

Welcome to Molina Healthcare of California Partner Plan, Inc. (Molina Healthcare)!

Here at Molina Healthcare, we'll help you meet your medical needs. We care about your health.

2009-2010

Member Service Guide: Evidence of Coverage and Service Guide

Two Plan: Riverside and San Bernardino Counties

GMC: Sacramento and San Diego Counties

This document will be printed in English, Spanish, Arabic, Cantonese, Hmong, Russian and Vietnamese.

This Combined Evidence of Coverage/Disclosure Form and Member Service Guide contains only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage. You may review a copy of the health plan contract on request by contacting Molina Healthcare. Please contact Member Services toll-free at **1 (888) 665-4621**, Monday through Friday, 7:00am to 7:00pm or information when necessary.

If you're a Molina Healthcare member, this booklet tells you what services you can get as a Molina Healthcare member. If you're thinking about becoming a Molina Healthcare member, this booklet can help you make a decision. You may call Molina Healthcare and request your own copy.

Medi-Cal Program

Molina Healthcare of California Partner Plan, Inc (Molina Healthcare)

A Knox-Keene Licensed Health Plan

If you have any questions about anything in this booklet, about Molina Healthcare, or if you need this information in another language, large print, Braille, or audio, you may call or write to us at:

Molina Healthcare of California

Member Services

200 Oceangate, Suite 100

Long Beach, CA 90802

1 (888) 665-4621

If you are deaf or hard of hearing, you may contact us through our dedicated TTY line, toll-free, at 1 (800) 479-3310 or by dialing 711 for the California Relay Service.

www.molinahealthcare.com

Getting Started

HELP FOR NON-ENGLISH SPEAKING MOLINA HEALTHCARE MEMBERS

Interpreter Request Cards: Why did I get this card?

As a Molina Healthcare member, we give interpreter services if you need them. You have access to interpreter services on a twenty four (24) hour basis. An interpreter request card is sent to all new members after initial enrollment with Molina Healthcare.

You do not need to have a friend or relative act as your interpreter. You may wish to say things that you do not wish to share with a friend or relative. Using an interpreter may be better for you.

Keep this card in your wallet. If Molina Healthcare has wrong information about your language needs, please call Member Services toll-free at 1 (888) 665-4621.

What is printed on the card?

The English side of this card says what language you speak. It also lets staff know that Molina Healthcare will pay for your interpreter. The card tells staff how to get you an interpreter.

The English text reads as follows:

Hello. I speak SPANISH. I need an interpreter. My health care plan, Molina Healthcare, will pay for an interpreter if you do not have one here. Please call 1 (888) 665-4621 and state, "I have a Molina patient and I need an interpreter."

How do I use the card?

Show this card to staff at the following places:

- Your Molina Healthcare doctor's office or clinic

- Labs, clinics, or other medical service offices
- The pharmacy where you get your medicine
- The Emergency Room at a hospital

Show the English side of the card to the person helping you. The office or pharmacy may have a staff person who speaks your language. If they do not, they will call a telephone interpreter service. You will be able to discuss and get the information you need using the telephone interpreter.

It may take a few minutes but do not worry. Help is coming.

Call us if you have any questions.

Member Services toll-free at:

1 (888) 665-4621

Health Education toll-free at:

1 (800) 526-8196, ext. 127532

Monday through Friday, 8:30 a.m. to 5:30 p.m.

Your Privacy

Dear Molina Healthcare of California Partner Plan, Inc. (Molina Healthcare) Member:

Your privacy is important to us. We respect and protect your privacy. Molina Healthcare uses and shares your information to provide you with health benefits. Molina Healthcare wants to let you know how your information is used or shared.

Your Protected Health Information

PHI stands for these words, *protected health information*. PHI means health information that includes your name, member number, or other



This is not a Bill

If you need help understanding the enclosed information in your language, please call Molina Healthcare Member Services at 1-888-665-4621.

Սա Հաշվեգիրք (բիլ) չէ

Եթե դուք կարդալը ունեք հասկանալու ներքնակված տեղեկություն մասին ձեր լեզվով, խնդրում ենք հեռաձայնել Molina Healthcare Member Services 1-888-665-4621 հեռախոսահամարով: (Armenian)

នេះគឺមិនមែនលិខិតទារលុយទេ

បើសិនជាលោកអ្នកចង់យល់ឲ្យបានច្បាស់លាស់ពីព័ត៌មានដែលមាននៅក្នុងលិខិតនេះជាភាសាកំណើតរបស់លោកអ្នក សូមលោកអ្នកទូរស័ព្ទមកភ្នាក់ងារ Molina Healthcare Member Services លេខ 1-888-665-4621 ។ (Cambodian)

這不是帳單

如果您需要用您的母語來解釋附上的資料，請打電話1-888-665-4621給Molina會員服務部。(Chinese)

هذه ليست فاتورة

Molina Healthcare إذا احتجت للمساعدة لفهم المعلومات المشمولة ضمناً، رجا الاتصال بخدمات للأعضاء على الرقم 1-888-665-4621 (Arabic)

이것은 청구서가 아닙니다

동봉된 정보를 귀하의 모국어로 이해하기 위해 도움이 필요하면 1-888-665-4621의 Molina Healthcare 회원 서비스로 전화하십시오. (Korean)

Это не счет

Если Вам нужна помощь с переводом на Ваш язык, чтобы понять всю информацию, содержащуюся в пакете документов, пожалуйста, позвоните в отдел обслуживания клиентов компании Molina Healthcare по телефону 1-888-665-4621. (Russian)

Esta no es una cuenta

Si necesita ayuda para entender la información adjunta en su idioma, llame a Servicios al Miembro de Molina Healthcare al 1-888-665-4621. (Spanish)

Hindi ito isang Singil (Bill)

Kung kailangan ninyo ng tulong para maintindihan sa inyong wika ang kalakip na impormasyon, tumawag po lamang sa Mga Serbisyo sa Miyembro ng Pangangalagang Pangkalusugan ng Molina sa 1-888-665-4621. (Tagalog)

Đây không phải là Hóa Đơn

Nếu quý vị cần được giúp để hiểu chi tiết đính kèm bằng ngôn ngữ của quý vị, xin gọi cho Ban Dịch Vụ Thành Viên Molina Healthcare tại số 1-888-665-4621. (Vietnamese)

Daim no tsis yog ib daim Nqi them

Yog koj xav tau kev pab ua koj cov lus kom koj totaub txog cov ntawv uas xa tuaj no, thov hu mus rau Molina Healthcare Lub Chaw Pabcuam Tswvcuab ntwm 1-888-665-4621. (Hmong)

Getting Started

identifiers, and is used or shared by Molina Healthcare.

Why does Molina Healthcare use or share our members' PHI?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes as required or permitted by law.

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

Molina Healthcare needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Molina Healthcare protect your PHI?

Molina Healthcare uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or PHI in a computer. Below are some ways Molina Healthcare protects PHI:

- Molina Healthcare has policies and rules to protect PHI.
- Molina Healthcare limits who may see PHI. Only Molina Healthcare staff with a need to know PHI may use PHI.

- Molina Healthcare staff is trained on how to protect and secure PHI.
- Molina Healthcare staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Molina Healthcare secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our members' PHI. Our Notice of Privacy is on our web site at www.molinahealthcare.com. You may also get a copy of our Notice of Privacy by calling our Member Services Department at 1-888-665-4621.

NOTICE OF PRIVACY PRACTICES MOLINA HEALTHCARE OF CALIFORNIA PARTNER PLAN, INC.

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 California ("Molina" or "we") provides health care benefits to you through the Medi-Cal program. Molina uses and shares protected health information about you to provide your health care 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. We have policies in place to obey the law. The effective date of this notice is June 1, 2009.

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 healthcare 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
- Fraud and abuse programs
- Actions to help us obey laws.
- Address member needs, including solving complaints and grievances.

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 health-related 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.

Getting Started

Health Care Oversight.

Your PHI may be used or shared with government agencies. They may need your PHI to check how our health plan is providing services.

Legal or Administrative Proceedings.

Your PHI may be shared with a court, investigator or lawyer if it is about the operation of Medi-Cal. This may involve fraud or actions to recover money from others, when the Medi-Cal program has provided your health care benefits.

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. 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 to 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 fill out a 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 fill out a 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 fill out a 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. ***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 fill out a 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;

- as part of a limited data set in accordance with applicable law; or
- shared prior to April 14, 2003.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You must fill out a form to request a list of PHI disclosures.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Director of Member Services at 1 (888) 665-4621.

How Do I Complain?

If you believe that we have not protected your privacy and wish to complain, you may file a complaint (or grievance) by calling or writing us at:

Director of Member Services
Molina Healthcare of California Partner Plan, Inc.
200 Oceangate, Suite 100
Long Beach, CA 90802
1 (888) 665-4621

We will not do anything against you for filing a complaint. Your care will not change in any way.

OR you may call, write or contact the agencies below:

Privacy Officer
C/o Office of Legal Services
California Department of Health Care Services
P.O. Box 997413, MS 0011
Sacramento, CA 95899-7413
(916) 440-7750
Email:privacyofficer@dhcs.ca.gov

Or

Secretary of the U.S. Department of Health and Human Services
Office for Civil Rights
U.S. Department of Health & Human Services
50 United Nations Plaza - Room 322
San Francisco, CA 94102
(415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 FAX

What are the duties of Molina?

Molina is required to:

- Keep your PHI private.
- Give you written information such as this on our duties and privacy practices about your PHI.
- 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, a new notice will be sent to you by US Mail.

Contact Information

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

Director of Member Services
Molina Healthcare of California Partner Plan, Inc.
200 Oceangate, Suite 100
Long Beach, CA 90802
Phone: 1 (888) 665-4621