

Welcome to the **Molina** **MyCare Ohio Medicaid Plan.**

Molina MyCare Ohio Medicaid Plan
Member Handbook
October 2019



MolinaHealthcare.com/Duals

Molina Healthcare of Ohio (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

If you need these services, contact Molina Member Services at (855) 687-7862; TTY 711.

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 (888) 295-4761.

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 1-855-687-7862 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-687-7862 (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 1-855-687-7862 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-687-7862 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 2687-786-558-1 (رقم هاتف الصم والبكم: YTT :117).

Pennsylvanian Dutch*

Wann du Deitsch Pennsylvania German schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-687-7862 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-687-7862 (телетайп: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-687-7862 (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 1-855-687-7862 (TTY: 711).

Cushite

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-687-7862 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-7862 (TTY: 711) 번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-687-7862 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-855-687-7862 (TTY: 711) まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel
1-855-687-7862 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.
Телефонуйте за номером 1-855-687-7862 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-687-7862
(TTY: 711).

Nepali

ध्यान दनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको ननमतत भाषा सहायता सेवाहरू ननःशुल्क रूपमा उपलब्ध छ । फोन गनुहोस्
1-855-687-7862 (ददिविरुइ: 711) ।

Somali

FIIRO GAAR AH: Hadii aad ku hadasho Ingiriisiga, adeega kaalmada luuqada, oo bilaa lacag ah, ayaa kuu diyaar ah.
Lahadal 1-855-687-7862 (TTY: 711).

Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-687-7862 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.

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Welcome to Molina MyCare Ohio Medicaid.

Welcome to Molina MyCare Ohio Medicaid by Molina Healthcare. You are now a member of a MyCare Ohio health care plan, also known as a MyCare Ohio managed care plan (MCOP). Since 1980, we've delivered quality care, close to home. It's our job to do all we can to help our members feel their best. You're important to us!

An MCOP is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has care managers and care teams to help you manage all your providers and services. They all work together to provide the care you need. Molina MyCare Ohio Medicaid provides health care services to Ohio residents who are eligible.

Please read this handbook very carefully. This handbook tells you about your coverage under Molina MyCare Ohio Medicaid. It explains how to receive health care services, behavioral health coverage, prescription drug coverage, home and community-based waiver services, also called long-term care services and supports. Long-term services and supports help you stay at home instead of going to a nursing home or hospital.

You will also find additional information such as: providers that you can use to receive care (also known as network providers), member rights, additional benefits, and steps you can take if you are unhappy or disagree with something.

You can request a printed Provider Directory by calling the Member Services department or by returning the postcard you received with your new member letter and member identification (ID) card. The Provider Directory lists all of our panel providers as well as other non-panel providers you can use to receive services. You can also visit our website at MolinaHealthcare.com/ProviderSearch to view up to date provider panel information or call Member Services at (855) 687-7862, TTY/TDD: 711, Monday through Friday, 8 a.m. to 8 p.m., local time for assistance.

Get extra benefits when you combine your Medicare and Medicaid in one plan

Right now, you get your Medicaid benefits from Molina MyCare Ohio Medicaid. Did you know you can combine your Medicare and Medicaid benefits into one easy-to-use plan?

When you combine your benefits in one plan, you get:

- Extra benefits in addition to your Medicare benefits and Medicaid benefits, like:
 - \$0 co-pays for covered prescription drugs
 - \$60 allowance every 3 months for over-the-counter items, with carryover
 - Extra rides to your health appointments and Medicaid renewal visits
 - Memberships to fitness locations and at-home fitness options
 - Complete vision and dental care
- A single ID card for your Medicare and Medicaid benefits.
- One Member Services phone number for any questions you have.
- A Molina Care Manager to coordinate your care. Your Care Manager will make sure your doctors, nurses and caregivers follow your personal care plan.
- A care plan built around your health needs.

Choosing to receive both your Medicare and Medicaid benefits from a MyCare Ohio plan

You can request to receive both your Medicare and Medicaid benefits from Molina MyCare Ohio Medicaid and allow us to serve as your single point of contact for all of your Medicare and Medicaid services. If you would like more information or to request this change, you can contact the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1.

You can also call Molina MyCare Ohio Medicaid Member Services at (855) 687-7862 (TTY 711) or visit www.MolinaHealthcare.com/Duals to learn more.

If you have any problem reading or understanding this information or any other Molina MyCare Ohio Medicaid information, please contact our Member Services at (855) 687-7862 (TTY 711) from 8 a.m. to 8 p.m. Monday through Friday for help at no cost to you. We can explain this information in English or in your primary language. You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 687-7862 (TTY 711) from 8 a.m. to 8 p.m. Monday through Friday. The call is free.

Member Services

Our Member Services department is here to answer any questions you have about your membership with Molina MyCare Ohio Medicaid. Member Services representatives can help you:

- Understand what services we cover
- Understand your benefits
- Update your address and phone number
- Ask for a new ID card
- Pick a primary care provider (PCP)
- Find a provider or pharmacy near you
- Find resources if you are pregnant
- Make an appointment with your PCP, OB/GYN or other providers
- Know which services require prior authorization and which do not
- Understand the appeals process
- Find language help
- Understand this Member Handbook

You should contact Member Services right away if:

- You need to change your address and phone number
- Your designated caregiver changes
- You receive health benefits from another plan that are not Medicaid or Medicare
- You are admitted to a nursing home or hospital
- You receive care outside your region or outside of the Molina MyCare Ohio provider network
- You are pregnant

You can contact Member Services at (855) 687-7862 (TTY 711) from 8 a.m. to 8 p.m. Monday to Friday, local time.

Our dedicated customer service team is committed to treating you with respect and getting you the help you need.

Molina MyCare Ohio Medicaid members have access to MyMolina.com and voicemail options on holidays, after regular business hours, and on Saturdays and Sundays.

You can also find information about your Molina MyCare Ohio Medicaid benefits online at www.MolinaHealthcare.com/Duals.

Online and Mobile Member Self-Service

You can sign up for My Molina, a password protected website. To sign up, visit MyMolina.com.

My Molina gives you access to self-service features at no cost. My Molina is available 24 hours a day, seven days a week.

You can use My Molina to:

- Update your address or phone number
- Find or change your providers
- Request a new ID card
- File a complaint
- View your care plan
- See your personal health records
- Message your Care Manager

Molina Mobile App for Smartphones

The Molina Mobile app keeps you connected on the go. Use the phone app to:

- View your member ID card
- Find or change providers
- See your personal health records
- View your care plan
- Review your summary of benefits
- Call the 24-hour Nurse Advice Line, Member Services, Transportation and other support services

You can sign in to the Molina Mobile app using your My Molina user name and password. The app is available now on iOS and Android phones.

Holiday Closures

The Molina MyCare Ohio Medicaid office is closed on the following days:

- New Year's Day
- Martin Luther King Jr. Holiday
- Memorial Day Holiday
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

A holiday that falls on a Saturday is observed on the Friday before. A holiday that falls on a Sunday is observed on the Monday after.

Tell Us What You Think!

Molina MyCare Ohio Medicaid makes every effort to give you and your family the best care. If you get a survey in the mail that asks for your feedback about your health plan or doctors, please take the survey. Your answers help us learn how to serve you better. You can also call Member Services at any time if you have suggestions for us.

Molina MyCare Ohio Medicaid does many studies throughout the year to find ways to improve. We take steps to bring you higher quality care and better service. This process is called "quality improvement."

Care Management

Molina MyCare Ohio Medicaid offers care management services to all members. The people who work in the care management program are called Care Managers. Care Managers are nurses or social workers who help you manage your providers and services. Care Managers put you at the center of your care.

If you have certain health conditions, Molina MyCare Ohio Medicaid may recommend care management services to you. You and your provider can also call Member Services if you think care management services could help you. Care management can help you manage conditions like asthma, diabetes, Chronic Obstructive Pulmonary Disease (COPD), or high blood pressure. A nurse, care manager, or outreach worker may contact you if you, a doctor, or Molina MyCare Ohio Medicaid thinks you may benefit from care management services.

Your Health Assessment

When you first join our plan, you will receive a health care needs assessment within the first 15 to 75 days of your enrollment effective date, depending on your health status.

We will complete this health assessment with you. The assessment helps us meet your needs for medical services, transportation, food, shelter and other community resources.

We will reach out to you to complete the health assessment. One of our nurses or social workers will work with you to complete the health assessment in the way you choose. You will complete it through an in-person visit, telephone call or by mail (in writing). If you get a health assessment in the mail, complete it as soon as possible. Then return it in the envelope provided.

What is included in my care management services?

Care Management is an integrated program that connects you to the care you need. This means we help you, your family, caregivers, and providers understand ways you and your care team can best work together. By coordinating your care in this way, we can help you be at your healthiest. We do this by talking to you and other people on your care team regularly. Sometimes we do this by meeting with you and members of your care team in person.

Your care management services include:

- A health assessment to be sure you get the care you need. This is very important if you have a disability or chronic condition that requires special accommodations.
- Regular, ongoing assessments based on your needs and preferences. We keep in mind any changes in your health care or life that could impact your care.
- A personal care plan based on your own goals, preferences, and needs.
 - A care plan is a plan you create with your Care Manager and care team. Your care plan lists your personal goals and ideas for how to reach those goals. Plus, it helps keep track of your progress. When your care plan is updated, you will get a copy. You can choose to get a copy by mail or by email. You can also ask for a copy at any time from your Care Manager.
 - You can get your care plan at any time at MyMolina.com. Learn more about My Molina on page 4.

Who is part of my care team?

Your care team includes:

- You
- Your family members and/or caregiver(s)
- Your Primary Care Provider (PCP)

- Your Care Manager
- Other doctors who provide care to you
- Other Care Management team members who know you and your health care needs

What does my Care Manager do?

Your Care Manager helps you manage your health conditions and reduce the need for hospital visits. Your Care Manager:

- Helps you understand your health and care needs
- Helps you manage your providers and services
- Is your point of contact for your care management needs
- Works with your care team to make sure you get the care you need

Your Care Manager will schedule care team conferences. This means you can meet regularly with members of your care team. Together, your Care Manager and care team will:

- Ask questions to learn more about your condition and your needs
- Work with you to create a care plan that includes your health goals and needs
- Help you understand how to care for yourself
- Help you figure out what services you need to get, how to get those services (including local resources), and which providers can give you care
- Help you find and schedule appointments with qualified providers
- Remind you of important health visits
- Make sure medical tests and lab tests are done, and that the results are shared with your providers as needed
- Work with your providers to make sure they know all medicines you take to reduce side effects
- Help you get services so you stay out of the hospital or emergency room

If you are in the hospital or nursing facility, your care team may visit you or contact you. Your care team will make sure you get the attention, care and services you need. Your care team will manage your transitions between the hospital, nursing facility and home. We will help you get the care you need at home.

Remember, your doctors need to have your permission before sharing your medical information with other providers.

How can I contact my care team?

Your Care Manager will give you the best phone number to reach him or her. You can call during normal business hours. Leave a message after normal business hours if your call is not urgent.

You can also call Member Services at (855) 687-7862 (TTY 711), Monday – Friday, 8 a.m. to 8 p.m., local time.

You can send a message to your Care Manager through MyMolina.com or the Molina Mobile phone app. He or she will email or call you within 48 hours.

To talk to someone after regular business hours, call the Molina MyCare Ohio 24-Hour Nurse Advice Line at (855) 895-9986 (English/Español) or TTY 711. You can call at any time.

How can I change my Care Manager?

We will assign your Care Manager to you. You or someone authorized to act on your behalf may change the Care Manager assigned to you. Call Member Services or your current Care Manager to change your Care Manager. We may change your Care Manager based on your medical and cultural needs or location.

Beyond your Care Plan

Our model of service puts you at the center of your own care. Health care services are built around you, not the other way around.

Community Resource Guide

Find our Community Resource Guide at www.MolinaHealthcare.com/MyCareResources. This Guide lists resources in your area. These resources can help you find services and supplies like food, clothing, housing, furniture, job training, employment, utilities, and more.

If you would like a printed copy of the Community Resource Guide, call Member Services at (855) 687-7862 (TTY 711), Monday – Friday, 8 a.m. to 8 p.m., local time. You can also contact your Care Manager. Your Care Manager can help you find the services and supports you need.

Medicaid Renewals

You must renew your Medicaid eligibility with your local County Department of Job and Family Services (CDJFS) every 12 months or you will lose your benefits.

There are 4 ways to renew your benefits:

- By mail: Complete the form you got in the mail. Send it to your local CDJFS. You can find the address on the front page of the letter or online at http://www.jfs.ohio.gov/county/county_directory.pdf.
- In person: Visit your local CDJFS. Bring the documents you need to report your income and fill out a form in person. You do not need to make an appointment.
- By phone: Call the Medicaid Consumer Hotline at (800) 324-8680 (TTY: 711) or call your local CDJFS.
- Online: Sign in or register at www.benefits.ohio.gov. Log in to your account and click the “Renew My Benefits” tab.

To get help with renewing your benefits:

- Call or visit your local CDJFS office or caseworker. They are your best resource because they are the ones who determine if you still qualify for Medicaid coverage. Find the number here: http://www.jfs.ohio.gov/county/county_directory.pdf.
- Call 211. This number is free and available to help 24 hours a day, 7 days a week.
- Visit the Benefit Bank website at www.thebenefitbank.org to find a local site near you.

Community Connectors

You have access to a Community Connector, who lives in your community. Community Connectors make home visits and talk to your care team. Community Connectors can help you solve problems before they become more serious. Because they live in your community, Connectors can connect you with local social services like food, housing and work.

Disease Management

If you have a chronic health condition, Molina MyCare Ohio Medicaid can help. These programs are offered at no cost to you. They include learning materials, advice, and care tips.

These programs are helpful if you have trouble controlling a medical condition that needs extra attention like:

- Asthma
- Depression
- Diabetes

- Heart disease
- Chronic obstructive pulmonary disease (COPD)

How do members enroll?

You will automatically receive educational materials if you have one of these conditions. You may be enrolled based on past services, prescriptions or other programs. You may be contacted by a nurse or your Care Manager. We will work with your provider and care team to give you the right care and advice.

You can also ask to be enrolled in a program, or your provider can refer you. You must meet certain requirements to be in each program.

You can ask to be removed from a program at any time. It is your choice.

For more information, please call Member Services at (855) 687-7862 (TTY for the hearing impaired 711) or visit our website at www.MolinaHealthcare.com/Duals.

Stop Smoking Program

Molina MyCare Ohio Medicaid's Stop Smoking program is for members who are ready to quit smoking. This program is available at no cost to you. You get:

- One-on-one counseling
- Educational materials
- A toll-free quit line to call at any time for help between scheduled calls at 1-800-QUIT-NOW (1-800-784-8669)
- Appropriate stop-smoking aids, such as nicotine replacement therapy, based on what you and your provider decide is right for you

Waiver Services

MyCare Ohio Waiver services are designed to meet the needs of members 18 years or older, who are determined by the State of Ohio, or its designee, to meet an intermediate or skilled level of care. These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio Home & Community-Based Services Waiver member handbook for waiver services information.

If you need a copy of the MyCare Ohio Home & Community-Based Services Waiver Member Handbook, call Member Services or visit www.MolinaHealthcare.com/Duals.

You may have the option to self-direct some of your services. If you would like to learn more about self-directing your care, ask your Care Manager. You can also ask for a copy of our Waiver Self-Direction Member Handbook by calling Member Services or by visiting www.MolinaHealthcare.com/Duals.

Nursing Facility/Long-Term Care Services and Supports

Molina MyCare Ohio Medicaid will provide ongoing care management services if you are in a nursing facility or accessing Long-Term Services and Supports (LTSS) in your home. LTSS are services that can be set up to help you do basic, personal tasks of everyday living such as eating, bathing, dressing, using the toilet, safely moving from one position to another (to or from your bed or chair), and caring for incontinence.

You may receive these services in a nursing home or in your home. Some examples of LTSS in your home are home health nursing, home health aide services, and therapy. If you are enrolled in the MyCare Ohio Home & Community-Based Services Waiver, you may receive additional LTSS services described in the MyCare Ohio Home & Community-Based Services Waiver Member Handbook.

Please contact Member Services or your Care Manager for help getting these services.

If you go to a nursing facility, we will be notified. The nursing facility professionals will be added to your care team to help coordinate your care. You have the right to actively participate and be involved with making choices in your care plan.

You will receive at least one in-person visit during the first six months of becoming a Molina MyCare Ohio Medicaid member. After that, you may receive at least one in-person visit each year where you live.

We may visit you or contact you to make sure you are getting the attention, care, and services you need while in the nursing facility. Once you go home, we may also visit you or contact you to help you with your transition and getting the care you need at home.

The Office of the State Long-Term Care Ombudsman helps people get information about long-term care services in nursing homes and in your home or community and resolve problems between providers and members or their families. They can also help you file a complaint or an appeal with our plan. For MyCare Ohio members, help with concerns about any aspect of care is available through the MyCare Ohio Ombudsman. You can call 1-800-282-1206 Monday through Friday, 8 a.m. to 5 p.m. Calls to this number are free. You can submit an online complaint at: <http://aging.ohio.gov/contact/> or you can send a letter to:

Ohio Department of Aging
ATTN: MyCare MyCare Ohio Ombudsman
246 N. High St. 1st Fl.
Columbus, OH 43215-2406

24-Hour Nurse Advice Line

It is not always easy to decide how to treat a health problem. Our 24-Hour Nurse Advice Line will help you understand and manage your health and wellness.

You can call the 24-Hour Nurse Advice Line at any time to speak to a registered nurse about your health.

The Nurse Advice Line can help you:

- Care for yourself at home
- Make an appointment with your health care provider
- Find an urgent care close to home
- Call 9-1-1 or locate a nearby emergency department

Our registered nurses are always ready to answer questions about:

- Where to go for the right care
- How to find urgent care clinics or hospitals in your area
- Prenatal care for pregnant women
- Postpartum care after childbirth
- Symptoms related to your chronic disease

- Concerns you have about your disability
- Medical conditions like diabetes or heart disease
- Accidents and injuries
- Drugs your provider prescribed for you

Call with questions at any time, day or night: English/Español: (855) 895-8295
Hearing impaired/TTY: 711

24-Hour Behavioral Health Crisis Line

Call the 24-Hour Behavioral Health Crisis Line at any time to talk to a registered nurse. Nurses are ready to help, even in the middle of the night. Call (855) 895-9986 (TTY 711).

You should call the Behavioral Health Crisis Line if you need help right away or are not sure what to do for:

- Sadness that does not get better
- Feeling hopeless and/or helpless
- Guilt
- Worthlessness
- Difficulty sleeping
- Poor appetite or weight loss
- Loss of interest
- Substance abuse

If you have an emergency that may cause harm or death to you or others, go to the nearest emergency room or call 911.

Identification (ID) Cards

You should have received a Molina MyCare Ohio Medicaid member ID card. Each member of your family who has joined Molina MyCare Ohio Medicaid will receive their own card. These cards replace your monthly Medicaid card. This card is good for as long as you are a member of Molina MyCare Ohio Medicaid. You will not receive a new card each month as you did with the Medicaid card.

Always Keep Your ID Card(s) With You

You will need your Molina MyCare Ohio Medicaid plan ID card to get services. You must show your Molina MyCare Ohio Medicaid member ID card and your Medicare ID card when you get any medical services or prescriptions. This means that you need your Molina MyCare Ohio Medicaid ID card when you:

- See your primary care provider (PCP)
- See a specialist or other provider
- Go to an emergency room
- Go to an urgent care facility
- Go to a hospital for any reason
- Go to a pharmacy
- Go to labs or imaging providers
- Go to nursing or assisted living facilities
- Go to waiver service providers
- Get medical supplies
- Get a prescription
- Have medical tests

Call Molina MyCare Ohio Medicaid Member Services as soon as possible at (855) 687-7862 (TTY 711) if:

- You have not received your card(s) yet
- Any of the information on the card(s) is wrong
- Your card is damaged, lost, or stolen
- You have a baby

Tired of juggling your Medicaid and Medicare cards? Would you like to have just one member ID card to access both your Medicaid benefits and your Medicare benefits? With Molina MyCare Ohio Medicaid, we can cover your Medicare benefits, too. See page 3 for more information.

Primary Care Provider

Your primary care provider (PCP) is your personal doctor who will help with most of your medical needs. You will pick a PCP through your Medicare health plan. Your PCP will give you care and advice.

Pick a PCP who meets your needs and whom you like. That way, you can develop a lasting health care relationship.

You can continue to get Medicare services from your doctors and other Medicare providers. Your PCP will be the first point of contact for all your health needs and will work with you to direct your health care. Your PCP should work with your Molina MyCare Ohio Medicaid care manager to coordinate your health and long-term care services. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

It is important to contact your PCP before you see a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.

You should make sure that your PCP is in the Molina MyCare Ohio Medicaid network, too.

You should schedule a check-up as soon as you have a PCP, even if you are not sick. This check-up will give you a chance to get to know your PCP.

Changing your PCP

If you change your PCP, it is important to contact Molina MyCare Ohio Medicaid's Member Services to ensure your care services are coordinated. If you no longer see the PCP that is on your ID card, Molina MyCare Ohio Medicaid will send you a new ID card.

If you need help finding or changing your PCP, call Member Services or search our provider directory. For more information about providers in our network, see page 12.

Referrals

There are times when your PCP may give you a referral. A referral is a request from a PCP for his or her patient to see a specialist. A specialist is a provider who focuses on a certain kind of health care. You do not need a referral to see a network provider. However, we recommend that you see your PCP for referrals so that your care can be coordinated.

Network Providers

It is important to understand that members must receive Medicaid services from facilities and/or providers in Molina MyCare Ohio Medicaid's provider network. A network provider is a provider who works with our health plan and has agreed to accept our payment as payment in full.

Network providers include but are not limited to: nursing facilities, home health agencies, medical equipment suppliers, and others who provide goods and services that you get through Medicaid. The only time you can use providers that are not in network is for services that Medicare pays for OR an out-of-network provider of Medicaid services that Molina MyCare Ohio Medicaid has approved you to see during or after your transition of care period.

You can find out which providers are in our network by calling Member Services at (855) 687-7862 (TTY 711) or on our website at www.MolinaHealthcare.com/ProviderSearch in our searchable online provider directory.

The directory will tell you about your provider's professional qualifications. This includes medical school, residency, board certification, and handicap accessibility. You can find out which languages your provider speaks.

You can also contact the Medicaid Hotline at 1-800-324-8680, TTY users should call Ohio Relay at 7-1-1, or on the Medicaid Hotline website at www.ohiomh.com.

You can request a printed *Provider and Pharmacy Directory* at any time by calling Member Services at (855) 687-7862 (TTY 711). Both Member Services and the website can give you the most up-to-date information about changes in our network providers. The information is available in English. Or, you can get it in your primary language, Braille, or audio CD on request.

If You Need to See an Out-of-Network Doctor

If you are outside the Molina MyCare Ohio Medicaid service area and you need non-emergency medical care, the provider must contact our plan to get approval before providing services.

Getting Medical Services

Where to go for Medical Services - Quick Reference Chart

Below is a quick reference chart to help you learn where to go for medical services.

Type of Care Needed	Where To Go and Whom To Call	How Long You May Wait to Get Care
<p>Emergency Care These are life-threatening medical problems you think are so serious they must be treated right away.</p>	<p>Call 911 if it is available in your area. Or go to the nearest emergency department. 911 is the local emergency telephone system. It is available 24 hours a day, 7 days a week.</p> <p>Poison Control Center (800) 222-1222</p>	<p>You should receive emergency care immediately.</p>
<p>Urgent and Non-emergency Care Non-emergency treatment for an illness or injury. This is when you need care right away, but you are not in danger of lasting harm or losing your life.</p>	<p>Call your PCP for an appointment or visit an urgent care center.</p> <p>See page 14 for more information.</p>	<p>If you go to an urgent care center, you should receive care as soon as possible.</p> <p>When you get care may depend on the doctors available and how severe your condition is.</p> <p>For non-emergency care from your PCP or other provider, you should receive care by the end of the next work day.</p>
<p>Routine Care Preventive care visits such as a physical exam, wellness visit or immunizations</p>	<p>Call your PCP for an appointment. You can also call a Federally Qualified Health Center (FQHC), Rural Health Center (RHC), or certified nurse practitioner.</p>	<p>You should receive care within 4 weeks.</p>
<p>Specialist Appointments</p>	<p>Call your PCP first. Your PCP will give you a referral if needed.</p>	<p>You should receive care within 8 weeks.</p>
<p>Family Planning and Women's Health Services</p>	<p>You can go directly to your PCP, an OB/GYN listed in the provider directory, Certified Nurse Midwife, or Qualified Family Planning Provider. You do not need a referral to receive Women's Health or Family Planning Services.</p>	<p>If you are pregnant or believe you may be pregnant, you should have your first visit within 2 weeks.</p> <p>You will receive routine pregnancy care within 6 weeks.</p> <p>You should receive care for other family planning services within 8 weeks.</p>

Type of Care Needed	Where To Go and Whom To Call	How Long You May Wait to Get Care
Behavioral Health Services	Call the Community Mental Health Center or Ohio Department of Mental Health and Addiction Services (MHAS) facility for Substance Abuse Treatment near you. You can call Member Services for help finding a provider in your area.	<p>In a non-life threatening emergency, you should receive care within 6 hours.</p> <p>You should receive urgent care within 48 hours.</p> <p>You should receive routine care within 10 business days.</p> <p>You should receive routine follow-up care within 30 days.</p>

Non-Emergency or After-Hours Care

Urgent care, also called non-emergency care, is when you need care right away, but you are not in danger of lasting harm or losing your life. Some examples include:

- Illness or injury
- Sore throat or cough
- Flu
- Migraine or headache
- Bladder infection
- Ear aches or ear infections
- Accidents or falls

If you need urgent care, call your PCP to request an appointment.

Sometimes your provider's office may be closed. If your provider cannot see you right away, there are some steps you can take to stop your injury or illness from getting worse.

1. Call your PCP for advice. Even if your provider's office is closed, someone may answer the phone. Leave a voicemail message if there is no answer. He or she will call you back and tell you what to do.
2. If you cannot reach your provider's office, call Molina's 24-Hour Nurse Advice Line at (855) 895-9986 (TTY 711). Registered nurses are available to answer your questions at any time, day or night.
3. Go to an urgent care center listed in our provider directory. You do not need permission from your PCP to go to an urgent care center. If you visit an urgent care center, always call your PCP for a check-up after your visit.

You can also visit a MinuteClinic® inside some CVS/Pharmacy® locations. For individual clinic hours, call (866) 389-2727 or visit www.MinuteClinic.com. At a MinuteClinic®, you can get:

- Treatment for minor illnesses, injuries, skin conditions and more
- Prescriptions for common illnesses when appropriate
- Common vaccinations (shots) for adults

Emergency Services

Emergency services are covered by Medicare. If you have an emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. You do not need prior authorization for emergency treatment.

If you are not sure whether you need to go to the emergency room, call your primary care provider or the 24-Hour Nurse Advice Line at (888) 275-8750 or (866) 648-3537 (Español). For hearing impaired, call TTY 711 or (866) 735-2929. Your PCP or the 24-Hour Nurse Advice Line can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to show them your Molina MyCare Ohio Medicaid member ID card and your Medicare ID card.
- If the provider that is treating you for an emergency takes care of your emergency but thinks that you need other medical care to treat the problem that caused your emergency, the provider must call Molina MyCare Ohio Medicaid.
- If the hospital has you stay, please make sure that our plan is called within 24 hours.

If you are away from Molina MyCare Ohio Medicaid's service area and need emergency care, go to the nearest emergency room. You have the right to go to any facility that provides emergency services.

If you have called 911 or had emergency care, you should tell Molina MyCare Ohio Medicaid WITHIN 24 HOURS, or as soon as possible. You can also have a friend or family member call on your behalf.

Post-Stabilization Care

If you have an emergency, you may need follow-up care after the emergency is over. This is called post-stabilization care. This care is covered by our plan. If an out-of-network provider thinks you need follow-up care, he or she must fax a prior authorization request to us. Your provider can call us for more information.

You may have received care from out-of-network providers during your emergency. If you did, we will try to get network providers to take over your care as soon as possible.

Behavioral Health Services

Mental health and substance use disorder treatment services are available through the plan. These services include:

- Medical Services
- Medication-Assisted Treatment for Addiction
- Office Administered Medications
- Psychological Testing
- Opioid Treatment Services
- Mental Health Day Treatment
- Substance Use Disorder Treatment Services to include Peer Recovery Support, Partial Hospitalization, and Residential Treatment
- Therapeutic Behavioral Service
- Psychosocial Rehabilitation
- Community Psychiatric Support Services

In addition to these services, two new services are also available: Assertive Community Treatment and Intensive Home-Based Treatment.

If you need mental health and/or substance use disorder treatment services, talk to your provider or call Member Services at (855) 687-7862, TTY/TDD: 711, Monday through Friday, 8 a.m. to 8 p.m., local time.

To find a behavioral health treatment provider, visit the Provider Directory at MolinaHealthcare.com/ProviderSearch or call Member Services. You can see a provider that is part of our behavioral health network. You don't need a referral to see a doctor. You can pick or change your behavioral health provider at any time. Your Care Manager can help you get the services you need and provide a list of covered services.

Primary care may also be offered through your behavioral health provider. Primary care includes services like office visits, vaccinations (shots), blood tests and more.

Call the 24-Hour Behavioral Health Crisis Line any time 24 hours a day, seven days a week. Registered nurses are trained to help in a crisis. They are ready to help, even in the middle of the night. Call (855) 895-9986 (TTY 711).

New Member Information

While Molina MyCare Ohio Medicaid is approved by the state and federal governments to provide both Medicare and Medicaid-covered services, you chose or were assigned to receive only your Medicaid-covered services from our plan.

Molina MyCare Ohio Medicaid can cover your Medicare benefits, too. That means:

- One ID card for your Medicare and Medicaid benefits
- One toll-free Member Services phone number
- One Care Manager to coordinate your services

If you want to receive both your Medicare and Medicaid-covered services from your MyCare Ohio MCOP, see page 3 for more information. You can also call Member Services or your Care Manager to learn more.

Transitioning Your Services

For a specified time after your enrollment in the MyCare Ohio program, we may allow you to receive care from a provider that is not a Molina MyCare Ohio Medicaid panel provider (out-of-network provider). Additionally, we may allow you to continue to receive services that were authorized by Ohio Medicaid. This is called your transition of care period.

Please note, the transition periods start on the first day you are effective with any MyCare Ohio plan. If you change your MyCare Ohio plan, your transition period for coverage of an out-of-network provider does not start over.

The New Member Letter mailed to you in your welcome packet has more information on transition time periods, services and providers. If you are currently seeing a provider that is not in our network or if you already have services approved or scheduled, it is important that you call Member Services immediately (today or as soon as possible) so Molina MyCare Ohio Medicaid can arrange the services and avoid any billing issues.

Some of your prescription drugs may need prior authorization. That means Molina MyCare Ohio Medicaid must approve the drug. For more information on prescription drugs, see page 21.

Services Covered by Molina MyCare Ohio Medicaid

As a Molina MyCare Ohio Medicaid member, you will continue to receive all medically-necessary Medicaid-covered services at no cost to you.

Medicaid helps with medical costs for certain people with limited incomes and resources. Ohio Medicaid pays for Medicare premiums for certain people, and may also pay for Medicare deductibles, co-insurance and co-payments except for prescriptions. Medicaid covers long-term care services such as home and community-based “waiver” services and assisted living services and long-term nursing home care. It also covers dental and vision services.

You have the right to get timely services from network providers and specialists. We will help you get care from non-network providers if there are no network providers available.

Because you are covered by Medicaid, you usually pay nothing for covered services as long as you follow the plan’s rules. However, you may have to pay a “patient liability” for nursing facility or waiver services covered through Medicaid. Your County Department of Job and Family Services caseworker will determine if your income and certain expenses require you to have a patient liability. See page 25 for more information.

Because you chose or were assigned to only receive Medicaid-covered services from our plan, Medicare will be the primary payer for most services. Think about your Medicare options. You can choose to receive both your Medicare and Medicaid benefits through Molina MyCare Ohio Medicaid so all your services can be coordinated. Please see page 3 for more information on how you can make this choice.

Your Primary Care Provider (PCP)

It is important that you have a good relationship with your PCP. Your PCP is the person who will submit prior authorization (PA) on your behalf. He or she also will refer you to specialists when needed. A good relationship will help make sure your PCP can give you the best care for your needs.

Prior Authorizations

There are some treatments and services that your provider must ask Molina MyCare Ohio Medicaid to approve before you can get them. This is called a “prior approval (PA).” It is also sometimes called a “prior authorization.”

Most services are available to you without PA. However, some services do require it.

If a service requires PA, Molina MyCare Ohio Medicaid’s medical staff and your doctor review the medical need of your care before the service is given. They will make sure it is appropriate for your specific condition.

For a list of covered services that do and do not require prior approval, please refer to the covered services chart on the next page. If you have questions about a PA request, call Member Services or visit MolinaHealthcare.com/Duals. You can also check with your provider on the status of a PA request.

When our plan makes changes to the list of services that need PA, we will post an update online at www.MolinaHealthcare.com/MyCarePA.

Covered Services

Molina Healthcare MyCare Ohio will cover medically-necessary Medicaid-covered services at no cost to you. The following list of covered services helps you know which services require PA and which do not. Not all services that require PA are listed. For more information, or if you have any questions about PA requests, call Member Services. You can also ask your provider.

Services covered by our plan	Limitations and exceptions
Acupuncture – for pain management of headaches and lower back pain.	Coverage is limited to the pain management of migraine headaches and lower back pain. PA is required.
Ambulance and ambulette transportation	PA is required for non-emergency transportation. PA is not required for medically necessary wheelchair transportation.
Assisted living services	PA is required.
Behavioral health services	<p>PA is not required to begin getting services at a Community Mental Health Center, an Ohio Department of Mental Health and Addiction Services (MHAS) facility, or other network providers.</p> <p>PA is only required for intensive services such as partial hospitalization or to receive services beyond the annual Medicaid limits for psychology or community behavioral health services. Contact your provider or Molina MyCare Ohio Medicaid for more information.</p> <p>You can call the 24-Hour Behavioral Health Crisis Line if you need help right away or are not sure what to do for a mental health problem. Call (855) 895-9986 (TTY 711) at any time. For more information on the 24-Hour Behavioral Health Crisis Line, see page 10.</p>
Certified nurse midwife services	PA is not required.
Certified nurse practitioner services	PA is not required.
Chiropractic (back) services	<p>For members age 20 and younger, PA is not required for the first 30 visits in a 12-month period. After 30 visits, PA is required.</p> <p>For members age 21 and older, PA is not required for the first 15 visits in a 12-month period. After 15 visits, PA is required.</p>
Dental services <ul style="list-style-type: none"> • Annual cleaning and checkup • Removal of impacted wisdom teeth • Emergency tooth re-implantation • Dentures, partial plates, and braces 	<p>Routine services do not require PA.</p> <p>Dental services other than routine care require PA, including dentures, partial plates, and braces.</p>
Diagnostic services (x-ray, lab)	PA is not required.
Durable medical equipment	Some items require PA. With a prescription, you can get certain durable medical equipment items under \$30 at retail pharmacies in the Molina MyCare Ohio network at no cost. Call your Molina Care Manager or Member Services for more information.
Emergency services	PA is not required.
Family planning services and supplies	PA is not required.

Services covered by our plan	Limitations and exceptions
Free-standing birth center services at a freestanding birth center	PA is not required. Call Member Services to see if there are any qualified centers in Ohio.
Federally Qualified Health Center or Rural Health Clinic services <ul style="list-style-type: none"> • Office visits for primary care and specialists services • Physical therapy services • Speech pathology and audiology services • Dental services • Podiatry services • Vision services • Chiropractic services • Transportation services • Mental health services 	Some mental health services require PA. Other services listed here do not require PA.
Home health services and private duty nursing services	PA is required after the initial evaluation plus the first 6 visits.
Hospice care (care for terminally ill, e.g., cancer patients)	PA is not required.
Inpatient hospital services <ul style="list-style-type: none"> • Semi-private room, or private room if medically necessary • Meals, including special diets • Regular nursing services • Costs of special care units, such as intensive care • Drugs and medications • Lab tests • X-rays • Needed surgical and medical supplies • Physical, occupational and speech therapy • Operating and recovery room services • Inpatient substance abuse services 	Some inpatient hospital services may require PA.
Medical supplies	Some medical supplies require PA.
Nursing facility services	Nursing facility services require PA. Nursing facility stays are covered for members. Call Member Services for information on available providers.
Obstetrical (maternity care – prenatal and postpartum including at-risk pregnancy services) and gynecological services	PA is not required.
Outpatient hospital services	Some outpatient hospital services may require PA.
Physical and occupational therapy	Some services may require PA.
Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source	PA is not required.
Podiatry (foot) services	PA is not required.
Prescription drugs (certain drugs not covered by Medicare Part D)	Selected drugs, including injectables and some over-the-counter drugs, require PA.

Services covered by our plan	Limitations and exceptions
Preventative mammogram (breast) and cervical cancer (pap smear) exams	PA is not required.
Primary care provider services	PA is not required.
Renal dialysis (kidney disease)	PA is not required.
Respite services	Respite services for Supplemental Security Income (SSI) members under the age of 21, as approved by CMS within the applicable 1915(b) waiver and as described in OAC rule 5160-26-03. PA is required.
Screening and counseling for obesity	PA is not required. Screening and counseling for obesity requires a referral by a provider.
Services for children with medical handicaps (Title V)	PA is not required.
Shots (immunizations)	PA is not required.
Specialist services	PA is not required.
Speech and hearing services, including hearing aids	Some services may require PA, such as hearing aids.
<p>Vision (optical) services, including eyeglasses</p> <ul style="list-style-type: none"> • One eye exam, complete frame and pair of lenses every 24 months for members ages 21 to 59 • One eye exam, complete frame and pair of lenses every 12 months for members ages 20 and younger, and age 60 and older • Expanded selection of frames to choose from 	<p>PA is not required for eye exams, eyeglass frames, or eyeglass lenses.</p> <p>Contact lenses require PA.</p> <p>IMPORTANT: If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you his or her normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. You can only be billed by your vision care provider if you agree to pay for the service and sign a written statement before getting the service. If you get a bill from a provider you did not agree to pay, call Member Services.</p>
Waiver services	Coverage is based on member's determination of need.
Well-child (Healthchek) exams for children under the age of 21	PA is not required.
Yearly well-adult exams when Medicare does not cover these	PA is not required.

Transportation

If you must travel 30 miles or more from your home to receive covered health care services, Molina MyCare Ohio Medicaid will provide transportation to and from the provider's office. Please contact (844) 491-4761 (TTY 711) at least 2 business days before your appointment for assistance. If you need special help with transportation, let us know when you schedule a ride.

If you need to cancel a ride you have scheduled, call to let us know at least 24 hours before your appointment.

In addition to the transportation assistance that Molina MyCare Ohio Medicaid provides, members can still receive assistance with transportation for certain services through the local County Department of Job and Family Services Non-Emergency Transportation (NET) program. Call your County Department of Job and Family Services for questions or assistance with NET services.

If you have been determined eligible and enrolled in a home and community-based waiver program, there are also waiver transportation benefits available to meet your needs.

If you have questions about your benefits, visit our website at www.MolinaHealthcare.com/Duals or call Member Services.

Prescription Drugs – Not Covered By Medicare Part D

While most of your prescription drugs will be covered by Medicare Part D, there are a few drugs that are not covered by Medicare Part D but are covered by Molina MyCare Ohio Medicaid. You can view our plan's List of Covered Drugs on our website at www.MolinaHealthcare.com/Duals. Drugs with a * are not covered by Medicare Part D but are covered by Molina MyCare Ohio. You do not have any co-pays for drugs covered by our plan.

We may also require that your provider submit information to us (a prior authorization request) to explain why a specific medication and/or a certain amount of a medication is needed. We must approve the request before you can get the medication. Reasons why we may prior authorize a drug include:

- There is a generic or pharmacy alternative drug available.
- The drug can be misused/abused.
- There are other drugs that must be tried first.
- Some drugs may have quantity (amount) limits.

Some drugs are never covered. For example, drugs for weight loss, erectile dysfunction, or infertility.

If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing.

You can call Member Services to request information on medications that require prior authorization. You can also look on our website at MolinaHealthcare.com/Duals. Make sure you are only looking at the drugs with a * to see if they require prior authorization.

Please note that our list of medications that require prior authorization can change so it is important for you and/or your provider to check this information when you need to fill or refill a medication.

Molina MyCare Ohio Medicaid only pays for prescriptions you get from pharmacies in the Molina MyCare Ohio network. Molina MyCare Ohio Medicaid requires the use of generic drugs when available. Generic drugs generally work just as well as brand-name drugs and usually cost less. If your provider believes you need a brand name drug, he or she can submit a PA request. Molina MyCare Ohio Medicaid will review the request. We will let you and your provider know if it is approved. If you plan to travel to another state, be sure to fill your prescriptions before you leave.

Molina MyCare Ohio Medicaid's registered nurses are available 24 hours a day, 7 days a week. They will answer your questions about your drugs. Call the 24-Hour Nurse Advice Line at (855) 895-9986 (TTY 711).

Healthchek (Well Child Exams)

Healthchek is Ohio's early and periodic screening, diagnostic, and treatment (EPSDT) benefit. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone eligible for Medicaid under the age of 21. These exams are important to make sure that young adults are healthy and are developing physically and mentally. Members under the age of 21 years should have at least one exam per year.

Healthchek also covers complete medical, vision, dental, hearing, nutritional, developmental, and behavioral health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. Some of the tests and treatment services may require prior authorization.

Healthchek services are available at no cost to members and include:

- Preventive check-ups for young adults under the age of 21.
- Healthchek screenings:
 - Medical exams (physical and development screenings)
 - Vision exams
 - Dental exams
 - Hearing exams
 - Nutrition checks
 - Developmental exams
 - Lead testing
- Laboratory tests (age and gender appropriate exams)
- Immunizations
- Medically necessary follow up care to treat health problems or issues found during a screening. This could include, but is not limited to, services such as:
 - Visits with a primary care provider, specialist, dentist, optometrist and other Molina MyCare Ohio Medicaid providers to diagnose and treat problems or issues
 - Inpatient or outpatient hospital care
 - Clinic visits
 - Prescription drugs
- Health education

It is very important to get preventive checkups and screenings, so your providers can find any health problems early and treat them, or make a referral to a specialist for treatment, before the problem gets more serious.

Remember: Some services may require a referral from your PCP or prior authorization by Molina MyCare Ohio Medicaid. Also, for some EPSDT items or services, your provider may request prior authorization for Molina MyCare Ohio Medicaid to cover things that have limits or are not covered for members over age 20. Please see page(s) 17-20 to see what services require a referral and/or prior authorization.

As a part of Healthchek, care management services are available to all members under the age of 21 who have special health care needs. Please see page(s) 5-6 to learn more about the care management services offered by Molina MyCare Ohio Medicaid.

You can get Healthchek services by calling your Medicare PCP or dental provider. Be sure to ask for a Healthchek appointment.

If you have any questions or need help, call Member Services. We can help you:

- Access care
- Learn what services are covered
- Find a network provider
- Schedule transportation
- Understand which services require PA
- Make an appointment

Member Services can also help you get a referral for:

- Women, Infants, and Children (WIC)
- Help Me Grow
- Bureau for Children with Medical Handicaps (BCMh)
- Headstart
- Other community services like food and heating assistance

Services Not Covered by Molina MyCare Ohio Medicaid

While Medicare will be the primary payer for most services, Molina MyCare Ohio Medicaid will not pay for services or supplies received without following the directions in this handbook. We will also not make any payment for the following services that are not covered by Medicaid:

- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- Biofeedback services
- All services or supplies that are not medically necessary
- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid and not in accordance with customary standards of practice
- Infertility services for males or females, including reversal of voluntary sterilizations
- Inpatient treatment to stop using drugs and/or alcohol (in-patient detoxification services in a general hospital are covered)
- Paternity testing
- Plastic or cosmetic surgery that is not medically necessary
- Services for the treatment of obesity unless determined medically necessary
- Services to find cause of death (autopsy) or services related to forensic studies
- Services determined by Medicare or another third-party payer as not medically necessary
- Sexual or marriage counseling
- Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure

This is not a complete list of the services that are not covered by Medicaid or Molina MyCare Ohio Medicaid. If you have a question about whether a service is covered, please call the Member Services at (855) 687-7862 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m., local time.

Additional Benefits or Services

Molina MyCare Ohio Medicaid also offers the following extra services and/or benefits to their members.

24/7 advice from registered nurses

You can call the 24-Hour Nurse Advice Line and Behavioral Health Crisis Line 24 hours a day, 7 days a week. Nurses are trained to help in a crisis. They are ready to help with your questions and concerns right away. See page 9 for more information.

Your personal care team

You will have a care team, which will include you, your family, your doctors and other caregivers, and anyone else you choose to help you make decisions about your care. See page 5 for more information.

How Molina MyCare Ohio Medicaid Pays for Your Care

Molina MyCare Ohio Medicaid contracts with providers in many ways. Some Molina MyCare Ohio Medicaid providers are paid on a fee-for-service basis. That means they are paid each time they see you and for each service they perform. Other providers are paid a flat amount for each month a member is assigned to their care, whether or not they see the member.

Some providers may be offered rewards for offering excellent preventive care and monitoring the use of hospital services. Molina MyCare Ohio Medicaid does not reward providers or employees for denying medical coverage or services. Molina MyCare Ohio Medicaid also does not give bonuses to providers to give you less care. For more information about how providers are paid, please call Member Services.

You can contact Molina MyCare Ohio Medicaid to get any other information you want including the structure and operation of our plan and how we pay our providers or if you have any suggestions on things we should change. Please call the Member Services department at (855) 687-7862 (TTY 711).

Molina MyCare Ohio Medicaid provides services to our members because of a contract that our plan has with the Ohio Department of Medicaid. If you want to contact the Ohio Department of Medicaid, you can call or write to:

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-324-8680 (Monday through Friday 7 a.m. to 8 p.m. and Saturday 8 a.m. to 5 p.m.)
TTY users should call Ohio Relay at 7-1-1

You can also visit the Ohio Department of Medicaid on the web at <https://medicaid.ohio.gov/FOR-OHIOANS/programs>.

You may also contact your local County Department of Job and Family Services if you have questions or need to submit changes to your address or income or other insurance.

What If I Get a Bill?

Because you are covered by Medicaid, you usually pay nothing for covered services. However, you may have to pay a “patient liability” for some long-term care services. These include:

- Stay in a medical institution
- Stay in a long-term care facility
- Stay in an intermediate care facility for individuals with intellectual disabilities (ICF-IID)
- Home and community-based waiver services
- Program of All-Inclusive Care for the Elderly (PACE) services

Your patient liability for a month is based on your income. There are deductions that can decrease your patient liability. Your County Department of Job and Family Services caseworker will determine if your income means you must pay patient liability.

Unless you have patient liability, you do not have to pay copayments or other charges. If you get a statement from a provider, check to see if there is any patient responsibility listed.

If the letter does not ask you to pay any charges, this means you received a statement. This is not a bill. The provider is telling you that your insurance company has been billed. These statements will usually say “this is not a bill.”

Call Member Services right away if:

- You did not receive the services listed on the statement.
- You do not have patient liability, but the statement asks you to pay for services.
- You have patient liability, but you do not think you should have to pay the cost shown in the statement.
- A provider asks you to sign an agreement to pay for services.

Evaluating New Technology

Molina MyCare Ohio Medicaid looks at new types of services and new ways to give you care. We review new studies to see if new services are proven to be safe for possible added benefits. We review the type of services listed below at least once a year:

- Medical devices
- Medical, surgical, or behavioral health services
- Medicines
- Therapies
- Equipment

Member Rights

As a member of our health plan you have the following rights:

- To receive all information and services that our plan 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 who you have legally approved to have the information or who 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 healthcare 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 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 or corrected if needed.
- To be able to say yes or no to having any information about you given out unless we have to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or our plan must talk to you about what could happen and must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See page 29 of this handbook for information.
- To be able to get all MCOP written member information from our plan:
 - 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 our plan and its providers if you do not speak English or need help in understanding information.
- To be able to get help, free of charge, 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 (that is a living will). See page 35 which explains about advance directives.
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To be free to carry out your rights and know that the MCOP, the MCOP's providers or the Ohio Department of Medicaid will not hold this against you.
- To know that we 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.
- To change your primary care provider (that is your doctor) no more than once a month.
- If you are a female, to be able to go to a woman's health provider in our network for Medicaid covered woman's health services.
- To be able to get a second opinion for Medicaid covered services from a qualified provider in our network. If a qualified provider is not able to see you, we must set up a visit with a provider not in our network at no cost to you.
- To get information about Molina MyCare Ohio Medicaid from us.
- To contact the Ohio Department of Medicaid and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

The Ohio Department of Medicaid
 Office of Human Resources, Employee Relations
 P.O. Box 182709
 Columbus, Ohio 43218-2709

E-mail: ODM_EmployeeRelations@medicaid.ohio.gov
 Fax: (614) 644-1434

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

You also have the right to:

- Voice complaints or appeals about Molina MyCare Ohio Medicaid.
- Voice complaints or appeals about the care you were given.
- Receive information about Molina MyCare Ohio Medicaid.
- Receive information about covered benefits.
- Receive information about network providers.
- Openly discuss your treatment options in a way that is easy to understand. You have this right no matter the cost or benefit coverage.
- Receive information about your member rights and responsibilities.
- Make suggestions about Molina MyCare Ohio Medicaid's member rights and responsibilities.
- Get a second opinion from a qualified network provider. Molina MyCare Ohio Medicaid must set up a visit with a non-network provider at no cost to you if a qualified network panel provider is not able to see you.
- Be treated with respect.
- Be treated with regard for your dignity and privacy.
- Take part in decisions about your health care, unless it is not in your best interest.

Laws require that we keep your medical records and personal health information private. We make sure that your health information is protected. For more information about how we protect your personal health information, see page 28.

Membership Responsibilities

As a member of Molina MyCare Ohio Medicaid, you have the responsibility to:

- Always carry your Molina MyCare Ohio Medicaid member ID card. Do not let anyone else use your ID card.
- Keep appointments. Be on time.
- If you require transportation, call Molina MyCare Ohio Medicaid at least 2 business days in advance when possible.
- Call your provider 24 hours in advance if you will be late or cannot keep your appointment.
- Share health information (when possible) with Molina MyCare Ohio Medicaid and your providers. Do this so you receive the right care.
- Understand your health conditions. Be active in decisions about your health care.
- Work with your provider to develop treatment goals. Follow the care plan that you and your provider have developed.
- Ask questions if you do not understand your benefits.
- Call Molina MyCare Ohio Medicaid within 24 hours of a visit to the emergency department. Call after an unexpected stay in the hospital, too.
- Inform Molina MyCare Ohio Medicaid if you would like to change your PCP. We will verify that the PCP you select is in the network and taking new patients.
- Inform Molina MyCare Ohio Medicaid and your county caseworker if you change your personal information. That includes name, address or telephone number. Inform us, too, if you have any changes that could impact your eligibility.
- Let Molina MyCare Ohio Medicaid know if you or any of the members of your family have other health insurance coverage. Let your providers know, too.
- Report any fraud or wrongdoing to Molina MyCare Ohio Medicaid or the authorities.

Protecting Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina uses and shares your information to provide you with health benefits. We want to let you know how your information is used or shared.

Why does Molina use or share your Protected Health Information (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 share PHI as required or permitted by law

The above is only a summary. Our Notice of Privacy Practices gives more information about how we use and share our members' PHI. You may find our full Notice of Privacy Practices on our website at MolinaHealthcare.com/Duals.

Important Information About Your Medicaid Eligibility and Coverage

LOSS OF MEDICAID ELIGIBILITY

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or don't give them the information they ask for, you can lose your Medicaid eligibility. If this happened, our plan would be told to stop your membership as a Medicaid member and you would no longer be covered.

For more information about renewing your Medicaid eligibility, see page 7.

AUTOMATIC RENEWAL OF MCP MEMBERSHIP

If you lose your Medicaid eligibility but it is started again within 90 days, you will automatically be re-enrolled in Molina MyCare Ohio Medicaid.

LOSS OF INSURANCE NOTICE (CERTIFICATE OF CREDITABLE COVERAGE)

Anytime you lose health insurance, you should receive a notice, known as a certificate of creditable coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a copy of this notice for your records because you might be asked to provide a copy.

OTHER HEALTH INSURANCE (COORDINATION OF BENEFITS - COB)

We are aware that you also have health coverage through Medicare. If you have any other health insurance with another company, it is very important that you call the Member Services department and your county caseworker about the insurance. For example, if you work and have health insurance. It is also important to call Member Services and your county caseworker if you have lost health insurance that you had previously reported. Not giving us this information can cause problems with getting care and with bills.

It is important to share insurance information. You will not lose benefits when you share information. Sharing information will help your providers and health plans work together on your care.

Your providers will not get the right payment if they do not have the right information. The health plans that cover your benefits cannot work together if they don't have all your information.

Be sure to:

- Show all your health plan cards and driver's license or state card each time see your provider.
- Call your caseworker with updates to your coverage.
- Tell your caseworker and your health plans about updates in your life that can impact your coverage. This includes marriage, student status, address, or telephone number.

Unless you have patient liability to pay for some long-term care services, you are not responsible for paying copays or other charges. This is true even if you have other health insurance coverage. Be sure to follow the health plans rules for getting services. For example, get your care from network providers. See page 24 to learn more on how it pays for your care.

ACCIDENTAL INJURY OR ILLNESS (SUBROGATION)

If you have to see a doctor for an injury or illness that was caused by another person or business, you must call the Member Services department to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store then another insurance company might have to pay the doctor's and/or hospital's bill. When you call we will need the name of the person at fault, their insurance company and the name(s) of any attorneys involved.

How to Communicate Questions and/or Concerns About Your Health Care Coverage

Non-Discrimination

Molina MyCare Ohio Medicaid may not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, ancestry, genetic information, health status, or need for health services in the receipt of health services.

HOW TO LET MOLINA MYCARE OHIO MEDICAID KNOW IF YOU ARE UNHAPPY OR DO NOT AGREE WITH A DECISION WE MADE – APPEALS AND GRIEVANCES

If you are unhappy with anything about our plan or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you authorize to speak for you, can contact us. If you want someone to speak for you, you will need to let us know. We need your written consent for someone else to file a grievance or appeal on your behalf. Molina MyCare Ohio Medicaid wants you to contact us so we can help you.

To contact us, you can:

- Call the Member Services Department at (855) 687-7862 (TTY 711),
- Fill out the form in your member handbook on page 40
- Call the Member Services Department to request they mail you a form,
- Visit our website at MolinaHealthcare.com/Duals, or
- Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your Molina MyCare Ohio Medicaid member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:
Molina Healthcare of Ohio, Inc.
ATTN: MIRR Department
P.O. Box 349020
Columbus, OH 43234-9020

Molina MyCare Ohio Medicaid will send you something in writing if we make a decision to:

- Deny a request to cover a service for you;
- Reduce, suspend or stop services before you receive all the services that were approved; or
- Deny payment for a service you received that is not covered by Molina MyCare Ohio Medicaid.

We will also send you something in writing if, by the date we should have, we did not:

- Make a decision on whether to cover a service requested for you, or
- Give you an answer to something you told us you were unhappy about.

If you do not agree with the decision or action listed in the letter, and you contact us **within 60 calendar days** of getting our letter to ask that we change our decision or action, this is called an **appeal**. The 60 calendar day period begins on the day after the mailing date on the letter. If we have made a decision to reduce, suspend or stop services before you receive all the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

Unless we tell you a different date, we must give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. If we do not change our decision or action as a result of your appeal, we will notify you of your right to request a state hearing. **You may only request a state hearing after you have gone through Molina MyCare Ohio Medicaid's appeal process.**

If you contact us because you are unhappy with something about Molina MyCare Ohio Medicaid or one of our providers, this is called a **grievance**. Molina MyCare Ohio Medicaid will give you an answer to your grievance by phone (or by mail if we can't reach you by phone) within the following time frames:

- 2 working days for grievances about not being able to get medical care
- 30 calendar days for all other grievances

If we need more time to make a decision for either an appeal or a grievance, we will send you a letter telling you that we need to take up to 14 more calendar days. That letter will also explain why we need more time. If you think we need more time to make a decision on your appeal or grievance, you can also ask us to take up to 14 calendar days.

You also have the right to file a complaint **at any time** by contacting the:

Ohio Department of Medicaid
Bureau of Managed Care Compliance and Oversight
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-605-3040 or 1-800-324-8680
TTY: 1-800-292-3572

Ohio Department of Insurance
50 W. Town Street
3rd Floor – Suite 300
Columbus, Ohio 43215
1-800-686-1526

STATE HEARINGS

A State Hearing is a meeting with you or your authorized representative, someone from the County Department of Job and Family Services, someone from Molina MyCare Ohio Medicaid, and a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). In this meeting, you will explain why you think Molina MyCare Ohio Medicaid did not make the right decision and Molina MyCare Ohio Medicaid will explain the reasons for making our decision. The hearing officer will listen and then decide who is right based on the rules and the information given.

Molina MyCare Ohio Medicaid will notify you of your right to request a state hearing if we do not change our decision or action as a result of your appeal.

If you want a state hearing, you or your authorized representative must request a hearing **within 120 calendar days**. The 120 calendar day period begins on the day after the mailing date on the hearing form. If your appeal was about a decision to reduce, suspend, or stop services before you get all the approved services, your letter will tell you how you can keep getting the services if you choose to and when you may have to pay for the services.

To request a hearing you can sign and return the state hearing form to the address or fax number listed on the form, call the Bureau of State Hearings at 1-866-635-3748, or submit your request via e-mail at bsh@jfs.ohio.gov. If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association at 1-800-589-5888, for the local number. **You may only request a state hearing after you have gone through Molina MyCare Ohio Medicaid's appeal process.**

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if the MCOP or Bureau of State Hearings decides that the health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than 3 working days after the request is received. Expedited decisions are for situations when making the decision within the standard time frame could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function.

Membership Termination

Just Cause Membership Terminations

Sometimes there may be a special reason that you need to end your health plan membership. This is called a "Just Cause" membership termination. Before you can ask for a just cause membership termination you must first call your managed care plan and give them a chance to resolve the issue. If they cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. You move and your current MCOP is not available where you now live, and you must receive non-emergency medical care in your new area before your MCOP membership ends.
2. The MCOP does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time and all the services aren't available on your MCOP's panel.
4. You have concerns that you are not receiving quality care and the services you need are not available from another provider on your MCOP's panel.
5. Lack of access to medically necessary Medicaid-covered services or lack of access to providers that are experienced in dealing with your special health care needs.
6. The PCP that you chose is no longer on your MCOP's panel and he/she was the only PCP on your MCOP's panel that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
7. Other - If you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for Just Cause by calling the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. The Ohio Department of Medicaid will review your request to end your membership for just cause and decide if you meet a just cause reason. You will receive a letter in the mail to tell you if the Ohio Department of Medicaid will end your membership and the date it ends.

If you live in a mandatory enrollment area, you will have to choose another managed care plan to receive your health care unless the Ohio Department of Medicaid tells you differently. If your just cause request is denied, the Ohio Department of Medicaid will send you information that explains your state hearing right for appealing the decision.

ENDING YOUR MCOP MEMBERSHIP

You live in a MyCare Ohio mandatory enrollment area, which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on page 33. If your area would change to a voluntary enrollment area, the Ohio Department of Medicaid would notify you of the change.

Because you chose or were assigned to receive only your Medicaid benefits through Molina MyCare Ohio Medicaid, you can only end your membership at certain times during the year. You can choose to end your membership during the first three (3) months of your initial membership or during the annual open enrollment month. The Ohio Department of Medicaid will send you something in the mail to let you know when it is your annual open enrollment month. If you live in a MyCare Ohio mandatory enrollment area, you must choose another MyCare Ohio plan to receive your health care.

If you want to end your membership during the first three months of your membership or open enrollment month, you can call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. You can also submit a request on-line to the Medicaid Hotline website at www.ohiomh.com. Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing A New Plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices. Especially if you want to keep your current provider(s) for Medicaid services. Remember, each health plan has a network of providers you must use. Each health plan also has written information which explains the benefits it offers and the rules you must follow. If you would like written information about a health plan you are thinking of joining or if you simply would like to ask questions about the health plan, you may either call the plan or call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1. You can also find information about the health plans in your area by visiting the Medicaid Hotline website at www.ohiomh.com.

WHO IS ELIGIBLE TO ENROLL IN A MYCARE OHIO PLAN?

You are eligible for membership in our MyCare Ohio plan as long as you:

- Live in our service area; and
- Have Medicare Parts A, B and D; and
- Have full Medicaid coverage; and
- Are 18 years of age or older at time of enrollment.

You are not eligible to enroll in a MyCare Ohio plan if you:

- Do not have full Medicaid benefits and Medicare Parts A, B and D;
- Are younger than age 18;
- Are enrolled in PACE (Program for All-Inclusive Care for the Elderly);
- Have any private medical insurance, including retiree benefits, other than a Medicare Advantage plan; or
- Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)

Additionally, you have the option not to be a member of a MyCare Ohio plan if:

- You are a member of a federally recognized Indian tribe, regardless of your age.
- You are an individual who receives home and community-based waiver services through the Ohio Department of Developmental Disabilities.

If you believe that you meet any of the above criteria and should not be enrolled, please contact Member Services for assistance.

Molina MyCare Ohio Medicaid is available only to people who live in our service area. Our service area includes Butler, Clark, Clermont, Clinton, Delaware, Franklin, Greene, Hamilton, Madison, Montgomery, Pickaway, Union, and Warren counties. If you move to an area outside of our service area, you cannot stay in this plan. If you move, please report the move to your County Department of Job and Family Services office and to Molina MyCare Ohio Medicaid.

Can Molina MyCare Ohio Medicaid End My Membership?

Molina MyCare Ohio Medicaid may ask the Ohio Department of Medicaid to end your membership for certain reasons. The Ohio Department of Medicaid must okay the request before your membership can be ended.

The reasons that we can ask to end your membership are:

- For fraud or for misuse of your member ID card
- For disruptive or uncooperative behavior to the extent that it affects the MCP's ability to provide services to you or other members.

Things to keep in mind if you end your membership

If you have followed any of the above steps to end your membership, remember:

- Continue to use Molina MyCare Ohio Medicaid doctors and other providers until the day you are a member of your new health plan, unless you are still in your transition period or live in a voluntary enrollment area and choose to return to regular Medicaid.
- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan's Member Services Department. If they are unable to help you, call the Medicaid Hotline at 1-800-324-8680. TTY users should call Ohio Relay at 7-1-1.
- If you were allowed to return to the regular Medicaid card and you have not received a new Medicaid card, call your county caseworker.
- If you have chosen a new health plan and have any Medicaid services scheduled, please call your new plan to be sure that these providers are on the new plan's list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: when you are getting home health, private duty nursing, mental health, substance use disorder, dental, vision and waiver services.
- If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Fraud, Waste and Abuse

The Molina Healthcare Fraud, Waste and Abuse Plan is a benefit to Molina Healthcare members, providers, employees, payers, and regulators. Why? Because the plan:

- Improves efficiency.
- Cuts down waste.
- Improves quality of services.

Molina Healthcare is serious about preventing, finding and investigating fraud, waste and abuse. Molina Healthcare follows state and federal laws.

Molina Healthcare looks into all suspected cases of fraud, waste, and abuse. Molina Healthcare reports to government agencies when needed. Molina Healthcare takes the right disciplinary action. This can include:

- Loss of employment.
- Removal of provider from the network.
- Membership termination.

Here are some examples of fraud and abuse:

- Your provider gives more services than needed. This includes:
 - Appointments.
 - Treatments.
 - Prescriptions.
- You are billed for services that you did not receive.
- Another person uses your member ID card.
- Selling your prescription drugs.
- Changing the information on a prescription.

You can report fraud, waste and abuse without giving us your name.

To report suspected fraud, contact the Molina Healthcare AlertLine at: (866) 606-3889

or

Complete a report form online at: <https://www.molinahealthcare.alertline.com>

or mail to:

Molina Healthcare of Ohio, Inc.
Attn: Compliance Officer
P.O. Box 349020
Columbus, OH 43234-9020

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, OH 43218-2709
(614) 466-4693

Here are some ways you can help stop fraud:

- Do not give your Molina Healthcare ID card, Medical ID Card, or ID number to anyone other than a health care provider, a clinic, or hospital. Only give your ID card when receiving care.
- Never let anyone borrow your Molina Healthcare ID card.
- Never sign a blank insurance form.
- Be careful about giving out your social security number.

Advance Directives

You Have the Right: Using Advance Directives to State Your Wishes about Your Medical Care

People often worry about the medical care they would get if they became too sick to make their wishes known.

Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

You can state your medical care wishes in writing while you are healthy and able to choose. Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing.

This document explains your rights under Ohio law to accept or refuse medical care. The document also explains how you can state your wishes about the care you would want if you could not choose for yourself.

This document does not contain legal advice, but will help you understand your rights under the law.

What are my rights to choose my medical care?

You have the right to choose your own medical care. If you do not want a certain type of care, you have the right to tell your doctor you do not want it.

What if I am too sick to decide? What if I cannot make my wishes known?

Most people can make their wishes about their medical care known to their doctors. But some people become too sick to tell their doctors about the type of care they want. Under Ohio law, you have the right to fill out a form while you are able to act for yourself. The form tells your doctors what you want done if you can't make your wishes known.

What kinds of forms are there?

Under Ohio law, there are four different forms, or advance directives, you can use: a Living Will, a Do Not Resuscitate (DNR) Order, a Health Care Power of Attorney (also known as a Durable Power of Attorney for Health Care) and a Declaration for Mental Health Treatment. You fill out an advance directive while you are able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

Do I have to fill out an advance directive before I get medical care?

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Who can fill out an advance directive?

Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

Do I need a lawyer?

No, you do not need a lawyer to fill out an advance directive.

Do the people giving me medical care have to follow my wishes?

Yes, if your wishes follow state law. However, a person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes.

Living Will

A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- in a coma that is not expected to end,
– *OR* –
- beyond medical help with no hope of getting better and can't make your wishes known,
– *OR* –
- expected to die and are not able to make your wishes known.

The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes.

Only you can change or cancel your Living Will. You can do so at any time.

Do Not Resuscitate Order

A Do Not Resuscitate (DNR) Order is an order written by a doctor or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist, that instructs health care providers not to do cardiopulmonary resuscitation (CPR). In Ohio, there are two types of DNR Orders: (1) DNR Comfort Care, and (2) DNR Comfort Care – Arrest. You should talk to your doctor about DNR options.

Health Care Power of Attorney

A Health Care Power of Attorney is different from other types of powers of attorney. This document talks only about a Health Care Power of Attorney, not about other types of powers of attorney.

A Health Care Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you cannot act for yourself. This could be for a short time period or for a long time period.

Who should I choose?

You can choose any adult relative or friend whom you trust to act for you when you cannot act for yourself.

Be sure to talk with the person about what you want. Then write down what medical care you do or do not want. You should also talk to your doctor about what you want. The person you choose must follow your wishes.

When does my Health Care Power of Attorney take effect? The form takes effect only when you can't choose your care for yourself. The form allows your relative or friend to stop life support only in the following circumstances:

- if you are in a coma that is not expected to end,
– *OR* –
- if you are expected to die.

Declaration for Mental Health Treatment

A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows you, while capable, to appoint a representative to make decisions on your behalf when you lack the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment.

For example, you can indicate medication and treatment preferences, and preferences concerning admission/ retention in a facility.

What is the difference between a Health Care Power of Attorney and a Living Will?

Your Living Will explains, in writing, your wishes about the use of life-support methods if you are unable to make your wishes known. Your Health Care Power of Attorney lets you choose someone to carry out your wishes for medical care when you cannot act for yourself.

If I have a Health Care Power of Attorney, do I need a Living Will, too?

You may want both. Each addresses different parts of your medical care.

Can I change my advance directives?

Yes, you can change your advance directives whenever you want. It is a good idea to look over your advance directives from time to time to make sure they still say what you want and that they cover all areas.

If I don't have an advance directive, who chooses my medical care when I can't?

Ohio law allows your next-of-kin to choose your medical care if you are expected to die and cannot act for yourself.

Where do I get advance directive forms?

Many of the people and places that give you medical care have advance directive forms. You may also be able to get these forms from Midwest Care Alliance's website at: www.midwestcarealliance.org.

What do I do with my forms after filling them out?

You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Health Care Power of Attorney, give that person a copy. Put a copy with your personal papers.

You may want to give one to your lawyer or clergy person. Be sure to tell your family or friends about what you have done. Do not just put these forms away and forget about them.

Organ and Tissue Donation

Ohioans can choose whether they would like their organs and tissues to be donated to others in the event of their death. By making their preference known, they can ensure that their wishes will be carried out immediately and that their families and loved ones will not have the burden of making this decision at an already difficult time. Some examples of organs that can be donated are the heart, lungs, liver, kidneys and pancreas. Some examples of tissues that can be donated are skin, bone, ligaments, veins and eyes.

There are two ways to register to become an organ and tissue donor:

1. You can state your wishes for organ and/or tissue donation when you obtain or renew your Ohio Driver License or State I.D. Card,
- OR -
2. You may register online for organ donation through the Ohio Donor Registry website: www.donatelifeoio.org

Definitions

Advance Directives – Written instructions for health care when an adult is unable to act. This includes:

- Living Will
- Durable Power of Attorney for Medical Care
- Declaration for Mental Health Treatment.
- Do Not Resuscitate Order

Appeal – A formal request for Molina MyCare Ohio Medicaid to review a decision or action we made to deny, stop or reduce a health care service that needs prior authorization (see “prior authorization”).

Behavioral Health – A term used for any mental health and/or substance use conditions.

Covered Services – Services, supplies and benefits covered by Molina MyCare Ohio Medicaid.

Emergency Medical Condition – A medical problem you think is so serious it must be treated right away by a doctor.

Emergency Services – Emergency services are services for a medical problem you think is so serious it must be treated right away by a doctor.

Fraud, Waste and Abuse –

- **Fraud:** An unfair or unlawful act that is done on purpose to illegally get something of worth.
- **Waste:** Practices that lead to unneeded cost and lower quality of care.
- **Abuse:** Provider and member practices that lead to unneeded cost to the Medicaid and/or Medicare programs. It may also lead to payment for services that do not meet professionally recognized standards for health care.

Grievance – A complaint about Molina MyCare Ohio Medicaid or a health care provider.

Medical Home – Having one provider who will help you with most of your medical needs.

Medically Necessary Services – The services needed to prevent, diagnose or treat your medical condition or stay at your current health status. This includes care that keeps you from going into a hospital or nursing home. It also means the services, supplies or drugs meet accepted standards of medical practice or are needed under Medicaid coverage rules.

Member – A person who is eligible for Medicaid and Medicare and who is enrolled in the Molina MyCare Ohio Medicaid plan.

Molina MyCare Ohio Medicaid – A managed care plan licensed by the State of Ohio. It provides prepaid medical and hospital services to Medicaid eligible consumers.

Participating/Contracted Provider – A provider who has entered into a contract with Molina MyCare Ohio to provide covered services to members. Also called a network provider or panel provider.

Patient Liability – The cost a Medicaid consumer may have to pay for some long-term care services. Your County Department of Job and Family Services caseworker will tell you if your income and certain expenses require you to pay this cost.

Post-Stabilization – Follow-up care you need after getting care for an emergency. This follow-up care makes sure you get better.

Preventive Health Care – Health care focused on finding and treating health problems to prevent disease or illness.

Primary Care Provider (PCP) - A provider you have chosen to be your personal provider. Your PCP helps you with most of your medical needs.

Prior Approval – Approval from our plan. It is needed before you can get certain services or drugs. This is also called “prior authorization.”

Provider – The word we use for doctors, nurses and other people who give you services and care. It also includes hospitals, home health agencies, clinics and other places that give you health services, medical equipment, and long-term services and supports.

Provider Directory – A list of all of the providers contracted with Molina MyCare Ohio.

Referral – A request from a PCP for his or her patient to see another provider for care. You do not need a referral to see a provider.

Service Area – The geographic area where Molina MyCare Ohio provides services.

Specialist – A provider who focuses on a certain kind of health care.

Urgent Care – Care you get for a sudden illness, injury or condition. This care is not for an emergency, but is still needed right away. You can get this care from out-of-network providers when network providers are not available or you cannot get to them. It is also called “non-emergency care.”

Utilization Management – The review of the rightness of health care services.

Molina MyCare Ohio Medicaid

Member Grievance/Appeal Request Form

Instructions for filing a grievance/appeal:

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach *copies* of any records you wish to submit. (Do Not Send Originals).
3. If you have someone else submit for you, you must give your consent below.
4. You may submit the completed form through one of the following ways:
 - a. Send to the address listed below,
 - b. Fax to the fax number below, or
 - c. Present your information in person. To do this, call us at the number listed below.

We will send a written acknowledgement letter of your request. It will be mailed to you within three working days after the request is received.

Member's name: _____ Today's date: _____

Name of person requesting grievance/appeal, if other than the Member: _____

Relationship to the Member: _____

Member's ID #: _____ Daytime telephone #: _____

Specific issue(s): _____

(Please state all details relating to your request including names, dates and places. Attach another sheet of paper to this form if more space is needed.)

By signing below, you agree that the information provided is true and correct. If someone else is completing this form for you, you are giving written consent for the person named above to submit on your behalf.

Member's Signature: _____ Date: _____

If you would like help with your request, we can help. We can help you in the language you speak or if you need other special support for hearing or seeing. You can call, write or fax us at:

Molina Healthcare of Ohio
Attn: Grievance & Appeal Department
P.O. Box 349020
Columbus, Ohio 43234-9020

Member Services: (855) 687-7862
Hearing Impaired TTY: 711
Fax Number: (866) 713-1891

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MolinaHealthcare.com/Duals

P.O. Box 349020
Columbus, OH 43234-9020

