Your Quick Start Guide

Molina Healthcare of New Mexico 400 Tijeras Ave. NW Albuquerque, NM 87102 MolinaHealthcare.com/nm

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MolinaHealthcare.com

Such services are funded in part with the State of New Mexico



Welcome to Molina Healthcare of New Mexico!

As a new member, it's time to start getting the most from your Medicaid coverage! Be sure to take these simple steps right away:

Your member ID card will be sent to you soon.

- When you get your card, make sure your information is correct.
- Always keep your ID card with you. Show it every time you get medical care or visit the pharmacy.



Download the My Molina® mobile app

- Our My Molina mobile app lets you view, print and send your member ID card. You can search for doctors, change your PCP and much more. Anytime, anywhere!
- Download the My Molina app today from the Apple App® Store or Google Play®.
- To learn how to use the My Molina mobile app and member portal, go to:
 - MyMolina.com/GettingStartedVideos English
 - MiMolina.com/VideosDeAyuda Spanish

Thank you for choosing Molina as your trusted health plan. We're happy to have you as a member of our health care family.

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Schedule a visit with your primary care provider (PCP)

- Visit your PCP even if you're not sick to get set up as a new patient. Your PCP needs to get to know you and your health history. The more your PCP knows, the better they can help you.
- Your PCP's name, phone number and location are listed on your member ID card.
- If you don't want to see the PCP listed on your ID card, you can change providers by using the My Molina mobile app, visiting <u>MyMolina.com</u> or calling Member Services at (844) 862-4543 (TTY: 711).

Your Health Risk Assessment (HRA) form

- You'll get a call from Molina within 30 days of joining to welcome you to our plan. The call will help you answer questions, find a PCP and fill out your Health Risk Assessment (HRA).
- The answers you provide will help us to meet your needs.
- If you have any questions about filling out your HRA, call Member Services at (844) 862-4543, (TTY: 711).

Learn more about your health plan

Want to see a full list of your covered benefits and more details about your plan?

• Go to MolinaHealthcare.com/NMMedicaidResources to read your Member Handbook.

Want to find a doctor near you?

- Go to <u>MolinaHealthcare.com/ProviderDirectoryNM</u> to search our Provider Online Directory.
- All of our doctors are board-certified and reviewed for quality before they can join our network.

Want to see a list of covered medicines?

• Go to <u>MolinaHealthcare.com/FormularyNM</u> to see which drugs are preferred and covered for you.







Your PCP is the main doctor who gives you most of your care. Make sure to see your PCP right away to get set up as a new patient. Your PCP should get to know you and your medical history. Think of your PCP as your medical home and the doctor who knows you the best! Once you're set up as a new member, you'll want to see your PCP for regular checkups.

Don't lose your Molina Healthcare of New Mexico Medicaid coverage!

You must renew your coverage every year. You can log in to your account at <u>yes.state.nm.us</u>. For more infomation, visit <u>MolinaHealthcare.com/RenewNM/ES</u>.

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If you need help, please call us at (800) 283-4465 Monday-Friday from 7 a.m. to 6:30 p.m. MT or visit <u>MolinaHealthcare.com/RenewNM/ES</u>.

Information to keep handy

Member Services	Call Member Services at (844) 862-4543 (TTY: 711) when you have questions about your health plan, benefits or how to get services.	
Member portal	Use our member portal to view, print and send your member ID card. Search for doctors, change your PCP and much more at <u>MyMolina.com</u> .	
My Molina mobile app	Use our mobile app to manage your health care on your phone or tablet, anytime or anywhere! Download on your phone. Go to the Apple App store or Google Play.	
Virtual urgent care (24/7)	Get urgent care from the comfort of your home with a virtual visit. Go to <u>Teladoc.com</u> .	
Crisis services	Call or text the Suicide and Crisis Lifeline at 988 if you're thinking about suicide or have a behavioral health emergency and don't know what to do.	

24-hour Nurse Advice Line	Call (833) 965-1558 (TTY: 711) for medical advice and answers to medical questions 24 hours a day, 7 days a week, 365 days a year.	
Member Handbook	Get the details of how your plan works in your Member Handbook at MolinaHealthcare.com/MemberHandbookNM.	
Annual Notice	Read your Annual Notice at yes.state.nm.us/yesnm/home/index .	
Health & wellness information	Get information about heath and wellness topics at <u>MolinaHealthcare.com/MemberHandbookNM</u> or call our health education line at (844) 862-4543 (TTY: 711) 8a.m5p.m. MT.	
Provider Online Directory	See a list of our network providers at MolinaHealthcare.com/ProviderDirectoryNM.	
Rides to and from medical visits	Call Superior Medical Transport at (833) 707-7100 (TTY:711) for rides to non-emergency medical visits.	

Value-added services (VAS)

Molina also offers extra value-added services (VAS) to their members. In addition to covered services, you may be eligible to get extra VAS as a Molina Medicaid member! These value-added services are provided to help you and your family with your health and wellness. Some of these services are limited and may have additional requirements or require approval. VAS may change from year to year.

For questions or to access these services, please call Member Services at (844) 862-4543 (TTY: 711). See the table below for a summary of VAS.

VAS	Description	Eligible populations
Activities bucks	Financial support for fees and related expenses associated with participation in children's activities such as sports leagues, 4H, martial arts, dance and cheer. Expenses may include the cost of kids' camps or Travel/Club sports, team uniforms and sports equipment.	Members 3-21 years old
BeMe	BeMe Health is a digital behavioral health mobile application that delivers mental health interventions designed specifically for teens.	Members 13-19 years old

VAS	Description	Eligible populations
Court record expungement	Financial support toward court filing fees necessary to complete a court record expungement.	Members 18 years and older
Enhanced dental	Financial support for enhanced dental services not covered by Medicaid that impacts overall health. Members who are eligible may receive up to \$300 per calendar year, per member.	All members
Enhanced transportation	Financial support for medical and non-medical transportation that is not covered by Medicaid.	All members
Home-delivered meals	Support for expectant mothers, tailored to the members' nutritional needs and preferences. Members can choose from 2 prepared meals for a 7-day period (14 meals total) or 1 pantry stable food box.	New or expecting mothers

VAS	Description	Eligible populations
*Housing assistance- essential home goods	Financial assistance with essential items needed for a home, such as utilities assistance, a portable air conditioner and heating unit, bed or small refrigerator.	Members 18 years and older
*Housing assistance- mortgage assistance	Financial aid to assist with missed or overdue mortgage payments.	Members 18 years and older
*Housing assistance- pest control	Financial aid and services to address and manage pest issues in the home.	Members 18 years and older
*Housing assistance- rental deposit	Financial aid to cover the initial deposit required for renting a home.	Members 18 years and older
LTSS	Additional support for LTSS members. Examples include but are not limited to home modifications/environmental modifications.	LTSS members

VAS	Description	Eligible populations
Traditional & holistic healing	Financial assistance to members for traditional and holistic healing. This may include, but is not limited to, therapeutic massage, acupuncture, traditional ceremonies and services, and curanderismo. Members who are eligible may receive up to \$300 per calendar year, per member.	All members
Women and infants' health supplies	We support women and infant health by supplying new mother and new baby items such as a choice of car seat of any size, travel crib or stroller, or a pre-paid debit card to use toward new baby items of the mother's choice.	Moms and babies
Workforce and educational development	Supplemental services and supplies to support member workforce opportunities and professional development.	Members age 18 and older

* Limit of \$1000 per member per calendar year across all VAS that fall into the "Housing Assistance" category.

To begin the process of accessing these services be sure to schedule your call to fill out your Health Risk Assessment by calling Member Services at (844) 862-4543, (TTY: 711).

Earn Turquoise Care Rewards

We want to help you get the most of your membership. Take a look at some of the great benefits and rewards you have as member. We cover them at no cost to you!

The Turquoise Care Rewards program is part of New Mexico's Turquoise Care and lets you to earn points for completing certain health activities. You can use your reward points to shop for hundreds of fun, healthy items in the Turquoise Care Rewards catalog! For example, you can earn reward points for:



 $^{
m \prime}$ Having an annual checkup with your PCP



Getting a flu shot



Completing health screenings like a mammogram, cervical cancer screening and others



Keeping up to date on your children's immunizations (shots)

Go to <u>TurquoiseRewards.com</u> to see all the eligible activities.

To learn more and find out how to earn these rewards, please call (877) 806-8964; TTY: (844) 488-9722.

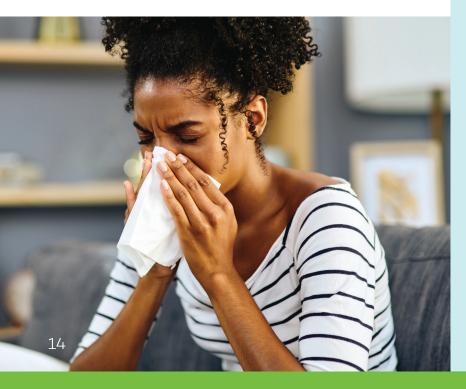
As a Turquoise Care member, you are automatically enrolled in Turquoise Care Rewards! To learn more or spend your reward points, go to **Turquoiserewards.com**. You can also call (877) 806-8964; TTY: (844) 488-9722 Monday-Friday from 8 a.m.-6 p.m. MT.

Reward points have no cash value and can only be used to shop for items in the rewards catalog. Exclusions and restrictions apply. These services are provided in part by the State of New Mexico.



What to do when you're sick

Are you feeling sick and not sure what to do? Don't worry, we're here to help you!



What are my options?



PCP

Call your PCP day or night. After hours, on-call staff will return your call.

When you have a minor issue that requires medical care:

- Colds or cough
- Flu
- Regular checkups
- Earache
- Sore throat
- Medicine or refills
- Diarrhea



Virtual health visits or an urgent care center

Teledoc and urgent care centers are a great option if you need care after hours.

When it's not an emergency but you need care right away:

- Severe cold or flu symptoms
- Ear pain
- Sore throat
- Stomach flu or virus
- Wound that needs stitches
- Sprain, strain or deep bruise



Emergency room (ER) Call 911 or go to the nearest ER.

When you think your life or health is in danger:

- Very bad bleeding
- Very bad stomach pain
- Chest pain or pressure
- Head injury or trauma
- Sudden dizziness or trouble seeing

Non-Discrimination Tag Line- Section 1557 Molina Healthcare of New Mexico

- **English** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (844) 862-4543 (TTY: 711).
- **Spanish** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 862-4543 (TTY: 711).
- Navajo Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih (844) 862-4543 (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 (844) 862-4543 (TTY: 711).
- German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (844) 862-4543 (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 (844) 862-4543 (TTY:711)。
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 842-454 (844) (رقم هاتف الصم والبكم: 711).
- Korean주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
(844) 862-4543 (TTY: 711) 번으로 전화해 주십시오.

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Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (844) 862-4543 (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。

 (844) 862-4543 (TTY: 711) まで、お電話にてご連絡ください。

- French ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (844) 862-4543 (TTY : 711).
- Italian ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (844) 862-4543 (TTY: 711).
- Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (844) 862-4543 (телетайп: 711).
- Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (844) 862-4543 (TTY: 711) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (Farsi) (Farsi)

Thai เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (844) 862-4543 (TTY: 711).

Non-discrimination notice

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to health care services. Molina offers health care services to all members and does not discriminate based on race, color, national origin, ancestry, age, disability, or sex.

Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

To help you talk with us, Molina provides services free of charge, in a timely manner:

- 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. The Molina Member Services number is on the back of your Member Identification card. (TTY: 711).

If you think that Molina failed to provide these services or discriminated 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 <u>civil.rights@MolinaHealthcare.com.</u>

You can also file your complaint with Molina Healthcare AlertLine, twenty four hours a day, seven days a week at: MolinaHealthcare.alertline.com.

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 <u>HHS.gov/ocr/complaints/index.html.</u>

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 at <u>ocrportal.hhs.gov/ocr/portal/lobby.jsf</u>.

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

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of New Mexico, Inc. ("**Molina**", "**we**" or "**our**") uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is April 11, 2023.

PHI stands for these words, protected health information. PHI means health information that includesyour name, Member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve Member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help Members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Address Member needs, including solving complaints and grievances.

We will share your PHI with other companies (**"business associates**") that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your

appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

When can Molina use or share your PHI without getting written authorization (approval) from you?

The law allows or requires Molina to use and share your PHI for several other purposes including the following:

Required by law - We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health - Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight - Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research - Your PHI may be used or shared for research in certain cases.

Legal or Administrative Proceedings - Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement - Your PHI may be used or shared with police to help find a suspect, witness or missing person.

Health and Safety - Your PHI may be shared to prevent a serious threat to public health or safety. **Government Functions** - Your PHI may be shared with the government for special functions. An example would be to protect the President. Victims of Abuse, Neglect or Domestic Violence - Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation - Your PHI may be used or shared to obey Workers Compensation laws. **Other Disclosures** - Your PHI may be shared with funeral directors or coroners to help them do their jobs.

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

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)** You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.
- **Request Confidential Communications of PHI** You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable

requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.

- Review and Copy Your PHI You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases, we may deny the request. Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.
- **Amend Your PHI** You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a Member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.
- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)** You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:
 - for treatment, payment or health care operations;
 - to persons about their own PHI;
 - sharing done with your authorization;
 - incident to a use or disclosure otherwise permitted or required under applicable law;
 - PHI released in the interest of national security or for intelligence purposes; or
 - as part of a limited data set in accordance with applicable law.

• **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)** - We will charge a reasonable fee for each list if you ask for this list more than once in a 12- month period.

• Get a Separate Copy of this Notice

We will charge a reasonable fee for each list if you ask for this list more than once in a 12month period. You will need to make your request in writing. You may use Molina's form to make your request. You may make any of the requests listed above or may get a paper copy of this Notice. Please call our Member Services at the toll-free number on your card.

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

You may complain to Molina and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

Call our Member Services at the toll-free number on your ID card. Write to Member Services, 200 Oceangate, Suite 100, Long Beach, CA 90802.7 days a week, 7:30 a.m. to 6:00 p.m., local time. TTY/TDD users, please call 711.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office of the Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 Phone: (800) 368-1019, TTY: (800) 537-7697, Fax: (202) 619-3818

What are the duties of Molina?

Molina is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

This Notice is Subject to Change

Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina.

Contact Information

If you have any questions, please contact the following office:

Call our Member Services at the toll-free number on your ID card. Write to Member Services, Molina Healthcare of New Mexico, Inc., PO Box 22801, Long Beach, CA 90801.

Molina Help Finder

Molina members can use Molina Help Finder to help find necessary community assistance. This online search tool can find resources to meet basic needs like food, housing, transportation, health, job training, child care, education, work, legal assistance and more. Molina Help Finder lets you self-refer or apply for services using your member portal or My Molina® mobile app. Your provider can also refer you to services and follow up to make sure you get the help you need. We offer Molina Help Finder in more than 120 languages to make it easy for you to find the resources that are best for you. With Molina Help Finder, help is just a click away. Visit MolinaHelpFinder.com to learn more.





Get started as a new member and watch our welcome video!



We make it *simple*!

MolinaHealthcare.com/Welcome



