



## **MEMBER RIGHTS AND RESPONSIBILITIES**

Molina Healthcare of Ohio, Inc. (Molina Healthcare) members have certain rights and responsibilities to ensure that they get the most out of their health care experience. Rights and responsibilities are communicated to members through the Molina Healthcare Member Handbook, the Molina Healthcare website and an annual mailing to all members. Providers and their staff are encouraged to be familiar with these rights and responsibilities.

### **MEMBERSHIP RIGHTS**

As a member of Molina Healthcare, you have the following rights:

- To receive all services that Molina Healthcare must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be given information about your health. This information may also be available to someone whom you have legally okayed to have the information or whom you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your health care, unless it is not in your best interest.
- To get information on any medical care treatment, given in a way that you can follow.
- To be sure that others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal regulations.
- To ask and get a copy of your medical records, and to be able to ask that the record be changed/corrected if needed.
- To be able to say "yes" or "no" to having any information about you given out unless Molina Healthcare has to by law.
- To be able to say "no" to treatment or therapy. If you say "no," the doctor or MCP must talk to you about what could happen, and they must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See pages 29-31 of the Member Handbook for information.
- To be able to get all MCP written member information from the MCP:
  - at no cost to you;
  - in the prevalent non-English languages of members in the MCP's service area;
  - in other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help free of charge from Molina Healthcare and its providers if you do not speak English or need help in understanding information.
- To be able to get help with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will; see page 2 of the Provider Responsibilities chapter for more information about advance directives). You can also contact Member Services for more information.

- To file any complaint about not following your advance directives with the Ohio Department of Health.
- To change your primary care provider (PCP) to another PCP on Molina Healthcare's panel at least monthly. Molina Healthcare must send you something in writing that says who the new PCP is and the date the change began.
- To be free to carry out your rights and know that the MCP, the MCP's providers or ODJFS will not hold this against you.
- To know that the MCP must follow all federal and state laws and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- If you are a female, to be able to go to a women's health provider on Molina Healthcare's panel for covered women's health services.
- To be able to get a second opinion from a qualified provider on Molina Healthcare's panel. If a qualified provider is not able to see you, Molina Healthcare must set up a visit with a provider not on our panel.
- To get information about Molina Healthcare from us.
- To contact the United States Department of Health and Human Services Office of Civil Rights and/or the Ohio Department of Job and Family Services Bureau of Civil Rights at the addresses listed below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran status, ancestry, health status, or need for health services.

Office for Civil Rights  
 United States Department of Health and Human Services  
 233 N. Michigan Ave. – Suite 240  
 Chicago, Illinois 60601  
 (312) 886-2359; (312) 353-5693 TTY

Bureau of Civil Rights  
 Ohio Department of Job and Family Services  
 30 E. Broad St., 30th Floor  
 Columbus, Ohio 43215  
 (614) 644-2703; 1-866-227-6353; 1-866-221-6700 TTY  
 Fax: (614) 752-6381

**You also have the right to:**

- Receive information about Molina Healthcare, covered benefits and the providers contracted to provide services.
- Openly discuss your treatment options, regardless of cost or benefit coverage, in a way that is easy to understand.
- Receive information about your member rights and responsibilities.
- Make recommendations about Molina Healthcare's member rights and responsibilities policies.
- Get a second opinion from a qualified provider on Molina Healthcare's panel. Molina Healthcare must set up a visit with a provider not on our panel at no cost to you, if a qualified panel provider is not able to see you.

**MEMBERSHIP RESPONSIBILITIES**

As a member of Molina Healthcare, you have the responsibility to:

- Always carry your Molina Healthcare ID card, and do not let anyone else use your ID card.
- Keep appointments, and be on time.

- If you require transportation, call Molina Healthcare at least 48 hours in advance whenever possible.
- Call your provider 24 hours in advance if you are going to be late or if you cannot keep your appointment.
- Share important health information with Molina Healthcare and your providers so that they can give you appropriate care.
- Understand your health conditions and be active in decisions about your health care.
- Work with your provider to develop treatment goals and follow the care plan that you and your provider have developed.
- Ask questions if you do not understand your benefits.
- Call Molina Healthcare within 24 hours of a visit to the emergency department or an unexpected stay in the hospital.
- Inform Molina Healthcare if you would like to change your PCP. Molina Healthcare will verify that the PCP you select is contracted with Molina Healthcare and is accepting new patients.
- Inform Molina Healthcare and your county caseworker if you change your name, address or telephone number or if you have any changes that could affect your eligibility.
- Let Molina Healthcare and your health care providers know if you or any of the members of your family have other health insurance coverage.
- Report any fraud or wrongdoing to Molina Healthcare or the proper authorities.

## **OPEN ACCESS HEALTH CARE SERVICES**

Members must receive services covered by Molina Healthcare from facilities and/or providers on Molina Healthcare's panel. Members may use providers that are not on Molina Healthcare's panel for the following services:

- Federally Qualified Health Centers/Rural Health Clinics
- Qualified Family Planning Providers
- Community Mental Health Centers
- Ohio Department of Alcohol and Drug Addiction Services facilities which are Medicaid providers

## ***Women's Health***

Ohio regulations require that women be permitted direct access to contracted women's health care providers without a referral or prior authorization. Women's health services must be obtained from a Molina Healthcare network provider or a Qualified Family Planning Provider (QFPP). Members may seek direct care from any participating women's health care provider or QFPP for any of the following types of service:

- Maternity
- Gynecological
- Preventive care
- Other health problems discovered and treated during the course of the visit which are within the provider's scope of practice