

# Welcome to **Molina Healthcare.** Your Extended Family.

[MolinaHealthcare.com](https://MolinaHealthcare.com)



Your Extended Family.



**Idaho Medicaid Plus** Member Handbook  
2020-2021

Idaho Medicaid Plus Member Handbook Revised 10/2020



Molina Healthcare, Inc. (Molina) complies with all Federal civil rights laws that relate to health care services. Molina offers health care services to all members and does not discriminate based on race, color, national origin, age, disability, or sex. Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

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

If you need these services, contact Molina Member Services at 844-809-8445. (TTY: 711).

If you think that Molina failed to provide these services or discriminated 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, 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](mailto:civil.rights@molinahealthcare.com).

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 Member Services at 1-844-809-8445 (TTY: 711).

**Spanish**

ATENCIÓN: Si usted habla español, tiene servicios de asistencia lingüística disponibles sin cargo alguno para usted. Llame al Departamento de Servicios para Miembros al 1-844-809-8445 (TTY: 711).

**Chinese**

收件人: 如果您講韓語,則免費提供語言協助服務。請致電會員服務部,電話: 1-844-809-8445 (TTY: 711).

**Serbo-Croatian**

PAŽNJA: ako govorite srpsko-hrvatski jezik, dostupne su vam besplatne usluge jezične pomoći. Nazovite usluge za članove na broj telefona 1-844-809-8445 (TTY: 711).

**Korean**

주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 현지 시간으로 월요일부터 금요일까지, 오전 8시부터 오후 8시까지 회원 서비스에 1-844-809-8445 (TTY:711).

**Nepali**

सावधानी: यदि तपाईं नेपाली बोल्नुहुन्छ भने, भाषा सहायता सेवाहरू नि:शुल्क रूपमा तपाईंलाई उपलब्ध छन्। 1-844-809-8445 (TTY: 711) मा सदस्यहरूको लागि कल गर्नुहोस्।

**Vietnamese**

LUU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho quý vị miễn phí. Gọi cho Dịch Vụ Thành Viên theo số 1-844-809-8445 (TTY: 711).

أضلعاً تامدخب لاصتلا نكمي نايجم ةيو غللا ةدعاسملا تامدخ كل رفوتتسف، ةبيبر علا ةغللا يثدحتم نم تنك اذا هابتنا مقرلا  
لع (TTY: 711) 1-844-809-8445

**German**

ACHTUNG: Für Deutsch sprechende Personen stehen kostenlose Sprachassistenzsysteme zur Verfügung. Rufen Sie hierzu die Mitgliederbetreuung unter der Rufnummer 1-844-809-8445 (TTY: 711) an.

**Tagalog**

PAUNAWA: Kung gumagamit ka ng wikang Tagalog, maaari kang humingi ng mga serbisyo ng tulong sa wika nang libre. Tawagan ang Member Services sa 1-844-809-8445 (TTY: 711).

**Russian**

ВНИМАНИЕ! Если вы говорите по-русски, вам будут предоставлены услуги переводчика бесплатно. Позвоните в отделение обслуживания клиентов по тел.: 1-844-809-8445 (телетайп: 711).

**French**

ATTENTION : Si vous parlez français, des services d'assistance linguistique sont gratuitement mis à votre disposition. Contactez les services aux membres au 1-844-809-8445 (TTY: 711).

**Japanese**

注:日本語をお話しになる場合は、無料の言語支援サービスをご利用いただけます  
メンバーサービス1-844-809-8445 (TTY: 711)までお電話ください

**Romanian**

ATENȚIE: Dacă vorbiți limba română, va stau la dispoziție servicii de asistență lingvistică, în mod gratuit. Apelați serviciile pentru membri la 1-844-809-8445 (TTY: 711).

**Bantu**

MENYA NEZA: Nimba ukoresha ururimi rw'ikibantu, ubwunganizi bw'urwo rurimi uburonswa ku buntu, . Akura abajejwe ivyo bikorwa kuri 1-844-809-8445 (TTY: 711).

**Farsi** يسراف نابز هب رگا ءاضعا تامدخ اب .دنراد رارق امش سرتسد رد ناگیار تروص هب ،ینابز کمک تامدخ ،دینک . دیریگب سامت هرامش قیرط زا 1-844-809-8445 (TTY: 711) یم تبحص

## **Thank you for choosing Molina Healthcare!**

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

The most current version of the handbook is available at [MolinaHealthcare.com](https://www.molinahealthcare.com)

## In this handbook you will find helpful information about:

### **Your Membership** (pg 6)

- Member ID Card
- Quick Reference
- Phone Numbers

### **Your Doctor** (pg 10)

- Find your Doctor
- Schedule your First Visit

## Your Benefits (pg 14)

- Molina Network
- Covered Drugs
- Other Services

## Your Extras (pg 18)

- Health Education
- Health Programs
- Local Resources

## Your Policy (pg 22)

- Coverage
- Billing
- Rights and Responsibilities

Molina Healthcare Idaho Medicaid Plus is a health plan with an Idaho Medicaid Plus contract. Enrollment in Molina Idaho Medicaid Plus depends on contract renewal and your eligibility for Medicaid benefits.

Molina Idaho Medicaid Plus is available to full-benefit dual-eligible beneficiaries who are at least 21 years of age, live in the service area, and receive medical assistance from Medicare and Idaho Medicaid.

NOTE: If you have any problem reading or understanding this or any Molina Healthcare information, call Member Services at **(844) 809-8445, TTY 711**. We can explain in English or in your primary language. We may have it printed in other languages. You may ask for it in braille, large print, or audio. If you are hearing or sight impaired, help can be provided.

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



### **1. Review your Welcome Kit**

You should have received your Molina Healthcare ID card. There is one for you and any other covered member of your family. Please keep it with you at all times and present to your provider at time of service. If you haven't received your ID card yet, visit [MyMolina.com](https://www.mymolina.com) or call Member Services.



### **2. Register for MyMolina**

MyMolina is a secured portal where you can access your plan information. Signing up is easy. Visit [MyMolina.com](https://www.mymolina.com) to change view service history, request a new ID card and more. Connect from any device, any time!



### **3. Get to know your benefits**

Visit [MolinaHealthcare.com](https://www.molinahealthcare.com). With Molina you have health coverage and free extras. We offer health education and people dedicated to your care.

# Your Membership

# ID Card

There is one ID for each member.

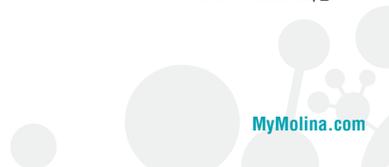


Your name  
Your member ID number

**Member:** <Member\_Name\_1>  
**Identification #:** <Member\_ID\_1>  
**Plan:** <ProgramName\_1>

**Copays:**  
Dr. Visit: <PCP\_Visit\_fee\_1>  
Rx: <Rx\_Formulary\_fee\_1>  
Urgent Care: <Urgent\_Care\_fee\_1>

RxBIN: <Bin\_number\_1>  
RxPCN: <RXPCN\_1>  
RxGRP: <RXGroup\_1>



## You need your ID card to:



See your doctor, specialist or other provider



Go to an emergency room



Go to urgent care



Go to a hospital



Get medical supplies and/or prescriptions



Have medical tests

## Quick Reference

Need	<b>Emergency</b>	<b>Online Access</b> <ul style="list-style-type: none"><li>- Request an ID card</li><li>- Get health care reminders</li><li>- Track office visits</li></ul>	<b>Getting Care</b> <ul style="list-style-type: none"><li>- Urgent Care<ul style="list-style-type: none"><li>- Minor illnesses</li><li>- Minor injuries</li></ul></li><li>- Physicals and checkups</li><li>- Preventive care</li><li>- Immunizations (shots)</li></ul>
	Call 911	Go to <a href="https://www.mylolina.com">MyMolina.com</a> and sign up  Find a provider at: <a href="https://www.molinahealthcare.com/providersearch">MolinaHealthcare.com/ProviderSearch</a>	<b>Call Your Doctor:</b> <u>          Name and Phone          </u>  <b>Urgent Care Centers</b> Find a provider or urgent care center <a href="https://www.molinahealthcare.com/providersearch">MolinaHealthcare.com/ProviderSearch</a>  24-Hour Nurse Advice Line <b>(888) 275-8750</b> <b>TTY for hearing impaired: 711</b> A nurse is available 24 hours a day, 7 days a week.

## Your Plan Details

- Questions about your plan
- Questions about benefits or cost sharing
- Questions about programs or services
- ID card issues
- Language services
- Help with your visits

Member Services

**(844) 809-8445**

Monday through Friday,

8:00 a.m. – 8:00 p.m. Mountain Time

## Changes/Life Events

- Coverage
- Contact Info
- Marriage
- Divorce

Member Services

**(844) 809-8445**

Idaho Department of Health and Welfare (IDHW)

**(877) 456-1233**

Idaho Medicaid Member Guide

**<http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>**

# Your Primary Doctor



## Your Primary Care Doctor

Your Primary Care Provider (PCP) knows you well and takes care of all your medical needs. It's important to have a doctor who makes you feel comfortable. You choose your PCP through your primary Medicare insurance provider.

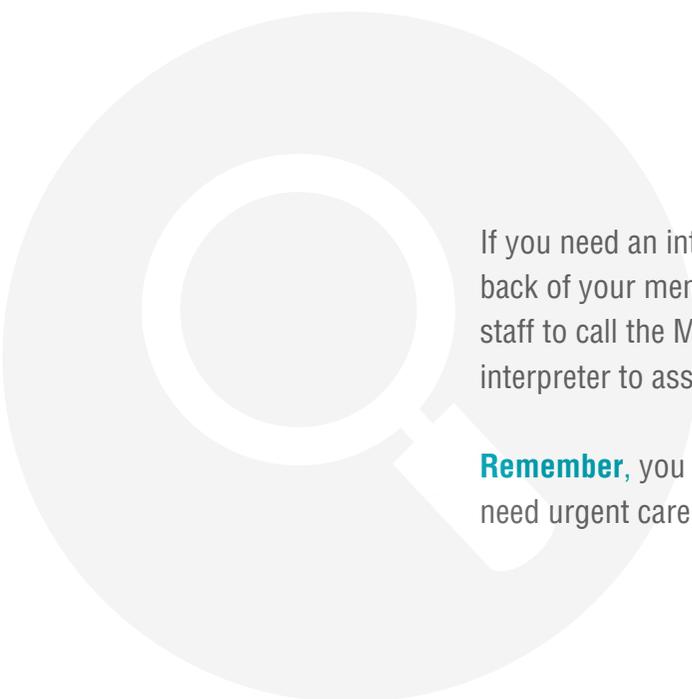


## Scheduling Care

### Interpreter Services

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

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



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

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

# Your Benefits

A large, light gray circular graphic containing a white stethoscope icon. The stethoscope is positioned on the left side of the page, with its chest piece at the top and its tubing curving downwards and to the right.

## Molina Network

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

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

For a [full list of covered services](#), and to see which services require prior approval, please refer to pages 23.



## Covered Drugs Overview

Molina Medicaid Plus covers the following drugs that are not covered by Medicare.

### Drugs included in Medicaid Plus coverage:

Therapeutic Vitamins which may include:

- Injectable Vitamin B12 (cyanocobalamin and analogues)
- Vitamin K and analogues
- Folic acid
- Oral drugs containing folic acid in combination with Vitamin B12 and/or iron salts, without additional ingredients
- Vitamin D
- Prenatal Vitamins for pregnant or lactating women
- Pediatric vitamin-fluoride preparations
- Oral iron salts
- Therapeutic Vitamins



## **Additional Covered Drug Products.**

Additional drug products will be covered as follows:

- Insulin
- Permethrin
- Over-the-counter products as authorized by applicable Medicaid rules
- Tobacco cessation products
- Lipase inhibitors subject to Prior Authorization
- Prescription cough and cold symptomatic relief

# Your Extras

## MyMolina.com: Manage your health plan online

Connect to our secure portal from any device, wherever you are. To sign up, visit [MyMolina.com](https://www.mymolina.com).

## Health Education Programs

Live well and stay healthy! Our free programs help you control your weight, stop smoking or get help with chronic diseases. You get learning materials, care tips and more. We also have programs for expectant mothers. If you have asthma, diabetes, heart problems or any other chronic illness, one of our nurses or Care Managers will contact you. You can also sign up on [MyMolina.com](https://www.mymolina.com), our secure member portal, or call Member Services.



## Care Management

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

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



## Community Resources

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

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

- Call 211. This is a free and confidential service that will help you find local resources. Available 24/7.

**Community Resources:** Find resources near you, including rental assistance, energy assistance, medical assistance, food and clothing, child care resources, emergency shelter and more.

**Child Care Resources or Get Licensed:** Find quality child care through IdahoSTARS, apply for child care assistance through the Idaho Child Care Program (ICCP).

**Idaho Relatives as Parents:** If you are one a relative caregiver, there are resources and support networks available to you. Join the community or speak with a Resource and Service Navigator.

- **Idaho Department of Health and Welfare (IDHW):**

Visit the IDHW site to obtain additional information about programs that may help you and your family at [www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)

- **Women, Infant, Children (WIC):**

WIC is a federally funded nutrition program for Women, Infants and Children. WIC helps families by providing checks to buy healthy supplemental foods, nutrition education, help finding health care, and breastfeeding information and support.

**For more information about a WIC Clinic:**

<http://healthandwelfare.idaho.gov/FoodCashAssistance/WIC/tabid/3339/Default.aspx>



# Your Policy

## Member Materials

This Handbook, Provider List, and your Molina Member ID Card will always be available to you at **MolinaHealthcare.com**. You can search the Provider List by male or female, spoken language, those taking new patients, and more.

## Appointment Guidelines

Your doctor's office should make appointments in this time frame:

Appointment Type	When you should get the appointment
Urgent Care	Within two days
Routine or non-urgent care	Within 30 days
Well-child preventive care	Within 30 days
Adult preventive care	Within 30 days
Specialist	Within 30 days

## Getting Care

Your primary insurance is Medicare. Molina Medicaid Plus is your secondary insurance. This means that Medicare will pay for most of your covered services first. Molina will pay covered Medicaid services that are left, including your Medicare coinsurance and deductible. Molina Medicaid Plus covers all medically necessary Medicaid benefits with more details below.

## Covered Services

Common Medical Event	Services You May Need Covered services that need approval in advance are marked with a + sign.
<b>Inpatient Care</b>	Hospice care (nursing facility room and board only)
	Inpatient hospital care +
	Inpatient mental health care +
	Inpatient stay: Covered services received in a hospital +
	Inpatient Psychiatric Services
	Partial hospitalization services +
	Services to treat kidney disease and conditions
<b>Outpatient Care</b>	Nursing facility care +
	Emergency care
	Outpatient diagnostic tests and therapeutic services and supplies +
	Outpatient hospital services +
	Outpatient mental health care
	Outpatient rehabilitation services +
	Outpatient substance abuse services
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers +	

Common Medical Event	Services You May Need Covered services that need approval in advance are marked with a + sign.
<b>Preventive Services</b>	Contact Member Services at (844)-809-8445, or talk with your care coordinator, for the most current list of available programs (i.e. Diabetic Prevention Services)
<b>Other Medicaid Services</b>	Ambulance services
	Behavioral Health Case Management Services
	Cardiac rehabilitation services
	Chiropractic services
	Community-Based Outpatient Behavioral Health Services
	Durable medical equipment (DME) and related supplies
	Family Planning Services
	Health and wellness education programs
	Hearing services
	Long-Term Care Services: Personal Care Services (PCS)
	Other Practitioner Services
	Over-the-Counter (OTC) Items

Common Medical Event	Services You May Need Covered services that need approval in advance are marked with a + sign.
	Physician/Practitioner services, including doctor's office visits
	Podiatry services
	Prescription Drugs
	Primary Care Case Management
	Pulmonary rehabilitation services
	Specific Pregnancy-Related Services
	Urgently needed services
	Vision Services
<b>Aged &amp; Disabled (A&amp;D) Waiver Benefits</b>	<b>For our members on the A&amp;D waiver program the following are covered services:</b>
	Adult Day Health
	Adult Residential Care
	Attendant Care
	Chore Services
	Companion Services
	Consultation
	Day Habilitation
	Environmental Accessibility Adaptations

Common Medical Event	<b>Services You May Need</b> Covered services that need approval in advance are marked with a + sign.
	Home Delivered Meals
	Homemaker Services
	Non-medical transportation
	Personal Emergency Response System (PERS)
	Residential Habilitation
	Respite
	Skilled Nursing
	Specialized Medical Equipment and Supplies
	Supported Employment

<b>Services Covered By and Provided Through Idaho Department of Health &amp; Welfare Medicaid Plan Only</b>
For information about these services contact IDHW at (877) 456-1233. <ul style="list-style-type: none"> <li>• Dental</li> <li>• Non-emergency transportation</li> <li>• Developmental Disabilities Targeted Service Coordination (TSC)</li> <li>• Home health agency care</li> <li>• Intermediate Care Facility Services</li> </ul>

All covered services listed above, except family planning and emergency services, must be provided directly by a doctor or provider that is part of the Molina Healthcare network. You can get most forms of birth control from either Molina Healthcare or any Medicaid doctor even if they are not participating on Molina’s plan. Emergency care and post-stabilization are covered wherever you receive it, although if you utilize an emergency department for non-emergency services you may be charged additional payments. For non-emergency care, please seek out an Urgent Care Center or schedule an appointment with your Primary Care Provider. This is not a complete list of the services. To find out if something is covered or to see if you need prior approval, call Member Services. Please call the general Idaho Department of Health and Welfare Medicaid Information Line at (877) 456-1233 for information about services covered by Medicaid but not managed by Molina.

**Approval Process**

Most covered services are available to you without prior authorization. You do not need a referral to see a Molina Specialist. However, you can see a specialist sooner if your personal doctor sends you to one. You or your doctor must let Molina Healthcare know before you get certain types of care. Otherwise, your benefits may be reduced or denied.

Prior authorization is needed for:

- Hospital/outpatient stay (non-emergency)
- Surgery
- Some office procedures
- Some x-rays and lab tests
- Home health care

- Medical equipment and supplies
- Long term care (nursing home or rehab)
- Physical, occupational, and speech therapy

It is your doctor's job to call for these approvals before you get any of these services. It is your job to ask your doctor if he or she has gotten authorization from Molina Healthcare. Usually, we make a decision about approving a service within 14 calendar days after we receive the request.

Sometimes you or your doctor might think it is important to make a decision quickly about approving the service. If so, we will try to make a decision within three working days. We will notify your doctor about our decision. If the request for service is not approved by Molina we will send you a letter. For a complete list of covered services that do and do not require prior authorization, you may also visit **MolinaHealthcare.com** or call Member Services.

## **How to Get Specialty Care and Referrals**

You do not need a referral to see a Molina Specialist. However, you can see a specialist sooner if your personal doctor sends you to one. If you need care that your PCP cannot give, he or she will refer you to a specialist who can. Talk with your PCP to be sure you know how referrals work. If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist. There are some treatments and services that your Specialist must ask Molina Healthcare to approve before you can get them. Your PCP or Specialist will be able to tell you what services require this approval.

If we do not have a specialist in Molina Healthcare who can give you the care you need, we will get you the care you need from a specialist outside Molina Healthcare. Getting a referral from your PCP ensures your health care is coordinated and all your providers know your health care goals and plans.

For members requesting care from a specialist outside the network, your PCP or the specialist you are seeing needs to request prior approval of specialty care or services from Molina Healthcare via fax or phone call. This request for prior approval must be done before any treatments or tests take place. If a request for specialty care is denied by Molina Healthcare, we will send you a letter within three days of the denial. You or your PCP can appeal our decision. If your PCP or Molina Healthcare refers you to a provider outside our network, you are not responsible for any of the costs. Molina Healthcare will pay for these services.

If you need information on how and where to obtain Counseling or Referral Services not covered by the health Plan due to Moral or Religious Objections, please contact IDHW at 1-833-814-8568.

## **If You Need to See a Doctor that is Not Part of Molina**

If a Molina Healthcare provider is unable to provide you with necessary 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 were in Molina Healthcare's network. This must be done in a timely manner for as long as Molina's provider network is unable to provide the service.

If you are outside of Idaho or the country and you need emergency care, go to the nearest doctor or hospital and call us as soon as you can. If you need non-emergency medical care, you can call our care managers toll-free at (844) 809-8445 and we will direct you to the care you need. It is important to remember that you must receive services covered by Molina Healthcare from facilities and/or providers in Molina Healthcare's network.

## How to Access Hospital Services

### Inpatient Hospital Services

You must have a Prior Authorization to get hospital services except in the case of an Emergency or Urgent Care Services. However, if you get services in a hospital or you are admitted to the hospital for Emergency or out-of-area Urgent Care Services, your hospital stay will be covered. This happens even if you do not have a Prior Authorization.

### Medical/Surgical Services

We cover the following inpatient services in a Participating Provider hospital or rehabilitation facility, when the services are generally and customarily provided by acute care general hospitals or rehabilitation facilities inside our service area:

Room and board, including a private room if Medically Necessary

- Specialized care and critical care units
- General and special nursing care
- Operating and recovery rooms
- Services of Participating Provider physicians, including consultation and treatment by Specialists
- Anesthesia

- Drugs prescribed in accord with our Drug Formulary guidelines
- Radioactive materials used for therapeutic purposes
- Durable medical equipment and medical supplies
- Imaging, laboratory, and special procedures, including MRI, CT, and PET scans, and ultrasound imaging
- Mastectomies (removal of breast) and lymph node dissections
- Blood, blood products and their administration, blood storage (including the services and supplies of a blood bank)
- Physical, occupational, and speech therapy (including treatment in an organized, multidisciplinary rehabilitation program)
- Respiratory therapy
- Medical social services and discharge planning

## What is Urgent Care?

Urgent problems usually need care within 24 hours. If you are not sure a problem is urgent, call your doctor or an urgent care clinic. You may also call our 24 hour Nurse Advice Line at (888) 275-8750. To find an Urgent Care Center, call Member Services at (844) 809-8445 or visit [MolinaHealthcare.com](https://www.molinahealthcare.com) to find one near you.

Here are some examples of things that require urgent care:

- Vomiting a lot
- Cuts that may need stitches
- Ear pain
- Sprain or broken bone
- Bad cough
- High fever

**Note:** If you get urgent or emergency care from someone other than your doctor, it is a good idea to call your doctor as soon as you can. He or she may want to see you.

## Emergency Care (Call 911)

An emergency is when you think your life is in danger, a body part is hurt badly, or you are in great pain.

Emergency services are services needed to treat an emergency medical condition. With an emergency medical condition, it could reasonably be expected that without immediate treatment:

- A person's health (or in the case of a pregnant women, her unborn child's health) would be in serious jeopardy

- A person would have serious impairment to bodily functions
- A person would have serious dysfunction of any bodily organ or part

Here are some examples of things that require emergency care:

- Bad burns
- Broken bones
- Chest pain
- Heavy bleeding
- Drug overdose
- Trouble breathing

If you think you have an emergency condition, call 911 or go to the closest hospital. The same benefits apply to emergency room (ER) services. The hospital you go to for emergencies does not need to be on your plan. They may admit you to a hospital not on the plan. Contact us within two days or as soon as you can.

## Post-Stabilization

Post-stabilization care happens when you are admitted into the hospital from the ER. This care is covered. If you're admitted from the ER, there is no copay. This care includes tests and treatment until you are stable or they find out what is wrong with you.

Your plan covers this type of care whether you go to a hospital on the plan or not. Once your condition is stable you may be asked to transfer to a hospital on the plan. This way you get the most benefits your plan has to offer. The doctor will treat you

at a hospital not on the plan until a doctor who is on your plan can take over your care.

**Remember:** You have the right to use any hospital or other setting for emergency care. Prior approval is not required. Emergency benefits are not limited based on your symptoms or what the practitioner says is wrong. Also, benefits are not reduced because the hospital did not get in touch with your PCP.

## Covered Drugs

To be sure you are getting the care you need, we may require your provider to submit a request to us (a Prior Authorization). Your provider will need to explain why you need a certain drug or a certain amount of a drug. We must approve the PA request before you can get the medication. Reasons why we may require PA of a drug include:

- There is a generic or another alternative drug available
- The drug is covered under Medicare prescription benefit (Part D)
- Medications prescribed in quantities which exceed the Food and Drug Administration (FDA) dosage guidelines
- Medications prescribed outside of the FDA approved indications

Some drugs may also have quantity (amount) limits and some drugs are never covered. Some drugs that are never covered are:

- Drugs for weight loss
- Drugs for erectile dysfunction

- Drugs for infertility
- Drugs used for cosmetic purposes

If we do not approve a PA request for a drug, we will send you a letter. The letter will explain how to appeal our decision. It will also detail your rights to a state hearing.

We require the use of generic drugs when available. If your provider believes you need a brand name drug, the provider may submit a PA request. Molina Healthcare will determine whether to approve the brand name drug. Remember to fill your prescriptions before you travel out of state.

The PDL can change. It is important for you and your provider to check the PDL when you need to fill or refill a medication. You can find a list of the preferred drugs at **MolinaHealthcare.com**.

Refer to our provider directory to find an in-network pharmacy. You can find an in-network pharmacy by visiting our website. You can also call Member Services to find a network pharmacy near you.

What are “network pharmacies”?

Network pharmacies are all of the pharmacies that have agreed to fill covered prescriptions for our plan members.

## **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. This service is at no cost to you. Call Member Services to learn how to get a second opinion.

## **How Does Molina Pay Providers for Your Care?**

Molina Healthcare contracts with providers in many ways. Some providers are paid on a fee-for-service basis. This means they are paid each time they see you and for each procedure they perform. Other providers are paid a flat amount for each month a member is assigned to their care, whether or not they see the member.

Some providers may be offered rewards for offering excellent preventive care and monitoring the use of hospital services. Molina Healthcare does not reward providers or employees for denying medical coverage or services. Molina Healthcare also does not give bonuses to providers to give you less care. For more information about how providers are paid, please call Member Services.

## **Payment and Bills**

If you are admitted to the hospital and have a co-insurance, the hospital will help you to make a plan to pay for it. You do not have a co-payment if you are an American Indian, Alaska Native, pregnant, or qualify for CHEC (Child Health Evaluation and Care) benefits. If you have questions regarding cost-sharing contact member services (844) 809-8445.

You may have to pay for a service you received if:

- You get a service that is not covered by Molina Healthcare
- You get a service that is not pre-approved by Molina Healthcare
- You get a non-emergency service from a doctor or hospital that is not a provider with Molina Healthcare

If any of the above three things happen, the provider might ask you to pay for the service. You should only be billed if you signed in writing that you would pay for the specific service before you received the service.

You also might have to pay for a service you receive if:

- You ask for and get services during an appeal that are related to your appeal with Molina Healthcare or during a Medicaid State Fair Hearing. You would only have to pay for the care if the appeal or State Fair hearing decision is not in your favor.
- You are not covered under Medicaid when you get the care.

## 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

## Eligibility and Enrollment

Please call the Idaho Department of Health and Welfare about eligibility. They are open Monday through Friday from *8am to 5pm (except holidays) MST*.

*Website:* <http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>. Their number is (877) 456-1233.

How do I enroll in Idaho Medicaid Plus?

1. Mail the enrollment form in the pre-addressed envelope.
2. Call Idaho Department of Health & Welfare at (833) 814-8568 and our benefit specialists will be happy to enroll you in the plan of your choice.

How do I enroll in Idaho MMCP?

Call Molina Healthcare of Idaho (844) 861-9324

For questions regarding plan change and requirements, please contact Molina Healthcare of Idaho at (844)-809-8445

## Grievance and Appeals

### Filing a Grievance or Appeal

If you are unhappy with anything about Molina Healthcare or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know this. Molina Healthcare wants you to contact us so that we can help you.

You or your provider, may file a grievance or an appeal on behalf of a member under the age of 18 without written consent when the individual filing the grievance or appeal belongs to the member's assistance group.

To contact us you can:

Call the Member Services Department at **(844) 809-8445, (TTY 711)**, or

- Access the form here by visiting [MolinaHealthcare.com](http://MolinaHealthcare.com), or
- Write a letter telling us what you are unhappy about.

Be sure to include:

- Your first and last name
- The number from the front of your Molina ID card
- Your address
- Your telephone number
- Any information that helps explain your problem

Mail the form or your letter to:

Molina Healthcare of Idaho  
Attn: Appeals and Grievance Team  
7050 S Union Park Center, Ste. 200  
Midvale, UT 84047-4171

Molina Healthcare will send you something in writing if we take action to:

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

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

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

If you do not agree with the action listed in the letter, and you contact us within 60 calendar days to ask that we change our decision, this is called an appeal. You have 60 calendar days from the date of the letter to file an appeal. We can help you fill out the appeal if you would like. The 60 calendar day period begins on the day after the mailing date on the letter. Unless we tell you a different date, we usually can make a decision within 30 calendar days after we get the appeal. In some cases, you can ask to keep getting care during the appeal process. If the

decision stays the same as the first action we took, you may have to pay for the care. If we have made a decision to reduce, suspend or stop services before you receive all of the services that were approved, your letter will tell you how you can keep receiving the services if you choose, and when you may have to pay for the services.

If you contact us because you are unhappy with something about Molina Healthcare or one of our providers, this is called a grievance. You, your approved agent, or your doctor may file a grievance. You can call Member Services and tell them about your grievance. You may also mail your grievance to:

Molina Healthcare of Idaho  
Attn: Appeals and Grievance Team  
7050 S Union Park Center, Ste. 200  
Midvale, UT 84047-4171

We will try to decide about your grievance right away. We can often solve the problem over the phone. If not, we will give you a decision within 30 days after we get your grievance. A grievance is an expression of dissatisfaction about any matter other than an action, which would be an appeal. We will call to let you know what we decide. If you sent us your grievance in writing, we will send you a letter. Sometimes we cannot make a decision within 30 days. In this case, we will ask for 14 more days. We will let you know in writing why we need more time.

## State Fair Hearing

You have the right to ask for a Medicaid Fair Hearing. You may request a Medicaid Hearing by contacting:

Administrative Procedures Section  
Idaho Department of Health and Welfare  
450 West State Street 10th Floor  
PO Box 83720  
Boise, ID 83720-0036  
Fax: 208-639-5741  
Email: APS@dhw.idaho.gov

You have a right to ask for a state fair hearing after you have exhausted Molina Healthcare's internal appeal process. You, your agent, or doctor may request a state fair hearing with Medicaid within 120 days of the final Molina Healthcare appeal resolution letter. Molina's final appeal resolution letter will tell you how to request a hearing.

Your request must include:

- Your name
- Address
- Member number (on your ID card)
- Reason(s) for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

You may ask for and get care during an appeal or state fair hearing, but you may have to pay the medical bill if the end decision is not in your favor.

The state will hold a hearing. You may attend the hearing in person or by phone. You'll be asked to tell the State why you disagree with our decision. You can ask a friend, relative, advocate, provider or lawyer to help you. You'll get a written decision within 30 days if you have additional appeal rights.

The hearing will give you a final decision. This happens within 30 days or less from the date you asked for the hearing. Rules Governing Contested Case Proceedings and Declaratory Rulings are available either online at <https://adminrules.idaho.gov/rules/current/16/160503.pdf> or from an IDHW Office.

## Member Rights & Responsibilities

As a member, you have the right to:

- Be treated with respect and recognition of your dignity by everyone who works with Molina Healthcare.
- Get information about Molina Healthcare, our providers, our doctors, and our services. This includes how Molina Healthcare pays your providers for your medical care, our organizational structure, policies and procedures, practice guidelines, physician incentives and how to recommend changes.
- Be informed about your health. If you have an illness, you have the right to candid discussion regarding treatment options, regardless of cost or benefit coverage. Members have the right to have all questions about their health answered.
- Help make decisions about your health care. You have the right to refuse medical treatment.

- Privacy. Molina Healthcare keeps your medical records private. (Subject to State and Federal laws.)
- See your medical record, including the results of your Wellness Assessment. You also have the right to get a copy of and/or correct your medical record where legally okay. (Subject to State and Federal laws.)
- Complain about Molina Healthcare or their care. You can call, fax, email or write to Molina Healthcare's Member Services.
- Appeal Molina Healthcare's decisions. You have the right to have someone speak for you during your grievance.
- Ask for a State Fair Hearing by contacting [APS@dhw.idaho.gov](mailto:APS@dhw.idaho.gov). You also have the right to get information on how to get an expedited State Fair Hearing quickly.
- Disenroll from Molina Healthcare (Leave the Molina Healthcare Health Plan).
- Ask for a second opinion about your health condition.
- Ask for someone outside Molina Healthcare to look into therapies that are experimental or being done as part of exploration.
- Decide in advance how you want to be cared for in case of a life-threatening illness or injury.
- Get interpreter services on a 24-hour basis, at no cost, to help you talk with your doctor or us if they prefer to speak a language other than English.
- Not be asked to bring a minor, friend, or family member with you to act as your interpreter.
- Get information about Molina Healthcare, your providers, or your health in the language you prefer.
- Ask for and get materials in other formats such as larger size print, audio, and Braille upon request and in a timely fashion appropriate for the format being requested and in accordance with state laws. You may request printed copies of all content posted on our website.
- Receive instructions on how you can view online, or request a copy of Molina Healthcare's non-proprietary clinical and administrative policies and procedures.
- Get a copy of Molina Healthcare's list of approved drugs (drug formulary) on request.
- Submit a grievance if you did not get medically needed medications after an emergency visit at one of Molina Healthcare's contracted hospitals.
- Access family planning services, Federally Qualified Health Centers, Indian Health Facilities, sexually transmitted disease services, and Emergency services, outside of Molina Healthcare's network according to federal laws. You do not need to get Molina Healthcare's approval first.
- Get minor consent services.
- Not be treated poorly by Molina Healthcare, your doctors or the Department of Health Care Services for acting on any of these rights.
- Make recommendations regarding the organization's member rights and responsibilities policies.
- Be free from controls or isolation used to pressure, punish or seek revenge.
- File a grievance or complaint if you believe your linguistic needs were not met by the plan.

## Member Responsibilities

As a member, you have the responsibility to:

- Learn and ask about your health benefits. If you have a question about your benefits, call toll-free (844) 809-8445.
- Give information to your doctor, provider, or Molina Healthcare needed to care for you.
- Be active in decisions about your health care.
- Follow the care plans and instructions for care that you have agreed on with your doctor(s).
- Build and keep a strong patient-doctor relationship. You have the responsibility to cooperate with your doctor and staff, keep appointments, and be on time. If you are going to be late or cannot keep your appointment, you should call your doctor's office.
- Give your medical ID card when getting medical care. You have the responsibility to not give your card to others and let Molina Healthcare or the State know about any fraud or wrongdoing.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals as you are able.

## Advance Directives

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, if you want to, you can:

- Fill out a written form to give someone the legal authority to make medical decisions for you if you ever

become unable to make decisions for yourself.

- Give your doctors written instructions about how you want them to handle your medical care if you become unable to make decisions for yourself.

The legal documents that you can use to give your directions in advance in these situations are called “**advance directives.**” There are different types of advance directives and different names for them. Documents called “**living will**” and “**power of attorney for health care**” are examples of advance directives.

If you want to use an “advance directive” to give your instructions, here is what to do:

- **Get the form.** If you want to have an advance directive, you can get a form from your lawyer, from a social worker, or from some office supply stores. You can sometimes get advance directive forms from organizations that give people information about Medicare. You can also contact Member Services to ask for the forms.
- **Fill it out and sign it.** Regardless of where you get this form, keep in mind that it is a legal document. You should consider having a lawyer help you prepare it.
- **Give copies to appropriate people.** You should give a copy of the form to your doctor and to the person you name on the form as the one to make decisions for you if you can't. You may want to give copies to close friends or family members as well. Be sure to keep a copy at home.

If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, take a copy with you to the hospital.

- If you are admitted to the hospital, they 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 whether you want to fill out an advance directive** (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive.

### **What 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:

Idaho's Division of Licensing and Certification (i.e., State Survey Agency).

### **Advance Directives in the State of Idaho**

Molina healthcare complies with applicable Federal and State laws that pertain to member rights and ensures its staff and affiliated providers take those rights into account when providing services to our members.

People in the state of Idaho can execute a “Living Will and Durable Power of Attorney for Health Care.”

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A Living Will sets forth your instructions for dealing with life-sustaining medical procedures in the event you are unable to decide for yourself. A Living Will directs your family and medical staff on whether to continue, withhold, or withdraw life-sustaining systems, such as tube feeding for hydration (water) and nutrition (food), if you are incapable of expressing this yourself due to an incurable and terminal condition or persistent vegetative state.

A Durable Power of Attorney for Health Care allows you to appoint a person to make all decisions regarding your health care, including choices regarding health care providers and medical treatment, if you are not able to make them yourself for any reason.

You should not execute an Advanced Directive without having first thought about end of life issues, considered your personal values, and discussed your end of life wishes with your family, physicians, attorney, and clergy. Any fields that you leave blank from your executed Advance Directive will be interpreted as intention and does not invalidate your form.

Idaho law provides for the preparation of a Physician Orders for Scope of Treatment (POST) form, which is appropriate in cases where a patient has an incurable or irreversible injury, disease, illness or condition, or is in a persistent vegetative state. It is similar to a do not resuscitate order, but broader. It must be obtained from, and signed by, your health care provider. If there is a conflict between the instructions included in an individual's POST and their Living Will and Durable Power of Attorney for Health Care, the orders of the POST will be followed. We suggest you speak to your health care provider if you are interested in obtaining this form.

For Idaho state statutes regarding Advance Directives, the Medical Consent and Natural Death Act, please visit the following websites:

<https://legislature.idaho.gov/statutesrules/idstat/title39/t39ch45/sect39-4510/> and <https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH45/>

If the state of Idaho makes any changes to the Advance Directive laws, Molina will provide updates within 90 days of the law going into effect. Molina Healthcare is not required to implement an advance directive if, as a matter of conscience, Molina Healthcare cannot implement an advance directive and State law allows any health care provider or any agent of the provider to conscientiously object.

### **For complaints regarding health care professionals:**

Idaho Department of Health and Welfare

P.O. Box 83720

Boise, Idaho 83720-0036

Phone: (208) 334-5754, TTY: (208) 332-7205

### **For complaints regarding health care facilities and hospitals:**

Idaho Department of Health and Welfare

Bureau of Facility Standards

P.O. Box 83720

Boise, Idaho 83720-0036

Phone: (208) 334-6626, Option 4

TTY: (208) 332-7205

### **Fraud, Waste and Abuse**

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

You can report potential fraud, waste and abuse without giving us your name.

For Confidential Reporting	
Molina Healthcare of Idaho	Molina Healthcare AlertLine: (866) 606-3889
Suspected member or provider fraud, waste, or abuse	Online Form: <a href="https://www.molinahealthcare.alertline.com">https://www.molinahealthcare.alertline.com</a>  Molina Healthcare of Idaho Attn: Compliance Officer 7050 S Union Park Center Ste. 200 Midvale UT 84047-4171
Suspected provider fraud, waste, or abuse	Medicaid Fraud Line: 208-334-5754
Reporting Elder Abuse	Call 211 or Adult Protection at your local area agency

## Fraud, Waste and Abuse Definitions

“Abuse” means provider practices that are inconsistent with sound fiscal, business, or medical practices, and in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (42 CFR §455.2)

“Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception

could result in some unauthorized benefit for them or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR § 455.2)

“Waste” means health care spending that can be eliminated without reducing the quality of care. Quality Waste includes overuse, underuse, and ineffective use. Inefficiency

Waste includes redundancy, delays, and unnecessary process complexity. For example: the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, however the outcome of poor or inefficient billing methods (e.g. coding) causes unnecessary costs to the Medicaid/Medicare programs. Here are some ways you can help stop fraud:

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

## Member Privacy

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

Why does Molina use or share your Protected Health Information (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 share PHI as required or permitted by law

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**. Call Member Services at (844) 809-8445 to help you with any questions you may have about the privacy of your health information. They can help you fill out forms that are needed to exercise your privacy rights.

## Definitions

**Action** – Anytime Molina Healthcare makes a decision to:

- Deny a request to cover a service for you;
- Reduce, suspend or stop services before you receive all of the services that were approved; or
- Deny payment for a service you received that is not covered by Molina Healthcare.
- Or if we fail to:
  - Provide timely service as outlined in our Appointment Guidelines.
  - Act within the timeframes for resolution and notification of grievances and appeals.

**Appeal** – A formal request for Molina Healthcare to review an action.

**Authorization** – An approval for a service.

**Covered Services** – Services and supplies covered by Molina Healthcare.

**Emergency Medical Condition** – A medical problem you think is so serious it must be treated right away by a provider.

**Emergency Services** – Services provided by a qualified provider that are needed to evaluate, treat, or stabilize an emergency medical condition.

**Grievance** – A complaint about Molina Healthcare or a health care provider regarding anything other than an action.

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

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

**Primary Care Provider (PCP)** – A provider that you have chosen to be your personal provider. Your PCP helps you with most of your medical needs.

**Prior Authorization** – The process for any service that needs approval from Molina Healthcare before it can take place.

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

**Referral** – A request from a PCP for his or her patient to see another provider for care.

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

**Specialist** – A provider who focuses on a particular kind of health care.



Your Extended Family.

# MOLINA HEALTHCARE OF IDAHO

## CIVIL RIGHTS COMPLAINT/GRIEVANCE FORM

<b>To: CIVIL RIGHTS COORDINATOR</b>		Date:	Time:
From (Last, First MI.):		Address:	Telephone No.

FORWARDED VIA:  Email  Fax  AlertLine  Other

MOLINA MEMBER:  Yes  No If Yes, Member ID Number: \_\_\_\_\_

### COMPLAINANT INFORMATION

Name: (Last, First) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: (No., Street, City, State and Zip) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How this Complaint/Grievance Was Submitted:  
 Walk-In  Telephone Contact  Letter  Other: (Please explain) \_\_\_\_\_

### COMPLAINT/GRIEVANCE

Description of Complaint/Grievance:  
 (Use and attach another Page if necessary)

#### For Internal Use Only:

Received: \_\_\_\_\_ Investigator (Name, Title): \_\_\_\_\_

Substantiated:  No  Yes  Partial

Forwarded to (Name, Title): \_\_\_\_\_ Dept: \_\_\_\_\_

Resolution Letter:  No  Yes Date Sent: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_











Molina Healthcare of Idaho  
950 W. Bannock Street, Suite 1100  
Boise, Idaho 83702  
Member Services at **(844) 809-8445**, TTY 711

