Molina Healthcare of Texas

Your extended family.

CHIP Member Handbook

September 1, 2026

MOLINA® HEALTHCARE

Member Services:
(866) 448-6849/
(877) 319-6826 – CHIP RSA

CHIP | TEXAS Health and Human Services

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

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

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

If you need these services, contact Molina Member Services at (866) 449-6849
TTY/TTD: (800) 346-4128.

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

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (713) 623-0645.

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

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

Washington, D.C. 20201

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

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

English	For free language assistance services, and auxiliary aids and services, call 1-800-642-4168 (TTY: 711).
Spanish Español	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-800-642-4168 (TTY: 711).
Vietnamese Tiếng Việt	Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-800-642-4168 (TTY: 711).
Chinese 中文（简体）	如需免费的语言协助服务以及辅助工具和服务，请致电1-800-642-4168（TTY 用户请拨打 711）。
Korean 한국인	무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면1-800-642-4168 (TTY: 711)로 연락 주시기 바랍니다.
Arabic العربية	اتصل على الرقم 1-800-642-4168 (الهاتف النصي (TTY): 711) لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.
Urdu اردو	زبان کی مفت معاونتی سروسز، معاونتی امداد اور سروسز کے لیے، 1-800-642-4168 (TTY: 711) پر کال کریں۔
Tagalog	Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-800-642-4168 (TTY: 711).
French Français	Pour bénéficier de services d'assistance linguistique gratuits, ainsi que de services et aides complémentaires, appelez le 1-800-642-4168 (ATS : 711).
Hindi हिंदी	नि:शुल्क भाषा सहायता सेवाओं और सहायक ऐड एवं सेवाओ के लिए 1-800-642-4168 (TTY: 711) पर कॉल करें।

Persian فارسی	برای دریافت خدمات کمک زبانی رایگان، و کمک‌ها و خدمات اضافی با این شماره تماس بگیرید: 1-800-642-4168 (TTY: 711).
German Deutsch	Kostenlose Sprachassistenzdienste, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-800-642-4168 (TTY: 711).
Gujarati ગુજરાતી	મફત ભાષા સહયોગ સેવાઓ અને સહાયક સાધનો તથા સેવાઓ માટે 1-800-642-4168 (TTY: 711) પર કૉલ કરો.
Russian Русский	Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-800-642-4168 (телетайп: 711).
Japanese 日本語	無料の言語サポートや補助器具・サービスをご希望の方は、1-800-642-4168（TTY: 711）までお電話ください。
Laotian ພາສາລາວ	ສາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທ 1-800-642-4168 (TTY: 711).

Thank you for choosing Molina Healthcare!

Ever since our founder, Dr. C. David Molina, opened his first clinic in 1980, it has been our mission to provide quality health care to everyone. We are here for you. And today, as always, we treat our members like family.

The most current version of the handbook is available at MolinaHealthcare.com

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NOTE: Member Services is here to help you get your covered services, including what to do in an emergency or crisis situation. Call us with any questions about your benefits or coverage at (866) 449-6849/(877) 319- 6826 - CHIP RSA. Member Services is open Monday - Friday from 8 a.m. - 6 p.m., central time, except on state-approved holidays. If you call when this department is closed, you can leave a message on our answering machine. Someone will call you back by the next business day.

Behavioral Health Service representatives are ready to help you 24 hours a day, 7 days a week. You do not need to ask your doctor to get behavioral health services.

We can help you in English and Spanish. We have interpreters who can help with any other language. Members who are deaf or hard of hearing can call Relay

Texas TTY (711). You can ask for your member handbook in other forms, which include audio, large print, braille and other languages. If you are hearing or sight impaired, special help can be provided.

Quick Reference

Need	Action
Emergency	Call 911
Online Access • Find or change your doctor • Update your contact information • Request an ID card • Get health care reminders • Track office visits	Go to MyMolina.com and sign up Find a provider at: MolinaHealthcare.com/ProviderSearch

Getting Care
• Urgent Care
  o Minor illnesses
  o Minor injury
• Physicals and checkups
• Preventive care
• Immunizations (shots)
	Call Your Doctor
	
	Urgent Care Centers
	Find a provider or urgent care center
	MolinaHealthcare.com/ProviderSearch
	
	24-Hour Nurse Advice Line
	(888) 275-8750 (English)
	(866) 648-6537 (Spanish)
	TTY: 711
	A nurse is available 24 hours a day, 7 days a week.

Your Plan Details • Questions about your plan • Questions about programs or services • ID card issues • Language services • Help with your visits • Prenatal care • Well infant visits with (PCP) or OB/GYN	Member Services (866) 449-6848 (877) 319-6826 - CHIP RSA Monday through Friday, 8:00 a.m. – 6:00 p.m., central time Behavioral Health Customer Service (866) 449-6849/(877) 319-6826 CHIP RSA Behavioral Health Crisis Line (800) 818-5837 Vision (866) 449-6849/(877) 319-6826 Dental DentaQuest: (800) 508-6775 MCNA: (800) 494-6262 or (855) 691-6262

Need	Action
Changes/Life Events • Coverage • Contact Info • Marriage • Divorce	Department of Children and Family (512) 438-4800 Social Security Administration (800) 772-1213/ TTY (800) 325-0778 CHIP Help Line (800) 647-6558

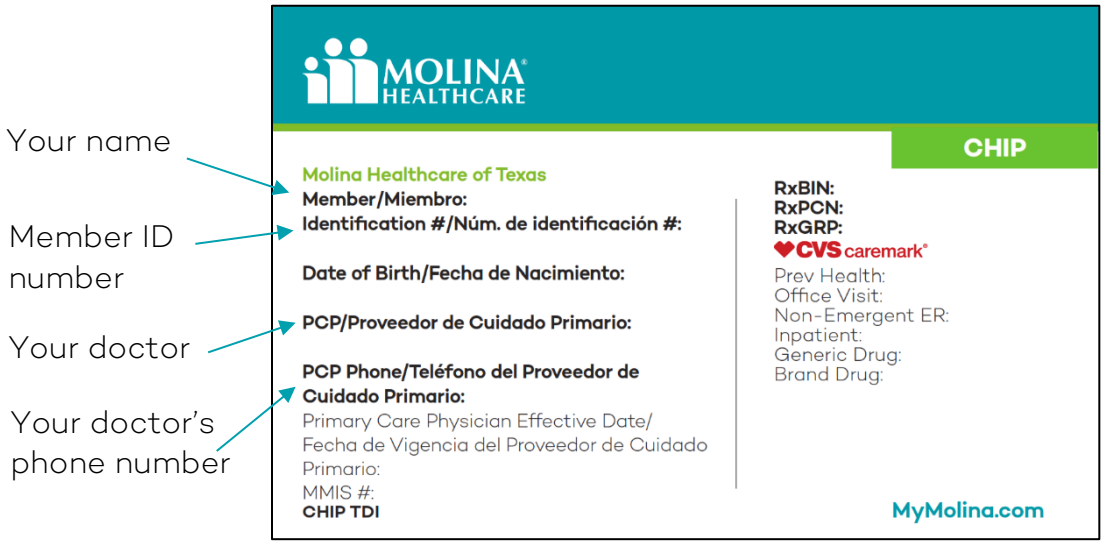
Health care is a journey and you are on the right path:

1. **Review your Welcome Kit**
   You should have received your Molina Healthcare ID card. There is one for you and one for every member of your family. Please keep it with you at all times. If you haven't received your ID card yet, visit MyMolina.com or call Member Services.
2. **Register for MyMolina**
   Signing up is easy. Visit MyMolina.com to change your Primary Care Provider (PCP), view service history, request a new ID card and more. Connect from any device, any time!
3. **Talk about your health**
   We'll call you for a short interview about your health. It will help us identify how to give you the best possible care. Please let us know if your contact info has changed.
4. **Get to know your PCP**
   PCP stands for Primary Care Provider. He or she will be your personal doctor. To choose or change your doctor, go to MyMolina.com or call Member Services. Call your doctor within the next 90 days to schedule your first visit.
5. **Get to know your benefits**
   With Molina you have health coverage and free extras. We offer free health education have people dedicated to your care.

Your Membership

ID Card

There is one ID for each member



You need your ID card to:

- See your doctor, specialist or other provider
- Go to a hospital
- Go to an emergency room
- Get medical supplies and/or prescriptions
- Go to urgent care
- Have medical tests

You can find more information about ID Cards on page 8.

Your Doctor

Find Your Doctor

Your Primary Care Provider (PCP) knows you well and takes care of all your medical needs. It's important to have a doctor who makes you feel comfortable. It's easy to choose one with our Provider Directory, a list of doctors. You can pick one for you and another for others in your family, or one who sees all of you.

Schedule your first visit to get to know your doctor. Call Molina Healthcare at (866) 449-6848/(877) 319-6826 - CHIP RSA if you need help making an appointment or finding a doctor.

If you do not choose a doctor, Molina will do it for you. Molina will choose a doctor based on your address, preferred language and doctors your family has seen in the past.

Schedule Your First Visit

Visit your doctor within 90 days of signing up. Learn more about your health. And let your doctor know more about you.

Your doctor will:

- Treat you for most of your routine health care needs
- Review your tests and results
- Prescribe medications
- Refer you to other doctors (specialists)
- Admit you to the hospital if needed

Interpreter Services

If you need to speak in your own language, we can assist you. An interpreter can help you talk to your provider, pharmacist, or other medical service providers. We offer this service at no cost to you. An interpreter can help you:

- Make an appointment
- Talk with your provider
- File a complaint, grievance or appeal
- Learn about the benefits of your health plan

If you need an interpreter, call the Member Services Department. The number is on the back of your member ID card. You can also ask your provider's staff to call the Member Services Department for you. They will help you get an interpreter to assist you during your appointment.

You must see a doctor that is part of Molina.

If for any reason you want to change your primary doctor, go to MyMolina.com. You can also call Member Services.

If you change your doctor, Molina Healthcare will send you a new ID card. The new ID card will show the date you can start seeing the new doctor.

Remember, you can call the Nurse Advice Line at any time. Our nurses can help if you need urgent care.

Your Benefits

Molina Network

We have a growing family of doctors and hospitals. And they are ready to serve you. Visit providers who are part of Molina. You can find a list of these providers at MolinaHealthcare.com/ProviderSearch. Call Member Services if you need a printed copy of this list.

The online directory contains provider information such as names, telephone numbers, addresses, specialties and professional qualifications.

For a full list of covered services, and to see which services require prior approval, please refer to page 47.

Vision

We are here to take care of the whole you.
Molina covers eye exams for members 2 years of age and up. And one pair of eyeglasses (frames and lenses) per year.

Please check your Molina Healthcare Provider Directory to find optometrists or physicians that can provide you with these services at MyMolina.com.

Covered Drugs

Molina Healthcare covers all your medically necessary medications.
We use a preferred drug list (PDL). These are the drugs we prefer your doctor to prescribe.

Most generic drugs are included in the list. You can find a list of the preferred drugs at MyMolina.com.

There are also drugs that are not covered. For example, drugs for erectile dysfunction, weight loss, cosmetic purposes and infertility are not covered.

We are on your side. We will work with your doctor to decide which drugs are the best for you.

Your Extras

MyMolina.com: Manage your health plan online

Connect to our secure portal from any device, wherever you are. Change your doctor, update your contact info, request a new ID card and much more. To sign up, visit MyMolina.com.

Health Education and Incentives Programs

Live well and stay healthy! Our free programs help you control your weight, stop smoking or get help with chronic diseases. You get learning materials, care tips and more. We also have programs for expectant mothers. If you have asthma, diabetes, heart problems or any other chronic illness, one of our nurses or Care Managers will contact you. You can also sign up on MyMolina.com, our secure member portal, or call the Health Management Departments at

Chronic Illness: (866) 891-2320
Weight Management, Stop Smoking, and other programs: (866) 472-9483

Care Management

We have a team of nurses and social workers ready to serve you. They are called Care Managers. They are very helpful. They will give you extra attention if you have:

- Asthma
- Behavioral health disorders
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- High blood pressure
- High-risk pregnancy

Community Resources

We are part of your community. And we work hard to make it healthier.

Local resources, health events and community organizations are available to you. They provide great programs and convenient services. Best of all, most of them are free or at low cost to you.

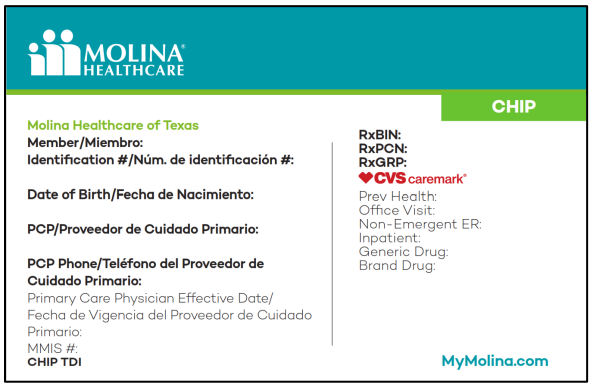
- Call 211. This is a free and confidential service that will help you find local resources. Available 24/7.
- Department of Health
- Women, Infant, Children (WIC)

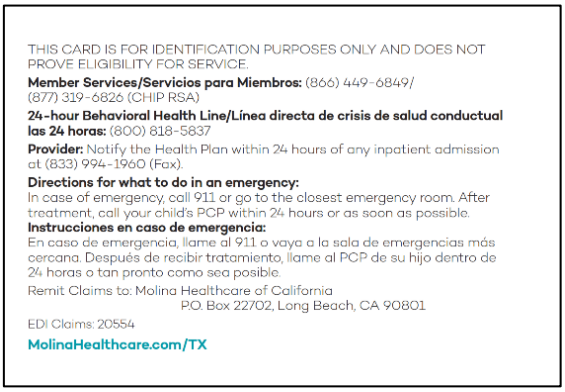
Your Policy

References to "you," "my," or "I" apply if you are a CHIP Member. References to "my child" apply if your child is a CHIP Member or a CHIP Perinate Newborn Member.

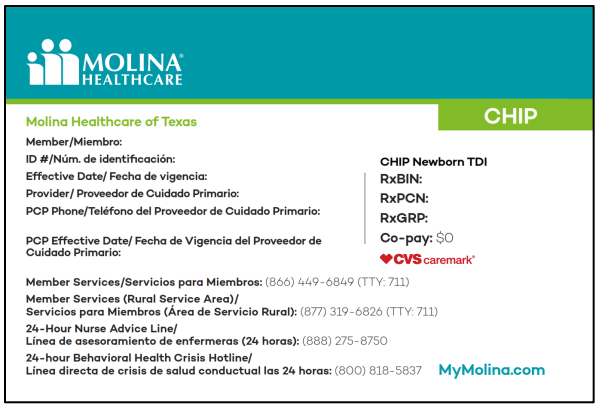
Molina ID Cards

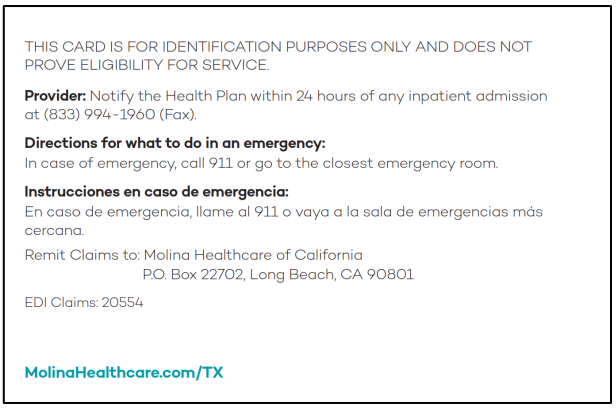
CHIP Member Identification Card (ID)





CHIP Perinate Newborn Member Identification Card (ID)





How to read your/your child's ID card:

Front	Back
Name of Health Plan/ Program Name – CHIP or CHIP Newborn	Member Services Contact Information
Member Name/ Member Identification Number/ Date of Birth	What to do in an emergency
Date the ID Card was Issued/ Effective Date	Prior Authorization Information
Name of Primary Care Provider/ PCP Phone Number	Behavioral Health Contact information

How to use your/your child's ID card

Show your ID card whenever you are getting health care services. You should carry it with you all the time. You do not need to show your ID card before getting emergency care.

How to replace a lost or stolen ID card?

If your ID card has been lost or stolen, call Member Services for a new ID Card. You can also request a new ID card be sent to you by logging into MyMolina.com.

Primary Care Provider (PCP)

What is a Primary Care Provider?

A Primary Care Provider is your/your child's main doctor. It can also be nurse or clinic. This doctor knows you well. Your main doctor will treat most of your healthcare needs. If he/she cannot, you will be sent to a provider who can. Your doctor's name and telephone number are on your ID card.

What do I need to bring to my/my child's doctor's appointment?

You must take your ID card whenever you go to the doctor or get any health care services.

How can I change my/my child's Primary Care Provider?

If you want to change your primary care provider, just call Member Services. Molina can help you find a new primary care provider.

Can a clinic be my/my child's Primary Care Provider? (Rural Health Clinic/Federally Qualified Health Center)

Yes, a primary care provider can also be a clinic, like a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) and County Health Departments.

How many times can I change my/my child's Primary Care Provider?

There is no limit on how many times you can change your or your child's primary care provider. You can change primary care providers by calling us at: (866) 449-6849/ (877) 319-6826 - CHIP RSAor writing to:

Molina Healthcare of Texas
Attn: Member Services
2200 Highway 121, Suite 270A
Bedford, TX 76021

When will a Primary Care Provider change become effective?

Your primary care provider change will be effective on the first day of the month following the month you made the request.

Are there reasons why my request to change a Primary Care Provider may be denied?

Reasons why a request to change a primary care provider may be denied:

- The primary care provider you want is not taking new patients
- The primary care provider you want is no longer with Molina

Can a Primary Care Provider ask to move me or my child to another Primary Care Provider for non-compliance?

Yes, your primary care provider may request a change if:

- You often miss visits and don't call your primary care provider to say you will not be there
- You do not follow your primary care provider's advice
- You and the primary care provider do not get along

What if I choose to go to another doctor who is not my/my child's Primary Care Provider?

You may go to any doctor who is not your primary care provider if you need:

- 24-hour emergency care from an emergency room
- Behavioral Health Care
- OB/GYN Care

You should go to your primary care provider for most other services. If your primary care provider does not give a service, you will be sent to a provider who does.

How do I get medical care after my/my child's Primary Care Provider's office is closed?

Your primary care provider will have someone help you after their office is closed. If you leave a message for your doctor after their office is closed, someone who can help you will call you back within 30 minutes. Only call after hours if you have an urgent care need. If it is an emergency, go to the nearest emergency room.

Your primary care provider's phone number is on the front of your Molina ID card. You can also call our 24 –hour Nurse Advice Line at (888) 275-8750 (English), (866) 648-3537 for Spanish, or dial 711 for TTY. When you call them, tell them what your medical problem is. They will help you decide the best way to get your medical needs taken care of.

Getting Care

Appointment Guidelines

Your doctor's office should give you an appointment for the listed visits in this time frame:

Appointment Type	When you should get the appointment
Urgent Care	Within 24 hours
Routine or non-urgent care	Within 14 days
Well-child preventive care	Within 14 days
Specialist	Within 21 days

What Do I Do in an Emergency?

Molina defines an emergency as a condition in which you think you have a serious medical condition, and not getting care right away will be a threat to your/your child's health, life, limb or sight.

If you think you need emergency care, call 911 or go to the nearest hospital/emergency facility. You do not need a referral from your doctor or approval from Molina to get emergency care. If you get emergency

care, call your doctor to schedule a follow up visit. Call Molina and let us know of the emergency care you received.

What if I need hospital care?

Sometimes you need hospital care that is not an emergency. If this happens, call your doctor. Your doctor will need to arrange for hospital care that is not an emergency. Molina may need to approve this. Emergency care does not need approval from Molina or your doctor.

How do I get after hours care?

Some doctors offer appointments after hours. You can ask your doctor if they offer after hours or Saturday appointments. If you call your Primary Care Provider's office after it is closed, your primary care provider will have someone to help you. Only call after hours if you have an urgent care need. If it is an emergency, go to the nearest emergency room.

You can also call Molina's 24-hour Nurse Advice line for help after hours. Our nurses are available to answer questions 24 hours a day, 7 days a week.

What does Medically Necessary mean?

Covered services for CHIP Members, CHIP Perinate Newborn Members, and CHIP Perinate Members must meet the CHIP definition of "Medically Necessary." A CHIP Perinate Member is an unborn child.

Medically necessary means:

1. Health Care Services that are:
    a. Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life;
    b. Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
    c. Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
    d. Consistent with the member's diagnoses;
    e. no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
    f. Not experimental or investigative; and
    g. Not primarily for the convenience of the member or provider; and

2. Behavioral Health Services that:
    a. Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
    b. Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
    c. Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
    d. Are the most appropriate level or supply of service that can safely be provided;
    e. Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
    f. Are not experimental or investigative; and
    g. Are not primarily for the convenience of the member or provider.

What is routine medical care?

Routine medical care is when you take your child to their primary care provider for a check-up and they are not sick. This care is important to keep your child healthy. Some of the things that can be done on these visits are: immunizations, a well-child exam, or a full routine physical.

How soon can I expect to be seen for routine medical care? / How soon can I expect my child to be seen for routine medical care?

When you call your primary care provider/your child's primary care provider for routine medical care, you will get an appointment within 14 days from the day you call.

What is urgent medical care?

There are some illnesses that need to be taken care of within 24 hours. Sometimes if these illnesses are not taken care of in 24 hours, they can turn into emergencies. For urgent care, call your/ your child's primary care provider. Your primary care provider will tell you what to do. You should follow you/your child's primary care provider's instructions. If it is after office hours, your doctor will have someone on call to help you.

How soon can I expect an appointment for urgent care? / How soon can I expect an urgent care appointment for my child?

You will be seen within 24 hours for an urgent care need. When you call, tell your doctor that you have an urgent care need. You can also visit an Urgent Care

Center for after-hours care without setting up an appointment.

What is Emergency Medical Care? What is an Emergency, an Emergency Medical Condition, and an Emergency Behavioral Health Condition?

Emergency care is a covered service. Emergency care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions. "Emergency Medical Condition" is a medical condition characterized by sudden acute symptoms, severe enough (including severe pain), that would lead an individual with average knowledge of health and medicine, to expect that the absence of immediate medical care could result in:

- Placing the member's health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant CHIP member, serious jeopardy to the health of the CHIP member or her unborn child.

"Emergency Behavioral Health Condition" means any condition, without regard to the nature or cause of the condition, which in the opinion of an individual, possessing average knowledge of health and medicine:

- Requires immediate intervention or medical attention without which the member would present an immediate danger to himself/herself or others; or
- Renders the member incapable of controlling, knowing, or understanding the consequences of his/her actions.

What is Emergency Services or Emergency Care?

"Emergency Services" and "emergency care" mean health care services provided in an in-network or out-of-network hospital emergency department, free-standing emergency medical facility, or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize Emergency Medical Conditions or Emergency Behavioral Health Conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an Emergency Medical Condition or an Emergency Behavioral Health Condition exists.

How soon can I expect to be seen/how soon can I expect my child to be seen?

You/your child should be seen as soon as possible. The emergency room staff will decide based on you/your child's condition. If you need help getting to the emergency room, call 911.

What are post-stabilization care services?

Post-Stabilization care services are services covered by CHIP that keep your condition stable following emergency medical care.

What do I do if I need/my child needs Emergency Dental Care?

During normal business hours, call your child's Main Dentist to find out how to get emergency services. If your child needs emergency dental services after the Main Dentist's office has closed, call us toll free at (866) 449-6849 / (877) 319-6826 - CHIP RSA.

Specialist Care

Who do I call if I have/my child has special health care needs and I need someone to help me?

You can call Member Services. We will help you get more information on how to get help with special health care needs for you/your child. We can tell you about services that Molina has in your area. We can tell you of community resources in your area. It is important to tell your primary care provider that you/your child have special health care needs. Call your primary care provider to make an appointment to talk about your special needs.

What if I need/my child needs to see a special doctor (specialist)?

Your/your child's primary care provider will help you if you need to see a special doctor or if you/ your child need a special service. Your/your child's primary care provider will make sure you get the special health care you/your child need(s).

How soon can I expect to be seen by a specialist/how soon can I expect my child to be seen by a specialist?

When you call to make an appointment with a specialist, you/your child will be seen within 30 days. If you/your child's medical need is urgent you/your child will be seen within (24) hours.

Which provider can I use to supply my incontinence products and supplies?

Molina works with Longhorn Health Solutions to provide all incontinence

products and services to our members. If you would like to work with a different provider, please contact Member Services.

Second Opinion

How can I ask for a second opinion?

To ask for a second opinion, call Member Services. They will help you. Your doctor can also call and ask that you have a second opinion. If you have an emergency care need, you will not need a referral.

Listed below are some of the reasons why you may want to have a second opinion:

- You are not sure if you need the surgery your doctor is planning to do
- You are not sure of your doctor's diagnosis or care plan for a serious or difficult medical need
- Your doctor is not sure of a diagnosis because your condition is confusing
- You have done what the doctor has asked, but you are not getting better

When a doctor does a second opinion, he or she will give a written report to you and your first doctor

What if I Have a baby?

What if I am pregnant? What if my daughter is pregnant? (Not applicable for CHIP Perinate Newborn members)

Molina Healthcare wants to make sure you get medical care as soon as you think you are pregnant. If you think you are pregnant see your PCP. Once you are pregnant, your PCP will want you to see an OB/GYN. You do not need a referral to see an OB/GYN. It's important that you see your OB/GYN. If you need help finding an OB/GYN, call Member Services. We can help you arrange prenatal care.

Who do I need to call?

Call Member Services for information on benefits for pregnant moms.

What other services/activities/education does Molina offer pregnant women?

Molina has a program just for pregnant women. This program gives you/your daughter information on having a healthy pregnancy. It will tell you important things to do for you/your daughter and for your/your daughter's baby. You/your daughter will work with someone that will help you during the time you are/she is pregnant. This person will also help you/your daughter with what to do after your

baby is born. Call Member Services for more information on this program.

OB/GYN Care

What if I need/my daughter needs OB/GYN care? Do I have the right to pick an OB/GYN?

Attention Members

You have the right to pick an OB/GYN for yourself/your daughter without a referral from your/your daughter's Primary Care Provider.
An OB/GYN can give you:

- One well-woman checkup each year.
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to special doctor (specialist) within the network.

Molina allows you/your daughter to pick any OB/GYN, whether that doctor is in the same network as your/your daughter's Primary Care

How do I choose an OB/GYN? Will I need a referral?

You can pick any OB/GYN listed in the Provider Directory. You will not need a referral. Your OB/GYN will set up an appointment within two (2) weeks of your call.

If I don't choose an OB/GYN, do I have direct access or will I need a referral?

You have direct access to see an OB/GYN without a referral from your primary care provider. You will not need a referral. You can go to any OB/GYN provider listed in the Provider Directory.

How soon can I/my daughter be seen after contacting my OB/GYN for an appointment?

You/your daughter will be seen within two (2) weeks from the day you called to set up your visit.

Can I/my daughter stay with an OB/GYN who is not with Molina?

You can see a doctor who is not in Molina if:

- you are/your daughter is in the last three months of your/her pregnancy when starting coverage with Molina, or
- you have/your daughter has a health problem that would make changing to a new doctor unsafe.

Covered Services

What are my CHIP benefits?

Here is a list of ***some*** of the medical services you can get from Molina. Some of your benefits do have limits.

- Regular checkups and office visits
- Hospital care and services, including emergency services
- Mental heath and rehabilitation services
- Access to specialists
- Vision benefits
- X-rays, lab test and other medical supplies

Please see Appendix A on pg 47 for a full list of your CHIP benefits or you can call Member Services for more benefit information.

Note: Co-pays for members vary based on income level.

How do I get these services? / How do I get these services for my child?

Your Primary care provider will provide most services. If your primary care provider can not give you a service, you will be sent to a provider who can. If you have an emergency, go to the nearest Emergency Room.

Are there any limits to any covered services?

Some of the limits to services are on the table on pages 47-60. For questions about a specific service, call Member Services.

What are the CHIP Perinate Newborn benefits? How do I get these benefits for my child?

The CHIP Perinate Newborn benefits are listed in the table of covered benefits on pages 47-60. Some of your benefits do have limits. The CHIP Perinate Newborn's PCP will provide most services. If the PCP can not provide a service, the newborn will sent to a provider who can. Call Member Services for more benefit information.

What benefits does my baby receive at birth?

An unborn child who is enrolled in CHIP Perinatal will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth, if the child lives in a family with an income at or below the Medicaid eligibility threshold.

An unborn child will continue to receive coverage through the CHIP Program as a "CHIP Perinate Newborn" after birth if the child is born to a family with an income above the Medicaid eligibility threshold, and will be eligible to get the CHIP Perinate Newborn benefits outlined in this handbook.

Approval Process

What is a referral?

A "referral" is an approval to get certain medical services. Molina does not require referrals. But some services may require Prior Authorization (PA). PA is a request for a service from your doctor. You/your child's PCP will help you/your child to get PA if it is necessary.

What services do not need a referral?

Molina does not require referrals, but some services may require PA. Molina Healthcare's medical staff and your doctor review the medical need of your care before services are given. This way, they can make sure it is right for your condition.

Talk to your/your child's doctor about covered services that do and do not require PA. You can also visit MolinaHealthcare.com or call Member Services for more information.

Services Not Covered

What services are not covered?

Services that are not covered by CHIP will not be covered by your Molina health plan. Some of the services that are not covered are listed below. You can call Member Services for a complete list of services that are not covered.

- Acupuncture
- Plastic or cosmetic surgery that is not medically necessary
- Surrogacy

This is not a complete list of the services that are not covered by CHIP or Molina Healthcare. If you have a question about whether a service is covered, please call Member Services.

Molina Value Added Services

What extra benefits does a member of Molina Healthcare get?

At Molina Healthcare, we care about your health. That's why we focus on getting you the Value Added Services, quality care and support you need to stay healthy. All at no cost to Molina Members. A list of your value added services is on page 61.. You can also call Member Services or visit MolinaHealthcare.com to get more information on these benefits.

How can I get these benefits? / How can I get these benefits for my child?

A list of your value added services in on page 61 of this handbook. You can also find this list in your welcome kit and on our website by visiting MolinaHealthcare.com. We can also mail you a copy of this list.

You can request value added services using the Molina Member portal. Member Services or your Case Manager can also answer questions and help you get these services.

What health education classes does Molina Healthcare offer?

Molina has many tools to help keep you healthy. You can get health prevention brochures. We have many topics like:

- Talking to your doctor
- High blood pressure
- Smoking cessation
- Vaccination schedule
- Breathing easy with asthma
- Childhood obesity

We have programs to help you take care of current health conditions. You may be eligible to join our childhood asthma or nutrition program. Call Member Services for information.

Behavioral Health, Mental or Substances (Drug) Abuse

How do I get help if I have/my child has behavioral (mental) health or alcohol or drug problems?

You can get help for yourself/your child by calling our Behavioral Health Customer Service Line at (866) 449-6849/(817) 319-6826 – CHIP RSA. If you are in a crisis situation, you can call our 24-hour Behavioral Health Crisis Line at (800) 818-5837. Someone will always be there to help you. You do not need to call your/your child's primary care provider to get an OK for these services. If

you/ your child have an emergency, you do not need to call first, go to the nearest emergency care center or call 911.

Do I need a referral for this?

No, you/your child do not need to get a referral from your/your child's primary care provider for these services.

Early Childhood Intervention

What is Early Childhood Intervention (ECI)?

ECI is a statewide program for families with children, birth to age three, who have disabilities and/or developmental delays. ECI supports families to help their children reach their potential through developmental services. Services are provided by a variety of local agencies and organizations across Texas. ECI services are offered by Molina at no cost and include:

- Evaluation and assessment
- Individualized Planning Process
- Family-Centered Services
- Case Management
- Interpreter services

Do I need a referral for this?

A medical diagnosis or a confirmed developmental delay is not needed to refer. As soon as a delay is suspected, children may be referred to ECI, even as early as birth. You can self refer your child by contacting your local ECI provider.

Where do I find an ECI provider?

To locate the ECI program that serves your area, you can use the ECI Program Search Tool at https://citysearch.hhsc.state.tx.us/ . You can search by the city, county, or zip code where you live. You can also call the member services number on the back of your ID card for help finding a provider.

Getting Sick While Traveling

What if I get sick when I am out of town or traveling/what if my child gets sick when he or she is out of town or traveling?

If you/your child needs medical care when traveling, call us toll free at (866) 449-6849 - / (877) 319-6826 - CHIP RSA and we will help you find a doctor. If you/your child needs emergency services while traveling, go to a nearby

hospital, then call us toll free at (866) 449-6849 / (877) 319-6826 - CHIP RSA.

What if I am/my child is out of the state?

If you/your child get sick when you/your child are out of the state and you/your child have an emergency care need, go to an emergency room close to where you are. If you/your child has an urgent care need, you should call your/your child's primary care provider's office. You can also call our 24- hour Nurse Advice Line for direction on care. Your/your child's primary care provider's phone number is on your/your child's Molina ID card.

What if I am/my child is out of the country?

Medical services performed out of the country are not covered by CHIP.

General Health Care Tips

- Be active in your health care: Plan ahead
- Schedule your visits at a good time for you
- Ask for your visit at a time when the office is least busy if you are worried about waiting too long
- Keep a list of questions you want to ask your doctor
- Refill your prescription before you run out of medicine

Make the most of your doctor's visit

- Ask your doctor questions.
- Ask about possible side effects of any medicines you have been prescribed.
- Tell your doctor if you are drinking any teas or taking herbs. In addition, tell your doctor about any vitamins or over-the-counter medicines you are using.

Visiting your doctor when you are sick:

- Try to give your doctor as much information as you can.
- Tell your doctor if you are getting worse or if you are feeling about the same.
- Tell your doctor if you have taken anything

Prescription Drugs

What are my prescription drug benefits?

Prescription drugs are covered when:

- The drug is on the Texas Vendor Drug CHIP Formulary
- The prescription is filled at a network pharmacy
- They are ordered by your PCP or another doctor treating you or your child.

A list of covered drugs is available online. A printed copy of the drug formulary is available to you at no cost. You can call Member Services to ask for a copy. It will be sent to you within five (5) business days of your request.

You can look for the Guide to Accessing Quality Healthcare, located on the Quality Improvement Program section of our website, MolinaHealthcare.com, or call Member Services if you want to know more about your drug benefits and the pharmacy process.

How do I get my/my child's medications?

CHIP covers most of the medicine your/your child's doctor says you need. Your/your child's doctor will write a prescription so you can take it to the drug store, or the doctor may be able to send the prescription to the drug store for you.

Exclusions include: contraceptive medications prescribed only for the purpose to prevent pregnancy and medications for weight loss or gain.

You may have to pay a co-payment for each prescription filled depending on your income. There are no co-payments required for CHIP Perinate Newborn Members.

How do I find a network drug store?

You have to go to a Molina pharmacy. Call Member Services and we can help you find one.

You can also go to the internet. Our website is MolinaHealthcare.com. You can click on the Find a Pharmacy link. This will show you the list of pharmacies.

What if I go to a drug store not in the network?

You have to go to a Molina pharmacy for prescriptions to be covered. Call Member Services and we can help you find one.

Call us if you are out of state and need emergency prescriptions. We can help you find a Molina pharmacy. . If there are no in-network pharmacies near you, you can use either an in-network mail order pharmacy or an in-network retail pharmacy that will deliver the medication to your preferred address. You will not be charged for medication delivery

What do I bring with me to the drug store?

You have to take your Molina ID card and the prescription your doctor wrote for you.

How many days of medication can be supplied?

The pharmacy can only give you up to a 34-day supply of a medication. For questions you can call Member Services at (866) 449-6849/(877) 319-6826 – CHIP RSA. This call is free.

What if I need my/my child's medications delivered to me?

If you cannot leave home, Molina can provide you with mail order pharmacy. This is done by CVS Caremark Mail Services. Please call Molina Member Services for help getting your/your child's medications delivered.

Who do I call if I have problems getting my/my child's medications?

Call Member Services and we can help you.

What if I can't get my/my child's prescription approved?

If your /your child's doctor cannot be reached to approve a prescription, your child may be able to get a three-day emergency supply of your/your child's medication.

Call Molina at (866) 449-6849/ (877) 319-6826 - CHIP RSA for help with your medications and refills.

If for any reason the three-day emergency supply process is not an option, you can submit a prescription reimbursement request form with your receipt and other required information listed on the reimbursement request form, within 365 days of the fill date for reimbursement. You can call Molina at (866) 449-6849 / (877) 319-6826 – CHIP RSA to request the prescription reimbursement request form. You will only be reimbursed for covered drugs.

What if I lose my/my child's medication?

If your prescription is lost or stolen, we can help. Your pharmacy can call Molina and ask us for authorization to give early refills for prescriptions.

What if I need/my child needs an over-the-counter medication?

The pharmacy cannot give you an over- the-counter medication as part of your/your child's CHIP benefit. If you need/your child needs an over-the-counter medication, you will have to pay for it.

What if I need/my child needs birth control pills?

The pharmacy cannot give you/your child birth control pills to prevent pregnancy. You/your child can only get birth control pills if they are needed to treat a medical condition.

Where can I find answers to drug benefits?

You should speak with your provider about any medication you need. You can visit our website if you want to know more about your drug benefits and the pharmacy process. You can also look for the Guide to Accessing Quality Healthcare booklet, located on the Quality Improvement Program section of our website, MolinaHealthcare.com, for more information or call Member Services.

Vision

How do I get eye care services/how do I get eye care services for my child?

You/your child can get routine eye care. You have to go to a vision care provider. The provider list is in the Vision Section of your Provider Directory. You/your child will not need a referral from your/your child's primary care provider for routine vision care. If you/your child have a medical problem with your eyes, you will need to call your/your child's primary care provider first. If your doctor cannot treat the medical problem, you/your child will be referred to a special eye doctor who can help.

Dental Services

How do I get dental services for myself or my child?

Molina will pay for some emergency dental services in a hospital or ambulatory surgical center. Molina will pay for the following:

- Treatment of a dislocated jaw.
- Treatment of traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.
- Treatment and devices for craniofacial anomalies.

Molina covers hospital, physician and related medical services for the above

conditions. This includes services from the doctor and other services your child might need, like anesthesia or other drugs.

The CHIP medical benefit provides limited emergency dental coverage for dislocated jaw, traumatic damage to teeth, and removal of cysts; treatment of oral abscess of tooth or gum origin; treatment and devices for craniofacial anomalies; and drugs.

Your child's CHIP dental plan provides all other dental services, including services that help prevent tooth decay and services that fix dental problems. Call your child's CHIP dental plan to learn more about the dental services they offer.

Interpreter Services at Doctor's Visits

Can someone interpret for me when I talk with my/my child's doctor? Who do I call?

When you set up a medical visit, tell the provider you need an interpreter. If the provider does not have someone to interpret for you, call Molina Member Services, and we will help you.

How far in advance do I need to call to get an interpreter?

Call as soon as you make a doctor's appointment.

How can I get a face-to-face interpreter in the provider's office?

When you call to set up your/your child's visit, tell the person you are talking to you need an interpreter with you/your child during the visit. If they cannot help, call Member Services.

How Does Molina Pay Providers for Your Care?

Molina Healthcare contracts with providers in many ways. Some providers are paid on a fee-for-service basis. This means they are paid each time they see you and for each procedure 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.

Physician Incentive Plans

Molina cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members. You have the right to know if your/your child's primary care provider (main doctor) is part of this physician incentive plan. You

also have a right to know how the plan works. You can call (866) 449-6848 / (877) 319-6828 - CHIP RSA, to learn more about this.

Molina Healthcare does not reward providers or employees for denying medical coverage or services. Molina Healthcare also does not give bonuses to providers to give you less care. For more information about how providers are paid, please call Member Services.

Payment and Bills

What are co-payments? How much are they and when do I have to pay for them?

A co-payment is the amount you pay for some healthcare services. The co-pay amount depends on your income. See the CHIP Cost-Sharing chart below. You do not need to pay a co-pay for well-baby and well-child services, preventive services, or pregnancy-related assistance.

Cost sharing obligations, including enrollment fees and co-pays do not apply to CHIP Perinate (Unborn Child) Members, and CHIP Members who are Native Americans or Alaskan Native American. If your ID card shows a co-payment and you are Native American or Alaskan Native, you should call Member Services to have this corrected.

CHIP Cost-Sharing	
Enrollment Fees (for 12-month enrollment period):	Effective July 1, 2022
	Charge
At or below 151% of FPL* or otherwise exempt from cost-sharing.	$0
Above 151% up to and including 186% of FPL	$35
Above 186% up to and including 201% of FPL	$50
Co-Pays (per visit):	
At or below 151% of FPL	Charge
Office Visit (non-preventative) No co-pay is applied for MH/SUD office visits.	$5

CHIP Cost-Sharing	
Non-Emergency ER	$5
Generic Drug	$0
Brand Drug	$5
Facility Co-pay, Inpatient (per admission) No Co-pay is applied for MH/SUD residential treatment services.	$35
Cost-sharing Cap	5% (of family's income)**
Above 151% up to and including 186% FPL	**Charge**
Office Visit (non-preventative) No co-pay is applied for MH/SUD office visits.	$20
Non-Emergency ER	$75
Generic Drug	$10
Brand Drug	$25 for insulin, $35 for all other drugs***
Facility Co-pay, Inpatient (per admission) No Co-pay is applied for MH/SUD residential treatment services.	$75
Cost-sharing Cap	5% (of family's income)**
Above 186% up to and including 201% FPL	**Charge**
Office Visit (non-preventative) No co-pay is applied for MH/SUD office visits.	$25
Non-Emergency ER	$75
Generic Drug	$10
Brand Drug	$25 for insulin, $35 for all other drugs***

Facility Co-pay, Inpatient (per admission)	$125
Cost-sharing Cap	5% (of family's income)**

**The federal poverty level (FPL) refers to income guidelines established annually by the federal government.*
** Per 12-month term of coverage
***Copays for insulin cannot exceed $25 per prescription for a 30-day supply, in accordance with Section 1358.103 of the Texas Insurance Code.

What if I get a bill from my doctor?

You should only get billed for the copay amount found on your member ID card. If you get a bill from a doctor for more than your copay amount, call the doctor's office and make sure they have your CHIP information. All of the information your doctor needs to bill Molina for the service is on your ID card.

Who do I call? What information will they need?

You can also get help by calling Member Services. A team member will help you with your doctor bill. To help you, they will need:

- Name of the patient
- The member's CHIP ID number
- The date of service
- The name of the doctor sending you the bill
- The amount you are being billed for

Looking at What's New

We look at new types of services, and we look at new ways to provide those services. We review new studies to see if new services are proven to be safe for possible added benefits. Molina Healthcare reviews the types of services listed below at least once a year:

- Medical services
- Behavioral health services
- Medicines
- Equipment

For more information on this process, please visit MolinaHealthcare.com. You can also call Member Services.

Eligibility and Enrollment

Membership Termination

What do I do if I move/my child moves?

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call the Molina Member Services Department at (866) 449-6849/ (877) 319-6826 - CHIP RSA. Before you get CHIP services in your new area, you must call Molina, unless you need emergency services. You will continue to get care through Molina until HHSC changes your address.

Concurrent Enrollment of Family Members in CHIP and CHIP Perinatal and Medicaid Coverage for Certain Newborns

If you have children enrolled in the CHIP Program, they will remain in the CHIP Program, but will be moved to Molina Healthcare if Molina beings providing CHIP Perinatal coverage for someone in your family. Copayments, cost-sharing, and enrollment fees still apply for those children enrolled in the CHIP Program.

An unborn child who is enrolled in CHIP Perinatal will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth, if the child lives in a family with an income at or below the Medicaid eligibility threshold.

An unborn child will continue to receive coverage through the CHIP Program as a "CHIP Perinate Newborn" after birth if the child is born to a family with an income above the Medicaid eligibility threshold.

Ending your membership

What if I want to change health plans?

You are allowed to make health plan changes

- For any reason within 90 days of enrolling in CHIP;
- For cause at any time
- If you move to a different service delivery area; and
- during your annual CHIP re-enrollment period.

Who do I call?

For more information, call CHIP toll free at 1-800-964-2777..

How many times can I change health plans?

Families can change plans only once per year.

When will my health plan change become effective?

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example,

- If you call on or before February 15, your change will take place on March 1.
- If you call after February 15, your change will take place on April 1.

Can Molina ask that I get dropped from their health plan (for non-compliance, etc.)?

Yes, Molina can ask that you be disenrolled from the health plan if:

- You let someone else use your Molina Member ID card or
- You and the primary care provider do not get along
- You make it difficult for your doctor to help you

The Texas Health and Human Services Commission will make the final decision on all disenrollment requests. If there is a change in your health plan, you will be sent a letter.

Grievance (Complaint) and Appeals

What should I do if I have a complaint? Who do I Call?

We want to help. If you have a complaint, please call us toll free at (866) 449-6849/(877) 319-6826 – CHIP RSA to tell us about problem. A Molina Member Services Advocate can help you file a complaint. Just call (866) 449-6849 / (877) 319-6826 – CHIP RSA. Most of the time, we can help you right away or at the most within a few days. Molina cannot take any action against you as a result of your filing a complaint.

You can also write your complaint and send it to:
Molina Healthcare of Texas
Attn: Member Complaints & Appeals
P.O. Box 182273
Chattanooga, TN 37422
Fax to (877) 816-6416

If I am not satisfied with the results, who else can I contact?

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll free at 1-800-252-3439. If

you would like to make your request in writing, send it to:

Texas Department of Insurance
Consumer Protection
P.O. Box 149091
Austin, TX 78714-9091

If you can get on the Internet, you can send your complaint in an e-mail to http://www.tdi.texas.gov/consumer/complfrm.html.

Can someone from Molina help me file a complaint?

Yes, we want to help you with the complaint process. When you have a complaint, you can call Member Services and ask for help with your complaint.

How long will it take to process my complaint?

Your complaint will be handled within (30) calendar days from the date Molina receives your written complaint. It could take less than 30 days. You will get a letter that tells you how your complaint was resolved. This letter will explain the complete complaint and appeal process. It will also tell you about your appeal rights. If the complaint is for an emergency for inpatient hospital or on-going care, Molina will resolve your complaint within one (1) business day.

What are the requirements and timeframes for filing a complaint?

When we get your complaint, we will send you a letter within five days telling you that we have received your complaint. We will look into your complaint and decide the outcome. We will send you a letter telling you the outcome. We will not take more than 30 days to complete the process.

Do I have the right to meet with a complaint appeal panel?

Yes, if you are not happy with the results of your complaint, call Member Services. They will help you set up a meeting with the Complaint Appeal Panel. Molina's appeal panel includes a doctor, a Member and an employee of Molina. The providers will be familiar with your kind of complaint. Members of the panel have not been involved in your case before. We will let you know we received your appeal. A letter will let you know the complete complaint and appeal process. This letter will tell you about your appeal rights.

Process to Appeal a CHIP Adverse Determination (CHIP/CHIP Perinatal)

Molina Healthcare will send you something in writing if we make a decision to:

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

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

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

How will I find out if services are denied?

If Molina denies your services, we will send you a letter.

What can I do if my doctor asks for a service or medicine for me that is covered but Molina denies it or limits it?

If you do not agree with Molina's decision to deny or limit your services, you can ask for an appeal. An appeal is when you or your representative asks Molina to look again at the services or medicines that we denied or limited.

If you ask someone to be your representative and to file an appeal for you, you must also send a letter to Molina to let us know you have chosen a person to represent you. We must have this information in writing for your privacy and security. You can send the letter to:

Molina Healthcare of Texas
Attn: Inquiry Research and Resolution Unit
P.O. Box 182273
Chattanooga, TN 37422

What are the timeframes for the appeal process?

If you do not agree with the decision listed in the letter, and you contact us within <60> <calendar days> to ask that we change our decision. This is called an appeal. The <60> <calendar day> period begins on the day after the mailing date on the letter.

We will send you a letter within five (5) business days from when we get your appeal to tell you we have received your appeal. Unless we tell you a different date, we will give you an answer to your appeal in writing within 30 calendar days from the date you contacted us. If we have made a decision to reduce, suspend or stop services before you receive all of 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.

Some appeals are for an emergency for inpatient hospital or on-going care. For emergency appeals, Molina will resolve your appeal within one (1) business day. Molina will send you a letter to let you know that your appeal has been handled. Molina will send a copy of this letter to your provider.

When do I have the right to ask for an appeal?

The appeal needs to be filed within 60 days from the date on the letter telling you a service was denied or limited.

Does my request have to be in writing?

No, you can request an appeal by calling (866) 449-6849/(877) 319-6826 – CHIP RSA.

You can also send your appeal in writing to:

Molina Healthcare of Texas
Attn: Inquiry Research and Resolution Unit
P.O.Box 165089
Irving, TX 75016

Can someone from Molina help me file an appeal?

Yes, a Molina Member Advocate or someone in Member Services can help you file your appeal. Just ask for help when you call to file your appeal.

Expedited MCO Appeals

What is an expedited appeal?

An expedited appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

How do I ask for an expedited appeal? Does my request have to be in writing?

You can ask for an expedited appeal by calling or in writing. To ask for an expedited appeal over the phone, call 1-866-449-6849/(877) 319-6849 – CHIP RSA.

If you send the expedited appeal in writing, send it to:

Molina Healthcare of Texas
Attn: Inquiry Research and Resolution
P.O. Box 182273

Chattanooga, TN 37422

Who can help me in filing an expedited appeal?

You can call Member Services and ask to file an expedited appeal. When you call, just tell them you would like to file an expedited appeal, they will know to work on it very quickly.

What are the time frames for an expedited appeal?

Molina will make a decision within one (1) business day. For expedited appeals, we will send a letter telling you the outcome of your appeal. We will send your provider a letter telling him/her that your appeal has been resolved.

What happens if Molina denies the request for an expedited appeal?

Molina may make a decision that your appeal should not be expedited. If this decision is made, we will follow the standard appeal process. As soon as this is decided, we will call you to let you know that the standard appeal process will be followed. We will also let you know by sending you a letter within 2 days from the date you asked for the expedited appeal.

Independent Review Organization (IRO) Process (CHIP/CHIP Perinatal)

What is an Independent Review Organization (IRO)?

An IRO is a review process, independent of all affected parties, used to determine whether a health care service is medically necessary and appropriate. It is not part of Molina. It has no connection with our providers. Their decision is final.

How do I ask for a review by an Independent review Organization?

You or your authorized representative can file a request for a review by an Independent Review Organization within four months after getting your final

appeal decision from Molina. To make a request, you or your authorized representative must complete the HHS-Administered Federal External Review Request form and submit it to MAXIMUS. There are three ways you can submit the form:

1. Online: https://externalappeal.cms.gov (under the "Request a Review Online" tab)
2. Fax: 1-888-866-6190
3. Mail: MAXIMUS Federal Services
   3750 Monroe Avenue, Suite 705
   Pittsford, NY 14534

What are the timeframes for this process?

You must submit your request for a IRO external review within four (4) months of getting the final appeal decision from Molina. MAXIMUS will notify Molina immediately once your request is received. Molina will send all of the information MAXIMUS needs within 5 (five) days of receiving notice of the IRO request. MAXIMUS will make a decision about your External Review as soon as possible, but no later than 45 days after receipt of your request for standard requests. For expedited request, MAXIMUS will make a decision within 72 hours.

Rights and Responsibilities

What are my rights and responsibilities?

MEMBER RIGHTS

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals, and other providers.
2. Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. "Limited provider network" means you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's primary care provider and any specialist doctor you might like to see are part of the same "limited network."
3. You have a right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.

4. You have a right to know how the health plan decides whether a service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If a doctor says your child has special health care needs or a disability, you may be able to use a specialist as your child's primary care provider. Ask your health plan about this.
8. Children who are diagnosed with special health care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her primary care provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.
11. Your child has the right to emergency services if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a copayment depending on your income. Copayments do not apply to CHIP Perinatal Members.
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals, and other providers.
16. You have the right to talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services

to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

18. You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
19. You have a right to know that you are only responsible for paying allowable copayments for covered services. Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.

Additional Member Rights

You also have the right to not be restrained or secluded when it is for someone else's convenience or is meant to force you to do something you don't want to do, or is to punish you.

You have the right to suggest changes to Molina Healthcare's member rights and responsibility policy.

You have the right to submit a bill for covered services if applicable, please submit to:
Molina Healthcare
Member Inquiry Research & Resolution
P.O. Box 182273
Chattanooga, TN 37422

MEMBER RESPONSIBILITIES

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
2. You must become involved in the doctor's decisions about your child's treatments.
3. You must work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
5. You must learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the

doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.

7. If your child has CHIP, you are responsible for paying your doctor and other providers copayments that you owe them. If your child is getting CHIP Perinatal services, you will not have any copayments for that child.
8. You must report misuse of CHIP or CHIP Perinatal services by health care providers, other members, or health plans.
9. You must talk to your provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services toll-free at 1-800-368-1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

Advance Directives

All members have the right to accept or refuse treatment offered by a provider. However, what if you are not able to tell the provider what you want? To avoid decisions that may be made against your will, it is important to have an Advance Directive.

An Advance Directive is a legal form that tells medical providers what kind of care you want if you cannot speak for yourself. You can write an Advance Directive before you have an emergency. This keeps other people from making important health decisions for you if you are not well enough to make your own. There are different types of Advance Directive forms. Some examples are:

- Power of Attorney for Health Care
- Living Will

It is your choice to complete an Advance Directive. No one can deny you care based on whether or not you have an Advance Directive. Talk with someone you trust, like a family member or friend. They can help you make decisions about your health care. You can also talk with your lawyer or PCP if you have questions, or would like to complete an Advance Directive form.

You may call Molina Healthcare to get information on how to obtain Advance Directive forms that comply with applicable state laws.

If you have signed an Advance Directive and you believe the provider has not followed your instructions, you may file a complaint. Please visit the website at

MolinaHealthcare.com or call Member Services for more information on how to file a complaint.

Fraud and Abuse Information

Molina Healthcare's Fraud, Waste and Abuse Plan benefits Molina, its employees, members, providers, payers and regulators by increasing efficiency, reducing waste, and improving the quality of services. Molina Healthcare takes the prevention, detection, and investigation of fraud, waste and abuse seriously, and complies with state and federal laws. Molina Healthcare investigates all suspected cases of fraud, waste and abuse and promptly reports to government agencies when appropriate. Molina Healthcare takes the appropriate disciplinary action, including but not limited to, termination of employment, termination of provider status, and/or termination of membership.

Report CHIP Waste, Abuse or Fraud

How do I report someone who is misusing/abusing the Program or services? Do you want to report CHIP Waste, Abuse, or Fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care provider, or a person getting CHIP benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for CHIP services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use a CHIP ID.
- •Using someone else's CHIP ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184;
- Visit https://oig.hhsc.state.tx.us/ and click the red "Report Fraud" Box to complete the online form; or
- You can report directly to your health plan:

Molina Healthcare of Texas
Attention Compliance Officer
2200 Highway 121, Suite 270A

- Bedford, TX 76021 Call toll free: 1-866-606-3889

To report waste, abuse, or fraud, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:

  - Name, address, and phone number of provider
  - Name and address of the facility (hospital, nursing home, home health agency, etc.)
  - Medicaid number of the provider and facility, if you have it
  - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
  - Names and phone numbers of other witnesses who can help in the investigation
  - o Dates of event -
  - Summary of what happened
- When reporting about someone who gets benefits, include:
  - The person's name
  - The person's date of birth, Social Security Number, or case number if you have it
  - The city where the person lives
  - Specific details about the waste, abuse or fraud

Here are some ways you can help stop fraud:

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

Member 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. Molina wants to let you know how your information is used or shared.

Your Protected Health Information

PHI stands for these words: "*protected health information*". PHI is health information that includes your name, member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share our Member's 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 use or share PHI for other purposes as required or permitted by law

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

Molina needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Molina protect your PHI?

Molina uses many ways to protect PHI within our health plan. This includes PHI in written word, spoken word or PHI in a computer. Below are some ways Molina protects PHI:

- Molina has policies and rules to protect PHI
- Molina limits who may see PHI. Only Molina staff with a need to know PHI may use and share PHI
- Molina staff is trained on how to protect and secure PHI
- Molina staff must agree in writing to follow the rules and policies that protect and secure PHI
- Molina secures PHI on our computers. PHI on our computers is kept private by using firewalls and passwords

What must Molina do by law?

- Keep your PHI private.
- Give your written information, such as this on our duties and privacy practices about your PHI.
- Follow the terms of our Notice of Privacy Practices.

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

- Call or write Molina and complain.
- Complain to the Department of Health and Human Services.

We will not hold anything against you. Your action would not change your care in any way.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our members' PHI. Our Notice of Privacy Practices is in Appendix C on pg 64. It is also on our website at MolinaHealthcare.com. You may get a copy of our Notice of Privacy Practices by calling our Member Services.

Definitions

Appeal – A request for your managed care organization to review a denial or a grievance again.

Authorization – An approval for a service.

Complaint – A grievance that you communicate to your health insurer or plan.

Copayment – A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Covered Services – Services and supplies covered by Molina Healthcare.

Durable Medical Equipment (DME) – Equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches, or diabetic supplies

Emergency Medical Condition – An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation – Ground or air ambulance services for an emergency medical condition

Emergency Room Care – Emergency services you get in an emergency room.

Emergency Services – Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services – Health care services that your health insurance or plan doesn't pay for or cover.

Grievance – A complaint to your health insurer or plan.

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

Habilitation Services and Devices – Health care services such as physical or occupational therapy that help a person keep, learn or improve skills and functioning for daily living.

Health Insurance – A contract that requires your health insurer to pay your covered healthcare costs in exchange for a premium.

Home Health Care – Health care services a person receives at home.

Hospice Services – Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

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

Hospital Outpatient Care – Care in a hospital that usually doesn't require an overnight stay.

Medically Necessary – Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meets accepted standards of medicine.

Network – The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Participating Provider – A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain covered services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.

Participating Provider – A provider who has a contract with your health insurer or plan to provide covered services to you.

Physician Services – Health-care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan – A benefit, like Medicaid, which provides and pays for your health care services.

Pre-authorization – A decision by your health insurer or plan that a health care service, treatment plan, prescription drug, or durable medical equipment that you or your provider has requested, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval, or pre-certification, must be obtained prior to receiving the requested service. Pre-authorization isn't a promise your health insurance or plan will cover the cost.

Premium – The amount that must be paid for your health insurance or plan.

Prescription Drug Coverage – Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs – Drugs and medications that by law require a prescription.

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

Primary Care Physician - A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physiciain assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional, or health care facility licensed, certified, or accredeited as required by state law.

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

Rehabilitation Services and Devices – Health care services such as pshyical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Service Area – The geographic area where Molina Healthcare provides services.

Skilled Nursing Care – Services from licensed nurses in your own home or in a nursing home.

Specialist – A physician specialist focused on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care – Care of illness, injury or condition serious enough that a reasonable person would seek care right away, but not severe as to require emergency room care.

APPENDIX A - Benefits and Covered Services for CHIP and CHIP Perinate Newborn Members

Covered Benefits

Inpatient General Acute and Inpatient Rehabilitation Hospital Services

Services include, but are not limited to the following:

- Hospital-provided Physician or Provider services
- Semi-private room and board (or private if medically necessary as certified by attending)
- General nursing care
- Special duty nursing when medically necessary
- ICU and services
- Member meals and special diets
- Operating, recovery and other treatment rooms
- Anesthesia and administration (facility technical component)
- Surgical dressings, trays, casts, splints
- Drugs, medications and biologicals
- Blood or blood products that are not provided free-of charge to the Member and their administration
- X-rays, imaging and other radiological tests (facility technical component)
- Laboratory, including biomarker testing, and pathology services (facility technical component)
- Machine diagnostic tests (EEGs, EKGs, etc.)
- Oxygen services and inhalation therapy
- Radiation and chemotherapy
- Access to DSHS-designated Level III perinatal centers or Hospitals meeting equivalent levels of care
- In-network or out-of-network facility and Physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section.
- Hospital, physician and related medical services, such as anesthesia, associated with dental care

- Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to:
    - dilation and curettage (D&C) procedures;
    - appropriate provider-administered medications;
    - ultrasounds, and
    - histological examination of tissue samples.
- Surgical implants
- Other artificial aids including surgical implants
- Inpatient services for a mastectomy and breast reconstruction include:
    - all stages of reconstruction on the affected breast;
    - external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed
    - surgery and reconstruction on the other breast to produce symmetrical appearance; and
    - treatment of physical complications from the mastectomy and treatment of lymphedemas.
- Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit
- Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat:
    - cleft lip and/or palate; or
    - severe traumatic skeletal and/or congenital craniofacial deviations; or
- severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.

Skilled Nursing Facilities (Includes Rehabilitation Hospitals)

Services include, but are not limited to:

- Semi-private room and board
- Regular nursing services
- Rehabilitation services
- Medical supplies and use of appliances and equipment furnished by the facility

Outpatient Hospital, Comprehensive Outpatient Rehabilitation, Habilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center

Services include, but are not limited to, the following services provided in a hospital-based clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health care setting:

- X-ray, imaging, and radiological tests (technical component)
- Laboratory, including biomarker testing, and pathology services (technical component)
- Machine diagnostic tests
- Ambulatory surgical facility services
- Drugs, medications and biologicals
- Casts, splints, dressings
- Preventive health services
- Physical, occupational and speech therapy
- Renal dialysis
- Respiratory services –
    - Radiation and chemotherapy ▪
- Blood or blood products that are not provided free-of charge to the Member and the administration of these products
- Outpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to:
    - dilation and curettage (D&C) procedures;
    - appropriate provider-administered medications;
    - ultrasounds, and
    - histological examination of tissue samples.
- Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility.
- Surgical implants
- Other artificial aids including surgical implants
- Outpatient services provided at an outpatient hospital and ambulatory health care center for a mastectomy and breast reconstruction as clinically appropriate, include:
    - all stages of reconstruction on the affected breast;

    - external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed
    - surgery and reconstruction on the other breast to produce symmetrical appearance; and
    - treatment of physical complications from the mastectomy and treatment of lymphedemas.
- Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit
- Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat:
    - cleft lip and/or palate; or
    - severe traumatic skeletal and/or congenital craniofacial deviations; or
    - severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.

Physician/ Physician Extender Professional Services

- American Academy of Pediatrics recommended well-child exams and preventive health services (including, but not limited to, vision and hearing screening and immunizations)
- Physician office visits, inpatient services and outpatient services
- Laboratory (including biomarker testing), x-rays, imaging and pathology services, including technical component and/or professional interpretation
- Medications, biologicals and materials administered in Physician's office
- Allergy testing, serum and injections
- Professional component (in/outpatient) of surgical services, including:
    - Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care
    - Administration of anesthesia by Physician (other than surgeon) or CRNA
    - Second surgical opinions
    - Same-day surgery performed in a Hospital without an over-night stay
    - Invasive diagnostic procedures such as endoscopic examinations

- Hospital-based Physician services (including Physician-performed technical and interpretive components)
- Physician and professional services for a mastectomy and breast reconstruction include:
    - all stages of reconstruction on the affected breast;
    - external breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed
    - surgery and reconstruction on the other breast to produce symmetrical appearance; and
    - treatment of physical complications from the mastectomy and treatment of lymphedemas.
- In-network and out-of-network Physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 HIP Members and CHIP Perinate Newborn Members CHIP Perinate Members (Unborn Child) hours following an uncomplicated delivery by caesarian section.
- Physician services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Physician services associated with miscarriage or non-viable pregnancy include, but are not limited to:
    - dilation and curettage (D&C) procedures;
    - appropriate provider-administered medications;
    - ultrasounds, and
    - histological examination of tissue samples.
- Physician services medically necessary to support a dentist providing dental services to a CHIP Member such as general anesthesia or intravenous (IV) sedation.
- Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat:
    - cleft lip and/or palate; or
    - severe traumatic skeletal and/or congenital craniofacial deviations; or
    - severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment

Prenatal Care and Pre-Pregnancy Family Services and Supplies

Covered, unlimited prenatal care and medically necessary care related to diseases, illness, or abnormalities related to the reproductive system, and limitations and exclusions to these services are described under inpatient, outpatient and physician services.

Primary and preventive health benefits do not include pre-pregnancy family reproductive services and supplies, or prescription medications prescribed only for the purpose of primary and preventive reproductive health care.

Birthing Center Services

Covers birthing services provided by a licensed birthing center. Limited to facility services (e.g., labor and delivery)

Limitation: Applies only to CHIP Members

Services Rendered by a Certified Nurse Midwife or physician in a licensed birthing center

CHIP Members: Covers prenatal services and birthing services rendered in a licensed birthing center.

CHIP Perinate Newborn Members: Covers services rendered to a newborn immediately following delivery

Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies

$20,000 12-month period limit for DME, prosthetic devices and disposable medical supplies (diabetic supplies and equipment are not counted against this cap). Services include DME (equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of Illness, Injury, or Disability, and is appropriate for use in the home), including devices and supplies that are medically necessary and necessary for one or more activities of daily living and appropriate to assist in the treatment of a medical condition, including:

- Orthotic braces and orthotics
- Dental devices
- Prosthetic devices such as artificial eyes, limbs, braces, and external breast prostheses

- Prosthetic eyeglasses and contact lenses for the management of severe ophthalmologic disease
- Hearing aids
- Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formula and dietary supplements.

Home and Community Health Services

Services that are provided in the home and community, including, but not limited to:

- Home infusion
- Respiratory therapy
- Visits for private duty nursing (R.N., L.V.N.)
- Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.).
- Home health aide when included as part of a plan of care during a period that skilled visits have been approved.
- Speech, physical and occupational therapies.
- Services are not intended to replace the CHILD'S caretaker or to provide relief for the caretaker
- Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services
- Services are not intended to replace 24-hour inpatient or skilled nursing facility services

Inpatient Mental Health Services

Mental health services, including for serious mental illness, furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities, including, but not limited to:

- Neuropsychological and psychological testing.
- When inpatient psychiatric services are ordered:
    1. by a court of competent jurisdiction pursuant to the Texas Health and Safety Code Chapters 573, Subchapters B and C, or 574, Subchapter D: or
    2. as a condition of probation.

  The court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court

with jurisdiction over the matter for determination. These requirements are not applicable when the Member is considered incarcerated, as defined by UMCM Section 16.1.15.2.

Does not require PCP referral.

Outpatient Mental Health Services

Mental health services, including for serious mental illness, provided on an outpatient basis, including, but not limited to:

- The visits can be furnished in a variety of community-based settings (including school and home-based) or in a state-operated facility
- Neuropsychological and psychological testing
- Medication management
- Rehabilitative day treatments
- Residential treatment services
- Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment) ▪ Skills training (psycho-educational skill development)
- When outpatient psychiatric services are ordered
  1. by a court of competent jurisdiction pursuant to the Texas Health and Safety Code Chapters 573, Subchapters B and C, or 574, Subchapters A through G, Texas Family Code Chapter 55, Subchapter D:, or
  2. as a condition of probation

  The court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. These requirements are not applicable when the Member is considered incarcerated, as defined by UMCM Section 16.1.15.2.
- A Qualified Mental Health Provider – Community Services (QMHP-CS). Services include individual and group skills training (which can be components of interventions such as day treatment and in-home services), Member and family education, and crisis services
- Does not require PCP referral

Inpatient and Residential Substance Use Disorder Treatment Services

Services include, but are not limited to:

- Inpatient and residential Substance Use Disorder treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs
- When inpatient and residential substance use disorder treatment services are required as:
  1. a court order, consistent with Chapter 462, Subchapter D of the Texas Health and Safety Code; or
  2. as a condition of probation

  The court order serves as a binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.
- These requirements are not applicable when the Member is considered incarcerated, as defined by UMCM Section 16.1.15.2
- Does not require PCP referral

Outpatient Substance Use Disorder Treatment Services

Services include, but are not limited to, the following:

- Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders.
- Intensive outpatient services
- Partial hospitalization
- Intensive outpatient services is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for four to 12 weeks, but less than 24 hours per Day
- Outpatient treatment service is defined as consisting of at least one to two hours per week providing structured group and individual therapy, educational services, and life skills training
- When outpatient substance use disorder treatment services are required as:
  1. a court order, consistent with Chapter 462, Subchapter D of the Texas Health and Safety Code; or
  2. as a condition of probation

  The court order serves as a binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.

- These requirements are not applicable when the Member is considered incarcerated, as defined by UMCM Section 16.1.15.2
- Does not require PCP referral

Rehabilitation Services

Services include, but are not limited to, the following:

- Habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to the following:
- Physical, occupational and speech therapy
- Developmental assessment

Hospice Care Services

Services include, but are not limited to:

- Palliative care, including medical and support services, for those children who have six (6) months or less to live, to keep Members comfortable during the last weeks and months before death
- Treatment services, including treatment related to the terminal illness
- Up to a maximum of 120 Days with a 6 month life expectancy
- Members electing hospice services may cancel this election at anytime ▪
- Services apply to the hospice diagnosis

Emergency Services, including Emergency, Hospital, Physicians, and Ambulance Services

Covered services include, but are not limited to, the following:

- Emergency services based on prudent lay person definition of emergency health condition
- Hospital emergency department room and ancillary services and physician services 24 hours a Day, seven (7) Days a week, both by in-network and out-of network providers
- Medical screening examination
- Stabilization services
- Access to DSHS designated Level 1 and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services
- Emergency ground, air and water transportation ▪ Emergency dental services, limited to fractured or dislocated jaw, traumatic damage to teeth, removal of cysts, and treatment relating to oral abscess of tooth or gum origin

Transplant

Services include, but are not limited to, the following:

- Using up-to-date FDA guidelines, all non-experimental human organ and tissue transplants and all forms of non-experimental corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses.

Vision Benefit

Services include:

- One (1) examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization
- One (1) pair of non-prosthetic eyewear per 12-month period

Chiropractic Services

Services do not require physician prescription and are limited to spinal subluxation

Tobacco Cessation Program

Covered up to $100 for a 12-month period limit for a plan- approved program

- Health Plan defines plan-approved program.
- May be subject to formulary requirements.

Case Management and Care Coordination Services

These services include outreach, informing, case management, care coordination, and community referral.

Drug Benefits

Services include, but are not limited to, the following:

- Outpatient drugs and biologicals; including pharmacy-dispensed and provider-administered outpatient drugs and biologicals; and
- Drugs and biologicals provided in an inpatient setting.

CHIP Exclusions from Covered Services

- Inpatient and outpatient infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses, or abnormalities related to the reproductive system
- Contraceptive medications prescribed only for the purpose of primary

and preventive reproductive health care (i.e., cannot be prescribed for family planning)

- Personal comfort items including but not limited to personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of Member, and other articles which are not required for the specific treatment of sickness or injury
- Experimental and/or investigational medical, surgical or other health care procedures or services which are not generally employed or recognized within the medical community
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court other than a court of competent jurisdiction pursuant to the Texas Health and Safety Code Chapters 573, Subchapters Band C, 574, Subchapter D or 462, Subchapter D and Texas Family Code Chapter 55, Subchapter D.
- Private duty nursing services when performed on an inpatient basis or in a skilled nursing facility.
- Mechanical organ replacement devices including, but not limited to artificial heart
- Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise pre-authorized by Health Plan
- Prostate and mammography screening
- Elective surgery to correct vision
- Gastric procedures for weight loss
- Cosmetic surgery/services solely for cosmetic purposes
- Dental devices solely for cosmetic purposes
- Out-of-network services not authorized by the Health Plan except for emergency care, and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section, and services provided by an FQHC, as provided for in Section 8.1.22 of the Contract.
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by the Health Plan

- Medications prescribed for weight loss or gain
- Acupuncture services, naturopathy and hypnotherapy
- Immunizations solely for foreign travel
- Routine foot care such as hygienic care
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails)
- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the Member or the vendor
- Corrective orthopedic shoes
- Convenience items
- Over-the-counter medications
- Orthotics primarily used for athletic or recreational purposes
- Custodial care (care that assists a child with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a parent. This care does not require the continuing attention of trained medical or paramedical personnel.) This exclusion does not apply to hospice services.
- Housekeeping
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities
- Services or supplies received from a nurse, which do not require the skill and training of a nurse
- Vision training and vision therapy
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered except when ordered by a Physician/PCP
- Donor non-medical expenses
- Charges incurred as a donor of an organ when the recipient is not covered under this health plan

- Coverage while traveling outside of the United States and U.S. Territories (including Puerto Rico, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands, Guam, and American Samoa)

Appendix B – CHIP Value Added Services

Effective September 1, 2026

- Nurse Advice Line
  Our nurses are available to answer your questions 24 hours a day, 7 days a week. Call (888) 275-8750 or (866) 648-3537 for help in Spanish.

- $100 for over-the-counter (OTC) medicines and supplies
  $25 reward every three months for OTC medicines and other medical or health-related supplies not covered by CHIP. Up to $100 annually. Applies to current members enrolled as RSA only. Available upon request. Cannot be used for food or water.

- $25 for Prenatal Exam
  For newly enrolled pregnant members who get an early prenatal exam within 42 days of enrollment. Current members who get an early prenatal exam in the first trimester (90 days) also qualify. Reward available upon request once confirmed by OB/GYN or Primary Care Provider.

- $30 Gas reward
  For Members to go to WIC offices, food pantries or community centers for help with Your Texas Benefits applications. Limited to once per year, upon request.

- Postpartum meals
  Up to 10 healthy meals delivered to your home during the first three months following delivery. Once per year, upon request.

- Postpartum kit
  New moms can request a postpartum kit for up to three months following the delivery of their baby. Available once every year.

- $50 for Postpartum Exam
  For currently enrolled members who get a postpartum exam within 7-84 days of delivery. Available upon request. Must be verified.

- $45 for annual well-child visits
  For members ages 3-18 who have a documented annual well-child visit. Available upon request.

- $45 for well-child visits

  For members who get six we—child checkups by 15 months of age. Memers who get two well-child checkups between 15-30 months of age can get an additional $50 reward. Available upon request. Must be verified.

- Boys & Girls Club membership

  Available to members between the ages of 6-18 in Dallas and the Rural Service Area (RSA). Boys and Girls Clubs may not be located within a convenient distance for all members. Available upon request, where available.

- Neighborhood Center Membership

  For members ages 14 through 18 in Harris, where available. Available upon request.

- School or Sports physical

  Members ages 5-18 years can get a physical for school or sports once per year.

- $150 eyewear allowance

  Can be used for frames, lenses or contacts each year. Available upon request.

- $25 for follow-up visits after hospital stay

  For Members who go to a follow-up doctor visit within 7 days of a hospital stay. Available once per year, upon request. An additional $25 for members who have a follow-up provider visit within 30 days of getting out of the hospital. Available once per year, upon request. Does not apply to newborns being released from the hospital after birth.

- Postpartum respite services

  Up to 8 hours of respite services are available up to three months after delivery. Can be used for relaxation or rest. Must be authorized by a care manager.

- Home-delivered meals

  Up to 10 healthy meals delivered to members diagnosed with a behavioral health condition, including depression, to help improve nutrition. Available once a year, upon request. Must be authorized by a care manager.

- Allergy-free pillowcase and mattress cover
  For members with asthma or CPD who are enrolled in Molina's Case Management program for at least three months. Available once per year, upon request

- Pest repellent wall plugs
  For members with asthma or COPD who are enrolled in Molina's Case Management Program for at least three months. Available once per year

- $20 for asthma management
  For members who participate in Molina's Disease Management Program for at least three months following an asthma-related emergency room visit. Available once per year, upon request. Must be verified.

- $15 reward for email/text opt-in
  For members who opt in to email or text communications as head of household. Must remain enrolled with Molina for at least 90 days. Available one time only, upon request.

Must be enrolled at the time of your medical service to qualify for the reward.

Request your value-added services in just a few clicks through the My Molina member portal. Log into your account to see what benefits you may be eligible for and request rewards for eligible services. You can also call Member Services or work with your care manager to request your value-added services.

APPENDIX C - NOTICE OF PRIVACY PRACTICES
MOLINA HEALTHCARE OF TEXAS

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

Molina Healthcare of Texas ("**Molina Healthcare," "Molina," "we"** or **"our"**) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is September 23, 2013.

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

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

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

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

For Health Care Operations
Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve Member

concerns. Your PHI may also be used to see that claims are paid right.

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

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

We will share your PHI with other companies (**"business associates"**) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

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

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

Required by law

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

Public Health

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

Health Care Oversight

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

Research

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

Legal or Administrative Proceedings

Your PHI may be used or shared for legal proceedings, such as in response to a

court order.

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

Health and Safety
Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions
Your PHI may be shared with the government for special functions. An example would be to protect the President.

Victims of Abuse, Neglect, or Domestic Violence
Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation
Your PHI may be used or shared to obey Workers Compensation laws.

Other Disclosures
Your PHI may be shared with funeral directors or coroners to help them do their jobs.

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

What are your health information rights?
You have the right to:

- **Request Restrictions on PHI Uses of Disclosures (Sharing of Your PHI)**
  You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need

to make your request in writing. You may use Molina's form to make your request.

- Request Confidential Communications of PHI
  You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.

- Amend Your PHI
  You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a Member. You will need to make this request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

- Receive an Accounting of PHI Disclosures (Sharing of Your PHI)
  You may ask that we give you a list of certain parties that we shared your PHI with during six years prior to the date of your request. The list will not include PHI shared as follows:
  - for treatment, payment or health care operations;
  - to persons about their own PHI;
  - sharing done with your authorization;
  - incident to a use or disclosure otherwise permitted or required under applicable law;
  - PHI released in the interest of national security or for intelligence purposes; or
  - as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You will need to make your request in writing. You may use Molina's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services Department at (866) 449-6849.

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

You may file a complaint with us at:

Molina Healthcare of Texas
Manager of Member Services
2200 Highway 121, Suite 270A
Bedford, TX 76021 Phone: (866) 449-6849

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

Office of Civil Rights
U.S. Department of Health & Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
(800) 368-1019; (800) 537-7697 (TDD);
(214) 767-0432 (FAX)

What are Molina's duties?

Molina is required to:

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

This Notice is subject to Change.

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

Contact Information

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

Molina Healthcare of Texas
Attention: Manager of Member Services
2200 Highway 121, Suite 270A
Bedford, TX 76021Phone: (866) 449-6849

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