

MOLINA HEALTHCARE

WASHINGTON **APPLE HEALTH** MANAGED CARE

ENROLLEE MEDICAL HEALTH BENEFIT BOOK

2019



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.

Molina Healthcare Notice 1557 - WA Medicaid HCA v2
Updated 11/2/16

**Non-Discrimination Tag Line– Section 1557
Molina Healthcare of Washington, Inc.
Molina Medicaid**

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional.

- English** **ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-869-7165 (TTY: 711).**
- Spanish** **ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-869-7165 (TTY: 711).**
- Chinese** **注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-869-7165 (TTY: 711)。**
- Vietnamese** **CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-869-7165 (TTY: 711).**
- Korean** **주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-869-7165 (TTY: 711) 번으로 전화해 주십시오.**
- Russian** **ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-869-7165 (телетайп: 711).**
- Tagalog** **PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-869-7165 (TTY: 711).**
- Ukrainian** **УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-869-7165 (телетайп: 711).**
- Cambodian (Mon-Khmer)** **ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-869-7165 (TTY: 711)។**
- Japanese** **注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-869-7165 (TTY: 711) まで、お電話にてご連絡ください。**
- Amharic** **ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-869-7165 (መስማት ለተሳናቸው: 711)።**
- Cushite** **XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-869-7165 (TTY: 711).**
- Arabic** **ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-869-7165 (رقم هاتف الصم والبكم: 711).**
- Punjabi** **ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿ ਰੇ, ਤਾਂ ਭਾਸ਼ਾ ਧਵਿੰ ਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। 1-800-869-7165 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।**
- German** **ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-869-7165 (TTY: 711).**
- Laotian** **ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ຄມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-869-7165 (TTY: 711).**

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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). This handbook is intended to provide a summary of information about your health benefits. You can get detailed information about the Apple Health program by looking at the Health Care Authority laws and rules page on the Internet
<http://www.hca.wa.gov/about-hca/rulemaking>

Welcome to Molina Healthcare and Washington Apple Health



We want you to get a good start as a new enrollee. 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, 7:30 a.m. to 6:30 p.m.

Important contact information

	Customer Service Hours	Customer Service Phone Numbers	Website Address
Molina Healthcare	Monday – Friday 7:30 a.m. to 6:30 p.m.	(800) 869-7165 TTY 711	MolinaHealthcare.com
Health Care Authority (HCA) Apple Health Customer Service	Monday – Friday 7 a.m. to 5 p.m.	(800) 562-3022 TRS 7-1-1 or TTY (800) 848-5429	https://www.hca.wa.gov/apple-health
Washington Health Benefit Exchange	Monday – Friday 8 a.m. to 6 p.m.	(855) 923-4633 TRS 7-1-1 or TTY (855) 627-9604	https://www.wahealthplanfinder.org

How to use this book

This handbook is your guide to services. 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 or disenrolling from your Apple Health managed care plan • How to get Apple Health covered services not included through your plan • Your ProviderOne Services card 	<p>HCA at: ProviderOne Client Portal, available at: https://www.waproviderone.org/client</p> <p>Or:</p> <p>https://fortress.wa.gov/hca/p1contactus/</p> <p>If you still have questions or need further help, call toll-free (800) 562-3022</p>
<ul style="list-style-type: none"> • Choosing or changing your providers • Covered services or medications • Making a complaint • Appealing a decision by your health plan that affects your benefits 	<p>Molina Healthcare at (800) 869-7165, TTY 711 or go online to MolinaHealthcare.com</p>
<ul style="list-style-type: none"> • Your medical care • Referrals to specialists 	<p>Your primary care provider. (If you need help to select a primary care provider, call us at (800) 869-7165, TTY 711, or go online to MolinaHealthcare.com</p> <p>You can also call our 24-hour Nurse Advice Line at (888) 275-8750, TTY 711. Open 7 days a week.</p>
<ul style="list-style-type: none"> • Changes to your account such as: <ul style="list-style-type: none"> ◦ Address changes, ◦ income changes, ◦ marital status, ◦ pregnancy, and ◦ births or adoptions. 	<p>Washington Health Benefit Exchange at 1-855-WAFINDER (1-855-923-4633) or go online to https://www.wahealthplanfinder.org</p>

Molina Healthcare, our providers, and you

When you join Molina Healthcare, our providers will take care of you. Most of the time you will be seen by your primary care provider (PCP). Your PCP will arrange for you to see other provider if you need to:

- Have a test,
- See a specialist, or,
- Go into the hospital.

You can go to certain providers without your PCP arranging it first. This applies only to certain services. See page 7 for details.

If you do not speak English, we will help. We want you to know how to use your health benefits. If you need any information in another language, call us. We will provide language assistance at no cost to you. We will find a way to talk to you in your own language and help you find a provider who speaks your language. You are entitled to language access services when you attend a health care appointment covered by Apple Health (Medicaid). If we cannot find a provider who speaks your language, your provider will help arrange for an interpreter to be at your appointments. Just let your health care provider know you need an interpreter when you schedule your appointment.

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 provide you materials in another format, like Braille. We can tell you if a provider's office is wheelchair accessible or has special communication devices or other special equipment. We also offer:

- TTY line (Our TTY phone number is 711).
- Information in large print.
- Help 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 Molina Member Services (800) 869-7165. 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:

- Makes sure you have access to a qualified health care team
- Reviews and takes action if there is an issue with the quality of care that has been provided
- Promotes safety in health care through education for our members and providers
- Provides Tips to Stay Healthy to help members know what services are needed and when
- Provides a Guide to Accessing Quality Health Care to help members access our programs and services
- Tracks and evaluates our performance through HEDIS® (Healthcare Effectiveness Data and Information Set)
 - HEDIS® is a tool that helps compare various aspects of health care quality, such as preventative and wellness screening tests, diabetes management, prenatal and postpartum care for pregnancy, and immunizations for children
- Offers surveys to our members to let us know members' experience and satisfaction with the health plan and the providers. One such survey is called CAHPS® (Consumer Assessment of Healthcare Providers and Systems).

To learn more about Molina's QI programs and activities, visit: MolinaHealthcare.com/WAQIProgram

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



If you want a free copy of Molina Healthcare's Quality Improvement Program description or progress report, please call Member Services at (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.

You will need two cards to access services

Your Molina Healthcare ID card

Member: TEST TESTER98		
Identification #: 12345678910	Date of Birth: 01/01/1970	Client ID: 000000000A
Program: Apple Health PCP Name: JANE DOE PCP Phone: (608) 456-7891 PCP Location: TEST HEALTH CENTER_0000000000		PCP Eff: 08/01/2017 Auth: (800) 869-7185
Member Services: (800) 869-7165 / TTY 711 Molina Healthcare Virtual Care: (844) 870-6821 / TTY 711 or go to wavirtualcare.molinahealthcare.com		RxBIN: 000000 RxPCN: ADV RxGRP: RX0000

Your ID card should arrive within 30 days of your enrollment date. If anything is wrong with your ID card, call us right away. Your ID card will have your member ID number. 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, contact us at (800) 869-7165, TTY 711, Monday through Friday, 7:30 a.m. – 6:30 p.m. Your provider can also contact us to verify eligibility if you have not yet received your ID card.

Your Services Card

You will also receive an Apple Health Services Card in the mail.



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 is active and shows you are enrolled in Apple Health.

If you have received a ProviderOne Services Card in the past, HCA will not send you a new one. You can continue using your old one. Your old card and client number is still valid, even if there is a gap in coverage. If you no longer have your Services Card, please contact HCA for a new one.

ProviderOne

The number on the card is your ProviderOne client number. It will always be nine digits long and end in “WA”. You can look online to check that your enrollment has started or switch your health plan through the ProviderOne Client Portal at <https://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 don't receive your card, the information is incorrect, or you lose your card, there are several ways to request a replacement:

- Use the ProviderOne client portal at <https://www.waproviderone.org/client>
- Request a change online at https://fortress.wa.gov/hca/p1contactus/Client_WebForm
 - Select the topic "Services Card"
- Call the HCA Customer Service Center at (800) 562-3022

There is no charge for a new card. It takes seven to 10 days to get the new card in the mail. Your old card will stop working when you ask for a new one.

Changing health plans

You have the right to request to change your health plan at any time. Your new plan may start as soon as the first of the next month. It's important to make sure you are enrolled in the newly requested plan prior to seeing providers in another plan's network. There are several ways to switch your plan:

- Visit the Washington Healthplanfinder website. www.wahealthplanfinder.org
- Visit the ProviderOne Client Portal website <https://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 HCA Customer Service Center at (800) 562-3022

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

Using private health insurance and your Molina Healthcare coverage

We may pay co-pays, deductibles and services your private health insurance does not cover. You can avoid out-of-pocket costs if you make sure your health care providers are either a member of Molina Healthcare's provider network or willing to bill us for any co-pays, deductibles, or balances that remain after your primary coverage pays your health care bill.

When you go to your doctor or other medical provider(s), show all of your cards including:

- Your private health insurance card,
- Your Apple Health services card, and
- Your Molina Healthcare card.

Contact Molina Healthcare right away if:

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

How to get health care



Services you can get include regular check-ups, immunizations (shots), and other treatments.

Your Primary Care Provider (PCP) will take care of most of your health care needs. You must have an appointment to see your PCP.

As soon as you choose a PCP, make an appointment to establish yourself as a patient with your chosen PCP. Establishing yourself as a patient will help you get care more easily once you do need it.

It's important to prepare for your first appointment. Your PCP will need to know as much about your physical and behavioral health history as you can tell him or her. Remember to bring your Apple Health, Molina Healthcare, and any other insurance cards. Write down your health history. Make a list of any:

- Problems you have now,
- Medicines you take, and,
- Questions you want to ask your PCP.

If you cannot keep an appointment, call to let your PCP know as soon as possible.

How to choose your primary care provider (PCP)

You may already have a PCP, but if you don't, you should pick one right away. If you do not choose a PCP, we will choose one for you. Each family member can have their own PCP, or you can choose one PCP to take care of all family members who have Apple Health Managed Care coverage. If you or your family want to change your PCP, we can help you choose a new one at any time.

Telemedicine



Telemedicine is when a health care provider uses real-time audio and video communications to deliver services to an enrollee at a place other than the place where the provider is located.

Molina pays for medically necessary covered services through telemedicine when the services are provided by a contracted provider. Please call Member Services at (800) 869-7165, TTY 711, to see what covered services can be done through telemedicine.

If you are not feeling well and are unable to visit your PCP, Molina also offers virtual urgent care for free*. You can talk or video chat with a provider 24/7 to treat minor conditions like colds, flu, ear pain and pink eye. No appointment is needed.

Register today at wavirtualcare.molinahealthcare.com so you are ready to go when you need to use this service. To get care now, simply log in or call (844) 870-6821 (TTY 711). Translation services are available. For emergencies, call 911.

*Molina offers virtual urgent care to Apple Health members statewide through contracted providers. Virtual care is free. Cell phone and internet rates may apply.

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. Talk with your PCP to learn how referrals work. If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help if you need to see a different specialist.

There are some treatments and services that your PCP must ask us to approve *before* you can get them. This is called “pre-approval” or “prior authorization.” Your PCP can tell you what services require pre-approval, or you can call us to ask.

If we do not have a specialist in our network, we will get you the care you need from a specialist outside our network. We need to pre-approve any visits outside of our network. You will also need a pre-approval if you decide on your own to visit a specialist outside the Molina Healthcare network. Before you see the new specialist, talk to your PCP or the specialist you are seeing. Ask them to request a pre-approval from us via fax or phone. If we approve the request, you can visit the new specialist even though they are outside the Molina Healthcare network. If we deny your PCP’s request for a pre-approval, we will send you a letter within three days of the denial. You or your PCP can appeal our decision. Call Member Services at (800) 869-7165, TTY 711 with any questions.

If your PCP or Molina Healthcare refers you to a specialist outside of our network and this request is approved by Molina Healthcare before you receive the service, you are not responsible for any of the costs. We will pay for them.

Apple Health services covered without a managed care plan

The Apple Health services covered without a managed care plan (also referred to as fee-for-service) covers certain benefits and services directly even if you are enrolled in a health plan. These benefits include:

- Dental Services,
- Eye glasses and fitting for children (age twenty and younger),
- Long term care services and supports,
- Maternity support services, prenatal genetic counseling, and pregnancy terminations,
- Services for people with developmental disabilities.

You will only need your ProviderOne Services Card to access these benefits. Your PCP or Molina Healthcare will help you access these services and coordinate your care. See page 20 for more details on covered benefits. If you have any questions about a benefit or service listed here, call us.

Services you can get WITHOUT a referral

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

- Family planning services
- HIV or AIDS testing
- Immunizations
- Sexually transmitted disease treatment and follow-up care
- Tuberculosis screening and follow-up care
- Women’s health services including:
 - Maternity services including services from a midwife
 - Breast or pelvic exams

Payment for health care services

As an Apple Health client, you have no copays for any covered services. However, you might have to pay for your services if:

- You get a service that is not covered, such as chiropractic care or cosmetic surgery.
- You get a service that is not medically necessary.
- You don't know the name of your health plan, and a service provider you see does not know who to bill. This is why you must take your Services Card and health plan card with you every time you need services.
- You get care from a service provider who is not in our network, unless it's an emergency or has been pre-approved by your health plan.
- You don't follow our rules for getting care from a specialist.

If you get a bill, please call us at (800) 869-7165, TTY 711. We will work with your provider to make sure they are billing you appropriately.

Preventing fraud, waste and abuse

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

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

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

Molina Healthcare Compliance AlertLine

- Call toll-free (866) 606-3889
- Visit <https://MolinaHealthcare.AlertLine.com>

Member Services

- Call toll-free (800) 869-7165, TTY 711

Molina Healthcare Compliance Office

- Molina Healthcare of Washington Confidential Fax: toll-free (800) 282-9929
- Write to:
Attn: Compliance Officer
Molina Healthcare of Washington
P.O. Box 4004
Bothell, WA 98041-4004

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

Medical Emergencies: You are always covered for emergency care anywhere in the United States. Examples of an emergency are:

- A heart attack or severe chest pain
- Bleeding that won't stop
- Bad burns
- Broken bones

- Trouble breathing
- Convulsions
- Loss of consciousness
- When you feel you might hurt yourself or others
- If you are pregnant and have pain, bleeding, fever or vomiting

If you think you have an emergency, call 911 or go to the nearest hospital location where emergency providers can help you. Emergencies are covered anywhere in the United States.

After seeing an emergency provider, call your PCP, behavioral health provider, or Molina Healthcare to arrange for follow-up care after the emergency is over.

Urgent care: Use 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. Call us at (800) 869-7165, TTY 711, and we can help you find an urgent care center that works with us.

You can call your PCP's office or our 24-hour Nurse Advice Line at (888) 275-8750, TTY 711 open 7 days a week, or go to the urgent care center.

Medical care away from home: If you need medical care that is not an emergency or seems urgent, or you need to get prescriptions filled while you are away from home, call your PCP or call us 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.

Getting care after hours: The toll-free phone number to call for medical advice from a nurse 24 hours a day, seven days a week is (888) 275-8750, TTY 711. Call your PCP's office or the Nurse Advice Line for advice on how to reach a provider after hours.

Behavioral Health Crisis: Washington Recovery Help Line is a 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance abuse, and problem gambling. Call (866) 789-1511 or (206) 461-3219 (TTY), recovery@crisisclinic.org or go to <https://www.warecoveryhelpline.org>. Teens can connect with teens during specific hours: (866) 833-6546, teenlink@crisisclinic.org, 866teenlink.org.

Behavioral Health Organizations (BHO)

BHOs integrate mental health and substance use disorder treatment services in each region, transforming two service delivery systems into one region-wide system.

The Health Care Authority (HCA) manages the contracts for mental health and substance use disorder (SUD) (drug and alcohol) services in the three Regional Service Areas (RSA) in the state. They are:

- Salish
- Great Rivers
- Thurston-Mason

If you live in one of these regions your behavioral health services are coordinated by a BHO.

If you need substance use disorder treatment or intensive mental health services, the BHO covers these services in these regions.

For contact information for these organizations see Behavioral Health Organizations below:

Behavioral Health Organization Contacts

Organization	Counties served	Phone number	Website
Great Rivers BHO	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	(800) 392-6298	http://greatriversbho.org/
Salish BHO	Clallam, Jefferson, Kitsap	(360) 337-7050 or (800) 525-5637	https://www.kitsapgov.com/hs/Pages/SBHO-LANDING-HOME.aspx
Thurston-Mason BHO	Mason, Thurston	(360) 763-5828 or (800) 658-4105	tmbho.org/

Expectations for when 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 a day, seven days a week.
- **Urgent care:** Office visits with your PCP or other provider within 24 hours.
- **Routine care:** Office visits with your PCP or other provider within ten (10) days. Routine care is planned and includes regular provider visits for medical problems that are not urgent or emergencies.
- **Preventive care:** Office visits with your PCP or other provider within thirty (30) days. Examples of preventive care are annual physicals (also called checkups), well-child care visits, annual women's health care, and immunizations (shots).

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

You must use doctors and other medical providers who work with Molina Healthcare. We also have pharmacies you must use. Call our member service line at (800) 869-7165, TTY 711, or visit our website 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, and phone number.
- The specialty and medical degree.
- The languages spoken by those providers.
- Any limits on the kind of patients (adults, children, etc.) the provider sees.
- Identifying which PCPs are accepting new patients.

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

Prescriptions

We use a list of approved drugs. This is called a “formulary” or a “preferred drug list.” Your prescribing provider should prescribe medications to you that are preferred on this list. 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 we decide what drugs are covered.
- How your prescribing provider can ask for authorization of a drug that is not on the “formulary” or “preferred drug list.”

To make sure your prescriptions are covered, you must get your medications at a pharmacy in our provider network. Call us and we will help you find a pharmacy near you.

Medical equipment and supplies

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

Special health care needs or long-term illness

If you have special health care needs or a long-term illness, you may be eligible for additional benefits through our disease management program, Health Home program, or care coordination. You may also get direct access to specialists. In some cases, you may be able to use your specialist as your PCP. Call us for more information about care coordination and care management.

Long-term services and supports

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

Long-Term Care Services and Supports AL TSA Home and Community Services must approve these services. Call your local HCS office for more information:

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

REGION 2N – Island, San Juan, Skagit, Snohomish, and Whatcom: (800) 780-7094; Nursing Facility Intake

REGION 2S – King: (206) 341-7750

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

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

Services for People with Developmental Disabilities

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

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

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

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

Region 2: King (800) 974-4428 or email R2ServiceRequestB@dshs.wa.gov

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

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

Early Learning Programs



Department of Children, Youth, and Families (DCYF) provides services and programs for children under of the age of 5 including:

ECEAP (Early Childhood Education and Assistance Program) and HeadStart are Washington's pre-kindergarten programs that prepare 3- and 4-year-old children from low-income families for success in school and in life. ECEAP is open to any preschool aged child and family if they meet the income limits. For information on ECEAP and Head Start Preschools visit <http://www.dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart>

Early Support for Infants and Toddlers (ESIT) services are designed to enable children birth to 3 with developmental delays or disabilities to be active and successful during the early childhood years and in the future in a variety of settings—in their homes, in child care, in preschool or school programs, and in their communities. For more information <http://www.dcyf.wa.gov/services/child-development-supports/esit>.

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

Early Childhood Intervention and Prevention Services (ECLIPSE) serves children birth to 5 years old who are at risk of child abuse and neglect and may be experiencing behavioral health issues due to exposure to complex trauma. Services are provided in King County and Yakima County. For more information visit <http://www.dcyf.wa.gov/services/child-dev-support-providers/eclipse>

Contact us and we can help connect you with these services.

Health care services for children

Children and youth age twenty (20) and younger 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. EPSDT includes any diagnostic testing and medically necessary treatment needed to correct or improve a physical or behavioral health (mental health, drug, and alcohol) condition, as well as additional services needed to support a child who has developmental delay.

Screenings can help identify potential physical, behavioral health or developmental health care needs which may require additional diagnostics and/or treatment.

EPSDT services can be aimed at keeping conditions from getting worse or slow the pace of the effects of a child's health care problem. EPSDT encourages early and continued access to health care for children and youth.

An EPSDT screening is sometimes referred to as a well-child or well-adolescent checkup. A well-child checkup or EPSDT screening should include all of the following:

- Complete health and developmental history.
- A full physical examination
- Health education and counseling based on age and health history
- Vision testing
- Hearing testing
- Laboratory tests
- Blood lead screening
- Talk about eating or sleeping problems
- Oral health screening
- Immunizations (shots)
- Mental health screening
- Substance use disorder (drug and alcohol) screening

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

- Treat the child if it is within the provider's scope of practice; or
- Refer the child to an appropriate 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 health care services may require pre-approval from us or from the State, if the service is offered by the State as coverage without a managed care plan (also referred to as fee-for-service).

Benefits covered by Molina Healthcare

Some of the benefits we cover are listed below. Check with your provider or contact us if a service you need is not listed.

For some services, you may need to get a referral from your PCP and/or pre-approval from us before you get them or we might not pay for them.

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

Remember to call us before you get medical services or ask your PCP to help you.

Service	Comments
Antigen (allergy serum)	Allergy shots
Applied Behavioral Analysis (ABA)	Assist children age twenty (20) and younger with autism spectrum disorders and other developmental disabilities in improving the communication, social and behavioral skills
Audiology Tests	Hearing tests
Autism Screening	Available for all children 18 months and 24 months
Bariatric Surgery	Pre-approval required for bariatric surgery. Only available in HCA-approved Centers of Excellence
Biofeedback Therapy	Limited to plan requirements
Birth Control	See Family Planning Services
Blood, Blood Products, and Related Services	Includes blood, blood components, human blood products, and their administration
Breast Pumps	Some types may require pre-approval
Chemotherapy	Some services may require pre-approval
Chiropractic Care	Benefit is for children age twenty (20) and younger 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 age twenty (20) and younger
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	One screening available for all children at 9 months, 18 months, and between 24 and 30 months
Diabetic Supplies	Limited supplies available without pre-approval. Additional supplies are available with prior authorization.
Dialysis	These services may require pre-approval

Service	Comments
Drug and Alcohol Treatment Services also referred to as Substance Use Disorder Treatment Services	<p>These services are split between us and your BHO, Call us or the BHO for assistance in accessing services. Substance use disorder treatment services may include:</p> <ul style="list-style-type: none"> • Assessment • Brief intervention and referral to treatment • Outpatient treatment • Opiate substitution treatment services
Emergency Services	Available 24 hours per day, 7 days per week anywhere in the United States
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	EPSDT includes a full range of prevention, diagnostic, and treatment services to make sure children age twenty (20) and younger get all the care they need to identify and treat health problems at an early stage. Any health treatment that is medically necessary, even if the treatment is not listed as a covered service. See “Health care services for children” section.
Enteral Nutrition (products and equipment)	<p>Parenteral nutritional supplements and supplies for all enrollees</p> <p>Enteral nutrition products and supplies for all ages for tube-fed enrollees</p> <p>Oral enteral nutrition products for clients age twenty (20) and younger</p>
Evaluation and treatment/ Community Hospitalization	Medically necessary inpatient behavioral health crisis care
Eye Exams	<p>You must use our provider network. Call us for benefit information</p> <p>For children under age 21, eyeglasses, contact lenses, and hardware fittings are covered separately under the fee-for-service program using your ProviderOne Services Card. The “Eyewear Supplier” list at https://fortress.wa.gov/hca/p1findaprovider/</p>
Family Planning Services	You can use our network of providers, or go to your local health department or family planning clinic
Habilitative Services	Health care services that help you keep, learn, or improve skills and functioning for daily living that were not acquired due to a congenital, genetic, or early-acquired health conditions. Call us to see if you are eligible.
Health Education and Counseling	Examples: Health education for conditions such as diabetes and heart disease.
Hearing Exams and Hearing Aids	Covered for clients age twenty (20) and younger
HIV/AIDS Screening	You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening. A health home provides additional help coordinating your care. Contact us to see if you are eligible.
Home Health Care	Must be approved by us
Hospital, Inpatient and Outpatient Services	Must be approved by us for all non-emergency care
Hospital Inpatient Rehabilitation (physical medicine)	Must be approved by us
Immunizations/ Vaccinations	Our members are eligible for immunizations from their primary care provider, pharmacy or their local health department. Check with your provider or contact member services for more information on the scheduling of your immunization series.
Lab and X-ray Services	Some services may require pre-approval

Service	Comments
Mammograms	See Women's Health Care
Maternity and Prenatal Care	See Women's Health Care
Medical Equipment	Most equipment must get pre-approval. Call us at (800) 869-7165, TTY 711, for specific details.
Medical Supplies	Most supplies must get pre-approval. Call us at (800) 869-7165, TTY 711, for specific details.
Medication Assisted Treatment	Medications used to treat substance use disorders. Call us at (800) 869-7165, TTY 711, for specific details.
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>Mental health services may include:</p> <ul style="list-style-type: none"> • Evaluation and Diagnosis • Medication Management • Psychiatric and Psychological Testing • Treatment and Counseling <p>If you need help finding mental health care for your child or youth, call us at (800) 869-7165, TTY 711</p>
Nutritional Therapy	Covered for clients age twenty (20) and younger when medically necessary and referred by the provider after an EPSDT screening
Organ Transplants	Call us at (800) 869-7165, TTY 711, for specific details
Outpatient Rehabilitation (Occupational, Physical, and Speech Therapies)	<p>Call us at (800) 869-7165, TTY 711, for specific details. For adults 21 and older, this is a limited benefit.</p> <p>Limitations apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home health agency • When provided to children age twenty (20) and younger in an approved neurodevelopmental center. See: https://www.doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf
Oxygen and Respiratory Services	Some services may require pre-approval
Pharmacy Services	Must use participating pharmacies. We have our own drug formulary (list). Call us at (800) 869-7165, TTY 711, for a list of pharmacies.
Podiatry	This is a limited benefit. Call us at (800) 869-7165, TTY 711, for specific information.
Private Duty Nursing or Medically Intensive Children's Program	<p>Covered for children ages 17 and younger by us. Must be approved by us</p> <p>For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (AL TSA). See page 11 for contact information.</p>
Radiology and Medical Imaging Services	Some services may require pre-approval

Service	Comments
Skilled Nursing Facility (SNF)	Covered for short-term (less than 30 days) services. Additional services may be available. Call us at (800) 869-7165, TTY 711.
Smoking Cessation	Covered for all clients with or without a PCP referral or pre-approval. Call us for more information.
Transgender Health Services	Hormone and mental health therapy for all ages, and puberty blocking treatment for adolescents
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, mammograms, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding

Additional services we offer



[MyMolina.com](https://www.mymolina.com) and HealthinHand App

Visit [MyMolina.com](https://www.mymolina.com), our secure website for members to easily get a new ID card, change your PCP, request a case manager, view your health information and more 24 hours a day.

You can also download our member app, HealthinHand, to find a doctor or clinic near you, see your ID card, connect with our virtual urgent care clinic, change your provider, view your health information, find community resources and more 24 hours a day. *The app is available in English and Spanish.*

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 support from nurses and social workers. Case Managers can help by:

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

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

Case Management also supports the following specialty programs for:

- Bariatric Surgery (call the program directly at (800) 869-7175, ext. 144055)
- Applied Behavioral Analysis (ABA) Therapy
- Transgender Health Services

- Children with special health care needs
- Transplants

For more information about the free Case Management call Member Services at (800) 869-7165, TTY 711.

The **Disease Management** program is designed to work with members at risk or diagnosed with the following chronic conditions:

- Asthma
- Prediabetes and Diabetes
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Hypertension
- Obesity

Health Managers in the Disease Management program are skilled nurses who help members by:

- Providing education, resources and support to help members better understand their condition
- Encouraging them to make and sustain healthy lifestyle changes through a care plan
- Identifying and helping members overcome barriers
- Ensuring members get needed medications and take them as prescribed
- Coaching members on how to communicate with their providers about their health condition(s)
- Updating providers on members' progress, concerns and/or problems
- Providing needed referrals to PCPs and specialists
- Offering incentives and giveaways to help support healthy behaviors

For more information about Disease Management programs call (800) 869-7175 ext. 147121.

Health Education Programs

Motherhood Matters® Pregnancy 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.

Stop Smoking Program

Smoking can harm your health and the health of those around you. If you are interested in quitting, please call (800) QUIT-NOW or (800) 784-8669 or go to: www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit#wakitline to learn more today!

Weight Control Program

Molina's weight control program supports eligible adults and children (between the ages of 15-17) who need help controlling their weight. Members can get vouchers for Weight Watchers® for up to six months of in-person meetings and digital tools. For information about this program, call MHW Disease Management (800) 869-7175, ext. 142057, or email MHWDiseaseManagement@MolinaHealthcare.com.

text4baby

As a member of Molina, you can sign up for free text messages on prenatal care, baby health, raising your child and more. You can sign up by texting "BABY" to 511411 or go to text4baby.org.

Health Rewards

Make healthy choices and earn rewards! You and your family may be eligible to earn rewards such as a car seat or gift cards if you complete necessary preventive and wellness tests and exams. To earn rewards, you need to take

a Molina Healthcare incentive form to your provider appointment and they will need to complete the form and send it to us. If you do not have an incentive form, call Member Services at (800) 869-7165, TTY 711. After your provider sends in the completed form, you will receive your reward information in the mail. Each member is eligible for up to \$200 of rewards per calendar year.

Health Home Program (Care Coordination Services)

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
- 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

If you are eligible for Health Home services, a Health Home Care Coordinator will give you a welcome call and send you a letter describing the program and services. Your care coordinator will be available to meet with you and provide Health Home services to you in person at a place of your choice.

Who is eligible for Health Home services?

Health Home services are for Apple Health members who need help managing their chronic conditions and coordinating care among providers and community services. The Health Care Authority determines who is eligible for Health Home services. Molina contracts with various Care Coordination Organizations in your area to provide Health Home services to you, if you are eligible.

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

Apple Health services covered without a managed care plan

Apple Health coverage without a managed care plan (fee-for-service) or other community based programs cover the following benefits and services even when you are enrolled with us. We and your PCP will help you access these services and coordinate your care. 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 us.

Service	Comments
Ambulance Services (Air)	All air ambulance transportation services provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO)
Ambulance Services (Ground)	All ground ambulance transportation services, emergency and non-emergency, provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO)
Crisis Services	<p>Crisis services are available to support you, based on where you live. If there is a life-threatening emergency, please call 911.</p> <p>For the Suicide Prevention Life Line: (800) 273-8255, TTY Users (800) 799-4TTY (4889)</p> <p>For all other mental health crises, please call the Behavioral Health Organization or Behavioral Health Administrative Services organization (BHASO Phone numbers can be found at: https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines)</p>
Dental Services	<p>You must see a dental provider who has agreed to be an Apple Health fee-for-service provider. More information is available:</p> <ul style="list-style-type: none"> • On-Line at https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/dental-services, or • Call HCA at (800) 562-3022. <p>To find a provider that accepts Washington Apple Health go to Find a provider</p>
Eyeglasses and Fitting Services	<p>For children 20 years of age and younger - eyeglass frames, lenses, contact lenses, and fitting services are covered by Apple Health coverage without a managed care plan.</p> <p>For adults - eyeglass frames and lenses are not covered by Apple Health, but if you wish to buy them, you can order them through participating optical providers at a discounted prices. Visit this site to Find a list of participating providers.</p>
First Steps Maternity Support Services (MSS) and Infant Case Management (ICM)	MSS provides pregnant and postpartum clients preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby. ICM helps families with children up to age one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.
Inpatient Psychiatric Care	Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.
Long-Term Care Services and Supports	See page 11 of this booklet
Pregnancy Termination, Voluntary	Includes termination and follow-up care for any complications

Service	Comments
Sterilizations, age twenty (20) and under	Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.
Substance Use Disorder Services, Inpatient, Outpatient, and Detoxification	Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services. We cover medications associated with substance use disorder services
Transgender Health Services	Surgical procedures and postoperative complications
Transportation for Non-Emergency Medical Appointments	Apple Health pays for transportation services to and from needed non-emergency health care appointments. 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/transportation-help

Excluded Services (NOT covered)

The following services are not covered by us or fee-for-service. If you get any of these services, you may have to pay the bill. If you have any questions, call us.

Service	Comments
Alternative Medicines	Acupuncture, Christian Science practice, faith healing, herbal therapy, homeopathy, massage, or massage therapy
Chiropractic Care for Adults (21 and over)	
Cosmetic or Plastic Surgery	Including face lifts, tattoo removal, or hair transplants
Diagnosis and Treatment of Infertility, Impotence, and Sexual Dysfunction	
Marriage Counseling and Sex Therapy	
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 us

You or your authorized representative have the right to file a complaint. This is called a grievance. We will help you file a grievance.

Grievances or complaints can be about:

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

We must let you know by phone or letter that we received your grievance or complaint within two working days. We must address your concerns as quickly as possible but cannot take more than 45 days.

Important information about denials, appeals, and administrative hearings

You have the right to ask for a review of a decision if you think it was not correct, not all information was considered, or you think the decision should be reviewed by another person. This is called an appeal. We will help you file an appeal.

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

An appeal is when you ask us to review your case again because you disagree with our decision. You may appeal a denied service. You may call to let us know, but you must send your appeal in writing with your signature unless the request is urgent. We can help you file an appeal. Your provider or someone else may appeal for you if you sign to say you agree to the appeal. You only have 10 days to appeal if you want to keep getting a service that you are receiving while we review our decision. Otherwise, you have 60 days from the date on your denial letter to send the appeal in writing. We will reply in writing telling you we received your request for an appeal within 5 calendar days. In most cases, we will review and decide your appeal within 14 days. We must tell you if we need more time to make a decision. An appeal decision must be made within 28 days.

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, you or your doctor can ask for an expedited (quick) appeal by calling us. If your medical condition requires it, a decision will be made about your care within 3 calendar days. To ask for an expedited appeal, tell us why you need the faster decision. If we deny your request for a quick appeal, your appeal will be reviewed in the same time frames outlined above. We must make reasonable efforts to give you a prompt verbal notice if we deny your request for an expedited appeal and we will mail you a letter within two days. You may file a grievance if you do not like our decision to change your request from an expedited appeal to a standard appeal.

If you disagree with the appeal decision, you have the right to ask for an administrative hearing. In an administrative hearing, an administrative law judge who does not work for us or the Health Care Authority will review your case. The appeal must be done before the administrative hearing can begin.

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

To ask for an administrative hearing:

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

OR

2. Write 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.

The administrative hearing judge will send you a notice explaining their decision.

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

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

An IRO is an independent review by a doctor who does not work for us by an Independent Review Organization (IRO). To request an IRO, you must call us and ask for a review by an IRO within twenty-one (21) days after you get the hearing decision letter. You must provide us any extra information within 5 days of asking for the IRO. We will let you know the IRO's decision.

Call Member Services at (800) 869-7165, TTY 711 with any questions.

If you 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 to review your case. You only have 21 days to ask for the review after getting your IRO decision letter. The decision of the review judge is final. To ask a review judge to review your case:

- Call (844) 728-5212

OR

- Write to:
HCA Board of Appeals
P.O. Box 42700
Olympia, WA 98504-2700

Your rights

As an enrollee, you have a right to:

- Help make decisions about your health care, including mental health and substance use disorder services, and refusing 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 we pay your providers for your medical care
 - All options for care and why you are getting certain kinds of care
 - How to get help with filing a grievance or complaint about your care or help in asking for a review of a denial of services or an appeal
 - Our organizational structure including policies and procedures, practice guidelines, and how to recommend changes
- Receive plan policies, benefits, services and Members' Rights and Responsibilities at least yearly
- Receive a list of crisis phone numbers
- Receive help completing advance directive forms, both medical and mental health advance directives

Your responsibilities

As an enrollee, 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.
- 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 agreed-upon treatment goals as much as possible.
- Give your providers and Molina Healthcare complete information about your health.
- Follow your provider's instructions for care that you have agreed to.
- 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 <https://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 doctor and family:

- What kind of health care you do or do not want if:
 - You lose consciousness.
 - You can no longer make health care decisions.
 - You cannot tell your doctor or family what kind of care you want.
- 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 doctor can make medical choices for you based on your wishes. There are the following 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. Healthcare directive (living will). This written statement tells people whether you want treatments to prolong your life.
3. Organ donation request.

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

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

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

What is a mental health advance directive?

A mental health advance directive is a written document that describes what you want to happen in times of crisis or great difficulty, such as hospitalizations. It tells others about what treatment you want or don't want. It can identify a person you have chosen to make decisions for you.

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

How do I complete a mental health advance directive?

You can get a copy of the advance directive form and more information on how to complete it at <https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-advance-directives>, under Information for Clients and Families, or call the Office of Consumer Partnerships at (800) 446-0259.

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

We protect your privacy

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

Protected health information (PHI) refers to health information such as medical records that includes 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: We may use or share your PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about your medical needs.
- Health care operations: We may use information from your claim to let you know about a health program that could help you

We may use or share your PHI without getting written approval from you under 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:
 - When the U. S. Secretary of the Department of Health and Human Services requires us to share your PHI
 - Public Health and Safety, which may include helping public health agencies to prevent or control disease
 - Government agencies may need your PHI for audits or special functions, such as national security activities
 - For research in certain cases, when approved by a privacy or institutional review board
 - 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.
 - With law enforcement to help find a suspect, witness, or missing person. Your PHI may also be shared with other legal authorities if we believe that you may be a victim of abuse, neglect, or domestic violence.
 - To obey Workers' Compensation laws

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

You have a right to review and get a copy of your protected health information (PHI) held by us. This may include records used in making coverage, claims and other health care decisions as a Molina Healthcare member. You will need to make your request in writing on a Molina Healthcare form. 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 if you have questions.

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

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

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

OR:

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

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



PO Box 4004
Bothell, WA 98041

MolinaHealthcare.com