



Molina Healthcare Washington **Apple Health** Managed Care

Enrollee Handbook **2023**

MolinaHealthcare.com





Your Extended Family.

**Non-Discrimination Notification
Molina Healthcare of Washington
Apple Health (Medicaid)**

Molina Healthcare of Washington, Inc. (“Molina”) complies with applicable Federal and Washington State civil rights laws that relate to health care services. Molina offers health care services to all members without regard to, and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual identity. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, citizenship or immigration status, families with children, 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
 - o Skilled sign language interpreters
 - o Written material in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Written material translated in your language
 - o 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 on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator at (866) 606-3889, or TTY, 711.

You can also email your complaint to civil.rights@molinahealthcare.com; or fax your complaint to (800) 816-3778. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

If you send by mail, please mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also file a civil rights complaint with:

The U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal. This is available at <https://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
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

The Washington State Office of the Insurance Commissioner electronically through the Office of the Insurance Commissioner Complaint portal. This is available at <https://www.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 <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.



Your Extended Family.

Non-Discrimination Tag Line– Section 1557
Molina Healthcare of Washington, Inc.
Apple Health (Medicaid)

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

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

- English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-869-7165 (TTY: 711).
- Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-869-7165 (TTY: 711).
- Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-869-7165 (TTY: 711)。
- Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-869-7165 (TTY: 711).
- Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-869-7165 (TTY: 711) 번으로 전화해 주십시오.
- Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-869-7165 (телетайп: 711).
- Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-869-7165 (TTY: 711).
- Ukrainian УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-869-7165 (телетайп: 711).
- Cambodian (Mon-Khmer) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នកមានសំណប់បំរើអ្នក។ 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 ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋ ተዋል። 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 ਰੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਵਿੱ ਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। 1-800-869-7165 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-869-7165 (TTY: 711).
- Laotian ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-869-7165 (TTY: 711).

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Welcome to Molina Healthcare and Washington Apple Health

Welcome!

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

Most Apple Health clients are enrolled with managed care. This means Apple Health pays your health plan a monthly premium for your coverage. Your coverage includes physical and behavioral health services like preventive, primary, specialty care, telemedicine, and other health services. You must see providers in Molina Healthcare's network. Most services received outside of our service area will not be covered unless pre-approved.

We will get in touch with you in the next few weeks. You can ask us any questions and get help making appointments. Our phone lines are open for any questions you have before we call you. Call us at 1-800-869-7165 (TTY: 711), Monday-Friday 7:30 a.m. to 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 be 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. 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 number	Website address
Molina Healthcare	Monday-Friday 7:30 a.m. to 6:30 p.m.	1-800-869-7165 TTY: 711	Molina Healthcare.com
Health Care Authority (HCA) Apple Health Customer Service	Monday – Friday 7 a.m. to 5 p.m.	1-800-562-3022 TRS: 711	hca.wa.gov/apple-health
Washington Healthplanfinder	Monday-Friday 8 a.m. to 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 on the Internet at: hca.wa.gov/about-hca/rulemaking.

How to use this handbook

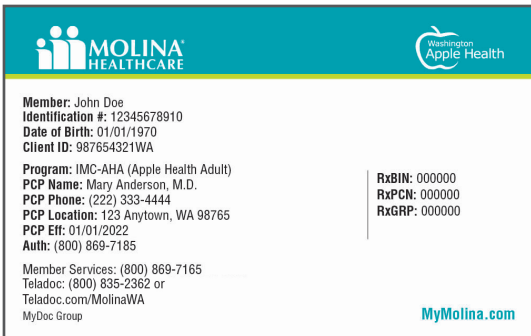
This is your guide to services. Use the table below to learn who to contact with questions.

If you have any questions about ...	Contact
<ul style="list-style-type: none"> Changing or disenrolling from your Apple Health managed care plan (Page 5) How to get Apple Health covered services not included through your plan (Pages 6-7) Your ProviderOne services card (Page 4) 	<p>HCA:</p> <ul style="list-style-type: none"> ProviderOne Client Portal: https://www.waproviderone.org/client https://fortress.wa.gov/hca/p1contactus/ <p>If you still have questions or need further help, call 1-800-562-3022.</p>
<ul style="list-style-type: none"> Choosing or changing your providers (Page 6) Covered services or medications (Page 13) Making a complaint (Page 37) Appealing a decision by your health plan that affects your benefits (Page 39) 	<p>Molina Healthcare at 1-800-869-7165 (TTY: 711) or go online to MolinaHealthcare.com.</p>
<ul style="list-style-type: none"> Your medical care (Page 6) Referrals to specialists (Page 7) 	<p>Your primary care provider (PCP). If you need help to select a primary care 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, open 7 days a week, at 1-888-275-8750 (TTY: 711).</p>
If you have any questions about ...	Contact
<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>

Getting started

You will need two cards to access services, your MolinaHealthcare 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 at 1-800-869-7165 (TTY: 711) or 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. HCA will not automatically send you a new one 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 and end in "WA". Confirm your coverage started or switch your health plan through the ProviderOne Client Portal at <https://www.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: <https://www.waproviderone.org/client>.
- Call the toll-free IVR line at 1-800-562-3022, follow the prompts.
- Request a change online: <https://fortress.wa.gov/hca/p1contactus/>.
 - Select "Client"
 - Use select topic drop down menu to choose "Services Card"

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

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

HCA pays for some benefits and services directly, even if you are enrolled in a health plan. These benefits include:

- Dental services by a dental professional,
- Eyeglasses for children (age 20 and younger),
- Long-term care services and supports,
- First Steps Maternity Support Services (MSS), First Steps Infant Case Management (ICM), childbirth education, prenatal genetic counseling, and pregnancy terminations, and
- Services for individuals 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 13](#) for more details on covered benefits. Call us if you have questions about a benefit or service listed here.

Changing health plans

You have the right to change your health plan at any time. Your plan change may happen as soon as the month after you make your change. Make sure your plan change has taken place before you see providers in your new plan's network.

There are several ways to switch your plan.

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

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 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 health care providers are in Molina Healthcare's provider network or willing to bill us for any co-pays, deductibles, or balances your private insurance does not cover. This will help you avoid out-of-pocket costs.

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 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)

It's important to choose a primary care provider (PCP). You can find your PCP's information on your member ID card. We will choose a PCP for you if you do not choose one. You can request a provider if you are already seeing a PCP or have heard about a provider you want to try. We can help you find a new PCP if the provider you would like to see is not in our network. You have the right to change health plans without interruption of care. This right is in HCA's Transition of Care policy.

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. You can choose a new PCP for you or your family any time at MolinaProviderDirectory.com/WA or call 1-800-869-7165 (TTY: 711).

Setting your first PCP appointment

Your PCP will take care of most of your health care needs. Services you can get include regular check-ups, immunizations (shots), and other treatments.

Make an appointment as soon as you choose a PCP to become a patient with them. This will help you get care when you need it.

It is helpful for your PCP to know as much about your physical and behavioral health history as possible. 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,
- Medications you take, and,
- Questions you want to ask your PCP.

Let your PCP know as soon as possible if you need to cancel an appointment.

How to get specialty care and referrals

Your PCP will refer you to a specialist if you need care they cannot give. Your PCP can explain how referrals work. Talk to your PCP if you think a specialist does not meet your needs. They can help you see a different specialist.

Your PCP must ask us for pre-approval or prior authorization before giving you some treatments and services. Your PCP can tell you what services require pre-approval or you can call us to ask.

We will get you the care you need from a specialist outside our network if we don't have one in network. We may 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.

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 38](#) 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
- Family planning services
- HIV or AIDS testing
- Immunizations
- Outpatient behavioral health services

- 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

Telehealth/Telemedicine

You can visit with your provider over the phone or the computer instead of an in-person appointment. This is known as telemedicine. Telehealth (also referred to as telemedicine) must be private, interactive, and real-time audio or audio and video communications. Virtual urgent care is also an option as part of your Apple Health coverage, more information can be found on [Page 28](#). You can share information with your provider and receive diagnosis and treatment in real time without being in the same place.



Molina Healthcare covers telehealth/telemedicine appointments whenever offered by our provider partners. Ask your provider if they offer online or phone appointments. Learn more at MolinaProviderDirectory.com/WA.

You must go to Molina Healthcare doctors, pharmacies, behavioral health providers, and hospitals

You must use physical and behavioral health providers who work with Molina Healthcare. We also have hospitals and pharmacies for you to use. You can request a directory with information about our providers, pharmacies, and hospitals. Directories include:

- The 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.

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

Payment for health care services

As an Apple Health client, you have no co-pays 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, such as 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.
 - It's important to 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 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 you correctly.

Quality Improvement programs

The Molina Healthcare Quality Improvement Program works to ensure that members get high quality care and useful service from its provider network and the 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 for 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 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 screenings, diabetes management, prenatal and postpartum care for pregnancy, and immunization for children.
- Offers surveys to our members to let us know their experience and satisfaction with the health plan and the 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/WAQIProgram.

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, 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 American Indian or Alaska Native, you may be able to get health care services through an Indian Health Service (IHS) 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 are knowledgeable and understand your culture, community, and health care needs. If you are connected or partnered with a Tribal Assister through an IHS facility, Tribal health program or UIHP, they can help you make your decision.



They will give you the care you need or refer you to a specialist. 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 need urgent care

You may have an injury or illness that is not an emergency but needs urgent care. Contact us at 1-800-869-7165 (TTY: 711) to find urgent care facilities in our network or visit our website at MolinaProviderDirectory.com/WA. If you have questions on whether to go to an urgent care facility call our 24-hour nurse line at 1-888-275-8750 (TTY: 711). This line is open seven (7) days a week.

If you need care after hours

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

Call our 24-hour nurse line and ask for assistance 1-888-275-8750 (TTY: 711). You can also contact your health plan's virtual care service via phone, smartphone, tablet, or computer.

Getting care 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 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.

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

Behavioral health crisis

Call your county crisis line below if you or someone you know is experiencing a mental health crisis.

- **For immediate help:** call 911 for a life-threatening emergency or 988 for a mental health emergency.
- **For immediate help with a mental health crisis or thoughts of suicide:** contact the [National Suicide Prevention Lifeline](https://www.nationalsuicideline.com) 1-800-273-8255 (TRS: 1-800-799-4889) or call or text 988. The line is free, confidential, and available 24/7/365. You can also dial 988 if you are worried about a loved one who may need crisis support.
- **Washington Recovery Help Line** is a 24-hour crisis intervention and referral line for those struggling with issues related to mental health, substance use disorder treatment services, and problem gambling. Call or text 1-866-789-1511 or 1-206-461-3219 (TTY), email recovery@crisisclinic.org or go to [warecoveryhelpline.org](https://www.warecoveryhelpline.org). Teens can connect with other teens during specific hours: 1-866-833-6546, teenlink@crisisclinic.org, or [866teenlink.org](https://www.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	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

Region	Counties	Crisis lines
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 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 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 30 days. Examples of preventive care include:
 - Annual physicals (also called check-ups),
 - Well-child visits,
 - Annual women’s health care, and
 - Immunizations (shots).

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

Benefits covered by Molina Healthcare

This section describes benefits and 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. You can view our benefits and services at MolinaHealthcare.com.

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. Have your provider request an exception to rule (ETR) if you need non-covered services.

You may need to get a referral from your PCP and/or pre-approval from Molina Healthcare before you get some services. If you don't have a referral or pre-approval, we may not pay for services. Work with your PCP to make sure there is a pre-approval in place before you get the service.

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 health problem that needs care right away, but your life is not in danger.
Preventive care	See page 12 .
Hospital inpatient rehabilitation (physical medicine)	Must be approved by us.
Immunizations/ vaccinations	Our members are eligible for immunizations from their PCP, pharmacy, or 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 doh.wa.gov/youandyourfamily/immunization for further information.
Skilled Nursing Facility (SNF)	Covered for short-term, medically necessary services. Additional services may be available. Call us at 1-800-869-7165 (TTY: 711).

Pharmacy or prescriptions

We use a list of approved drugs called the Apple Health Preferred Drug List (PDL), also known as a formulary. Your provider should prescribe medications to you that are on the PDL. You can call us and ask for:

- A copy of the PDL.
- Information about the group of providers and pharmacists who created the PDL.

- 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 PDL.

You must get your medications at a pharmacy in our provider network. This makes sure that your prescriptions will be covered. Call us for help finding a pharmacy near you.

Service	Additional information
Pharmacy services	Members must use participating pharmacies. We use the Apple Health PDL. Call us at 1-800-869-7165 (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 treatment.

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

These services aim to keep conditions from getting worse and lessen 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 check-up. Under age 3 are eligible for well-child check-ups according to the Bright Futures EPSDT schedule, and aged 3-20 are eligible for a well-child check-up every calendar year. A well-child check-up should include the following:

- Complete health and developmental history
- A full physical examination
- Health education and counseling based on age and health history
- Vision testing
- Hearing testing
- Laboratory tests
- Lead screening
- Review eating or sleeping problems



- Oral health screening and oral health services by an Access to Baby and Child Dentistry (ABCD) qualified PCP
- Immunizations (shots)
- Mental health screening
- Substance use disorder screening

When a health 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 specialist 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). All services, including non-covered, for children ages 20 and under must be reviewed for medical necessity.

Additional services include:

Service	Additional information
Autism screening	Available for all children at 18 months and 24 months.
Chiropractic care	For children 20 years of age and younger with referral from your PCP.
Developmental screening	Screenings available for all children at nine months, 18 months, and between 24 and 30 months.
Private Duty Nursing (PDN) or Medically Intensive Children’s Program (MICP)	<p>Covered for children ages 17 and younger. Must be approved by us.</p> <p>For youth ages 18 through 20, this is covered through Aging and Long-Term Support Administration (AL TSA). See page 34 for contact information.</p>

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
Applied Behavioral Analysis (ABA)	Assists individuals with autism spectrum disorders and other developmental disabilities in improving their communication, social and behavioral skills.
Substance use disorder (SUD) treatment services	SUD treatment services may include: <ul style="list-style-type: none"> • Assessment • Brief intervention and referral to treatment • Withdrawal management (detoxification) • Outpatient treatment • Intensive outpatient treatment • Inpatient and residential treatment • Case management
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. Includes freestanding Evaluation and Treatment (E&T).
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"> • Intake evaluation • Individual treatment services • Medication management • Peer support • Brief intervention and treatment • Family treatment • Mental health services provided in a residential setting • Psychological assessment • Crisis services
Medications for Opioid Use Disorder (MOUD)	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 specific details.

In addition to Behavioral Health services covered by Apple Health, 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 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).

Nutrition

Service	Additional information
Medical nutrition therapy	<p>Covered for clients 20 years of age and younger when medically necessary and referred by the provider.</p> <ul style="list-style-type: none"> • Includes medical nutrition therapy, nutrition assessment, and counseling for conditions that are within the scope of practice for a registered dietitian (RD) to evaluate and treat.
Enteral & parenteral nutrition	<p>Parenteral nutrition supplements and supplies for all enrollees.</p> <p>Enteral nutrition products and supplies for all ages for tube-fed enrollees. Oral enteral nutrition products for clients 20 years of age and younger for a limited time to address acute illness.</p>

Special health care needs or long-term illness

You may be eligible for additional services through our Health Home program or care coordination services if you have special health care needs or a long-term illness. This may include 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
<p>Outpatient rehabilitation (occupational, physical, and speech therapies)</p>	<p>This is a limited benefit. Call us at 1-800-869-7165 (TTY: 711) for specific details. Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home health agency <p>When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf</p>
<p>Habilitative services</p>	<p>Health care services that help you keep, learn, or improve skills and functioning for daily living that were not acquired due to congenital, genetic, or early-acquired health conditions. This is a limited benefit. Call us at 1-800-869-7165 (TTY: 711) for specific details.</p> <p>Limitations may apply whether performed in any of the following settings:</p> <ul style="list-style-type: none"> • Outpatient clinic • Outpatient hospital • The home by a Medicare-certified home infusion agency <p>When provided to children 20 years of age and younger in an approved neurodevelopmental center. See: doh.wa.gov/Portals/1/Documents/Pubs/970-199-NDCList.pdf</p>

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 (COE).
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 pre-approval.
Dialysis	These services may require pre-approval.
Hepatitis C Treatment	Any provider licensed to prescribe direct-acting antiviral medications is allowed to screen and treat Apple Health members. This includes primary care providers, substance use disorder treatment facilities, and others.
Organ transplants	Some organ transplants are covered by Apple Health without a managed care plan. Call us at 1-800-869-7165 (TTY: 711) for specific details.
Oxygen and respiratory services	Medically necessary oxygen and/or respiratory therapy equipment, supplies, and services to eligible enrollees.
Podiatry	This is a limited benefit. Call us at 1-800-869-7165 (TTY: 711) for specific information.
Smoking cessation	<p>Covered for all clients 18 years and older with or without a PCP referral or pre-approval. Call our Quit-4-Life program at 1-866-784-8454 (TTY: 711) or for more information visit quitnow.net or smokefree.gov.</p> <p>You can also contact Molina Healthcare to find out about our Molina My Health – Tobacco Cessation Program. Contact our Health Management Department at (866) 891-2320 (TTY: 711).</p>
Transgender health services	Services related to transgender health and the treatment of gender dysphoria include hormone replacement therapy, puberty suppression therapy, and mental health services. These services may require prior authorization.
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 screening test.
Cochlear implant devices and Bone Anchored Hearing Aid (BAHA) Devices	Benefit is for children 20 years of age and younger. Replacement parts for all individuals who already have implant.
Eye exams & eyeglasses	<p>You must use our provider network. Call us for benefit information.</p> <p>For children 20 years of age and under, eyeglasses and hardware fittings are covered. You can find eyewear suppliers at: https://fortress.wa.gov/hca/p1findaprovider/.</p> <p>For adults in need of eyeglasses at a reduced cost you can purchase eyeglass frames and lenses through participating optical providers. Find a list of participating providers at: hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicare.pdf.</p>
Hearing exams and hearing aids	<p>Exams are covered benefit for all individuals</p> <p>Hearing aids are available for:</p> <ul style="list-style-type: none"> • Children 20 and under • Adults who meet program criteria <p>Monaural hearing aids including:</p> <ul style="list-style-type: none"> • Fitting • Follow up • Batteries

Family planning/reproductive health

Service	Additional information
Family Planning Services, including birth control, and contraceptives	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.
After-Pregnancy Coverage (APC)	If you are enrolled in Apple Health coverage and are pregnant, you can receive up to 12 months of postpartum coverage once your pregnancy ends. Learn more at hca.wa.gov/apc .

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 1-800-869-7165 (TTY: 711) for specific details.
Medical supplies	Most supplies must get pre-approval. Call us at 1-800-869-7165 (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	<p>Some services may require pre-approval.</p> <p>Limitations shown below are for outpatient diagnostic services only:</p> <ul style="list-style-type: none"> • Drug screens only when medically necessary and: <ul style="list-style-type: none"> • Ordered by a physician as part of a medical evaluation; or • As substance use disorder screening required to assess suitability for medical tests or treatment. <p>Portable x-ray services furnished in the enrollee's home or a nursing facility are limited to films that do not involve the use of contrast media.</p>

Women's health and maternity

Service	Additional information
Breast pumps	Some types may require pre-approval.
Women's health care	Routine and preventive health care services, such as maternity and prenatal care, mammograms, reproductive health, general examination, contraceptive services, testing and treatment for sexually transmitted diseases, and breast-feeding.

Additional services we offer

Molina Help Finder

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

24-Hour Nurse Advice Line

Call anytime, day or night, to speak with a registered nurse.

1-888-275-8750 English and other languages

TTY: 711 Deaf and hard of hearing

Text4baby

You can sign up for free text messages on prenatal care, baby health, raising your child and more. Sign up by texting “BABY” to 511411 or go to text4baby.org. Cell phone and internet rates may apply. [This resource is available to all Apple Health members in Washington state.]

90-day prescription refills

Save time by getting a 90-day refill on select long-term medications. [This resource is available to all Apple Health members in Washington state.]

DentistLink

Connect to a local dentist who accepts Apple Health coverage at dentistlink.org. [This resource is available to all Apple Health members in Washington state.]

Amazon Prime discount

Enjoy Amazon Prime at a discounted rate and receive such things as free shipping and streaming service. Learn more at Amazon.com. [This benefit available to all Apple Health members Washington state.]

Health Management Programs

Molina Healthcare provides programs to help you and your family in better understanding your health conditions. You may receive a call from a case manager (nurse, registered dietician or health educator) who can provide you with education and support based on your health care needs. Health education materials can also be sent to you based on goals set by you and your case manager.

How do I enroll?

To join a program, you must meet certain requirements. Members who meet the requirements are enrolled automatically.

Molina Healthcare uses the following information to identify members for our [Health Management](#) programs:

- Claims
- Pharmacy
- Other health management programs
- You can refer yourself to a program, or your provider may refer you. It’s up to you if you want to be in a program. You can ask to be removed at any time.

The programs, available to you at no cost, include:



Molina My Health – Tobacco Cessation Program

Adult members, age 18 and older, who are ready to try and quit tobacco use will work directly with a trained Health Educator to:

- Make an individualized tobacco cessation plan of care
- Get support throughout the quit process

Other resources to help you quit smoking:

- Quit for Life®: Call 1-866-QUIT-4-LIFE (or 1-866-784-8454), or visit quitnow.net
- Smokefree.gov



Molina My Health – Weight Management Program

For adult members, age 18 and older, who are interested in losing weight (except for those scheduled for bariatric surgery). A Case Manager will:

- Work together with you to develop a weight management plan of care
- Make sure the plan of care is individualized to meet your needs
- Help you reach your weight loss goals



Molina My Health – Nutrition Consult Program

Molina offers a Nutrition Consultation Program to support your nutrition health needs. A Registered Dietitian will work closely with you to:

- Understand your health concerns
- Work together with you to develop an individualized plan of care
- Provide you with tools and aids to better self-manage your health condition



Molina My Health – Living with Asthma

For child and adult members, age 2 and older, who have a diagnosis of asthma. A Case Manager will help you:

- Understand and identify your symptoms
- Avoid triggers that increase symptoms
- Understand your prescribed asthma medications



Molina My Health – Living with Diabetes

For adult members, age 18 and older, who have a diagnosis of diabetes. Members will work with their Case Manager and learn about:

- Healthy eating
- The importance of checking your blood sugar and knowing your hemoglobin A1c level
- The value of daily activity
- Following the diabetes self-management plan outlined by your doctor



Molina My Health – Living with Heart Failure

For adult members, age 18 and older, who have a diagnosis of heart failure. Members will learn from their Case Manager about:

- Heart-healthy eating
- Monitoring your weight
- Reporting symptom changes to the doctor
- The importance of daily activity and taking medications as prescribed



Molina My Health – Living with Depression

For adult members, age 18 and older, who either have a diagnosis of depression or may be having symptoms of depression. The program is designed to:

- Promote early identification of symptoms
- Provide education, guidance and support
- Teach life coping skills
- Share available services, treatment options and community support



Molina My Health – Living with COPD

For adult members, age 35 and older, who have a diagnosis of COPD. Members will learn from their Case Manager about:

- Breathing exercises
- Planning and pacing activities
- Oxygen-related safety measures
- The importance of taking medications as prescribed



Molina My Health – Living with Hypertension

For adult members, age 18 and older, who have a diagnosis of high blood pressure. Members will learn from their case manager about:

- Heart-healthy eating
- Monitoring blood pressure
- The importance of daily activity
- The importance of taking medications as directed

Value-Added Benefits (VAB)

Value-added benefits (VAB) are offered by Molina Healthcare and are in addition to your Apple Health benefits. These can give you more options for care and address social determinants of health. VABs are voluntary and are no cost to you.

Free Smartphone and Service

If you need a smartphone and unlimited data plan, we can help you! Qualifying members can get this Molina exclusive smartphone and service plan, at no cost to you, that includes:

- Android™ Smartphone
- Unlimited Data
- Unlimited Talk
- Unlimited Text
- International Calling**



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

Molina is partnering with TruConnect on this assistance program.

****Select countries including Mexico, Canada, China, South Korea Vietnam**

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

Health Rewards Program



Molina rewards members with gift cards* for completing select wellness screenings such as immunizations and prenatal care. To see a list of reward-earning services for you and your family, visit MolinaHealthcare.com/WA-Medicaid-Wellness.

Molina makes it easier than ever to get your health rewards. Simply give us your appointment details and we will confirm the details and get a gift card to you!



How do I get my rewards?

1. Complete eligible services for you (or your child's) on time.
2. Print out a Molina Member Reward Form. These forms are on our website at MolinaHealthcare.com/WA-Medicaid-Wellness.
3. Fill out the form completely, then send it back to us in any of the following ways:

Mail: Molina Healthcare

Attn: Quality Team

P.O. Box 4004

Bothell, WA 98041-4004

Email: MHW_QI_Interventions@MolinaHealthcare.com

Fax: Attention Molina Quality Team at 1-800-461-3234

Phone: Call us at 1-866-325-5173 and leave a message with the details of the visit you completed.

Important Information:

- Apple Health members can get up to \$200 in total rewards every calendar year.
- 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 reward requests should be submitted to Molina Healthcare by January 31, 2024, for services you completed in 2023.
- A copy of the immunization record is required in order to process immunization rewards.

Questions?

Please call Member Services at: 1-800-869-7165 (TTY: 711)

*Health rewards can change without notice. Restrictions apply.

Boys & Girls Club Membership



Molina covers the annual membership fee*** for Apple Health members, ages 6-18, at Boys & Girls Clubs in Washington State. Your child gets access to:

- Free access during open hours; after school open as late as 7:30 p.m.
- Summer Club access
- Free after-school programs focused on healthy lifestyles, fitness and homework support
- Most clubs provide a free snack or a meal
- Some clubs may provide free transportation from your child's school to the Club
- And so much more!



Visit your local Boys & Girls Club and show your Molina Member ID Card to sign up. You can also visit [Washingtonclubs.org/locations](https://www.washingtonclubs.org/locations) to find a club near you!

***Boys & Girls Club membership benefit covers the annual membership fee only, some Clubs assess monthly participation fees, which are the responsibility of the member. Additional scholarships may be available, please inquire with your local Boys & Girls Club.

Medically Tailored Meals from FarmboxRx



Molina now offers FarmboxRx meals and post-discharge support services to eligible members while you recover:

- Up to 28 chef-prepared, healthy meals after an inpatient hospital stay
- Two meals a day for one week, for up to two weeks
- Quality meals
- Food that is ready-to-eat in just 2-3 minutes
- No prep required!



For more information, talk with your Molina Transitions of Care coach after an inpatient stay.

Virtual Urgent Care

If you are not feeling well and are unable to visit your primary care provider (PCP), Molina Healthcare brings care to you – safely and securely – through virtual urgent care via Teladoc at no cost to you*. With virtual urgent care, you can talk to a board-certified doctor from your phone, smartphone, tablet or computer 24/7.



Register for the service today so that you are all set up.

- Go to teladoc.com/molinawa
- Call 1-800-835-2362 (TTY: 711)
- Download the Teladoc app: teladoc.com/mobile

Translation services available.

For emergencies call 911.

IMPORTANT NOTE: You must register for Teladoc, even if you have signed up for Molina Healthcare virtual urgent care in the past.

*Molina offers this service at no cost to our Apple Health members in Washington state through contracted providers. Cell phone and internet rates may apply.

Behavioral Health Virtual Services

Options for Virtual Mental Health Services

In Washington state, Molina offers an online support program for adult members (age 18+) suffering from behavioral health and substance/opioid use disorder in partnership with Bright Heart Health that uses a team approach to provide care such as:

- Mental Health Services
- Eating Disorder Treatment
- Chronic Pain Services
- Substance Use Disorder Treatment including medication-assisted treatment (MAT).

Members can meet doctors, therapists, dietitians, wellness coaches, case managers and other care team members through two-way video conferencing (not in a clinic or office) using a smartphone, tablet or computer. All program staff are part of Bright Heart Health.

The treatment program includes:

- Prescription medication
- Virtual counseling
- Recovery and peer support

- Molina case managers are available to help participating members one-on-one with ongoing support and coordination of health-related services.

Contact Molina's provider partner Bright Heart Health at 1-800-892-2695 or enter the virtual clinic at brighthousehealth.com/contact-us.

For emergencies, call 911.

Options for Virtual Substance Use Disorder Services

- **Boulder Care**

Boulder Care provides online care for substance use disorder, specifically alcohol and opioid use disorder for adults age 18+. Care providers collaborate to coordinate care and provide services such as medical care and peer recovery coaching.

Contact Molina's provider partner Boulder Care at 1-866-840-2427 or visit boulder.care for more information.

- **Bright Heart Health**

Bright Heart Health provides an online program for opioid use disorder for adults ages 18+. The treatment program includes prescription medication, counseling, peer support and care coordination.

Contact Molina's provider partner Bright Heart Health at 1-800-892-2695 or visit brighthousehealth.com for more information.

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)

Care Coordination

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 managers help 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 can ask for case management services for yourself or a family member at any time. 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 1-800-869-7165 (TTY: 711).

Additional Care Coordination services we may offer

Transition out of incarceration

With support from our Community Connectors, find housing, transportation, school, work and more.

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. Members enrolled in Case Management should expect to receive a call from our 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 you. You can fill it out and mail it back in the included envelope (no postage needed), call us back, or go online at [MyMolina.com](https://www.mymolina.com) to complete the assessment.

Case Management also supports the following specialty programs for:

- Bariatric Surgery
- Applied Behavioral Analysis (ABA) Therapy
- Transgender Health Services
- Children with Special Healthcare Needs
- Transplant
- Providing education, resources, and support to help members better understand their condition

For more information about Case Management services, please call Member Services at 1-800-869-7165 (TTY: 711).

Health Home Program

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
- Support for your chronic conditions and assistance in meeting your health goals

How does joining the Health Home program affect my 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 covers some other services that are not covered under a managed care plan (also known as fee-for-service). 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. You will need to use your ProviderOne services card for all services.

Call us with 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
Abortion services	<p>Apple Health fee-for-service covers:</p> <ul style="list-style-type: none"> • Medication abortion, also known as the abortion pill. • Surgical abortion, also called in-clinic abortion. <p>Clients enrolled in an Apple Health managed care organization (MCO) may self-refer outside their MCO for abortion services.</p> <p>Includes follow-up care for any complications.</p>
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, based on where you live. Call 911 for a life-threatening emergency or 988 for a mental health emergency. See page 11 for the numbers in your area.</p> <p>For National the Suicide Prevention Lifeline: Call or text 988 or call 1-800-273-8255, TTY Users 1-206-461-3219.</p> <p>For mental health or substance use disorder crises, please call the Behavioral Health Administrative Services organization (BH-ASO). The BH-ASOs support crisis services for Washington residents regardless of Apple Health eligibility. Phone numbers can be found on page 11, above, or at: hca.wa.gov/mental-health-crisis-lines.</p>
Dental services	<p>Contracted services include:</p> <ul style="list-style-type: none"> • Prescriptions written by a dentist. • ABCD Services provided by an ABCD certified provider. • Medical/surgical services provided by a dentist. • Hospital/Ambulatory Surgery Center facility charges. <p>All other dental services are covered by Apple Health without a managed care plan. Learn more:</p> <ul style="list-style-type: none"> • Online at hca.wa.gov/dental-services, or • Call HCA at 1-800-562-3022. <p>To find a provider that accepts Apple Health online:</p> <ul style="list-style-type: none"> • DentistLink.org, or • https://fortress.wa.gov/hca/p1findaprovider/

Service	Additional information
Eyeglasses and fitting services	<p>For children 20 years of age and younger - eyeglass frames, lenses, contact lenses, and fitting services are covered by Apple Health coverage without a managed care plan.</p> <p>For adults 21 years of age 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: hca.wa.gov/assets/free-or-low-pdf.</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 when 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>
Inpatient Psychiatric Care for children (Children's Long-term Inpatient Program (CLIP) for ages 5 to 17 years of age)	Must be provided by Department of Health (DOH) certified agencies. Call us for help in accessing these services.
Long-Term Care Services and Supports (LTSS)	See page 34 of this booklet.
Sterilizations, age 20 and under	Must complete sterilization form 30 days prior or meet waiver requirements. Reversals not covered.
Transgender health services	Services include surgical procedures, post-operative complications, and electrolysis or laser hair removal in preparation for bottom surgery. Prior authorization is required. For prior authorization call 1-800-562-3022 or email transhealth@hca.wa.gov .
Transportation for non-emergency medical appointments	Apple Health pays for transportation services to and from needed non-emergency health care appointments. Call the transportation provider (broker) in your area to learn about services and limitations. Your regional broker will arrange the most appropriate, least costly transportation for you. A list of brokers can be found at hca.wa.gov/transportation-help .

Long-term services and supports (LTSS)

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.

LTSS

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 – 1-509-568-3767 or 1-866-323-9409

REGION 2N – Island, San Juan, Skagit, Snohomish, and Whatcom – 1-800-780-7094; Nursing Facility Intake

REGION 2S – King – 1-206-341-7750

REGION 3 – Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum – 1-800-786-3799

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, visit 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: Asotin, Chelan, Douglas, Ferry, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Whitman – 1-800-319-7116 or email R1ServiceRequestA@dshs.wa.gov

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

Region 2N: Island, San Juan, Skagit, Snohomish, Whatcom – 1-800-567-5582 or email R2ServiceRequestA@dshs.wa.gov

Region 2S: King – 1-800-974-4428 or email R2ServiceRequestB@dshs.wa.gov

Region 3: Kitsap, Pierce – 1-800-735-6740 or email R3ServiceRequestA@dshs.wa.gov

Region 3: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum – 1-888-707-1202 or email R3ServiceRequestB@dshs.wa.gov

Early learning programs

Department of Children, Youth, and Families (DCYF) provides services and programs for children under the age of five.

Early Childhood Education and Assistance Program (ECEAP) and Head Start are Washington’s pre-kindergarten programs that prepare three and four-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 dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart.



Early Support for Infants and Toddlers (ESIT) services are designed to enable children birth to three with developmental delays or disabilities to be active and successful during the early childhood years and in the future in a variety of settings. Settings may include their homes, childcare, preschool or school programs, and in their communities. For more information visit 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 dcyf.wa.gov/services/child-development-supports/home-visiting.

Early Childhood Intervention and Prevention Services (ECLIPSE) serves children birth to five 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 dcyf.wa.gov/services/early-learning-providers/eceap.

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

Excluded services, and Noncovered services (not covered)

The following services are not covered by Apple Health, or Apple Health without a managed care plan. If you get any of these services, you may have to pay the bill. Call Molina Healthcare with any questions or to see if there is a Value-Added Benefit option for a service that is not covered.

Service	Additional information
Alternative medicines	Acupuncture, religious based practices, faith healing, herbal therapy, homeopathy, massage, or massage therapy.
Chiropractic care for adults (21 and over)	
Elective cosmetic or plastic surgery	Including face lifts, tattoo removal, or hair transplants.

Service	Additional information
Diagnosis and treatment of infertility, impotence, and sexual dysfunction	
Marriage counseling and sex therapy	
Nonmedical equipment	Such as ramps or other home modifications.
Personal comfort items	
Physical exams needed for employment, insurance, or licensing	
Services not allowed by federal or state law and its territories and possessions	U.S. Territories include: <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	
Weight reduction and control services	Weight-loss drugs, products, gym memberships, or equipment for the purpose of weight reduction.

Accessing your health information



My Molina mobile app

Molina Healthcare has a mobile app that you can download (in English or Spanish). The app gives you easy access to helpful member information 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!

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



If you need help, please call Molina Healthcare at 1-800-869-7165 (TTY: 711).



MyMolina.com

If you prefer to use a desktop computer, visit [MyMolina.com](https://www.mymolina.com), our secure website for members, 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 1-877-644-4613 (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.

Ombuds

An Ombuds is a person who is available 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	1-800-803-8833 or 360-561-2257
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	1-888-544-9986 or 509-808-9790
King	King	1-866-427-4747 or 206-265-1399
North Central	Chelan, Douglas, Grant, Okanogan	509-389-4485 or 1-800-852-2923
North Sound	Island, San Juan, Skagit, Snohomish, Whatcom	1-800-584-3578 or 360-528-1799
Pierce	Pierce	1-866-427-4747 or 253-304-7355
Salish	Clallam, Jefferson, Kitsap	1-888-910-0416 or 360-481-6561
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	1-877-266-1818 or 509-655-2839
Southwest	Clark, Klickitat, Skamania	1-800-626-8137 or 509-434-4951
Thurston-Mason	Mason, Thurston	1-800-270-0041 or 360-489-7505

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. This is called an appeal. We will help you file an appeal.

An appeal is when you ask us to review your case again. You may appeal a denied service. You may call or write to let us know, but you must inform us of your appeal within 60 calendar days of the date of denial. We can help you file an appeal. Your provider or someone else may appeal for you if you sign to say you agree to the appeal. You only have 10 calendar 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 calendar days. In most cases we will review and decide your appeal within 14 calendar days. We must tell you if we need more time to make a decision. An appeal decision must be made within 28 calendar days.

You can request an appeal verbally or in writing. Send 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. 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 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 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. 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. We must mail a written notice within two 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.

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.

If you need help filing an IRO, please contact Molina Healthcare:

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 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 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 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, 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. Health care directive (living will). This written statement tells people whether you want treatments to prolong your life.
3. Organ donation request.

Talk to your 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 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 mental health advance directive form and more information on how to complete it at hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-advance-directives.

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

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 Compliance AlertLine

- Phone Toll Free: 1-866-606-3889
- Online: MolinaHealthcareAlertLine.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

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 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 certain circumstances.

- Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:
 - The information is directly related to the family or friend's involvement with your care or payment for that care; and you have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.
- The law allows HCA or Molina Healthcare to use and share your PHI for the following reasons:
 - When the U.S. Secretary of the Department of Health and Human Services (DHHS) 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 Healthcare member. You will need to make your request in writing. You may use Molina Healthcare'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 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, 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 1-800-869-7165 (TTY: 711), P.O. Box 4004, Bothell, WA 98041-4004, MHWMemberServicesWeb@MolinaHealthcare.com for more information.

