

Other Services

GENERAL INFORMATION

What is the Relationship Between the Plan and its Providers?

Most of our physicians and hospitals receive an agreed upon payment from us to provide services to you. Each time you receive healthcare services from one of our providers, they receive payment for that service.

If you would like more information, contact our Member Services Department. You can also obtain more information from your health care provider or the Plan Medical Group you have selected.

How Can You Participate In Plan Policy?

Molina Healthcare has a Member Advisory Committee (called the Public Policy Advisory Committee) for Members to participate in making decisions to assure patient comfort, dignity, and convenience. At least annually, the Member Newsletter will describe how you can participate on this Committee, and communicate any changes that have been made that affect Plan policy.

Continuity of Care

If your doctor (PCP or specialist) or a hospital near where you live is no longer with Molina Healthcare, we will send you a

letter to let you know. The letter will tell you how the change affects you. If your PCP is no longer with Molina Healthcare, the letter will tell you who your new doctor is. If you want a different doctor, you can choose one. Our Molina Healthcare Member Services staff can help you make a choice.

If you are undergoing special treatment and your doctor or the hospital you are getting special treatment from is no longer with Molina Healthcare, you may ask Molina Healthcare permission to stay with the doctor or hospital you are now seeing for continuity of care.

If you are a newly enrolled member undergoing special treatment and your existing doctor or the hospital you were getting special treatment from is not associated with Molina Healthcare, you may ask Molina Healthcare's permission to stay with the doctor or hospital you are now seeing for continuity of care.

Special treatment means you are getting medical treatment with a doctor or hospital for one of these reasons:

- You have a serious chronic condition. "Serious Chronic Condition" means a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature, and that does either of the following:

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- Persists without full cure or worsens over an extended period of time.
- Requires ongoing treatment to maintain remission or prevent deterioration.

If you have a Serious Chronic Condition, you may stay with the doctor or hospital for up to 12 months.

- You are pregnant. You may stay with the doctor or hospital for the length of your pregnancy.
- You have had an acute condition. “Acute Condition” means 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. You may stay with the doctor or hospital for length of the acute condition.
- You have a terminal illness. You may stay with the doctor or hospital for the length of the terminal illness.
- You have received authorization for a surgery or other procedure to be performed within 180 days of the date your doctor or hospital will no longer be with Molina Healthcare or within 180 days of your enrollment with Molina Healthcare.
- You have questions about a diagnosis or a treatment plan for a chronic condition or a condition that could

cause loss of life, loss of bodily function, or substantial impairment.

Eligibility is not based strictly upon the name of your condition.

Your doctor or the hospital may not agree to continue to provide you services. If that happens, Molina Healthcare will assign you to a new doctor or send you to a new hospital for care.

Molina Healthcare is not required to provide continuity of care as described in this section to a newly covered member who was covered under an individual subscriber agreement and undergoing a treatment on the effective date of her AIM coverage. Continuity of care does not provide coverage for benefits not otherwise covered under this agreement.

If you want to request that you stay with the same doctor or hospital, call Molina Healthcare Member Services at 1 (888) 665-4621. If you are deaf or hard of hearing, call our dedicated TTY/TDD line at 1 (800) 479-3310. You can also ask for a copy of Molina Healthcare’s policy that talks about staying with a doctor or hospital.

If you have been receiving care from a doctor or hospital, you may have a right to keep the same doctor or get care at the same hospital for a designated time period. Please contact Molina Healthcare’s Member Services Department, and if you have

further questions, you are encouraged to contact the **Department of Managed Health Care**, which protects HMO consumers, by **telephone at its toll-free number, 1 (888) HMO-2219 or TDD number for the deaf or hard of hearing at 1 (877) 688-9891, or online at www.hmohelp.ca.gov**.

Please note that you do not qualify for this temporary continuity of care coverage if you were offered an open network option or the option to continue with your previous health Plan, and instead you chose to change to Molina Healthcare Health plan.

Notification to Members. If you are assigned to a MG or hospital that is terminating a contract with Molina Healthcare, then Molina Healthcare will provide you 60 days advance written notice of such a contract termination between Molina Healthcare and MG or acute care hospital.

Coordination of Benefits

If you are covered by more than one health insurance program, the benefits provided under the AIM Program are secondary to the coverage of any other program. In such a case, Molina Healthcare will coordinate your coverage as necessary to ensure that you will receive up to but not more than 100 percent coverage.

Pre-existing Conditions

Pre-existing conditions are covered with no

waiting period or particular coverage limitations or exclusions.

Case Management

While all of your medical care is coordinated by your PCP, the Plan and your doctor have agreed that the Plan will be responsible for Complex case management. Our program is a collaborative process of providing services where a professional team of Registered Nurses, Social Workers and Health Educator work with you and your doctor to assess your healthcare needs; develop and implement the most appropriate treatment plan for your medical needs.

Member Liabilities

In AIM, there are no member copayments for covered services. As long as you are receiving covered services you should not have to pay anything.

You may have to pay for services you receive that are NOT covered services, such as:

- Non-emergency services received in the emergency room;
- Non-emergency or non-urgent services received outside of Molina Healthcare's service area if you did not get authorization from Molina Healthcare before receiving such services;
- Specialty services you receive if you did not get a required referral or authorization from Molina Healthcare

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before receiving such services (see page 7, Referrals to Specialist);

- Services from a non-participating provider, unless the services are for situations allowed in this Evidence of Coverage booklet (for example, emergency services, urgent services outside of the plan's service area, or specialty services approved by the plan (see page 5-12, Accessing Care; or
- Services you received that are greater than the limits described in this Evidence of Coverage booklet unless authorized by Molina Healthcare.

Molina Healthcare is responsible to pay for all covered services including emergency services. You are not responsible to pay a provider for any amount owed by the health plan for any covered service.

If Molina Healthcare does not pay a non-participating provider for covered services, you do not have to pay the non-participating provider for the cost of the covered services. Covered services are those services that are provided according to this Evidence of Coverage booklet. The non-participating provider must bill Molina Healthcare, not you, for any covered service. But remember, services from a non-participating provider are not "covered services" unless they fall within the situations allowed by this Evidence of Coverage booklet.

If you receive a bill for a covered service from any provider, whether participating or non-participating, contact the Molina Healthcare's Member Services department at 1-888-665-4621.

What If You Get a Medical Bill?

You are only responsible for paying the monthly premiums for the medical services you receive. You should not receive a medical bill from a Plan Provider unless you fail to obtain Authorization for non-emergency Covered Benefits, or have agreed to pay for non-Covered Benefits. If you receive a bill in error, call our Member Service Department with the information right away. Contracts between Molina Healthcare and its Plan Providers state that you will not be liable to Plan Providers for sums owed to them by the Plan. If you make a payment that you should not have been billed for, send written evidence (e.g., bill, receipt) to our Member Service Department. Upon verification, we will reimburse you within 60 days of receiving your information.

Organ Donation

Advancements in organ transplant technology now allow more patients to benefit from organ transplants than ever before. However, the supply of organs has not kept pace with the number of patients eligible for transplantation. Each day about 55 people in the United States receive an organ transplant,

but another 10 people on the waiting list die because not enough organs are available. Organ donations save lives.

There are no age limitations for organ donors. The factor deciding whether a person can donate is the person's physical condition, not the person's age. Newborns as well as senior citizens have been organ donors. Persons under 15 years of age must have the consent of a parent or guardian.

If you wish to become an organ or tissue donor, the California Department of Motor Vehicles (DMV) can supply a donor card that is carried with your driver license or ID card and a donor sticker to be placed on the front of your driver license or ID card. It is important that organ donors share their decision with family members.

What if an Injury Occurs at Work?

The Program does not provide Covered Benefits for work-related illnesses or injuries covered by Workers' Compensation. The Plan will advance Covered Benefits at the time of need, and the Member shall cooperate to assure that the Plan is reimbursed for such benefits. You are responsible to notify Molina Healthcare of any such situation.

What If Another Person Causes An Injury?

If a Member is injured in an accident caused by a negligent or intentional act or omission

of another person, then Molina Healthcare will advance Covered Benefits at the time of need. This advancement is subject to an automatic lien by agreement to reimburse us from any recoveries or reimbursement that you receive from the person who caused the injury, in accordance with Civil Code §3040. You are responsible to notify Molina Healthcare of any such situation.

Advance Directive

An Advance Directive is a form that tells medical providers what kind of care you want if you can not speak for yourself. An Advance Directive is written before you have an emergency. This is a way to keep other people from making important health decisions for you if you are not well enough to make your own. A "Durable Power of Attorney for Health Care" or "Natural Death Act Declaration" are types of Advance Directives. Your PCP can answer questions about Advance Directives.

You may call Molina Healthcare to get information regarding State law regarding Advance Directive, and to receive information from Molina Healthcare regarding changes to Advance Directive laws.

You can also call Molina Healthcare's Member Services at 1 (888) 665-4621. If you are deaf or hard of hearing, call our dedicated TTY/TDD line at 1 (800) 479-3310.

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DEFINITIONS

Because we know health plan information can be confusing, we have capitalized these words throughout this Member Service Guide to let you know that you can find their meanings in this glossary.

Active Labor means an Emergency Medical Condition that results in labor at a time at which either of the following would occur:

1. A woman is experiencing contractions (A woman experiencing contractions is in true labor unless a physician or qualified individual certifies that after a reasonable time of observation, the woman is in false labor);
2. There is inadequate time to effect a safe transfer to another hospital prior to delivery; or
3. A transfer may pose a threat to the health and safety of the patient or the unborn child.

Acute Condition means 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.

Authorization means the approval by the Member's Primary Care Physician (PCP), Plan Medical Group (MG), or the Plan, for Covered Benefits.

Benefit Year means the twelve-month period that begins on July 1 of each year.

Complaint (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.

Copayment means a fee that a Plan Provider, or its subcontractor(s), may collect directly from a Member for a particular Covered Benefit at the time service is rendered. As an AIM Member, you pay no Copayments.

Covered Benefits means those Medically Necessary services and supplies that Members are entitled to receive under the AIM Program and which are described in this Member Service Guide.

Drug Formulary means the listing of approved outpatient prescription drugs that are covered by the Plan. The Drug Formulary consists mainly of generic drugs but also includes brand-name drugs. If you have questions regarding what drugs are included in the Drug Formulary, please call our Member Service Department.

Durable Medical Equipment means

medical equipment appropriate for use in the home which: 1) is intended for repeated use; 2) is generally not useful to a person in the absence of illness or injury; and 3) primarily serves a medical purpose.

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 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.

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.

Medically Necessary means a treatment or service necessary to protect life; to prevent significant illness or disability; to diagnose, treat, or control illness, disease, or injury; or to alleviate severe pain. The treatment or service should be:

- a. based on generally accepted clinical evidence,
- b. consistent with recognized standards of practice,
- c. demonstrated to be safe and effective for the Member's medical condition, and
- d. provided at the appropriate level of care and in an appropriate setting based on the Member's medical condition.

Member means a member who is eligible for

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and participates in the AIM Program with Molina Healthcare.

Non-Covered Services means those services, other than Covered Benefits, for which Members are financially responsible.

Out-of-Area Coverage means coverage while a Member is outside the Service Area, including coverage for Emergency Services and Urgent Care Services to prevent serious deterioration of a Member's health resulting from unforeseen illness or injury or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the Member returns to the Service Area.

Plan means Molina Healthcare.

Plan Hospital means an institution licensed by the State of California as an acute care hospital that provides certain Covered Benefits to Members through an agreement with Molina Healthcare.

Plan Medical Group (MG) means a group of physicians organized as a legal entity, that has met the Plan's criteria for participation and has entered into an agreement with the Plan to provide and make available Professional Services and coordinate the provision of other Covered Benefits to Members on an independent contractor basis.

Plan Pharmacy means any pharmacy

licensed by the State of California to provide outpatient prescription drug services to Members through an agreement with the Plan. Plan Pharmacies are listed in the Provider Directory.

Plan Physician means any doctor of medicine, osteopathy, podiatry or dental surgery licensed by the State of California to provide certain Professional Services to Member, either through an agreement with the Plan or with a MG.

Plan Providers means the physicians, hospitals, skilled nursing facilities, home health agencies, pharmacies, medical transportation companies, laboratories, X-ray facilities, durable medical equipment suppliers and other licensed health care entities or professionals which or who provide Covered Benefits to Members through an agreement with the Plan.

Primary Care Physician (PCP) or Personal Doctor means a Plan Physician chosen by or for a Member who is primarily responsible for supervising, coordinating, and providing initial care to the Member; for maintaining the continuity of Member's care; and providing or initiating referrals for Covered Benefits for the Member. Primary Care Physicians include general and family practitioners, internists, pediatricians, OB/GYNs, and non-physician providers such as nurse practitioners and physician assistants who have been approved by the

Plan to accept the responsibility for delivering primary care services.

Professional Services means those professional diagnostic and treatment services provided by Plan Physicians and other health professionals that are listed in this Member Service Guide.

Program means the Access for Infants and Mothers (AIM) Program, which provides health coverage for eligible pregnant women.

Provider Directory means a listing of Plan approved physicians, hospitals, and other Plan Providers, which is updated periodically.

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.

Serious Chronic Condition means 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.

Service Area means San Diego County.

Severe Mental Illness means one or more of the following nine disorders in persons of any age: 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.

Terminal Illness means an incurable or irreversible condition that has a high probability of causing death within one year or less.

Urgent Care Services - means those services performed, inside or outside the Plan's service area, which are medically required within a short timeframe, usually within twenty-four (24) hours, in order to prevent a serious deterioration of a Member's health due to an illness or injury or complication of an existing condition, including pregnancy, for which treatment cannot be delayed. Urgently needed services include maternity services necessary to prevent serious deterioration of the health of the enrollee or the enrollee's fetus, based on the enrollee's reasonable belief that she has a pregnancy-related condition for which treatment cannot be delayed until the enrollee returns to the Plan's service area. Urgent care services received outside the Plan's service area are considered emergency services and do not require PCP authorization.

Molina Healthcare of California's Service Area for the AIM Program

Map of California



San Diego County

Member Service Department 1-888-665-4621
Monday through Friday: 7:00 a.m. to 7:00 p.m.