

A Guide To
Using Your
**Health
PLAN**



Your Extended Family.

IMPORTANT

Molina Healthcare Phone Numbers:

Member Services:

1-800-875-0679

24 Hour Nurse Advice Line:

1-800-875-0679

Relay Missouri

1-800-735-2466 **Voice;**

1-800-735-2966 **Text**



Your Extended Family.

About Our Members: Protecting Your Privacy

Your privacy is important to us. We take confidentiality very seriously. Molina Healthcare wants to let you know how your health information is shared or used.

Your Protected Health Information

PHI stands for these words: protected health information. PHI means health information that includes your name, member number, or other things that can be used to identify you, and that is used or shared by Molina Healthcare.

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

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

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

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



What are your privacy rights?

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



How does Molina Healthcare protect your PHI?

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

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

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina Healthcare and file a complaint.
- File a complaint with the U.S. Department of Health and Human Services.

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



We Care About Your Health

Improving Services to Molina Healthcare Members

Your health care is important to us. We want to hear how we are doing. That's why you may receive a survey about Molina Healthcare and your health care services. One of these surveys is called CAHPS.

CAHPS stands for the Consumer Assessment of Healthcare Providers and Systems. This survey asks questions about your health care. It asks about the care you or your child receives from Molina Healthcare. We may send you a few questions about how we are doing and what is important to you. Please take the time to complete the survey if you receive it.

HEDIS is another tool we use to improve care. HEDIS stands for Healthcare Effectiveness Data and Information Set. This is a process where we collect information on services that you or your child may have received. These services include shots, well-child exams, Pap and mammogram screenings, diabetes care, and prenatal and after-delivery care. Through this process we can find out how many of our members actually got needed services. This information is made available to you. It can be used to compare one health plan to another plan.

For more information, go to www.molinahealthcare.com

Each year Molina Healthcare strives to improve all services provided. This is done by setting goals. These goals are included in a Quality Improvement (QI) plan. Our goal is to help you take better care of yourself and your family.

As part of the QI plan, Molina Healthcare helps you take care of your health and get the best service possible.

Some of the ways we do this include:

- Reminders about getting well-child exams and immunizations
- Asthma and diabetes education
- Education on prenatal care and after-delivery exams
- Reminders about getting Pap and mammogram screenings
- Better processing of member grievances (complaints)
- Help finding the Molina Healthcare website
- Telling you about special services for members

To learn more or to request a copy of our QI plan, call your Molina Healthcare Member Services Team.



Molina Healthcare Patient Safety Program:

Molina Healthcare wants you and your family to be safe and healthy. We have a Patient Safety Program to help us meet this goal. This program gives you safety facts so you can make better health care choices. Here are a few of the things we do to improve your safety:

- Give providers and hospitals information on safety issues and where to get help.
- Keep track of our member's complaints about safety problems in their provider's office or hospital.
- Look at reports from groups that check hospital safety. Reports tell us things such as, if there are enough staff in the Intensive Care Unit (ICU) to care for patients, use of computer drug orders, and so forth.

These groups are:

- Leap Frog Quality Index Ratings (www.leapfroggroup.org)
- JCAHO National Patient Safety Goal Ratings (www.jointcommission.org)

You can look at these websites to:

- See what hospitals are doing to be safer.
- Help you know what to look for when you pick a provider or a hospital.
- Get information about programs and services for patients with problems like diabetes and asthma.



We also let you know:

- How to make your home safer.
- How to keep poisons and medicines out of the reach of your children.
- About people selling unsafe medicine.
- How to have fun and still be safe outdoors.
- Why exercise is good for you.

Call our Member Services Department at 1-800-875-0679 to get more information about our Patient Safety Program. You can also visit us online at www.molinahealthcare.com



We Want to Give You Good Care!

Molina Healthcare works with your providers and hospitals to give you good health care. We make choices about your care based on what you need. We also look at your benefits. We do not reward providers to deny you care. We also do not reward staff or other people to deny you care or give you less care. We do not pay extra money to providers or our staff to deny tests or treatments that you need to get better or stay healthy.

If you ever have a concern about your health care, you may call our Member Services team. You can also talk to our nurses about getting needed care. Our staff is here to take your call Monday

For more information, go to www.molinahealthcare.com

through Friday (except holidays) between 8:00 a.m. and 5:00 p.m. They can answer questions about how we make health care choices. Just call the toll-free Member Services number at 1-800-875-0679. This number is also listed on the back of your I.D. card.

After Hours Care

There may be times when you may need care and your Primary Care Provider (PCP) is closed. If it is after hours and your PCP's office is closed you can call your PCP or Molina Healthcare's Nurse Advice Line. Nurses are available to help you at any time of the day. Call 1-800-875-0679, 24 hours a day, 7 days a week.



Molina Healthcare's Nurse Advice Line has highly trained nurses. They can help you decide if you or your child should see a provider right away. The nurses can also help you make an appointment if you need to see a provider quickly. Sometimes, you have questions but you do not think you need to see your PCP. You can call the Nurse Advice Line and talk to a nurse. They will help you.

Emergency Care

Emergency care is for sudden or severe problems that need care right away. It can also be care that is needed if your life or health is in danger. Emergency care is a covered benefit. If you need

For more information, go to www.molinahealthcare.com

emergency care, call 911 or go to the nearest hospital. You do not need prior approval. If you have an urgent matter that does not threaten your life, you can also call Molina Healthcare's Nurse Advice Line. Highly trained nurses are available to help you at any time of the day. Call 1-800-875-0679, 24 hours a day, 7 days a week.

Looking at What's New

We also look at new types of services. And we look at new ways to provide those services. We review new studies to see if new services are proven to be safe and should be added to your benefit package. Molina Healthcare reviews the type of services listed below at least once a year:

- Medical services
- Mental health services
- Medicines
- Equipment

Complex Case Management

Living with health problems and dealing with the things to manage those health problems can be hard. Molina Healthcare has a program that can help. The Complex Case Management program is for members with difficult health problems that need extra help with their health care needs. The program allows you to talk with a nurse about your health problems. The nurse can help you learn about those problems and teach you how to better manage them. The nurse may also work with your family or caregiver and provider to make sure you get the care you need. There are several ways you can be referred for this program. One way is through medical or pharmacy claims. Another way is through your provider. It is your choice to be in these programs. You can choose to be removed from the program at any time.

If you would like more information about the program, please call Molina Healthcare and ask for a Complex Case Manager. The phone number is listed on the back of your ID card.

You Have a Right to Appeal a Denial

What is a denial?

A denial means Molina Healthcare has made a decision to:

- Deny a request to cover a healthcare service;
- Reduce, suspend or stop care you are already receiving;
- Deny payment for a service you received that is not covered.

If your service or claim is denied, you will get a letter from Molina Healthcare telling you about this decision. This letter will tell you about your right to appeal. You can read about these rights in your Member Handbook. You can find out how to file an appeal on our website, www.molinahealthcare.com. Member Services also can help you file an appeal.

If you are not happy with the result of your appeal, you can ask for a State Fair Hearing. This means providers outside Molina Healthcare review all the facts in your case and make a decision. We will accept that finding.

Would you like to ask for a review of an appeal?

Call Member Services and ask them to help set this up for you.

Your Rights as a Molina Healthcare Member

Did you know that as a member of Molina Healthcare you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Molina Healthcare ensure that you get the covered services and care that you need.

You have the following rights:

- Be treated with respect and dignity.
- Receive needed medical services.
- Privacy and confidentiality (including minors) subject to state



and federal laws.

- Select your own PCP.
- Refuse treatment.
- Receive information about your health care and treatment options.
- Participate in decision-making about your health care.
- Have access to your medical records and to request changes, if necessary.
- Have someone act on your behalf if you are unable to do so.
- Get information on our Physician Incentive Plan, if any, by calling 1-800-875-0679.
- Be free of restraint or seclusion from a provider who wants to:
 - Make you do something you should not do;
 - Punish you;
 - Get back at you;
 - Make things easier for him or her.
- Be free to exercise these rights without retaliation.
- Receive one copy of your medical records once a year at no cost to you.
- Members may request an Explanation of Benefits (EOB) by calling Member Services at 1-800-875-0679. The EOB, if requested, will be mailed to the members home.

You also have the responsibility to:

- Carry your Molina Healthcare card and your Red or White MO HealthNet Card with you at all times.
- Show your Molina Healthcare card at all health care offices.
- Call your personal PCP about any changes in your health.
- Provide information needed by your PCP to care for you.
- Follow instructions and guidelines given to you by your PCP.
- Make and keep PCP's appointments, or call ahead to cancel.
- Only use the emergency room if your life is in danger or for a serious condition.

- Call your family PCP before you see any other health care provider except for those services listed on page 13 of your Member Handbook. Services that do not need a PCP referral.
- Make sure to see your PCP for regular checkups and shots for your children.
- Call us at 1-800-875-0679 if your Molina Healthcare card does not come in the mail or if you lose your card.
- Learn all you can about good health, and work to keep your family healthy.

These are only a few of your rights and responsibilities. For a list of all your rights and responsibilities, look in your Member Handbook. You can also visit the Molina Healthcare website at www.molinahealthcare.com or call Member Services at 1-800-875-0679.

Grievances and Appeals

Are you having problems with your medical care or our services? If so, you have a right to file a grievance or appeal.

A grievance can be for things like:

- The quality of care or services you received;
- The way you were treated by a provider; or
- A disagreement you may have with a MO HealthNet Managed Care health plan policy.

An appeal can be filed when you do not agree with Molina Healthcare's decision to:

- Deny or give a limited approval of a requested service;
- Deny, reduce, suspend, or end a service already approved; or
- Deny payment for a service;

Or fails to:

- Act within required time frames for getting a service;
- Make a grievance decision within thirty (30) days of receipt of request;
- Make an expedited decision within three (3) days of receipt of request;
- Make an appeal decision within forty-five (45) days of request.

You may expedite your request if a delay in the decision may risk your health. You may also ask for a State Fair Hearing through the MO HealthNet Division.

Check our website, www.molinahealthcare.com or your Member Handbook to read about:

- Grievance, appeal & State Fair Hearing processes and rights;
- Grievance, appeal & State Fair Hearing timeframes;
- Who can file a grievance/appeal?

Disease Management Programs

Molina Healthcare wants you to know all you can to help you stay healthy. We have programs that can help you manage your condition. There are many ways you can enroll in our programs. One way is through medical or pharmacy claims. Another way is through your provider. It is your choice to be in these programs. You can choose to be removed from the program at any time. For more details about our programs, please call Member Services at 1-800-875-0679 or visit www.molinahealthcare.com.

- **The breathe with easesm asthma** program is for children and adults ages 2 years and over with asthma. You and /or your child will learn how to manage your or your child's asthma and work with your provider.



- **The Healthy Living with Diabetessm** program is for adults age 18 years and over with diabetes. You will learn about diabetes self-care (meal planning, exercise tips, diabetes medicines and much more).

BABY CARE

The BABY CARE pregnancy program is a simple program to follow. It can really help you and your baby during your pregnancy. Pregnant mothers get support and education as well as follow up by telephone from nurses or health educators. Special care is given to those who have a high risk pregnancy. To find out more, just call Molina Healthcare and ask for an OB Case Manager at 1-800-875-0679.

Getting the Care You Need

Here are some tips to help you get the health care you need.

See your primary care provider (PCP) for a health checkup.

Many people wait until they are very sick to see a provider. You do not need to wait. Make sure you schedule a checkup before you get sick. This will help keep you and your children well.

Your PCP can handle most of your health care needs. But sometimes you have special problems such as a broken bone or heart disease. You may need to visit a provider who has extra training. This provider is called a specialist. If you need to see a specialist, your PCP will make sure you see the right one and may be able to help you get an appointment faster.

When you travel away from your hometown, Molina Healthcare pays for emergency care for you.

You may go to a local emergency room (ER) or an urgent care clinic. Tell them you are a Molina Healthcare member. Show them your Molina Healthcare ID card. But don't forget, routine care is not covered when you travel away from home.

Are you having trouble speaking to your provider in English?

You have a right to an interpreter. There is no cost to you. Tell the

office staff if you would prefer to talk in your own language. If you need help, call Member Services.

Check out the Molina Healthcare Website

Check out our website at www.molinahealthcare.com “Click” on the member button. Choose your state in the drop-down box.

You can get information on our website about:

- Molina Healthcare’s contracted providers and hospitals
- Your benefits
- What to do if you get a bill or a claim
- FAQs (frequently asked questions and answers)
- Drug formulary (approved drugs that providers can prescribe)
- How to contact Utilization Management (UM) staff about a UM issue or question
- How to get primary care, hospital, specialty, and emergency services
- How to get care after normal office hours
- Preventive health guidelines and immunization schedule
- Your rights and responsibilities and the privacy of your information
- Restrictions on benefits or how to obtain care outside the Molina Healthcare service area
- Quality Improvement, Health Education, and Disease Management programs
- How to voice a complaint or appeal a medical decision
- How we decide about using new technology

You can ask for printed copies of anything posted on the website by calling Member Services. Your member handbook is also a good resource. You can find it on our website.

Preventive Health Guidelines

	Children & Teens (0 to 18 years)
Well Visits	<ul style="list-style-type: none"> • Infants (0-12 months): Visits at 1, 2, 4, 6, 9 & 12 months • Early Childhood (15 months – 4 years): Visits at 15, 18, 24 & 30 months & at 3 & 4 years • Late childhood & adolescents (5-20 years): Visits once a year
Immunizations	<ul style="list-style-type: none"> • Hepatitis B (HepB): 3 doses • Rotavirus (Rota): 3 doses • Diphtheria, Tetanus, Pertussis (DTaP): 6 doses • Haemophilus influenza type b (Hib): 4 doses • Pneumococcal (PCV): 4 doses • Inactivated Poliovirus (IPV): 4 doses • Influenzae (Flu Shot): Yearly, 6 months & older • Measles, Mumps, Rubella (MMR): 2 doses • Varicella: 2 doses • Hepatitis A (HepA): 2 doses • Meningococcal (MCV4): 2 doses • HPV: 3 doses, for females age 11-12 years

**Adult Women
(19 years and over)**

**Adult Men
(19 years and over)**

Every 1 – 3 years

Every 1 – 3 years

- Influenza (flu shot): Yearly
- Tetanus-diphtheria (TD):
Every 10 years
- Meningococcal: 1 dose,
for high risk
- Pneumococcal: 1 dose,
65 years & older
- Measles, Mumps, Rubella
(MMR): 1 dose, if no proof of
shots or immunity
- Hepatitis A (HepA): 2 doses,
for high risk
- Hepatitis B (HepB): 3 doses,
for high risk
- HPV: 3 doses, age 26 years
or younger
- Herpes Zoster (Shingles):
60 years & older
- Varicella (Chickenpox): 2 doses
if no proof of shots or immunity

- Influenza (flu shot): Yearly
- Tetanus-diphtheria (TD):
Every 10 years
- Meningococcal: 1 dose,
for high risk
- Pneumococcal: 1 dose,
65 years & older
- Measles, Mumps, Rubella
(MMR): 1 dose, if no proof of
shots or immunity
- Hepatitis A (HepA): 2 doses,
for high risk
- Hepatitis B (HepB): 3 doses,
for high risk
- Herpes Zoster (Shingles):
60 years & older
- Varicella (Chickenpox): 2 doses if
no proof of shots or immunity

Preventive Health Guidelines – Continued

	Children & Teens (0 to 18 years)
Exams & Screenings	<ul style="list-style-type: none">• Physical examination (height, weight, blood pressure, body mass index (BMI), anemia, metabolic exams)• Developmental assessment• Behavioral assessment• Lead testing• Hearing & vision screenings• TB test• Pap test, Chlamydia, HIV, sexually transmitted disease (STI) test for sexually active teens• Dental screening at 1-2 years

**Adult Women
(19 years and over)**

**Adult Men
(19 years and over)**

- Height, weight & body mass index
- Blood Pressure: Yearly
- Cholesterol screening: Every 5 years
- Chlamydia & STI for sexually active 25 years & younger. Other asymptomatic women at increased risk for infection
- Mammogram: Yearly for 40 years of age and over
- Pap test & pelvic exam: Yearly
- Bone density for osteoporosis: 65 years & older. 60 & older at increased risk for osteoporotic fractures
- Colorectal cancer screening: Every 5-10 years based on provider recommendations

- Height, weight & body mass index
- Blood Pressure: Yearly
- Cholesterol screening: Every 5 years
- Colorectal cancer screening: Every 5-10 years based on provider recommendations
- Abdominal Aortic Aneurysm (AAA) screening: once for men 65 to 75 years of age who have ever smoked



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