

## **ADDRESSES AND PHONE NUMBERS**

Please register on the Molina Healthcare WebPortal at <https://portal.molinahealthcare.com/Provider/Registration>. By registering you can access online member eligibility, claims status and claims submission. You can also submit authorization requests through the WebPortal online and in some cases receive auto approval for services using our rules based submission process. We are also available through OneHealthPort (OHP) single sign on at [www.onehealthport.com/](http://www.onehealthport.com/).

### **MEMBER SERVICES DEPARTMENT**

The Member Services Department handles all telephone and written inquiries regarding Member claims, benefits, eligibility/identification, selecting or changing Primary Care Providers (PCPs), and Member complaints. Member Services Representatives are available 8:00 AM to 5:00 PM Monday through Friday, excluding State holidays.

<b>Member Services</b>	
Address:	Molina Healthcare of Washington, Inc. PO Box 4004 Bothell, WA 98041-4004
Phone:	(800) 869-7165 or (425) 424-1103
Fax:	(800) 816-3778 or (425) 424-1163
TTY:	711

### **CLAIMS DEPARTMENT**

The Claims Department is located at our corporate office in Long Beach, CA. All hard copy (CMS-1500, UB-04) claims must be submitted by mail to the address listed below. Electronically filed claims must use EDI payor ID number – 38336. To verify the status of your claims, please call our Provider Claims Representatives at the numbers listed below.

<b>Claims</b>	
Address:	Molina Healthcare of Washington, Inc. PO Box 22612 Long Beach, CA 90801
Phone:	(800) 745-4044 or (425) 424-1108

**CLAIMS RECOVERY DEPARTMENT**

The Claims Recovery Department manages recovery for overpayment and incorrect payment of claims.

<b>Claims Recovery Disputes and Refunds</b>	
<b>Refunds</b>	
Address: Molina Healthcare of Washington, Inc. PO Box 30717 Los Angeles, CA 90030-0717	
<b>Disputes</b>	
Address: Molina Healthcare of Washington, Inc. PO Box 2470 Spokane, WA 99210-2470	
Phone:	(866) 642-8999
Fax:	(888) 396-1520

**CREDENTIALING DEPARTMENT**

The Credentialing Department verifies all information on the Washington Practitioner Application prior to contracting and re-verifies this information every three years. The information is then presented to the Professional Review Committee to evaluate a Provider's qualifications to participate in the Molina Healthcare network. The Credentialing Department also performs office and medical record reviews.

<b>Credentialing</b>	
Address: Molina Healthcare of Washington, Inc. PO Box 2470 Spokane, WA 99210-2470	
Phone:	(888) 562-5442
Fax:	(800) 457-5213 or (800) 457-5203

**24-HOUR NURSE ADVICE LINE**

This telephone-based nurse advice line is available to all Molina Healthcare Members. Members may call anytime they are experiencing symptoms or need health care information. Registered nurses are available 24 hours a day, 7 days a week to assess symptoms and help make good health care decisions.

<b>HEALTHLINE</b> <b>(24-Hour Nurse Advice Line)</b>	
Phone:	(888) 275-8750 (English) (866) 648-3537 (Spanish) TTY (866) 735-2929 (English) (866) 833-4703 (Spanish)

**HEALTHCARE SERVICES (AUTHORIZATIONS) DEPARTMENT**

The Healthcare Services (formerly UM) Department conducts concurrent review on inpatient cases and processes prior Authorization requests. The Healthcare Services Department also performs Case Management for members who will benefit from Case Management services.

<b>Healthcare Services</b> <b>Authorizations Apple Health</b>	
Address:	Molina Healthcare of Washington, Inc. PO Box 4004 Bothell, WA 98041-4004
Phone:	(800) 869-7185 or (425) 424-1109
Fax:	(800) 767-7188 or (425) 424-1161
Fax Inpatient Census:	(800) 413-3806

***EXCEPTION:*** *If the Member's PCP belongs to a delegated medical group/Independent Practice Association (IPA), listed in Section 14, the Provider should contact that medical group/IPA for Authorization guidance.*

**HEALTH EDUCATION & HEALTH MANAGEMENT DEPARTMENT**

The Health Education and Health Management Department provides education and health information to Molina Healthcare Members and facilitates Provider access to the program and services.

<b>Health Education &amp; Health Management</b>	
Address:	Molina Healthcare of Washington, Inc. PO Box 2470 Spokane, WA 99210-2470
Phone:	(800) 423-9899, Ext. 141453
Fax:	(800) 461-3234

**PHARMACY DEPARTMENT**

Molina Healthcare’s drug formulary requires prior Authorization for certain medications. The Pharmacy Department can answer questions regarding the formulary and/or drug prior Authorization requests. The Molina Healthcare formulary is available at [www.ePocrates.com](http://www.ePocrates.com) or [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

<b>Pharmacy Authorizations</b>	
Phone:	(800) 213-5525
Fax:	(800) 869-7791

**CAREMARK SPECIALTY PHARMACEUTICALS**

When a Molina Healthcare Member needs an injectable medication, the prescription can be submitted to Molina Healthcare by fax. For a current listing of available injectable medications, please check the web address below or use the link at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

<b>Caremark</b>	
Fax:	(800) 869-7791
Online:	<a href="https://www.caremark.com">https://www.caremark.com</a>

**PROVIDER SERVICES DEPARTMENT**

The Provider Services Department handles telephone and written inquiries from Providers regarding address and Tax-ID changes, Provider denied claims review, contracting, and training. The department has Provider Services Representatives who serve all of Molina Healthcare of Washington’s provider network.

<b>Provider Services</b>	
Address:	Molina Healthcare of Washington, Inc. PO Box 4004 Bothell, WA 98041-4004
Phone:	(800) 869-7175 or (425) 424-1108
Fax:	(877) 814-0342 or (425) 424-1172

**March Vision**

Molina Healthcare is contracted with March Vision to provide routine vision services for our Members, excluding Molina Medicare Options. Members who are eligible may directly access a March Vision network Provider.

<b>March Vision</b>	
Phone:	(888) 493-4070

***EXCEPTION:*** *If the Member’s PCP belongs to a delegated medical group/IPA, listed in Section 14, the Provider should contact that medical group/IPA for Authorization guidance.*