



Spring 2011

Health & FAMILY

Your Guide to Health & Wellness

Molina Healthcare
works to give you
 the best health
care possible



IMPORTANT

Molina Healthcare's Toll Free Phone Numbers:



Salud! Member Services

(800) 580-2811

SCI Member Services

(866) 403-3018

24 Hour Nurse Advice Line:

(888) 275-8750 (TTY: (866) 735-2929)

Spanish (866) 648-3537 (TTY: (866) 833-4703)

For UNM SCI: (877) 725-2552

Molina Healthcare services are funded in part under contract with the State of New Mexico.



Your Extended Family.



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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. Molina Healthcare also uses different ways to identify Members for the Disease Management programs, such as claims, pharmacy information or from other health management programs. There are also many ways you can enroll in our programs. You can also tell us that you want to be included in the program. This is called self-referral. Another way you can enroll 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 the programs listed please call the Molina Healthcare Health Improvement Hotline toll free at (800) 377-9594 ext. 182618 or visit www.MolinaHealthcare.com.



- The **breathe with ease**SM asthma program is for Members ages two (2) years and older with asthma. Members will learn how to manage asthma and work with their providers.
- The **Healthy Living with Diabetes**SM program is for Members age eighteen (18) years and older with diabetes. Members will learn about diabetes self-care (meal planning, exercise tips, diabetes medicines and much more).

- The **motherhood matters**SM pregnancy program is a simple program for pregnant Members. It can really help the Member and baby during the pregnancy. Pregnant mothers get support and education as well as follow up telephone calls from nurses or health educators. Special care is given to those who have a high risk pregnancy.
- The **Chronic Obstructive Pulmonary Disease (COPD)** program is for Members who are twenty-one (21) years and older who have emphysema and chronic bronchitis. With this program Members can learn how to better control breathing.
- The **Heart-Healthy Living Cardiovascular** program is for Members eighteen (18) years and older who have one (1) or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure.



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 to this program:

- A referral from your provider;
- A self-referral through the Health Education line;
- A referral from a case manager or care manager at Molina Healthcare;
- A referral through medical or pharmacy claims; or
- A self-referral from you or a family member.

There are also certain requirements that you must meet. It is your choice to be in these programs and you can choose to be removed at any time.

If you would like more information about the program, please call Member Services. The telephone number is listed on the cover of this booklet and on the back of your ID card.

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 that may require you 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. Routine care is not covered outside the Molina Healthcare service area, unless you are being seen by a Molina

Healthcare participating provider. If you need special care by a provider who is not part of the Molina Healthcare network, your PCP will help you get the authorization (approval) you need.

If you travel outside the service area, 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. Remember that routine care is not covered outside the Molina Healthcare service area, unless you are being seen by a Molina Healthcare participating provider.

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 that you prefer to talk in your own language. If you need help, call Member Services.

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 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; and
- 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; and
- 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, including written and verbal communications;

- Molina Healthcare staff must agree in writing to follow the rules and policies that protect and secure PHI; and
- Molina Healthcare secures PHI in our offices and 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 may also get a copy of our Notice of Privacy Practices by calling Member Services.

Visit the Molina Healthcare Website

Visit our website at **www.MolinaHealthcare.com** and “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, including co-payments and other charges (if they apply);
- What to do if you get a bill or a claim;
- FAQs (frequently asked questions and answers);
- Drug formulary (approved drugs that doctors can prescribe);
- How to contact Utilization Management (UM) staff about what medical care is covered/not covered, medically necessary, and may need to be coordinated;
- 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; and
- 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.

Provider Online Directory (POD)

Molina Healthcare has a provider online directory where you can find information on a provider. You can even search for one in your area. To access the provider online directory, visit **www.MolinaHealthcare.com** and “Click” on “Find a Provider”. Follow the instructions to search for a provider.



The provider online directory includes information, such as:

- A current list of Molina Healthcare providers;
- A provider’s board certification status. You can also visit the American Board of Medical Specialties at www.abms.org to check if a provider is board certified;
- Office hours for all sites (optional based on Plan requirement);
- Providers accepting new patients;
- Languages spoken by the provider or staff; and
- Hospital information including name, location and accreditation status.

If you don’t have access to the internet, Member Services can help. They can send you a printed copy of all information in the provider online directory.

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 members 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 Member Services. You can also talk to our nurses about getting needed care. Our staff is here to take your call Monday 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 Member Services toll free at (800) 580-2811 (Salud!) or (866) 403-3018 (SCI). This number is also listed on the cover page of this booklet and on the back of your I.D. card. If you call after 5:00



p.m. or over the weekend, please leave a message and your phone number with our after hours staff. The Utilization Management staff will call you back during the next normal business day.

After Hours Care

There may be times when you may need care and your Primary Care Practitioner (PCP) is not available. If it is after hours and your PCP's office is closed, you can call Molina Healthcare's Nurse Advice Line. Nurses are available to help you at any time of the day. Call toll free at (888) 275-8750, twenty-four (24) hours a day,

seven (7) days a week. UNM SCI Members call toll free at (877) 725-2552.

Molina Healthcare's Nurse Advice Line has highly trained nurses. They can help you decide if you or your child should see a doctor right away. The nurses can also help you make an appointment if you need to see a doctor 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 covered. If you need emergency care, call 911 or go to the nearest hospital. You do not need prior approval. 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 toll free at (888) 275-8750, twenty-four (24) hours a day, seven (7) days a week. UNM SCI Members call toll free at (877) 725-2552.

Looking at What's New

We also look at new services. We also look at new uses for benefits you have now. 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; and
- Equipment.

Molina Healthcare's 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; and
- Look at reports from groups that check hospital safety. These reports tell us such things as if there was enough staff in the Intensive Care Unit (ICU), review quality of care related to complications, use of computer drug orders, and so forth.

Groups that check safety:

- Leap Frog Quality Index Ratings (www.leapfroggroup.org); and
- The Joint Commission National Patient Safety Goal Ratings (www.jointcommission.org)

You can look at these websites too. These are open to the public.

- See what hospitals are doing to be safer;
- Help you know what to look for when you pick a provider or a hospital; and
- 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;
- Warn you about people selling unsafe medicine;
- How to have fun and still be safe outdoors; and
- Why exercise is good for you.

Call Member Services to get more information about our Patient Safety Program. You can also visit us online at **www.MolinaHealthcare.com**.



Behavioral Health

Salud! behavioral health benefits are managed by OptumHealth New Mexico. OptumHealth New Mexico will help Salud! Members coordinate their behavioral health services.

Molina Healthcare manages behavioral health services for SCI Members. There are services to help with problems such as stress, depression, confusion

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. 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

and/or substance abuse. Talk with your PCP about the care that you need. You can also look for services on your own by calling the Behavioral Health number on your membership card. There are many types of services you can access. Behavioral health problems can be treated and Molina Healthcare can assist you in getting the service you need.

you or your child receives from Molina Healthcare.

Please take the time to complete the survey if you receive it.

HEDISsm is another tool we use to improve care. HEDISsm 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, Papanicolaou (Pap) exam and mammogram screenings, diabetes care, asthma 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.

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. We may send you a

few questions about how we are doing and what is important to you. 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 complaints;
- Help finding the Molina Healthcare website; and
- Telling you about special services for Members.

To learn more about our QI Program and our progress in meeting our goals you can go to our website at www.MolinaHealthcare.com. To request a copy of our QI Program and our progress towards meeting our goals, call Molina Healthcare Member Services.



Your Rights as a Molina Member

Did you know that you have rights and responsibilities as a Molina Healthcare Member? Knowing these will help you make sure you and your family get the care that you need.

You have the right to:

- Get all the services that we offer;
- Be treated with respect and kindness;
- Be able to help make choices about your care;
- Be able to file a complaint about services, the providers or the care you got;
- Change your Primary Care Practitioner (PCP);
- Make necessary health care choices with your provider;
- Receive information; and
- Participate in making recommendations about the Member rights statement.

Your responsibilities are to:

- Learn and ask questions about your health benefits;
- Give information needed to help care for you and your family;
- Follow the care plan that you agreed on with your provider;
- Keep your appointments and be on time. Call your PCP if you are going to be late or need to cancel an appointment;
- Report fraud or wrongdoing to us or the proper authorities; and
- Let us know about changes to your address, telephone number, or things that could affect your eligibility.

Second Opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion from another Molina Healthcare provider or Molina Healthcare shall arrange for you to obtain a second opinion outside the network at no cost to you (Regulation 8.305.8.15A(7) NMAC Member Bill of Rights).

Out-of-Network Services

If a Molina Healthcare provider is unable to provide you with necessary and covered services, Molina Healthcare must cover the needed services through an out-of-network provider. This must be done in a timely manner for as long as Molina Healthcare is unable to provide the service. A request for an out-of-network provider requires a prior authorization approval.

Refer to your Member Handbook for a complete list of your rights and responsibilities. Visit our website at www.MolinaHealthcare.com or call Member Services.

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 filed for reasons like the care you get from a provider or hospital and the time it takes to get an appointment or be seen by a provider or a specialist in your area. You can file a grievance by calling Member Services. You may also submit a grievance in writing.

If your request for medical services or treatment is not approved by Molina Healthcare, you have the right to:

- A formal appeal;
- An Internal Reconsideration Hearing;
- An independent review; and/or
- A Fair Hearing through the Human Services Department, Fair Hearings Bureau (Molina SCI Members must follow the formal appeals process before a fair hearing can be requested – please refer to the SCI Member Handbook.)

An appeal is a request to review or reconsider an action (decision) from Molina Healthcare. You can submit this request over the phone or in writing.

Appeals can be filed for actions such as:

- The denial or limited approval for a requested service, including the type or level of service;
- The reduction, suspension or termination of a previously authorized service;
- The denial, in whole or in part, of payment for a service (this may make you responsible for the bill or part of the bill);
- Molina Healthcare not providing services in a timely manner; and
- Molina Healthcare not completing an authorization request in a timely manner.

Any “action” by Molina Healthcare can be appealed. Our appeals process makes sure that you have access to all of your rights. Our staff wants to help you. Every request for an appeal or hearing is seen as a chance to make sure that you get all of the benefits and care to

which you are entitled. You may expedite your request if a delay in the action may risk your health.

You also have the right to request an independent review when you are not happy with the action of your appeal with Molina Healthcare. This means providers outside Molina Healthcare review all the facts in your case and make a decision. We will accept their decision.

Visit our website at www.MolinaHealthcare.com or your Member Handbook to read about:

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

SCI Members have the right to ask for an Administrative Hearing through the Human Services Department only after they have exhausted the Molina Healthcare appeals process. You have to do this within ninety (90) calendar days of the final Molina Healthcare decision. You can contact HSD Fair Hearings Bureau toll free at (800) 432-6217 Option 6.

Your Right to an Advance Directive

All Members have the right to accept or refuse treatment offered by a provider but what if you are not able to tell the provider what you want? To avoid decisions being made against your will, it is important to have an Advance Directive.

An Advance Directive is a legal form that tells medical providers what kind of care you want if you cannot 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. There are different types of Advance Directives. Some examples are:

- Power of Attorney for Health Care
- Living Will

It is your choice to complete an Advance Directive. No one can deny you care based on whether or not you have an Advance Directive. Talk with someone you trust, like a family member or friend, to help you make decisions about your health care. You can also talk with your lawyer or PCP if you have questions or would like to complete an Advance Directive.

You may call Molina Medicare to get information on how to obtain Advance Directive forms that comply with applicable state laws.

If you have signed an Advance Directive and you believe the provider has not followed your instructions, you may file a complaint. Please visit the website at **www.MolinaHealthcare.com** or call Member Services for more information on how to file a complaint.

We are Here to Help You

It can be hard for Members to get the care they need when receiving health services for ongoing health problems. If you are one of these Members, Molina Healthcare is here to help. To make sure you receive the proper care, our staff can help you coordinate your care. Molina Healthcare staff can help you:

- Find services that are not benefits. This includes community and social services programs such as physical therapy with the schools or “Meals on Wheels”;
- Access services that you are eligible to receive;
- Coordinate appointments and tests;
- Coordinate transportation (for Salud! Members only);
- Access resources to help individuals with special health care needs and/or their caregivers deal with day to day stress; and

- Coordinate moving you from one setting to another. This can include being discharged from the hospital.

Please call Member Services to learn more about how we can help you get the care you need.

Women’s Healthcare Services (MA2-A, MED1-A)

You can get women’s health care services from any provider who has a contract with Molina Healthcare or any Qualified Family Planning Provider. You do not need a referral from your PCP. This may include services such as Pap tests, mammograms and family planning. UNM SCI Members will need a referral from their PCP for a mammogram. Salud! and SCI Members can self-refer for a mammogram if it has been more than one (1) year since their last mammogram.

Child and Adolescent Immunization Schedule

Vaccine	Months									Years							
	Birth	1	2	4	6	12	15	18	19-23	2-3	4-6	5	6	11	12	13-19	
Hepatitis B	HepB	HepB			HepB												
Rotavirus			RV	RV	RV												
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP			Tdap			
Haemophilus Influenzae Type B			Hib	Hib	Hib	Hib											
Pneumococcal			PCV	PCV	PCV	PCV											
Inactivated Poliovirus			IPV	IPV	IPV												
Influenza					Influenza (Yearly)												
Measles, Mumps, Rubella						MMR					MMR						
Varicella						Varicella					Varicella						
Hepatitis A						HepA (2 doses)											
Meningococcal															MCV		
Human Papillomavirus															HPV (3 doses)		

Adult Immunization Schedule

Vaccine	19-26	27-49	50-59	60-64	65 & older
Influenza	Yearly				
Pneumococcal ¹					1 dose
Tetanus, diphtheria, pertussis (Td, Tdap) ¹	1 dose Tdap, Td every 10 years				Td every 10 years
Measles, Mumps, Rubella (MMR) ¹	1 or 2 doses				
Varicella (Chickenpox) ¹	2 doses				
Zoster (Shingles) ¹				1 dose	
Hepatitis A (HepA) ²	2 doses				
Hepatitis B (HepB) ²	3 doses				
Meningococcal ²	1 or more doses				
Women					
Human Papillomavirus (HPV)	3 doses				

¹If no proof of vaccine or immunity

²If at high risk

Preventive Health Guidelines (adults)

	Adults (20 to 64 years old)	Older Adults (65 years and older)
Well Visits	Every 1 – 3 years	Every 1 – 3 years
Exams and Screenings	<ul style="list-style-type: none"> • Immunizations • Height, weight & body mass index (BMI) • Blood Pressure: Yearly • Cholesterol screening: Every 5 years • Colorectal cancer screening: Every 5-10 years based on provider recommendations 	<ul style="list-style-type: none"> • Immunizations • Vision & hearing • Bone density for osteoporosis: 65 years & older. 60 years and older at increased risk for osteoporotic fractures.
	Women	
	<ul style="list-style-type: none"> • STD screening for sexually active women • Mammogram: Yearly for 40 years of age and over • Pap test & pelvic exam: Yearly 	
	Men	
		<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm (AAA) screening: once for men 65 to 75 years of age who have ever smoked
	Prenatal and Perinatal	
All pregnant women should receive timely prenatal visits in the first trimester and throughout the pregnancy.		
<p>First Trimester: Get prenatal care as soon as you know you are pregnant. Second Trimester: Monthly. Third Trimester: Every 2 weeks.</p> <p>Postpartum: 21 – 56 days after delivery.</p>		

Preventive Health Guidelines (children)

	Infants and Children (0 to 23 months)	Children and Adolescents (2 to 19 years old)
Well Visits	1, 2, 4, 6, 9, 12, 15, 18 months	24 months, 30 months, 3 years, and yearly thereafter
Exams and Screenings	<ul style="list-style-type: none"> • Immunizations • Physical examinations • Developmental assessment • Behavioral assessment • Lead testing at 12 and 24 months • Hearing & vision screenings • TB test • First dental screening at 1 year and then every 6 months 	<ul style="list-style-type: none"> • Immunizations • Pap tests, STD tests for sexually active teens



8801 Horizon Blvd. NE
Albuquerque, NM 87113

