



Your Extended Family.

Molina Medicare Complete Care (HMO D-SNP)

2022 Plan Provider Directory

This directory is current as of the date shown on the footer of the online directory.

This directory provides a list of Molina Medicare Complete Care's current network providers for the State of California which contains the following service area counties: Imperial, Los Angeles, Riverside (partial), San Bernardino (partial), San Diego, and additionally lists providers outside of the service area that complete our full-network of providers for Molina Medicare Complete Care services.

To request a hard copy of Molina Medicare Complete Care's provider directory, please call our Member Services department at (800) 665-0898, TTY:711, 7 days a week, 8 a.m. to 8 p.m., local time. Molina Medicare Complete Care will mail a hard copy of the provider directory to you within three (3) business days of your request. Molina Medicare Complete Care may ask whether your request for a hard copy is a one-time request or if you are requesting to receive the provider directory in hard copy permanently.

If you request it, your request for hard copies of the provider directory remains until you leave Molina Medicare Complete Care or request that hard copies be discontinued.

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800) 665-0898, 7 days a week, 8 a.m. to 8 p.m., local time, TTY:711. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (800) 665-0898, 7 days a week, 8 a.m. to 8 p.m., local time, TTY: 711.

Introduction

This online directory provides a list of Molina Medicare Complete Care's network providers. To get detailed information about your health care coverage, please see your Evidence of Coverage (EOC).

Network providers are healthcare professionals such as doctors, medical groups, specialists, and healthcare facilities (i.e hospitals, durable medical equipment suppliers) that are contracted with Molina Medicare Complete Care to provide you with covered services. You may use this directory to help you select a Primary Care Provider, Specialist, Long-Term Services and Support Provider, Hospital, Skilled Nursing Facility, Outpatient Mental Health Provider and/or Pharmacy.

Choosing your Primary Care Provider (PCP)

You will have to choose one of our network providers listed in this directory to be your **Primary Care Provider (PCP)**. Generally, you must get your health care services from your PCP. Your PCP can be a physician, physician assistant, nurse practitioner, or other health care professional that meet state requirements and is trained to provide you basic medical care. Healthcare professionals are eligible to provide you services as a PCP in our Plan, when they are licensed to practice in areas such as: family medicine, general practice, geriatrics, or internal medicine. Once you have chosen a PCP, please make sure to transfer all of your medical history to their office, in order for your PCP to be informed of any medical conditions you may have. Your PCP can help coordinate your routine medical care, laboratory tests, x-rays, therapies, specialty care, hospital admissions, and appointments.

The network providers listed in this directory have agreed to provide you with your health care and supplemental services. You may go to any of our network providers listed in this directory. However, some services may require a referral. In most situations, if you need specialized treatment your PCP must give you a "referral" to see a network specialist. If there is a particular specialist or hospital that you want to use, check first to be sure that your PCP can make referrals to that specialist or that hospital. A referral is a written order from your PCP to see a specialist or receive other medical services. It is very important you get a referral from your PCP before you see a network specialist or other providers. If you do not get a referral you may have to pay for these services yourself. However, there are a few exceptions such as: women's preventive healthcare, flu shots, Hepatitis B vaccinations, pneumonia vaccinations and urgently needed services.

Other providers are available in our network.

If you have any questions about whether we will pay for any medical service or care that you are considering, you have the right to ask us whether we will cover it before you get the service or care.

At times, your PCP may request a service that is unavailable or not provided within our network. Your PCP may need to get an approval ahead of time from Molina Medicare Complete Care to authorize this service referral. This process is called “prior authorization.” If you have questions or concerns about a prior authorization, you may call Member Services.

How to change your PCP?

You may change your PCP for any reason, at any time. To change your PCP, simply call Member Services at (800) 665-0898, 7 days a week, 8 a.m. to 8 p.m., local time. TTY users should call 711. Member Services will verify if your choice of PCP is accepting new patients. Once your new PCP has been assigned, you will receive a new member ID card by mail with your new PCP’s contact information. If your PCP leaves Molina Medicare Complete Care, we will let you know and help you switch to another PCP so that you can continue to receive covered services.

Getting care outside the Plan’s service area

You must use network providers except in emergency or urgent care situations [or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor Molina Medicare Complete Care will be responsible for the costs. However, you may receive care from out-of-network provider if you are temporarily outside the Plan’s service area and cannot get care from a network provider, or require urgently needed services. If you have questions about whether a service is covered when you are outside the service area, please call Member Services.

Getting care if you have a medical emergency or an urgent need for care

A “**medical emergency**” is when you believe that your health is in serious danger. A medical emergency includes severe pain, a bad injury, a sudden illness, or a medical condition that is quickly getting much worse. You may get covered emergency medical care when needed, anywhere in the United States. Call 911 for help or go to the nearest emergency room, hospital, or urgent care center. You don’t need to get approval or a referral first from your doctor or other network provider.

“**Urgent Care**” is when you need medical help for an unforeseen illness, injury, or condition, but your health is not in serious danger. If you have a pressing, non-emergency medical need while in the service area, call your PCP first. If they are not available, look in this Provider Directory for an urgent care center. You generally must use network providers (refer to the Evidence of Coverage).

Out-Of-Network Provider Bills

If you receive services from out-of-network providers, you may get billed directly. **Do not** pay this bill. Please make a copy for your records and mail the original statement for processing and determination of your liability, if any. For more information, please refer to the EOC in Chapter 7.

What is the service area for Molina Medicare Complete Care?

The counties and parts of counties/zip codes in our service area are listed below.

Our service area includes the following counties: Imperial, Los Angeles, Riverside (partial), San Bernardino (partial), San Diego.

Riverside (partial), the following zip codes only: 91718, 91719, 91720, 91752, 91760, 92201, 92202, 92203, 92210, 92211, 92220, 92223, 92230, 92234, 92235, 92236, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92292, 92320, 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92513, 92514, 92515, 92516, 92517, 92518, 92519, 92521, 92522, 92530, 92531, 92532, 92536, 92539, 92543, 92544, 92545, 92546, 92548, 92549, 92551, 92552, 92553, 92554, 92555, 92556, 92557, 92561, 92562, 92563, 92564, 92567, 92570, 92571, 92572, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, 92599, 92860, 92877, 92878, 92879, 92880, 92881, 92882, 92883.

San Bernardino (partial), the following zip codes only: 91701, 91708, 91709, 91710, 91729, 91730, 91737, 91739, 91743, 91758, 91759, 91761, 91762, 91763, 91764, 91784, 91785, 91786, 91798, 92301, 92307, 92308, 92313, 92316, 92318, 92322, 92324, 92326, 92329, 92331, 92334, 92335, 92336, 92337, 92340, 92341, 92344, 92345, 92346, 92350, 92354, 92357, 92358, 92359, 92368, 92369, 92371, 92372, 92373, 92374, 92375, 92376, 92377, 92392, 92393, 92394, 92395, 92397, 92399, 92401, 92402, 92403, 92404, 92405, 92406, 92407, 92408, 92410, 92411, 92412, 92413, 92414, 92415, 92418, 92423, 92424, 92427.

How do you find Molina Medicare Complete Care providers that serve your area?

To search by location, select “Medicare” under “Plan/Program” located at the top of the online directory. Right next to it, you have the option to enter “City”, “State” or “Zip Code”. You may narrow your search options using the “Browse by Category” section by selecting the type of care you need. You may also use the search bar where you can enter a name or a specialty to search for a doctor or facility. As you start typing, a list of provider names that match your search will appear for you to select from.

If you have questions about Molina Medicare Complete Care or require assistance in selecting a PCP, please call our Member Services department at (800) 665-0898, 7 days a week, 8 a.m. to 8 p.m., local time. TTY users should call 711. You can also visit MolinaHealthcare.com/Medicare.

If you need help scheduling appointments, or finding a provider that is accepting new patients, please call Member Services at (800) 665-0898, 7 days a week, 8 a.m. to 8 p.m., local time. TTY users should call 711.

To report any errors, email CentralizedOps.Medicare@MolinaHealthcare.com or call Member Services at (800) 665-0898, 7 days a week, 8 a.m. to 8 p.m., local time. TTY users should call 711.

Pharmacy Introduction:

This pharmacy directory was updated as of the date shown on the footer of the online directory. For more recent information or other questions, please contact us, Molina Medicare Complete Care Member Services, at (800) 665-0898 or, for TTY users, 711, 7 days a week, 8 a.m. to 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

Changes to our pharmacy network may occur during the benefit year. An updated Pharmacy Directory is located on our website at MolinaHealthcare.com/Medicare. You may also call Member Services at (800) 665-0898, (TTY users should call 711) for updated information.

This online directory provides a list of Molina Medicare Complete Care's network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and Molina Medicare Complete Care's formulary.

When this pharmacy directory refers to "we," "us", or "our," it means Molina Healthcare Inc. When it refers to "plan" or "our plan," it means *Molina Medicare Complete Care*.

We call the pharmacies on this list our "network pharmacies" because we have made arrangements with them to provide prescription drugs to Plan members. In most cases, your prescriptions are covered under Molina Medicare Complete Care only if they are filled at a network pharmacy or through our mail order pharmacy service. Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription but can switch to any other of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your Evidence of Coverage.

You can get prescription drugs shipped to your home through our network mail order delivery program which is called "CVS Caremark Mail Service Pharmacy Program". For more information, please contact us or visit MolinaHealthcare.com/Materials.

To search for a pharmacy type within our network, start by selecting your plan under “Plan/Program” located at the top of the online directory. Right next to it, you have the option to enter “City”, “State” or “Zip Code”. Using the search bar, you can type the word “pharmacy” or the name of a specific pharmacy. As you start typing, a list of provider names that match your search will appear for you to select from. All pharmacies shown on the searchable online directory are available in our Network. You can also find a list of pharmacies under “Other Types of Care” and selecting “pharmacy”.

If you have questions about any of the above, please contact Member Services at (800) 665-0898 or, for TTY users, 711, 7 days a week, 8 a.m. to 8 p.m., local time, or visit [MolinaHealthcare.com/Medicare](https://www.MolinaHealthcare.com/Medicare).

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NONDISCRIMINATION NOTICE

Molina Healthcare (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 (800) 665-3086; TTY 711, 7 days a week, 8 a.m. - 8 p.m., local time.

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 (562) 499-0610.

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-3086 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (TTY: 711).

Chinese

注意：如果 使用繁體中文， 可以免費獲得語言援助服務。請致電 1-800-665-3086 (TTY : 711)。

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-3086 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-3086 (ATS : 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-3086 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-3086 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-3086 (TTY: 711) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-3086 (телетайп: 711).

Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-3086 (رقم هاتف الصم والبكم: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-3086 (TTY: 711) पर कॉल करें।

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-3086 (TTY: 711).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-665-3086 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-3086 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-3086 (TTY: 711).

Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-665-3086 (TTY: 711) まで、お電話にてご連絡ください。

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-665-3086 (TTY: 711).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-665-3086 تماس بگیرید. (TTY:711)

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աստիճանական ծառայություններ: Ձանգահարեք 1-800-665-3086 (TTY (հեռախոս) 711):

Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយ ថ្លែនកភាសា ដោយមិនគិតល្អល គឺអាចមានសរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-665-3086 (TTY: 711)។

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-3086 (TTY: 711).

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-665-3086 (መስማት ለተሳናቸው: 711).

Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-665-3086 (TTY: 711)।

Cushite (Oromo language)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-665-3086 (TTY: 711).

Dutch

AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-665-3086 (TTY: 711).

Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-3086 (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-3086 (TTY: 711).

Kru (Bassa language)

Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wudu kà kò dò po-poò bɛin m̄ gbo kpáa. Đá 1-800-665-3086 (TTY:711)

Ibo

Ige nti: O buru na asu lbo asusu, enyemaka diri gi site na call 1-800-665-3086 (TTY: 711).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-665-3086 (TTY: 711).

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-665-3086 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yánílti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiik’eh, éí ná hóló, kojí’ hódíílnih 1-800-665-3086 (TTY: 711.)

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-665-3086 (टिटिवाइ: 711) ।

Panjabi

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-665-3086 (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ।

Pennsylvania Dutch

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-665-3086 (TTY: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-665-3086 (TTY: 711).

Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezične pomoći dostupne su vam besplatno. Nazovite 1-800-665-3086 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Syriac (Assyrian language)

ܐܘܘܪܝܝܢܐ ܘܘܚܪܝܝܢܐ ܘܘܥܪܝܝܢܐ ܘܘܥܪܝܝܢܐ ܘܘܥܪܝܝܢܐ : ܘܘܥܪܝܝܢܐ ܘܘܥܪܝܝܢܐ ܘܘܥܪܝܝܢܐ ܘܘܥܪܝܝܢܐ ܘܘܥܪܝܝܢܐ ܘܘܥܪܝܝܢܐ ܘܘܥܪܝܝܢܐ 1-800-665-3086 (TTY: 711)

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-665-3086 (TTY: 711).

Tongan

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-665-3086 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-665-3086 (телетайп: 711).

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 711) 1-800-665-3086

Burmese

ကျေးဇူးပြု၍ နားဆင်ပါ - သင်သည် မြန်မာစကားပြောသူ ဖြစ်ပါက သင့်အတွက် အခမဲ့ဖြင့် ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ ရရှိနိုင်သည်။ 1-800-665-3086 (TTY: 711) တွင် ဖုန်းခေါ်ဆိုပါ။