



Molina Healthcare Washington Apple Health Behavioral Health Services Only

Enrollee Handbook **2025**

MolinaHealthcare.com



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

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

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

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

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

<https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>.

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

Civil Rights Unit

200 Oceangate, Long Beach, CA 90802

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

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

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

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

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

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

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Welcome

Welcome to Molina Healthcare and Washington Apple Health

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

Most Apple Health BHSO clients are enrolled with managed care. This means Apple Health pays your monthly premium for your coverage. Your coverage is for behavioral health services including mental health and substance use disorder treatment services. You must see providers who are in Molina Healthcare's provider network. You need pre-approval to see providers outside of your plan's network. Most services received outside of our service area will not be covered unless pre-approved.



Apple Health Medicare Connect plans are available to some Apple Health members. This is a special kind of Medicare Advantage plan for dual-eligible individuals that allows for care coordination between Medicare and Apple Health services. A dual-eligible individual has both Medicare coverage and Apple Health coverage. This includes physical and behavioral health care coverage. Molina Healthcare will get in touch with you in the next few weeks. You can ask us any questions you have and get help making appointments. If you have any questions, call us at 1-800-869-7165 (TTY: 711), 7:30 a.m.-6:30 p.m.

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

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

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

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

Call us if you need help understanding information or if you need it in other formats.

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

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



Important contact information

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

My health care providers

We suggest you write down the name and phone number of your providers for quick access. We will have the information on our website in our provider directory at MolinaProviderDirectory.com/WA. You can also call us and we will help.

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

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

How to use this handbook

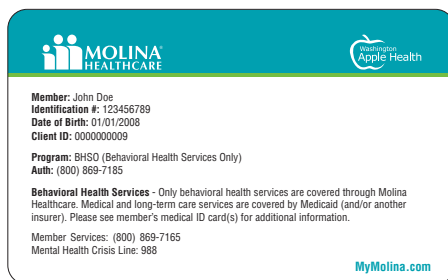
This is your guide to services. Use the table below to learn who to contact with questions.

If you have any questions about ...	Contact
<ul style="list-style-type: none"> • Changing or disenrolling from your Apple Health Behavioral Health Services Only (BHSO) plan page 10 • How to get Apple Health covered services not included through your plan page 11 • Your ProviderOne services card page 9 	<p>HCA:</p> <ul style="list-style-type: none"> • ProviderOne Client Portal: waproviderone.org/client • fortress.wa.gov/hca/p1contacus/ <p>If you still have questions or need further help, call 1-800-562-3022.</p>
<ul style="list-style-type: none"> • Covered services page 20 • Making a complaint page 29 • Appealing a decision by your health plan that affects your benefits page 31 	<p>Molina Healthcare at 1-800-869-7165 (TTY: 711) or go online to MolinaProviderDirectory.com/WA.</p>
<ul style="list-style-type: none"> • Your Behavioral Health Services (Mental Health or substance use disorder) page 20 • Referrals to specialists page 12 	<p>Your behavioral health provider. (If you need help to select a behavioral health provider, call us at 1-800-869-7165 (TTY: 711) or go online to MolinaProviderDirectory.com/WA.</p> <p>You can also call Molina Healthcare's 24-hour Nurse Advice Line, 7 days a week at 1-888-275-8750 (TTY: 711).</p>
<ul style="list-style-type: none"> • Changes to your account such as: <ul style="list-style-type: none"> • Address changes, • Income change, • Marital status, • Pregnancy, and, • Births or adoptions. 	<p>Washington Healthplanfinder at 1-855-WAFINDER (1-855-923-4633) or go online to: wahealthplanfinder.org.</p>
<ul style="list-style-type: none"> • How to report Fraud, Waste, and Abuse. 	<p>Washington State Health Care Authority</p> <ul style="list-style-type: none"> • Reporting Washington Apple Health eligibility fraud WAHEligibilityFraud@hca.wa.gov 1-360-725-0934 • Reporting Medicaid providers hottips@hca.wa.gov 1-833-794-2345 <p>Visit HCA's webpage for detailed information: hca.wa.gov/about-hca/other-administrative-activities/fraud-prevention</p> <p>Molina Healthcare AlertLine</p> <ul style="list-style-type: none"> • Phone Toll Free: 1-866-606-3889 or online at MolinaHealthcare.Alertline.com

Getting started

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

1. Your Molina Healthcare member ID card



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

care before your card comes. Your provider can also contact us to check eligibility.

2. Your ProviderOne services card

You will also receive a ProviderOne services card in the mail.

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

Your services card will include:

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



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

Using the ProviderOne services card

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

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

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

If you need a new ProviderOne services card

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

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

There is no charge for a new card. It takes 7-10 days to get the new card in the mail.

Changing behavioral health services plans

You have the right to change your Behavioral Health Services Only (BHSO) plan at any time. Your plan change may happen as soon as the month after you make your change. Make sure you are enrolled in the newly requested plan before you see providers in your new plan’s network.

There are several ways to change your health plan:

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

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

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

Using private health insurance and your Molina Healthcare coverage

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

Make sure your behavioral health care providers are in 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. This will help you avoid any out-of-pocket costs. If you are Medicare eligible, remember your doctor must bill Medicare first.

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

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

Contact Molina Healthcare right away if:

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



How to get behavioral health services

Behavioral health services and your primary care provider (PCP)

Behavioral health includes mental and substance use disorder (SUD) treatment services. Most behavioral health members already have a primary care provider (PCP) from another medical network like Medicare, private health insurance, Indian Health Center, or Apple Health without a managed care plan (also called fee-for-service). We will coordinate your behavioral health services with your PCP, if necessary. Call us at 1-800-869-7165 (TTY: 711) if you need help.

One of our behavioral health providers will take care of your behavioral health needs including mental health and substance use disorder treatment services. We will coordinate your behavioral health needs if you need counseling, testing, or need to see a behavioral health specialist.

How to get behavioral health services

If you need behavioral health services you can self-refer or ask a PCP or case manager for help. To find a behavioral health provider in Molina's network:

- Go to MolinaProviderDirectory.com/WA
 - Select "Just Browsing"
- Under "Plan/Program", select Apple Health Behavioral Health Services Only (BHSO), select "Continue"

You can also call Member Services or your PCP can refer you to a behavioral health specialist. Behavioral health services include care for mental health and substance use disorder treatment. There are some treatments and services that your PCP must ask Molina Healthcare to approve before you can receive them. This is called a "pre-approval" or "prior authorization." Your PCP will be able to tell you what services require this approval, or you can call Molina Healthcare to ask.

We will get you the care you need from a behavioral health specialist outside the Molina Healthcare network if we don't have one in network. We need to pre-approve any visits outside of our network.

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

You have the right to appeal if we deny this request and you disagree with our decision. This means you can ask us to have a different person review the request. See [page 31](#) for more information.

You are not responsible for any costs if your PCP or Molina Healthcare refers you to a specialist outside of our network and we give pre-approval.

Services you can get without a referral

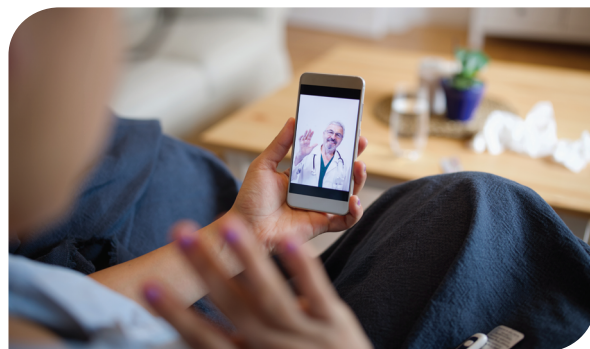
You do not need a referral from your PCP to see a provider in our network if you need:

- Behavioral health crisis response services including:
 - Crisis intervention
 - Evaluation and Treatment services
- Outpatient behavioral health services (see [page 20](#) for limitations)

Telehealth/Telemedicine

If supported by your provider, you can talk with your provider over the phone or the computer instead of an in-person appointment. This is known as telemedicine. Telemedicine (also referred to as telehealth) must be private, interactive, and real-time audio or audio and video communications.

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



Telehealth is a useful service when you are unable to travel to your behavioral health provider. Many clinics now offer this service and it is covered by Molina. Ask your provider if they offer online or phone appointments. Learn more at MolinaHealthcare.com/WA-Telehealth. You can also call Member Services at 1-800-869-7165 (TTY: 711).

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

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

- Long-term care services and supports,
- Substance Using Pregnant People (SUPP) Program, and
- Services for individuals with developmental disabilities.

You only need your ProviderOne services card to access these benefits. Your PCP or Molina Healthcare will help you access these services and coordinate your care. See [page 16](#) for more details on covered benefits. Call us if you have questions about benefits or services.

You must go to Molina Healthcare behavioral health providers and hospitals in Molina Healthcare's network.

You must use behavioral health providers who work with Molina Healthcare. We also have hospitals for you to use. You can request a directory with information about our providers and hospitals or visit your health plan's online provider directory. Directories include:

- The provider's name, location, and phone number.
- Specialty, qualifications, and medical degree.
- The languages spoken by those providers.
- Limits on patient types (adults, children, etc.).
- Whether they are accepting new patients.

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

Payment for behavioral health services

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

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

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

Quality Improvement programs

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

Molina Healthcare's Quality Improvement Program:

- Makes sure you have access to a qualified health care team.
- Reviews and acts if there is an issue with the quality of care that has been provided.
- Responds to and addresses the culturally and linguistically diverse needs of our members.
- Promotes safety in health care through education for our members and providers.
- Provides **Tips to Stay Healthy** to help members know what services are needed and when they need those services.
- Provides a **Guide to Getting 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 preventive and wellness screenings, diabetes management, prenatal and postpartum care for pregnancy, and immunizations for children.
- Offers surveys to our members to let us know their experience and satisfaction with the health plan and providers. One type of survey is called **CAHPS®** (Consumer Assessment of Healthcare Providers and Systems).

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

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

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

Utilization Management programs

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

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

How we evaluate new technology

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

Information for American Indians and Alaska Natives

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

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

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

Apple Health Medicare Connect

Apple Health Medicare Connect is a special kind of Medicare Advantage plan for dual-eligible individuals allowing care coordination between Medicare and Apple Health (Medicaid) services. A dual-eligible individual has both Medicare coverage and Apple Health coverage. If you are a dual-eligible client, Medicare is your primary coverage for your physical health care needs.

Apple Health will be your secondary coverage. Dual-eligible clients also have behavioral health coverage through an Apple Health Behavioral Health Services Only (BHSO) managed care plan.

You have the option to choose the same plan for your D-SNP and BHSO coverage if you live in a county that offers aligned enrollment. Aligned enrollment helps dual-eligible clients manage their physical and behavioral health services under one plan. This makes it easier to find a provider and coordinate your Medicare and Apple Health services.

Enrollment into Apple Health Medicare Connect follows the Medicare open enrollment timelines below:

- **Initial Enrollment Period.** When you first become eligible for Medicare, you can join a plan.
- **Open Enrollment Period.** From October 15 – December 7 each year, you can join, switch, or drop a plan. Your coverage will begin on January 1 (as long as the plan gets your request by December 7).
- **Medicare Advantage Open Enrollment Period.** From January 1 – March 31 each year, if you're enrolled in a Medicare Advantage Plan, you can switch to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. **Note:** You can only switch plans once during this period.

View the aligned enrollment map in the HCA's [service area guide](#) to see if alignment is available in your county.

What if I am an American Indian/Alaska Native?

Dual-eligible American Indian/Alaska Natives can:

- Enroll in an Apple Health BHSO, or
- Receive Apple Health behavioral health coverage without a plan.

There are advantages and disadvantages to each, depending on your individual circumstances. Tribal health clinic and urban Indian clinic staff are familiar with these options and can help you make your choice. Learn more about [Apple Health coverage for American Indian/Alaska Natives](#).

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

In an emergency

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

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

Behavioral health crisis

Examples of behavioral health emergency/crisis include when a person:

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

You can call the crisis lines below if you or someone you know is experiencing a behavioral health crisis.

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

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

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

County crisis line phone numbers

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

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

Expectations for when a health care provider will see you

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

- **Emergency care:** Available 24 hours a day, seven days a week.
- **Urgent care:** Office visits with your behavioral health provider or other provider within 24 hours.
- **Routine care:** Office visits with your behavioral health provider, or other provider within 10 days. Routine care is planned and includes regular provider visits for concerns that are not urgent or emergencies.

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

Prescriptions

Behavioral health prescriptions are not covered under your BHSO plan. Prescriptions are covered as part of your physical health benefits. Enrollees with Medicare Part D coverage will get their prescription coverage through their Medicare Part D plan. Call us with questions about your prescription drug coverage.



Your Benefits

Benefits covered by Molina Healthcare

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

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

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

Remember to call us at 1-800-869-7165 (TTY: 711) or check our provider directory at MolinaProviderDirectory.com/WA before you get behavioral health services. You can also ask your PCP to help you get the care you need.

General services and emergency care

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

Behavioral health

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

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

Family Youth System Partner Round Tables (FYSPRT)

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

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

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

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

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

- Substance Use Disorder (SUD)
- Behavioral Health Personal Care
- Residential Services, including but not limited to: Room and board in hospital diversion settings, substance use disorder and mental health residential settings or freestanding Evaluation and Treatment facilities
- High Intensity Treatment, including non-Medicaid Program of Assertive Community Treatment (PACT) services and support
- Urinalysis Testing
- Therapeutic Interventions for children
- Sobering Services
- Rehabilitation Case Management

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

Laboratory services

Service	Additional information
Laboratory services	Some services may require pre-approval.

Health care services for children

Children and youth under age 21 have a health care benefit called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT includes a full range of screening, diagnostic, and treatment services.

Some behavioral health benefits are covered through Molina Healthcare and some are by your Apple Health coverage without a managed care plan (fee-for-service). Call us with questions.

Screenings are covered directly by Apple Health and can help identify potential physical, behavioral health, or developmental health care needs which may require additional diagnostics and treatment.

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

These services aim to keep conditions from getting worse and 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.

Additional services we offer



Smartphone Assistance Program*

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

- Unlimited Talk
- Unlimited Text
- 4 GB of Data
- International Calling**

Molina is partnering with TruConnect on this assistance program.

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

**This benefit is for members eligible for the FCC's Lifeline and Affordable Connectivity Program (ACP) benefits.*

***Exclusive to Molina members: Select countries include Mexico, Canada, China, South Korea and Vietnam.*





Pyx Health App (help with loneliness and anxiety)

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

- Search "Pyx Health" in the Apple App Store or Google Play Store
- Go to HiPyx.com
- Call 1-855-499-4777 (TTY: 711)

For more information, visit MolinaHealthcare.com/MemberWA.



BeMe App (help navigating emotions)

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

Search "**BeMe**" app in the Apple App Store or Google Play Store and download, or you can scan this QR Code.



Molina Help Finder

Get help finding resources for such services as housing, job training, transportation, education and more. Visit MolinaHelpFinder.com.

Additional Care Coordination services we may offer

Transition out of incarceration

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

Transitional care coordination will be provided during incarceration and at least the first 30 days after incarceration or as needed upon member's release and may include but not limited to:

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

Additional care coordination services include ensuring there are no delays or gaps in care by expediting service authorizations and medications as needed. To learn more, join or disenroll from any of these programs, call the Health Management team at 1-866-891-2320 (TTY: 711) Monday–Friday, 6 a.m.–6 p.m. (PT).

Case management

Case management services are provided by nurses and social workers who help members manage chronic diseases and barriers that get in the way of self-care. Case managers can help by:

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

Molina Healthcare wants to get to know our members and offer case management services as soon as possible, to those who need it. A plan representative may suggest case management based on questions answered in your first health screening (Health Assessment) upon enrollment.

You may ask for case management services for yourself or a family member at any time. Others, such as health care providers, discharge planners, caregivers and medical management programs can also refer you to case management. Members enrolled in case management should expect to receive a call from our team during the first 60 days of enrollment to ask 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.

To learn more or disenroll from any of these programs, call the Health Management team at 1-866-891-2320 (TTY: 711).

Complex case management services

Complex case management is a service to help members with complex or multiple health care needs get care and services.

Case management services are provided by nurses and social workers who help members manage chronic diseases and barriers that get in the way of self-care. Case managers can help by:

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

Case managers help to coordinate your care with your goals in mind. A plan representative may suggest case management based on questions answered in your first health screening (Health Assessment) upon enrollment. You may ask for case management services for yourself or a family member at any time. Others, such as health care providers, discharge planners, caregivers and medical management programs can also refer you to case management. You must consent to case management services and can disenroll at any time. For any questions call 1-800-869-7165 (TTY: 711).

Health Home Program

What is a Health Home?

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

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

Who is eligible for Health Home services?

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

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

How does this affect your current coverage?

- Your current Apple Health benefits do not change, including appeal rights
- You can keep the providers you have
- Health Home care coordination services are voluntary additional benefits available at no cost to you



Apple Health services covered without a managed care plan

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

Call us if you have questions about a benefit or service not listed here. View the Apple Health coverage without a managed care plan booklet for a complete list of services: hca.wa.gov/assets/free-or-low-cost/19-065.pdf.

Service	Additional information
Ambulance services (Air)	All air ambulance transportation services provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Ambulance services (Ground)	All ground ambulance transportation services, emergency, and non-emergency, provided to Apple Health clients, including those enrolled in a managed care organization (MCO).
Crisis Services	<p>Crisis services are available to support you or someone you know. Call 911 for a life-threatening emergency or 988 for a behavioral health emergency. See page 18 for the numbers in your area.</p> <p>For the National Suicide Prevention Lifeline: Call or text 988 or call 1-800-273-8255, TTY Users (206) 461-3219.</p> <p>For mental health or substance use disorder crisis services by county, please call the Behavioral Health Administrative Services Organization (BH-ASO) crisis phone number. Crisis phone numbers by county can be found on page 18 or at hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-crisis-lines.</p>
First Steps Maternity Support Services (MSS), Infant Case Management (ICM), and Childbirth Education (CBE)	<p>MSS provides pregnant and postpartum individuals preventive health and education services in the home or office to help have a healthy pregnancy and a healthy baby.</p> <p>ICM helps families with children up to age one learn about, and how to use, needed medical, social, educational, and other resources in the community so the baby and family can thrive.</p> <p>CBE provides pregnant individuals and their support person(s) group classes taught by an approved HCA CBE provider. Topics include warning signs in pregnancy, nutrition, breastfeeding, birthing plan, what to expect during labor and delivery, and newborn safety.</p> <p>For providers in your area, visit hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care.</p>

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

Excluded services (not covered)

The following services are not covered by Apple Health BHSO or Apple Health without a managed care plan. If you get these services, you may have to pay the bill. If you have any questions, call us.

Service	Additional information
Alternative medicines	Religious based practices, faith healing, herbal therapy, or homeopathy
Marriage counseling and sex therapy	
Personal comfort items	
Services not allowed by federal or state law and its territories and possessions.	<p>U.S. Territories include:</p> <ul style="list-style-type: none"> • Puerto Rico • Guam • U.S. Virgin Islands • Northern Mariana Islands • American Samoa
Services provided outside of the United States	

Accessing your health information



My Molina mobile app

Download our member app and your health information will be in the palm of your hand. Easily find new providers, view your ID card, see your treatment plan and more!

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



MyMolina.com

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

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

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

Email: WaMemberServices@MolinaHealthcare.com

Fax: 1-877-814-0342

Mail: Molina Healthcare

Attention: Member Appeals

P.O. Box 4004

Bothell, WA 98041-4004

Grievances or complaints can be about:

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

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

Behavioral Health Advocates (previously called Ombuds)

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

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

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

Region	Counties	Behavioral Health Advocate
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	360-561-2257 Email: GreatRivers@OBHAdvocacy.org
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	509-808-9790 Email: GreaterColumbia@OBHAdvocacy.org
King	King	206-265-1399 Email: KingCounty@OBHAdvocacy.org
North Central	Chelan, Douglas, Grant, Okanogan	509-389-4485 Email: NorthCentral@OBHAdvocacy.org
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	360-528-1799 Email: NorthSound@OBHAdvocacy.org
Pierce	Pierce	253-304-7355 Email: PierceCounty@OBHAdvocacy.org
Salish	Clallam, Jefferson, Kitsap	360-481-6561 Email: Salish@OBHAdvocacy.org
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	509-655-2839 Email: SpokaneRegion@OBHAdvocacy.org
Southwest	Clark, Klickitat, Skamania	509-434-4951 Email: Southwestern@OBHAdvocacy.org
Thurston-Mason	Mason, Thurston	360-489-7505 Email: ThurstonMason@OBHAdvocacy.org

Important information about denials, appeals, and administrative hearings

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

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

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

You can request an appeal verbally or in writing. Send your written appeal request to Member Appeals, Molina Healthcare, P.O. Box 4004, Bothell, WA 98041-4004, via Fax 1-877-814-0342 or by email at WamemberServices@MolinaHealthcare.com. We can help you file your appeal. We can help you file your appeal. To request an appeal verbally, call us at 1-800-869-7165 (TTY: 711).

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

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

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

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

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

Submit the request for a hearing by:

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

Or

2. Writing to:

Office of Administrative Hearings

P.O. Box 42489

Olympia, WA 98504-2489

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

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

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

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

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

Email: WaMemberServices@MolinaHealthcare.com

Fax: 1-877-814-0342

Mail: Molina Healthcare

Attention: Member Appeals

P.O. Box 4004

Bothell, WA 98041-4004

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

- Call 1-844-728-5212,
Or
- Write to:
HCA Board of Appeals
P.O. Box 42700
Olympia, WA 98504-2700

Your rights

As an enrollee, you have a right to:

- Make decisions about your health care, including refusing treatment. This includes physical and behavioral health services.
- Be informed about all treatment options available, regardless of cost.
- Choose or change your PCP.
- Get a second opinion from another provider in your health plan.
- Get services in a timely manner.
- Be treated with respect and dignity. Discrimination is not allowed. No one can be treated differently or unfairly because of their race, color, national origin, gender, sexual preference, age, religion, creed, 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 behavioral health care.
 - All options for care and why you are getting certain kinds of care.
 - How to get help with filing a grievance or complaint about your care or help in asking for a review of a denial of services or an appeal.
 - Our organizational structure including policies and procedures, practice guidelines, and how to recommend changes.
- Receive plan policies, benefits, services and Members' Rights and Responsibilities at least yearly.

- Make recommendations regarding your rights and responsibilities as a Molina Healthcare member.
- Receive a list of crisis phone numbers.
- Receive help completing mental or medical advance directive forms.

Your responsibilities

As an enrollee, you agree to:

- Talk with your providers about your health and health care needs.
- Help make decisions about your healthcare, including refusing treatment.
- Know your health status and take part in agreed-upon treatment goals as much as possible.
- Give your providers and MolinaHealthcare complete information about your health.
- Follow your provider's instructions for care that you have agreed to.
- Keep appointments and be on time. Call your provider's office if you are going to be late or if you must cancel the appointment.
- Give your providers information they need to be paid for providing services to you.
- Bring your ProviderOne services card and Molina Healthcare member ID card to all of your appointments.
- Learn about your health plan and what services are covered.
- Use health care services when you need them.
- Use health care services appropriately. If you do not, you may be enrolled in the Patient Review and Coordination Program. In this program, you are assigned to one PCP, one pharmacy, one prescriber for controlled substances, and one hospital for non-emergency care. You must stay in the same plan for at least 12 months.
- Inform the HCA 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 Healthplanfinder at [wahealthplanfinder.org](https://www.wahealthplanfinder.org), and report changes to your account such as income, marital status, births, adoptions, address changes, and becoming eligible for Medicare or other insurance.

Advance directives

What is an advance directive?

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

- What kind of health care you do or do not want if:
 - You lose consciousness.

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

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

1. Durable power of attorney for health care. This names another person to make medical decisions for you if you are not able to make them for yourself.
2. 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 Molina Healthcare or HCA if your directive is not followed.

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

Mental health advance directives

What is a mental health advance directive?

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

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

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

How do I complete a mental health advance directive?

You can get a copy of the mental health advance directive form and more information on how to complete it at hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/mental-health-advance-directives.

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

Preventing fraud, waste, and abuse

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

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

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

Molina Healthcare AlertLine

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

Molina Healthcare Member Services

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

Molina Healthcare Compliance Officer

Molina Healthcare of Washington

Attn: Compliance Officer

P.O. Box 4004

Bothell, WA 98041-4004

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

We protect your privacy

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

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

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

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

- Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
 - o The information is related to the family or friend's involvement with your care or payment for that care; and you have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.
- The law allows HCA or Molina Healthcare to use and share your PHI for the following reasons:
 - o When the U.S. Secretary of the Department of Health and Human Services (DHHS) requires us to share your PHI.
 - o Public Health and Safety which may include helping public health agencies to prevent or control disease.
 - o Government agencies may need your PHI for audits or special functions, such as national security activities.
 - o For research in certain cases, when approved by a privacy or institutional review board.
 - o For legal proceedings, such as in response to a court order. Your PHI may also be shared with funeral directors or coroners to help them do their jobs.
 - o With law enforcement to help find a suspect, witness, or missing person. Your PHI may also be shared with other legal authorities if we believe that you may be a victim of abuse, neglect, or domestic violence.
 - o To obey Workers' Compensation laws.

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

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

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

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

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

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

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

Or:

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

Note: This information is only an overview. We are required to keep your PHI private and give you written information annually about the plan's privacy practices and your PHI. Please refer to your

Notice of Privacy Practices for additional details. You may also contact us at **(800) 869-7165 (TTY: 711), P.O. Box 4004, Bothell, WA 98041-4004, or e-mail us at MHWMemberServicesWeb@MolinaHealthcare.com** for more information.

