appeals.

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.

An IRO is a group of doctors who do not work for Molina Healthcare. To request an IRO, you must call us and ask for a review by an IRO after you get the hearing decision letter. If you still do not agree with the decision of the IRO, you can ask to have a review judge from the Health Care Authority's Board of Appeals 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 a member of Molina Healthcare, you have a right to:

- Help make decisions about your health care, including mental and substance use disorder services and the right to refuse treatment.
- Be informed about all treatment options available, regardless of cost.
- Change primary care providers.
- Get a second opinion from another provider in your health plan.
- Get services without having to wait too long.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of his or her race, color, national origin, gender, sexual preference, age, religion, creed, or disability.
- 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 Molina Healthcare pays 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.
 - 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.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical advance directive forms.

Your responsibilities

As a member of Molina Healthcare, you agree to:

- Help make decisions about your health care, including refusing treatment.
- 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.
- Show your providers the same respect you want from them.
- Bring your Services Card and health plan 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.
- Know your health problems and take part in making agreed-upon treatment goals as much as possible.
- Give your providers and Molina Healthcare complete information about your health so you can get the care you need.
- Follow your provider's instructions for care that you have agreed to.
- 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 primary care provider, 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 the Health Care Authority if your family size or situation changes, such as pregnancy, births, adoptions, address changes, or you become eligible for Medicare or other insurance.
- Renew your coverage annually using the Washington Health Benefit Exchange at www.wahealthplanfinder.org, and report changes to your account such as income, marital status, births, adoptions, address changes, become eligible for Medicare or other insurance.

Advance directives

An advance directive puts your choices for health care into writing. The advance directive tells your provider 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 provider or family what kind of care you want for any other reason.
 - If you want to donate your organ(s) after your death.
 - If you want someone else to decide about your health care if you can't.

Having an advance directive means your loved ones or your provider 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 provider, family, friends, and those close to you. Put decisions about your medical care in writing now. You can cancel an advance directive at any time. Your health plan, provider, or hospital can give you more information about advance directives if you ask. You can also:

- Ask to see your health plan's policies on advance directives.
- File a grievance with your plan or the Health Care Authority 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.

You may learn more about Advance Directives by contacting Molina Healthcare at (800) 869-7165 (TTY 711).

We protect your privacy

We are required by law to protect your health information. Health plans, like Molina Healthcare, use and share protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment, and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private.

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. Health plans and the Health Care Authority share PHI for the following reasons:

- Treatment —Includes referrals between your PCP and other health care providers.
- Payment – Molina Healthcare 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 or share PHI about you to function as a health plan. For example, we may use information from your claim to let you know about a health program that could help you. Your PHI may also be used to see that claims are paid correctly.

Molina Healthcare may use or share your PHI without getting written approval from you under certain circumstances.

- Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
 - 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:
 - When the U. S. Secretary of the Department of Health and Human Services requires the plan to share your PHI.
 - Public Health and Safety: This may include helping public health agencies to prevent or control disease.
 - Health Care Oversight: Your PHI may be used or shared with government agencies. They may need your PHI for audits.
 - Research: Your PHI may be used or shared for research in certain cases, when approved by a privacy or institutional review board.
 - Legal or Administrative Proceedings: Your PHI may be used or shared 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.
 - Law Enforcement: Your PHI may be used or shared with police 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.
 - Government Functions: Your PHI may be shared with the government for special functions, such as national security activities.
 - Workers' Compensation: Your PHI may be used or shared 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 your health plan. However, your cancellation will not apply to actions taken before the cancellation.

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other health care decisions as a Molina Healthcare Member. You will need to make your request in writing. You may use Molina Healthcare's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request. Please call Member Services at (800) 869-7165 (TTY 711) if you would like a form or you have questions.

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

- Call your health plan and file a complaint. The health plan 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 Secretary of the U.S. Department of Health and Human Services by writing to:

**Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue – Mail Stop RX-11
Seattle, WA 98121**

Note: This information is only an overview. Each health plan is 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 health plan's Notice of Privacy Practices for additional details. You may also contact Molina Healthcare at (800) 869-7165 (TTY 711), online at www.MolinaHealthcare.com, by email at wamemberservices@molinahealthcare.com, or by mail at PO Box 4004, Bothell, WA 98041-4004 for more information.



PO Box 4004
Bothell, WA 98041

MolinaHealthcare.com