

Accessing Care

USING THE HEALTH PLAN

How Does the Plan Work?

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHICH GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

Please read this Member Service Guide carefully to understand how to maximize your Plan Covered Benefits. After you have read the Member Service Guide, we encourage you to call our Member Services Department with any questions. To begin, here are the basics that explain how to make the Plan work best for you.

First: Select Your Primary Care Physician and Use Plan Providers

- You can choose a doctor when you enroll in the AIM Program by using Molina Healthcare's Provider Directory. Molina Healthcare has several physician groups called Plan Medical Groups (or "PMGs") from which you can select a Primary Care Physician ("PCP"). You can also select a PCP who is contracted directly with the Plan.
- If you are unable to select a doctor at the time of enrollment, we will select one for you so that you have access to care immediately. When this happens, you are not limited to the PCP to whom you have been assigned. We will send you a Provider Directory with your new member

materials that lists all Plan Providers. If you would like to change your PCP, just call the Member Service Department. We recognize that the choice of a doctor is a personal one, and encourage you to select a PCP who best meets your needs.

- If you are currently being treated for an acute condition by a doctor who is not a Molina Healthcare provider, call our Member Service Department. We will work with your doctor to ensure no disruption to Medically Necessary care.
- Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call our Member Service Department to ensure that you can obtain the health care services that you need.

Second: Call Your PCP When You Need Care

- Call your PCP for all your health care needs. His/Her name and telephone number is shown on your Member Identification (ID) Card that we send you soon after you enroll. If you are a new

Accessing Care

patient, forward a copy of your medical records to your PCP before you are seen, to enable him/her to provide better care. You may receive a standing referral to a specialist if your primary care physician determines, in consultation with the specialist, if any, and the Plan, that you need continuing care from a specialist.

- Make sure to tell your PCP about your complete health history, as well as any current treatments, medical conditions, or other doctors who are treating you.
- If you have never been seen by your PCP, you should make an appointment for an initial health assessment within 90 days. If you have a more urgent medical problem, don't wait until this appointment. Speak with your PCP or other health care professional in the office, and they will direct you appropriately.
- You can contact your PCP's office 24-hours a day. If your PCP is not available or if it is after regular office hours, a message will be taken and your call will be returned within a medically appropriate time frame, usually 30 minutes. It is a good idea to call a second time if the PCP has not returned your call within 30 minutes.
- If you are unable to reach your PCP, call the Plan's Member Service Department. You have access to our nurse advice line 24-hours a day for immediate medical advice.
- If you have an Emergency Medical

Condition, call "911" or go to the nearest hospital emergency room.

- Women have direct and unlimited access to OB/GYN physicians as well as PCPs (family practice, internal medicine, etc.) in their Primary Care Physician's PMG for obstetric and gynecologic services.

Third: Present Your Member Identification Card (ID Cards)

You will receive an ID Card when you enroll in the AIM Program. You present this ID Card each time you receive health care services covered by the Program. You must never allow anyone else to use your ID Card. If your ID Card is used by or for persons who are not Members, the Program may terminate your coverage. If your ID Card is lost, please call our Member Service Department and we will send you a new one.

Fourth: Call Us With Questions Toll-Free at 1 (888) 665-4621

If you are deaf or hard of hearing, please call our dedicated TTY/TDD line at 1 (800) 479-3310.

Facilities and Provider Locations

Molina Healthcare Providers are located throughout San Diego County. The Provider Directory lists the address and phone number of Plan Providers, including Primary Care Physicians (PCPs), hospitals, and other facilities. You have access to all Plan facilities when Medically Necessary. However, your PCP will generally direct you to a hospital where he/she admits patients. Call your PCP to find out which hospitals he/she usually uses.

Copayments

A Copayment is a fee that is paid for a particular Covered Benefit at the time it is received. As an AIM Member, you do not pay any Copayments.

Service Area

Molina Healthcare is licensed to provide coverage throughout San Diego County. If you move out of San Diego County, notify the AIM Program as soon as possible so that your coverage can be transferred to a health plan near your new home.

Scheduling Appointments

When it is time to make an appointment, you simply call the doctor that you have selected as your PCP. His/her name and phone number is shown on the Member ID Card that you receive when you enroll as a Molina Healthcare Member. Remember, only Molina Healthcare doctors may provide Covered Benefits to Members. You are responsible to pay for any care not provided by a Molina Healthcare provider, unless this care has been pre-Authorized by the Plan or unless it is an emergency. American Indians do not need an Authorization to receive services at an Indian Health Service Facility.

If you select a PCP from whom you have not received care before, you should schedule an appointment as soon as possible. This will allow the doctor to meet you, review your health history, and conduct an initial examination.

If you ever make an appointment that you are later unable to attend, please call to cancel or reschedule the appointment at least 24 hours in advance.

Referrals to Specialists

If you need specialty care, your PCP will refer you to an appropriate specialist. All specialty care must first be accessed through your PCP. Prior to receiving any specialty care, contact your PCP and request a prior Authorization to do so. You may receive a standing referral to a specialist if your primary care physician determines, in consultation with the specialist, if any, and the Plan, that you need continuing care from a specialist.

You do, however, have direct and unlimited access to Molina Healthcare's participating OB/GYNs as well as PCPs (family practice, internal medicine, etc.) for gynecological and obstetrical services. This means that you do not need to go to your PCP first.

Changing Primary Care Physicians

It is a good idea to stay with a PCP so he/she can really get to know your health needs and medical history. However, you can change to a different PCP for any reason. If you would like to change your PCP, call our Member Service Department. One of our Member Service Representatives will help you choose a new doctor right over the phone. In general, your request will be effective on the first of the following month. You can change your PCP as often as once per month.

Accessing Care

Second Medical Opinions

When a medical or surgical procedure is recommended, and the Member requests or the Plan Physician determines the need for another opinion, a second medical or surgical opinion may be obtained. You may request a second opinion for any reason, including the following:

- 1) you question the reasonableness or necessity of recommended surgical procedures,
- 2) you question a diagnosis or plan of care for a condition that threatens loss of life, limb or bodily function, or substantial impairment, including, but not limited to, a serious chronic condition,
- 3) the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition and you would like to request an additional diagnosis,
- 4) the treatment plan in progress is not improving your medical condition within an appropriate period of time given the diagnosis and plan of care, and you would like a second opinion regarding the diagnosis or continuance of the treatment, or
- 5) you have attempted to follow the plan of care or consulted with the initial provider concerning serious concerns about the diagnosis or plan of care.

Members and Plan Physicians request a

second opinion through their Plan Medical Group (PMG) or through the Plan. Requests will be reviewed and facilitated through the Authorization process.

A second opinion about care from your Primary Care Physician (PCP) must be obtained from another Plan Physician within your PCP's PMG. If you would like a second opinion about care from a specialist, you or your Plan Physician may request Authorization to receive the second opinion from any qualified provider within the Plan's network. If there is no qualified provider within the Plan's network you may request Authorization for a second opinion from a provider outside the Plan's network.

If your condition is such that you face an imminent and serious threat to your health, your request for Authorization for a second opinion will be processed within 72 hours of receipt. If you have any questions about the availability of second opinions or would like a copy of the Plan's policy on the provision of second opinions, please call our Member Services Department.

Emergency Services and Care

Emergency Services are not a substitute for seeing your own PCP. Rather, they are intended to provide emergency needed care in a timely manner when you require these services.

Emergency Services means those Covered Benefits, including Emergency Services and Care, provided inside or outside the Service

Area, which are medically required on an immediate basis for treatment of an Emergency Medical Condition. Molina Healthcare covers twenty-four hour emergency care. Emergency Medical Condition means a medical or psychiatric condition manifesting itself by symptoms of sufficient severity, including severe pain and active labor, such that a prudent lay person who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate attention to result in:

1. placing the patient's health in serious jeopardy;
2. serious impairment of bodily functions; or
3. serious dysfunction of any bodily organ or part.

Emergency Services and Care means:

1. medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an Emergency Medical Condition or Active Labor exists and, if it does, the care, treatment, and surgery by a physician necessary to relieve or eliminate the Emergency Medical Condition, within the capability of the facility; and
2. an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a psychiatric

Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric Emergency Medical Condition within the capability of the facility.

What To Do When You Require Emergency Services

- In an Emergency Medical Condition, call "911" or go to the nearest hospital emergency room. It is not necessary to contact your PCP before calling "911" or going to a hospital if you believe you have an Emergency Medical Condition

If you are unsure if your health condition requires Emergency Services, call your PCP (even after normal business hours and even if you are outside San Diego County). Your PCP can help decide the best way to get treatment and can arrange for emergency room care if necessary. However, do not delay getting care if your PCP is not immediately available. Members are encouraged to use appropriately the "911" emergency response system when they have an Emergency Medical Condition that requires an emergency response. If for any reason you are unable to reach your PCP, you can contact our Member Services Department, where you have access to our nurse advice line 24 hours a day, seven days a week for medical advice.

- If you go to an emergency room and you do not have an emergency, you

Accessing Care

may be responsible for payment.

- If you are hospitalized in an emergency, please notify your PCP or Molina Healthcare within 48 hours, or at the earliest time reasonably possible. This will allow your doctor to share your medical history with the hospital and help coordinate your care. If you are hospitalized outside of the Service Area (San Diego County), your doctor and the Plan may arrange for your transfer to a Plan Hospital once your medical condition is sufficiently stable for you to be transferred.
- Paramedic ambulance services are covered when provided in conjunction with Emergency Services.
- Some non-Plan providers may require that you pay for Emergency services and seek reimbursement from the Plan. On these occasions, obtain a complete bill of all services rendered and a copy of the emergency medical report, and forward them to the Plan right away for reimbursement.

Post Stabilization and Follow-up Care After an Emergency

Once your emergency medical condition has been treated at a hospital and an emergency no longer exists because your condition is stabilized, the doctor who is treating you may want you to stay in the hospital for a while longer before you can safely leave the

hospital. The services you receive after an emergency condition is stabilized are called “post-stabilization services.”

If the hospital where you received emergency services is not part of Molina Healthcare’s contracted network (“non-contracted hospital”), the non-contracted hospital will contact Molina Healthcare to get approval for your stay in the non-contracted hospital.

If Molina Healthcare approves your continued stay in the non-contracted hospital, you will not have to pay for services except for any copayments normally required by Molina Healthcare.

If Molina Healthcare has notified the non-contracting hospital that you can safely be moved to one of the plan’s contracted hospitals, Molina Healthcare will arrange and pay for your to be moved from the non-contracted hospital to a contracted hospital.

If Molina Healthcare determines that you can be safely transferred to a contracted hospital, and you or your spouse or legal guardian do not agree to you being transferred, the non-contracted hospital must give you or your spouse or legal guardian a written notice stating that you will have to pay for all of the cost for post-stabilization services provided to you at the non-contracted hospital after your emergency condition is stabilized.

Also, you may have to pay for services if the

non-contracted hospital cannot find out what your name is and cannot get contact information at the plan to ask for approval to provide services once you are stable.

If you feel that you were improperly billed for post-stabilization services that you received from a non-contracted hospital, please contact Molina Healthcare's Member Services Department at 1 (888) 665-4621, 7:00am-7:00pm, Monday thru Friday. If you are deaf or hard of hearing, call our dedicated TTY/TDD line, toll free, at 1 (800) 479-3310 or the California Relay Service by dialing 711.

Urgent Care Services

Urgent care services are not a substitute for seeing your own PCP. They are intended to provide urgently needed care in a timely manner when your PCP has determined that you require these services or you are outside the Plan's service area and require urgent care services.

- **What To Do When You Require Urgent Care Services In the Plan's Service Area (San Diego County)**
Your PCP must Authorize Urgent Care Services if you are in the Plan's service area. Urgent conditions are not emergencies, but may need prompt medical attention. If you need urgent care services and are in the Plan's service area, you must call your PCP first.

- **What To Do When You Require Urgent Care Services Outside the Plan's Service Area (outside San Diego County)**

Out-of-area urgent care services are considered emergency services and do not require an authorization from your PCP. If you are outside Plan's Service Area (San Diego County) and need urgent care services, you should still call your PCP. Your PCP may want to see you when you return in order to follow up with your care.

If, for any reason, you are unable to reach your PCP, you can contact our Member Services Department. You have access to a nurse 24 hours a day for immediate medical advice by calling our toll-free Member Services telephone number at 1 (888) 665-4621. If you are deaf or hard of hearing, please call our dedicated TTY/TDD line at 1 (800) 479-3310.

Other

Translation Services

If English is not your primary language or you have trouble understanding any of the information in this Member Service Guide, please call us toll-free at 1 (888) 665-4621. If you are deaf or hard of hearing, please call our dedicated TTY/TDD line at 1 (800) 479-3310. Our Member Service Guide has representatives who speak several languages. We also have access to interpreting services in over 100 languages. If you need someone to explain medical information while you are at your doctor's

Accessing Care

office, ask them to call us. We'll be glad to help. You have the right to file a grievance if you feel your linguistic needs are not met.

ACCESSING CARE

Physical Access

Molina Healthcare has made every effort to ensure that our offices and the offices and facilities of Molina Healthcare providers are accessible to the disabled. If you are not able to locate an accessible provider, please call us toll free at 1 (888) 665-4621 and we will help you find an alternate provider. If you are deaf or hard of hearing, please call our dedicated TTY/TDD line at 1 (800) 479-3310.

Access for the Deaf or Hard of Hearing

The deaf or hard of hearing may contact us through our TTY/TDD number at 1 (800) 479-3310, Monday through Friday, from 7 a.m. to 7 p.m. Between 7 p.m. and 7 a.m. and on weekends, please call the California Relay Service TTY/TDD at 711 to get the help you need.

Access for the Vision Impaired

This Evidence of Coverage (EOC) and other important plan materials will be made available upon request in large print, Braille, or in audio format for the vision impaired. For alternative formats or for direct help in reading the EOC and other materials, please call us at 1 (888) 665-4621.

The Americans with Disabilities Act of 1990

Molina Healthcare complies with the Americans with Disabilities Act of 1990 (ADA). This Act prohibits discrimination based on disability. The Act protects members with disabilities from discrimination concerning program services. In addition, section 504 of the Rehabilitation Act of 1973 states that no qualified disabled person shall be excluded, based on disability, from participation in any program or activity which receives or benefits from federal financial assistance, nor be denied the benefits of, or otherwise be subjected to discrimination under such a program or activity.

Disability Access Grievances

If you believe the plan or its providers have failed to respond to your disability access needs, you may file a grievance with Molina Healthcare by calling 1 (888) 665-4621. If you are deaf or hard of hearing, please call our dedicated TTY/TDD line at 1 (800) 479-3310.

If your disability access complaint remains unresolved, you may contact:

ADA Coordinator

Managed Risk Medical Insurance Board

P.O. Box 2769

Sacramento, CA 95812-2769

1 (916) 324-4695

The deaf or hard of hearing should call the California Relay Service at 711 (TTY/TDD).