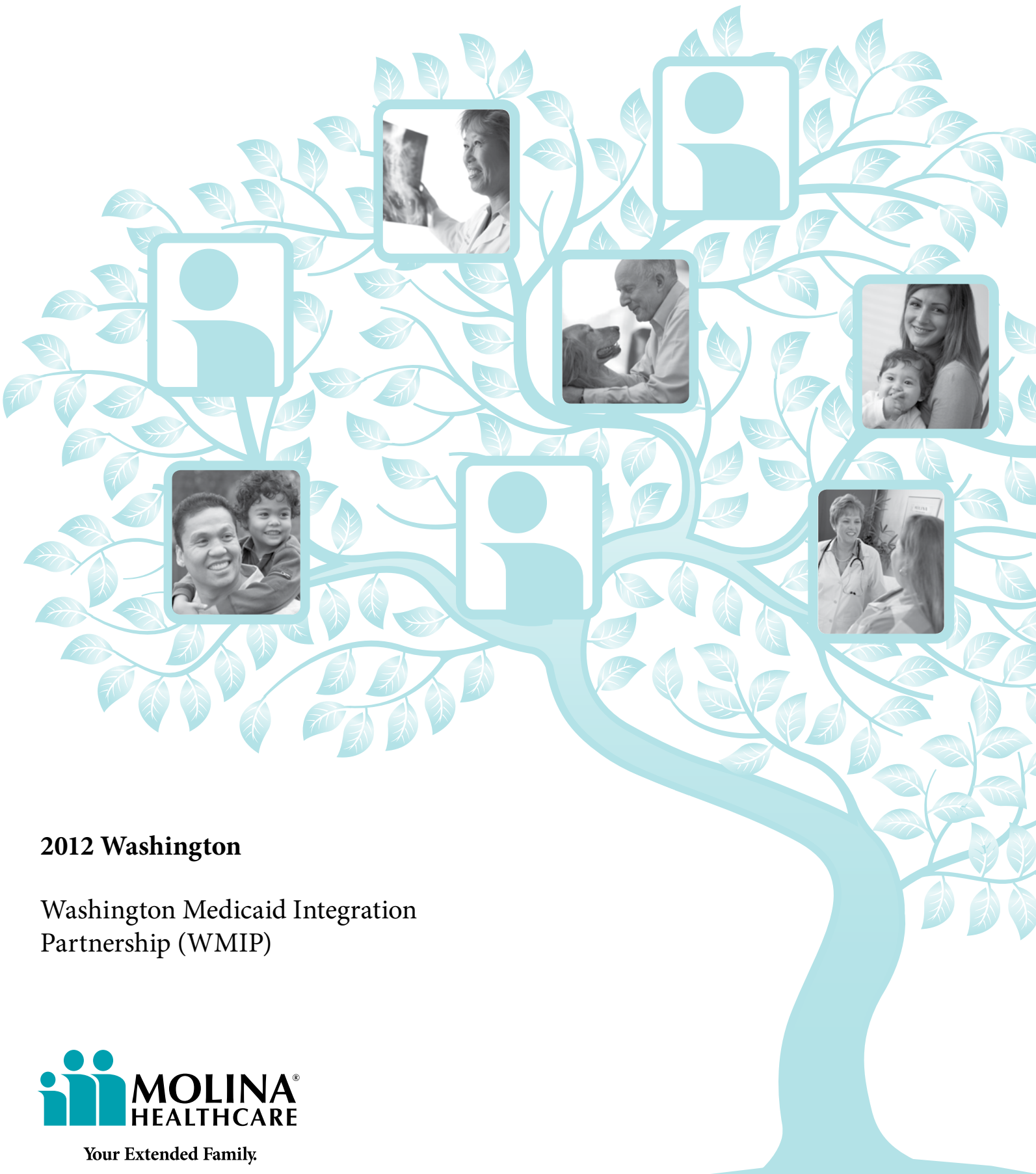


Welcome to the Molina Healthcare family



2012 Washington

Washington Medicaid Integration
Partnership (WMIP)



Your Extended Family.

If the enclosed information is not your primary language, or you need this in another format, call Molina Healthcare Member Services at 1-800-869-7165.

ENG

Yog cov ntaub ntawv uas nyob hauv lub hnab no tsis yog koj yam lus, lossis koj xav tau cov ntaub ntawv no sau ua lwm yam lus, hu rau cov neeg ua haujlwm hauv Molina Healthcare Member Services ntawm 1-800-869-7165.

HMG

Afai e le o aofia lau gagana muamua e fa'amalamalama ai mata'upu nei, pe e te finagalo i se isi fa'atulagana, vala'au le Galuega Tautua Fa'asoifua-maloloina a Molina mo Sui 'Auai i le 1-800-869-7165.

SAM

Если прилагаемая информация не на вашем родном языке либо она необходима вам в другом формате, пожалуйста, позвоните в Отдел обслуживания клиентов компании Molina Healthcare по телефону 1-800-869-7165.

RUS

Якщо прикладена інформація не на вашій рідній мові або вона потрібна вам в іншому форматі, будь ласка, зателефонуйте у Відділ обслуговування клієнтів компанії Molina Healthcare за номером 1-800-869-7165.

UKR

동봉한 정보가 모국어가 아니거나 이 정보를 다른 형식(예: 점자, 대형 인쇄판)으로 받길 원하시면 Molina Healthcare 고객 서비스부, 1-800-869-7165로 전화하십시오.

KOR

Dacă informațiile alăturate nu sunt în limba dumneavoastră principală (maternă) sau dacă aveți nevoie de aceste informații în alt format, luați legătura cu Serviciul pentru Membri de la Molina Healthcare la 1-800-869-7165.

ROM

ከዚህ ጋር የተያያዘው መረጃ በመጀመሪያ ቋንቋዎ የተጻፈ ካልሆነ ወይም በሌላ ፎርማት የተዘጋጀውን የሚፈልጉ ከሆኑ ለሞሊና የጤና እንክብካቤ የደንበኞች አስተናጋጅ ወኪል በ 1-800-869-7165 ይደውሉ።

AMH

ຖ້າຂໍ້ມູນທີ່ຕິດຄັດມາພ້ອມນີ້ບໍ່ເປັນພາສາພື້ນເມືອງຂອງທ່ານ, ກະຊວງາໃຫຫາຜູ້ຕົວແທນ ການບໍລິການລູກຄ້າ Molina Healthcare ຢ່າງທີ 1-800-869-7165.

LAO

እዚ ቀጺሉ ተዋሂቡ ዘሎ ሓበሬታ እንተድኡ ብቋንቋኹን ዘይተጻፈ ኮይኑ ወይ በኻልእ ፎርማ ዝተጻለወ እንተድሊኹም ናብ ሞሊና ናይ ክንክን ጥዕና ናይ ዓማጭል ኣገልግሎት ወኪል ብቁጽሪ 1-800-869-7165 ደውሉ።

TIG

Si la informacion adjunta no esta en su idioma principal o si la necesita en otro formato, llame a Servicios a los Miembros de Molina Healthcare al 1-800-869-7165.

SPA

Nếu chi tiết đính kèm không phải là ngôn ngữ chính của quý vị, hoặc quý vị cần những chi tiết này bằng một hình thức khác, xin gọi cho Ban Phục Vụ Khách Hàng của Molina Healthcare số 1-800-869-7165.

VTN

如果所附資訊不是你的第一語言，或者你需要以其他版本格式提供所附資訊，請電Molina保健計畫成員服務處：1-800-869-7165。

TCH

បើសិនជាព័ត៌មានដែលបានដាក់ភ្ជាប់មកជាមួយនេះ មិនមែនជាភាសាបស់អ្នកទេ ឬបើអ្នកត្រូវការព័ត៌មាននេះជាទម្រង់ផ្សេងទៀត

សូមទូរស័ព្ទទៅផ្នែកបម្រើសមាជិក Molina Healthcare តាមលេខ 1-800-869-7165 ។

KHM

ਜੇ ਨਾਲ ਨੱਥੀ ਜਾਣਕਾਰੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਨਹੀਂ ਹੈ, ਜਾਂ ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਮੋਲੀਨਾ ਹੈਲਥਕੇਅਰ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੂੰ 1-800-869-7165 'ਤੇ ਫੋਨ ਕਰੋ।

PUNJ

यदि संलग्न जानकारी आपकी अपनी भाषा में नहीं है, या यदि आपको यह किसी और फॉर्मेट में चाहिए, तो मोलिना हेल्थकेअर मेंबर सर्विसिज को 1-800-869-7165 पर फोन करें।

HIN

If you need the enclosed information in another format call Molina Healthcare Member Services Department at 1-800-869-7165.

Welcome to Molina Healthcare of Washington

You have either chosen or been assigned to Molina Healthcare as your Washington Medicaid Integration Partnership (WMIP) health plan.

Please read this book to understand your Benefits. If you have questions or need help understanding this book, please call us at:

(800) 869-7165



WMIP Member Handbook

Important Information You Need To Know...

If you need this information in another format, call Molina Healthcare Member Services Department at **(800) 869-7165**.

Important Phone Numbers

Molina Healthcare Member Services.....	(800) 869-7165
24-hour Nurse Advice Line.....	(888) 275-8750
Mental Health Ombudsman	(800) 869-7165
Molina Healthcare TTY Services	(877) 665-4629

	Name	Number
My Care Coordination Specialist	_____	_____
My Care Coordination Specialist	_____	_____
My Primary Care Provider	_____	_____
My Mental Health Counselor	_____	_____
My Personal Care Giver	_____	_____
My Pharmacy	_____	_____
My Specialist	_____	_____
My Specialist	_____	_____

In an emergency, please call 911.

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Introduction

Welcome to the Washington Medicaid Integration Partnership Program.

Molina Healthcare is your Medicaid Managed Care Plan

Molina Healthcare contracts with the Health Care Authority (HCA) to be a managed care plan for people on Medicaid. Molina Healthcare contracts with providers to manage and care for your healthcare needs.

This handbook has information about what your plan with Molina Healthcare covers including your provider, medical specialties, mental health, Chemical Dependency and long-term care services.

Molina Healthcare Member Services

We are open to help you Monday through Friday from 8:00 a.m. until 5:00 p.m. at (800) 869-7165 to answer your questions and concerns such as:

- Finding a Primary Care Provider (PCP) in your area
- Changing your PCP
- Benefit information
- Authorization or Denial information

Molina Healthcare cannot give you direct health advice. When you have questions about your healthcare, call your PCP or our 24-hour Nurse Advice Line at (888) 275-8750.

We can help you if you do not speak English. If you need help in another language, choose your language at (800) 869-7165. If your language is not listed, we will use an interpreter. This service is at no cost to you. If you are hearing impaired, please use TTY at (877) 665-4629.

This handbook and other information are on our website at: www.MolinaHealthcare.com.

How do I get the healthcare I need?

To get the healthcare you need, you must use providers who have a contract with Molina Healthcare. Any exceptions require Pre-Authorization by Molina Healthcare. You get most of your healthcare from your PCP (see Primary Care Provider - page 8). If you need specialty care, your PCP will Refer you to a Specialist who has a contract with Molina Healthcare.

If you need a list of Contracted Providers or you want to know about Molina Healthcare's Service Area, call Member Services at (800) 869-7165 or go to our website at www.MolinaHealthcare.com.

Molina Healthcare Health Integration Team

What is the Health Integration Team?

The Health Integration Team is offered by Molina Healthcare to help you manage your healthcare needs.

When you enroll with WMIP, you will be assigned to a member of the Health Integration Team. This team includes nurses, social workers and specially trained staff at Molina Healthcare. Their job is to help you set up services for your healthcare needs.

Your Health Integration Team will:

- Use screening surveys to help identify extra healthcare services you may need
- Call you and get to know you and your healthcare needs
- Talk with any case managers, providers or pharmacists you say are important for your healthcare
- Help you find the services you need
- Write a plan of care with your help to make sure all your providers know what you need and who will help you get it
- Stay in contact with you to identify if your healthcare needs have changed

During your first month on WMIP the Health Integration Team will contact you by letter or phone to welcome you to WMIP, do your health screening surveys and make sure we have the best contact information for you. During the first phone call, you will get the name and phone number of your assigned team member. You will be able to contact them by phone with questions and concerns.

If you are not sure who your assigned Health Integration Team member is, please call Member Services at (800) 869-7165.

Where do I get care?

You get your care from providers near your home who have contracts with Molina Healthcare. You will get most of your healthcare from your PCP. If you get care outside your county (your Service Area), and/or from a provider who does not have a contract with Molina Healthcare, you may have to pay for that care.

Exceptions:

- Emergencies within the U.S. (see “How do I get Emergency Care or Urgent Care?” - page 10 and “What if I need care while away from home?” - page 10)
- When Molina Healthcare Pre-Authorizes a visit ahead of time to a provider who does not have a contract with Molina Healthcare

ID cards

You should now have two ID cards for Molina Healthcare:

1. A Molina Healthcare ID Card, and;
2. A WA Medicaid Services Card

Always carry both ID cards with you and show them when you get medical or pharmacy services.

How do I stay enrolled in this program?

Your WA Medicaid program may require you to complete a six or twelve month review. At your review, you will need to update a form that you will get from WA Medicaid and send in any requested information that is noted in your letter.

You need to complete the form and return it to WA Medicaid to see if you are eligible for another six or

twelve months of medical coverage. If you do not get the form in the mail or if you have questions about the form or what papers to send, call or visit your Community Service Office (CSO) at (877) 501-2233 Monday through Friday between 8:00 a.m. and 5:00 p.m. or your local Home and Community Services Office (HCS).

What if I want to disenroll from this program?

Molina Healthcare is here to help you. You have the right to disenroll for any reason. If you are not happy with the WMIP Program, please call Member Services at (800) 869-7165 to talk about it. We want to fix any issues you are having. If you still want to disenroll, call HCA at (800) 562-3022. Only WA Medicaid can disenroll you from WMIP.

What if I do not speak English?

We have many bilingual staff in Member Services. When you call us, you will hear a phone prompt for Members who speak Russian, Vietnamese or Spanish. If we do not speak your language, we can use an interpreter. If you need an interpreter when you see your PCP, call your PCP's office ahead of time and they will get an interpreter to meet you there.

Who do I call to update my address, phone number, etc.?

Call or visit your local Community Service Office (CSO) at (877) 501-2233 Monday through Friday between 8:00 a.m. and 5:00 p.m., to report any change of address, phone number, social security number, etc. Also, please call Member Services at (800) 869-7165 to report a change in address or phone number so we can continue to assist you.

What if I need help getting to my appointment?

If you need help getting to and from your covered healthcare appointments call the transportation broker listed on the next page for your area. For more information, go the DSHS website at: <http://hrs.dshs.wa.gov/Transportation/> . If you need assistance with transportation you can call your Member Services at (800) 869-7165.

Transportation Brokers

A broker in your area will try to set up transportation for you. This may be by public bus, taxi, cabulance, commercial bus, air, gas vouchers, client and volunteer mileage reimbursement or non-profit group. This service is at no cost to you.

County Served	Broker	Phone	Fax
King	Hopelink	(800) 923-7433 TTY/TDD (800) 246-1646	(425) 644-9447
Skagit	Northwest Regional Council/ Area Agency on Aging	(800) 860-6812	(360) 734-5476
Snohomish	Hopelink	(855) 766-7433 TTY/TDD (800) 246-1646	(425) 644-9447

How long will I have to wait to get an appointment?

Molina Healthcare wants you to have timely access to care. Our appointment standards are below.

Type of Care	Appointment Wait Time
Preventive Care (non-urgent)	Within 30 calendar days of request
Routine (non-urgent) - Primary Care	Within 10 calendar days of request
Urgent Care	Within 24 hours
Emergency Care	Available 24 hours/7 days
After-Hours Care	Available 24 hours/7 days
Office Waiting Time	Should not exceed 30 minutes
Mental Health Assessment	Within 10 business days of request
Routine Mental Health	Within 28 calendar days of request
Chemical Dependency	Within 14 calendar days of request

Call Member Services at (800) 869-7165 if you have any questions.

Getting Care

Primary Care Provider (PCP)

You will get most of your healthcare from your PCP. Your PCP (Physician, Nurse Practitioner, Physician Assistant, etc.) provides care for most common problems and any health or disease screenings you need. Your PCP's name and phone number are on your Molina Healthcare ID Card. If you need to see a Specialist, your PCP will Refer you to one.

How do I choose a PCP?

When choosing a PCP you may want to think about specialty (Family Practice, Internal Medicine, etc.), language, location and gender. Call Member Services at (800) 869-7165 and we will help you. You can also view PCPs on our website at www.MolinaHealthcare.com. We can also send you Molina Healthcare's Provider Directory that includes:

- Name
- Address
- Specialty
- If the PCP will take new patients
- Language(s) spoken by the PCP

If you want to know about a PCP's medical training, board certification, etc., call Member Services at (800) 869-7165. To reach your PCP, call the PCP's office phone number on your Molina Healthcare ID Card.

How do I change a PCP?

You can change your PCP by calling Member Services at (800) 869-7165. Most changes will take place the first day of the next month.

Can I see any PCP who has a contract with Molina Healthcare or use any facility?

To receive the best healthcare, your care should be directed by your PCP who has a contract with Molina Healthcare. Except in an emergency, your PCP will Refer you if you need care from a Specialist, hospital or other healthcare provider. Getting a Referral from your PCP ensures your healthcare is coordinated and all your providers know your healthcare goals and plan. For Emergency Care, see the Emergency Care and Urgent Care section of this handbook.

Some PCP's and Specialists are in a group practice. These groups include PCP's, Specialists, hospitals and other healthcare providers. When you choose a PCP in a group practice, your PCP will Refer you to a Specialist in facilities within the group. PCP's who are in a group practice can Refer you to any provider who has a contract with Molina Healthcare if the care is needed. If a PCP is in a group, Molina Healthcare's Provider Directory shows the name of the group's practice under the PCP's address.

Molina Medical at Compass Health Clinic

Molina Healthcare has a clinic in Everett called Molina Medical at Compass Health. The clinic gives WMIP Members extra help to get the healthcare you need. The clinic combines care for both physical and mental healthcare in one place. To find out more about Molina Medical at Compass Health Clinic or to change your PCP to a provider at this clinic call Member Services at (800) 869-7165.

Second Opinion

If you do not agree with your PCP's or Specialist's plan of care for you, you have the right to a second opinion from another provider. Call Member Services at (800) 869-7165 to find out how to get a second opinion.

Specialty Care

How do I get specialty care?

If you think you need specialty care, contact your PCP. If your PCP thinks you need specialty care, your PCP will Refer you to a Specialist who has a contract with Molina Healthcare. You can see a Specialist without a Referral from your PCP, but coordinating specialty care through your PCP ensures you get the best healthcare.

Prior Approval

In some cases your PCP or the Specialist you are seeing will need to call Molina Healthcare and request Prior Approval of specialty care or services. This request for Prior Approval must be done before treatments or tests take place. Examples are:

- Cancer care from oncology providers
- Most equipment and medical supplies
- Services like MRI, CT scans or PET
- Visits to a provider who does not have a contract with Molina Healthcare
- Hospital care and most surgeries

We give all PCP's updated lists of what needs Prior Approval. If you are not sure what needs to be approved, call Member Services at (800) 869-7165 or call your PCP.

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 (see "Grievance and Appeals" - page 19).

If you want to know about a Specialist's medical training, board certification, etc., call Member Services and we will get you the information.

How can I find out which Specialists have contracts with Molina Healthcare?

Call Member Services at (800) 869-7165 and we will help you. You can also view Specialists on our website at www.MolinaHealthcare.com. We can also send you a list of Specialists that includes:

- Name
- Address
- Specialty
- Language(s) spoken by the Specialist

How do I get women's healthcare?

You can go to any women's healthcare provider who has a contract with Molina Healthcare. You can get women's routine and preventive healthcare services. Women's healthcare Providers are listed on our website at www.MolinaHealthcare.com or you can call Member Services at (800) 869-7165 for help.

Maternity Benefits Program

If you think you might be pregnant, please see your PCP or women's healthcare provider right away. Getting good care early in pregnancy is very important for you and your baby. After you give birth to a baby, you and your women's healthcare provider will decide on your treatment and the length of time you will stay in the hospital.

Please notify Molina Healthcare about your baby right away. Molina Healthcare has some special programs for you and your baby.

If you have a mastectomy, your Benefits include:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce an even appearance
- Prostheses (special bra fillers or breast implants to restore breast shape)
- Treatment for physical complications from all stages of mastectomy, including lymphedema

Emergency Care and Urgent Care

How do I get Emergency Care and Urgent Care?

Emergency Care is for a sudden or severe health problem that needs care right away. It can also be care that is needed because you believe your life or health is in danger. Urgent Care is treatment for care needed right away, but your life or health is not in danger. Molina Healthcare covers you for Emergency Care and Urgent Care. If you need Emergency Care call 911 or go to the nearest hospital. You do not need Prior Approval for Emergency Care or Urgent Care.

If you are not sure if something is an emergency, you can call your PCP or our 24-hour Nurse Advice Line at (888) 275-8750 for healthcare advice. If you cannot get an appointment with your PCP within 24 hours, go to an urgent care center.

Note: If you need to go to an emergency room or urgent care center, ask them to send records to your PCP. You should call your PCP soon after your visit to coordinate care and get any Medically Necessary treatment.

What if I need care while away from home?

If you are outside of Molina Healthcare's Service Area, Molina Healthcare covers you for Emergency Care and Urgent Care only (see "How do I get Emergency Care and Urgent Care?" - page 10). Post emergency follow-up care and Routine Care are not covered outside of Molina Healthcare's Service Area (See "Definitions" - page 34).

Routine Care is pre-planned care such as a regular provider visit or pre-planned surgery. Routine Care must be from your PCP or other provider who has a contract with Molina Healthcare.

Routine Care is not covered outside your Service Area. If you need Routine Care while out of the area, call your PCP or our 24-hour Nurse Advice Line at (888) 275-8750 for healthcare advice.

What if I need to go to the hospital?

Emergencies

- If you think you have an emergency, call 911 or go to the nearest hospital
- If you are in the hospital because of an emergency, you or your representative must contact Molina Healthcare and your PCP by the next working day or as soon as possible

Planned hospital visits

- Planned non-emergent hospital visits must be approved by Molina Healthcare in advance. Your provider and the hospital must call Molina Healthcare to arrange for your visit.
- You may have to pay the hospital if approval is not given by Molina Healthcare before you are admitted
- If you need a list of hospitals that have contracts with Molina Healthcare, call Member Services at (800) 869-7165 or our website at www.MolinaHealthcare.com.

How do I get care after hours?

If you need care after your PCP's office is closed:

- For emergencies, call 911 or go to the nearest hospital or urgent care center
- Call your PCP office to reach the provider on call
- Call our 24-hour Nurse Advice Line at (888) 275-8750 to get answers to your health questions at any time. The nurse will tell you if you need to go to the hospital. Sometimes a phone call can prevent an unneeded trip to the hospital.

What if I am in an accident?

If you are hurt in an accident, go to the nearest hospital or see your PCP.

Even if your care is covered by other insurance, contact Molina Healthcare as soon as possible so we can help manage your care. If there is other coverage, Molina Healthcare has the right to be repaid for any medical care paid by Molina Healthcare.

What if I am injured at work?

If you are hurt while on the job, you must tell your employer and file a report. Molina Healthcare expects you to use your Workers Compensation Benefits first.

Note: If you need to go to an emergency room or urgent care center, ask them to send records to your PCP.

Benefits

What Is Covered Under The Plan?

To be covered, you must be a Member of Molina Healthcare and your care must be Medically Necessary.

Benefits Summary

Molina Healthcare covers the following services when Medically Necessary:

- Healthcare services
 - Office visits
 - Immunizations and injections
 - Maternity and family planning
 - Specialty care
- Ambulance
- Blood and blood products
- Durable medical equipment, orthotics, prosthetics, diabetic supplies
- Eye exams
- Health and educational counseling
- Hearing testing
- Home healthcare
- Hospice
- Hospital services
- Lab and X-Ray
- Nutritional counseling - for diabetes, etc.
- Organ transplants (limited Benefit; for information, call Member Services at (800) 869-7165)
- Oxygen and respiratory therapy services
- Parenteral/enteral services (feeding by IV or by feeding tube into stomach or intestine)
- Prescription drugs
- Renal failure services
- Skilled nursing
- Smoking cessation
- Therapies (physical, speech and occupational)
- Urgent and Emergency Care

Other services you get from Molina Healthcare

- Health Integration services (see page 4)
- Long-term care services (see page 14)
- Mental health services (see page 13)
- Chemical Dependency outpatient treatment (see page 15)

Note: Molina Healthcare does not pay for complications from non-Covered Services for up to 180 days after the original service (or 365 days for complications from weight loss surgery).

Services you get from WA Medicaid

You do not need to go to your PCP to get these services, but you may want to let your PCP know if you are getting them. Call WA Medicaid at (800) 562-3022 if you have questions about the following Benefits:

- Residential Chemical Dependency treatment
- Transportation for medical visits
- Voluntary pregnancy terminations
- Weight loss surgery

Other services

You can get the following services in your PCP's office or you may go to a local health department or a family planning clinic with your WA Medicaid Services Card:

- HIV and AIDS testing
- Immunizations
- Sexually Transmitted Disease and Tuberculosis (TB) screening and follow-up care

Some services that are not covered by Molina Healthcare or your WA Medicaid Services Card

- Acupuncture
- Biofeedback therapy*
- Cosmetic services done to change the way you look
- Court-ordered services
- Diagnosis and treatment of infertility, impotence and sexual dysfunction
- Immunizations required for travel only
- Orthoptic care for eye conditions
- Personal comfort items
- Physical exams or shots for sports, employment, Social Security disability or as required by the Department of Vocational Rehabilitation
- Podiatry –foot care coverage depends on diagnosis
- Reversal of voluntary sterilization
- Services while outside the country
- Services while an inmate at a correctional facility (exceptions determined by WA Medicaid)
- Sports physicals
- TMJ treatment for adults

*Bio-feedback training when determined Medically Necessary may be covered for some incontinence treatments.

Note: All Benefits are subject to change

Mental Health Services

You have a choice of mental health providers through WMIP. Some are private providers working in private practice settings and some are licensed community mental health agencies. There are different standards for when these two types of providers must offer you your first appointment, known as a mental health intake.

If you seek mental health services from a community mental health agency, they must offer you a first appointment within ten business days of your request. If this first offered appointment does not work for you, the agency may go beyond the ten calendar days to find an appointment for you.

If you choose to see someone from a private practice setting, it may take a little longer for them to schedule your first appointment. If you have a mental health provider, they may already be on the list of providers who have contracts with Molina Healthcare.

Your mental health Benefits with Molina Healthcare include:

- Medication evaluation, prescription and management
- Crisis services
- Outpatient services such as:
 - Individual therapy
 - Family therapy
 - Group therapy
- Inpatient mental healthcare

Community Mental Health Agencies who have contracts with Molina Healthcare also provide case management, supported employment, clubhouse and other support services. To know more about your mental health Benefits, please call Member Services at (800) 869-7165.

You will get an intake evaluation by a mental health provider. You and your provider will then make a treatment plan that fits your special needs, strengths, culture and community. Your mental health provider will work with your assigned Health Integration team member on what services you may need and for how long. Your mental health provider may also ask you if it is okay to work with the people who give you other services, such as housing and healthcare.

You have the right to:

- Make decisions about your mental health and healthcare
- Get help in a barrier-free location
- Refuse treatment
- Get help that fits with your age, culture and language (you may ask for interpreter services)
- Have someone talk to you about your medicine and any side effects
- Get a second opinion from a mental health provider
- Get a copy of your inpatient and/or Less Restrictive Alternative rights
- Make an advance directive, which tells about your choices for mental healthcare.
- Receive care that does not single you out because of your age, race, type of illness, etc.
- Be free of any sexual abuse or harassment
- Receive quality services which are Medically Necessary
- Request any Molina Healthcare policies and procedures that pertain to your rights

To ask questions or get a list of all your rights, ask Member Services or your mental health provider.

What is a Mental Health Ombudsman?

A Mental Health ombudsman is an advocate who can help you with questions or concerns about your mental healthcare. For example, the ombudsman can help you if you are not happy with your mental health services or if you want to file a formal Complaint or Grievance. You can speak directly with the Molina Healthcare ombudsman by calling (425) 424-1113 or (800) 869-7175 Ext. 141113.

Long-Term Care services

If you need and are eligible for long-term care services, such as personal care or residential services, Molina Healthcare will work with you to make sure you get the help you need. Molina Healthcare will coordinate your long-term care services with you, your providers and your caregiver.

The DSHS Home and Community Services office (HCS), Division of Developmental Disabilities (DDD), the Area Agency on Aging (AAA) and/or your social worker/nurse will work with you to help make sure you are eligible for services. The DSHS or AAA social worker/nurse will also perform annual assessments to make sure you remain eligible for the long-term care services.

If you qualify for or are eligible for long-term care services, your assigned Molina Healthcare Health Integration team member will make an individual integrated care plan with you. Your plan will take into account your care needs, as well as your goals and preferences. Below is a list of some of the long-term care services. As part of your plan, you may get one or more of the following:

- Adult Day Care
- Adult Day Health and Home Healthcare
- Meals delivered to your home
- Personal caregivers in your home
- Life line personal response services – or Personal Response Telephone Units
- Minor household repairs that help you stay independent (like grab bars)
- Residential services including:
 - Adult Family Homes
 - Nursing Homes
 - Boarding Homes
 - Assisted Living

Do I need to pay for part of the cost of my care?

You may need to pay for a share of your cost of care depending on your income and where you live. You will be notified by HCA and/or Molina Healthcare if you have a share of cost and how much it is.

If you feel you are in need of or have questions about these services, please talk to your PCP or call Member Services at (800) 869-7165.

Chemical Dependency

Chemical Dependency is the medical name for problems with alcohol or addictions to prescription narcotics, such as pain pills and street drugs like cocaine or heroin. Molina Healthcare covers screening, assessment, diagnosis and treatment for Chemical Dependency problems.

Molina Healthcare contracts with local agencies to provide this treatment. You and/or your PCP may decide if you need treatment for a Chemical Dependency problem. Your PCP can Refer you to a Chemical Dependency treatment provider who has a contract with Molina Healthcare for an assessment. You may also self-refer to one of these providers instead of getting a Referral from your PCP. You may call Member Services at (800) 869-7165 to find out which providers have a contract with Molina Healthcare. Molina Healthcare covers:

- Alcohol and/or drug abuse assessments (if needed)
- Outpatient Chemical Dependency treatment, including individual and group therapy treatment
- Alcohol/drug detoxification (helping you get through the short-term effects of stopping drugs or drinking)

You and/or your PCP will decide if any of the above services are needed. Also, the chemical dependency assessment may show a need for residential (inpatient) treatment. If so, a Referral can be made by the Chemical Dependency counselor.

If you need help right away:

- Call 911 if you think you have a life threatening emergency
- Call the Volunteers of America crisis line at (800) 562-1240
- Call Molina Healthcare's 24-hour Nurse Advice Line at (888) 275-8750. This is a good place to get advice about your problems. If you and the nurse decide your problem is urgent, you may be referred to your PCP or to the crisis line.

Screening for Chemical Dependency

Screening for Chemical Dependency problems is vital. People may not think they have an alcohol or drug problem. Your PCP, the Health Integration team and other providers will ask about drug or alcohol use and problems it may be causing.

When the Health Integration team contacts you, they will ask a few screening questions about alcohol or drug use to help decide if you may have a problem. If you are having or think you may be having problems, the Health Integration team will help you get started on treatment for this problem. Sometimes people have both substance abuse and mental health concerns. The Health Integration team will ask you about both so you get all the services you need.

All facts about your Chemical Dependency treatment are confidential and do not affect your continued eligibility for public and medical assistance and will not be shared with anyone without your prior consent, as required by federal law.

Can I use any pharmacy I choose?

Molina Healthcare has contracts with most pharmacies. You must get your drugs at one of these pharmacies. A list of these pharmacies is on our website at www.MolinaHealthcare.com. You can also call Member Services at (800) 869-7165 to find out which pharmacy is closest to you or if you have problems getting your drugs at the pharmacy.

Does Molina Healthcare cover all drugs prescribed by my PCP?

Molina Healthcare uses a list of approved drugs. This is called a "Drug Formulary." The list is put together by a group of providers and pharmacists. Your PCP or provider who contracts with Molina Healthcare should prescribe drugs to you from this list. This list is on our website at www.MolinaHealthcare.com.

Certain drugs on the list will need Prior Approval from Molina Healthcare. Your provider will need to send Molina Healthcare a request and get Prior Approval before these drugs will be covered.

If your provider wants you to have a drug that is not on the list, your provider can send us a request for a Pre-Authorization. If the request is denied, you or your provider can Appeal our decision (see "Grievance and Appeals" - page 19).

Call Member Services at (800) 869-7165 if you want:

- A copy of the drug list
- Information about the group of providers and pharmacists who created the list
- A copy of the policy on how Molina Healthcare decides what drugs are covered

Patient Review and Coordination program

The Patient Review and Coordination (PRC) program is about the health and safety of our Members. The program looks at a Member's use of medical care. The program looks for Members who:

- See more than one provider for the same condition
- Get prescriptions from more than one provider
- Get the same prescription from more than one provider
- Use more than one pharmacy to fill prescriptions
- Frequently use emergency room for non-emergent care

Members in the PRC program will have one PCP and one pharmacy to fill prescriptions. The PCP will look at all the Member's medical needs and help with a plan. If you are placed in the program, you will remain in it for at least 24 months.

If you have questions about the PRC program, call Member Services at (800) 869-7165.

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 provider can Appeal Molina Healthcare's decision (see "Grievance and Appeals" - page 19).

You have the right to give your consent

You have the right to know about possible side effects and benefits of your care. Be sure to ask your provider about the possible side effects of your care. You have the right to give or not give your consent before you get care.

Advance Directives

Advance directives put your health choices into writing. They may also name someone to speak for you if you are not able to speak for yourself. Washington State law has two kinds of advance directives:

1. Durable Power of Attorney for Healthcare - This names another person to make medical decisions for you if you are not able to make them for yourself.
2. A Directive to Physicians (Living Will) - A statement that you want to die naturally and do not wish to have treatments that will prolong your life.

If you have an advance directive, be sure to give a copy to all of the providers who give you care. Also, be sure to take it with you if you go to the hospital for surgery or care. You can complete or cancel an advance directive at any time. Keep in mind you have the right to make your own choices about your healthcare. Call Member Services and we can send you more information on advance directives. We can also send you our policy on advance directives and your rights under state law.

What is Mental Health Advance Directive?

A mental health advance directive is when you write down what you want to happen if you think you might get too sick to make good decisions. You write down the kind of care you want or do not want in the advance directive. You can put down the name of someone you trust to make decisions for you if you become too sick to make decisions for yourself. There are forms on the DSHS Mental Health Division website that can help you write an advance directive. Visit link: <http://www.dshs.wa.gov/dbhr/advdirectives.shtml> or you can ask your provider or call Member Services for help.

Does Molina Healthcare have a quality improvement program?

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

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 over-use 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.

What do I have to pay for?

You do not have to pay for services covered by Molina Healthcare or WA Medicaid other than any long-term care share of cost (see "Do I need to pay for part of the cost of my care?" – page 15). There are no co-pays for Covered Services (see page 12). 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 Medicaid 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.

How do I submit a claim or what if I get a bill?

If you need to submit a claim or you get a bill, call Member Services.

What if I have other health insurance?

In most cases, your other health insurance is supposed to pay your medical bills before Molina Healthcare pays. Call Member Services and let us know if you have other health insurance.

Grievance and Appeals

Grievance

Grievances are Complaints. You have the right to file a Grievance with Molina Healthcare if you are not happy with the way you were treated, the quality of care or services you received, problems getting care or billing issues. If you need help filing a Grievance, call Member Services at (800) 869-7165. You may call, write or fax your Grievance to:

Molina Healthcare of Washington

Attn: Member Appeals

PO Box 4004

Bothell, WA 98041-4004

Phone: (800) 869-7165, Ext. 141002

Fax: (425) 424-1172

Email: wamemberservices@molinahealthcare.com

Molina Healthcare will keep your Grievance private. We will let you know we received your Grievance either by phone or in writing within two business days. We will try to take care of your Grievance right away. We will resolve your Grievance within 30 days and tell you how it was resolved.

Appeal Process

An Appeal is a request to review a denied service or Referral. You have the right to Appeal our decision if a service was Denied, reduced, or ended early. Below are the steps in the Appeal process:

STEP 1: Molina Healthcare Appeal

STEP 2: State Hearing

STEP 3: Independent Review

STEP 4: Review Judge Decision

Continuation of services during the Appeal process

If you want to continue getting previously approved services while we review your Appeal, you must tell us within 10 calendar days of the date we sent the letter to reduce or end a service. If the final decision in the Appeal process agrees with our Action, you may need to pay for services you received during the Appeal process.

STEP 1 – Molina Healthcare Appeal

Molina Healthcare can help you file your Appeal. If you need help filing an Appeal, call (800) 869-7175 Ext.141002. Within five working days, we will let you know in writing that we got your Appeal request. You may choose someone, including an attorney or provider, to represent you and act on your behalf. You must sign a written consent form authorizing this person to represent you. Molina Healthcare does not cover any fees or payments to your representatives. Any such fees or payments are your responsibility.

You have 90 calendar days after the date of Molina Healthcare's Denial letter to ask for an Appeal. At any time during the Appeal process, you or your representative may submit written comments, papers, or other data about your case in person or in writing. If you want copies of the guidelines we use to make our decision, we can give them to you. We will keep private any information you give us for the Appeal. A different doctor, not involved in the first decision, will review your case.

We will send you our decision in writing within 14 calendar days, unless we notify you that we need more time to make a decision. Our review will not take longer than 30 calendar days, unless you give us written consent.

STEP 2 – State Hearing

If you disagree with Molina Healthcare’s Appeal decision, you have the right to ask for a Hearing. You must complete Molina Healthcare’s Appeal process before you can ask for a Hearing. You must ask for a Hearing within 90 calendar days of the date on the Appeal decision letter. When you ask for a Hearing, you need to identify what service was denied, when it was denied, and the reason it was denied. Your provider may not ask for a Hearing on your behalf.

To ask for a State Hearing:

- Go to your local Community Services Office or call the Statewide Customer Service Center at (800)-501-2233.
- Contact the Office of Administrative Hearings directly at (800) 583-8271, or write to them at: P.O. Box 42489, Olympia, Washington, 98504-2489. Be sure to tell them the reason for your request and that you have already completed the Appeal process with Molina Healthcare.

You may consult with a lawyer or have another person represent you at the Hearing. If you need help finding a lawyer, check with the nearest Legal Services Office or call the NW Justice CLEAR line at (888) 201-1014 weekdays from 9:15 a.m. until 12:15 p.m., and Tuesdays from 3:30 p.m. until 6:15 p.m. or visit their website at www.nwjustice.org.

STEP 3 - Independent Review

If you do not agree with the decision from the State Hearing, you have the right to ask for an independent review. You must ask for this within 180 calendar days of the Hearing decision. Call Member Services at (800) 869-7165 and we will help you. If you ask for an independent review, your case will be sent to an Independent Review Organization (IRO) within three working days. You do not have to pay for this review. The IRO usually makes a decision within 15 calendar days. Molina Healthcare will let you know the outcome.

STEP 4 - Health Care Authority (HCA) Review Judge Decision

If you do not agree with the IRO decision, you have the right to ask for a final review of your case by the HCA Review Judge. You must ask for this within 21 calendar days after the IRO decision is mailed. The decision of the HCA Review Judge is final. To ask for this review contact:

HCA Review Judge
PO Box 45803
Olympia, WA 98504-5803

Phone: (360) 664-6100
Fax: (360) 664-6187
Toll-free: (877) 351-0002

Expedited (faster) decisions

If you or your provider think waiting for a decision would put your health at risk, ask for an expedited (faster) Appeal, State Hearing, IRO or HCA Review Judge Decision. We will review your request and make a decision within 72 hours. If we decide your health is not at risk, we will follow the regular Appeal process time to make our decision.

Fraud, Waste and Abuse

What is healthcare fraud, waste and abuse?

Healthcare fraud and abuse occurs in every area of healthcare. Healthcare fraud is the intentional falsification of a fact on a healthcare claim in order to receive payment or services not owed to them. Healthcare waste and abuse describes practices that directly or indirectly result in unnecessary costs to a healthcare program and its Members.

Who commits healthcare fraud, waste or abuse?

Providers can commit healthcare fraud, waste or abuse by:

- Billing incorrectly
- Billing for services never rendered, inappropriate/unnecessary services or “free services”
- Making false claims about qualifications, licensure and/or education
- Falsifying records to suggest ongoing medical services
- Forging a physician’s signature on plans of care
- Altering information on care plans, prescriptions and/or other medical documentation
- Billing for multiple family members when only one family member received service(s) and/or supplies
- Changing or incorrectly coding a claim to receive maximum payment
- Falsifying the diagnosis or procedure to maximize payments
- Changing dates of service for double billing

Patients can commit healthcare fraud, waste and abuse by:

- Sharing health plan ID cards
- Claiming non-covered dependents
- Participating in doctor shopping, a term commonly used to refer to a patient who may or may not have a real physical illness, but goes from doctor to doctor with the objective of improperly obtaining multiple prescriptions for narcotic painkillers
- Consenting with doctors to submit claims for services not received or not necessary
- Fabricating claims
- Altering submitted medical documentation of any type
- Using a stolen health plan ID card to obtain healthcare services
- Using a deceased Member’s health plan ID card to obtain healthcare services
- Ineligible persons using an eligible person’s health plan ID card to obtain medical services or Benefits

How can I help stop healthcare fraud?

Healthcare fraud takes money from healthcare programs and leaves less money for real medical care. Here are some ways you can help stop fraud:

- Do not give your Molina Healthcare ID Card, or ID number to anyone other than a healthcare provider, a clinic, or hospital and only when receiving care
- Do not let anyone borrow your Molina Healthcare ID Card
- Do not sign a blank insurance form
- Be careful about giving out your Social Security number
- Be careful of anyone who offers you “free” tests and services in exchange for your Molina Healthcare card number.

You can report fraud by:

- Phone: (800) 869-7165 (Member Services)
- Fax: (800) 282-9929
- Email: mhwcompliance@molinahealthcare.com

You can report fraud, without giving us your name, by:

- Phone: (866) 702-0404 (Confidential Compliance Voicemail Box)
- Fax: (800) 282-9929
- Email: mhwcompliance@molinahealthcare.com
- Mail:
Attn: Compliance Director (CONFIDENTIAL)
Molina Healthcare of Washington
PO Box 4004
Bothell, WA 98041-4004

If you think fraud has taken place, call WA Medicaid at:

- (800) 562-6906 to report Medicaid client fraud
- (360) 586-8888 to report Medicaid provider fraud

Additional Healthcare Compliance and Anti-Fraud & Abuse Information may be accessed by visiting any of the following websites:**Office of the Attorney General**

Washington State Medicaid Fraud Control Unit

P.O. Box 40116

Olympia, WA 98504-0116 <http://www.atg.wa.gov/MedicaidFraud/default.aspx>

Phone: (360) 586-8888

Fax: (360) 586-8877

Division of Fraud Investigations at DSHS

<http://www.dshs.wa.gov/Fraud/index.shtml>

(800) 562-6906

For those who do not have access to computers in your home, internet access is available at your local public library.

Protecting Your Privacy

Molina Healthcare takes confidentiality very seriously. We want to let you know how your health information is shared or used.

Your Protected Health Information (PHI)

PHI means health information that is used or shared by Molina Healthcare. PHI includes your name, Member number or other things that can be used to identify you.

Why does Molina Healthcare use or share our Members' PHI?

- To provide for your treatment
- To pay for your healthcare
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes as required or permitted by law

When does Molina Healthcare need your written authorization (approval) to use or share your PHI?

Molina Healthcare needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Molina Healthcare protect your PHI?

Molina Healthcare uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word or PHI in a computer. Below are some ways Molina Healthcare protects PHI:

- Molina Healthcare has policies and rules to protect PHI
- Only Molina Healthcare staff with a need to know PHI may use PHI
- Molina Healthcare staff is trained on how to protect and secure PHI
- Molina Healthcare staff must agree in writing to follow the rules and policies that protect and secure PHI
- Molina Healthcare secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina Healthcare to file a Complaint
- File a Complaint with the U.S. Department of Health and Human Services

The above is only a summary. The following Notice of Privacy Practices has more information about how we use and share our Members' PHI. It is also on our website at www.MolinaHealthcare.com. You also may get a copy of our Notice of Privacy Practices by calling Member Services at (800) 869-7165.

Notice of Privacy Practices

MOLINA HEALTHCARE OF WASHINGTON, INC.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of Washington, Inc. (“Molina Healthcare” or “we”) uses and shares 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. We have policies in place to obey the law. The effective date of this notice is January 1, 2008.

PHI stands for Protected Health Information. PHI means health information such as medical records that include your name, Member number or other identifiers, and is used or shared by Molina Healthcare.

Why does Molina Healthcare use or share your PHI?

We use or share your PHI to provide you with healthcare Benefits. Your PHI is used or shared for treatment, payment and health care operations.

For Treatment

Molina Healthcare may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes Referrals between your PCP and other health care providers. For example, Molina Healthcare may share information about your health condition with a Specialist. This helps the Specialist talk about your treatment with your PCP.

For 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. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a provider know that you have our Benefits. We would also tell the provider the amount of the bill that we would pay.

For Healthcare Operations

Molina Healthcare may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve Member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. They include, but are not limited to, the following:

- Improving quality
- Actions in health programs to help Members with certain conditions (such as asthma)
- Conducting or arranging for medical review
- Legal services, including fraud and abuse programs
- Actions to help us obey laws
- Addressing Member needs, including solving Complaints and Grievances

We will share your PHI with other companies (“business associates”) that perform different kinds of activities

for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related Benefits and services.

When can Molina Healthcare use or share your PHI without getting written authorization (approval) from you?

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

- The information is directly relevant 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 or requires Molina Healthcare to use and share your PHI for the following other purposes:

Required by Law

Molina Healthcare will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (DHHS).

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Healthcare 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.

Law Enforcement

Your PHI may be used or shared with police to help find a suspect, witness or missing person.

Health and Safety

PHI may be shared to prevent a serious threat to public health or safety.

Government Functions

Your PHI may be shared with the government for special functions, such as national security activities.

Victims of Abuse, Neglect or Domestic Violence

Your PHI may be shared with legal authorities, if we believe that a person is a victim of abuse or neglect.

Workers Compensation

Your PHI may be used or shared to obey Workers Compensation laws.

Other Disclosures

PHI may be shared with funeral directors or coroners to help them do their jobs.

When does Molina Healthcare need your written authorization (approval) to use or share your PHI?

Molina Healthcare needs your written approval to use or share your PHI for a purpose other than those listed in this notice. You may cancel a written approval that you have given to Molina Healthcare. Your cancellation will not apply to Actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)

You may ask Molina Healthcare not to share your PHI to carry out treatment, payment or health care operations. You may also ask us to not share your PHI with family, friends or other persons you name who are involved in your healthcare. However, Molina Healthcare is not required to agree to your request. You will need to fill out a form to make your request.

Request Confidential Communications of PHI

You may ask Molina Healthcare to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to fill out a form to make your request.

Review and Copy Your PHI

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 decisions as a Molina Healthcare Member. You will need to fill out a 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.

Important Note: We do not have complete copies of your medical records. Please contact your PCP to get a copy of your medical chart.

Amend Your PHI

You may ask that we amend (change) your PHI. This involves only those records kept by Molina Healthcare about you as a Member. You will need to fill out a form to make your request. You may file a letter disagreeing with us if we deny the request.

Receive an Accounting of PHI Disclosures (Sharing of your PHI)

You may ask that Molina Healthcare give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- For treatment, payment or healthcare operations
- To persons about their own PHI
- Sharing done with your authorization
- Incident to a use or disclosure otherwise permitted or required under applicable law
- As part of a limited data set for research or public health activities
- PHI released in the interest of national security or for intelligence purposes
- To correctional institutions having custody of an inmate
- Shared prior to April 14, 2003

You must fill out a form to request a list of PHI disclosures. We may charge a reasonable fee if you ask for this list more than once in a 12-month period. You may make any of the requests listed above. Please call the Manager of Member Services at (800) 869-7165.

What can you do if your rights have not been protected?

You may complain to Molina Healthcare and to the Department of Health and Human Services, if you believe your privacy rights have been violated. We will not do anything against you for filing a Complaint. Your care will not change in any way.

You may send us a Complaint at:

Molina Healthcare of Washington
Manager of Member Services
PO Box 4004
Bothell, WA 98021
Phone: (800) 869-7165

You may file a Complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue – Mail Stop RX-11
Seattle, WA 98121
Phone (206) 615-2290
TTY (206) 615-2296

What are the duties of Molina Healthcare?

Molina Healthcare is required to:

- Keep your PHI private
- Give you written information such as this on our duties and privacy practices about your PHI
- Follow the terms of this Notice

This Notice is Subject to Change

Molina Healthcare reserves the right to change its information practices and terms of this notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, a new notice will be sent to you by US Mail.

Contact Information

If you have any questions, please contact the following office:

Molina Healthcare of Washington
Manager of Member Services
21540 30th Dr. SE
Ste. 400
Bothell, WA 98021
Phone: (800) 869-7165

You can also write us at:

Molina Healthcare of Washington
Attn: Member Services
PO Box 4004
Bothell, WA 98041-4004

Your Rights and Responsibilities

You have the right to:

- Get the facts about Molina Healthcare, our services and providers who contract with us to provide services
- Have privacy and be treated with respect and dignity
- Help make decisions about your healthcare. You may refuse treatment.
- Ask for and receive a copy of your medical records or ask for us to amend or correct them
- Openly talk about your treatment options in a way you understand them. It does not matter what the cost or Benefits coverage.
- Voice any Complaints or Appeals about Molina Healthcare or the care you were given
- Use your Member rights without fear of negative results
- Receive the Members' rights and responsibilities at least yearly
- Suggest changes to this policy

You have the responsibility to:

- Give, if you can, all facts to Molina Healthcare and the providers need to care for you
- Know your health problems and take part in making agreed upon treatment goals as much as possible
- Follow the plan and instructions for care you agree to with your provider
- Treat your providers with respect
- Keep appointments and be on time. If you are going to be late or cannot keep the appointment, call your provider.
- Show your WA Medicaid Services card and your Molina Healthcare ID Card for all services. Also show the ID card for any other insurance you may have including Medicare

Services

Disease Management & Health Education Programs

Call Member Services at (800) 869-7165 for more on these programs.

Prenatal program with car seat or booster seat

To be in this program, you must see your provider in the first three months of your pregnancy or within 42 calendar days of joining Molina Healthcare and you must be a Molina Healthcare Member at the time you have your baby. When you finish our program and fill out a quiz, we will send you a gift card for a car seat or booster seat. Our car seat safety program will help you learn how to safely use a car seat or booster seat for your baby.

After Delivery program

It is important to maintain your health after giving birth to your baby. Molina Healthcare will send you a reminder in the mail to get your postpartum exam. If you see your Molina Healthcare provider for after-delivery care, 21 to 56 days after your baby is born, you will get a gift card.

Disease Management

Molina Healthcare has the following programs for our Members with chronic diseases. You will be enrolled in one or more of these programs if your claims or your provider tell us you have any of the conditions below. As a program Member you will receive:

- Newsletters
- Vital care tips specific to the condition
- Health Educator or RN Care Manager care if needed

Healthy Living with Diabetessm program

This program is for our Members ages 2-75 with diabetes.

breathe with easesm program

This program is for our Members ages 2 - 56 with asthma.

Living with COPD program

This program is for our Members, ages 35 and over with Chronic Obstructive Pulmonary Disease (COPD).

Heart Healthy Livingsm Cardiovascular program

This program is for our Members ages 18 and over who have one or more of the conditions below:

- Hypertension
- Coronary Artery Disease
- Congestive Heart Failure

You can get more details about these programs or tell us you do not want to be in any of the programs by calling our Health and Wellness department at (866) 891-2320. You can also go to our website at www.MolinaHealthcare.com for more disease management and health education tips.

Stop Smoking program (Free and Clear®)

Smoking is a risk factor for your health and those around you. We have a program that can make it easier to quit. This stop smoking program is a covered benefit for Molina Healthcare Members who are over age 18 or pregnant Members of any age. You can be in the stop smoking program three times during your lifetime.

Program Members will get:

- One-on-one counseling by phone
- Information sent to your home
- A toll-free quit line for you to call at any time for help between your scheduled calls
- Nicotine replacement therapy or anti-smoking medicine therapy (Limit – 90 day supply per program)

If you would like to enroll or if you have questions, please call the Washington State Quit Line at:

- (800) 784-8669 English
- (877) 266-3863 Spanish
- (877) 777-6534 TTY

For more information on our stop smoking program contact Member Services at (800) 869-7165.

Guidelines

Prenatal Care Guidelines

What you need to know:

Prenatal care is the care you get while you are pregnant. This care can be given by a healthcare provider, midwife or other healthcare professional.

The aim of prenatal care is to watch the progress of a pregnancy and to find problems before they become serious for either mom or baby.

All mothers-to-be benefit from prenatal care. Women who see a healthcare provider often during pregnancy have healthier babies, are less likely to deliver prematurely and are less likely to have other serious problems related to pregnancy.

During prenatal visits, the healthcare provider:

- Teaches you about pregnancy
- Checks any medical conditions you may have (such as high blood pressure)
- Tests for problems with the baby
- Tests for health problems (such as gestational diabetes)
- Refers you to services such as support groups, the WithinReach program (formerly known as the WIC program) or childbirth education classes

What you can do:

As soon as you think you are pregnant, call your healthcare provider to find out when you should come in for your first prenatal care appointment. It is important for you to see your provider in the first three months of your pregnancy or within 42 calendar days of joining Molina Healthcare.

Call Molina Healthcare Member Services at (800) 869-7165 and order your car seat packet.

During your pregnancy, make sure you go to all of your prenatal care visits, even if you're feeling fine.

Prenatal Care Guidelines Continued

Pregnancy follow-up visits:

Your provider will schedule your visits to meet your needs. Plan to see your provider for all scheduled visits. Call the office if you cannot keep an appointment. The visits will be more often as you get closer to your delivery date.

The recommended pregnancy check-up schedule	
First visit	Schedule an appointment with your PCP as soon as you think you are pregnant
6 to 28 weeks	Monthly
28 to 36 weeks	Every two weeks
36 to 40 weeks	Weekly
Over 40 weeks	At least weekly. Note: Visits may be more frequent if your PCP feels it is necessary or if you are a teenager.
After delivery visit	Three to six weeks after deliver

Suggested Preventive Care Guidelines for Adults

These guidelines are suggestions for preventive care. You and your provider may decide these services should be done more or less often.

Health Visit	19 to 40 Years	40 to 64 Years	65 and Over
Includes physical exam, preventive screening and counseling	Ages 19 – 21, annually Ages 22 – 40, every 1 – 3 years depending upon risk factors	Ages 40 – 49, every 1 – 3 years depending upon risk factors, Ages 50 – 64, annually	Annually
Cancer Screening			
Breast Cancer	Breast exam by provider and self-exam teaching. Mammogram for patients at high risk.	Breast exam by provider and self-exam teaching. Mammogram every 1-2 years.	Breast exam by provider and self-exam teaching. Annual mammogram through age 69. After age 70, per provider decision.
Cervical Cancer (Pap Test and Pelvic Exam)	Every 1 – 3 years depending upon risk factors.	Every 1 – 3 years depending upon risk factors.	Every 1 – 3 years per provider decision.
Colorectal Cancer		Colonoscopy at age 50, then once every 10 years or annual fecal occult blood test plus sigmoidoscopy every 5 years.	At age 70, at age 80 per provider decision.

Testicular and Prostate Cancer	Testicular exam by provider and self-exam. Prostate cancer screening not routine.	Ages 40 to 49, prostate exam by provider for high risk patients, Ages 50, prostate exam by provider.	Prostate exam by per provider decision.
Skin Cancer	Ages 20 – 39, every 3 years.	Age 40 and older, annually.	Annually and at provider decision.
Other Screenings			
Hypertension (blood pressure)	At every provider visit and at least once every 2 years.	At every provider visit and at least once every 2 years.	At every provider visit and at least once every 2 years.
Cholesterol	Screen every 5 years for total cholesterol, LDL, HDL, and triglycerides.	Screen every 5 years for total cholesterol, LDL, HDL, and triglycerides.	Screen every 5 years for total cholesterol, LDL, HDL, and triglycerides.
Diabetes (Type 2)	Screen if overweight and if risk factors are present.	Age 45, begin screening.	
Infectious Disease Screening			
Chlamydia and gonorrhea	Ages 16 – 25, sexually active, annually. Screen pregnant women at first prenatal visit and in the third trimester, if at risk.	Test all patients at high risk.	Test all patients at high risk.
Health Visit	19 to 40 Years	40 to 65 Years	65 and Over
Syphilis	Screen pregnant women at the first prenatal visit and in the third trimester, if at risk.		
HIV	Test all patients at high risk.	Test all patients at high risk.	Test all patients at high risk.
Tuberculosis (TB)	Skin testing of all patients at high risk.	Skin testing of all patients at high risk.	Skin testing of all patients at high risk.
Immunizations			
Tetanus, Diphtheria (Td/Tdap)	Adults who got their last dose of TdaP 10 or more years ago should get one dose. Adults who have never been immunized should be given 3 doses. Booster every 10 years	Every 10 years (give one dose of Tdap if pertussis booster was not given before).	Every 10 years (give one dose of Tdap if pertussis booster was not given before).
Varicella (Chicken Pox)	Adults, 2 doses given one month apart, if not immunized and no history of chicken pox or shingles or if at high risk.	Adults, 2 doses given one month apart, if not immunized and no history of chicken pox or shingles or if at high risk.	Adults, 2 doses given one month apart, if not immunized and no history of chicken pox or shingles or if at high risk.
Influenza	Annually	Annually	Annually
Pneumococcal	If at high risk and not given before.	If at high risk and not given before.	Once after age 65 years, even if given before age 65.

Hepatitis A & B	If at high risk and not given before. Only once in a lifetime.	If at high risk and not given before. Only once in a lifetime.	If at high risk and not given before. Only once in a lifetime.
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These guidelines were taken from the Massachusetts Health Quality Partners Adult Preventive Care Recommendations and are recommendations only. They do not explain Benefits, payments, or any other legal options. Molina Healthcare makes the decision of coverage and Benefits.

DEFINITIONS

Below are definitions of words that are in this Member handbook and may help you to understand it.

APPEAL - A request for Molina Healthcare to review our decision. An Appeal may be made by a Member, a Member representative or provider on behalf of a Member with written consent.

BENEFITS - The Medically Necessary services covered under your health plan.

CHEMICAL DEPENDENCY - The medical name for problems with alcohol or addictions to drugs like cocaine, heroin or prescription narcotics.

COMPLAINT/GRIEVANCE- A written or oral statement when you are unhappy with your health plan services, provider or care. This statement can be made by a Member or Member representative.

CONTRACTED PROVIDER - Doctors, hospitals and other providers who have a contract with Molina Healthcare.

COVERED SERVICE - The Medically Necessary services paid for under your health plan.

CSO - Community Service Office

DENIAL/ACTION - A Denial or limited authorization of a requested service.

HEARING - A Hearing conducted by the Office of Administrative Hearings for all Medicaid enrollees.

DRUG FORMULARY – A list of preferred drugs developed working with pharmacists and providers to encourage greater efficiency in the dispensing of prescription drugs without giving up quality.

EMERGENCY CARE -Treatment for a sudden or severe health problem that needs care right away. It can also be care that is needed because you think your life or health is in danger.

MEDICALLY NECESSARY - Medical care that is needed to prevent, diagnose or treat health problems.

MEMBER – A Medicaid eligible recipient who is enrolled in Molina Healthcare by WA Medicaid.

MOLINA HEALTHCARE ID CARD/WA Medicaid SERVICES CARD - When you enroll, you will get an ID card from Molina Healthcare and a Services card from WA Medicaid. Always carry both ID cards with you and show them when you get medical or pharmacy services.

NON-CONTRACTED PROVIDER - Doctors, hospitals and other providers who do not have a contract with Molina Healthcare.

PROTECTED HEALTH INFORMATION (PHI)- Health information such as medical records that include your name, Member number or other identifiers, and is used or shared by Molina Healthcare.

PRE-AUTHORIZATION/PRIOR APPROVAL - Molina Healthcare's approval for some specialty or other Medically Necessary care. This includes some medications.

PRIMARY CARE PROVIDER (PCP) - Provides care for most common problems, health or disease screenings and Refers you to specialty care. A PCP may be a family/general provider, internist, pediatrician or ARNP who has a contract with Molina Healthcare.

REFERRAL/REFER - A request from your PCP for you to get specialty care.

ROUTINE CARE – Any pre-planned care such as a regular provider visit.

SERVICE AREA - The county Molina Healthcare serves under the WMIP contract with WA Medicaid

SPECIALIST - Any provider who practices a specialty (heart doctor, skin doctor) and who has a contract with Molina Healthcare to deliver Covered Services. This includes OB/GYNs.

URGENT CARE - Treatment for care needed right away, but your life or health is not in danger.



P.O. Box 4004
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www.MolinaHealthcare.com