

# Your Quick Start Guide



Last updated: November 2024

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



# Welcome to Molina Healthcare of Washington's Apple Health (Medicaid) program!

As a new member, it's time to start getting the most from your health plan coverage! Molina will provide both your physical and behavioral health (mental health and substance use disorder) treatment services. Be sure to take these simple steps right away:

**1**

## Look for your member ID card inside this packet

- Make sure your information on the card is correct. If it is not, you can change it on the My Molina mobile app, [MyMolina.com](https://www.mymolina.com) or by calling Member Services at (800) 869-7165 (TTY: 711).
- Always keep your ID card with you. Show it every time you get health care or visit the pharmacy.

**2**

## Download the My Molina® mobile app

- Our app lets you view, print and send your member ID card. You can also search for doctors, change your doctor and much more. Anytime, anywhere!
- Download the My Molina mobile app today from the Apple App Store® or Google Play®.
- To learn how to use the My Molina mobile app and member portal, go to [MyMolina.com/GettingStartedVideos](https://www.mymolina.com/GettingStartedVideos). If you prefer using your desktop, visit [MyMolina.com](https://www.mymolina.com) to access similar features.

Thank you for choosing Molina as your trusted health plan.  
We're happy to have you as a member of our health care family.

**3**

### **Schedule a visit with your primary care provider (PCP)**

- Visit your PCP even if you are not sick to get set up as a new patient. Your PCP needs to get to know you and your health history. The more your PCP knows, the better they can help you.
- Your PCP's name, phone number and location are listed on your member ID card.

**4**

### **Fill out and mail the Health Assessment form inside this packet or complete it online**

- Mail your completed form back to us in the postage-paid envelope. You can also fill out the form online at [MyMolina.com](https://www.mylmolina.com).
- The answers you provide will help us to meet your needs.

# Learn more about your health plan

## Want to see a full list of your covered benefits and more details about your plan?

- Go to [MolinaHealthcare.com/IMCHandbook](https://MolinaHealthcare.com/IMCHandbook) to read your Member Handbook.

## Want to find a doctor near you?

- Go to [MolinaProviderDirectory.com/WA](https://MolinaProviderDirectory.com/WA) to search our Provider Online Directory.
- Your PCP is your personal doctor and will provide most of your care.
- Your behavioral health provider is a psychiatrist, therapist or counselor who will take care of your mental health and/or substance use disorder treatment services.

## Want to see if your medicine is covered?

- Go to [MolinaHealthcare/WAMedicaidFormulary](https://MolinaHealthcare/WAMedicaidFormulary) to see which drugs are preferred and covered for you.







## Your benefits start date

When you become a Molina member your medical and behavioral health benefits start right away. In fact, your full coverage begins the first day of the month you join Molina. This means if you paid for services and medications earlier this month, you may be able to get reimbursed. Call Member Services or go to [MolinaHealthcare.com/Retroenrollment-IMC-WA](https://MolinaHealthcare.com/Retroenrollment-IMC-WA).

## Keep your Apple Health coverage!

You must renew your coverage every year.



If you need assistance, email Molina at [HealthPlanRenewals@MolinaHealthcare.com](mailto:HealthPlanRenewals@MolinaHealthcare.com) or call us at (866) 916-0916. We're here to help!

## Information to keep handy

<b>Member Services</b>	Call Member Services at (800) 869-7165 (TTY: 711) when you have questions about your health plan, benefits or how to get services. Translation services available.
<b>Member Portal and Mobile App</b>	Go to <a href="https://www.MyMolina.com">MyMolina.com</a> or download the My Molina mobile app to view, print or send your member ID card, search for doctors, change your PCP and much more!
<b>Virtual urgent care (24/7)</b>	Get urgent care from the comfort of your home with a virtual visit. Go to <a href="https://www.Teladoc.com/MolinaWA">Teladoc.com/MolinaWA</a> or call (800) 835-2362 (TTY: 711).
<b>Crisis services</b>	Get help if you're thinking about suicide or have a behavioral health emergency and don't know what to do. Contact the Suicide and Crisis Lifeline at 988. You can call, text or chat. <a href="https://www.988lifeline.org">988lifeline.org</a> .

<b>24-hour Nurse Advice Line</b>	Call (888) 275-8750 to get qualified medical advice from a nurse at any time in English & other languages.
<b>Member Handbook/Annual Notice</b>	Get the details of how your plan works in your Member Handbook and your benefits at <a href="https://MolinaHealthcare.com/IMCHandbook">MolinaHealthcare.com/IMCHandbook</a> and <a href="https://MolinaHealthcare.com/WAAnnualNoticeIMC">MolinaHealthcare.com/WAAnnualNoticeIMC</a> .
<b>Health &amp; wellness information</b>	Get health education information and learn about Molina's Member Reward Program at <a href="https://MolinaHealthcare.com/WA-Medicaid-Wellness">MolinaHealthcare.com/WA-Medicaid-Wellness</a> .
<b>Provider Online Directory</b>	See our network providers at <a href="https://MolinaProviderDirectory.com/WA">MolinaProviderDirectory.com/WA</a> .
<b>Rides to and from doctor visits</b>	Go to <a href="https://hca.wa.gov/transportation-help">hca.wa.gov/transportation-help</a> for transportation to non-emergency health care appointments (medical or behavioral health).

# Enjoy these rewards and benefits as a Molina member!

We want to help you get the most out of your benefits. Take a look at some of the great benefits and rewards you receive as a member at no cost to you!



Up to \$200 in child rewards for checkups, immunizations and more



Up to \$150 in women's health rewards for completing breast and cervical cancer screenings



Up to \$75 in pre-teen and young adult rewards such as routine visits, screenings and more



Up to \$200 in maternity support, no-cost breast pump and prenatal plus vitamins



Up to \$70 for diabetic eye exam and screening



No-cost eyewear (ages 21+)



Boys & Girls Club membership (ages 6-18) at participating clubs



Access to the Pyx Health App for help managing anxiety and more!



Case Management for help with chronic conditions, care coordination and accessing resources

**You can get the care you need,  
close to home.**



Specialty programs and services that focus on high-risk maternity, bariatric surgery, autism and more



My Molina Healthy Lifestyles programs for education on topics like weight management and smoking cessation



LGBTQIA+ care navigators for help with gender affirming care and support

Learn more at

[MolinaHealthcare.com/MemberWA](https://MolinaHealthcare.com/MemberWA)





# What to do when you're sick

Are you feeling sick and not sure what to do?  
Don't worry, we're here to help you!



## What are my options?



### **PCP**

Your PCP can help you day or night. After hours, on-call staff will return your call.

### **Urgent Care Centers**

When it's not an emergency but you need care right away (in person).

- Colds or cough
- Sprain, strain or deep bruise
- Medicine or refills
- Wounds that need stitches

For urgent care centers, visit  
[MolinaProviderDirectory.com/WA](https://MolinaProviderDirectory.com/WA)  
or call (800) 869-7165 (TTY: 711)



### **Virtual urgent care visits**

When you can't get to a doctor's office but need care right away. Teladoc is a great option for minor conditions like a cold or pink eye. You can talk or video chat with to a board-certified doctor in minutes from your phone.

### **Behavioral health virtual care**

provides confidential therapy from licensed counselors for anxiety, depression, family difficulties and more over the phone.

**For virtual care, visit:**

[Teladochealth.com/MolinaWA](https://Teladochealth.com/MolinaWA) or call  
(800) 835-2362 (TTY: 711)



### **Emergency room (ER)**

Call 911 or go to the nearest ER.

### **When you think your life or health is in danger:**

- Very bad bleeding
- Very bad stomach pain
- Chest pain or pressure
- Head injury or trauma
- Sudden dizziness or trouble seeing



**Get started as a new member and watch our welcome video!**



We make it  
*simple!*

[MolinaHealthcare.com/Welcome](https://MolinaHealthcare.com/Welcome)

MHW Part #4691-2411  
MHW-11/21/2024, HCA-11/25/2024 (43858)



You can now opt in to receive  
text messages from us!  
Simply text **JOIN** to **94870**.



## Non-Discrimination Tag Lines - Section 1557

### Molina Healthcare of Washington

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

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, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-869-7165 (TTY: 711)។
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 1-800-869-7165 ( TTY: 711 ) まで、お電話にてご連絡ください。
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቻችን በነፃ 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 ਦਿਉ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-869-7165 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Laotian	ໂປດຊາບ, ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-869-7165 (TTY: 711).



## Non-discrimination notice

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
  - Skilled sign language interpreters
  - 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:
  - Qualified interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

**If you need these services, contact Molina Member Services at (800) 869-7165, TTY/TTD: 711.**

If you believe that Molina has failed to provide these services or discriminated in another way 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](mailto: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, DC 20201  
Phone: (800) 368-1019, (800) 537-7697 (TDD)  
Complaint forms are available at [www.hhs.gov/ocr/index.html](http://www.hhs.gov/ocr/index.html)

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>.

## Notice of Privacy Practices

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

Molina Healthcare of Washington, Inc. ("**Molina Healthcare**", "**Molina**", "**we**" or "**our**") uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this notice is September 23, 2013.

**PHI** stands for these words, protected health information. PHI means health information that includes your name, member number or other identifiers, and is used or shared by Molina.

## **Why does Molina use or share your PHI?**

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

### **For Treatment**

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

### **For Payment**

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

### **For Health Care Operations**

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

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Address member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other healthrelated benefits and services.

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

The law allows or requires Molina to use and share your PHI for several other purposes including the following:

#### **Required by law**

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

#### **Public Health**

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



## **Health Care Oversight**

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

## **Research**

Your PHI may be used or shared for research in certain cases.

## **Legal or Administrative Proceedings**

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

## **Law Enforcement**

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

## **Health and Safety**

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

## **Government Functions**

Your PHI may be shared with the government for special functions. An example would be to protect the President.

## **Victims of Abuse, Neglect or Domestic Violence**

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

## **Workers Compensation**

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

## **Other Disclosures**

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

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

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this notice. Molina needs your authorization before we disclose your PHI for the following:

(1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

### **What are your health information rights?**

You have the right to:

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

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

- **Request Confidential Communications of PHI**

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

- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request. 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.*

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

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

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

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization ;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You will need to make your request in writing. You may use Molina's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services Department at 1-800-869-7165.

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

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

You may file a complaint with us at:

Molina Healthcare of Washington, Inc. Manager of Member Services  
PO Box 4004  
Bothell, WA 98041-4004  
Phone: 1 (800) 869-7165

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

Office for Civil Rights  
U.S. Department of Health & Human Services  
2201 Sixth Avenue – Mail Stop RX-11 Seattle, WA 98121  
(800) 368-1019; (800) 537-7697 (TDD);  
(206) 615-2297 (FAX)

## **What are the duties of Molina Healthcare?**

Molina is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

## **This Notice is Subject to Change**

**Molina reserves the right to change its information practices and terms of this notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina.**

## **Contact Information**

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

Molina Healthcare of Washington, Inc.  
Attention: Manager of Member Services  
PO Box 4004  
Bothell, WA 98041-4004  
Phone: 1 (800) 869-7165