

Guide to Accessing Quality Health Care

Spring 2020



[MolinaMarketplace.com](https://www.MolinaMarketplace.com)



Your Extended Family.



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Your Health Care Contact Guide

Department/ Program	Type of Help Needed	Phone Number
Molina Healthcare Member Services	If you have a problem with any of Molina Healthcare's services, we want to help fix it. You can call Member Services for help or to file a grievance or complaint.	The number is on the back of your member ID card. You can call Monday through Friday, 7 a.m. to 7 p.m.
Health Management	To request information on how to join programs for conditions such as asthma, diabetes, high blood pressure, Cardiovascular Disease (CVD), or Chronic Obstructive Pulmonary Disease (COPD) please contact Health Management. Health Management will help you understand how to use these programs. You can opt out of the program.	Health Management (866) 891-2320 Monday through Friday 9 a.m. to 9 p.m., local time TTY/TDD: 711
Health Education	To request information on how to join smoking cessation and weight management programs, please contact Health Management. Health Management will help you understand how to use these programs. You can opt out of the program.	Health Education (866) 472-9483 Monday through Friday 9 a.m. to 9 p.m., local time TTY/TDD: 711

<p>Maternity Screening and High Risk OB Support</p>	<p>To request information on how to join our pregnancy and maternity screening programs, please call Member Services. Member Services will help you understand how to use this program. You can opt out of the program.</p>	<p>The Member Services number is on the back of your member ID card.</p>
<p>Care Management</p>	<p>To request information on how to join our Care Management programs, please call Member Services. Member Services will help you understand how to use these programs and how you can opt out of the program.</p>	<p>The Member Services number is on the back of your member ID card.</p>
<p>Complex Case Management</p>	<p>To request information on how you can join our Complex Care Management program if you need extra help with your health care problems, please contact Member Services. Member Services will help you understand how to use this program and how you can opt out of the program.</p>	<p>The Member Services number is on the back of your member ID card.</p>
<p>Transition of Care Program</p>	<p>To request information on how you can join our Transition of Care Program after you have been in the hospital, please call Member Services. Member Services will help you understand how to use this program and how you can opt out of the program.</p>	<p>The Member Services number is on the back of your member ID card.</p>

<p>Nurse Advice Line 24-Hours, 7 days a week</p>	<p>If you have questions or concerns about your or your family’s health. The Nurse Advice Line is staffed by registered nurses.</p>	<p>English: (888) 275-8750 TTY: (866) 735-2929</p> <p>Spanish: (866) 648-3537 TTY: (866) 735-2929</p>
<p>Secretary of the U.S. Department of Health and Human Services Office for Civil Rights</p>	<p>If you believe that we have not protected your privacy and wish to complain, you may call to file a complaint (or grievance).</p>	<p>(800) 368-1019 TDD: (800) 537-7697 FAX: (202) 619-3818</p>
<p>Medicare</p>	<p>Medicare is health insurance offered by the federal government to most people who are 65 and older. Medicare helps pay for health care but does not cover all medical expenses.</p>	<p>1 (800) MEDICARE 1 (800) 633-4227 TTY: 1 (877) 486-2048 www.Medicare.gov</p>
<p>Ohio Department of Insurance</p>	<p>The Ohio Department of is responsible for regulating health care services plans. If you have a grievance against your health plan, you should first call Molina toll-free, and use Molina’s grievance process before contacting this department. The Member Services number is on the back of your member ID card.</p>	<p>Toll Free: 800-686-1526 TTY: 711 https://insurance.ohio.gov/wps/portal/gov/odi</p>

Molina Healthcare's Quality Improvement Plan and Program

Your health care is important to us. We want to hear how we are doing. That's why you may receive a survey about Molina Healthcare and your health care services. One of these surveys is called CAHPS®. CAHPS® stands for the Consumer Assessment of Healthcare Providers and Systems. This survey asks questions about your health care. It asks about the care you receive from Molina Healthcare. We may send you a few questions about how we are doing. We want to know what is important to you. Please take the time to complete the survey if you receive it.

We use another tool called HEDIS® to improve care. HEDIS® stands for Healthcare Effectiveness Data and Information Set. We collect information on services that you may have received. These services include:

- Shots
- Well-check exams
- Pap tests
- Mammogram screenings
- Diabetes care



- Prenatal care
- Postpartum care

This process helps us learn how many of our members actually got needed services. Molina makes this information available to you. You may use it to compare one health plan to another health plan.

We work to improve our services each year. We set goals to improve services. Our Quality Improvement plan includes these goals:

- To provide you with services that are easy for you to use.
- To work with providers so you get the care you need.
- To address your language or cultural needs.
- To help you reduce barriers and support you to reach your best health.

We want to help you take better care of yourself and your family. We want to make sure you get the best service possible. Some of the ways we do this include:

- Mail or call you to make sure you and your child get needed well exams and shots.
- Help you learn about chronic health problems, if you have them.
- Make sure you get prenatal care and after-delivery exams, if you are pregnant.
- Remind you to get Pap tests and mammogram screenings, if you need them.
- Looking at member grievances (complaints) when you send them in.
- Help you find and use the information on the Molina Healthcare website.
- Tell you about the special services we offer to all of our members.

We review all of the services and care that you receive each year to see how well we are doing. Please visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com). You can read the latest results of our progress on our website.

To learn more, call your Molina Healthcare Member Services Team. You can ask for a printed copy of our Quality Improvement plan and results.

Guidelines to Keep You Healthy

Molina Healthcare provides information about preventive health checkups and services that you and your family may need and when you should get them. These are guidelines that suggest checkups for all children and adults unless advised differently by their provider. They should not replace any provider advice.

- Take a few moments to read the Guidelines to Keep you Healthy. Keep in mind that these guidelines are suggested checkups to keep you healthy. Molina Healthcare covers preventive care services.
- Write down any questions you may have. Take these questions to your next checkup.
- Tell your provider about any health problems you or your children are having.
- Make sure you do not miss your appointments.
- If you miss your appointment, call your provider to reschedule right away.

Molina Healthcare also provides information on key tests and exams you or your family may need for long term health conditions. These conditions include: diabetes, COPD, depression, and others. Please review this information on the Molina Healthcare website. We also can send you these guidelines by request. Call Member Services to ask for a copy. The Member Services number is on the back of your member ID card.

The guidelines are posted on the MolinaHealthcare.com website.

Getting you Extra Help when you have Chronic Health Problems

Taking care of your own health problems can be hard. Molina Healthcare has a program that can help. We offer a Case Management Program to help members deal with difficult health problems. We offer this help to anyone receiving health services for a chronic health problem. Our staff will work with you to make sure you receive the right care.

Molina Healthcare staff – usually a team or dedicated person who can help you:

- Find and access eligible services.
- Arrange doctor visits and tests.
- Arrange transportation.
- See any gaps in care or health care needs.
- Access support to help people with special health care needs and/or their caregivers deal with day-to-day stress.
- Help with moving from one setting to another using a dedicated team or person. This can include working with you and your caregiver(s) when a hospital discharges you.
- Assess eligibility for long-term care services.
- Connect with community support.
- Find services that might not be covered benefits. This can include physical therapy with schools or in community settings or “Meals on Wheels.”



- Arrange services with a primary care provider (PCP), family members, caregivers, representatives and any other identified provider.

Members can be referred to Care Management through:

- A provider
- Member Services, the Health Education line or 24-hour Nurse Advice Line
- A family member or caregiver
- Yourself

Care Management also offers targeted programs like the Transition of Care program. This program helps to meet your needs after discharge. These programs are voluntary and provided through telephone or in-person contact. Molina Healthcare offers them at no cost to you. Once you join this program, you will have a person or team assigned to you to help coordinate your health care. You will then receive the phone number for the team assigned to you. You can choose to be removed from any program at any time.

Please call Member Services to:

- Be removed from a program
- Learn more about a program
- Ask for a referral

The Member Services number is on the back of your member ID card.

Population Health (Health Education, Disease Management, Care Management and Complex Care Management)

The tools and programs described here are educational support for our members. We may change them at any time as needed to meet the needs of our members.

Health Education/Disease Management

Molina Healthcare offers programs to help you and your family manage a health problem. Our programs can help you manage:

- Asthma
- Depression
- Diabetes
- High blood pressure
- Cardiovascular Disease (CVD)
- Chronic Obstructive Pulmonary Disease (COPD)

You can learn more or enroll in or dis-enroll from any of the programs above by calling the Health Management Department at (866) 891-2320, TTY/TDD:711, 9 a.m. to 9 p.m. local time., Monday through Friday.

Newsletters

Newsletters are posted on the [MolinaHealthcare.com](https://www.molinahealthcare.com) website. The articles are on topics asked by members like you. The tips can help you and your family stay healthy.

Health Education Materials

Our materials are on eating healthy, preventing illness, stress care, staying active, cholesterol, asthma, diabetes and other topics. These materials are based on current clinical guidelines. To get these materials, ask your doctor or visit our website at www.molinahealthcare.com/members/common/en-US/healthy/Pages/home.aspx.



Behavioral Health

Molina Healthcare offers behavioral health services to help with problems such as stress, depression or confusion. There are services to help with substance abuse as well. Your PCP can offer a brief screening and help guide you to services. You can also look for services on your own by calling Member Services. The Member Services number is on the back of your member ID card.

You can access many types of behavioral health services. These types of problems can be treated. Molina Healthcare will assist you in finding the support or service you need.

Protecting Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina Healthcare uses and shares data to provide you with health benefits.

Protected Health Information (PHI)

PHI stands for “protected health information.” PHI includes your name, member number, race, ethnicity, language needs, or other things that identify you. Molina Healthcare wants you to know how we use or share your PHI.

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

Molina Healthcare needs your written approval to use or share your PHI for reasons 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 not to 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 Healthcare protect your PHI?

Your PHI can be in written word, spoken word, or on a computer. Molina Healthcare uses many ways to protect PHI across our health plan. Below are some ways Molina Healthcare protects your PHI:

- We use policies and rules to protect PHI.
- Only our staff with a need to know PHI may use PHI.
- We train staff to protect and secure PHI, including written and verbal communications.
- Our staff must agree in writing to follow the rules and policies that protect and secure PHI.
- We secure PHI on our computers. PHI on our computers is kept private by using firewalls and passwords.



What are the duties of Molina Healthcare?

Molina Healthcare is required to:

- Keep your PHI private.
- Provide you with a notice in the event of any breach of your unsecured PHI.
- Not use or disclose your genetic information for underwriting purposes.
- Not use your race, ethnicity or language data for underwriting or denial of coverage and Benefits.
- Follow the terms of this Notice.

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

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

The above is only a summary. Our Notice of Privacy Practices gives more information about how we use and share our members' PHI. You may find our full Notice of Privacy Practices on our website at MolinaHealthcare.com. You also may ask for a copy of our Notice of Privacy Practices by calling our Member Services Department. The Member Service number is on the back of your member ID card.

Patient Safety Program

Molina Healthcare wants you and your family to be safe and healthy. We have a Patient Safety Program to help us meet this goal. This program gives you safety facts so you can make better health care choices. Here are a few of the things we do to improve your safety:

- Keep track of our members' complaints about safety problems in their provider's office or Hospital.
- Give you information to learn more about how to make safe decisions about your care. These include:
 - Questions to ask your surgeon prior to surgery.
 - Questions to ask about drug interactions.
- Make programs available to help you manage your care and receive care in a timely manner.
- Look at reports from groups that check hospital safety.

Reports tell us about things like staffing levels in the Intensive Care Unit (ICU), use of computer drug orders, and so forth.

Groups that check safety:

- Leap Frog Quality Index Ratings (www.leapfroggroup.org)
- The Joint Commission National Patient Safety Goal Ratings (www.qualitycheck.org/consumer/searchQCR.aspx)

You can look at these websites to:

- See what hospitals are doing to be safer.
- Help you know what to look for when you pick a provider or a hospital.
- Get information about programs and services for patients with problems like diabetes and asthma.

Call our Member Services Department to get more information about our Patient Safety Program. The number is on the back of your member ID card.

You can also visit us online at MolinaHealthcare.com.

How We Work with our Providers to Make Choices about Your Health Care

We want you to get the care you need. Sometimes your provider may need to ask us to approve the service before you get care (prior authorization), while you are getting care (concurrent) or after you have had care (post-service). We will work with your provider to decide if you need the services. We call this process Utilization Management (UM). We make choices about your care based on medical need and your benefits. We do not reward providers or others to deny coverage for services you need. We do not pay extra money to providers or our UM staff to make choices that result in giving less care. For members with Long Term Services and Supports (LTSS) needs, someone with LTSS experience, training and education makes decisions about services.

If you have a question about our UM process or rulings, you can call our Member Services Department. The number is on the back of your member ID card. Staff can also accept collect calls. If you need help in your language, a bilingual staff member or interpreter is available at no

cost to you. We also offer TDD/TTY services for members who have hearing or speech disabilities. Our Member Services staff can answer your call Monday through Friday (except holidays) between 7 a.m. and 7 p.m. local time. If you call after 7 p.m. or over the weekend, please leave a message and your phone number. The Member Services staff will return your call within one business day. The Member Services staff may also call you to talk about Utilization Management issues. If Member Services calls you, they will use their name, title and Molina Healthcare's name.



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 type of services listed below at least once a year:

- Medical services
- Mental health services
- Medicines
- Equipment

Translation Services

We can provide information in the language you prefer. We can have an interpreter to help you speak with us or your provider in almost any language (this includes sign language). We also provide written materials in different languages and formats. If you need an interpreter or written materials in a language other than English, please contact Member Services. The number is on the back of your member ID card. There is no cost to you for these services.

What to Do When You Need Care After Hours or in an Emergency

After Hours Care

There may be times when you may need care when your Primary Care Provider's (PCP) office is closed. If it is after hours and your PCP's office is closed, you can call our Nurse Advice Line at (888) 275-8750. Nurses are available to help you 24 hours a day, 7 days a week.

Highly trained nurses answer our Nurse Advice Line. They can help you decide if you should see a provider right away. The nurses can also help you make an appointment if you need to see a provider quickly. Sometimes, you may have questions but do not think you need to see your PCP. You can call the Nurse Advice Line and talk to a nurse.

Emergency Care

Emergency care is for sudden or severe problems that need care right away. It can also be needed care if your life or health is in danger. Emergency care is a covered benefit. However, no services are covered outside the United States, except for emergency services requiring hospitalization in Canada or Mexico. If you need emergency care, call 911 or go to the nearest hospital. You do not need prior approval. If you have an urgent matter that does not threaten your life, you can also call our Nurse Advice Line. Call (888) 275-8750, 24 hours a day, 7 days a week.

Where to Find Answers to Drug Benefits

We want you to speak to your provider about drugs you need. You can visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com) if you want to know more about your drug benefits. Our website also explains our pharmacy process. On the website, you can find:

- A list of generic and brand name drugs that we cover and do not cover (drug formulary).
- Limits on covered drugs. Limits include items such as the numbers of refills you may receive or drug doses you may get.
- How your provider can ask us to approve certain drugs.
- How your provider can ask for the amount of a drug you may need.
- Information needed from your provider to get approval for some of your drugs.
- Details about the process that your provider will use for generic substitution, therapeutic interchange and step-therapy protocols.
- Updates made to the drug list at least each year and at other times during the year when changes are made.
- Any copayments (only if appropriate) for drugs not on Molina Healthcare's approved list of medications.
- How your provider can request an exception for coverage for medications not on the formulary.

If you need more information on your pharmacy benefits, you can also call Member Services.



Your Rights as a Molina Healthcare Member

Did you know that as a member of Molina Healthcare, you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Molina Healthcare ensure that you get the covered services and care that you need.

You have the right to:

- Receive the facts about Molina Healthcare, our services, our practitioners, and providers who contract with us to provide services, and member rights and responsibilities.
- Have privacy and be treated with respect and dignity.
- Help make decisions with your practitioner about your health care. You may refuse treatment.
- Request and receive a copy of your medical records.
- Request a change or correction to your medical records.
- Discuss your treatment options with your doctor or other health care provider in a way you understand them. Cost or benefit coverage does not matter.
- Voice any complaints or send in appeals about Molina Healthcare or the care you were given.
- Use your member rights without fear of negative results.
- Receive the members' rights and responsibilities each year.
- Suggest changes to Molina Healthcare's member rights and responsibilities policy.

You also have the responsibility to:

- Give, if possible, all facts that Molina Healthcare and our practitioners and providers need to care for you.
- Know your health problems and take part in making mutually agreed upon treatment goals as much as possible.
- Follow the treatment plan instructions for the care you agree to with your practitioner.
- Keep doctor visits and be on time. If you're going to be late or cannot keep a doctor visit, call your provider.

Please visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com) or view your Member Handbook for a complete list of member rights and responsibilities.

Women's Health Providers

You can go see women's health specialists for your routine and preventive health care. Women's health specialists include: obstetricians, gynecologists, and certified nurse midwives. Routine and preventive care includes: care before birth, breast exams, mammograms and pap tests.



Getting Care for Special Health Care Needs

You can go see specialists useful for your special health care needs. If you have Long Term Services and Supports (LTSS), you also have access to specialists for your health condition and needs.

Second Opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. Talk to another provider within the Molina Healthcare network or we may arrange for you to talk to a provider outside of the network. This service is at no cost to you. Call Member Services to learn how to get a second opinion. The number is on the back of your member ID card.

Out-of-Network Services

If a Molina Healthcare provider is not able to provide you with needed and covered services, Molina Healthcare must cover the needed services through an out-of-network provider. The cost to you should be no greater than it would be if the provider was in Molina

Healthcare's network. We will coordinate payment with the out-of-network provider. This must be done in a timely manner for as long as Molina's provider network is unable to provide the service.

Grievances and Appeals

Are you having problems with your medical care or our services? If so, you have a right to file a grievance (complaint) or appeal.

A grievance can be for things like:

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

You may file an appeal when you do not agree with Molina Healthcare's decision to:

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

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

Visit our website, [MolinaHealthcare.com](https://www.MolinaHealthcare.com), or your Member Handbook to read about:

- Grievance, appeal and State Fair Hearing processes and rights.
- Grievance, appeal and State Fair Hearing timeframes.
- Who can file a grievance/appeal.

Call Member Services if you have any grievance questions. The number is on the back of your member ID card.

Your Right to Appeal Denials

What is a denial?

A denial means that services or bills will not be paid. If we deny your service or claim, you have the right to request why your services or bills were denied. You have a right to appeal.

If we deny your service or claim, you will get a letter from Molina Healthcare telling you about this decision. This letter will tell you

about your right to appeal. You can read about these rights in your Member Handbook. You can learn how to file an appeal on our website, [MolinaHealthcare.com](https://www.molinahealthcare.com). Member Services can also help you file an appeal.

If you are not happy with the result of your appeal, you can ask for an independent review. This means providers outside Molina Healthcare review all the facts in your case and make a decision. We will accept that finding.

Would you like to ask for a review of an appeal? Call Member Services and ask them to help set this up for you. The number is on the back of your member ID card.

Your Right to an Advance Directive

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](https://www.MolinaHealthcare.com) or call Member Services for more information on how to file a complaint.

Visit the Molina Healthcare Website

Visit our website at [MolinaHealthcare.com](https://www.MolinaHealthcare.com). Choose your state at the top of the page. You can get information on our website about:

- Benefits and services included and excluded from coverage and restrictions.
- Co-payments and other charges for which you are responsible (if they apply).
- What to do if you get a bill for a claim.
- FAQs (frequently asked questions and answers).
- Other pharmacy procedures including drugs we do not cover, drug limits or quotas, the process to request an exception for drugs not on the formulary, and the process for generic substitution, therapeutic interchange (using drugs that are different but have the same effects) and step-therapy protocols (certain drugs are tried first before we cover another drug for the same condition).
- Preventive health guidelines and shot schedules.
- How to obtain specialty care and hospital services
- Practitioner and provider availability.
- UM procedures, including preservice review, urgent concurrent

review, post-service review and how to file an appeal.

You can ask for printed copies of anything posted on the website by calling Member Services. Your Member Handbook is also a good resource. You can find it on our website.

My Molina

My Molina is a secure web portal. It lets you manage your own health from your computer. [MyMolina.com](https://www.mymolina.com) is easy to use. Here are some of the things that you can do in My Molina:

- Do a health appraisal. A health appraisal is a tool that can help you and your provider (doctor) look for ways to improve your health.
- Get self-help in these areas:
 - Healthy weight (BMI)
 - Stop tobacco use
 - Promote physical activity
 - Healthy eating
 - Manage stress
 - Avoid drinking alcohol
 - Identify signs of depression
 - Identify signs of lack of motivation
 - Testing for cancer
 - Vaccines
 - Safety
- Get pharmacy information such as:
 - Search for a pharmacy
- Other things you can do in the My Molina member portal:
 - Request a Member ID card
 - Find out when and how to get referrals
 - Select or change a doctor
 - Get online health records
 - Use secure e-mail to get health advice from the Nurse Advice Line
 - Send e-mail questions to Member Services

To learn more or to sign up for My Molina:

1. Call our Member Services department. The number is on the back of your member ID card.

or

2. Create an account by following these easy steps:

Step 1: Go to MyMolina.com (MiMolina.com en Español)

Step 2: Enter your Member ID number, date of birth and zip code

Step 3: Enter your email address

Step 4: Create a password

Finding Information about Providers Using our Website (Provider Online Directory)

Molina Healthcare offers a provider online directory. To access the provider online directory, visit MolinaHealthcare.com. Click on “Find a Doctor.” The provider online directory includes information, such as:

- A current list with the names, addresses and phone numbers of Molina Healthcare providers.
- A provider’s board certification status. You can also visit the American Board of Medical Specialties at www.abms.org to check if a provider is board certified.



- Office hours for all sites.
- Providers accepting new patients.
- Languages spoken by the provider or staff.
- Hospital information including name, location and accreditation status.

If you cannot access the Internet or need additional information (such as your provider's medical school or residency information), Member Services can help. They can send you a printed copy of the provider online directory.