

MOLINA HEALTHCARE

# WASHINGTON **APPLE HEALTH**

INTEGRATED MANAGED CARE

ENROLLEE MEDICAL AND BEHAVIORAL HEALTH BENEFIT BOOK

**2020**



[MolinaHealthcare.com](http://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](mailto: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

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 ਤਾਜ਼ਾ ਧਵਿੰ ਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ 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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-869-7165 (TTY: 711).**

## Welcome to Molina Healthcare and Washington Apple Health



Welcome!

You are receiving this booklet because you recently enrolled in Washington Apple Health (Medicaid). Molina Healthcare works with Washington Apple Health to provide your coverage. This handbook will provide more detail about your covered benefits.

Most Apple Health clients have “managed care,” which means Apple Health pays a health plan a monthly premium for your coverage, which include preventive, primary, specialty, and other health services. Clients in managed care must see only providers who are in their plan’s provider

network to treat urgent or emergent care or unless prior authorized.

Molina Healthcare will get in touch with you in the next few weeks. You can ask us any questions you have, or get help making appointments. If you need to speak with us before we call you, our phone lines are open Monday through Friday from 7:30 a.m. to 6:30 p.m.

**If you do not speak English**, 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, call us at (800) 869-7165 (TTY 711). We will provide language assistance at no cost to you. We will find a way to talk to you in your own language.

We can also assist you in finding 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). Your provider is required to arrange for an interpreter to be at your appointments. Please let your health care provider know you need an interpreter when you schedule your appointment.

If you have any questions about our interpreter services program please visit our website at [MolinaHealthcare.com](http://MolinaHealthcare.com). You can also visit the HCA Interpreter Services website <https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/interpreter-services> or email HCA Interpreter Services at [INTERPRETERSVC@hca.wa.gov](mailto:INTERPRETERSVC@hca.wa.gov).

**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 at (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 800-869-7165 (TTY 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

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

## My Health Care providers

We suggest you write down the name and phone number of your doctors for quick access. We will have the information on our website in our provider directory at <https://providersearch.molinahealthcare.com/>. You can also call us and we will help.

Health Care Provider	Name	Phone Number
My Primary Care Provider is:		
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 (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 at: <http://www.hca.wa.gov/about-hca/rulemaking>.*

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## How to use this book

This handbook is your guide to services. When you have a question, check the list below for quick references and to see who can help.

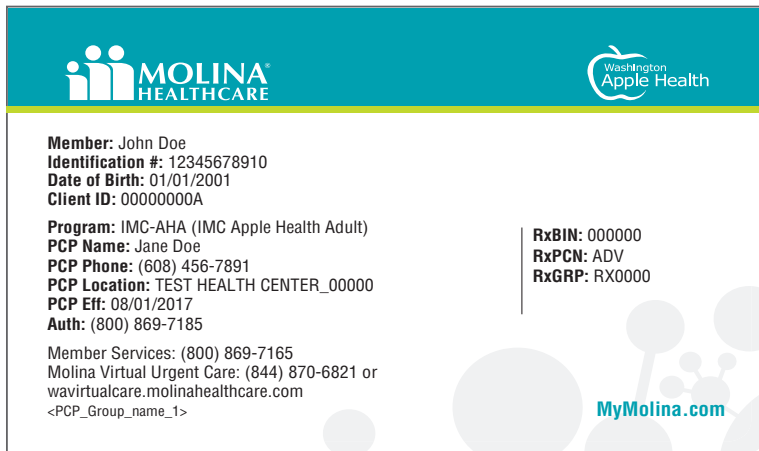
If you have any questions about ...	Contact ...
<ul style="list-style-type: none"> <li>• Changing or Disenrolling from your Apple Health managed care plan [Page 9]</li> <li>• How to get Apple Health covered services not included through your plan [Page 11]</li> <li>• Your ProviderOne Services card [Page 8]</li> </ul>	<p>HCA at:            ProviderOne Client Portal, available at:  <a href="https://www.waproviderone.org/client">https://www.waproviderone.org/client</a>            Or:  <a href="https://fortress.wa.gov/hca/p1contactus/">https://fortress.wa.gov/hca/p1contactus/</a>            If you still have questions or need further help, call toll-free 1-800-562-3022.</p>
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<ul style="list-style-type: none"> <li>• Changes to your account such as:               <ul style="list-style-type: none"> <li>• Address changes,</li> <li>• Income changes,</li> <li>• Marital status,</li> <li>• Pregnancy, and</li> <li>• Births or adoptions.</li> </ul> </li> </ul>	<p>Washington Health Benefit Exchange at 1-855-WAFINDER (1-855-923-4633) or go online to: <a href="https://www.wahealthplanfinder.org">https://www.wahealthplanfinder.org</a>.</p>



# Getting Started

You will need two cards to access services, your plan card and your services card.

## 1. Your Molina Healthcare ID card



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 get care. If you are eligible and need care before the card comes, contact us at (800) 869-7165 (TTY 711). Your provider can also contact us to check eligibility at any time.

## 2. Your ProviderOne Card

You will also receive a ProviderOne Services Card in the mail.



About seven to 10 days after you are found eligible for Apple Health coverage through [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org), you will receive a blue Services Card (also called a ProviderOne Services card) like the one pictured here.

**Keep this card. 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 ProviderOne Services card, please contact HCA for a new one. Each member of your household who is eligible for Apple Health will receive his or her own Services Card. Each person has their own ProviderOne client number.

## If you need a new ProviderOne Services Card

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](https://fortress.wa.gov/hca/p1contactus/Client_WebForm)
  - Select the topic "Services Card."
- Call the HCA Customer Service Center at 1-800-562-3022.

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

## Using the ProviderOne Services Card

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 you are enrolled in Apple Health.

## Changing health plans

You have the right to change your health plan at any time. Your new plan may start as soon as the first of the next month.

**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 switch your plan:

- Visit the Washington Healthplanfinder website [www.wahealthplanfinder.org](http://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](https://fortress.wa.gov/hca/p1contactus/Client_WebForm)
  - Select the topic “Enroll/Change Health Plans”
- Call the HCA Customer Service Center at 1-800-562-3022

**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

Some enrollees may also have private insurance. We may coordinate with your other insurance to help cover some 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,
- ProviderOne Services card, and
- 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

## 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.

In addition, one of our behavioral health providers will take care of your behavioral health needs including mental health services and substance use disorder (sometimes also called drug and alcohol use or substance abuse) treatment needs. If you need counseling, testing or need to see a behavioral health specialist, we will coordinate your behavioral health care needs.

## Setting your first PCP appointment



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

It is helpful for your PCP to know as much about your physical and behavioral health history as you can tell him or her. Remember to bring your ProviderOne Services card, Molina Healthcare and any

other insurance cards. Write down your health history. Make a list of any:

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

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

## 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. Discuss this with your PCP. Your PCP will request pre-approval from us with medical information to show us why you need this care. We must respond to your PCP within five days of the request. We will notify you of our decision no later than 14 days. If we deny this request and you disagree with our decision, you have the right to appeal. This means you can ask us to have a different person review the request. See [page 32 for appeals] for more information.

If your PCP or Molina Healthcare refers you to a specialist outside of our network, and we give prior authorization, you are not responsible for any of the costs. We will pay for them.

## 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:

- Crisis Response Services including:
  - Crisis intervention, and
  - Evaluation and treatment services
- Family planning services
- HIV or AIDS testing
- Immunizations
- Outpatient Behavioral Health Services (see page 18 for limitations)
- Sexually transmitted disease treatment and follow-up care
- Tuberculosis screening and follow-up care
- Women's health services, including:
  - Maternity services including services from a midwife, and
  - Breast or pelvic exams

## Telemedicine

Telemedicine (also called virtual care) is when a health care provider connects with you, over the phone or by video communication to diagnose and treat minor conditions like a cold, ear pain, or pink eye.



If you are not feeling well and are unable to visit your primary care provider (PCP), Molina brings health care to you – safely and securely – through Molina's virtual urgent care clinic at no cost\* to you.

You can talk to a doctor or nurse practitioner from your phone, smartphone or tablet 24/7.

Register today at [wavirtualcare.molinahealthcare.com](http://wavirtualcare.molinahealthcare.com) so you are ready to use the 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 this service to our Apple Health members in Washington State through contracted providers. Cell phone and internet rates may apply.*

## Apple Health services covered without a managed care plan (also called Fee-For-Service)

The Health Care Authority pays certain benefits and services directly even if you are enrolled in a health plan. These benefits include:

- Dental Services by a dental professional,
- 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 15 for more details on covered benefits. If you have any questions about a benefit or service listed here, call us.

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

You must use doctors and other medical and behavioral health 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](http://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, qualifications, and medical degree.
- Medical school attended, Residency completion, and Board Certification status.
- The languages spoken by those providers.
- Any limits on the kind of patients (adults, children, etc.) the provider sees.
- Identifying which PCPs are accepting new patients.

## **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 ProviderOne 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.

Providers should not ask you to pay for covered services. 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.

## **Quality Improvement Programs**

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

Yes, Molina's 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
- 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
- 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 preventive 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](https://MolinaHealthcare.com/WAQIProgram)

For member information on healthy living, visit: [MolinaHealthcare.com/WAHealthNewsletters](https://MolinaHealthcare.com/WAHealthNewsletters) or [MolinaHealthcare.com/StayingHealthy](https://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.

## 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 care by making decisions based on medical need, appropriateness, and whether it is a covered benefit. To make sure decisions are fair, we do not reward the staff who make these decisions for saying no. If you have questions about how these decisions are made, call (800) 869-7165 (TTY 711) Monday through Friday from 7:30 a.m. to 6:30 p.m.

## 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. 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.

If you are American Indian or Alaska Native, you may be able to get health care services through an Indian Health Service facility, tribal health care program or Urban Indian Health Program (UIHP) such as the Seattle Indian Health Board or NATIVE Project of Spokane. The providers at these clinics know your culture, community, and health care needs.

They will give you the care you need or refer you to a specialist. They may also help you with decisions you need to make about whether to choose a managed care plan or Apple Health coverage without a managed care plan (this is also called Apple Health fee-for-service). If you have questions about your health care or your health care coverage, your tribal or UIHP staff may be able to help you.

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

### In an emergency

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

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

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

### If you need urgent care

You may have an injury or illness that is not an emergency but needs urgent care. Contact us at (800) 869-7165 (TTY 711) to find urgent care facilities in our network or visit our website at [MolinaHealthcare.com](http://MolinaHealthcare.com). You can also call our 24-hour nurse line at (888) 275-8750 (TTY 711) for advice. Open seven days a week.

### If you need care after hours

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

You can also call our 24-hour nurse line and ask a nurse what to do.

**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 1-866-789-1511 or 206-461-3219 (TTY), [recovery@crisisclinic.org](mailto:recovery@crisisclinic.org) or go to <https://www.warecoveryhelpline.org>. Teens can connect with teens during specific hours: 866-833-6546, [teenlink@crisisclinic.org](mailto:teenlink@crisisclinic.org), [866teenlink.org](http://866teenlink.org).

## County crisis line phone numbers

You may call your local crisis line to request assistance for you or a friend or family member. See the county crisis number below:

Region	Counties	Crisis Lines
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	800-803-8833
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	888-544-9986
King	King	866-427-4747 or 206-461-3222
North Central	Chelan, Douglas, Grant, Okanogan	800-852-2923
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	800-584-3578
Pierce	Pierce	800-576-7764
Salish	Clallam, Jefferson, Kitsap	800-843-4793 or 360-479-3033
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	877- 266-1818
Southwest	Clark, Klickitat, Skamania	800-626-8137
Thurston-Mason	Mason, Thurston	800-270-0041 or 360-754-1338 Children's Crisis Services for Medicaid-enrolled children/youth through 20 years of age 360-480-5721

## 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, Behavioral Health Provider, Urgent Care Clinic, or other provider within 24 hours.
- **Routine care:** Office visits with your PCP, Behavioral Health Provider, or other provider within 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).

## Benefits covered by Molina Healthcare



This section describes services covered by Molina Healthcare. It is not a complete list of covered services. Check with your provider or contact us if a service you need is not listed. Or you may check our provider directory at <https://providersearch.molinahealthcare.com/>.

For some services, you may need to get a referral from your PCP and/or pre-approval from us before you get them, otherwise we might not pay for those services. Work with your PCP to make sure there is a prior authorization in place before you get the service.

## General Services and Emergency Care

Service	Additional Information
Emergency Services	Available 24 hours per day, 7 days per week anywhere in the United States.
Hospital, Inpatient and Outpatient Services	Must be approved by us for all non-emergency care.
Urgent Care	Use urgent care when you have a health problem that needs care right away, but your life is not in danger.
Preventive Care	
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. You may also visit the Department of Health at <a href="https://www.doh.wa.gov/youandyourfamily/immunization">https://www.doh.wa.gov/youandyourfamily/immunization</a> for further information.



Service	Additional Information
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).

## Pharmacy or 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 to 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.

Service	Additional Information
Pharmacy Services	Must use participating pharmacies. We use the Apple Health Preferred Drug List. Call us at 800-869-7165 (TTY 711) for a list of pharmacies.

## 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. Screenings can help identify potential physical, behavioral health or developmental health care needs which may require additional diagnostics and/or 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 can be aimed at keeping conditions from getting worse or slowing the pace of the effects of a child’s health care problem. EPSDT encourages early and continued access to health care for children and youth.

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

- Complete health and developmental history.
- A full physical examination, including lead screening as appropriate.
- 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 and oral health services by ABCD qualified PCP.
- Immunizations (shots).
- Mental health screening.
- Substance use disorder 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 covered health care services may require pre-approval. All non-covered services require pre-approval either from us, or from the State, if the service is offered through Apple Health without a managed care plan. Additional services include:

Service	Additional Information
Applied Behavioral Analysis (ABA)	Assists children age twenty (20) and younger with autism spectrum disorders and other developmental disabilities in improving their communication, social and behavioral skills
Autism Screening	Available for all children at 18 months and 24 months.
Chiropractic Care	Benefit is for children age twenty (20) and younger with referral from your PCP.
Developmental Screening	Screenings available for all children at 9 months, 18 months, and between 24 and 30 months.
Private Duty Nursing or Medically Intensive Children’s Program	Covered for children ages 17 and younger by us. Must be approved by us. For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (ALISA). See page 29 for contact information.

## Behavioral Health

You have access to mental health and substance use disorder treatment services. Together these services are called behavioral health services. With integrated managed care, we will coordinate your behavioral health services and your physical health services.

Behavioral health treatment is available through your benefit. To access these services, contact us at

(800) 869-7165 (TTY 711) or select a provider from our provider directory.

Service	Additional Information
Drug and Alcohol Treatment Services also referred to as Substance Use Disorder Treatment Services	Substance Use Disorder treatment services may include: <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Brief intervention and referral to treatment</li> <li>• Withdrawal management (detoxification)</li> <li>• Outpatient treatment</li> <li>• Intensive outpatient treatment</li> <li>• Inpatient residential treatment</li> <li>• Opiate substitution treatment services</li> <li>• Case management</li> </ul>
Medication Assisted Treatment	Medications used to treat substance use disorders. Call us at (800) 869-7165 (TTY 711) for specific details.
Mental Health, Inpatient Treatment	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.
Mental Health, Outpatient Treatment	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. Mental health services may include: <ul style="list-style-type: none"> <li>• Intake Evaluation</li> <li>• Individual treatment services</li> <li>• Medication management</li> <li>• Peer support</li> <li>• Brief intervention and treatment</li> <li>• Family treatment</li> <li>• Mental health services provided in a residential setting</li> <li>• Psychological assessment</li> <li>• Crisis Services</li> </ul>
Evaluation and treatment/Community Hospitalization	Freestanding Evaluation and Treatment

In addition to Behavioral Health services covered by Medicaid, Molina has limited “State General Funds – GFS” that can be used for members when the service is not covered by Medicaid. 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’s policies. GFS funds can be used for the following services if funds are available. The top priority services include:

- Room and Board associated with providing medically necessary residential services
- 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
- Urinalysis Testing
- Therapeutic Interventions for Children
- High Intensity Treatment, including non-Medicaid PACT services and supports
- Sobering Services

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

## Nutrition

Service	Additional Information
Nutritional Therapy	Covered for clients age twenty (20) and younger when medically necessary and referred by the provider after an EPSDT screening.
Enteral Nutrition (products and equipment)	Parenteral nutritional supplements and supplies for all enrollees. Enteral nutrition products and supplies for all ages for tube-fed enrollees. Oral enteral nutrition products for clients age twenty (20) and younger

## 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 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.

## Therapy

Service	Additional Information
Outpatient Rehabilitation (Occupational, Physical, and Speech Therapies)	<p>This is a limited benefit. Call us at (800) 869-7165 (TTY 711) for specific details.</p> <p>Limitations apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> <li>• Outpatient clinic</li> <li>• Outpatient hospital</li> <li>• The home by a Medicare-certified home health agency</li> <li>• When provided to children age twenty (20) and younger in an approved neurodevelopmental center. See: <a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf</a></li> </ul>
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.

## Specialty

Service	Additional Information
Antigen (Allergy Serum)	Allergy shots
Bariatric Surgery	Pre-approval required for bariatric surgery. Only available in HCA-approved Centers of Excellence.
Biofeedback Therapy	Limited to plan requirements
Chemotherapy	Some services may require pre-approval
Cosmetic Surgery	Only when the surgery and related services and supplies are provided to correct physiological defects from birth, illness, physical trauma, or for mastectomy reconstruction for post-cancer treatment.
Diabetic Supplies	Limited supplies available without pre-approval. Additional supplies are available with prior authorization.

Service	Additional Information
Dialysis	These services may require pre-approval
Hepatitis C Treatment	
Organ Transplants	Call us at (800) 869-7165 (TTY 711) for specific details.
Oxygen and Respiratory Services	Some services may require pre-approval
Podiatry	This is a limited benefit. Call us at (800) 869-7165 (TTY 711) for specific information.
Smoking Cessation	Covered for all clients with or without a PCP referral or pre-approval. Call our Quit-4-Life program at (866) 784-8454 (TTY 711) 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.

## Hearing and Vision

Service	Additional Information
Audiology Tests	Hearing tests
Cochlear Implant Devices and Bone Anchored Hearing Aid (BAHA) Devices	Benefit is for children age twenty (20) and younger.
Eye Exams	You must use our provider network. Call us for benefit information. 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 <a href="https://fortress.wa.gov/hca/p1findaprovider/">https://fortress.wa.gov/hca/p1findaprovider/</a> .
Hearing Exams and Hearing Aids	

## Family Planning/Reproductive Health

Service	Additional Information
Birth Control	See Family Planning Services
Contraceptives	See Family Planning Services
Family Planning Services	You can use our network of providers, or go to your local health department or family planning clinic.
HIV/AIDS Screening	You have a choice of going to a family planning clinic, the local health department, or your PCP for the screening.

## Health Education

Service	Additional Information
Health Education and Counseling	Examples: Health education for conditions such as diabetes and heart disease.

## Health Home

Service	Additional Information
Health Home	Provides additional help coordinating your care. Contact us to see if you are eligible.

## Durable Medical Equipment and Supplies

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

Service	Additional Information
Medical Equipment	Most equipment must get pre-approval. Call us at (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.

## Labs and X-rays

Service	Additional Information
Radiology and Medical Imaging Services	Some services may require pre-approval
Lab and X-ray Services	Some services may require pre-approval

## Women's Health and Maternity

Service	Additional Information
Breast Pumps	Some types may require pre-approval
Mammograms	
Maternity and Prenatal Care	
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 breastfeeding.

### Additional services we offer

#### MyMolina.com and Molina Mobile App



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

You can also download our member app. It is available in English and Spanish. The app gives you easy access to popular member tools from your smartphone or tablet. It lets you:

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

#### Health Promotion Programs

##### Stop Smoking Program

Smoking tobacco and e-cigarettes can be harmful to your health and the health of those around you. If you would like to quit, please call 1-866-QUIT-4-Life or 1-866-784-8454 or go to: [www.quitnow.net](http://www.quitnow.net) to learn more!

##### Weight Loss Program

Molina offers two programs to help lose and maintain weight loss. Molina's Weight Management program helps adults learn and make healthy lifestyle changes. Molina also offers Weight Watchers® to adults and children between the ages of 15-17 who qualify. Qualifying members get vouchers for Weight Watchers® for up to six months of in-person meetings and digital tools. Ask your provider to complete a Weight Watchers® referral form to get started. For information about this program, (888) 562-5442, ext. 142057.

##### text4baby

As a member of Molina, you will be able to 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](http://text4baby.org).



## Health Rewards Program



Molina gives members Amazon.com Gift Cards\* for getting important tests and screenings. See below for a list of reward-earning services for you and your family.

To get your gift card, take a Molina Healthcare Rewards Form to your provider appointment and they will process your form. If you do not have an incentive form, visit [MolinaHealthcare.com/WA-Medicaid-Wellness](http://MolinaHealthcare.com/WA-Medicaid-Wellness) or call our Member Services department at (800) 869-7165, TTY 711.

After your provider sends in the completed form, you will receive your Amazon.com Gift Card.

Service	Gift Card Amount	What To Do:
Well-Child Checkups for 15 Month Olds	\$50	Take your child in for 6 well-child visits in the first 15 months of life
2-Year-Old Child Immunizations	\$50	Make sure your child gets all required immunizations (shots) on or before turning 2 years old
Well-Child Checkups 3 to 6 Years of Age	\$50	Take your child in for a well-child checkup yearly at ages 3, 4, 5 and 6
Well-Child Checkups 7 to 11 Years of Age	\$25	Take your child in for a well-child checkup yearly at ages 7, 8, 9, 10 and 11
Adolescent Well-Care Visits for Ages 12 to 21	\$25	Make sure your teen/young adult gets one well-care visit each year during the ages of 12 – 21
Prenatal Visit	\$100	Visit your provider for prenatal care during the first 3 months of your pregnancy. If you are a new member: see your provider within 42 days of joining Molina.
Postpartum Visit	\$50	Visit your provider for postpartum care between 7-84 days after you have your baby
Breast Cancer Screening	\$50	Get a mammogram (women, ages 50-74)
Cervical Cancer Screening	\$50	Have a cervical cancer screening (women, ages 21-64)
Diabetes HbA1c Test	\$25	Get your HbA1c test during the year, with a result of less than 9 (diabetic members, ages 18-75)
Diabetes Eye Exam	\$50	Get your eye exam once a year (diabetic members, ages 18-75)

\*Health rewards can change without notice.

### How do I get my rewards?

- 1) Complete your (or your child's) needed services on time.
- 2) Ask your provider to fill out an incentive form to get gift card rewards for each service you or your child gets. These forms are on our website at [MolinaHealthcare.com](http://MolinaHealthcare.com). Make sure to fill in your email address.

- 3) Ask your provider to fax the incentive form to Molina at (800) 461-3234.
- 4) You will get an email from Molina when your Amazon.com Gift Card is ready.
- 5) Follow instructions in the email to redeem your gift card.

### **Important Information:**

- Apple Health members can get up to \$200 in total rewards every 12 months.
- Each reward can be received once a year. For example, a Diabetes A1C test should be completed every 3-6 months but you can receive only one \$25 reward each year.
- All forms must be faxed to Molina by January 31, 2020, for services you had done in 2019.
- Please allow 4-8 weeks to receive your Amazon.com Gift Card.

Questions?

Please call Member Services at (800) 869-7175, TTY: 711.

## **Additional Care Coordination Services We May Offer**

### **Complex Case Management Services**

Complex case management is a service to help members with complex or multiple health care needs to get care and services. 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. For any questions call (800) 869-7165 (TTY 711).

### **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](http://MyMolina.com) to complete the assessment.

Case Management also supports the following specialty programs for:

- Bariatric Surgery

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

**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)
- Hypertension
- Overweight and Obesity
- Congestive Heart Failure (CHF)

Go to our Molina member website for important information on how to manage these conditions.

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 the free Case Management and Disease Management programs, call Member Services at (888) 562-5442, ext. 147121.

## **Health Home Program (Care Coordination Services)**

### **What is a Health Home?**

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.

### **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.

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.

### 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 Services card. If you have a question about a benefit or service not listed here, call us.

Service	Additional Information
<b>Ambulance Services (Air)</b>	All air ambulance transportation services provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO).
<b>Ambulance Services (Ground)</b>	All ground ambulance transportation services, emergency and non-emergency, provided to Washington Apple Health clients, including those enrolled in a managed care organization (MCO).
<b>Crisis Services</b>	<p>Crisis services are available to support you, based on where you live. If there is a life-threatening emergency, please call 911. See page 14 for the numbers in your area.</p> <p>For the Suicide Prevention Life Line: 1-800-273-8255, TTY Users 1-800-799-4TTY (4889)</p> <p>For mental health or substance use disorder crises, please call the Behavioral Health Administrative Services organization (BH-ASO). Phone numbers can be found on page 14 above, or at:  <a href="https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines">https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines</a></p>
<b>Dental Services</b>	<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"> <li>• Online at <a href="https://www.hca.wa.gov/health-care-services-supports/apple-health-medicare-coverage/dental-services">https://www.hca.wa.gov/health-care-services-supports/apple-health-medicare-coverage/dental-services</a>, or</li> <li>• Call HCA at 1-800-562-3022.</li> </ul> <p>To find a provider that accepts Washington Apple Health online: <a href="https://fortress.wa.gov/hca/p1findaprovider/">https://fortress.wa.gov/hca/p1findaprovider/</a></p>

Service	Additional Information
<b>Eyeglasses and Fitting Services</b>	<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 21 and over - eyeglass frames and lenses are not covered by Apple Health, but if you wish to buy them, you can order them through participating optical providers at discounted prices. Visit this site: <a href="https://www.hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf">https://www.hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf</a>.</p>
<b>First Steps Maternity Support Services (MSS) and Infant Case Management (ICM)</b>	<p>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.</p> <p>For providers in your area, visit <a href="https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care">https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/first-steps-maternity-and-infant-care</a>.</p>
<b>Inpatient Psychiatric Care</b>	<p>Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.</p> <p>We cover medications associated with substance use disorder services.</p>
<b>Long-Term Care Services and Supports</b>	<p>See page 29 of this booklet.</p>
<b>Pregnancy Termination, Voluntary</b>	<p>Includes termination and follow-up care for any complications.</p>
<b>Sterilizations, age twenty (20) and under</b>	<p>Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.</p>
<b>Transgender Health Services</b>	<p>Services include surgical procedures and postoperative complications.</p>
<b>Transportation for Non-Emergency Medical Appointments</b>	<p>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 <a href="http://www.hca.wa.gov/transportation-help">http://www.hca.wa.gov/transportation-help</a>.</p>

## 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/](http://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](mailto: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](mailto:R1ServiceRequestB@dshs.wa.gov)

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

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

Region 3: Kitsap, Pierce - 800-735-6740 or email [R3ServiceRequestA@dshs.wa.gov](mailto: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](mailto: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 visit <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.

## 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	Additional Information
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	
Nonmedical Equipment	Such as ramps or other home modifications.

Service	Additional Information
Personal Comfort Items	
Physical Exams Needed for Employment, Insurance, or Licensing	
Services Not Allowed by Federal or State Law	
Services Provided Outside of the United States	
Weight Reduction and Control Services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.

## 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.
- The quality of your care or how you were treated.
- Any other problems you may 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.

## Ombuds

An Ombuds is a person who is an available option to provide free and confidential assistance with resolving concerns related to your behavioral health services. They can help if you have a behavioral health grievance, appeal, or fair hearing to resolve your concerns at the lowest possible level. The Ombuds is independent of your health plan. It is provided by a person who has had behavioral health services, or a person whose family member has had behavioral health services.

Use the phone numbers below to contact an Ombuds in your area:

Region	Counties	Ombuds
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum	In Cowlitz, Pacific and Wahkiakum Counties: 360-414-0237 In Lewis and Grays Harbor: 833-721-6011 or 360-266-7578



Region	Counties	Ombuds
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	833-783-9444 or 509-783-9444
King	King	800-790-8049 #3 or 206-477-0630
North Central	Chelan, Douglas, Grant, Okanogan	800-572-4459 ext. 237 or 509-886-0700 ext. 237
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	888-336-6164 or 360-416-7004
Pierce	Pierce	800-531-0508
Salish	Clallam, Jefferson, Kitsap	888-377-8174 or 360-692-1582
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	866-814-3409 or 509-477-4666
Southwest	Clark, Klickitat, Skamania	800-696-1401
Thurston-Mason	Mason, Thurston	800-658-4105 or 360-763-5793

## 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 medical 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 within 60 days of the date of denial. We can help you file an appeal. Your provider, Ombuds, 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 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.

We are required to receive your appeal in writing. Send it to us at: Molina Healthcare, Attention: Member Appeals, P.O. Box 4004, Bothell, WA 98041-4004, via Fax (877) 814-0342 or by email at [WAMemberServices@MolinaHealthcare.com](mailto:WAMemberServices@MolinaHealthcare.com). We can help you file your appeal. Call us at (800) 869-7165 (TTY 711).

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

**If it's urgent.** For urgent medical conditions, you or your 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, 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 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 the Health Care Authority will review your case.

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 ([www.oah.wa.gov](http://www.oah.wa.gov)) at 1-800-583-8271,

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: 1-888-201-1014.

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 the Health Care Authority'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 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. 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.

If you need help filing an IRO, please contact us at: [WAMemberServices@MolinaHealthcare.com](mailto:WAMemberServices@MolinaHealthcare.com), via Fax (877) 814-0342, or write to us at:

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

## Your responsibilities

As an enrollee, you agree to:

- Talk with your providers about your health and health care needs.

- Help make decisions about your health care, including refusing treatment.
- Know your health 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.
- Keep appointments and be on time. Call your provider's office if you are going to be late or if you have to cancel the appointment.
- Give your providers information they need to be paid for providing services to you.
- Bring your ProviderOne Services card and 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.
- 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, and becoming eligible for Medicare or other insurance.

## Advance Directives

### What is an advance directive?

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



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

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

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

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

## Mental Health Advance Directives

### What is a mental health advance directive?

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

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

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

### How do I complete a mental health advance directive?

You can get a copy of the 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>. A model "fill-in-the-blanks" form was included in the state law, and it is probably the best and easiest way to create a mental health advance directive.

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

## 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 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 Compliance AlertLine

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

## Member Services

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

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

## 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. 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 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 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 PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina member. You will need to make your request in writing. You may use Molina's form to make your request. In certain cases, we may deny the request. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.* If you would like to request a copy of your PHI, you may begin by calling Member Services:

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

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 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)**, **online at [MolinaHealthcare.com](http://MolinaHealthcare.com)**, **by email at [WAMemberServices@MolinaHealthcare.com](mailto:WAMemberServices@MolinaHealthcare.com)**, or **by mail at P.O. Box 4004, Bothell, WA 98041-4004** for more information.



PO Box 4004  
Bothell, WA 98041

[MolinaHealthcare.com](http://MolinaHealthcare.com)