

Guide to Getting Quality Health Care

2026



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Your Guide to Getting Quality Health Care

The 2026 version of Molina Healthcare’s Guide to Getting Quality Health Care (The Guide) helps you learn about the programs and services offered to you. In this Guide, you can read about our Quality Improvement Program and services to keep you healthy and take care of any health condition you may have.

This Guide gives you details about how we:

- Protect your privacy rights and your Protected Healthcare Information (PHI)
- Make choices about your health care
- Help you with health care actions
- Meet your communication needs.

You can print out the Guide and any other information from our website. To get the Guide in your preferred language or accessible format, call Member Services at (866) 856-8699 (TTY: 711). Both new and existing members can request a mailed copy of materials from us.

Molina Healthcare’s Medicare plans

State	Molina’s Medicare Plans
Texas	Molina Medicare Complete Care (HMO D-SNP) Molina Medicare Complete Care Plus (HMO D-SNP)

Your health care contacts

Department/ program	Services	Phone number
Member Services, including behavioral health	Molina Member Services can: • Answer questions about your health plan and services. • Help you choose or change a primary care provider (PCP). • Tell you where to get care. • Offer interpreter services if you speak a language other than English, including American Sign Language (ASL). • Provide information in other languages and formats.	Member Services (866) 856-8699 (TTY: 711) Monday – Friday 8a.m. – 8 p.m. local time

Department/ program	Services	Phone number
24-hour Nurse Advice Line and National Suicide & Crisis Lifeline	Talk to a registered nurse anytime you have questions about your health. Available 24 hours a day, 7 days a week. The 988 Suicide and Crisis Lifeline is nationwide and provides confidential support 24 hours a day, 7 days a week, to people in suicidal crisis or mental health-related distress.	24-hour Nurse Advice Line (888) 275-8750 For Spanish: (866) 648-3537 (TTY: (866) 735-2929) National Suicide & Crisis Lifeline Calls and Text Messages: 988
24/7 telehealth virtual care	Visit a board-certified doctor by phone or video through telehealth for minor illness or behavioral health issues without leaving home. You can get care 24 hours a day, 7 days a week.	To request telehealth services, call Member Services (866) 856-8699 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. local time
Health management*	Do you live with a chronic health condition? We offer programs to help you manage: • Asthma • Depression • Diabetes • Chronic obstructive pulmonary disease (COPD) • Heart failure • High blood pressure • Weight (nutritional counseling) • Quitting smoking • Substance use disorder For details on how to become eligible to use, join or leave these program services, call the Health Management Team.	Health Management (866) 891-2320 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. CT
Health education*	Learn more about living well and staying healthy. Get details about programs to help you stop smoking and manage your weight. We will help you learn how to use, join or leave these programs.	Health Education (866) 472-9483 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. local time
Care management*	Care managers assess your health conditions and review benefits and resources. This program can help you live healthier. Member Services will help you learn how to use, join or leave these programs.	Member Services (866) 856-8699 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. local time
Complex care management and intensive care management*	Care for members who get very sick and need extra help to feel better. Care managers will help you get the best care possible. Call Member Services to learn how to use, join or leave these programs.	Member Services (866) 856-8699 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. local time

Department/ program	Services	Phone number
Transition of Care Program*	When you are discharged from a hospital or nursing home, coaches help you transition from one setting to another. They help you get the care you need at home. Call Member Services to learn how to use, join or leave these programs.	Member Services (866) 856-8699 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. local time
U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR)	The OCR protects you from discrimination in health care and social services. It also protects the privacy of your personal health information.	Member Services (800) 368-1019 TDD toll-free: (800) 537-7697 hhs.gov/ocr/index.html
Medicare	Health insurance offered by the federal government to most people 65 and older, and younger people with certain disabilities or conditions. Medicare helps pay for care but does not cover all medical expenses. Members enrolled in a Dual-Eligible Special Needs Plan (D-SNP) may receive additional coverage through their Medicaid benefits.	Medicare (800) MEDICARE (800) 633-4227 (TTY: (877) 486-2048) Medicare.gov

*You can opt out of these programs at any time. For more details about these programs, call Member Services.

Visit our website

Visit our website. You will find:

- Benefits and services: Select your plan to view your documents.
- Copays and other charges (if they apply): Select your plan to view your documents.
- What to do if you get a bill for a claim: Select your plan to view your documents.
- Frequently Asked Questions (FAQs) and answers
- Pharmacy details like:
 - Drugs covered under your plan
 - Drug limits or quotas
 - How to request an exception for drugs not on the formulary
 - Generic substitutes
 - Therapeutic interchange (different drugs that have the same effects)
 - Step-therapy (covering one drug before we cover another)
- Preventive health guidelines and vaccine schedules:
- How to get specialty care and hospital services: Select your plan to view your documents.
- Available primary care and specialty providers: Select your plan and view your Provider/Pharmacy Directory.
- Utilization Management (UM) procedures like: Select your plan to view your documents:
 - Preservice review
 - Urgent concurrent review (review that happens while you are getting care at a health care center)
 - Post service review
 - Filing an appeal or requesting external review

To get printed copies of anything on MolinaHealthcare.com, call Member Services. You can also view your Evidence of Coverage (EOC) on the website.

Member portal

My Molina® is your secure member portal. It lets you manage your health from your computer, phone, tablet or laptop. The member portal is easy to use. Here are some of the things you can do:

- Fill out your Health Appraisal if you have not completed one this year
- Search for a local pharmacy
- Request or print your member ID card
- Update your Personal Details:
 - Phone Number
 - Email
 - Mailing Address
 - Language Preference
 - Race
 - Ethnicity
 - Pronouns
 - Gender Identity
 - Sexual Orientation
- Choose or change doctors
- See your health records
- Link to the CVS pharmacy site that will recognize you as a Molina member and share your pharmacy claims and formulary
- Get health advice from our 24-hour Nurse Advice Line, open 7 days a week
- Send email to Member Services
- Find helpful resources

To learn more or to get help signing up for the member portal, call Member Services at (866) 856-8699 (TTY: 711). You can also create an account on your computer or from your phone. We suggest setting up your account on your computer first.



To create an account on your computer:

- **Step 1:** Go to [MyMolina.com](https://www.mymolina.com)
- **Step 2:** Enter your member ID number, date of birth and ZIP code
- **Step 3:** Enter your email address
- **Step 4:** Create a password
- **Step 5:** You may be asked for a phone number or email to get a code to verify that it is you



To create an account from your phone:

- **Step 1:** Find the My Molina App in your Apple App Store® or Google Play Store®
- **Step 2:** Download the My Molina mobile app to your phone
- **Step 3:** Open the app and select your health plan
- **Step 4:** Enter your Member ID number, date of birth and email address
- **Step 5:** Create a password

Provider Online Directory

To search for a provider online, go to MolinaHealthcare.com. Click on 'Find a Doctor or Pharmacy.' The provider directory includes:

- Names, addresses, phone numbers, hours, expertise and gender of network providers
- ADA building access
- Providers' board certification status
 - You can also visit the American Board of Medical Specialties (ABMS.org) to see if a provider is board-certified
- Office hours
- Providers accepting new patients
- Languages spoken by the provider or staff, including American Sign Language
- Hospital name, location, accreditation status and quality data

If you cannot access the internet or need more information (like your provider's medical school or residency), we can send you a printed copy of the provider directory. Call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time for help.



Molina Healthcare's Quality Improvement Plan and Program

We're committed to making sure you get the best care possible. That's why each year, we put a plan in place to keep improving:

- Our services
- The quality of the care you receive
- The way we communicate with you

Our goals are to:

- Give you services that benefit your health
- Work with providers to get you the care you need
- Address your language and cultural needs
- Reduce any barriers to getting care, like transportation or language needs

We also want to hear how we're doing. We review the past year of service to check our progress. We may send you a survey to get your feedback.

We may also send surveys to see how many members get their needed services. These surveys tell us what care is needed. One of these surveys is called CAHPS® (Consumer Assessment of Healthcare Providers and Systems).

The CAHPS® survey asks questions about how you rate:

- Your health care
- Your primary care provider (PCP)
- Your health plan
- Specialist(s) you have seen
- Well-check exams
- How easy it is for you to get care
- How easy it is for you to get care quickly

HEDIS® (Healthcare Effectiveness Data and Information Set)

We also measure how many of our members get key tests and exams. We look at:

- Annual wellness exams
- Diabetes care
- Controlling blood pressure
- Mammograms (x-rays of the breast)
- Medicine management
- Pap tests
- Shots (flu)

We care about your health. We want to help you take better care of yourself. To do this, we:

- Remind you to get well-check exams and shots
- Teach you about chronic health conditions you may have
- Remind you to get Pap tests and mammograms, if needed
- Address any complaints you have
- Help you find and use information on our website
- Tell you about special services we offer

To learn more, call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time. You can ask for a printed copy of our Quality Improvement Plan and results.

Guidelines to keep you healthy

We give you information about preventive services and when to get them. This information does not replace your doctor's advice.

To make the most of these guidelines:

- Take time to read them
- Write down questions and bring them to your next checkup
- Tell your provider about any health problems you are having
- Go to your appointments
- If you miss an appointment, reschedule right away

We help you learn about key tests and exams to help you with health conditions, such as diabetes, chronic obstructive pulmonary disease (COPD) and depression. See MolinaHealthcare.com/StayingHealthy for details. To learn more, call Member Services.



Extra help for chronic health problems

Taking care of health conditions can be a lot to deal with. To make sure you get the right care, our Care Management Program can help you:

- Get services
- Arrange for tests and provider visits
- Get transportation to medical appointments
- Close gaps in care or service
- Get support for those with special needs as well as their caregivers
- Move from one setting to another, like leaving the hospital
- Get long-term care services
- Connect with community support
- Find community services like “Meals on Wheels” or physical therapy

You can be referred to care management through:

- A provider, hospital discharge planner, or social worker
- Member Services, the Health Education Line or our 24-hour Nurse Advice Line
- A family member or caregiver
- A self-referral
- Identified by Molina as eligible for care management

These programs are offered at no cost to you. You can choose to stop any program at any time. Call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time for more details.

Population health

(Health management, care management, complex care management and intensive care management, transition of care, member education and health education)

We offer many programs to help you lead a healthier life

Health management

We offer these programs to help you with:

- Asthma
- Cardiovascular disease (CVD)
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes
- Heart failure
- Weight (nutritional counseling)
- Quitting smoking
- Substance use disorder

To learn more, join or leave any of these programs, call the Health Management Team at (866) 891-2320 (TTY: 711) Monday – Friday, 8 a.m. – 8 p.m. (CT) .

Care Management

Care management is a way to help you take care of your physical and behavioral health in the best way possible. A team of people, including a care manager, nurses, doctors, and other helpers, will work together to make a special plan just for you that has goals to help you get better.

Care managers may talk to you on the phone or in person to make sure you’re okay. They might also bring someone from the community to help you with information or to teach you something. Call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time to learn more, check if you qualify, join or leave this program.

Complex care management and intensive care management

Complex care management and intensive care management is care for members who get very sick and need extra help to feel better. Care managers want to make sure you get the best care possible and will:

- Teach you about your illness and help you get the right care and services
- Help you get things you need to feel better, like medicine or equipment
- Check to see if the things they are doing are helping you
- Keep working with you until you are feeling better and can take care of yourself on your own

To learn more, check if you qualify, join or leave these programs, call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time.

Transition of Care Program

Our Transition of Care Program is designed to help you have a smooth transition after you leave the hospital or another care facility. Coaches will work with you or your caregiver to make sure you understand what you need to do to stay healthy. We want to make sure you get the best care possible and that you feel supported throughout your recovery.

The program is available to all Molina Healthcare members. To learn more, check if you qualify, join or leave this program, call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time.

Care Connections

Our Care Connections Team provides preventative care services. One of our nurse practitioners will visit you in person or call.

During your visit, you will receive:

- A complete health and wellness assessment
- A full review of your current medications and medical history
- Suggestions for care, screenings and resources based on your needs
- Help finding a primary care provider (PCP), scheduling your first appointment and getting transportation
- Someone who can help connect you with resources
- An in-home visit if you have diabetes. This includes an A1c test, retinal eye exam and nephrology test

To learn more, call Member Services

Member education

We post member education information at MolinaHealthcare.com. The information is easy to read and offers tips on healthy living.

Health education

We can teach you about things like:

- Eating healthy
- Preventing illness
- Stress care
- Staying active
- Cholesterol
- Asthma
- Diabetes
- Behavioral Health

To get health education materials, you can ask your doctor. You can also visit MolinaHealthcare.com/StayingHealthy.



Health Appraisal and self-management tools

For help making healthy changes, use the Health Appraisal on the [My Molina](#) member portal. Just answer questions about your health, behaviors and suggested tests. You will get a report about your Health Appraisal once you complete this assessment. You only have to complete this once every 12 months unless asked. You can use the member portal or speak directly with us in person or over the phone.

In the member portal, you'll also find self-management tools that offer advice for:

- Weight management
- Depression
- Financial wellness
- Other topics that affect your health

These tools help you check progress, find barriers and measure progress toward goals. To learn more, go to [MyMolina.com](#).

We are here to help! For questions about your Health Appraisal or for help with the survey, please call Molina's Care Management at (866) 472-4582 (TTY: 711).

Patient Safety Program

Our Patient Safety Program helps keep you safe when you get health services.

We protect you by:

- Telling providers and hospitals about safety issues and where to get help
- Keeping track of members' complaints about safety issues in provider offices and hospitals
- Reviewing reports from groups that check hospital safety
- Helping you move from one place to another, such as from hospital to home
- Teaching you about questions to ask during provider visits

Groups that check safety include:

- [Leapfrog Group Quality Index Ratings](#)
- [The Joint Commission National Patient Safety Goal Ratings](#)

You can look at the above websites to:

- See what hospitals are doing to be safer
- Know what to look for when you pick a provider or a hospital
- Get information about programs and services for conditions like diabetes and asthma to learn more, call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time or visit [MolinaHealthcare.com](#).

How we work with providers to make decisions about your care

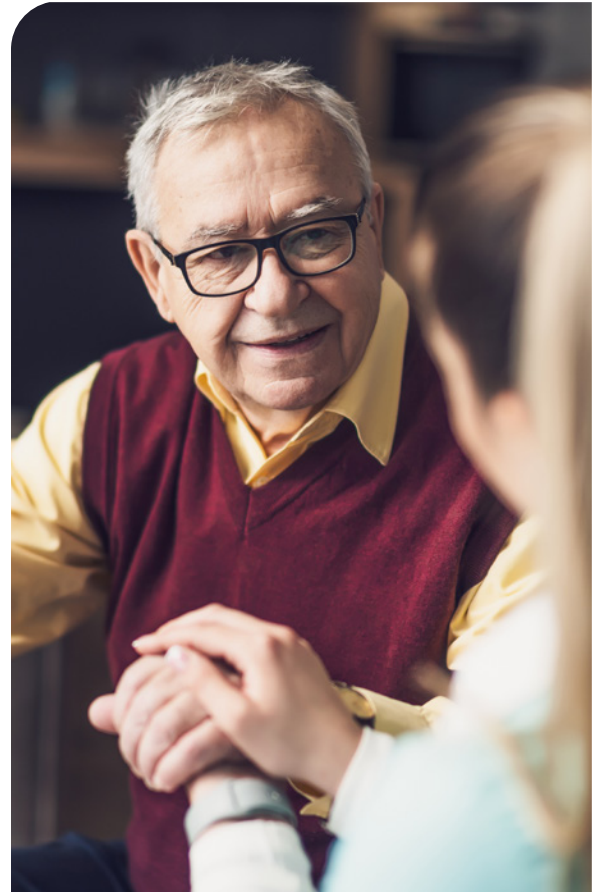
We give your provider tools to help make decisions about the best care for you. These are called Clinical Practice Guidelines. Contact Member Services to get copies of the Guidelines.

Some services must be preapproved before we will cover them. We work with your provider to find out what services you need. We make choices about your care based on medical needs and benefits.

- We do not reward providers or others for denying services.
- We do not pay extra to providers or Utilization Management staff to make choices that give you less care.

If you have a question about our process or rulings, call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time. We can accept collect calls. If you need help in your language, bilingual staff or interpreters are available at no cost. We also offer TTY services (TTY: 711) if you are deaf, hard of hearing or have trouble speaking.

Please leave a message with your phone number if you call after hours or on the weekend. We will return your call within one business day. If Member Services calls, we will use our name, title and Molina's name.



Looking at what's new

We look for ways to offer new types of care and services and new ways to provide them. We review new services for safety and added benefits. Every year, we look at updates in:

- Equipment
- Medical services
- Behavioral health services
- Medicines

Language and communication assistance services

We will provide written or verbal information in your language, at no cost. We offer interpreters to help you speak with your provider or us. We do this for most languages, including sign language. For an interpreter or for written materials in a language other than English, call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time.

Women's health services

We cover breast exams, mammograms and Pap tests. For routine and preventive services, you can see a women's health specialist, which includes a gynecologist. You do not need a referral to receive women's health services.

Behavioral health services

We can help you get the behavioral health care you need. You must use a network provider unless it's an emergency. We cover inpatient and outpatient services and provider visits. You do not need a referral to see a provider. You can choose or change your provider at any time. Ask your PCP or call Member Services at (866) 856-8699 (TTY: 711) Monday–Friday, 8 a.m.–8 p.m. local time for more information. They can help you get the services you need. They can also provide a list of covered services.

We can help you if you're having:

- Sadness that does not get better
- Feelings of hopelessness or helplessness
- Feelings of guilt
- Feelings of worthlessness
- Trouble sleeping
- Poor appetite or weight loss
- Loss of interest

If you need mental health or substance use services, you can:

- Call Member Services
- Call our 24-hour Nurse Advice Line
- Go to a mental health or substance use service provider or facility
- Look at our Provider Online Directory [here](#)
- Visit the member portal at [MyMolina.com](https://www.mymolina.com)
- Ask Member Services for the names and telephone numbers of the facilities near you

Emergency behavioral health services

A behavioral health emergency is a mental health condition that may cause extreme harm to happen to the body or even cause death. Some examples are when you have:

- Thoughts of suicide or attempting suicide
- Caused danger to yourself or others
- Been hurt and cannot carry out actions of daily life
- Been hurt and it's causing serious harm to your body or death

If you have an emergency, go to the closest hospital emergency room. You can go to any other emergency place right away. You can CALL 911. For the Suicide & Crisis Lifeline, you can CALL 988.

If you go to the emergency room, let your primary care provider (PCP) know as soon as you can.

If you have an emergency and cannot get to a network provider::

- Go to the closest hospital or emergency facility
- Call the number on your ID card
- Call your provider and follow up within 24 to 48 hours after leaving the emergency room

If you have an emergency out of area, we will help connect you to a network provider as soon as you are well.

Getting care for special health needs

We cover care for special needs. If you have Long Term Services and Supports (LTSS), you can see a specialist. You do not need a referral. You may be eligible for additional services. Call Member Services at (866) 856-8699 (TTY: 711) for more information about care coordination and care management.

Out-of-network services

You must get care from a network provider. In most cases, we do not cover services from an out-of-network provider. The only exceptions are when:

- You get emergency care or urgently needed services from an out-of-network provider. For more details, please see your Evidence of Coverage.
- You need medical care that Medicare requires us to cover, and our network cannot provide this care. In this case, your provider must ask for a prior authorization (PA). Please call Member Services for help. If you obtain routine care from out-of-network providers without a PA, you have to pay for the costs.
- You get kidney dialysis from a Medicare-certified facility when you are out of our service area.

To learn more, please call Member Services at (866) 856-8699 (TTY: 711).

Hours of operations for services

You can get services 24 hours a day, every day. There's always a way to get the care you need. You can see a doctor in person, use telehealth or go to after-hours or emergency care when needed.

What to do when you need after-hours or emergency care

After-hours care

You may need care when your PCP's office is closed. After hours, call the 24-hour Nurse Advice Line at (888) 275-8750 (TTY: 711).

Highly trained nurses are here 24 hours a day, 7 days a week to:

- Answer your medical questions
- Help you decide if you need care right away
- Make an appointment for you

Emergency care

What is an emergency?

A sudden or severe problem that needs care right away or puts your life or health in danger.

We cover emergency care.

Emergency care is not covered outside the United States (except those needing hospitalization in Canada or Mexico).

If you need emergency care, call 911 or go to the nearest hospital. You don't need prior approval. For the Suicide & Crisis Lifeline, you can CALL 988. For urgent care, call the 24-hour Nurse Advice Line.

About drug benefits

To learn about the drugs you need, talk to your provider. For details about your drug benefits, visit MolinaHealthcare.com reference the Pharmacy section of your Evidence of Coverage (EOC) or call Member Services. On our website, you can find your Evidence of Coverage (EOC) and:

- Our formulary: A list of generic and brand name drugs we cover
- Limits on covered drugs, like the numbers of refills or doses you may get
- How your provider can request approval on certain drugs or the amount you need
- Information needed from your provider to get approval for some of your drugs
- Our process for generic substitutes, therapeutic interchange and step-therapy
- Updates to our formulary
- Any copays for drugs not on the formulary
- How your provider can ask us to cover a drug not on the formulary

To learn more, call Member Services at (866) 856-8699 (TTY: 711)

Protecting your privacy

You have rights when it comes to protecting your health information. We will not share health information that is not allowed by law. We respect and protect your privacy. We may use and share data to provide you with benefits. Your privacy is important to us..

Your protected health information (PHI)

PHI stands for Protected Health Information. This includes your:

- | | | | |
|--------------------|----------------------|-----------------------------------|----------------------------------|
| • Name | • Ethnicity | • Disability status | • Language needs |
| • Member ID number | • Gender identity | • Social needs | • Other things that identify you |
| • Race | • Sexual orientation | • Social needs resource referrals | |

We may use your PHI to:

- Work with clinicians to provide your treatment
- Pay for your health care
- Review the quality of the care you get
- Tell you about your choices for care
- Run our health plan
- Use or share PHI for other purposes, as allowed by law

We must get your written approval to use or share your PHI for any purpose not listed above.

Your privacy rights

You have the right to:

- Look at your PHI
- Get a copy of your PHI
- Make changes to your PHI
- Ask us not to use or share your PHI in certain ways
- Get a list of the people or places we have given your PHI

How Molina protects your PHI

Your PHI can be written, spoken or digital. We protect your PHI by:

- Having policies and procedures that protect you
- Limiting our staff who can see PHI
- Training our staff on how to protect and secure PHI (written and verbal communications)
- Requiring written agreement to follow the policies and procedures
- Securing PHI digitally with firewalls and passwords

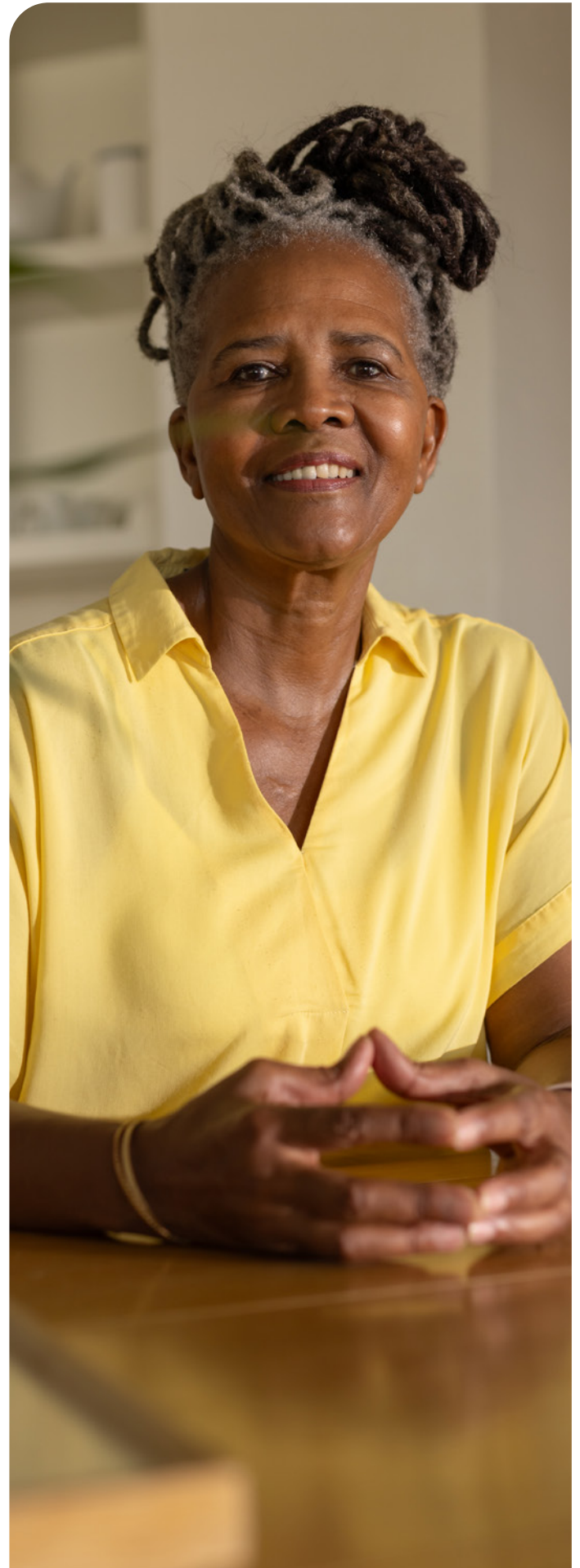
By law, we must:

- Keep your PHI private
- Tell you if there is any breach of your unsecured PHI
- Not use or disclose your genetic information for underwriting purposes
- Not use your race, ethnicity, gender identity, sexual orientation or language data for underwriting or denial of coverage
- Follow our Notice of Privacy Practices (NPP)

What can you do if you feel your privacy rights haven't been protected?

- Call or write Molina and file a complaint
- File a complaint with the U.S. Department of Health and Human Services

The information above is only a summary. To learn more about how we use and share your PHI, see our NPP at MolinaHealthcare.com. You also call Member Services to ask for a copy.



Your rights and responsibilities

Knowing your rights and responsibilities is important. It helps you, your provider and Molina ensure you get the care you need.

You have the right to:

- Get the facts about Molina, our services and providers, and your rights and responsibilities.
- Privacy and to be treated with respect and dignity.
- Help make decisions with your provider about your health care. You may refuse treatment.
- Ask for a copy of your medical record.
- Ask to change or correct your medical record.
- Discuss your treatment options with your doctor in a way you understand and take part in developing treatment goals you both agree on. Cost or benefit coverage does not matter.
- Voice any complaints or send in appeals about Molina or the care you received.
- Use your member rights without fear of negative results.
- Get your rights and responsibilities each year.
- Suggest changes to our rights and responsibilities policy.

You also have the responsibility to:

- Give all the facts Molina and your providers need to care for you.
- Know your health conditions.
- Take part in treatment goals that you and your provider agree upon.
- Follow the treatment plan for your care.
- Keep doctor visits and be on time.
- If you are going to be late or cannot make it, call the office right away.

We share member rights and responsibility statements to::

- New members upon enrollment
- Existing members if requested
- New providers when they join the network
- Existing providers if requested

Visit the Member Materials Page to view your Evidence of Coverage (EOC) for a full list of your rights and responsibilities or call Member Services at (866) 856-8699 (TTY: 711) to ask for a copy.

Second opinions

If you do not agree with your provider's diagnosis or health recommendations, you have the right to a second opinion. You can talk to another network provider. You can also talk to a provider outside of our network at no cost. To learn more, call Member Services at (866) 856-8699 (TTY: 711).

Grievances and appeals

If you have problems with your medical care or services, you have the right to file a grievance (complaint) or appeal.

File a grievance for things like:

- The care you get from your provider or hospital
- The time it takes to get an appointment or be seen by a provider
- Provider availability in your area

File an appeal when you don't agree with our decision to:

- Stop, change, suspend, reduce or deny a service
- Deny payment for services

You may ask for an expedited review if the decision puts your life or health at risk. You may also ask for a Fair Hearing with the State Administrative Law Judge if your appeal is denied.

Visit the Member Materials Page or see your **Evidence of Coverage (EOC)** to read about:

- Grievances and appeals
- Who can file a grievance and appeal
- State Fair Hearing process, rights and timeframes

For questions, call Member Services at (866) 856-8699 (TTY: 711)



Your right to appeal a denial

What is a denial?

A denial means we will not pay for a service or bill. If we deny your service, you have the right to find out why it was denied. You have the right to appeal.

If we deny your service, you will get a letter telling you why. It will tell you about your right to appeal. You can read about these rights in your Evidence of Coverage (EOC). You can learn how to file an appeal at the Member Materials page. Member Services can also help you file an appeal.

If you're not happy with the result of your appeal, you can ask for an independent review. Providers outside of Molina will look at all the facts and decide. Molina will follow this finding.

Your right to an Advance Directive

You have the right to accept or refuse treatment offered by a provider. If you are unable to tell the provider what you want, you need to make your wishes known. It's important to have an Advance Directive. You can have one for medical and mental health care.

An Advance Directive is a legal form that tells providers the kind of care you want if you cannot speak for yourself. Write an Advance Directive before you have an emergency. This keeps other people from making important health decisions for you if you cannot make your own. There are different types of Advance Directives. Some examples are:

- Power of Attorney for Health Care
- Living Will

It is your choice to have an Advance Directive. No one can deny you care based on whether or not you have one. For help making decisions about your care, talk with someone you trust. This might be a family member or friend. You can also talk with your lawyer or PCP.

Call Member Services at (866) 856-8699 (TTY: 711) for help getting an Advance Directive that follows state laws.

If you have signed an Advance Directive and think your provider has not followed your wishes, you may file a complaint. Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) or call Member Services for details.

[Notice of Availability](#)

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