Welcome to Molina Healthcare.

MississippiCAN (Medicaid)

MOLINA® HEALTHCARE

Thank you for choosing Molina Healthcare!

Ever since our founder 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.**

In this handbook you will find helpful information about:

Your Membership (pg 7)

- Member ID Card
- Quick Reference
- Phone Numbers

Your Provider (pg 13)

- Find your Provider
- Schedule your First Visit
- Interpreter Services

Your Benefits (pg 19)

- Molina Network
- Vision and Dental
- No-Cost Cell Phone
- Covered Medications

Your Extras (pg 25)

- Health Education
- Health Programs
- Transportation
- Community Resources

Your Policy (pg 33)

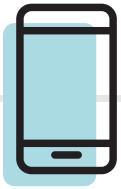
- Coverage
- Billing
- Rights and Responsibilities

NOTE: If you have any problem reading or understanding this or any Molina Healthcare information, call Member Services at 1- (844) 809-8438, TTY/TDD 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, special 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 one for every member of your family enrolled with Molina. Please keep it with you at all times. If you haven't received your ID card yet, visit **MyMolina.com** or call Member Services.

2. Register for MyMolina
Signing up is easy. Visit **MyMolina.com** to change your Primary Care Provider (PCP), view service history, request a new ID card and more. Connect from any device, anytime!



3. Talk about your health

We'll call you for a short interview about your health. It will help us identify how to give you the best possible care. Please let us know if your contact info has changed.

4. Get to know your PCP

PCP stands for Primary Care Provider. He or she will be your personal health care provider. To choose or change your PCP go to **MyMolina.com** or call Member Services. Call your provider within the next <90> days to schedule your first visit.

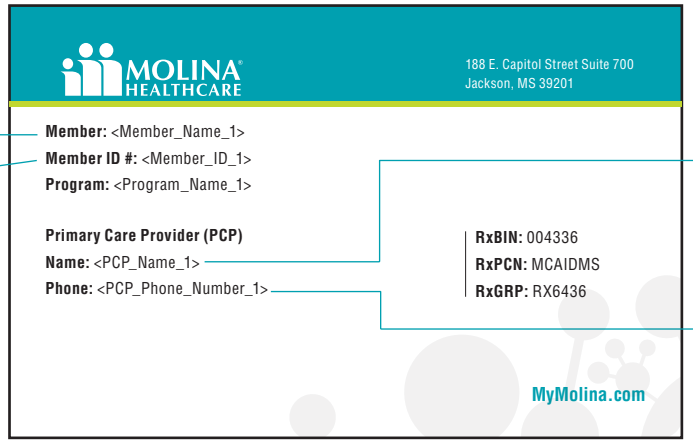
5. Get to know your benefits

With Molina you have health coverage and free extras. We offer free transportation and health education. And people dedicated to your care.

Your Membership

ID Card

There is one ID for each Member.



You need your ID card to:

- See your provider, 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	Emergency	Online Access	Getting Care

		- Find or change your provider
		- Update your contact information
		- Request an ID card
		- Get health care reminders
		- Track office visits
			- Urgent Care
			  - Minor illnesses
			  - Minor injuries
			- Physicals and checkups
			- Preventive care
			- Immunizations (shots)

Action	Call 911 If you think you have an emergency condition, call 911 or go to the nearest emergency room. An emergency includes: - Major broken bones - Chest pain - Difficulty breathing - Excessive bleeding - Seizures or convulsions	Go to **MyMolina.com** and sign up Find a provider at: **MolinaHealthcare.com/ProviderSearch**	**Call Your Doctor:** Name and Phone _____ **24-Hour Nurse Advice Line** 1- (844) 794-3638 TTY/TDD 711 A nurse is available 24 hours a day, 7 days a week. **Urgent Care Centers** Find a provider or urgent care center **MolinaHealthcare.com/ProviderSearch**

Your Plan Details

- Questions about your plan
- Questions about programs or services
- ID card issues
- Language services
- Transportation
- Help with your visits
- Prenatal care
- Well infant visits with PCP or OB/GYN

Member Services
1- (844) 809-8438, TTY/TDD 711
Monday to Friday
7:30 a.m. - 8:00 p.m. (CST)
2nd Saturday and Sunday of the Month
8:00 a.m. - 5:00 p.m. (CST)

To schedule a ride to an appointment
1- (888) 597-1206 or
1- (844) 809-8438, TTY/TDD 711

Changes/Life Events

- You Moved
- Change in Name/ Address
- Become Pregnant
- Marriage/Divorce
- You Have a Baby
- Change your Health Coverage

Member Services
1- (844) 809-8438, TTY/TDD 711
Mississippi Division of Medicaid
1- (800) 421-2408
(Deaf and Hard of Hearing dial **711**.

Your Primary Care Provider

Find Your Primary Care Provider

Your Primary Care Provider (PCP) takes care of all your medical needs. Your PCP's office is your Health Home. It's important to have a PCP who makes you feel comfortable. It's easy to choose one with our Provider Directory, a list of Providers. You can pick one for you and another for others in your family, or one who sees all of you. Schedule your first visit to get to know your provider. Call your PCP right away if you need to cancel or reschedule your appointment. You can also call Molina Healthcare at 1- (844) 809-8438, TTY/TDD 711 if you need help making an appointment, finding a provider, or finding information about your PCP.

If you do not choose a PCP, Molina will do it for you. Molina will choose a PCP based on your address, preferred language and providers your family has seen in the past.

Schedule Your First Visit

Visit your Primary Care Provider (PCP) within 90 days of signing up. Learn more about your health. And let your PCP know more about you.

Your Primary Care Provider will:

- Treat you for most of your routine health care needs
- Review your tests and results
- Prescribe medications
- Refer you to other providers (specialists)
- Admit you to the hospital if needed

Interpreter Services

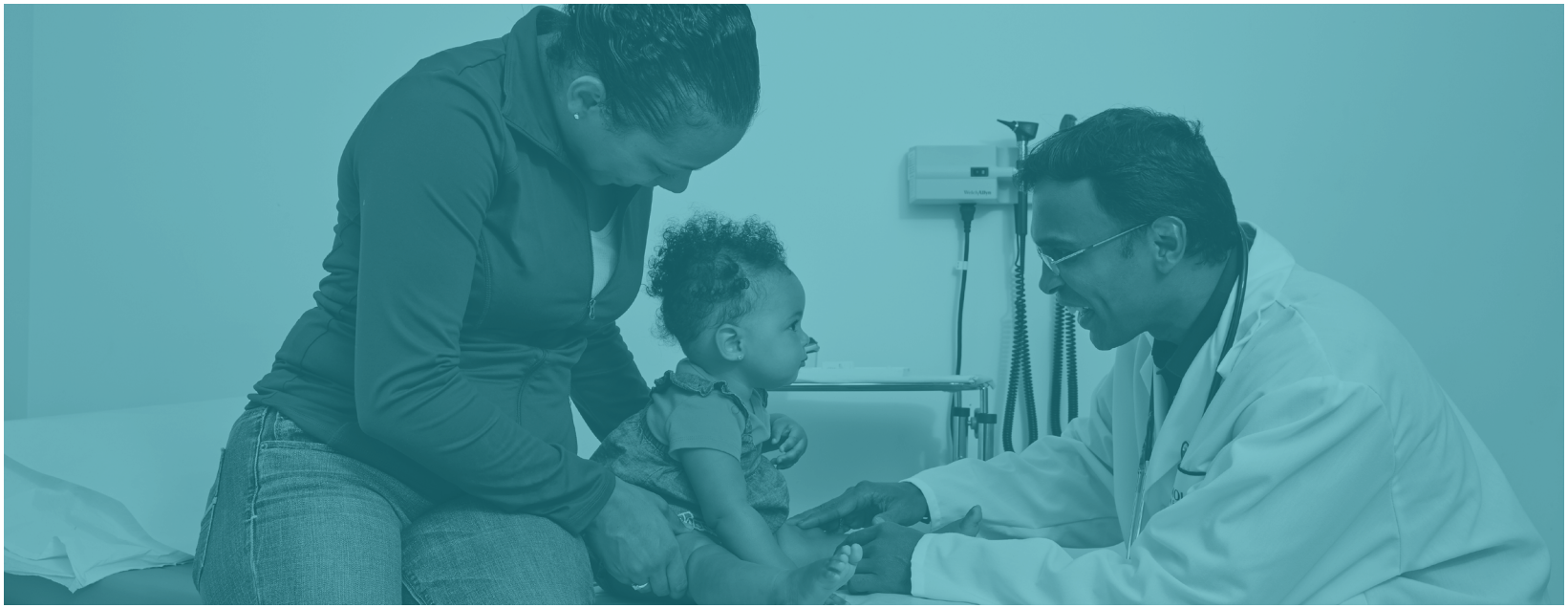
If you need to speak in your own language, we can assist you. Call Member Services and we can assist you in your preferred language through an interpreter. An interpreter can help you talk to your provider, or pharmacist, or other medical service providers. We offer this service at no cost to you. An 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. 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.

You must see a provider who is part of Molina.
If for any reason you want to change your primary provider, go to **MyMolina.com.** You can also call Member Services.

If you change your PCP, Molina Healthcare will send you a new ID card.



Remember, you can call the Nurse Advice Line at any time. Our nurses can help if you need urgent care. Call 1- (844) 794-3638 TTY/TDD 711.

Benefits

Molina Network

We have a growing family of health care providers 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.** Call Member Services if you need a printed copy of this list. You can also access the Molina Provider Directory on the Molina Mobile App or on the MyMolina web portal. These resources will also tell you if the provider has special hours, handicap accessibility and whether they can speak in your language. You may also go to your WIC center where a printed copy of the Molina Provider Directory will be available.

The online directory contains provider information for all types of providers including PCPs, specialists, providers of ancillary services, as well as hospitals, behavioral health/substance use disorder facilities, and pharmacies in the Molina MississippiCAN network. The information will include provider names and group affiliations, telephone numbers, street addresses, specialties and professional qualifications such as:

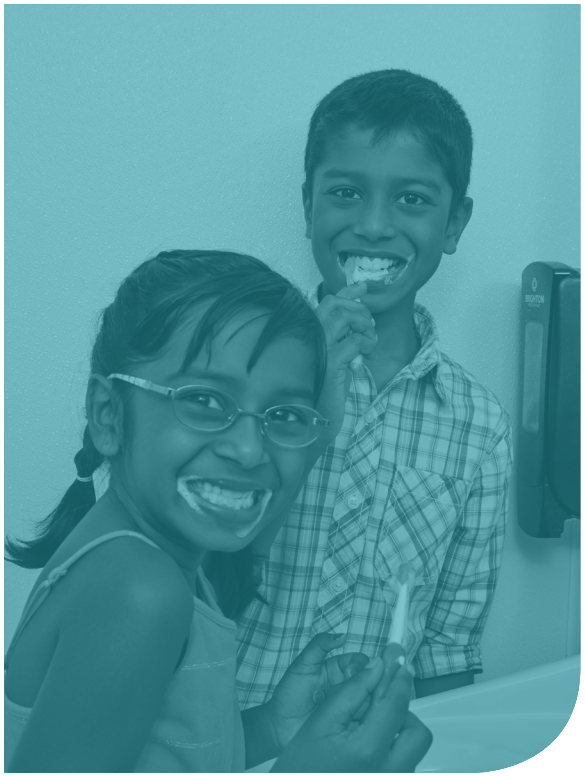
1. Provider's name as well as any group affiliation;
2. Street address(es);
3. Telephone number(s);
4. Web site URL, as appropriate;
5. Whether the provider will accept new enrollees;
6. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training;
7. Whether the provider's office/facility has accommodations for people with physical disabilities including offices, exam room(s) and equipment;
8. Identification of PCPs and PCP groups, specialists, hospitals, facilities, and FQHCs and RHCs by area of the State;

9. Identification of any restrictions on the Member's freedom of choice among network providers;
10. Identification of Closed Panels (web-based version only); and
11. Identification of hours of operation including identification of Providers with non- traditional hours (before 8 a.m. or after 5 p.m. CST or any weekend/holiday hours).

Call Member Services if you would like more detailed information about your provider such as:

- Name, address, telephone numbers
- Professional qualifications
- Specialty
- Medical School attended
- Residency completion
- Board Certification status

For a full list of covered services, please refer to page 37. You may also request a copy of the Provider Directory.



Vision and Dental

We are here to take care of the whole you, including your teeth, gums and eyes. Molina through March Vision covers eye exams every year for members.

- **For ages 20 and under:** 2 exams and 2 pairs pair of glasses every year. You may qualify for more exams if your provider finds it medically necessary.
- **For ages 21 and older:** 1 exam and 1 pair of glasses every year
- **In addition to standard Medicaid coverage limit for frames and lenses, we provide an additional $100 credit per calendar year to be used toward better March frames or toward Polycarbonate lenses or contact lenses.**

Also, Molina covers regular dentist visits, checkups and cleanings. Please see pages 37-38 for details on your dental coverage.

Please contact Molina Healthcare's Member Services Department with any questions regarding your vision and dental benefits at 1- (844) 809-8438, TTY/TDD 711.

Please check your Molina Healthcare Provider Directory to find optometrists or physicians who can provide you with these services at **MyMolina.com.**

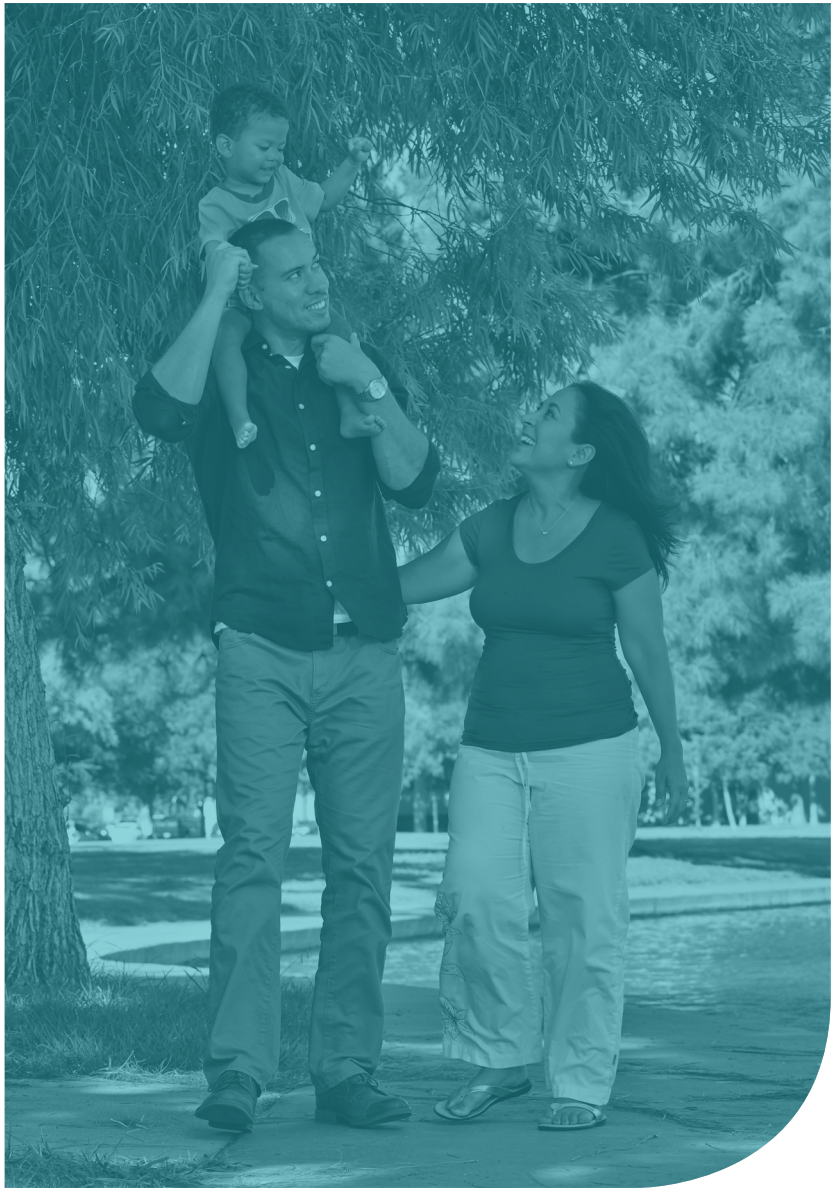
Covered Medications

Molina Healthcare covers all medications listed on the Mississippi Division of Medicaid Preferred Drug List (PDL). These are drugs we prefer your Primary Care Provider to prescribe.

Most generic drugs are included in the list. You can find a list of the preferred drugs at **MyMolina.com.**

There are also drugs that are not covered. For example, drugs for erectile dysfunction, weight loss, cosmetic purposes and infertility are not covered.

We are on your side. We will work with your provider to decide which drugs are the best for you.



Your Extras

MyMolina.com: Manage your health plan online

Connect to our secure portal from any device, wherever you are. Change your provider, update your contact info, request a new ID card and much more. To sign up, visit **MyMolina.com.**

Molina Mobile App:

Manage your health care anytime, anywhere. Members can sign into the app using their MyMolina User ID and Password to access secure features including:

- View your member ID card
- Find a provider or facility near you with the Provider Finder
- Use the Nurse Advice Line to get the care you needs
- Access your medical records

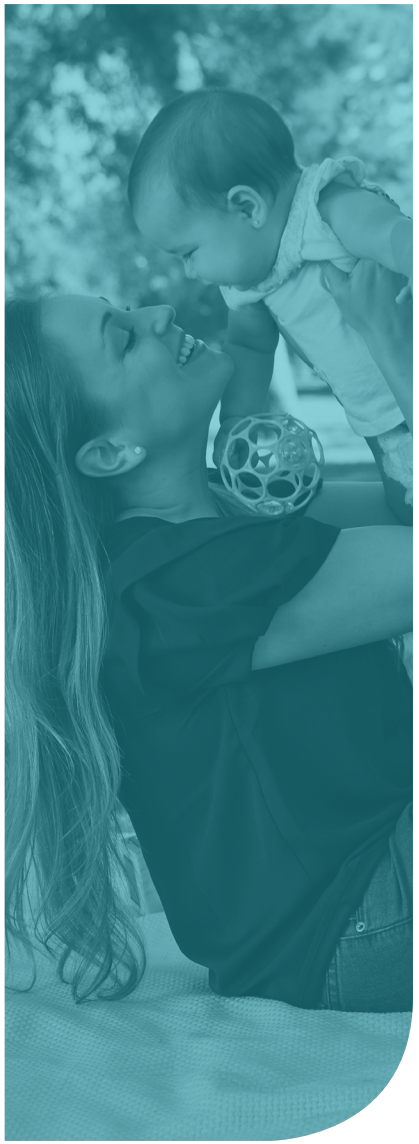
You can download the app for free on your smartphone using the App store for Apple and Google Play for Android.

Health Education and Incentives 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**, our secure Member portal, or call the Health Management departments at:

Chronic Illness: 1- (866) 891-2320 TTY/TDD 711

Weight Management, Stop Smoking and other programs: 1- (866) 472-9483 TTY/TDD 711.



Pregnancy Rewards

Are you going to have a baby? Molina Healthcare wants you to have a healthy pregnancy and baby. You could earn gift rewards with our Pregnancy Rewards program! It is easy. Sign up at **MyMolina.com**, our secure portal, or call 1- (866) 472-9483. Molina will send you a packet in the mail.

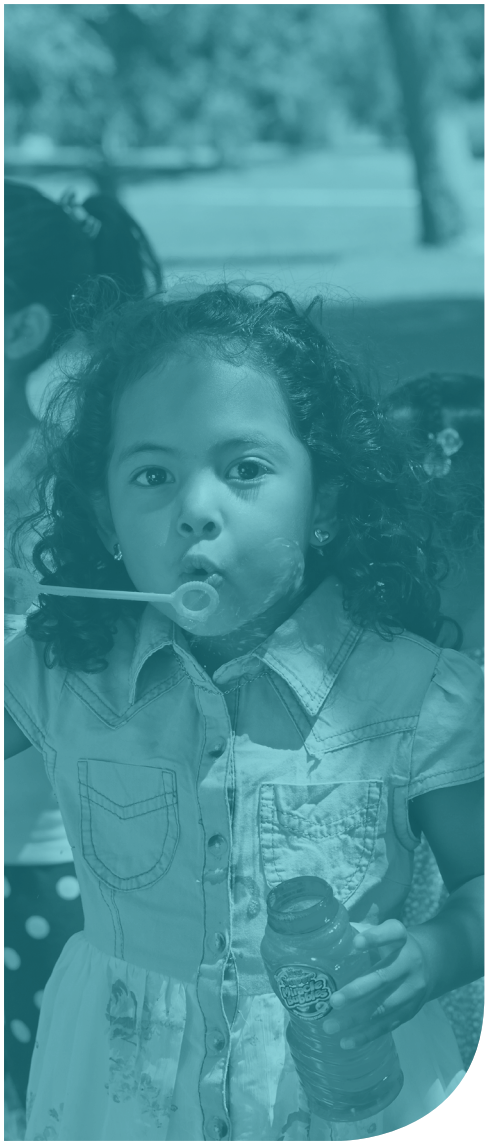
Transportation

We provide transportation. So you don't have to miss your next provider visit.

Non-emergency medical transportation is available through MTM. They arrange rides to covered services for members who have no other way to receive a ride. If you qualify for this service and need to arrange non-emergency transportation, contact MTM at 1- (888) 597-1206, TTY/TDD: 711 or call Member Services at 1- (844) 809-8438, TTY/TDD: 711.

Medical visits include trips to a provider, clinic, hospital, therapy or behavioral health appointment.

Call to schedule your ride. You must give at least 3 working days' notice when scheduling transportation.



Care Management

We have a team of nurses and social workers ready to serve you. They are called Care Managers. 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
- Obesity
- Congestive Heart Failure
- Organ Transplant
- Members discharge from the hospital
- Other chronic health conditions

Any Molina member may ask for a Care Manager to assist them with their health care needs!

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.
- Women, Infants and Children's Nutrition Program (WIC) 1- (800) 545-6747
- Department of Health 1- (866) 458-4948
- Molina Care Management 1- (844) 809-8438, TTY/TDD 711

Value Added Benefits	
Unlimited Office Visits	
Vision: Adults get 1 pair of glasses each fiscal year and 1 eye exam per fiscal year.	In addition to standard Medicaid coverage limit for frames and lenses, we provide an additional $100 credit per calendar year to be used toward better March frames or toward Polycarbonate lenses or contact lenses.
Vision: Children get 2 pair of glasses each fiscal year and 2 eye exams per fiscal year (children under 21 years of age are eligible for more services if determined to be medically necessary)	In addition to standard Medicaid coverage limit for frames and lenses, we provide an additional $100 credit per calendar year to be used toward better March frames or toward Polycarbonate lenses or contact lenses.

Value Added Benefits	
Community Connectors: these community health workers assist in navigating the healthcare system and accessing community-based programs that promote healthy development, independent living, and physical and mental well-being for members with chronic illnesses	
Personal Care Managers available in Clinics	
24/7 Nurse Advice Line	1- (844)794-3638, TTY/TDD 711

Enhanced Incentive Rewards	
Healthy Behaviors	Pregnant moms who connect with Primary Care or Health Home providers as scheduled during the 1st and 2nd trimester get a $25 gift card for each trimester.
Prenatal Care	During pregnancy, visit your OB/GYN for 6 regular prenatal visits and receive a **free Cosco car Seat.**
Postpartum Care	After giving birth, within 21-56 days of delivery, get a **$25 gift card.**

Enhanced Incentive Rewards	
Well Child/Well Adolescent	Take kids ages 1-3 and 12-13 to all scheduled checkups and **receive a $25 gift** card. Take kids ages 4-11 for all scheduled checkups and receive a $25 gift card towards a **bike helmet or First Aid Only Child ID kit.**
Mammogram	If you are between the ages of 50-74 and have not had a mammogram in over two (2) years you qualify for a **$25 gift card** for receiving mammogram services as recommended.

Enhanced Incentive Rewards	
Diabetic treatment	Get your yearly diabetic retinal eye exam and diabetic lab work and get a **$25 gift card.**
Access Assistance to No-cost Safelink Tracfone	We will help you get a Safelink Tracfone to use 24/7 that allows communication with a Molina care manager, access to transportation and community organizations, our Molina Mobile app for access to covered services and appointment reminders and more, including unlimited text. We can help you fill out an application to obtain a Tracfone.

Enhanced Incentive Rewards	
Farm to Table	Molina distributes **fresh vegetables** to our beneficiaries through local churches and community organizations.
Weight Watchers™	If you qualify, Molina will enroll eligible beneficiaries with up to **12 weeks Weight Watcher™ service vouchers.**

Your Policy

Language Services

If you have any problem reading or understanding this information or any other Molina Healthcare information, please contact Member Services at 1-(844) 809-8438, TTY/TDD 711 for help at no cost to you. We can explain this information in English or in your primary language. We may have this information printed in some other languages. If you are visually or hearing impaired, special help can be provided.

Translation Services

If you need to speak in your own language, we can help. A translator will be ready to talk to you. They can also help you talk to your provider. A translator can help you:

- Make an appointment
- Talk with your PCP or nurse
- Get emergency care
- File a complaint, grievance, or appeal
- Get help about taking medicine
- Follow up about prior approval you need for a service
- With sign language

This is a free service. If you need a translator, call the Member Services Department 1- (844) 809-8438, or TTY/TDD 711. If you are hearing or sight impaired, Molina can help you. You may ask for the member materials in braille, large print, or audio. All these services are free of charge.

Appointment Guidelines

Your PCP's office should give you an appointment for the listed visits in this time frame:

Appointment Type	**When you should get the appointment**
Behavioral Health/ Substance Use Disorder Providers (routine visit)	Not to exceed twenty-one (21) calendar days
Behavioral Health/ Substance Use Disorder Providers (Urgent visit)	Not to exceed twenty-four (24) hours
Behavioral Health/ Substance Use Disorder Providers (post-discharge from an acute psychiatric hospital when the Contractor is aware of the Member's discharge	not to exceed seven (7) calendar days.
Dental Providers (routine visits)	Not to exceed forty-five (45) calendar days
Dental Providers (Urgent care)	Not to exceed forty-eight (48) hours
Urgent Care	Within 24 hours
Routine or non-urgent care	Within 14 days

Well-child preventive care	Within 14 days
Adult preventive care	Within 21 days
Specialist	Within 21 days

Pregnancy and Newborn Care

What If I Have a Baby?

Molina Healthcare wants to make sure you get medical care as soon as you think you are pregnant. If you think you are pregnant, see your PCP. Once you are pregnant your PCP will want you to see an OB/GYN. You don't need a referral to see an OB/GYN. It's important that you see your OB/GYN. If you need help finding an OB/GYN, call Member Services at 1- (844) 809-8438, TTY/TDD 711; we can help you arrange for your prenatal care. Or, if you want to avoid pregnancy, ask about family planning options.

To sign your new baby up for Molina Healthcare, you must call the Mississippi Division of Medicaid (DOM) as soon as possible after delivery to add your baby to Medicaid.
1- (800) 421-2408, TTY:711.

If you have any questions about enrolling your new baby in Molina Healthcare, call Member Services.

Covered Services

Prior Approval Process

You can get emergency care and most services without a Prior Approval. But some services do require a Prior Approval. For a Prior Approval request, a provider must call your healthcare plan

about the care they would like you to receive. Molina will review the request based on medical necessity and let your provider know if the request is approved before they can give you the service. This way, they can make sure it is appropriate for your specific condition.

For a list of covered services that do and do not require prior authorization, please refer to the Covered Services chart. You may also visit **MolinaHealthcare.com** or call Member Services.

Covered Services	**Limitation**
Ambulatory Surgical Center Services	*All Medicaid policy restrictions apply*
Behavioral Health Services	Including MPAC, inpatient/outpatient care, psychiatric residential treatment facilities and therapeutic and evaluative services *All Medicaid policy restrictions apply*
Case Management	For members with a chronic disease – disease management services
Chiropractic Services	$700 maximum per year for members 21 and over Members under 21 can get additional services if medically necessary and prior authorization is obtained
Community Mental Health Services (CMCH) Private Mental Health Center (PMCH) Services	Limitations may apply based on type of services provided *All Medicaid Policy restrictions apply*
Dental Services – Adults 21 years of age and older • Emergency pain relief • Palliative Care	$2,500 Maximum per year

Covered Services	Limitation
Dental Services – Children under age 21 • Preventative • Diagnostic • Restorative • Orthodontia	$2,500 Maximum per year Orthodontia $4,200 Maximum lifetime per child
Diabetic lab work and retinal eye screening	Annually
Dialysis	Freestanding or hospital-based center services
Disease Management	As indicated by PCP
Durable Medical Equipment	*All Medicaid policy restrictions apply*
Emergency Ambulance services	No limit
Early and Periodic Screening, Diagnostic and Treatment (EPSDT Services	Limited to beneficiaries under 21 years of age
ER Visits	No limit

Covered Services	Limitation
Eye Care – Vision Services	Adults (21 years of age and older): 1 eye exam and 1 pair of glasses every fiscal year. In addition to standard Medicaid coverage limit for frames and lenses, we provide an additional $100 credit per calendar year to be used toward better March frames or toward Polycarbonate lenses or contact lenses. Children: (Under age 21) 2 eye exams per year and 2 pair of glasses. EPSDT- eligible members are eligible for more services if determined to be medically necessary. In addition to standard Medicaid coverage limit for frames and lenses, we provide an additional $100 credit per calendar year to be used toward better March frames or toward Polycarbonate lenses or contact lenses.

Covered Services	Limitation
Services from Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)	*All Medicaid policy restrictions apply*
Genetic Testing	Inheritable disease diagnosis such as Sickle Cell
Family Planning Services	unlimited
Hearing Services	Hearing aids are covered for members under 21 years of age, including cochlear implants
Home Health Services	Unlimited Physical therapy and speech therapy visits in the home health setting are not covered through the home health program for beneficiaries age 21 and over.
Hospice	Inpatient and Outpatient
Hospital Services	Inpatient and Outpatient

Covered Services	Limitation
Hysterectomy	Requires consent form with authorization request
Laboratory Services	*All Medicaid policy restrictions apply*
Mammogram/Pap Smears	No prior authorization required
Medical Supplies	*All Medicaid policy restrictions apply*
No co-pays	
Non-emergency transportation services	To medical appointments, vision exams and pharmacy visits immediately following a medical appointment
Nuclear Cardiology	Including but not limited to Thallium stress test or nuclear stress test
OB/GYN and Nurse Midwife services	Including Prenatal and Postpartum visits
Oral Surgery	Inpatient/Outpatient
Orthotics & Prosthetics	*All Medicaid policy restrictions apply*

Covered Services	Limitation
Physician office services, Physician Assistant services office visits and Nurse Practitioner office visits	No Limit
Podiatrist Services	Subject to qualifying systemic diagnosis
Prenatal Care – Maternity Services	Including Postpartum care
Prescription Drugs	6 per month; EPSDT eligible members are eligible for more prescriptions if determined to be medically necessary. 72 hour supply of emergency drugs
Preventative Care	Mammograms, well baby and well child care, regular check-ups, EPSDT services
Radiology/X-rays	*All Medicaid policy restrictions apply*

Covered Services	Limitation
Sleep Study	Physician's office or Outpatient department of a hospital
Specialty injection/ infusion	Infusion in home setting applies to home health benefit limits
Sterilization Procedures	Covered for members 21 and over. Requires properly signed consent form, see Title 23: Medicaid Part 202, Rule 5.3 for more information
Substance Abuse Services	Inpatient/Outpatient care
Therapeutic and Evaluative Mental Health Services for Expanded EPSDT (T & E)	Limited to beneficiaries under 21 years of age
Therapy Services	Outpatient
Transplants	Yes, in accordance with title 23: Medicaid Part 202, Rule 4.2 and 4.3
Vaccines	EPSDT immunizations, flu shots, and pneumonia vaccines

Services Not Covered
Molina Healthcare will not pay for services received outside the U.S. Molina Healthcare will not pay for services or supplies received without following the directions in this handbook. Some examples of non-covered services include:

- Acupuncture
- Plastic or cosmetic surgery that is not medically necessary
- Surrogacy

This is not a complete list of the services that are not covered by Medicaid or Molina Healthcare. If you have a question about whether a service is covered, please call Member Services.

Molina Healthcare must provide all medically necessary services for its members who are under age 21. This is the law. This is true even if Molina Healthcare does not cover a service or the service has a limit. As long as your child's services are medically necessary, services have:

- No dollar limit; or
- No time limits, like hourly or daily limits

Your provider may need to ask Molina Healthcare for approval before giving your child the service. Call Member Services if you want to know how to ask for these services.

Early and Periodic Screening Diagnosis and Treatment Services (EPSDT)

All children and adolescents under the age of twenty-one (21) who are Molina members are eligible to receive Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT). These services are provided without limitation.

This includes periodic health screenings and appropriate up-to-date immunizations using the recommended immunization schedule provided by the Advisory Committee on Immunization Practices (ACIP). The EPSDT also include examinations for vision, dental, hearing and all medically necessary services.

Periodic Health Screening:

- A comprehensive unclothed physical exam,
- Comprehensive beneficiary and family/ medical history,
- Developmental history,
- Measurements, including, but not limited to length/height, weight, head circumference, body mass index (BMI) and blood pressure,
- Vision and hearing screenings,
- Developmental/behavioral assessment,
- Autism screening,
- Developmental surveillance,
- Psychosocial/behavioral assessment,

- Tobacco, alcohol and drug use assessment,
- Depression screening,
- Maternal depressing screening,
- Newborn Metabolic/hemoglobin screening,
- Vaccine administration, if indicated,
- Anemia screening,
- Lead screening and testing,
- Tuberculin test, if indicated,
- Dyslipidemia screening,
- Sexually transmitted infection,
- HIV testing,
- Cervical dysplasia screening,
- Dental assessment and counseling,
- Anticipatory guidance,
- Nutritional assessment, and
- Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status.

Periodicity Schedule:

Frequency is as follows:

- 3-5 days,
- By one month,
- Two months,
- Four months,
- Six months,
- Nine months,
- 12 months,
- 15 months,
- 18 months,
- 24 months,
- 30 months, and then,
- once a year for ages 3-21 years old.

If you need help accessing EPSDT services for your child, please call Member Services 1- (844) 809-8438, TTY/TDD 711.

Dental checkups are important to your child's health. They help stop cavities and gum disease. Call your dental provider to make an appointment at least yearly for your child. If you need help finding a dental provider, please call Member Services at 1- (844) 809-8438, TTY/TDD 711.

Expanded EPSDT services for eligible members that are found during an EPSDT exam and are deemed medically necessary include:

- Adolescent counseling services
- Therapy services (physical, occupational, speech, hearing and language)
- Additional treatments and services that may be needed (such as prescriptions and therapy services)
- Prescription drugs
- Inpatient hospital
- Outpatient hospital services
- Home Health Services
- Private duty nursing

- Durable medical Equipment/prosthetics
- Dental services
- Optometry services
- Eyeglass/contacts
- Hearing services
- Mental health services
- Podiatry services

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 or out-of-network provider. This service is at no cost to you. Call Member Services to learn how to get a second opinion.

How to Choose a Primary Care Provider (PCP)

It is easy to choose a Primary Care Provider (or PCP). Use our Provider Directory to select from a list of providers. You may want to choose one provider who will see your whole family. Alternatively, you may want to choose one provider for you and another one for your family members.

Your PCP knows you well and takes care of all your medical needs. Choose a PCP as soon as you can. It is important that you feel comfortable with the PCP you choose.

Call and schedule your first visit to get to know your PCP. If you need help making an appointment, call Molina Healthcare toll-free at 1- (844) 809-8438, TTY/TDD 711. Molina Healthcare can also help you find a PCP. Tell us what is important to you in choosing a PCP. We are happy to help you. Call Member Services if you want more information.

How to Get Specialty Care and Referrals

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 PCP must ask Molina Healthcare to approve before you can get them. That is called a "pre-authorization." Your PCP 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 (3) 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 to See a Provider 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. 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 the Molina Healthcare service area and you need non-emergency medical care, the provider must first contact Molina Healthcare to get approval before providing any services. It is important to remember that you must receive services covered by Molina Healthcare from facilities and/or providers in Molina Healthcare's network.

What is an Emergency?

An emergency needs to be taken care of right away. You don't need approval for an emergency. Call 911 or go to an emergency room near you. You can go to any emergency room or other facility that is not part of Molina. You can get care (24) hours a day, (7) days a week. If the emergency room provider says that you don't have to stay but you still stay, you may have to pay.

You might need care after you leave the ER. If you do, don't go to the ER for follow up care. If you need help seeing a provider, call Member Services. If you don't have an emergency, don't go to the ER. Call your PCP.

Molina Healthcare has a 24-Hour Nurse Advice Line which can also help you understand and get the medical care you need. If you need non-emergent care after normal business hours, you can also visit an Urgent Care Center. You can find Urgent Care Centers in the provider directory. If you need help finding one you can call Member Services at 1- (844) 809-8438, TTY/TDD 711. You may also visit our website at **MolinaHealthcare.com**.

What is Post-Stabilization?

These are services you get after ER care. These services keep your condition stable. You do not

need approval for these services. After your visit to the ER, you should call your provider as soon as you can. Your provider will help you get any follow-up care you need. You can also call Member Services for help.

Covered Medications

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
- There may be another preferred drug available
- The drug can be misused or abused.
- The drug is listed in the formulary but not found on the preferred drug list (PDL).
- There are other drugs that must be tried first.

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

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

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 Mississippi Division of Medicaid's Universal Preferred Drug List (PDL) when you need to fill or refill a medication. You can find a link to the Mississippi Division of Medicaid's Universal PDL at **MolinaDrugList.com/MS/CAN.**

You can find a Medicaid pharmacy provider by visiting our website at **MolinaProviderDirectory.com/MS/CAN** or calling Member Services.

Access to Behavioral Health

Molina can help you get the behavioral health services you and your family need. You must use a provider that is part of our behavioral health network, unless it's an emergency. Your benefits cover inpatient services, outpatient services, and provider visits. You don't need a referral to see a provider. You can pick or change your behavioral health care provider or care manager at any time.

They can help you get the services you need and provide a list of covered services.

What to do if you are having a problem
You might be having these feelings:

- Sadness that does not get better
- Feeling hopeless and/or helpless
- Guilt
- Worthlessness
- Difficulty sleeping
- Poor appetite or Weight loss
- Loss of interest

If so, call Molina at 1- (844) 809-8438, TTY/TTD 711.

Emergency Behavioral Health Services

A behavioral health emergency is a mental health condition that may cause extreme harm to the body or cause death. Some examples of these emergencies are: attempted suicide, danger to self or others, so much functional harm that the person is not able to carry out actions of daily life, or functional harm that will likely cause death or serious harm to the body.

If you have an emergency, go to the closest hospital emergency room. You can go to any other emergency place right away. You can CALL 911. If you go to the ER, let your provider know as soon as you can.

If you have a behavioral health emergency and can't get to an approved provider, do the following:

- Go to the closest hospital or facility
- Call the number on your ID card
- Call your provider and follow-up within (24) to (48) hours

For out-of-area emergency care, the plan will transfer you to a provider that is part of an approved behavioral health provider. We will only do this when you are well.

Mental Health and/or Substance Abuse Services

If you need mental health and/or substance abuse services, call Member Services for information at 1- (844) 809-8438, TTY/TDD 711 for the hearing impaired: or you may self-refer directly to a State Certified community mental health center or treatment center. You can also look at the provider directory online at **MolinaHealthcare.com**, visit member portal at **MyMolina.com** or call Member Services for the names and telephone numbers of the facilities near you.

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 recover rooms
- Services of Participating Provider physicians, including consultation and treatment by Specialists
- Anesthesia
- Drugs prescribed in accord with the Universal Preferred Drug guidelines (for discharge drugs prescribed when you are released from the hospital, please refer to "Prescription Drugs and Medications")
- Radioactive materials used for therapeutic purposes
- Durable medical equipment and medical supplies
- Imagining, 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

How Does Molina Pay Providers for Your Care?

Molina Healthcare contracts with providers in many ways. Some Molina Healthcare 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

Molina Healthcare members are not responsible for co-payments or other charges for covered medical services. If you get a bill from a plan provider for approved and covered services, call Member Services. Do not pay the bill until you have talked to us. We will help you with this matter.

You may have to pay for services that are not covered. You may also have to pay for services from providers not part of our network. If the services were an emergency, you don't have to pay. If you need help, call Member Services.

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 Mississippi Division of Medicaid about eligibility. They are open Monday through Friday from 8:00 a.m. to 5:00 p.m. Their number is 1- 800-421-2408, TTY:711.

Enrollment Period:
If you are a mandatory enrollee required to enroll in a plan, once you are enrolled with Molina Healthcare or the State enrolls you in a plan, you can change plans within the first 90 days from the date of enrollment with the plan. After the 90 days, if you are still eligible for Medicaid, you may be enrolled in the plan for the next nine months. This is called "lock-in".

Other Insurance:
You must let Molina and Medicaid know if you have other insurance coverage with another company. Molina can help coordinate your other benefits with your other insurance company.

Open Enrollment:
If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called "open enrollment".

You do not have to change health plans. If you choose to change health plans during open enrollment, you will begin in the new health plan at the end of your current enrollment year. Whether you pick a new health plan or stay in the same health plan, you will be locked into that health plan for the next 12 months. Every year, you may change health plans during your 60 day open enrollment period.

Disenrollment:
Members may change their plan selection within the first ninety (90) days of Enrollment and thereafter during open enrollment periods. Voluntary disenrollment does not stop Members from filing a grievance with Molina Healthcare for incidents occurring during the time they were covered by Molina.

You can ask to disenroll from the plan if the services you want are not covered because of moral or religious reasons.

Involuntary Disenrollment:
You must be disenrolled from Molina Healthcare if You:

1. No longer reside in the state of Mississippi;
2. Are deceased;
3. No longer qualify for medical assistance under one of the Medicaid eligibility categories in the eligible population;
4. Become a nursing home resident. For the purposes of determining eligibility for MississippiCAN, PRTF's and ICF/IIDs shall not be considered a long term care facility;
5. Become enrolled in a waiver program;
6. Become eligible for Medicare coverage; or
7. Are diagnosed with hemophilia.

Call Molina Member Services or the Mississippi Division of Medicaid (DOM) to stop your membership if you meet any of the criteria listed above. Molina will let the DOM know, in writing, within three (3) calendar days if any of the above occurs.

Renewal of Benefits
You are required to renew your benefits every year. If you do not, you may lose your benefits. If you have moved since you originally signed up for Medicaid, you must call your local regional Medicaid office and tell them your new address or you will not receive a letter telling you when it is time to renew your benefits. For more information, visit **MolinaHealthcare.com/MSRenew**.

Reinstatement (Renewal of Molina Membership):
If you lose your Medicaid eligibility but regain it within (60) days, Molina will stay as your health plan. Molina will pick your previous PCP as long as your previous PCP is still in the Molina network.

If you want a new PCP, call the Member Services Department at 1- (844) 809-8438, TTY/TDD 711.

If you want to change your health plan, you must contact the Division of Medicaid. You can call them at 1- (800) 421-2408, TTY: 711. We want you to be happy with your health plan. Please tell us why you are not happy with us. This will help us improve. Call Member Services at 1- (844) 809-8438, TTY/TDD 711 and let them know the reason.

Other Insurance

Call Member Services to tell us you have:

- Medical insurance through your workplace
- Been hurt at work
- A worker's injury claim
- A car accident
- Filed a medical malpractice lawsuit
- A personal injury claim
- Other coverage or insurance

It's important that we have this information. It will help us manage your services right.

Non-Discrimination

Molina Healthcare may not discriminate on the basis of race, color, religion, gender, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services in the receipt of health services. If you think you have not been treated fairly, please call Member Services.

Complaint, 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 can help you with this process by calling Member Services. These services are free of charge. You can call us at 1- (844) 809-8438, TTY/TDD 711 Monday to Friday from 7:30 a.m. to 8:00 p.m. (CST) and the second Saturday and Sunday of every month from 8:00 a.m. to 5:00 p.m. (CST). A translator is available if you need to speak in your own language and can help you file your complaint, grievance, or appeal request. This service is free to all of our members. We can accept your complaint, grievance, or appeal from someone else with your permission.
For Example:

- A friend
- A family member
- A provider part of Molina
- A provider that is not part of Molina
- A lawyer

In order to be fair, cases will not be reviewed by the same person that made the first decision. all cases regarding medical services are reviewed by our medical staff. We keep files of all your cases and copies are available free of charge. Your file may include:

- All of your medical records
- Documents related to your case
- The info from before and during the appeals process
- Benefits, rules and criteria used to make the decision

We will not take any bad action if your provider files a grievance or appeal for you.

You 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, or
- Visit **MolinaHealthcare.com**, or
- Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your Molina Healthcare member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

  Mail your letter to:
  Molina Healthcare of Mississippi, Inc.
  Attention: Grievance & Appeals Department
  188 E. Capitol Street, Suite 700
  Jackson, MS 39201
  Fax: 1- (844) 809-2407

If you need a copy of the Molina's Grievance/ Appeal Form you may call Member Services or visit our website at **MolinaHealthcare.com**.

If you send us your grievance/appeal request in writing, please include the following information:

- Your first and last name
- Your signature
- Date
- Your Member ID number which can be found on the front of your Molina member ID card
- Your address and telephone number
- Your PCP's name and telephone number
- A description of the issue
- Any records related to your request

Filing a complaint, grievance, or appeal will not affect the way Molina Healthcare of Mississippi or its providers treat you.

Complaints and Grievances
If you are unhappy with your medical care or the service you are getting from Molina and/or its providers, you can file a complaint. You can file a complaint over the phone or in writing. Complaints must be filed within thirty (30) calendar days from the date of the event causing your dissatisfaction. Complaints are considered less serious or formal.

All complaints are resolved within one (1) calendar day from when we get the complaint. We will call you within twenty-four (24) hours if for any reason we cannot resolve the issue during the initial contact. If we cannot resolve your complaint within (1) calendar day of getting it, your complaint will be treated as a formal grievance.

You may file a grievance over the phone or in writing at any time. A grievance is an expression of dissatisfaction, regardless of whether you call it a "Grievance", received by Molina verbally or in writing about any matter or aspect of Molina or its operation, other than a Molina Adverse Benefit Determination.

Examples of complaints and grievances are, but are not limited to:

- You have a problem with the quality of your care
- Wait times are too long
- Your PCP or the PCP's staff is rude
- You can't reach someone by phone
- You are not able to get information
- A PCP's office is not clean
- Your enrollment with Molina ends and you did not ask for this
- You cannot find a provider in your area
- You are having trouble getting your prescription
- Molina extended the timeframe for resolving a grievance or appeal

We will send you a letter letting you know that we got your grievance within five (5) calendar days of getting your Grievance. We may call your provider or get help from other Molina departments to investigate your Grievance. You will get a letter with the outcome of your Grievance as quickly as your health condition requires, but no later than thirty (30) calendar days from when we got your grievance.

You can ask for up to fourteen (14) extra calendar days to resolve your grievance. Also, Molina can take up to fourteen (14) extra calendar days if we need more information for your grievance. We will call you and send you a letter within two (2) calendar days of extending the timeframe. The letter will include the reason why we need more

time and how the delay is in your best interest. At any time you may request a copy of your file, medical records or any material free of charge.

Appeals

If you got a Notice of Adverse Benefit Determination (denial letter) and you are unhappy with Molina's decision, you can ask for an Appeal. An Appeal is a request to look at an adverse benefit determination made by Molina. An adverse benefit determination (a decision not made in your favor) can be:

- Limiting or denying services;
- Reducing services;
- Suspending services;
- Terminating services;
- Denying payment for services;
- Failing to provide services in a timely manner;
- Failing to resolve appeals and grievances within timeliness guidelines;
- For a resident of a rural area with only one (1) Managed Care Organization in the area, the denial of a request to exercise his or her right to get services outside the Molina network;
- The denial of a request to dispute a financial responsibility, including cost sharing, co-payments, premiums, deductibles, coinsurance, and other member financial responsibilities; or
- If applicable, decisions by skilled nursing facilities and nursing facilities to transfer or discharge residents and adverse determinations made by a State with regard to the preadmission screening and annual resident review requirements.

All appeals must be filed within sixty (60) calendar days from the date on the Notice of Adverse Benefit Determination (denial letter). You can file an appeal over the phone or in writing. If you call to file your appeal, you must send Molina a signed, written appeal request after you first called us, unless you ask for an expedited (fast) plan appeal.

We will send you a letter letting you know that we got your appeal within ten (10) calendar days of getting the appeal. We may call your provider or get help from other Molina departments to investigate your appeal. You will get a letter with the outcome of your appeal as quickly as your health condition requires, but no later than thirty (30) calendar days from when we got the appeal request.

You can ask for up to fourteen (14) extra calendar days to resolve your appeal. Also, Molina can take

up to fourteen (14) extra calendar days if we need more information for your appeal. We will call you and send you a letter within two (2) calendar days of extending the timeframe. The letter will include the reason why we need more time and how the delay is in your best interest.

You have the opportunity to present Molina with evidence of the facts or law about your case, in person or in writing.

Your appeal will be looked at by an individual with the appropriate clinical knowledge for your condition. In order to be fair, your appeal will be looked at by someone who was not involved in any previous level of review and is not an employee of the individual who made the first decision.

You, or someone legally authorized to do so, can ask us for a complete copy of your case file at any time, including medical records (subject to Health Insurance Portability and Accountability Act (HIPAA) requirements), a copy of the guidelines (criteria), benefits, other documents and records, and any other information related to your appeal. These can be provided free of charge.

Expedited Appeals
You, your provider, or your Authorized Representative can ask for an expedited (fast) appeal if you think that waiting thirty (30) calendar days for an appeal decision could put your life, health, or your ability to attain, maintain, or regain maximum function in danger. Molina can also expedite (rush) your appeal request based on the information we get.

Molina will decide if your request meets the guidelines for an expedited appeal resolution within twenty-four (24) hours of getting your expedited appeal request. If your appeal request does not meet the guidelines for an expedited (fast) appeal, we will still process your plan appeal within the regular thirty (30) calendar day timeframe. We will call you and send you a letter with this information within two (2) calendar days of getting your expedited appeal request.
If we do expedite (rush) your plan appeal, we will call you and send you a letter with the appeal resolution within seventy-two (72) hours of getting your expedited appeal request. Expedited (fast) appeals will be resolved as quickly as your health condition requires, but no more than seventy-two (72) hours from when we get the expedited appeal request. Please note the limited time available to present evidence if we expedite your appeal.

You can ask for up to fourteen (14) extra calendar days to resolve your expedited appeal. Also,

Molina can take up to fourteen (14) extra calendar days if we need more information for your expedited appeal. We will call you and send you a letter within two (2) calendar days of extending the timeframe. The letter will include the reason why we need more time and how the delay is in your best interest.

At any time you may request for a copy of your file, medical records or any material free of charge.

Continuing Your Benefits During the Appeal Process

If you would like to continue with your benefits while you are appealing, you must file an appeal and meet all of the following guidelines:

- You asked for your benefits to continue within ten (10) calendar days from the date on the denial letter, or Notice of Adverse Benefit Determination letter, or on or before the date when changes to your benefit start, which date is later;
- The appeal involves services that Molina had already authorized;
- The service must have been asked for by an approved provider
- The approved authorization has not expired; and
- You asked for an extension of benefits.

Molina will provide benefits until one (1) of the following occurs:

- You withdraw the appeal;
- Ten (10) calendar days have passed from the date of the notice of appeal resolution and you have not asked for a Medicaid State Fair Hearing;
- The Division of Medicaid makes a State Fair Hearing decision not in your favor; or
- The time period or service limits of a previously authorized services has expired.

To ask for your benefits to continue while your appeal is being looked at, you may call us or send your request in writing to:

Molina Healthcare of Mississippi
Attention: Grievance & Appeals Department
188 E. Capitol Street, Suite 700
Jackson, MS 39201
Fax: 1- (844) 809-2407

If the final Appeal decision is not in your favor, you may have to pay for the services you were getting while the appeal was being reviewed.
If the final appeal decision is in your favor and the services were not given to you while the appeal was being looked at, Molina will authorize the services for you as quickly as your health requires, but no later than seventy-two (72) hours from the date of the approval.

State Fair Hearing
If you are unhappy with an appeal decision that was made not in your favor, you or Authorized Representative can ask for a State Fair Hearing. You can ask for a State Fair Hearing within one hundred twenty (120) calendar days of Molina's notice of appeal resolution unless an acceptable reason for delay exists. An acceptable reason for delay includes, but is not limited to, situations or events where:

- You were seriously ill and were prevented from calling Molina;
- You did not get the notice of Molina's decision;
- You sent the request for Appeal to another government agency in good faith within the time limit; and
- Unusual or unavoidable circumstances prevented a timely filing.

You must first complete your plan-level appeal before asking for a State Fair Hearing with the Mississippi Division of Medicaid. You can ask for a State Fair Hearing by sending your request in writing to:

Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201
Phone: 1- (601) 359-6050
Toll-free: 1- (800) 421-2408, TTY: 711
Fax: 1- (601) 359-6294

You can also call Molina's Member Services Department and ask for help with a State Fair Hearing request. The Mississippi Division of Medicaid will let you know in writing when they have received your State Fair Hearing request. They will let you know of their State Fair Hearing decision in writing as well.

When your appeal is about services you were getting, but they ended or were decreased, you can continue getting services during the State Fair Hearing. If you continue getting services, there will be no change in your services until a final State Fair Hearing decision is made. Please be sure to tell us if you want your services to continue.

If you continue getting services and the services are still denied after a State Fair Hearing, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services.

Molina will meet the terms of the State Fair Hearing decision made by the Mississippi Division of Medicaid. The Mississippi Division of Medicaid's

decision in these matters will be final. If the State Fair Hearing decision is to reverse an Adverse Benefit Determination made by Molina, Molina will pay for all costs associated with the hearing.

Member Rights and Responsibilities

Did you know that as a member of Molina Healthcare, you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Molina Healthcare ensure that you get the covered services and care that you need. These rights and responsibilities are posted in provider's offices. They are also posted at MolinaHealthcare.com. You have the right to:

- To be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy
- To request and obtain information on any limits of your freedom of choice among network providers
- To a prompt and reasonable response to questions and requests
- To know who is providing medical services and who is responsible for your care
- To know what patient support services are available, including whether an interpreter is available if you do not speak English
- To know what rules and regulations apply to your conduct
- Receive information in a manner and format that may be easily understood
- To be given by health care provider information concerning diagnosis, planned course of treatment, treatment options, alternatives, risks, and prognosis in a manner appropriate to your condition and ability to understand
- To be able to take part in decisions about your health care
- To have an open discussion about your medically necessary treatment options for your conditions, regardless of cost or benefit
- To be free from any form of restraint or seclusion used as means of coercion discipline convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion
- To request and receive a copy of your medical records, and request that they be amended or corrected
- To be furnished health care services in accordance with federal and state regulations

- To refuse any treatment, except as otherwise provided by law
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for your care
- If you are eligible for Medicare, to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate
- To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care
- To receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have the charges explained
- To impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment
- To know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research
- To receive information about Molina Healthcare, its services, its practitioners and providers and members' right and responsibilities
- To request and obtain information on any limits of your freedom of choice among network providers
- Free exercise of rights and the exercise of those rights do not adversely affect the way the Molina and its Providers treat you.
- To receive information about the structure and operation of Molina
- To make recommendations about Molina Healthcare's member rights and responsibilities policies
- To voice complaints or appeals about the organization or the care it provides
- To express grievance regarding any violation of your rights, through the grievance procedure of the health care provider or health care facility which served you and to the appropriate state licensing agency listed below

  Mississippi Division of Medicaid
  550 High Street, Suite 1000
  Jackson, MS 39201
  Phone: 1- (800) 421-2408, TTY:711

Your Responsibilities

- For providing to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health
- For reporting unexpected changes in your condition to the health care provider
- For reporting to the health care provider whether you comprehend a contemplated course of action and what is expected of you
- To follow the care plan that you have agreed on with your provider
- For keeping appointments and, when you are unable to do so for any reason, to notify the health care provider or healthcare facility
- For your actions if you refuse treatment or do not follow the health care provider's instructions
- For assuring that the financial obligations of your health care, if any, are fulfilled as promptly as possible
- For following health care facility rules and regulations affecting patient care and conduct
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible
- To report truthful and accurate information when applying for Medicaid (You will be responsible to repay capitation premium payments if your Enrollment is stopped due to failure to report truthful or accurate information)

Advance Directives or Living Will

You have the right to make choices about your health. You have the right to have or not have medical care. You can make this happen at any time. This form is called an Advance Directive or Living Will. This form allows your family and provider know what care you want or don't want. It also says when to stop care that will continue your life in case of a serious illness.

The Living Will is a form that helps others gives you the care that you want even when you are not able to make decisions for yourself. The form can list the name of someone you trust to make these choices for you. This is in case you are not able to do so.

Molina will let you know of state law changes no more than (90) days after the change starts.

The Living Will should be:

- In writing
- Signed by you
- According to the state laws
- Witnessed by someone other than you

Why do you need to have a Living Will?
You could have an accident or get sick. You might live with a mental or physical illness and not be able to make decisions. If you do not have this form, those making choices for you may not know what you want. Worse yet, your family and friends could fight over the care you should get. They also can NOT agree about who gets to make choices for you. Help your family and friends to help you name a person and tell that person and family about your wishes.

When should I make a Living Will?
The best time to make a Living Will is before you need one! You need one before you become too sick. You may want to get or refuse care. It is good for anyone at any age to have a Living Will. It can be changed or stopped at any time. Molina respects your culture and traditions. Per our policy, we would not place any limits in the execution of your Living Will. We will also respect any limits you may place in your Living Will.

How Can I get More Information on Living Will?
We can tell you more about Advance Directives or Living Will. Call Member Services, Monday to Friday from 7:30 a.m. to 8:00 p.m. (CST) and the second Saturday and Sunday of the month from 8:00 a.m. to 5:00 p.m. at 1- (844) 809-8438, TTY/TDD 711. We can also talk with you about Molina's policies. If you have a Living Will or Advance Directive and your provider will not follow it, you or your representative can file a complaint with the State Department of Health. To file a complaint, you may call 1- (866) 458-4948. Or you may also call Molina's Member Services at 1- (844) 809-8438, TTY/TDD 711.

Fraud and Abuse

Molina Healthcare's Fraud 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 and abuse seriously, and complies with state and federal laws. Molina Healthcare investigates all suspected cases of fraud 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.

To report suspected Medicaid fraud, contact Molina Healthcare AlertLine at:
Toll free, 1-866-606-3889
Or
Complete a report form online at:
MolinaHealthcare.alertline.com

Definitions:

"Abuse" means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program or 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)

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 social 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**.

Definitions

Appeal – A formal request for Molina Healthcare to review a decision or 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.

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

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

Primary Care Provider (PCP) – A Molina Healthcare contracted 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.

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