

Chapter 8: Your rights and responsibilities

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If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



Introduction

In this chapter, you will find your rights and responsibilities as a member of the plan. We must honor your rights.

A. You have a right to get information in a way that meets your needs

We must tell you about the plan's benefits and your rights in a way that you can understand. We must tell you about your rights each year that you are in our plan.

- ➔ To get information in a way that you can understand, call Member Services. Our plan has people who can answer questions in different languages. We can also give you written materials and/or information in Spanish, Vietnamese, Arabic and Braille or large print.
- ➔ If you are having trouble getting information from our plan because of language problems or a disability and you want to file a complaint, call Medicare at 1-800-MEDICARE (1-800-633-4227). You can call 24 hours a day, seven days a week. TTY users should call 1-877-486-2048. You can also file a complaint with Medi-Cal by calling the Cal MediConnect Ombudsman at 1-855-501-3077. TTY users should call 711.

Usted tiene el derecho a obtener información de una manera que cumpla con sus necesidades

Debemos informarle acerca de los beneficios del plan y sus derechos en una forma en que usted lo pueda comprender. Debemos informarle acerca de sus derechos en cada año que forme parte de nuestro plan.

- Para obtener información de manera comprensible para usted, llame a Servicios para el miembro. Nuestro plan cuenta con personas que pueden responder preguntas en diferentes idiomas. También podemos proporcionarle materiales y/o información por escrito en español, vietnamita, árabe y Braille o en letras grandes.
- Si tiene problemas para obtener información de nuestro plan debido a problemas de idioma o una discapacidad, y desea presentar una queja, llame a Medicare al 1-800-MEDICARE). Puede llamar 24 horas del día, los siete días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. También puede presentar una queja con Medi-Cal al llamar a la Cal MediConnect Ombudsman al 1-855-501-3077. Los usuarios de TTY deben llamar al 711.

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



Quý vị có quyền nhận thông tin theo cách đáp ứng được nhu cầu của quý vị

Chúng tôi phải thông báo cho quý vị biết về các phúc lợi của chương trình và các quyền của quý vị theo cách quý vị có thể hiểu được. Chúng tôi phải thông báo cho quý vị biết về các quyền của quý vị mỗi năm quý vị tham gia chương trình của chúng tôi.

- Để nhận được thông tin theo cách quý vị có thể hiểu được, hãy gọi cho bộ phận Dịch vụ Thành viên. Chương trình của chúng tôi có người có thể trả lời thắc mắc bằng các ngôn ngữ khác nhau. Chúng tôi cũng có thể cung cấp cho quý vị các tài liệu bằng văn bản và/hoặc thông tin bằng tiếng Tây Ban Nha, tiếng Việt, tiếng Ả Rập và chữ nổi Braille hay bản in cỡ lớn.
- Nếu quý vị gặp khó khăn trong việc nhận thông tin từ chương trình của chúng tôi vì các vấn đề về ngôn ngữ hoặc khuyết tật và quý vị muốn nộp đơn khiếu nại, hãy gọi cho Medicare theo số 1-800-MEDICARE (1-800-633-4227). Quý vị có thể gọi 24 giờ một ngày, 7 ngày một tuần. Người dùng TTY cần gọi số 1-877-486-2048. Quý vị cũng có thể nộp khiếu nại với Medi-Cal bằng cách gọi cho Cal MediConnect Ombudsman theo số 1-855-501-3077. Người dùng TTY cần gọi 711.

كيتاجايت حاي بيلت ققيرطب تامولعمل اىلع لوصحل كل قحي

امباعيتسا عيظتست ققيرطب كقوقح كلذك واهفانمو عطلخال ايازم نأشب كرابخ ايلع ني عتي
عطلخال عضو ايف نوكت ماع لك كقوقح كرابخ ايلع ني عتي

- أفراداً مضرت انتطخ ن! .ءاضعأل تامدخب لصت ،امباعيتسا عيظتست ققيرطب تامولعمل اىلع لوصحل
تاغللاب تامولعمل واولو قنوتكم داوم ميديقت يُمكننا امك .فقتخم تاغلب قلئسأل انع قباجال مهرودقمب
قريكللة عابطللا قيسنتب وائليرب ةغلبو ةيبرخل او ةيمانتيفل او ةينابسلإا
- دوتو ام ققاع! واةغللاب قلعتت لكاشم ببسب انتطخ نم تامولعمل اىلع لوصحل ايف قنوعص تهجاو اذا
MEDICARE-800 مقررلا اىلع Medicare جم انربب لاصتال اعجل اف ،نأشلا اذهب يوكش ميديقت
اىلع بجي .عوبسأل ل او ط هويلا رادم اىلع تقو يايف انب لاصتال يُمكنك .(1-800-633-4227) 1
يدل يوكش ب مدقتل كذلك يُمكنك .1-877-486-2048 مقررلا اىلع لاصتال (TTY) يصنل افتاهل ايمدختسم
مقررلا اىلع Cal MediConnect جم انربب يوكش ل ايف قيقحتل انع لوؤسملاب لاصتال ربع Medi-Cal
711 مقررلا اىلع لاصتال (TTY) يصنل افتاهل ايمدختسم اىلع بجي .1-855-501-3077

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



B. We must treat you with respect, fairness, and dignity at all times

We must obey laws that protect you from discrimination or unfair treatment. **We do not discriminate** against members because of any of the following:

- Race
- Ethnicity
- National origin
- Religion
- Sex
- Sexual orientation
- Age
- Mental ability
- Behavior
- Mental or physical disability
- Health status
- Receipt of health care
- Use of services
- Claims experience
- Appeals
- Medical history
- Genetic information
- Evidence of insurability
- Geographic location within the service area

Under the rules of our plan, you have the right to be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.

We cannot deny services to you or punish you for exercising your rights.

- ➔ For more information, or if you have concerns about discrimination or unfair treatment, call the Department of Health and Human Services' **Office for Civil Rights** at 1-800-368-1019 (TTY 1-800-537-7697). You can also call your local Office for Civil Rights.
- ➔ If you have a disability and need help accessing care or a provider, call Member Services. If you have a complaint, such as a problem with wheelchair access, Member Services can help.

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



C. We must ensure that you get timely access to covered services and drugs

If you have a hard time getting care, contact Member Services. If you cannot get services within a reasonable amount of time, we have to pay for out-of-network care.

As a member of our plan:

- You have the right to choose a primary care provider (PCP) in our network. A *network provider* is a provider who works with us.
 - » Call Member Services or look in the *Provider and Pharmacy Directory* to learn which doctors are accepting new patients.
- Women have the right to go to a gynecologist or another women's health specialist without getting a referral. A *referral* is a written order from your primary care provider.
- You have the right to get covered services from network providers within a reasonable amount of time.
 - » This includes the right to get timely services from specialists.
- You have the right to get emergency services or care that is urgently needed without prior approval.
- You have the right to get your prescriptions filled at any of our network pharmacies without long delays.
- You have the right to know when you can see an out-of-network provider. To learn about out-of-network providers, see Chapter 3.
- When you first join our plan, you have the right to keep your current providers and service authorizations for up to 6 months for Medicare services and up to 12 months for Medi-Cal services if certain criteria are met. To learn more about keeping your providers and service authorizations, see Chapter 1.
- You have the right to hire, fire, and manage your In-Home Services and Supports (IHSS) worker.
- You have the right to self-direct care with help from your care team and case manager.

Chapter 9 tells what you can do if you think you are not getting your services or drugs within a reasonable amount of time. Chapter 9 also tells what you can do if we have denied coverage for your services or drugs and you do not agree with our decision.

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



D. We must protect your personal health information

We protect your personal health information as required by federal and state laws.

- Your personal health information includes the information you gave us when you enrolled in this plan. It also includes your medical records and other medical and health information.
- You have rights to get information and to control how your health information is used. We give you a written notice that tells about these rights and also explains how we protect the privacy of your health information. The notice is called the “Notice of Privacy Practice.”

How we protect your health information

- We make sure that unauthorized people do not see or change your records.
- In most situations, we do not give your health information to anyone who is not providing your care or paying for your care. If we do, *we are required to get written permission from you first*. Written permission can be given by you or by someone who has the legal power to make decisions for you.
- There are certain cases when we do not have to get your written permission first. These exceptions are allowed or required by law.
 - » We are required to release health information to government agencies that are checking on our quality of care.
 - » We are required to release health information by court order.
 - » We are required to give Medicare your health and drug information. If Medicare releases your information for research or other uses, it will be done according to federal laws.

You have a right to see your medical records

- You have the right to look at your medical records and to get a copy of your records. We are allowed to charge you a fee for making a copy of your medical records.
- You have the right to ask us to update or correct your medical records. If you ask us to do this, we will work with your health care provider to decide whether the changes should be made.
- You have the right to know if and how your health information has been shared with others.

If you have questions or concerns about the privacy of your personal health information, call Member Services.

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina uses and shares your information to provide you with health benefits. Molina wants to let you know how your information is used or shared.

PHI means *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 Members' 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 shared your PHI with

How does Molina protect your PHI?

Molina uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or 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 it.
- 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 in our computers. PHI in our computers is kept private by using firewalls and passwords.

What must Molina do by law?

- Keep your PHI private.
- Give you 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.

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



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 the following section of this Member Handbook. It is on our web site at www.molinahealthcare.com. You may also get a copy of our Notice of Privacy Practices by calling our Member Services Department at (855) 665-4627, Monday - Friday, 8 a.m. to 8 p.m. local time. TTY/TDD users, please call 711.

NOTICE OF PRIVACY PRACTICES MOLINA HEALTHCARE OF CALIFORNIA PARTNER PLAN, INC.

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 California Partner Plan, Inc. (“**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 March 1, 2014.

PHI means 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 your PHI?

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

For Treatment

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

For Payment

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

For Health Care Operations

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

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



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

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

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

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

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

Required by law

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

Public Health

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

Health Care Oversight

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

Research

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

Legal or Administrative Proceedings

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

Law Enforcement

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

Health and Safety

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

Government Functions

Your PHI may be shared with the government for special functions.

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.

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



Workers Compensation

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

Other Disclosures

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

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

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

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**
You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.
- **Request Confidential Communications of PHI**
You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.
- **Review and Copy Your PHI**
You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*
- **Amend Your PHI**
You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a Member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.
- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**
You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



- 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 Molina Member Services at (855) 665-4627, Monday-Friday, 8 a.m. to 8 p.m. local time. TTY/ TDD users, please call 711.

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

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

You may file a complaint with us at:

Molina Healthcare of California Partner Plan, Inc.
 Attention: Manager of Member Services
 200 Oceangate, Suite 100
 Long Beach, CA 90802
 Phone: (855) 665-4627, Monday-Friday, 8 a.m. to 8 p.m. local time. TTY/TDD users, call 711.

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

Office for Civil Rights
 U.S. Department of Health & Human Services
 233 N. Michigan Ave., Suite 240
 Chicago, IL 60601
 (800) 368-1019; (800) 537-7697 (TDD);
 (312) 886-1807 (FAX)

What are the duties of Molina?

Molina is required to:

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

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



This Notice is Subject to Change

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

Contact Information

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

Molina Healthcare of California Partner Plan, Inc.

Attention: Manager of Member Services

200 Oceangate, Suite 100

Long Beach, CA 90802

Phone: (855) 665-4627, Monday-Friday, 8 a.m. to 8 p.m. local time. TTY/TDD users, call 711.

E. We must give you information about our plan, our network providers, and your covered services

As a member of Molina Dual Options, you have the right to get information from us. If you do not speak English, we have interpreter services to answer any questions you may have about our health plan. To get an interpreter, just call us at (855) 665-4627, TTY/TDD: 711). This is a free service to you. We can also give you written materials and/or information in Spanish, Vietnamese, Arabic and Braille or large print.

If you want any of the following, call Member Services:

- **Information about how to choose or change plans**
- **Information about our plan, including:**
 - » Financial information
 - » How we have been rated by plan members
 - » The number of appeals made by members
 - » How to leave our plan
- **Information about our network providers and our network pharmacies, including:**
 - » How to choose or change primary care providers
 - » The qualifications of our network providers and pharmacies
 - » How we pay the providers in our network
- **Information about covered services and drugs and about rules you must follow, including:**

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



- » Services and drugs covered by our plan
- » Limits to your coverage and drugs
- » Rules you must follow to get covered services and drugs
- **Information about why something is not covered and what you can do about it, including:**
 - » Asking us to put in writing why something is not covered
 - » Asking us to change a decision we made
 - » Asking us to pay for a bill you have received

F. Network providers cannot bill you directly

Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot charge you if we pay less than the provider charged. To learn what to do if a network provider tries to charge you for covered services, see Chapter 7.

G. You have the right to leave our Cal MediConnect plan at any time

No one can make you stay in our plan if you do not want to. You can leave our plan at any time. If you leave our plan, you will still be in the Medicare and Medi-Cal programs. You have the right to get most of your health care services through Original Medicare or a Medicare Advantage plan. You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from a Medicare Advantage plan. Your Medi-Cal benefits will continue to be offered through Molina Healthcare of California Partner Plan, Inc. unless you choose a different plan available in this county.

Please see Chapter 10 for more information on leaving our plan.

H. You have a right to make decisions about your health care

You have the right to know your treatment options and make decisions about your health care

You have the right to get full information from your doctors and other health care providers when you get services. Your providers must explain your condition and your treatment choices *in a way that you can understand*.

- **Know your choices.** You have the right to be told about all the kinds of treatment.

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



- **Know the risks.** You have the right to be told about any risks involved. You must be told in advance if any service or treatment is part of a research experiment. You have the right to refuse experimental treatments.
- **You can get a second opinion.** You have the right to see another doctor before deciding on treatment.
- **You can say “no.”** You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to. You also have the right to stop taking a prescribed drug. If you refuse treatment or stop taking a prescribed drug, you will not be dropped from our plan. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.
- **You can ask us to explain why a provider denied care.** You have the right to get an explanation from us if a provider has denied care that you believe you should get.
- **You can ask us to cover a service or drug that was denied or is usually not covered.** Chapter 9 tells how to ask the plan for a coverage decision.

You have the right to say what you want to happen if you are unable to make health care decisions for yourself

You may call Molina Dual Options to get information regarding State law on Advance Directives, and changes to Advance Directive laws. Molina Dual Options updates advanced directive information no later than ninety (90) calendar days after receiving notice of changes to State laws.

For more information, call Molina Dual Options Member Services toll-free at (855) 665-4627. If you are deaf or hard of hearing, call TTY/TDD: 711 for the California Relay Service.

Sometimes people are unable to make health care decisions for themselves. Before that happens to you, you can:

- Fill out a written form to **give someone the right to make health care decisions for you.**
- **Give your doctors written instructions** about how you want them to handle your health care if you become unable to make decisions for yourself.

The legal document that you can use to give your directions is called an *advance directive*. There are different types of advance directives and different names for them. Examples are a *living will* and a *power of attorney for health care*.

You do not have to use an advance directive, but you can if you want to. Here is what to do:

- **Get the form.** You can get a form from your doctor, a lawyer, a legal services agency, or a social worker. Organizations that give people information about Medicare or Medi-

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



Cal may also have advance directive forms. You can also contact Member Services to ask for the forms.

- **Fill it out and sign the form.** The form is a legal document. You should consider having a lawyer help you prepare it.
- **Give copies to people who need to know about it.** You should give a copy of the form to your doctor. You should also give a copy to the person you name as the one to make decisions for you. You may also want to give copies to close friends or family members. Be sure to keep a copy at home.

If you are going to be hospitalized and you have signed an advance directive, **take a copy of it to the hospital.**

- The hospital will ask you whether you have signed an advance directive form and whether you have it with you.
- If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

Remember, it is your choice to fill out an advance directive or not.

What to do if your instructions are not followed

If you have signed an advance directive, and you believe that a doctor or hospital did not follow the instructions in it, you may file a complaint with

Medical Board of California Central Complaint Unit

(800) 633-2322 This call is free.

TDD (916) 263-0935 This number is for people who have hearing or speaking problems.

You must have special telephone equipment to call it.

Write: 2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

Website: <http://www.mbc.ca.gov/Consumers/Complaints/>

I. You have the right to make complaints and to ask us to reconsider decisions we have made

Chapter 9 tells what you can do if you have any problems or concerns about your covered services or care. For example, you could ask us to make a coverage decision, make an appeal to change a coverage decision, or make a complaint.

You have the right to get information about appeals and complaints that other members have filed against our plan. To get this information, call Member Services.

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



What to do if you believe you are being treated unfairly or your rights are not being respected

If you believe you have been treated unfairly—and it is *not* about discrimination for the reasons listed on page 206—you can get help in these ways:

- You can **call Member Services**.
- You can **call your local Health Insurance Counseling and Advocacy Program (HICAP) program**. For details about this organization and how to contact it, see Chapter 2.
- You can **call the Cal MediConnect Ombuds Program**. For details about this organization and how to contact it, see Chapter 2.
- You can **call Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

How to get more information about your rights

There are several ways to get more information about your rights:

- You can **call Member Services**.
- You can **call your local Health Insurance Counseling and Advocacy Program (HICAP) program**. For details about this organization and how to contact it, see Chapter 2.
- You can **call the Cal MediConnect Ombuds Program**. For details about this organization and how to contact it, see Chapter 2.
- You can **contact Medicare**.
 - » You can visit the Medicare website to read or download “Medicare Rights & Protections.” (Go to <http://www.medicare.gov/Publications/Pubs/pdf/11534.pdf>.)
 - » Or you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

J. You also have responsibilities as a member of the plan

As a member of the plan, you have a responsibility to do the things that are listed below. If you have any questions, call Member Services.

- **Read the *Member Handbook* to learn what is covered and what rules you need to follow to get covered services and drugs.**

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



- » For details about your covered services, see Chapters 3 and 4. Those chapters tell you what is covered, what is not covered, what rules you need to follow, and what you pay.
- » For details about your covered drugs, see Chapters 5 and 6.
- **Tell us about any other health or prescription drug coverage you have.** Please call Member Services to let us know.
 - » We are required to make sure that you are using all of your coverage options when you receive health care. This is called *coordination of benefits*.
 - » For more information about coordination of benefits, see Chapter 1.
- **Tell your doctor and other health care providers that you are enrolled in our plan.** Show your plan ID card whenever you get services or drugs.
- **Help your doctors and other health care providers give you the best care.**
 - » Give them the information they need about you and your health. Learn as much as you can about your health problems. Follow the treatment plans and instructions that you and your providers agree on.
 - » Make sure your doctors and other providers know about all of the drugs you are taking. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.
 - » If you have any questions, be sure to ask. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you do not understand the answer, ask again.
- **Be considerate.** We expect all our members to respect the rights of other patients. We also expect you to act with respect in your doctor's office, hospitals, and other providers' offices.
- **Pay what you owe.** As a plan member, you are responsible for these payments:
 - » Medicare Part A and Medicare Part B premiums. For most Molina Dual Options members, Medi-Cal pays for your Part A premium and your Part B premium.
 - » For some of your drugs covered by the plan, you must pay your share of the cost when you get the drug. This will be a co-pay (a fixed amount). Chapter 6 tells what you must pay for your drugs.
 - » If you get any services or drugs that are not covered by our plan, you must pay the full cost.
- ➔ If you disagree with our decision to not cover a service or drug, you can make an appeal. Please see Chapter 9 to learn how to make an appeal.

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.



- **Tell us if you move.** If you are going to move, it is important to tell us right away. Call Member Services.
 - » **If you move *outside* of our plan service area, you cannot be a member of our plan.** Chapter 1 tells about our service area. We can help you figure out whether you are moving outside our service area. During a special enrollment period, you can switch to Original Medicare or enroll in a Medicare health or prescription drug plan in your new location. We can let you know if we have a plan in your new area. Also, be sure to let Medicare and Medi-Cal know your new address when you move. See Chapter 2 for phone numbers for Medicare and Medi-Cal.
 - » **If you move *within* our service area, we still need to know.** We need to keep your membership record up to date and know how to contact you.
- **Call Member Services for help if you have questions or concerns.**

