

# Services

## **MOLINA HEALTHCARE IS ALWAYS IMPROVING SERVICES**

Molina Healthcare is making every effort to give you the best health care possible. Molina Healthcare's formal process for making this happen is called the "Quality Improvement Process." Molina Healthcare does many studies through the year. If we find areas for improvement, we take steps that will result in higher quality care and service.

If you would like to learn more about what we are doing to improve, please call Molina Healthcare toll-free at 1 (888) 665-4621 for more information.

## **MEMBER PARTICIPATION COMMITTEE**

We want to hear what you think about Molina Healthcare. Molina Healthcare has formed the Member Participation Committee to hear your concerns.

The Committee is a group of people just like you that meets once every three (3) months and tells us how to improve. The Committee can review health plan information and make recommendations to Molina Healthcare's Board of Directors. If you are interested in joining the Member Participation Committee, please call Molina Healthcare toll-free at 1 (888) 665-4621, Monday through Friday, 7:00 a.m. to 7:00 p.m. If you are deaf or hard of hearing, call our dedicated TTY line toll-free at 1 (800) 479-3310. Join our Member Participation Committee today!

## **YOUR HEALTHCARE PRIVACY**

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.

**Please read our Notice of Privacy Practices at the front of this booklet. The Notice has more information about your healthcare privacy rights and how we use and share your Protected Health Information (PHI).**

PHI means health information that includes your name, member number or other identifiers, and is used or shared by Molina Healthcare.

## **NEW TECHNOLOGY**

Molina Healthcare is always looking for ways to take better care of our Members. That is why Molina Healthcare has a process in place that evaluates new medical technology, drugs, and devices for possible added benefits.

Our Medical Directors identify new medical procedures, treatment, drugs and devices when they become available. They present research information to the Utilization Management Committee where physicians review the technology. Then they suggest whether it can be added as a new treatment for Molina Healthcare members.

For more information on evaluation of new technology, please call Molina Healthcare Member Services.

## **WHAT DO I HAVE TO PAY FOR?**

You do not have to pay any co-payments or deductibles for covered medical services. However, you may have to pay for medical services when:

- You ask for and get medical services that are not covered by Medi-Cal, such as cosmetic surgery.
- You ask for and get health care services from a doctor or hospital that is not with Molina Healthcare without getting an approval from your PCP or Molina Healthcare that are not Emergency or out of area Urgent Care services.

If Molina Healthcare fails to pay a Molina Healthcare provider for giving you covered services, you are not responsible for paying the provider. California State Law requires Molina Healthcare to put this statement into all of its contracts with providers. This is not true for providers who are not contracted with Molina Healthcare. For information on how to file a grievance if you receive a bill, please see below.

### **What if I have paid a medical bill or prescription?**

(Reimbursement Provisions)

If you have paid for a covered service or prescription that was approved or does not require approval, Molina Healthcare will pay you back. You will need to mail or fax us a copy of the bill from the doctor, hospital or pharmacy and a copy of your receipt. If the bill is for a prescription, you will need to include a copy of the prescription label. Mail this information to Molina Healthcare Member Services. The address is on the first page of this booklet.

After we receive your letter, we will respond to you within thirty (30) days. If your claim is accepted, we will mail you a check. If not, we will send you a letter explaining why. If you do not agree with the decision, you may appeal by calling Molina Healthcare toll-free at 1 (888) 665-4621, Monday through Friday, 7:00 a.m. to 7:00 p.m.

## **HOW DOES MOLINA HEALTHCARE PAY FOR MY CARE?**

Molina Healthcare contracts with providers in several different ways. Providers at Molina Medical Centers are salaried employees. Other Molina Healthcare network providers are paid a flat amount for each month that you are assigned to their care, whether you see the provider or not. There are also some providers who are paid on a fee-for-service basis. This means that they are paid for each procedure they perform. Some providers may be offered incentives for giving quality preventive care. Molina Healthcare does not provide financial incentives for utilization management decisions that could result in referral denials or under-utilization. For more information about provider compensation methods, please call Molina Healthcare's Member Services Department toll-free at 1 (888) 665-4621, Monday through Friday, 7:00 a.m. to 7:00 p.m. You may also call your provider's office, your provider's medical group or IPA for this information.

## **EDUCATION AND INFORMATION ABOUT HEALTH AND DISEASE**

Molina Healthcare offers many tools to help keep you and your family healthy. You may ask for brochures on many topics such as:

- Eating healthy
- Reading the food label to reduce fat in your diet
- Reducing stress
- Starting an exercise program

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- Choosing a birth control method
- Drug and alcohol use
- Weight management

We also offer programs to help you manage any current health condition. This may include pregnancy, asthma or diabetes. If you would benefit from these programs, a Molina Care Manager may contact you. You can also enroll in any of these programs by calling the Molina Healthcare Health Education Department at 1 (800) 526-8196 ext. 127532, between 8:30 a.m. and 5:30 p.m., Monday through Friday.

## INTERPRETIVE SERVICES

### Do you speak a language other than English?

Many people do not speak English or are not comfortable speaking English. Please tell your doctor's office or call Molina Healthcare if you are more at ease speaking a language other than English. Molina Healthcare can help you find a doctor that speaks your language or have an interpreter assist you.

Molina Healthcare makes available both telephonic and face-to-face interpretive services to assist you in any of the following:

- Making an appointment
- Talking with your doctor or nurse
- Getting emergency care in a timely manner
- Filing a complaint or grievance
- Getting health education services
- Getting information from the pharmacist about how to take your medicine

- Request face-to-face or telephone interpreter services to talk about of complex medical conditions and treatment options

Tell your doctor or any one working in his or her office if you need interpretive services. You may also request any of the documents that Molina Healthcare sends you in your preferred written language. Members who need information in an alternate language or format can make a standing request to Molina Healthcare's Member Services Department to get all informing material in a specified alternate format. Please call Molina Healthcare toll-free at 1 (888) 665-4621 if you need help.

### Disability Services

Are you deaf, hard of hearing, have low vision or blind? Molina Healthcare can help you to talk with your doctor and us. If you are deaf or hard of hearing, call the TTY line toll-free at 1(800) 479-3310 or call the California Relay Service at 711 to contact us. It may take some time, but please do not hang up. Molina Healthcare can also provide you with materials in large print, audio and braille. Please call Member Services toll-free at 1 (888) 665-4621. If you have a physical disability or activity limitation and have accessibility needs at your doctor's office, call Molina Healthcare Member Services 1 (888) 665-4621 and Molina Healthcare will make every effort to match you up with a provider office that meets those needs.

## MOLINA HEALTHCARE'S OMBUDSMAN PROGRAM

If you are not receiving the help you need, you may also call the Ombudsman. You can call Molina

Healthcare's Ombudsman toll-free at 1 (877) 665-4627. You may also write a letter to the Ombudsman. Send your letter to the following address:

Molina Healthcare  
Ombudsman Program  
200 Oceangate, Suite 100  
Long Beach, CA 90802

A person from the Ombudsman Program will talk with you and give you the help you need. Molina Healthcare wants to give you the best customer service possible. This program does not take the place of the grievance process. Any problem with a Plan Provider or Molina Healthcare will be handled as a grievance. The Ombudsman Program can help you get the answer to a question or concern that you may not have received from Member Services.

## WHAT IF I HAVE A COMPLAINT?

If you have a problem with any Molina Healthcare services, we want to help fix them. You can call any of the following toll-free for help:

- Call Molina Healthcare toll-free at 1 (888) 665-4621, Monday through Friday, 7:00 a.m.- 7:00 p.m. Deaf or hard of hearing members may call our toll-free TTY number at 1 (800) 479-3310. You may also contact us by calling the California Relay Service at 711.
- Call the Medi-Cal Ombudsman toll-free at 1 (888) 452-8609.
- Call the California State Department of Managed Health Care (DHMC) toll-free at 1 (888) HMO-2219 (1-888-466-2219) or TDD 1 (877) 688-9891.

- Call Health Care Options toll-free at 1 (800) 430-4263 to change plans.
- File a request for a Medi-Cal Fair Hearing by calling toll-free 1 (800) 952-5253 or TDD 1 (800) 952-8349.

See the following for more detail about any of these complaint resolution options.

## COMPLAINTS

Please call Molina Healthcare toll-free at 1 (888) 665-4621. Or you may contact the Member Services Director toll-free at 1 (888) 665-4621. If you are a member of our deaf community, call our dedicated TTY line toll-free at 1 (800) 479-3310. You may also send us your problem or complaint in writing. Our address is:

Molina Healthcare  
Member Services Department-Grievance and Appeals Unit  
200 Oceangate, Suite 100  
Long Beach, California 90802

You may not always be happy with the care and services provided by your doctor. We want to know about your problems and complaints. You may not be happy that your language needs are not met. You may file a grievance in person, in writing, by e-mail, fax, TTY or telephone. You may file a complaint (grievance), in writing or verbally, directly with Molina Healthcare or at any of our provider's offices.

Grievance forms are available in the office of each primary care provider, or can be downloaded and printed from Molina's website at [www.molinahealthcare.com/medicaid/members/ca/quality/griev\\_form.html](http://www.molinahealthcare.com/medicaid/members/ca/quality/griev_form.html). You may also send us your problem

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or complaint online. The website address is [www.molinahealthcare.com](http://www.molinahealthcare.com).

If you receive a Notice of Action from Molina Healthcare, you have three (3) options for filing a grievance. A Notice of Action is a formal letter telling you that a medical service has been denied, deferred, or modified.

- You have ninety (90) days from the date on the Notice of Action to file an appeal with Molina Healthcare. You may file an appeal in person, in writing, by e-mail, fax, TTY or telephone. We will send you a letter acknowledging receipt of your appeal within five (5) calendar days. All levels of Molina Healthcare's grievances and appeal procedures will be completed in thirty (30) calendar days.
- You may request a state fair hearing from the Department of Social Services (DSS) within ninety (90) days. Please see the State Fair Hearing section in this Member Services Guide.
- You may request an Independent Medical Review (IMR) from the Department of Managed Health Care (DMHC). Please see the Independent Medical Review section in this Member Services Guide.

You can also file a grievance that is not about a Notice of Action. You must file your grievance within one hundred eighty (180) days from the day the incident or action occurred which caused you to be dissatisfied.

If you are currently receiving a medical service that was previously authorized by Molina Healthcare, you may continue to receive the same medical service while the grievance or appeal is being resolved.

In case you wish to use the services of the California Department of Health Care Services (DHCS) to address your concerns, complaints, or grievances, you can call the Medical Managed Care Ombudsman Programs at 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. The deaf or hard of hearing may contact the Ombudsman Program by calling the California Relay Service at 711.

## Expedited Review

If your grievance involves an imminent and serious threat to your health, Molina Healthcare will quickly review your grievance. Examples of imminent and serious threats include, but are not limited to, severe pain, potential loss of life, limb, or major bodily function. Molina Healthcare will issue a formal verbal and written response no later than seventy-two (72) hours after your initial contact with us.

When you contact Molina Healthcare, you will be immediately informed of your right to contact the Department of Managed Health Care. You do not have to file a grievance with Molina Healthcare before you contact the Department of Managed Health Care.

## Department of Managed Health Care Assistance

**The California Department of Managed Health Care is responsible for regulating health care services plans. If you have a grievance against your health plan, you should first telephone your health plan toll-free at 1-888-665-4621, and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any**

**potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than thirty (30) days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll free telephone number (1-888-HMO-2219) 1-888-466-2219 and a toll-free TTD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet website <http://www.hmohelp.ca.gov> has complaint forms, IMR applications forms and instructions online.**

## State Fair Hearing

In addition to the grievance processes offered by Molina Healthcare, you have the right to request a Fair Hearing from the State of California at anytime during the process. You have a right to request a Fair Hearing even if you haven't filed a complaint or grievance with Molina Healthcare and/or if a health care service you or your doctor requested has been denied, delayed, or modified. You may request a State Fair Hearing by contacting the California Department of Social Services (CDSS) within ninety (90) days after the order or action complained of.

If you are currently receiving a medical service that is going to be reduced or stopped, you may continue

to receive the same medical service until the hearing if you request the hearing within ten (10) days from the date the denial letter was postmarked or personally delivered to you, or before the date of medical service you need.

You may write or call CDSS, toll-free, at any time during the grievance process, at the following address and telephone number:

California Department of Social Services State Hearings Division  
P.O. Box 944243, Mail Station 19-37 Sacramento, CA 94244-2340  
1 (800) 952-5253 (Voice)  
1 (800) 952-8349 (TDD)

You have the right to bring someone who knows about your case to attend the hearing with you, if you wish. You may also seek legal counsel to represent you. For more information on obtaining free legal aid, contact CDSS at their toll-free number.

## Expedited State Fair Hearing

You or your provider may request an Expedited State Hearing by calling, writing or faxing **Department of Social Services, Expedited Hearing Unit, 744 P Street, MS 19-65, Sacramento, CA 95814, Fax: 1 (916) 229-4267.** You may also call Member Services toll-free at 1 (888) 665-4621, and we will assist you in completing your request over the telephone. Molina Healthcare or your provider must indicate that taking the time for a standard resolution could seriously jeopardize your life or health or ability to attain, maintain or regain maximum function. When the Expedited Hearing Unit determines that your appeal satisfies the expedited criteria and when all necessary clinical

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information has been received by the Unit, the expedited hearing will be scheduled. If the criteria are not met, it will be scheduled for a routine State Fair Hearing as described above.

## **Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman Program**

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman Program is to assist in the mediation of disputes between providers Medi-Cal Managed Care members and their health plans as well as plan providers, and to attempt to resolve these disputes informally outside of the formal grievance and appeals processes. If you wish to use the services of the DHCS to address your concerns, complaints, or grievances, please call the Medi-Cal Managed Care Ombudsman Program toll-free at 1 (888) 452-8609, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. The deaf or hard of hearing may contact the Ombudsman Program by calling the California Relay Service at 711.

## **INDEPENDENT MEDICAL REVIEW**

You may request an independent medical review (“IMR”) of a disputed healthcare service from the Department of Managed Health Care (DMHC) if you believe that healthcare services have been improperly denied, modified, or delayed by Molina Healthcare or one of its contracted providers. A “disputed healthcare service” is any healthcare service eligible for coverage and payment that has been denied, modified, or delayed by Molina Healthcare or one of

its contracted providers, in whole or in part because the service is not medically necessary.

The IMR process is in addition to any other procedures or remedies that may be available to you. The IMR process is not available if you have already filed for a State Fair Hearing. You pay no application or processing fees of any kind for IMR. You have the right to provide information in support of the request for an IMR. Molina Healthcare will provide you with an IMR application form with any disposition letter that denies, modifies, or delays healthcare services. A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against Molina Healthcare regarding the disputed health care service.

**Eligibility:** Your application for an IMR will be reviewed by the DMHC to confirm that:

1. A. Your provider has recommended a healthcare service as medically necessary, or  
B. You have received urgent care or emergency services that a provider determined was medically necessary, or  
C. You have been seen by a Plan Provider for the diagnosis or treatment of the medical condition for which you seek medical review;
2. The disputed healthcare service has been denied, modified, or delayed by Molina Healthcare or one of its contracting providers, based in whole or in part on a decision that the healthcare service is not medically necessary; and
3. You have filed a grievance with Molina Healthcare or its contracting provider and the disputed decision is upheld or the grievance remains unresolved after thirty (30) days. You are

not required to wait for a response from Molina Healthcare for more than thirty (30) days.

If your grievance requires **Expedited Review** you may bring it immediately to the DMHC's attention. You are not required to wait for response from Molina Healthcare for more than three (3) days. The DMHC may waive the requirement that you follow Molina Healthcare's grievance process in extraordinary and compelling cases.

If your case is eligible for IMR, the dispute will be submitted to a medical specialist who will make an independent determination of whether or not the care is medically necessary. You will get a copy of the assessment made in your case. If the IMR determines the service is medically necessary, Molina Healthcare will provide the healthcare service.

For non-urgent cases, the IMR organization designated by the DMHC must provide its determination within thirty (30) days of receipt of your application and supporting documents. For urgent cases involving an imminent and serious threat to your health, including but not limited to, serious pain, the potential loss of life, limb, or major bodily function, or the immediate and serious deterioration of your health, the IMR organization must provide its determination within three (3) days.

For more information regarding the IMR process, or to request an application form, please call Molina Healthcare toll-free at 1 (888) 665-4621. If you are deaf or hard of hearing, call our dedicated TTY line toll-free at 1 (800) 479-3310 or call the California Relay Service at 711.

## INDEPENDENT MEDICAL REVIEW FOR DENIALS OF EXPERIMENTAL/ INVESTIGATIONAL THERAPIES

You may also be entitled to an Independent Medical Review of our decision to deny coverage for treatment we have determined to be experimental or investigational.

- The treatment must be for a life-threatening or seriously debilitating condition.
- We will notify you in writing of the opportunity to request an Independent Medical Review of a decision denying an experimental/ investigational therapy within five (5) business days of the decision to deny coverage.
  - You are not required to participate in the Plan's grievance process prior to seeking an Independent Medical Review of our decision to deny coverage of an experimental/ investigational therapy.
- The Independent Medical Review will be completed within thirty (30) days of the Department of Managed Health Care's receipt of your application and supporting documentation. If your physician determines that the proposed therapy would be significantly less effective if not promptly initiated, the Independent Medical Review decision shall be rendered within seven (7) days of the completed request for an expedited review.

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## AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability. The Act requires Molina Healthcare and its contractors to make reasonable accommodations for patients with disabilities.

### Physical Access:

Molina Healthcare has made every effort to ensure that our offices and the offices of Molina Healthcare providers are accessible to persons with disabilities. If you are not able to locate a provider who meets your needs, please call Molina Healthcare toll-free at 1 (888) 665-4621. If you are deaf or hard of hearing, call our dedicated TTY line toll-free at 1 (800) 479-3310 and a Member Services Representative will help you find another provider.

### Access for the deaf or hard of hearing:

The deaf or hard of hearing may call Molina Healthcare Member Services through our TTY Number toll-free at 1 (562) 951-1541, or toll-free at 1 (800) 479-3310, or through the California Relay Service toll-free at 1 (800) 735-2929.

### Access for persons with low vision who are blind:

This Evidence of Coverage (EOC) and other important plan materials will be made available in alternate formats for persons with low vision or who are blind. Large print and enlarged computer disk formats are available and this EOC is also available in audio format. For alternate formats, or for direct help in reading the EOC and other materials, please call Molina Healthcare toll-free at 1 (888) 665-4621.

Members who need information in a specified alternate format (larger size print, audio, and Braille) can make a standing request to Molina Healthcare's Member Services Department to get all informing material in that specified alternate format.

### Disability Access Grievances:

If you believe Molina Healthcare or its providers have failed to respond to your disability access needs, you may file a grievance with Molina Healthcare.

## NON-DISCRIMINATION

Molina Healthcare does not discriminate in hiring staff or providing medical care on the basis of pre-existing health condition, color, creed, age, national origin, ethnic group identification, religion, handicap, disability, sex or sexual orientation.

If you think you have not been treated fairly please call Member Services toll-free at 1 (888) 665-4621.

## ORGAN OR TISSUE DONATION

The State's Legislature has asked Molina Healthcare to tell you that you can become an organ or tissue donor. Medical advancements in organ transplant technology have helped many patients. However, the number of organs available is much smaller than the number of patients in need of an organ transplant. You may choose to be an organ tissue donor by contacting the Department of Motor Vehicles to obtain an organ donation card.

Introduction

Accessing Care

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