



December 21, 2017

TO: MEMBERS OF MOLINA HEALTHCARE OF FLORIDA

Some letters containing the protected health information (PHI) of Molina Healthcare members in Florida were inadvertently sent via U.S. Mail to incorrect addresses. Molina Healthcare found out about this on: October 23, 2017. Each letter contained information pertaining to one individual. Approximately 1,380 Molina Healthcare members were affected by this issue.

Between October 13, 2017 and October 23, 2017, service request extension letters intended for some members were accidentally mailed to the wrong addresses. This happened due to errors in the address list used in the letter mailing process. The PHI involved includes: member full name; member ID number; health plan name; the requesting doctor's name; and the service request date.

To find out if they were affected by this breach, individuals may call Molina Healthcare Member Services Department at toll-free numbers listed at the bottom of this notice.

Although Molina Healthcare is unaware of any misuse of information, we are letting members know of this issue. We think affected members should get a copy of their credit reports. Check for medical bills that you do not know of. If there is something wrong, call the credit bureau. You can get a free credit report from each bureau.

Equifax P. O. Box 740241, Atlanta, GA. 30374-0241 www.equifax.com 800-525-6285	Experian P. O. Box 4500, Allen, TX. 75013 www.experian.com 888-397-3742	TransUnion P. O. Box 1000, Chester, PA. 19022 www.transunion.com 800-680-7289
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Please keep a copy of this notice for your records. It can help if you have future problems with your medical records. You may want to get a copy of your medical records. You can get one from your doctors. You may also get a copy of your claims paid by Molina Healthcare. You can get one from our Member Services department. Call the toll-free number listed below.

Out of an abundance of caution, we are also offering affected members free identity (ID) protection from AllClear ID for 24 months. AllClear ID is an ID theft protection company. AllClear ID helps stop and spot misuse of your private data. AllClear ID's service can watch your credit and will give a \$1 million ID theft insurance policy. This service includes AllClear CHILDS CAN. Affected members may sign up within the next 24 months online at enroll.allclearid.com or can call toll-free at 877-676-0379. An Activation Code is required.

AllClear ID Identity Protection for 24 Months

- AllClear Identity Repair
 - No sign up needed
 - Call to speak with an investigator to help recover financial losses, fix your credit, and make sure your identity is returned to its proper condition



- AllClear Credit Monitoring
 - Enrollment is required, you will need to provide your personal information to AllClear ID
 - Go online to enroll.allclearid.com or call 1-877-676-0379 to sign up using your code.

Please note: Affected members may need to take added steps to set up their service options.

Molina Healthcare regrets this issue. This is what we are doing to investigate the incident. We found the issue that caused it. This is what we are doing to reduce any harm from the incident: We have reached out to those persons to whom we sent the letters in error. We asked that they return or destroy the information sent to them. To help stop more breaches, we are taking this action: We have re-trained our staff on our mailing steps and privacy policies. If there is more Molina Healthcare can do to help you, please call our Member Services Department at the following toll-free numbers:

- Molina Medicaid members may call (866) 472-4585 Monday through Friday from 8:00 a.m. to 7:00 p.m. local time, (TTY/TDD (800) 955-8771)
- Molina Medicare Options Plus* members may call at (866) 553-9494 7 days a week from 8:00 a.m. to 8:00 p.m. local time, (TTY/TDD 711), and
- Molina Marketplace members may call at (888) 560-5716 Monday through Friday from 8:00 a.m. to 7:00 p.m. ET, (TTY/TDD 711)

*Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal.

This information is available in other formats, such as Braille, large print, and audio.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Your Extended Family.

Molina Healthcare of Florida (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (866) 472-4585.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (877) 508-5738.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-472-4585 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-472-4585 (TTY: 711).
French Creole (Haitian Creole)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-472-4585 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-472-4585 (TTY: 711).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-472-4585 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-472-4585 (TTY: 711)。
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-472-4585 (TTY : 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-472-4585 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-472-4585 (телетайп: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-472-4585 (رقم هاتف الصم والبكم: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-472-4585 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-472-4585 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-472-4585 (TTY: 711) 번으로 전화해 주십시오.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-472-4585 (TTY: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-472-4585 (TTY: 711).
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-472-4585 (TTY: 711).