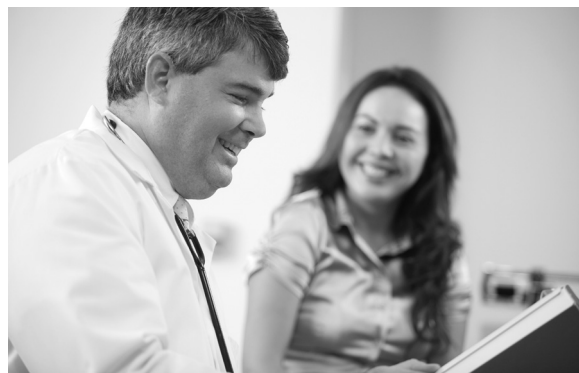


# Spring 2019 Health and Wellness Newsletter

## Complete Your Annual Visit

At Molina Healthcare of Illinois, we hope that you have put your health at the top of the list. One way to start focusing on your health is to see your primary care provider for your annual visit. The purpose of an annual visit is:

- Identify if you may be at risk for a chronic medical illness
- Give you information on healthy behaviors
- Discuss health concerns or goals you may have
- Detect symptomless diseases



During your annual visit, the doctor will perform a physical exam, take your blood pressure, check weight, and perform possible lab blood draws.

Remember! As you age, your risk of developing a health disease grows with it. Depending on your health, you may need to see your doctor more regularly. Your doctor will advise on how often to come back for visits. Let's start putting you in the driver's seat of your health. If you are unsure of where to start, no worries we are here to help. Molina wants you to live your best healthy life. Please contact Member Services at (855) 687-7861; TTY: 711. Staff is available to help you from 8 a.m. to 5 p.m., Monday to Friday.

## CAHPS® Survey

As part of our Molina family, we take great pride in knowing that you receive quality service during your health care experiences. Your health care and satisfaction is our priority, and we want to hear from you about those experiences! You may receive a survey. The survey is called CAHPS®. CAHPS® stands for the Consumer Assessment of the Healthcare Providers and Systems. This survey will focus on the care you or your child receive from us. You will be able to provide us feedback on the following:

- |   |   |
|---|---|
|  Getting Needed Care          |  Molina as a Health Plan |
|  Getting Care Quickly         |  Your Health Care        |
|  Customer Service             |  Your Personal Doctor    |
|  How Well Doctors Communicate |  Your Specialists        |

Please take a moment to complete the survey. Molina looks forward to hearing from you and we're always striving to improve your health care experience. Please look for your 2019 survey in the mail this spring!

**MolinaHealthcare.com**



All newsletters are also available at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com). To get this information in your preferred language and/or accessible format, please call Member Services. The number is listed on the back of your Member ID card.

Este boletín informativo también está disponible en español. Por favor, comuníquese con el Departamento de Servicios para Miembros para pedir una copia en español.

Molina Healthcare of Illinois (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of 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.

Molina provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need services, contact Civil Rights Coordinator. If you believe that Molina has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802  
Fax: (630) 203-3993  
Email: [Civil.Rights@MolinaHealthcare.com](mailto:Civil.Rights@MolinaHealthcare.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English	<b>ATTENTION:</b> If you speak English, language assistance services, free of charge, are available to you. Call 1-855-687-7861 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-687-7861 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-687-7861 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-687-7861 (TTY : 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-7861 (TTY: 711) 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-687-7861 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-687-7861 (رقم هاتف الصم والبكم: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-687-7861 (телетайп: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-687-7861 (TTY: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-687-7861 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-687-7861 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-687-7861 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-687-7861 (TTY: 711) पर कॉल करें।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-687-7861 (TTY : 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-687-7861 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-687-7861 (TTY: 711).



**QI Department**

1520 Kensington Drive, Suite 212  
Oak Brook, IL 60523



## Questions about Your Health?

Call Our 24-Hour  
Nurse Advice Line!

English and other languages:

**(888) 275-8750**

Spanish: **(866) 648-3537**

Your health is our priority!

TTY users should call **711**.

**MolinaHealthcare.com**



Your Extended Family.