



Welcome to the Molina MyCare Ohio Medicaid Plan

MyCare Ohio Medicaid-Only Member Handbook

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MolinaHealthcare.com/Duals



**Department of
Medicaid**
Next Generation MyCare

Nondiscrimination Notice

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex. Discrimination on the basis of sex includes sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Molina does not discriminate on the basis of religion, gender, military status, ancestry, genetic information, health status, or need for health services.

Molina Healthcare provides alternate formats and language services free of charge and in a timely manner:

- Molina Healthcare provides modifications and aids and services to people with disabilities. This includes qualified interpreters (including qualified sign language interpreters) and written information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services. This includes qualified oral interpreters and written information translated into your language.

If you need modifications, auxiliary aids and services, or language assistance services, contact Molina Member Services at 1-855-687-7862 or TTY/TDD: 711, Monday to Friday, 8:00 a.m. to 8:00 p.m., local time.

If you believe we have failed to provide these services or have discriminated against you, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at:

<https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Website: <https://MolinaHealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019 (TTY/TDD: 800-537-7697)

Complaint forms are available here:

<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

If you believe that we have discriminated against you, you may also file an appeal or complaint directly with ODM Office of Civil Rights by email (ODM_EEO_EmployeeRelations@medicaid.ohio.gov), by fax (614-644-1434) or by mail at:

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

We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at (855) 687-7862, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. Someone who speaks English can help you. This is a free service.

Spanish

Contamos con servicios de intérprete gratuitos para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener ayuda de un intérprete, llámenos al (855) 687-7862, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Una persona que hable español podrá ayudarle. Este es un servicio gratuito.

Traditional Chinese

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打(855) 687-7862 聯絡，TTY: 711，服務時間為當地時間的週一到週五的上午 8 點至晚上 8 點。能說中文的人士會為您提供協助。這是免費的服務。

Simplified Chinese

如果您对我们的健康计划或药品计划有任何疑问，我们可以提供免费的口译服务解答您的疑问。若要获得口译服务，请致电我们，电话：(855) 687-7862，TTY: 711，周一至周五提供服务，服务时间为当地时间上午 8 点至晚上 8 点。说中文的人士会帮助您。这是免费服务。

Tagalog

Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanungan na maaaring mayroon ka tungkol sa aming health o drug plan. Para makakuha ng tagapagsalin, tawagan lang kami sa numerong (855) 687-7862, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. Makatutulong sa iyo ang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French

Nous assurons gracieusement des services d'interprétariat afin de répondre à tout question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l'assistance d'un interprète, il suffit de nous appeler au (855) 687-7862, TTY : 711, du lundi au vendredi de 8 h à 20 h (heure locale). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.

Vietnamese

Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số (855) 687-7862, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Ai đó nói tiếng Việt có thể trợ giúp bạn. Đây là dịch vụ miễn phí.

German

Wir bieten Ihnen kostenlose Dolmetscherdienste, um Ihre Fragen, die Sie möglicherweise zu unseren Gesundheits- oder Arzneimittelleistungen haben, zu beantworten. Wenn Sie mit einem Dolmetscher sprechen möchten, rufen Sie uns einfach an unter (855) 687-7862, TTY: 711, Montag – Freitag, 8:00 Uhr bis 20:00 Uhr (Ortszeit). Jemand, der Deutsch spricht, hilft Ihnen gerne weiter. Dies ist ein kostenloser Dienst.

Korean

당사는 무료 통역 서비스를 통해 건강 또는 처방약 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 (855) 687-7862, TTY: 711번으로 월요일~금요일 오전 8시~오후 8시(현지 시간)에 문의하시기 바랍니다. 한국어 통역사가 도움을 드릴 수 있습니다. 무료 서비스입니다.

Russian

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру (855) 687-7862 (TTY: 711). Линия работает с понедельника по пятницу с 8:00 до 20:00 по местному времени. Вам бесплатно поможет русскоязычный сотрудник.

Arabic

نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. للحصول على مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم (855) 687-7862، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY)، يرجى الاتصال على: 711، من الاثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً، بالتوقيت الشرقي. ويمكن لشخص يتحدث اللغة العربية مساعدتك. تقدم هذه الخدمة مجانًا.

Italian

Offriamo un servizio di interpretariato gratuito per rispondere a qualsiasi domanda sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, basta chiamarci al numero (855) 687-7862, TTY: 711, dal lunedì al venerdì, dalle 8.00 alle 20.00 ora locale. Una persona che parla italiano potrà aiutarti. Si tratta di un servizio gratuito.

Portuguese

Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (855) 687-7862, TTY: 711, segunda – sexta, 8 a.m. até 8 p.m. horário local. Alguém que fala português pode ajudá-lo. Este é um serviço gratuito.

Haitian Creole

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan (855) 687-7862, TTY: 711, Lendi – Vandredi, 8 a.m. rive 8 p.m. lè lokal. Yon moun ki pale kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

Polish

Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (855) 687-7862, TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Pomocy udzieli osoba mówiąca po polski. Ta usługa jest bezpłatna.

Hindi

हम आपके स्वास्थ्य या ड्रग प्लान से जुड़े किसी भी प्रश्न के लिए आपकी सहायता करने के लिए निःशुल्क दुभाषिया सेवाएं प्रदान करते हैं। दुभाषिया सेवाएं प्राप्त करने के लिए, बस हमें (855) 687-7862, TTY: 711, सोमवार से शुक्रवार, सुबह 8 बजे से रात 8 बजे स्थानीय समय पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी सहायता कर सकता/ सकती है। यह एक निःशुल्क सेवा है।

Japanese

弊社の医療保険プランや処方薬プランについてお問い合わせいただく際に無料の通訳サービスをご利用いただけます。通訳をご希望の場合は、(855) 687-7862 (TTY: 711) までお電話にてご連絡ください(営業時間: 月～金、午前8時～午後8時)。日本語を話せるスタッフがお手伝いいたします。このサービスは無料でご利用いただけます。

Attention: To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling (855) 687-7862, TTY: 711, Monday through Friday, 8 a.m. to 8 p.m., local time; individuals with a hearing impairment may call TTY: 711, Monday through Friday, 8 a.m. to 8 p.m., local time.

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, Monday through Friday, 8 a.m. to 8 p.m., local time 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, Monday through Friday, 8 a.m. to 8 p.m., local time. The call is free.

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New Member Information

You're important to us!

Welcome to Molina MyCare Ohio Medicaid by Molina Healthcare. You are now a member of a MyCare Ohio healthcare plan, also known as a MyCare Ohio managed care plan (MCOP).

What is a managed care plan?

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 coordinators 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 healthcare services to Ohio residents who are eligible.

What information is in this book?

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

Where can I find a list of health providers?

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 our network providers as well as other non-network providers you can use to receive services.

You can also visit our website at MolinaProviderDirectory.com/OH to view up to date network provider information or call member services at (855) 687-7862, TTY: 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

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. 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 like:
 - Vision care, including a yearly \$300 eyewear allowance.
 - Dental care, including a yearly \$6,000 allowance for dental services.
 - Hearing exams and hearing aids.
 - \$230 each month for over-the-counter health items, plus everyday needs for qualifying members like transportation, utilities, and groceries.
 - 104 one-way trips each year to your health visits, food resources, and Medicaid renewal visits.
 - Extras for caregivers like additional hours of respite care, extra transportation, Care Coaches, and access to online resources and peer support groups.
 - Member Care Grants to help pay for real life needs like emergency housing, utility assistance, laundry services, and groceries.
 - Fall prevention programs, including personal care plans and up to \$1,500 each year for home modifications.
 - Social supports and help with technology.
 - Additional financial support when moving to a community setting like your home.
 - Up to \$500 for legal services for guardianship and financial planning help.
- A single ID card for your Medicare and Medicaid benefits.
- One Member Services phone number for any questions you have.
- A Molina Care Coordinator to coordinate your care. Your Care Coordinator will make sure your doctors, nurses and caregivers follow your personal care plan.
- A care plan built around your health needs.

If you want to receive both your Medicare and Medicaid-covered services from your MyCare Ohio plan, see page [10](#) for more information.



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 Complete Care for MyCare Ohio (HMO D-SNP) and allow us to serve as your single point of contact for all your Medicare and Medicaid services. If you would like more information or to request this change, you can contact the Medicaid Hotline at 800-324-8680 or the Medicare Hotline at 800-633-2273 (800-MEDICARE). TTY users should call Ohio relay at 7-1-1.

You can also call your Care Coordinator or Molina MyCare Ohio Medicaid Member Services at (855) 687-7862 (TTY 711) or visit www.MolinaHealthcare.com/Duals 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 network 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.

The transition period starts on the first day your MyCare Ohio plan enrollment begins. If you switch to a different MyCare Ohio plan, your transition period for out-of-network providers will not reset.

The *new member letter* mailed to you with your welcome materials has more information on transition time periods, services, and providers. If you are currently seeing a provider that is not in our network providers or if you already have services approved or scheduled, it is important that you call member services immediately 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 complete care, see page 35.

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
- Get a new ID card
- Choose a primary care provider (PCP)
- Find or change a provider or pharmacy near you
- Find resources if you are pregnant
- Make an appointment with your healthcare providers
- Know which services require prior authorization and which do not
- Understand the appeals process, including expedited appeals

- Get information in your language or in alternate formats
- Understand this Member Handbook
- File a grievance

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 Medicaid provider network
- You are pregnant

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

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](https://www.myl Molina.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](https://www.myl Molina.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 Coordinator



My Molina Mobile App for Smartphones

The My 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 My Molina mobile app using your My Molina username and password. Download the My Molina mobile app on the iPhone App Store or Google Play at no cost.



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
- Day after Thanksgiving
- Christmas Eve Day – Open 8 a.m. until Noon
- Christmas Day
- New Year's Eve Day – Open 8 a.m. until Noon

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.”

Join a Member Feedback Meeting!

Molina MyCare Ohio Medicaid hosts member feedback meetings, also called Molina Bridge2Access meetings. At these meetings, we:

- Ask for your feedback about your health plan.
- Ask about your experience with your health plan, Care Coordinator, and providers.
- Answer questions about your health plan.

Member feedback meetings are a great way to voice your opinion about your health plan and the services you get! Plus, you get a \$15 gift card reward as thanks for attending!

If you are interested in attending future member meetings in your area, visit MolinaHealthcare.com/OHMyCareMemberCouncil to find the date, time, and location of the next meetings. You can attend in person or virtually with your computer. Molina can give you a ride to and from the meeting if you need a ride.

Questions about member meetings?

No problem! Email us at MHO_Member_Advisory@MolinaHealthcare.com.

How Molina May Contact You

We want to help you stay healthy! We will contact you about your health care, Molina MyCare Ohio Medicaid membership, Medicaid renewal, and health reminders. We might:

- Call.
- Text (if you have told us we can text you).
- Email (if you have told us we can email you).
- Send a message on the secure My Molina member portal.
- Send mail.

When we contact you, we will always tell you it is “Molina Healthcare” or “Molina MyCare Ohio Medicaid” contacting you. If we call you, we will ask you a couple of questions to confirm who you are. We will do this to keep your health information private. When we send mail, the Molina Healthcare logo will always be on the outside of the mail.

Care Coordination

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

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

Your Health Assessment

When you first join our plan, you will receive a healthcare needs assessment within the first 90 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 coordination services?

Care Coordination 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 coordination 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 Coordinator 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 Coordinator.
- You can get your care plan at any time at [MyMolina.com](https://www.mymolina.com). Learn more about My Molina on page **12**.

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 Coordinator
- Other doctors who provide care to you
- Other Care Coordination team members who know you and your health care needs

What does my Care Coordinator do?

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

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

Your Care Coordinator will schedule care team conferences. This means you can meet regularly with members of your care team. Together, your Care Coordinator 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 assigned to a Waiver Services Coordinator through the Area Agency on Aging (AAA), your Care Coordinator will work with them to make sure you receive the services that you need.

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 Coordinator 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 Coordinator through [MyMolina.com](https://www.mymolina.com) or the My Molina mobile phone app. They 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 Coordinator?

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

Care Coordination Portal

Our Care Coordination Portal was created to securely share information with your care team, including authorized caregivers, so that your care team can have all the information they need to help you. This

information includes the assessments you have completed, medications you are taking, services that you are getting, and the contact information for your Care Coordinator. Your care team will be able to see your information through a secure sign-on process to our online care coordination portal. You can find copies of your care coordination information on the My Molina member portal.

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 Resources

Need a little extra help? When you do, we're here. Molina Help Finder is your one-stop shop for finding low- and no-cost community resources when you need them. Find services near you using our online tool.

The Molina Help Finder tool allows you to narrow your search results to find the resources you need to meet basic needs like:

- Food
- Housing
- Transportation
- Health
- Job Training
- Child care
- Education
- Work
- Legal

With Molina Help Finder, you can apply for the services you need, right from your My Molina member portal. Your doctor might also refer you to resources and follow up to make sure you got the help you needed.

Visit MolinaHelpFinder.com or talk to your Care Coordinator to learn more.

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. This renewal process is called Medicaid Redetermination.

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 jfs.ohio.gov/county.
- **In person:** Visit your local CDJFS to drop off your forms in a drop box. 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, option 8 (TTY: 800-292-3572).

- **Online:** Go to www.benefits.ohio.gov and click “Manage Benefits.”
 - Log in to your self-service portal account. If you don’t have an account, click “sign up” to create one.
 - Click “Link My Case(s).”
 - Select “Renew My Benefits.”
 - Complete the necessary steps to submit your renewal.

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: jfs.ohio.gov/county.
- Call the Medicaid Consumer Hotline at (800) 324-8680 or TTY 711. Call Monday to Friday, 7 a.m. to 8 p.m., or Saturdays 8 a.m. to 5 p.m. local time.

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, support, 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)
- Hypertension

How do members enroll?

You may be enrolled based on past services, prescriptions or other programs. You may be contacted by a nurse or your Care Coordinator. 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 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 21 years or older, who are determined by the state of Ohio, or its designee, needs assistance with daily activities like meal preparation or getting dressed in order to remain living independently. These services help individuals to live and function independently. If you are enrolled in a waiver, please see your MyCare Ohio home and 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 MolinaHealthcare.com/MyCareOhioMedicaidHandbook

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 Coordinator. More information can also be found on the **Self-Direction Services and Information** page on the Ohio Department of Medicaid website: medicaid.ohio.gov/families-and-individuals/self-direction.

Nursing Facility/Long-Term Care Services and Supports

Molina MyCare Ohio Medicaid will provide ongoing care coordination 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 Coordinator 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 also can 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 800-282-1206 Monday through Friday 8:00 a.m. – 5:00 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: MyCare Ohio Ombudsman

246 N. High St., 1st Fl.

Columbus, Ohio 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 provider 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

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 use

If you have an emergency that may cause harm or death to you or others, go to the nearest emergency room or call 911. If you or someone you know talks about suicide, self-harm, a mental health crisis, a substance use crisis, or any other kind of emotional distress, get help right away. You can call or text the Suicide and Crisis Lifeline at 988.



Identification Card

You should have received a Molina MyCare Ohio Medicaid membership ID card after enrollment. Each member of your family who has joined Molina MyCare Ohio Medicaid will receive their own card. These cards replace your Medicaid card. Each card is good for as long as the person is a member of Molina MyCare Ohio Medicaid. You will not get a new card each month.

It is important to note that this ID card will only work for Medicaid-covered services. Any medical services covered by Medicare or a selected Medicare Advantage plan will require a different ID card for those benefits. If you have a separate Medicare Part D plan, please provide your Part D ID card to your pharmacy for prescription drugs.

Always keep your ID card(s) with you

You must show your Molina MyCare Ohio Medicaid member ID card and your Medicare ID card when you get any medical services or prescriptions for any of the following services:

- 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 facilities
- Receive waiver service or start with a new waiver provider
- 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, Monday through Friday, 8 a.m. to 8 p.m., local time 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 Complete Care for MyCare Ohio, we can cover your Medicare benefits, too. See page 8 for more information.

Primary Care Provider

You can continue to get Medicare services from your doctors and other Medicare providers. 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.

Your primary care provider (PCP) will be the first point of contact for all your health needs and will work with you to direct your healthcare. Your PCP should work with your Molina MyCare Ohio Medicaid care coordinator 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 care or emergency room visit. This allows your PCP to manage your care for the best outcomes.

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

How do I choose a PCP?

When you choose a PCP, think about these questions:

- Is the PCP's office in an area that is easy for me to get to?
- Does the PCP have office hours that fit my family's schedule?
- Does the PCP serve only children or only adults?
- Does the gender of my PCP matter to me?
- Does the PCP speak my language?
- Does the PCP have experience in treating people who share my identity or health concerns?

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 no longer see the PCP that is listed 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. For more information about providers in our network, see page [24](#).

Referrals

There are times when your PCP may give you a referral. A referral is a request from a PCP for their patient to see a specialist. A specialist is a provider who focuses on a certain kind of healthcare. 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, Monday through Friday, 8 a.m. to 8 p.m., local time or on our website at MolinaProviderDirectory.com/OH 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 physical accessibility. You can find out which languages your provider speaks.

You can also contact the Medicaid Hotline at 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 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 in your primary language. You can also get this information in an alternate format like Braille or audio. Ask Member Services for help if you need information in your language or in an alternate format.

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

Types of Care and How Soon to Get Care

The chart below describes different types of care you might need. It also explains how to get each type of care, and how long you may wait to get care.

Type of Care Needed	Where To Go and Whom To Call	How Long You May Wait to Get Care
Emergency Care These are medical problems you think are so serious they must be treated right away.	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. Poison Control Center (800) 222-1222	You should get emergency care immediately .
Urgent Care This is when you need care right away, but you are not in danger of lasting harm or losing your life.	Call your PCP for an appointment or visit an urgent care center. See page 26 for more information.	If you go to an urgent care center, you should get care as soon as possible . When you get care may depend on the doctors available and how severe your condition is.
Routine Care Preventive care visits such as a physical exam, wellness visit or immunizations (shots)	Call your PCP for an appointment. You can also call a Federally Qualified Health Center (FQHC), Rural Health Center (RHC), or certified nurse practitioner. Ask your PCP if they offer telehealth services (virtual care online or by phone). See page 29 for more information.	You should get care within 6 weeks . If you need help for a health problem that is not an emergency or urgently needed, but you still need medical attention, you should get care within 7 business days.
Specialist Appointments	Think about asking your PCP first. Although it's not required, your PCP may give you a referral to a specialist.	You should get care within 8 weeks .

Type of Care Needed	Where To Go and Whom To Call	How Long You May Wait to Get Care
Family Planning and Women's Health Services	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.	If you are pregnant or believe you may be pregnant, you should have your first visit within 2 weeks . You will get routine pregnancy care within 6 weeks . You should get care for other family planning services within 8 weeks .
Behavioral Health Services	Call a Community Mental Health Center or Ohio Department of Mental Health and Addiction Services (MHAS) facility for substance use treatment near you. You can call Member Services for help finding a provider in your area.	In a life-threatening emergency or urgently needed services, you should get care immediately. In a non-life threatening emergency, you should get care within 6 hours . If you need help for a health problem that is not an emergency or urgently needed, but you still need medical attention, you should get care within 7 business days . You should get an initial visit for routine care in 7 calendar days . You should get routine follow-up care within 30 business days . (You may get routine care in 10 calendar days based on the care needed.)

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. They will call you back and tell you what to do.
2. If you cannot reach your PCP'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.

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. If you are not sure whether you need to go to the ER, call your primary care provider or the 24-Hour Nurse Advice Line at (855) 895-8295, TTY: 711. 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 ER 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, they 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 your MyCare plan. These services include:

- Diagnostic evaluation and assessment
- Psychological testing
- Psychotherapy and counseling
- Crisis intervention
- Mental health services including therapeutic behavioral service, psychosocial rehabilitation, community psychiatric supportive treatment, assertive community treatment for adults and intensive home-based treatment for children/adolescents.
- Substance use disorder treatment services including case management, peer recovery support, intensive outpatient, partial hospitalization, residential treatment, and withdrawal management.
- Medication-assisted treatment for addiction
- Opioid treatment program services
- Medical services
- Behavioral health nursing services

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: 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 MolinaProviderDirectory.com/OH 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 Coordinator 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).

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 use

If you or someone you know talks about suicide, self-harm, a mental health crisis, a substance use crisis, or any other kind of emotional distress, get help right away. You can call or text the Suicide and Crisis Lifeline at 988.

Medicare also covers some of these services. Your provider of these services may be required to seek payment from Medicare or your Medicare Advantage plan prior to billing your MyCare Ohio plan.

Telehealth

Telehealth is the direct delivery of healthcare to a patient via audio and/or video devices. Instead of coming into the office for your appointment, you stay at your home or office and use your smartphone, tablet, or computer to see and talk to your medical and behavioral health professionals. There is no cost for Medicaid members to use telehealth, and telehealth removes the stress of needing transportation services.

Medicaid members can see medical and behavioral health professionals via telehealth for many illnesses and injuries, common health conditions, follow-up appointments, and screenings, as well as prescribing medication(s).

Check with your Medicare insurance plan for providers who offer telehealth services.



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, 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 39 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. You can choose to receive both your Medicare and Medicaid benefits through Molina Complete Care for MyCare Ohio so all your services can be coordinated. Please see page 10 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. They 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 MolinaHealthcare.com/MyCarePA.

Covered Services

Molina MyCare Ohio Medicaid will cover medically-necessary Medicaid-covered services at no cost to you. The following lists 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.

Covered Services at a Glance

Below is a quick list of services and supplies covered by Molina MyCare Ohio Medicaid.

The services and supplies are listed alphabetically (from A to Z). For more detailed information about covered services, see the List of Covered Services on the following pages.

Key

You can use these symbols to tell if a service may need prior approval, or if there may be limitations to the service.

(PA) - Prior authorization (PA) may be required.

(L) - The service may be limited to a certain number of visits or to certain members.

Services covered by our plan

- Acupuncture – to treat certain conditions (PA) (L)
- Ambulance and wheelchair van transportation (PA)
- Assisted living services (PA) (L)
- Behavioral health services (including mental health and substance use disorder treatment) (PA)
- Certified nurse midwife services
- Certified nurse practitioner services
- Chiropractic services (PA) (L)
- Dental services (PA)
- Diagnostic services (x-ray, lab) (PA)
- Doula (L)
- Durable medical equipment and supplies (PA) (L)
- Emergency services
- Family Connect (L)
- Family planning services

- Federally Qualified Health Center or Rural Health Clinic services (PA)
- Free-standing birth center services at a freestanding birth center
- Home- and community-based waiver services (PA) (L)
- Home health services and private duty nursing services (PA)
- Hospice care (PA)
- Inpatient hospital services (PA)
- Medical supplies (PA) (L)
- Nursing facility services (PA)
- Obstetrical (maternity care – prenatal and postpartum, including at-risk pregnancy services) and gynecological services
- Outpatient hospital services (PA)
- Physical and occupational therapy (PA) (L)
- Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source
- Podiatry (foot) services (PA)
- Prescription drugs (certain drugs not covered by Medicare Part D) (PA)
- Preventive mammogram (breast) and cervical cancer (pap smear) exams (L)
- Primary care provider services
- Renal dialysis (kidney disease)
- Respite services (PA) (L)
- Screening and counseling for obesity (L)
- Shots (immunizations)
- Specialist services
- Speech and hearing services, including hearing aids (PA) (L)
- Telehealth services (L)
- Vision care (optical) services, including eyeglasses
- Yearly well-adult exams when Medicare does not cover these

List of Covered Services

Below is the full list of services and supplies covered by Molina Healthcare.

Services covered by our plan	Limitations and exceptions
Acupuncture – for pain management of migraine and lower back pain.	Coverage is limited to the pain management of migraine headaches and lower back pain. PA is required.
Ambulance and wheelchair van transportation	PA is required for non-emergency transportation. PA is not required for medically necessary wheelchair transportation.
Assisted living services	PA is required. Services limited to waiver members.
Behavioral health services (including mental health and substance use disorder treatment)	<p>PA is not required to begin getting services with a network provider.</p> <p>PA is required for intensive services such as partial hospitalization or substance use disorder residential treatment. 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 21.</p> <p>For more information about covered behavioral health services, see page 28.</p>
Certified nurse midwife services	PA is not required.
Certified nurse practitioner services	PA is not required.
Chiropractic services	PA is not required for the first 15 visits in a 12-month period. After 15 visits, PA is required.
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 may be required for some services.

Services covered by our plan	Limitations and exceptions
Doula	Covered prenatal, delivery, and postpartum visits. Maximum of 48 15-minute visits up to 365 days after delivery for antepartum and postpartum support services.
Durable medical equipment and supplies	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 Coordinator or Member Services for more information.
Emergency services	PA is not required.
Family Connect	Limited to 3 visits within a 12-month postpartum period.
Family planning services	PA is not required.
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 services may require PA. Office visits do not require PA.
Free-standing birth center services at a freestanding birth center	PA is not required.
Home- and community-based waiver services	Coverage is based on member's determination of need.
Home health services and private duty nursing services	PA is required after the initial evaluation plus the first 6 visits for home health. Private duty nursing requires PA.

Services covered by our plan	Limitations and exceptions
Hospice care	Some hospice care services may require PA.
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 	Inpatient hospital services 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. Notification of delivery is 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	Some surgical services require PA.
Prescription drugs (certain drugs not covered by Medicare Part D)	Selected drugs, including injectables and some over-the-counter drugs, require PA.
Preventive mammogram (breast) and cervical cancer (pap smear) exams	PA is not required.

Services covered by our plan	Limitations and exceptions
Primary care provider services	PA is not required.
Renal dialysis (kidney disease)	PA is not required.
Respite services	PA is required.
Screening and counseling for obesity	PA is not required. Screening and counseling for obesity requires a referral by a provider.
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.
Telehealth services Virtual visits with health providers using your smartphone, tablet, or computer.	Check with your health provider to see if they offer telehealth services. For more information about telehealth, see page 29.
Vision care (optical) services, including eyeglasses <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 age 60 and older Expanded selection of frames to choose from 	PA is not required for eye exams, eyeglass frames, or eyeglass lenses. Contact lenses may require PA. 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.
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 healthcare services, Molina MyCare Ohio Medicaid will provide transportation to and from the provider's office. Please contact (844) 491-4761 (TTY 711) at least 48 hours 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.

You get extra transportation!

You get extra transportation benefits as a Molina MyCare Ohio Medicaid member. Check out your extra benefits and get the most out of your health plan.

- 14 one-way trips to plan-approved locations every year, such as rides to health visits, pharmacies, grocery stores or food banks, health education visits, and employment support services.
- Unlimited transportation if you use a wheelchair.
- Options like taxi or van service, Lyft or Uber, all-day bus passes, and gas money to cover your trip to and from your visit.
- A mobile app for setting up rides and trip reminders.

To schedule, cancel, or manage transportation, call (844) 557-5326 (TTY 711) at any time.

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 are 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 [MolinaHealthcare.com/Duals](https://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 plan name. You can view our plan's *list of covered drugs* on our website at www.MolinaHealthcare.com/Duals. Drugs with an * are not covered by Medicare Part D but are covered by Molina MyCare Ohio Medicaid. 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, they 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).

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, Monday through Friday, 8 a.m. to 8 p.m., local time.

Molina MyCare Ohio Medicaid provides services to our members because of a contract we have 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

800-324-8680 (Monday through Friday 7 a.m. - 8 p.m. and Saturday 8 a.m. - 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: <http://www.Medicaid.Ohio.gov/providers/managedcare/integratingMedicareandMedicaidbenefits.aspx>.

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

Services Not Covered by Molina MyCare Ohio Medicaid

Molina MyCare Ohio Medicaid will not pay for services or supplies received that are not covered by Medicaid. If you have a question about whether a service is covered, please call Member Services at (855) 687-7862 (TTY 711) from 8 a.m. to 8 p.m. local time, Monday to Friday.

Molina MyCare Ohio Medicaid will not pay for the following services that are not covered by Medicaid:

- All services or supplies that are not medically necessary
- Paternity testing
- Services to find cause of death (autopsy) or services related to forensic studies
- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual

If Molina MyCare Ohio Medicaid determines that it will not pay for services based on moral or religious grounds, we will tell you of this change at least 30 calendar days before the change happens. Currently, there are no services that are not covered by Molina MyCare Ohio Medicaid based on moral or religious grounds.

Services Not Covered by Molina MyCare Ohio Medicaid Unless Medically Necessary

Molina MyCare Ohio Medicaid will review applicable Ohio Administrative Code rules (e.g. 5160-1-61) and conduct a medical necessity review if appropriate. If you have a question about whether a service is covered, please call Member Services at (855) 687-7862 (TTY 711) from 8 a.m. to 8 p.m. local time, Monday to Friday.

Molina MyCare Ohio Medicaid will not pay for the following services that are not covered by Medicaid:

- Abortions except in the case of a reported rape, incest or to save the life of the mother
- Biofeedback services
- 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)
- Plastic or cosmetic surgery
- Services for the treatment of obesity
- Services determined by Medicare or another third-party payer
- Sexual or marriage counseling

Frequency Limitations

Your MyCare plan will review all requests for services from your provider. If you have a question about whether a service is covered, please call member services at (855) 687-7862 (TTY 711) from 8 a.m. to 8 p.m. local time, Monday to Friday.

Additional benefits or services

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

Advice 24/7 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 20 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 14 for more information.

Community resources (Molina Help Finder)

Need a little extra help? When you do, we're here. Molina Help Finder is your one-stop shop for finding low- and no-cost community resources when you need them. Find services near you using our online tool.

The Molina Help Finder tool allows you to narrow your search results to find the resources you need to meet basic needs like:

- Food
- Housing
- Transportation
- Health
- Job Training
- Child care
- Education
- Work
- Legal

With Molina Help Finder, you can self-refer or apply for the services you need, right from your My Molina member portal. Visit MolinaHelpFinder.com to learn more.

Your extra transportation benefits

You get extra transportation benefits as a Molina MyCare Ohio Medicaid member:

- 14 one-way trips to plan-approved locations every year, such as rides to health visits, pharmacies, grocery stores or food banks, health education visits, and employment support services.
- Unlimited transportation if you use a wheelchair or need to see a provider that is 30+ miles away.
- Options like taxi or van service, Lyft or Uber, all-day bus passes, and gas money to cover your trip to and from your visit.
- A mobile app for setting up rides and trip reminders.

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 able to discuss medically necessary treatment options for your condition(s), no matter the cost or benefit coverage.
- To be able to participate with practitioners in making decisions relating to your health care.
- 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. Instances believed to work against your best interest may be overridden.
- To get information on any medical care treatment, given in a way that you understand and 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 request, and receive a copy of your medical records, and to be able to ask that a 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 [47](#) of this handbook for information.
- To be able to get all MyCare Ohio plan-written member information from our plan:
 - At no cost to you
 - In the prevalent non-English languages of members in the MyCare Ohio plan'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 healthcare 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 (also known as a living will). See page 53 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 MyCare Ohio plan, the MyCare Ohio plan'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 arrange 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 [45](#).

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 48 hours 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.
- Make sure you take the medications prescribed for you by your doctor. If you are admitted to a hospital,

schedule an office appointment and see your doctor in the office within 30 days of being discharged. Remember to bring the Discharge Summary you were given with you. Review your medications during office appointments to keep the list current.

- 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 and your county caseworker if you change your personal information. That includes name, address, telephone number, or email. 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.
- Treat health providers and Molina employees with dignity and respect.

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 happens, our plan is 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 [17](#).

Automatic Renewal of MyCare Ohio 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 the 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)

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 member services and your county caseworker about the 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 payment of potential medical 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 county caseworker with updates to your coverage.
- Tell your county 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 38 to learn more on how Molina MyCare Ohio Medicaid pays for your care.

Accidental Injury or Illness (Subrogation)

If you must see a doctor about an injury or illness that was caused by another person or business, you must call member services to let us know. For example, if you are hurt in a car wreck, by a dog bite, or by falling and getting hurt in a store, then another insurance company might have to pay the doctor's and/or hospital's bill. When you call, be prepared to share the name of the person at fault, their insurance company and the name(s) of any attorney(s) 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.

Appeals and Grievances

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, Monday through Friday, 8 a.m. to 8 p.m., local time.
- Fill out the form in your member handbook on page [60](#).
- Call the member services department to request they mail you a form.
- Visit our website at MolinaHealthcare.com/Duals.
- 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 Medicaid-only 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.

Appeals & Grievances Unit

P.O. Box 182273

Chattanooga, TN 37422

Molina MyCare Ohio Medicaid will send you something in writing if we:

- Deny a request to cover a service for you.
- Reduce, suspend or stop services before you receive all the services that were approved.
- 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.
- 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 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:

- Two working days for grievances about not being able to get medical care
- Thirty 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
 800-605-3040 or 800-324-8680
 TTY: 800-292-3572

Ohio Department of Insurance
 50 W. Town Street
 3rd Floor— Suite 300
 Columbus, Ohio 43215
 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 make a decision based on the rules and the information given by you and Molina MyCare Ohio Medicaid.

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 90 calendar days**. The 90-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.

You may only request a state hearing after you have gone through Molina MyCare Ohio Medicaid appeal process.

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 866-635-3748.
- Submit your request online at https://hearings.jfs.Ohio.gov/apps/share/#_frmlogin.
- 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 800-589-8889.

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if the Molina MyCare Ohio Medicaid 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 three 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 Eligibility and Termination

Who is eligible to enroll in a MyCare Ohio plan?

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

- Have Medicare parts A, B and D; **and**
- Have full Medicaid coverage; **and**
- Are 21 years of age or older at the time of enrollment.

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

- Do not have full Medicaid benefits and Medicare parts A, B and D;
- Are younger than age 21;
- Are enrolled in Program for All-Inclusive Care for the Elderly (PACE);
- Have any private creditable 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).
- You are an individual who receives home and community-based waiver services through the Ohio Department of Developmental Disabilities.

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

- You are a member of a federally recognized Indian tribe, regardless of your age.

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

Ending Your MyCare Ohio Membership

You are eligible for the MyCare Ohio program which means you must select a MyCare Ohio managed care plan unless you meet one of the exceptions listed on page 49 that list the exclusion or optional membership information.

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 months of your initial membership or during the annual open enrollment period. The Ohio Department of Medicaid will notify you by mail when it is your annual open enrollment period.

If you want to end your membership during the first three months of your membership, or during open enrollment period, you can call the Medicaid Hotline at 800-324-8680. TTY users should call Ohio Relay Services at 7-1-1. You can also submit a request online 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 MyCare Ohio managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing a New MyCare Ohio Plan

If you are thinking about ending your membership to change to another MyCare Ohio plan, you should learn about your choices, especially if you want to keep your current provider(s) for Medicaid services. Remember, each MyCare Ohio plan has a network of providers you must use. Each MyCare Ohio 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 MyCare Ohio plan you are thinking of joining, or if you simply would like to ask questions about the MyCare Ohio plan, you may either call the plan or call the Medicaid Hotline at 800-324-8680. TTY users should call Ohio relay at 7-1-1. You can also find information about the MyCare Ohio plans by visiting the Medicaid Hotline website at www.Ohiomh.com

Just Cause Membership Terminations

Sometimes there may be a special reason that you need to end your MyCare Ohio 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 MyCare Ohio plan and give them a chance to resolve the issue. Requesting a just cause membership termination will not return you to the Medicaid fee-for-service (FFS) program, but it may allow you to change your MyCare Ohio plan outside of the open enrollment period. If your MyCare Ohio plan cannot resolve the issue, you can ask for a just cause termination at any time if you have one of the following reasons:

1. The MyCare Ohio plan does not, for moral or religious objections, cover a medical service that you need.
2. 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 through your MyCare Ohio plan's network providers.
3. You have concerns that you are not receiving quality care and the services you need are not available from another network provider through your MyCare Ohio plan.

4. 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 a network provider through your MyCare Ohio plan and they were the only PCP participating with your MyCare Ohio plan as a network provider that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP included their network providers that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
5. 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 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 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.

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 MyCare Ohio plan'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 MyCare Ohio plan, unless you are still in your transition period. If you chose a new MyCare Ohio plan and have not received a member ID card before the first day of the month when you are their member, call the plan's member services department. If they are unable to help you, call the Medicaid Hotline at 800-324-8680. TTY users should call Ohio relay at 7-1-1.
- If you have chosen a new MyCare Ohio plan and have any Medicaid services scheduled, please call your new MyCare Ohio 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 MyCare Ohio plan include: *when you are getting home health, private duty nursing, mental health, substance use disorder, dental, vision and waiver services.*

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 getting 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 CaringInfo at

<https://www.caringinfo.org/planning/advance-directives/by-state/ohio/>.

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 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.

Co-payment – A fixed amount for a covered service that is paid by the patient to a provider before a service. You do not have co-payments as a member of Molina Complete Care for MyCare Ohio.

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

Durable medical equipment (DME) – Certain items your doctor orders for use in your own home. Examples of these items are wheelchairs, crutches, diabetic supplies, IV infusion pumps, oxygen equipment and supplies, nebulizers, and walkers.

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

Emergency Medical Transportation – Transportation, by ambulance, of sick, injured or otherwise incapacitated persons who require emergency medical care. For example, you might be taken to a hospital in an ambulance if you need emergency care

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

Excluded Services – Health services that the Molina MyCare Ohio Medicaid does not pay for or cover. You can find a list of services not covered by Molina Healthcare in this Handbook.

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.

Habilitation Services and Devices – Services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and

community-based settings. This may include physical and occupational therapy or other services for people with disabilities.

Health insurance – A contract that requires Molina Healthcare plan to pay some or all of your health care costs in exchange for a premium. Health insurance may also be called a “plan” or “policy.”

Home health care – Services that include home health nursing, home health aide services and skilled therapies. These services usually do not include help with non-medical tasks, like cleaning or driving.

Hospice Services – A public agency, a private organization, or a subdivision of either, subject to the conditions of participation pursuant to 42 C.F.R. Part 418 (October 1, 2017), that is licensed in the state of Ohio and approved by the ODM to engaged in providing care to terminally ill individuals (5160-56-01(V)). Hospice services are a type of medical and social support care that helps relieve suffering, for the management of a person’s terminal illness. Hospice care does not treat the person’s illness.

Hospital Outpatient Care: Diagnostic, therapeutic, rehabilitative, or palliative treatment or services furnished by or under the direction of a practitioner of physician services which are furnished to a patient by a hospital. This is care in a hospital that usually does not require an overnight stay.

Hospitalization: Care in a hospital that requires admission as an inpatient. Hospitalization usually requires an overnight stay.

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

Network – Molina MyCare Ohio Medicaid’s contracted providers available to members.

Out-of-Network (Non-participating Provider) – Any provider with an ODM provider agreement who does not contract with Molina MyCare Ohio Medicaid but delivers healthcare services to Molina MyCare Ohio Medicaid’s members.

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.

Physician Services – “Practitioner of physician services” are physicians, podiatrists, dentists, clinical nurse specialists, certified nurse-midwives, certified nurse practitioners or physician assistants (5160-2-02(L)). For example, a physician might be a Medical Doctor (M.D.) or a Doctor of Osteopathic Medicine (D.O.).

Plan: “MyCare Ohio Plan(MCOP)” or “managed care plan” means a health insuring corporation (HIC) licensed in the state of Ohio that enters into a managed care provider agreement with the Ohio Department of Medicaid (5160-26-01(S)).

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

Premium – “Premium” means the monthly payment amount per member to which the MCO is entitled as compensation for performing its obligations in accordance with Chapter 5160-26 of the Administrative Code and/or the provider agreement with ODM (516026-01(NN)). You do not pay a premium as a Molina MyCare Ohio Medicaid member.

Prescription Drug Coverage – Drugs covered by the plan that are dispensed to members for the use in a patient’s resident, including a nursing facility or intermediate care facility for individuals with intellectual disabilities.

Prescription Drugs - Simple or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are prescribed by a physician or other licensed practitioner of the healing arts within the scope of this professional practice as defined and limited by Federal and State law; dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the State Medical Practice Act; and dispensed by the licensed pharmacist or practitioner on a written prescription that is recorded and maintained in the pharmacist’s or practitioner’s records.

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

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

Prior Approval (Preauthorization) – 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 Medicaid.

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.

Rehabilitation Services and Devices – Treatment(s) to help you recover from an illness, accident or major operation.

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

Skilled Nursing Care – Specific tasks that must, in accordance with Chapter 4723 of the Ohio Revised Code, be provided by a licensed practical nurse (LPN) at the direction of a registered nurse or by a registered nurse directly. These services are performed or supervised by licensed nurses in your home or in a nursing home.

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

Telehealth (virtual care) – Care you get online or over the phone. You can see medical and behavioral health providers with telehealth for many illnesses and injuries. See page 29 to learn more about telehealth.

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.”

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
Grievance & Appeals Unit
 P.O. Box 182273
 Chattanooga, TN 37422

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

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Molina Healthcare of Ohio
P.O. Box 349020
Columbus, OH 43234-9020
MolinaHealthcare.com/Duals

Member Services:
(855) 687-7862, TTY: 711
Monday through Friday, 8 a.m. to 8 p.m.

 Find us on Facebook: MolinaHealthcare.com/OHFacebook



**Department of
Medicaid**

Next Generation MyCare