

# Services

## Molina Healthcare is Always Improving Services

Molina Healthcare is making every effort to give you and your child the best. Molina Healthcare's formal process for making this happen is called the "Quality Improvement Process." Molina Healthcare does many studies throughout 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 Member Services toll-free at 1-888-665-4621 for more information. If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310.

## Notifying you of changes to your child's plan

Your child's health coverage is subject to changes and modifications by Government Regulatory Agencies. Molina Healthcare will notify you of any changes as they may occur.

## Member Participation Committee

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

The Committee is a group of people just like you who meet once every three (3) months and tell 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 Member Services 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 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 located in the front of the book. The Notice has more information about your healthcare privacy rights and how we use and share your Protected Health Information (PHI).**

## What Do I Have to Pay For?

Under the Healthy Families Program, a copayment (out-of-pocket cost to you) is required for benefits provided to members. You are also required to pay any "Prepayment Fee" (Premium) amounts required by State of California's Healthy Families Program. For more information go to the Healthy Families Handbook section "Insurance Premiums".

## Other charges

You may be required to pay for medical services beyond your copayments under the following circumstances:

- If you ask for, and your child receives, medical services that are not covered, such as cosmetic surgery.
- If you ask for, and your child receives, non-emergency health care services from a doctor or hospital that is not affiliated with Molina Healthcare without receiving a referral from your child's PCP or Molina Healthcare.

If Molina Healthcare fails to pay a Molina Healthcare provider for giving your child 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. You will not have this protection from other providers who are not contracted with Molina Healthcare.

## What if I get a bill?

### (Reimbursement provisions)

Should you receive a bill from a provider for covered services received in an emergency, you must forward the claim to us. You must do so within six months after you receive the services. Do not pay the bill. We will pay the provider the amount that we owe under the contract. Please remember that you must pay the copayment for covered services received in an emergency.

If you receive a bill for a covered service or prescription that was approved or does not require approval, send us a copy of the bill. You must do so within six months after you receive the bill. If the bill is for a prescription, include a copy of the prescription label. Do not pay the entire bill. You are only responsible for any copayments that are due to the provider. After we receive the bill, we will pay the provider the amount we have agreed to in our contract.

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 page xiii of this booklet.

After we receive your letter, we will respond to you within 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 Member Services.

## How Does Molina Healthcare Pay for My Child's Care?

Molina Healthcare contracts with providers in several different ways. Providers at Molina Healthcare's Medical Centers are salaried employees. Other Molina Healthcare network providers are paid a flat amount for each month that your child is assigned to their care, whether your child sees 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 efficient preventive care and monitoring the use of hospital services. 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 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 at 1-800-479-3310.

## What if I Have a Complaint?

Please call Molina Healthcare Member Services at 1-888-665-4621. If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310 or you can contact us by calling the California Relay Service at 711. You may also send us your problem or complaint in writing by mail or filing online at our website. Our address is:

Molina Healthcare  
Member Services Department-Grievance  
and Appeals Unit  
200 Oceangate, Suite 100  
Long Beach, California 90802  
[www.molinahealthcare.com](http://www.molinahealthcare.com)  
[http://www.molinahealthcare.com/medicaid/members/ca/quality/griev\\_form.html](http://www.molinahealthcare.com/medicaid/members/ca/quality/griev_form.html)

Molina Healthcare recognizes the fact that members may not always be satisfied with the care and services provided by our contracted doctors and medical centers. We want to know about your problems and complaints. You may file a grievance in person, in writing, or by telephone. If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310.

We will send you a letter acknowledging receipt of your grievance within five (5) calendar days and will then issue a formal response within thirty (30) calendar days of the date of your initial contact with us. All levels of grievances will be resolved within thirty (30) calendar days.

If you are not satisfied with our response to your grievance you may be able to file an appeal with Molina Healthcare if it is received and can be processed within thirty (30) calendar days of the initial receipt of the grievance response. 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.

### Expedited review

If your grievance involves an imminent and serious threat to your child's 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. You will be immediately informed of your right to contact the Department of Managed Health Care. Molina Healthcare will issue a formal response no later than three (3) days after your initial contact with us. You may also contact the Department of Managed Health Care immediately and are not required to participate in Molina Healthcare's grievance process.

### Department of Managed Health Care (DMHC)

**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 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) and a 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.

## Molina Healthcare's Ombudsman Program

If you believe Member Services did not give your child the help needed, call the Ombudsman. Molina Healthcare wants to help you. Call Molina Healthcare's Ombudsman toll-free at 1-877-MOLINA-7 (1-877-665-4627). You may also write a letter to the Ombudsman. Send your letter to the following address:

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

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. This program is to help you get the answer to a problem or concern that you feel Member Services did not give you.

## 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 contracting providers. A "disputed healthcare service" is any healthcare service eligible for coverage and payment under your child's subscriber contract that has been denied, modified, or delayed by Molina Healthcare or one of its contracting 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. 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

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 IMR will be reviewed by the DMHC to confirm that:

- (a) Your child's provider has recommended a healthcare service as medically necessary, or  
(b) Your child has received urgent care or emergency services that a provider determined was medically necessary, or  
(c) Your child has been seen by a Plan Provider for the diagnosis or treatment of the medical condition for which you seek medical review;
- 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**
- You have filed a grievance with Molina Healthcare or its contracting provider and the disputed decision is upheld or the grievance remains unresolved after 30 days. The DMHC does not require you to participate in Molina Healthcare's grievance process for more than 30 days.

If your grievance requires expedited review you may bring it immediately to the DMHC's attention. The DMHC does not require you to participate in Molina Healthcare's grievance process for more than 3 days. The DMHC may waive the requirement that you follow Molina Healthcare's grievance process in extraordinary and compelling cases.

If your child's 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 receive a copy of the assessment made in your child's 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 30 days of receipt of your application and supporting documents. For urgent cases involving an imminent and serious threat to your child's 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 child's health, the IMR organization must provide its determination within 3 days.

For more information regarding the IMR process, or to request an application form, please call Member Services at 1-888-665-4621. If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310 or you can contact us by calling the California Relay Service at 711.

## Independent Medical Review for Denials of Experimental/Investigational Therapies

Experimental and investigational therapies may be denied when determined not to be medically necessary. However, California law entitles you to request and obtain an external independent review of that coverage decision through the independent medical review (“IMR”) process administered by the Department of Managed Health Care (“DMHC”) if your child’s physician certifies that your child has a life-threatening or seriously debilitating condition and further certifies that standard therapies have not been effective, do not exist with respect to your child’s condition, or there is no more beneficial therapy than the therapy proposed. If experimental and investigational therapies are denied, we will notify you within five (5) days of your right to request and obtain an external independent review of that decision by an entity accredited by the State of California. And, you may contact Molina Healthcare Member Services at 1-888-665-4621. If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310, Monday through Friday, 7:00 a.m. to 7:00 p.m., for information on this subject.

External independent review of a denial of experimental or investigational therapies will be completed within thirty (30) days of your request for review. However, if your child’s physician determines that delay in the proposed therapy would be harmful if not promptly initiated, the external independent review may be expedited to provide a determination within seven (7) days of your request for expedited review.

You will be eligible to participate in Molina Healthcare’s external independent review system to examine a coverage decision regarding experimental and investigational therapies if you meet all of the following eligibility criteria:

1. Your child has either:
  - a. A life-threatening condition, which includes either (1) diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted, or (2) diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival; or
  - b. A seriously debilitating condition, which means diseases or conditions that cause major irreversible damage to health; and
2. Your child’s physician certifies that your child has a condition, as defined in paragraph (1) above, for which standard therapies have not been effective in improving your child’s condition, would not be medically appropriate for your child, or for which there is no more beneficial standard therapy covered by Molina Healthcare than the therapy proposed pursuant to paragraph (3) below; and
3. Either:
  - a. your child’s physician, who is under contract with or employed by Molina Healthcare, has recommended a drug, device, procedure, or other therapy that the physician certifies in writing is likely to be more beneficial to your child than any available standard therapies, or
  - b. you, or your child’s physician who is a licensed, board-certified or board-eligible physician qualified to practice in the area of practice appropriate to treat your child’s condition, has requested a therapy that, based on two documents from the medical and scientific evidence, as defined in subdivision of Health and Safety Code Section 1370.4, is likely to be more beneficial for your child than any available standard therapy. The physician certification according to this subdivision shall include a statement of the evidence relied upon by the physician in certifying his or her recommendation. Nothing in this subdivision shall be construed to require Molina Healthcare to pay for the services of a non-participating physician provided according to this subdivision, that are not otherwise covered according to Molina Healthcare’s contract; and
3. Your child has been denied coverage by Molina Healthcare for a drug, device, procedure or other therapy recommended or requested pursuant to paragraph (3) above; and
4. The specific drug, device, procedure or other therapy recommended pursuant to paragraph (3) above would be a covered service, except for Molina Healthcare’s determination that the therapy is experimental or investigational.

Please note that you will have the right to submit evidence in support of your request for independent medical review for denials of experimental/investiga-

tional therapies. You should also be aware that you are not required to file a grievance prior to seeking the external independent review.

## 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 at 1-888-665-4621.

## Organ or Tissue Donation

The State's Legislature has asked Molina Healthcare to inform you that your child can become an organ or tissue donor. Improvements 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 for your child to be an organ or tissue donor by contacting the Department of Motor Vehicles to obtain an organ donation card.

## Definitions

*The following definitions of words that appear in this Evidence of Coverage may help you to understand this booklet.*

**Active Labor.** Labor when there is inadequate time to safely transfer the member to another hospital prior to delivery or when transferring the member may pose a threat to the health and safety of the member or inborn child.

**Acute Condition.** A medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration.

**Applicant** means a person 18 years of age who is applying on his or her own behalf for coverage under the program. If the applicant has children covered under the plan, they may be a person over the age of 18 years who is a natural or adoptive parent; a legal guardian; or a caretaker relative, foster parent, or stepparent with whom the child resides, who applies for coverage under the program on behalf of a child.

### Appropriately Qualified Health Care

**Professional.** A primary care physician or specialist who is acting within his or her scope of practice and who possesses a clinical background, including training and

expertise, related to a particular illness, disease, condition or conditions.

**Authorization or authorized** means a decision to approve specialty or other medically necessary care for your child by your child's PCP, medical group, or Molina Healthcare. An Authorization is usually called a "Referral."

**Benefits and coverage** means the healthcare services that your child is entitled to receive from Molina Healthcare.

**Benefit year** means the twelve-month period beginning October 1 of each year at 12:01 a.m.

**Copay or copayments** (other charges) means charges you must pay directly to the provider at the time your child receive services.

**Complaint.** A complaint is also called a grievance or an appeal. Examples of a complaint can be when:

- You can't get a service, treatment, or medicine you need.
- Your plan denies a service and says it is not medically necessary.
- You have to wait too long for an appointment.
- You received poor care or were treated rudely.
- Your plan does not pay you back for emergency or urgent care that you had to pay for.
- You get a bill that you believe you should not have to pay.

**Continuity of Care.** Your right to continue seeing your doctor in certain cases, even if your doctor leaves your health plan or medical group.

**Covered services** means those services and supplies set forth in this EOC, which are covered subject to all terms and conditions of the Agreement.

**Emergency** means the acute onset of a medical condition including active labor or a psychiatric condition that has acute symptoms of sufficient severity, such that a prudent lay person who possesses an average knowledge of health and medicine could reasonably expect that the absence of immediate medical attention could result in

1. placing the health of the member in serious jeopardy,
2. serious impairment to bodily functions, or
3. serious dysfunction of any bodily organ or part.

**Evidence of coverage (EOC)** means this booklet, which has information about your child's benefits. Also called the Member Service Guide or Evidence of Coverage and Disclosure Form.

**Exclusion** means any medical, surgical, hospital or other treatment for which the program offers no coverage.

**Experimental or Investigational Service.** Any treatment, therapy, procedure, drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supplies which are not recognized as being in accordance with generally accepted professional medical standards, or if safety and efficiency have not been determined for use in the treatment of a particular illness, injury or medical condition for which it is recommended or prescribed.

**Family member** means the following persons living in a household:

- A child or sibling children
- The married or unmarried parents of the child or sibling children
- The stepparents of the child or sibling children
- The separate children of either unmarried parent or of the parent or stepparent
- An unborn child of any family member

**Federal Poverty Income Guideline.** The **federal poverty income guideline** is set each year by the **U.S. Department of Health and Human Services (HHS)**. The guidelines are used to determine eligibility for certain programs such as HFP or Medi-Cal. The poverty guidelines are sometimes referred to as the “federal poverty level” (FPL).

**Formulary.** A list of brand-name and generic prescription drugs approved for coverage and available without prior authorization from Molina Healthcare. The presence of a prescription drug on the formulary does not guarantee that it will be prescribed by your doctor for a particular condition.

**Grievance.** A written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by a member or the member’s representative. Where the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

**Health Insurance Portability and Accountability Act (HIPAA).** A law that protects your rights to get health insurance and to keep your medical records private.

**Healthy Families.** The state program administered by MRMIB to provide medical, dental and vision coverage to children who meet the eligibility and income requirements and contribute a monthly family contribution.

**Hospital.** A health care facility licensed by the State of California, and accredited by the Joint Commission on Accreditation of Health Care Organizations, as either:

1. an acute care hospital;
2. a psychiatric hospital; or
3. a hospital operated primarily for the treatment of alcoholism and/or substance abuse. A facility which is primarily a rest home, nursing home or home for the aged, or a distinct part skilled nursing facility portion of a hospital is not included.

**Income Category, A, B, or C** How much you pay for the monthly premium and copayments is determined by your income category. The income categories are determined based on the current Federal Poverty Income Guidelines as follows:

- Income Category A = 100%-150% of the Federal Poverty Income Guideline
- Income Category B = 151%-200% of the Federal Poverty Income Guideline
- Income Category C = 201%-250% of the Federal Poverty Income Guideline

**Inpatient.** An individual who has been admitted to a hospital as a registered bed patient and receives covered services under the direction of a physician.

**Managed Risk Medical Insurance Board (MRMIB).** The State agency that administers the Healthy Families Program.

**Maintenance drugs** means those medications required on a regular basis by a Member for the treatment of a chronic or medically stable condition.

**Medically necessary** means a certain kind and degree of medical care needed for the proper diagnosis and treatment of illness or injury, provided in accordance with professionally recognized standards of practice.

**Member/subscriber** means a person who is enrolled with Molina Healthcare in the Healthy Families Program.

**Member Identification Card.** The identification card provided to members by Molina Healthcare that includes the member number, primary care provider information, and important phone numbers.

**Mental Health Care Services.** Psychoanalysis, psychotherapy, counseling, medical management or other services most commonly provided by a psychiatrist, psychologist, licensed clinical social worker, or marriage and family therapist, for diagnosis or treatment of mental or emotional disorders or the mental or emotional problems associated with an illness, injury, or any other condition.

**Molina Healthcare** means the corporation licensed to provide prepaid medical and hospital services under the Knox-Keene Health Care Services Plan Act of 1975.

**Non-formulary Drug.** A drug that is not listed on Molina Healthcare's Formulary and requires an authorization from Molina Healthcare in order to be covered.

**Non-participating provider** refers to those physicians, hospitals, and other providers that have not entered into contracts with Molina Healthcare.

**Orthotic Device.** A support or brace designed for the support of a weak or ineffective joint, muscle, or to improve the function of movable body parts.

**Outpatient.** Services, under the direction of a physician, which do not incur overnight charges at the facility where the services are provided.

**Out-of Area Services.** Emergency care or urgent care provided outside of Molina Healthcare's service area which could not be delayed until member returned to the service area.

**Participating provider** refers to those providers that are employed by Molina Healthcare or have entered into contracts with Molina Healthcare to provide covered services to members.

**Premium (prepayment fees)** means the amount payable to the Healthy Families Administrator on behalf of your child. The Healthy Families Program will let you know the part that you must pay.

**Primary care doctor (PCP)** means the doctor who has the responsibility for providing primary care services, for referring, authorizing, supervising, and coordinating all other health services to your child in accordance with Molina Healthcare's programs and policies. A Primary Care Doctor may be a family/general practitioner, general internist, pediatrician, or obstetrician-gynecologist (OB-GYN) who is employed by Molina Healthcare or has contracted with Molina Healthcare to provide primary care services to Molina Healthcare Members.

**Primary care physician (PCP)** means your child's Primary Care Doctor.

**Prior approval** means that Molina Healthcare has received a request for covered service(s) and has specified in writing that such service(s) be provided to a Member.

**Program.** The Healthy Families Program.

**Prosthetic Device.** An artificial device used to replace a body part.

**Provider.** A physician, hospital, skilled nursing facility or other licensed health professional, licensed facility or licensed home health agency.

**Provider Directory.** The directory of all the providers contracted with Molina Healthcare to provide services to its members.

**Psychiatric Emergency Medical Condition** means a mental disorder with acute symptoms of sufficient severity to render either an immediate danger to yourself or others, or you are immediately unable to provide for or use, food, shelter or clothing due to the mental disorder.

**Referral** means the process by which the Member's Primary Care Physician directs him/her to seek and obtain Covered Services from other providers.

**Specialist physician** means any licensed, board-certified, or board-eligible physician who practices a specialty and who has entered into a contract with Molina Healthcare to deliver covered services to members.

**Serious Chronic Condition.** A medical condition due to a disease, illness or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration.

**Serious Emotional Disturbance (SED).** SED refers to a diagnosed mental condition in a child that is not a "substance abuse disorder" or "developmental disorder." A child with SED also behaves in a way that is not appropriate for the child's age. A county mental health department decides if a child has SED based on California Law (Welfare and Institutions Code Section 5600.3(a)(2)). In making that decision, the county will consider whether a child has certain problems. These could include trouble taking care of him/herself, problems at school, or problems with family relationships. The child might also have other problems such as being at risk of suicide or violence. Or, the child might meet the state's Special Education requirements. The county may also look at whether the

child is at risk of being removed from the home and at how long the condition is expected to last.

**Severe Mental Illnesses (SMI)** - A mental health condition that include:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa

**Skilled Nursing Facility.** A facility licensed by the California State Department of Health Services as a “Skilled Nursing Facility” to provide a level of inpatient nursing care that is not of the intensity required of a hospital.

**Terminal Illness.** An incurable or irreversible condition that has a high probability of causing death within one (1) year or less.

**Triage or Screening.** The evaluation of a member’s health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of the member’s need for care.

**Triage or Screening Waiting Time.** The time waiting to speak by telephone with a doctor or nurse who is trained to screen a member who may need care.

**Urgent care** services means those services needed to prevent the serious deterioration of one’s health from an unforeseen medical condition or injury.

## Service Area

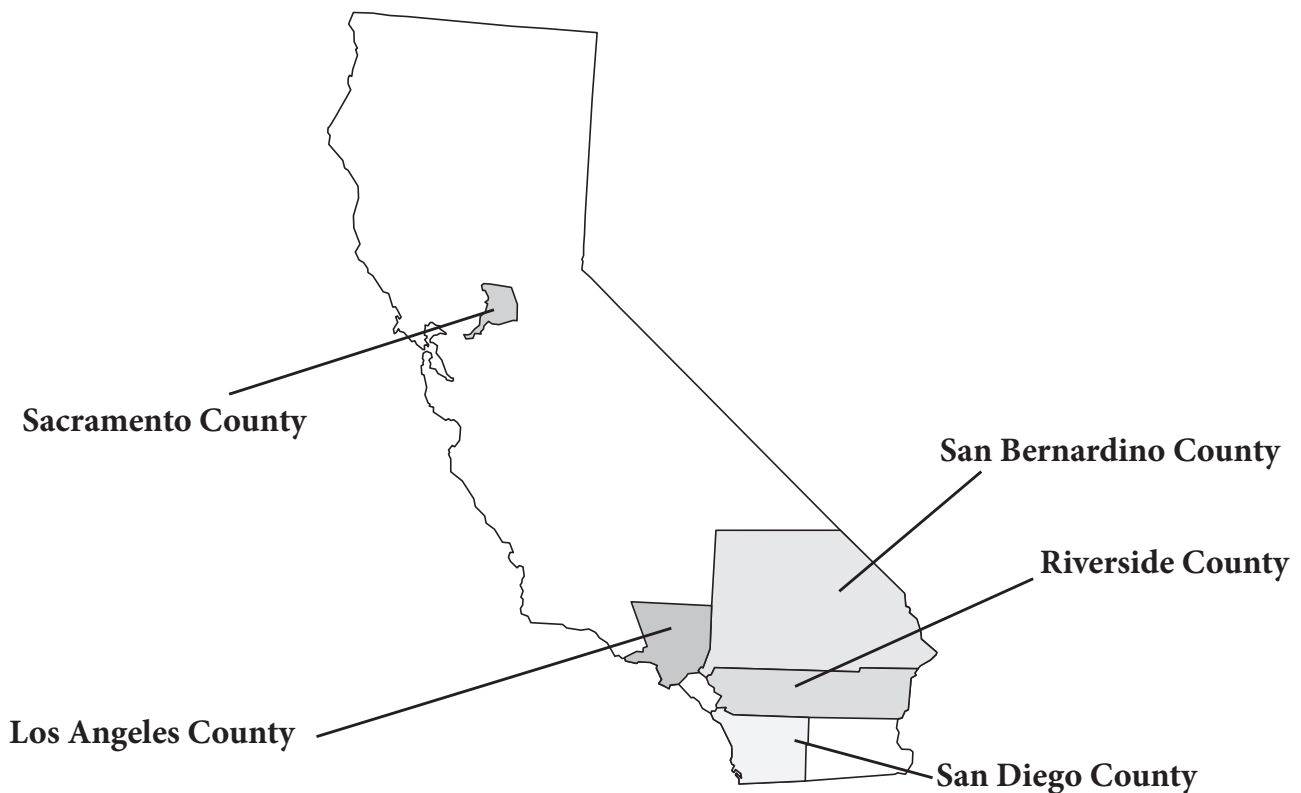
Molina Healthcare services the Sacramento, Los Angeles, San Bernardino, Riverside, and San Diego Counties. Please refer to map. For specific provider locations, please see your child's provider directory for a list of clinics and medical centers. If you have any questions please call our Member Services Department.

## Out-of-Service Area

Emergency and Urgent Care services out of Molina Healthcare's Service Area are covered. All other services are not covered outside the Service Area.

## State of California

### Counties of Service



## Health Education Services

Molina Healthcare's Health Education Department is committed to helping you stay well.

Find out if you are eligible to sign up for one of our programs. Ask about other services we provide or request information to be mailed to you. The following are a list of programs and services Molina Healthcare has to offer you.

**Call toll-free 1 (800) 526-8196, extension 127532 (Monday through Friday, 8:30 a.m. – 5:30 p.m.).**

### Free and Clear<sup>®</sup> Smoking Cessation Program

This nationally recognized program is for members who really want to kick the smoking habit. The program is for smokers who are over 18 years of age or any age and pregnant and are ready to quit. You will be asked about your readiness to stop smoking. If you are ready and have the support to take this important step, you may be eligible to join.

The program is done over the telephone and lasts for six months. You will be mailed a kit with materials to help you stop this habit.

A stop smoking counselor will call you to offer support. You will also be given a telephone number that you can call any time you need help.

### Motherhood Matters<sup>SM</sup> Pregnancy Program

Motherhood Matters is a program for pregnant women. This program will help women get the education and services they need for a healthy pregnancy. You will be mailed a workbook and other resources. It is offered in six languages.

You will be able to talk with a health educator about any questions you may have during the pregnancy. Also, you will learn ways to stay healthy during and after your pregnancy.

You will receive gifts each trimester after completing a risk assessment over the phone.

Call 1 (877) 665-4628 to see if you can join today!

### Breathe with Ease<sup>SM</sup> Asthma Program

This program is for children and adults ages 2 and above with asthma. You and/or your child will learn:

- About asthma triggers
- About early warning signs

- How to use asthma medicines correctly
- How to work with the doctor to prevent asthma flare-ups
- How to use a peak flow meter and an inhaler with a spacer

You will also receive newsletters, an allergen-proof pillow cover, and other resources to help you take better control of asthma.

### Healthy Living with Diabetes<sup>SM</sup> Program

This program is for adults age 18 and above with a diagnosis of diabetes. You will learn:

- About the types of diabetes
- About diabetes self-care (meal planning, exercise tips, diabetes medicines and much more)
- How to work with doctors and other members of the healthcare team to keep diabetes under good control

You can learn all of this at home, by telephone, or in classes. You will also receive newsletters and other information to help you take better control of diabetes.

### Healthy Baby Program

Your child must be 2 to 18 months of age.

Your child must be up-to-date with all of his or her immunizations (shots). You will learn about how to keep your child healthy and safe. After you complete the program, you can get a convertible car seat. Call and find out if your child can join today!

### Weight Control Program

This program is for members who may need help controlling their weight. The weight control program is provided for both parents and children. You and your family will learn about healthy eating and exercise. You may also be able to go to classes in your area if classes are offered.

### Newsletters

As a Molina Healthcare member you will get educational newsletters. They will be sent to you at least three times a year. The articles are written on topics requested by members like you. The tips included will help our families stay healthy.

### Health Education Materials

Molina Healthcare offers a variety of easy-to-read educational materials. Many are available in different languages. Some of the topics are on nutrition, stress management, child safety, asthma, and diabetes. You can get any of these materials by asking your doctor or by calling the Health Education Department.

## Cultural and Linguistic Services

Molina Healthcare can help you talk with your doctor about your cultural needs. You can call and ask to speak with our Cultural and Linguistic Specialist. We can help you find ethnic medical and social support services and help with language problems. If you cannot reach us you may leave a message at the toll free number 1(800) 526-8196, extension 127421

(Monday through Friday, 8:30 a.m. - 5:30 p.m.). We will call you back.

## Welcome to Motherhood Matters<sup>SM</sup> from Molina Healthcare

### A Prenatal Care Program for Pregnant Women

Pregnancy is an important time in your life. It can be even more important for your baby. What you do during your pregnancy can affect the health and well being of your baby – even after birth.

This is also a time when you may have a lot of questions about your pregnancy. Through Molina Healthcare’s Motherhood Matters program, our caring staff will answer your questions. They are here to help you.

They will teach you what you need to do. Being a part of this program and following the guidelines will help you have a healthy pregnancy and a healthy baby.

## Your Baby’s Good Health Begins When You Are Pregnant

You Learn...

- Why visits to your doctor are so important.
- How you can feel better during pregnancy.
- What foods are best to eat.
- What kinds of things to avoid.
- Why you should stay in touch with Molina Healthcare’s staff.
- When you need to call the doctor right away.

### Other Benefits

Health Education Materials – These include a pregnancy book and trimester specific materials.

Community Referrals – To community resources available for pregnant women.

Pregnancy Term	Activity	Purpose
1 <sup>st</sup> Trimester (0-13 weeks)	Motherhood Matters’ staff member will call you for your initial assessment	<ul style="list-style-type: none"> <li>• To get to know you better</li> <li>• Offer support/answer questions</li> <li>• Identify any problems</li> </ul>
2 <sup>nd</sup> Trimester (14-27 weeks)	Motherhood Matters’ staff member will call you for your second assessment	<ul style="list-style-type: none"> <li>• To Check how you are doing</li> <li>• Answer any questions</li> </ul>
3 <sup>rd</sup> Trimester (28-40 weeks)	Motherhood Matters’ staff member will call you for your third assessment	<ul style="list-style-type: none"> <li>• To Check how you are doing</li> <li>• Answer any questions</li> </ul>
After Birth (2 weeks after due date)	Motherhood Matter’s staff member will call you for your after delivery assessment	<ul style="list-style-type: none"> <li>• To remind you to visit your doctor after birth</li> <li>• To Check how you are doing</li> </ul>

## How will Motherhood Matters work for you?

If any problems are found, a nurse will work closely with you and your doctor to help you.

Keep all of your doctor appointments and participate in the calls. This gives you the best chance at having a healthy baby. If you cannot make a doctor’s appointment, please call to reschedule. If you need help with this, call Molina Healthcare’s

Motherhood Matters’ toll-free number at 1 (877) 665-4628 and we can help you.

### Call Now

Motherhood Matters is a simple program to follow and can really help you and your baby throughout your pregnancy. To find out more, just call Molina Healthcare’s Motherhood Matters toll-free at: **1 (877) 665-4628.**

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