

Guide to Accessing Quality Health Care

Spring 2019



MolinaHealthcare.com



Your Extended Family.



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MyMolina

MyMolina is a secure web portal that lets you manage your own health from your computer. [MyMolina.com](https://www.mymolina.com) is easy to use. Here are some of the things that you can do in MyMolina:

- Do a health appraisal. A health appraisal is a tool that can help you and your provider (doctor) identify ways to improve your health.
- Get self-help in the following areas:
 - Healthy weight (BMI)
 - Stop tobacco use
 - Promote physical activity
 - Healthy eating
 - Manage stress
 - Avoid drinking alcohol
 - Identify signs of depression
 - Identify signs of lack of motivation
 - Testing for cancer
 - Vaccinations
 - Safety



- Get pharmacy information such as:
 - Search for a pharmacy
 - Start the exception process
 - Learn about medicine interactions, side effects, or risks
 - Learn about generic medicine substitutes
 - Get e-refill reminders and learn about e-prescribing
 - Order a refill for current mail order prescriptions
 - Find out your cost, if any
- Other things you can do in the MyMolina member portal:
 - Request a Member ID card
 - Find out when and how to get referrals
 - Select or change a provider
 - Get online health records
 - Use secure e-mail to get health advice from the Nurse Advice Line
 - Send e-mail questions to Molina Member Services

To learn more or to sign up for MyMolina:

1. Call Molina Member Services department at **(844) 809-8438**, **TTY/TDD: 711** or
2. Create an account by following these easy steps:

Step 1: Go to [MyMolina.com](https://www.mymolina.com) ([MiMolina.com](https://www.mimolina.com) en Español)

Step 2: Enter your Member ID number, date of birth and zip code

Step 3: Enter your email address

Step 4: Create a password

Molina Healthcare's Quality Improvement Plan and Program

Your health care is important to us. We want to hear how we are doing. That's why you may receive a survey about Molina Healthcare and your health care services. One of these surveys is called CAHPS®. CAHPS® stands for the Consumer Assessment of Healthcare Providers and Systems. This survey asks questions about your health care. It asks about the care you receive from Molina Healthcare. We may send you a few questions about how we are doing. We want to know what is important to you. Please take the time to complete the survey if you receive it.

We use another tool called HEDIS® to improve care. HEDIS® stands for Healthcare Effectiveness Data and Information Set. We collect information on services that you may have received. These services include:

- Shots
- Well-check exams
- Pap tests
- Mammogram screenings
- Diabetes care
- Prenatal care
- Postpartum care
- Behavioral Health

This process helps us learn how many of our members actually got needed services. Molina makes this information available to you. You may use it to compare one health plan to another health plan.

We strive to improve our services each year. We set goals to improve services. Our Quality Improvement (QI) plan includes these goals. We want to help you take better care of yourself and your family.



We want to make sure you get the best service possible. Some of the ways we do this include:

- Mail or call you to make sure you and your child get needed well-exams and shots
- Help you learn about ongoing health problems, if you have them
- Make sure you get prenatal care and after-delivery exams, if you are pregnant
- Remind you to get Pap tests and mammogram screenings, if you need them
- Assist you with transportation services from the hospital to your home
- Help you find substance use facilities for recovery
- Looking at member grievances (complaints) when you send them in
- Help you find and use the information on the Molina Healthcare website
- Tell you about the special services we offer to all of our members

We review all of the services and care that you receive each year to see how well we are doing. Please visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com). You can read the latest results of our progress on our website.

To learn more, call your Molina Healthcare Member Services Team. You can ask for a printed copy of our QI plan and results.

Protecting Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina Healthcare uses and shares data to provide you with health benefits.

Protected Health Information (PHI)

PHI stands for “protected health information.” PHI includes your name, member number, race, ethnicity, language needs, or other things that identify you. Molina Healthcare wants you to know how we use or share your PHI.

Why does Molina Healthcare use or share your 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 use or share PHI for other purposes, as required or permitted by law

When does Molina Healthcare need your written authorization (approval) to use or share your PHI?

Molina Healthcare needs your written approval to use or share your PHI for reasons not listed above.



What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us not to use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Molina Healthcare protect your PHI?

Your PHI can be in written word, spoken word, or on a computer. Molina Healthcare uses many ways to protect PHI across our health plan. Below are some ways Molina Healthcare protects your PHI:

- Molina Healthcare uses policies and rules to protect PHI.
- Only Molina Healthcare staff with a need to know PHI may use PHI.
- Molina Healthcare trains staff to protect and secure PHI, including written and verbal communications.
- Molina Healthcare staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Molina Healthcare secures PHI on our computers. PHI on our computers is kept private by using firewalls and passwords.

What are the duties of Molina Healthcare?

Molina Healthcare is required to:

- Keep your PHI private
- Provide you with a notice in the event of any breach of your unsecured PHI
- Not use or disclose your genetic information for underwriting purposes
- Not use your race, ethnicity or language data for underwriting or denial of coverage and benefits
- Follow the terms of this Notice

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina Healthcare and file a complaint
- File a complaint with the U.S. Department of Health and Human Services

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. You also may ask for a copy of our Notice of Privacy Practices by calling our Member Services Department.

Patient Safety Program

Molina Healthcare wants you and your family to be safe and healthy. We have a Patient Safety Program to help us meet this goal. This program gives you safety facts so you can make better health care choices. Here are a few of the things we do to improve your safety:

- Keep track of our members' complaints about safety problems in their provider's office or hospital
- Give you information to learn more about how to make safe decisions about your care. These include:
 - Questions to ask your surgeon prior to surgery
 - Questions to ask about drug interactions
- Make programs available to help you manage your care and receive care in a timely manner
- Look at reports from groups that check hospital safety. Reports tell us about things like staffing levels in the Intensive Care Unit (ICU), use of computer drug orders, and so forth.

Groups that check safety:

- Leap Frog Quality Index Ratings (<http://www.leapfroggroup.org/>)
- The Joint Commission National Patient Safety Goal Ratings (www.qualitycheck.org/consumer/searchQCR.aspx)

You can look at these websites to:

- See what hospitals are doing to be safer
- Help you know what to look for when you pick a provider or a hospital
- Get information about programs and services for patients with problems like diabetes and asthma

We will also let you know about our baby car seat/booster seat program.

- Call our Member Services Department at (844) 809-8438, TTY/TDD: 711 to get more information about our Patient Safety Program.
- You can also visit us online at MolinaHealthcare.com.

How We Work with our Providers to Make Choices about Your Health Care

Molina Healthcare wants you to get the care you need. Sometimes your provider may need to ask us to approve the service before you receive the service (prior authorization), while you are receiving services (concurrent) or after you receive the service (post-service). We will work with your provider to decide if you need the services. We call this process Utilization Management (UM). We make choices about your care based on medical need and your benefits. We do not reward providers or others to deny coverage for services you need. We do not pay extra money to providers or our UM staff to make choices that result in giving less care.

If you have a question about our UM process or decisions, you can call us. Please call our Member Services Department toll-free at **(844) 809-8438**, **TTY/TDD: 711**. Staff can also accept collect calls. If you need help in your language, a bilingual staff member or interpreter is available. We also offer TTY/TDD services for members who have



hearing or speech disabilities. Our Member Services staff can answer your call Monday through Friday (except holidays) 7:30 am to 8:00 pm Central Time and the second weekend of every month from 8:00 am to 5:00 pm. If you call when we are not available, please leave a message and your phone number. The Member Services staff will return your call within one business day.

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

What to Do When You Need Care After Hours or in an Emergency

After Hours Care

There may be times when you may need care when your Primary Care Provider's (PCP) office is closed. If it is after hours and your PCP's office is closed, you can call Molina Healthcare's Nurse Advice Line at **(844) 794-3638, TTY/TDD: 711**. Nurses are available to help you 24 hours a day, 7 days a week.

Highly trained nurses answer our Nurse Advice Line. They can help you decide if you should see a provider right away. The nurses can also help you make an appointment if you need to see a provider quickly. Sometimes, you may have questions but do not think you need to see your PCP. You can call the Nurse Advice Line and talk to a nurse.

Emergency Care

Emergency care is for sudden or severe problems that need care right away. It can also be needed care if your life or health is in danger.

Emergency care is a covered benefit. You do not need prior approval. If you have an urgent matter that does not threaten your life, you can also call our Nurse Advice Line. Call (844) 794-3638, TTY/TDD: 711, 24 hours a day, 7 days a week.

Where to Find Answers to Drug Benefits

Molina Healthcare wants you to speak to your provider about drugs you need. You can visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com) if you want to know more about your drug benefits. Our website also explains our pharmacy process. On the website, you can find:

- A list of generic and brand name drugs that we cover and do not cover (Preferred Drug List (PDL))
- Limits on covered drugs
- Limits include items such as the numbers of refills you may receive or drug doses you may get
- How your provider can ask us to approve certain drugs
- How your provider can ask for the amount of a drug you may need
- Information needed from your provider to get approval for some of your drugs
- Details about the process that your provider will use for generic substitution, therapeutic interchange and step-therapy protocols
- Updates made to the drug list at any time during the year



If you need more information on your pharmacy benefits, you can also call Member Services.

Getting you Extra Help when you have Ongoing Health Problems

Taking care of your own health problems can be hard. Molina Healthcare has a program that can help. We offer a Case Management Program to help members deal with difficult health problems. We offer this help to anyone receiving health services for an ongoing health problem. Our staff will work with you to make sure you receive the right care.

Molina Healthcare staff can help you:

- Find and access eligible services.
- Arrange doctor visits and tests.
- Arrange transportation.
- Identify any gaps in care or health care needs.
- Access resources to help individuals with special health care needs and/or their caregivers deal with day-to-day stress.
- Coordinate moving from one setting to another. This can include working with you and your caregiver(s) when a hospital discharges you.
- Assess eligibility for long-term care services.
- Connect with community resources.
- Find services that might not be covered benefits. This can include physical therapy with schools or in community settings or “Meals on Wheels.”
- Arrange services with a Primary Care Provider (PCP), family members, caregivers, representatives and any other identified provider.

Members can be referred to Case Management through:

- A provider
- Member Services, the Health Education line or 24-hour Nurse Advice Line
- A family member or caregiver
- Yourself

These programs are voluntary. Molina Healthcare offers them at no cost to you. You can choose to be removed from any program at any time.

Please call Molina Healthcare’s Member Services Department to:

- Be removed from a program
- Learn more about a program
- Ask for a referral

Population Health (Health Education, Disease Management, Care Management and Complex Case Management)

The tools and services described here are educational support for our members. We may change them at any time as necessary to meet the needs of our members.



Health Education/Disease Management

Molina Healthcare offers programs to help you and your family manage a diagnosed health condition. Our programs include:

- Asthma management
- Depression management
- Diabetes management
- High blood pressure management
- Cardiovascular Disease (CVD) management
- Chronic Obstructive Pulmonary Disease (COPD) management

You can learn more, enroll in or dis-enroll from any of the programs above by calling the Molina Health Management Department at **(866) 891-2320**, TTY/TDD: **711**, 8:00 a.m. to 8:00 p.m. Central Time, Monday through Friday.

Newsletters

Newsletters are posted on the [MolinaHealthcare.com](https://www.molinahealthcare.com) website. The articles are about topics asked by members like you. The tips can help you and your family stay healthy.



Health Education Materials

Our materials are on nutrition, preventive services guidelines, stress management, exercise, cholesterol management, asthma, diabetes and other topics. To get these materials, ask your doctor or visit our website at www.MolinaHealthcare.com/MHMSMedicaidPublications.

Your Health Care Quick Reference Guide

Department/ Program	Type of Help Needed	Number to Call/Contact Information
Molina Member Services Department	If you have a problem with any of Molina’s services, we want to help fix it. You can call our Member Services for help or to file a grievance or compliant Monday through Friday from 7:30 a.m. to 8:00 p.m. Central Time and the second weekend of every month from 8:00 a.m. - 5:00 p.m..	Member Services Toll-Free: (844) 809-8438 TTY/TDD: 711 for the Telecommunications Relay Service
Health Management	To request information on programs for conditions such as asthma, diabetes, high blood pressure, Cardiovascular Disease (CVD), or Chronic Obstructive Pulmonary Disease (COPD).	(866) 891-2320 between 8:00 a.m. and 8:00 p.m. Central Time, Monday through Friday
Health Education	To request information on smoking cessation and weight management.	(866) 472-9483 TTY/TDD: 711 between 8:00 a.m. and 8:00 p.m. Central Time, Monday through Friday

Behavioral Health and Substance Use Disorder	If you have questions or concerns about your or your family's behavioral health.	Member Services (844) 809-8438 TTY/TTD: 711
Maternity Screening and High Risk OB support	For information on our pregnancy and maternity screening programs please contact our Member Services department.	Member Services (844) 809-8438 TTY/TDD: 711
Nurse Advice Line 24-Hours, 7 days a week	If you have questions or concerns about your or your family's health. The Nurse Advice Line is staffed by registered nurses.	(844) 794-3638 TTY/TDD: 711
Secretary of the U.S. Department of Health and Human Services Office for Civil Rights	If you believe that we have not protected your privacy and wish to complain, You may call to file a complaint (or grievance).	(800) 368-1019 TDD: (800) 527-7697 FAX: (404) 331-1807
Mississippi Department of Insurance	The Mississippi Department of Insurance is responsible for regulating health care services plans. If you have a grievance against Your health plan, you should first call Molina toll-free at (844) 809-8438, TTY/TDD: 711 and use Molina's grievance process before contacting this department.	Toll Free: (800) 562-2957 Local: (601) 359-3569 https://www.mid.ms.gov/about/contact-us.aspx

Behavioral Health

Molina Healthcare offers behavioral health services to help with problems such as stress, depression or confusion. There are services to help with substance abuse as well. Your PCP can offer a brief screening and help guide you to services. You can also look for services on your own by calling Member Services at **(844) 809-8438, TTY/TDD: 711**. You can access many types of services. These types of problems can be treated. Molina Healthcare will assist you in finding the support or service you need.

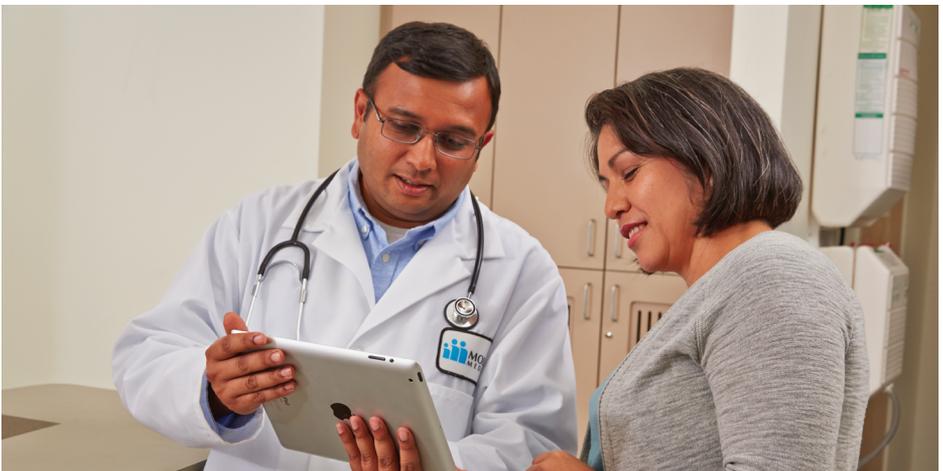
Your Rights as a Molina Healthcare Member

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. 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.
- To be given by health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- 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.



- 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 State Department of Health
 570 Woodrow Wilson Drive
 Jackson, MS 39216
 Phone: (866) 458-4948

You are also responsible for:

- 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 your 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 health care 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.

Please visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com) or view your Member Handbook for a complete list of member rights and responsibilities.

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 at (844) 809-8438, TTY/TDD: 711 to learn how to get a second opinion.

Out-of-Network Services

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.

Grievances and Appeals

Are you having problems with your medical care or our services? If so, you have a right to file a grievance (complaint) or appeal.



A grievance can be for things like:

- The care you get from your provider or hospital
- The time it takes to get an appointment or be seen by a provider
- Provider availability in your area

You may file an appeal when you do not agree with Molina Healthcare's decision to:

- Stop, change, suspend, reduce or deny a service
- Deny payment for services

You may request an expedited review if the decision may risk your life or health. You may also ask for a Fair Hearing with the State Administrative Law Judge if your appeal is denied.

Visit our website, [MolinaHealthcare.com](https://www.molinahealthcare.com), or your Member Handbook to read about:

- Grievance, appeal and State Fair Hearing processes and rights
- Grievance, appeal and State Fair Hearing timeframes
- Who can file a grievance/appeal

Call Member Services at **(844) 809-8438**, **TTY/TDD: 711** if you have any grievance questions.

Your Right to Appeal Denials

What is a denial?

A denial means that services or bills will not be paid. If we deny your service or claim, you have the right to request why your services or bills were denied. You have a right to appeal.

If we deny your service or claim, you will get a letter from Molina Healthcare telling you about this decision. This letter will tell you about your right to appeal. You can read about these rights in your Member Handbook. You can learn how to file an appeal on our website, [MolinaHealthcare.com](https://www.molinahealthcare.com). Member Services can also help you

file an appeal.

If you are not happy with the result of your appeal, you can ask for an independent review. This means providers outside Molina Healthcare review all the facts in your case and make a decision. We will accept that finding.

Would you like to ask for a review of an appeal? Call Member Services at (844) 809-8438, TTY/TDD: 711 and ask them to help set this up for you.

Finding Information about Molina Providers Using our Website (POD)

Molina Healthcare offers a provider online directory. To access the provider online directory, visit [MolinaHealthcare.com](https://www.molinahealthcare.com). Click on “Find a Doctor”. The provider online directory includes information, such as:

- A current list with the names, addresses and phone numbers of Molina Healthcare providers.
- A provider’s board certification status. You can also visit the American Board of Medical Specialties at www.abms.org to check if a provider is board certified.
- Office hours for all sites.
- Providers accepting new patients.
- Languages spoken by the provider or staff.
- Hospital information including name, location and accreditation status.

If you cannot access the Internet, or need additional information (such

as your provider's medical school or residency information), Member Services can help. They can send you a printed copy of the provider online directory.

Your Right to an Advance Directive

All members have the right to accept or refuse treatment offered by a provider. However, what if you are not able to tell the provider what you want? To avoid decisions that may be made against your will, it is important to have an Advance Directive.

An Advance Directive is a legal form that tells medical providers what kind of care you want if you cannot speak for yourself. You can write an Advance Directive before you have an emergency. This keeps other people from making important health decisions for you if you are not well enough to make your own. There are different types of Advance Directive forms. Some examples are:

- Power of Attorney for Health Care
- Living Will

It is your choice to complete an Advance Directive. No one can deny you care based on whether or not you have an Advance Directive. Talk with someone you trust, like a family member or friend. They can help you make decisions about your health care. You can also talk with your lawyer or PCP if you have questions, or would like to complete an Advance Directive form.

You may call Molina Healthcare to get information on how to obtain Advance Directive forms that comply with applicable state laws.

If you have signed an Advance Directive and you believe the provider has not followed your instructions, you may file a complaint. Please visit the website at [MolinaHealthcare.com](https://www.molinahealthcare.com) or call Member Services for more information on how to file a complaint.

Visit the Molina Healthcare Website

Visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com). Choose your state at the top of the page. You can get information on our website about:

- Benefits and services, included and excluded from coverage and restrictions
- Co-payments and other charges for which you are responsible (if they apply)
- What to do if you get a bill for a claim
- FAQs (frequently asked questions and answers)
- Other pharmacy procedures including drugs we do not cover, drug limits or quotas, the process to request an exception for drugs not on the formulary, and the process for generic substitution, therapeutic interchange (using drugs that are different but have the same effects) and step-therapy protocols (certain drugs are tried first before we cover another drug for the same condition)
- Preventive health guidelines and shot schedules
- How to obtain specialty care and hospital services

You can ask for printed copies of anything posted on the website by calling Member Services. Your Member Handbook is also a good resource. You can find it on our website.



Translation Services

We can provide information in your preferred language. We can have an interpreter to help you speak with us or your provider in almost any language (including sign language). We also provide written materials in different languages and formats. If you need an interpreter or written materials in a language other than English, please contact Member Services at **(844) 809-8438, TTY/TDD: 711**. There is no cost to you for these services.