Molina Healthcare of California Partner Plan, Inc.
Medi-Cal Program
Combined Evidence of Coverage and Disclosure Form

ADDENDUM

Changes have been made to your 2017 Medi-Cal Program Combined Evidence of Coverage and Disclosure Form (also known as your Member Services Guide). **Added information is shown as underlined text and deleted information is shown as strike-out text.** Please read these changes and keep this information with your records.

If you have any questions about Molina Healthcare's Medi-Cal Member Service Guide, please call our Member Services Department, toll-free, at 1 (888) 665-4621 from 7:00 am to 7:00 pm, Monday through Friday. TTY users can dial 711.

Section: Your Policy (Pg. 47-48)

Covered Services - Continued	
Preventive Care for Children and Adolescents Preventive Care for Children and Adolescents are covered and recommended for all children and adolescents: • Complete health and development history • Physical exam including growth assessment • Sensory screening including vision and hearing • Autism screening • Nutritional health assessment to include weight assessment and counseling • ~~Vision, dental, hearing, and~~ Tuberculosis (TB) screenings • Oral health including Topical Fluoride Varnish (for children under six (6) years of age, up to three (3) times in a twelve (12) month period) • Developmental/Behavioral Assessment including Alcohol and Drug Use • Depression screening at ages 11-21 • Immunizations** and Tuberculosis testing • Laboratory tests, including tests for newborn blood screening, lead screening, anemia, diabetes, Dyslipidemia screening, STI/HIV screening, Cervical dysplasia, and Critical Congenital heart Disease ~~cholesterol and urinary tract infections~~ • Sickle cell trait screening, when appropriate • Health education • Meeting with a parent, guardian, or emancipated minor to talk about the meaning of an exam • Lead blood level testing. Parents or legal guardians of members ages 6 - 72 months can get information about lead exposure from their PCP. It explains how children can be harmed by exposure to lead, especially lead-based paint. When your PCP does a blood lead-screening test, it's very important to follow up and get the results. Contact your PCP with additional questions	Preventive care is provided at no cost and does not require PA. ~~Some services require PA. Please call Molina Healthcare to check which services require a PA or not.~~

• Child Health and Disability Prevention (CHDP) Services. All CHDP services from birth to age 21 are covered. This includes all of the following: o Well child physical exams (including vision and hearing screening in the PCP's office) o Health and development history o Periodic physical examination o Developmental assessment o Immunizations o Nutritional assessment o Speech, hearing, and vision screening o Specific laboratory procedures • Comprehensive Perinatal Services Program (CPSP) Services All CPSP services are covered. This includes: Perinatal, delivery, and postpartum care; health education; nutrition assessment; and psychological services. (See also Pregnancy and Maternity Care) • Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services EPSDT care is covered for members under the age of 21. The program is made up of routine and episodic testing, diagnostic care, health care, and extra care. **If you take your child to your local health department or the school has given your child any shot(s), make sure to give a copy of the updated shot record (immunization card) to your child's PCP.	Preventive care is provided at no cost and does not require PA. ~~Some services require PA. Please call Molina Healthcare to check which services require a PA or not.~~
Preventive Care for Adults These preventive care services are covered and recommended for all adults, including seniors:	Preventive care is provided at no cost and does not require PA. ~~Some services require PA. Please call Molina Healthcare to check~~

Section: Your Policy (Pg. 52)

Second Opinions

You or your PCP may want another doctor to review your condition. If this happens, the second doctor will look at your medical record and may want to see you in person. This new doctor might suggest a plan of care. This is called a second opinion. You can get a second opinion at no cost.

Section: Your Policy (Pg. 60)

What May Not Be Covered?

Limitations

- Mental Health (health of your mind or feeling of well-being)

  Your doctor may treat some mental health conditions (such as depression).

  Your PCP does not provide the following services, but may help you get them:
  - Psychiatrist services
  - Psychiatric inpatient hospital services

- Psychologist services
- Specialty mental health services
- Rehabilitative services
- Marriage counseling services
- Family and child counseling services
- Licensed clinical social worker services

Molina Healthcare does not cover hospital-based ~~care and most outpatient~~ mental health care. Medi-Cal fee-for-service, or the County Mental Health Department, provides these services.

Section: Your Policy (Pg. 68-69)

Filing a Grievance or Appeal

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

- Deny a request to cover a service for you
- Modify 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

If this happens, you will receive a Notice of Action. This is a formal letter telling you what has been done.
If you receive a Notice of Action from Molina Healthcare that makes you unhappy, you have 3 options:

- File an appeal with Molina Healthcare up to ~~90~~60 days from the date on the Notice of Action
- ~~Request a State Fair Hearing from the Department of Social Services (DSS) within 90 days. Please see the State Fair Hearing section in this Member Services Guide~~
- ~~Request an Independent Medical Review (IMR) from the Department of Managed Health Care (DMHC). Please see the Independent Medical Review section in this Member Services Guide.~~

You can also file a grievance that is not about a Notice of Action. ~~You must file your grievance within 180 days from the day the incident or action that made you unhappy.~~ You can file a grievance at any time.

Section: Your Policy (Pg. 70)

State Fair Hearing

You have the right to ask for a State Fair Hearing.

You may request a State Fair Hearing by contacting the California Department of Social Services (DSS) at:

California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2340
Phone: (800) 952-5253 (Voice) / (800) 952-8349 (TDD) /
Fax: (916) 651-5210 or (916) 651-2789

http://www.dss.cahwnet.gov/shd/PG1110.htm

You, your doctor, or someone else, with your written approval, may call or write to ask for a State Fair Hearing.

~~You can ask for a State Fair Hearing at any time during the grievance process.~~ You can ask for a State Fair Hearing only if you have already filed an appeal with Molina Healthcare and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days.

~~You can ask for a State Fair Hearing even if you haven't filed a complaint with Molina Healthcare. You can also ask for a State Fair Hearing if a health care service you or your doctor requested has been denied, delayed, or modified by Molina Healthcare. You must ask for a hearing in 90 days or less from the decision.~~ You can ask for a State Fair Hearing within 120 calendar days from the date on the notice telling you of an appeal decision.

Section: Your Policy (Pg. 71)

Independent Medical Review

You may ask for an Independent Medical Review (IMR) of a disputed healthcare service from the Department of Managed Health Care (DMHC). ~~if you feel that healthcare services have been improperly denied, modified, or delayed by Molina Healthcare or one of its contracted providers. A "disputed healthcare service" is any healthcare service eligible for coverage and payment that has been denied, modified, or delayed by Molina Healthcare or one of its contracted providers, in whole or in part because the service is not Medically Necessary.~~ The IMR is an impartial review of a health plan's decision. The IMR decides medical necessity, coverage for experimental treatments, and payment disputes for urgent or emergency services. You must apply for an IMR within 6 months after Molina Healthcare sends you a written decision about your appeal.

If you ask for a State Hearing first and the State Fair Hearing has already taken place, you cannot ask for an IMR. But if you ask for an IMR first and do not agree with the result, you can ask for a State Hearing. ~~The IMR process is not available if you have already filed for a State Fair Hearing.~~ There are no costs or fees for an IMR. You have the right to give information that supports your request for an IMR.

~~Molina Healthcare will give you an IMR application form with any letters that deny, modify, or delay healthcare services.~~ If you decide not to participate in the IMR process, it may cause you to lose any statutory right to take legal action against Molina Healthcare regarding the disputed health care service.