

Guide to Getting Quality Health Care

2024



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English (English): ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-782-2018 (TTY:711).

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Español (Spanish): Atención: Si habla español, hay servicios de asistencia con el idioma disponibles para usted sin ningún costo. Llame al 1-844-782-2018 (TTY:711).

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አማርኛ (Amharic): ትኩረት፡ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ እርዳታ አገልግሎቶች ከክፍያ ነጻ፣ ለእርስዎ ይኖራል። ወደ 1-844-782-2018 ይደውሉ (TTY: 711)።

Français (French) : ATTENTION : Si vous parlez français, des services d'assistance linguistique, gratuits, sont à votre disposition. Composez le 1-844-782-2018 (ATS : 711).

Deutsch (Deutsch): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Rufen Sie 1-844-782-2018 (TTY:711) an.

Hindi (हिन्दी):दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएं, नि: शुल्क, आपके लिए उपलब्ध हैं। 1-844-782-2018 (TTY:711) पर कॉल करें।

日本語 (Japanese):注意:日本語話者の方は無料の言語支援サービスをご利用いただけます。1-844-782-2018 (TTY:711) までお電話ください。

한국어(Korean): 주의 사항: 영어를 구사하실 경우, 무료로 언어 지원 서비스를 받으실 수 있습니다. 1-844-782-2018 (TTY:711) 번으로 문의하시기 바랍니다.

Lao (ພາສາລາວ): ຄວນໃສ່ໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີການພັດການການຊ່ວຍເຫຼືອດ້ານພາສາແກ່ທ່ານ ໂດຍບໍ່ຕ້ອງຄ່າ. ໂທຫາໂປີ-844-782-2018 (TTY:711).

मराठी (Marathi): लक्ष द्या: तुम्ही मराठी बोलत असल्यास, भाषा सहाय्य सेवा, विनामूल्य, तु म यासाठी उपलब्ध आहेत. 1-844-782-2018 (TTY:711)वर कॉल करा.

नेपाली (Nepali): यानाकषायि तपोपाली बोलनुहुन्छ भने तपाईं निम्तमरुन्कि भाषा सहायताले उपलब्ध छन्। 1-844-782-2018 (TTY:711) मा कल गर्नुहोस्।

Русский (Russian): ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Позвонить по номеру 1-844-782-2018 (TTY:711).

Soomaali (Somali): FIIRO GAAR AH: Haddii aad ku hadasho af Soomaali, adeegyada kaalmada luuqadda, aan kharash lahayn, ayaa lagu heli karaa. Wac 1-844-782-2018 (TTY:711).

Swahili (Kiswahili): TAZAMA: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za msaada wa lugha bila malipo. Piga simu 1-844-782-2018 (TTY:711).

తెలుగు (Telugu): శ్రద్ధ పెట్టండి: ఒకవ శ తెలుగు మాట్లాడుతుంటే, ఖాసాసహాయ సేవ, ఉచితంగా లభిస్తుంది. 1-844-782-2018 (TTY:711) కు కాల్ చేయండి.

Tagalog (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka ng mga serbisyo ng tulong sa wika, nang walang bayad. Tumawag sa 1-844-782-2018 (TTY:711)

Thai (ภาษาไทย): โปรดทราบ: หากคุณพูดภาษาไทยได้ คุณสามารถใช้ บริการความช่วยเหลือ านภาษาไทยได้ ฟรี โทร 1-844-782-2018 (TTY:711)

Українська (Ukrainian): УВАГА: Якщо ви володієте англійською мовою, до ваших послуг безкоштовні послуги мовної підтримки. Телефонуйте за номером 1-844-782-2018 (TTY:711).

Tiếng Việt (Vietnamese): HÃY CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí vẫn sẵn sàng cho quý vị. Hãy gọi 1-844-782-2018 (TTY:711).

Yorùbá (Èdè Yorùbá): ÀKÍYÈSÍ: **Ọ́** bá n s ọ èdè Yorù bá, àv ọn isẹ̀ iránlọwọ̀ èdè, láìsídíyelẹ̀ w ń n ọ. Pe 1-844-782-2018 (TTY:711).

繁體中文 (Traditional Chinese): 注意: 如果您說繁體中文, 我們將免費為您提供語言協助服務。請致電 1-844-782-2018 (TTY:711)。

Your Guide to Getting Quality Health Care

The 2024 version of Molina Healthcare of Nebraska’s Guide to Getting Quality Health Care (the Guide) helps you learn about the programs and services offered to you. In this guide, you can read about our Quality Improvement Program and services to keep you healthy and take care of any health condition you may have.

This Guide gives you details about how we:

- Protect your privacy rights and your Protected Healthcare Information (PHI)
- Make choices about your health care
- Help you with health care actions
- Meet your communication needs

You can print out the Guide and any other information you need from our website. To get the Guide in your preferred language or accessible format, call Member Services at (844) 782-2018 (TTY: 711). You may also ask us to mail you a copy of the materials.

Your health care contacts

Department/Program	Services	Phone Number
Member Services	Molina Member Services can: <ul style="list-style-type: none"> • Answer questions about your health plan and services. • Help you choose or change a primary care provider (PCP) or primary care dentist (PCD or Dental Home). • Tell you where to get care. • Offer interpreter services if you do not speak English. • Provide information in other languages and formats. 	Member Services (844) 782-2018 TTY: 711 Monday – Friday 8 a.m. – 6 p.m. CT
24-hour Nurse Advice Line and National Suicide & Crisis Lifeline	<p>Talk to a registered nurse any time you have questions about your health. Available 24 hours a day, 7 days a week.</p> <p>The 988 Suicide and Crisis Lifeline is nationwide and provides 24/7, confidential support to people in suicidal crisis or mental health-related distress.</p>	24-hour Nurse Advice Line (844) 782-2721 TTY: 711 National Suicide & Crisis Lifeline Calls and text messages: 988

Department/Program	Services	Phone Number
24/7 telehealth virtual care	Visit a board-certified doctor by phone or video through Teladoc for minor illness or behavioral health issues without leaving home. You can get care 24 hours a day, 7 days a week.	Teladoc 800 TELADOC (800) 835-2362 TTY: 711 member.teladoc.com/ Molina
Disease Management*	<p>Do you live with a chronic health condition? We offer programs to help you manage:</p> <ul style="list-style-type: none"> • Asthma • Depression • Diabetes • Chronic obstructive pulmonary disease (COPD) • Heart failure • High blood pressure • Weight (nutritional counseling) • Quitting smoking (smoking cessation) • Substance use disorder • And More <p>For details on how to become eligible to participate and use these program services, call the Health Management Team.</p>	Health Management (866) 891-2320 TTY: 711 Monday – Friday 8 a.m. – 8 p.m. CT
Health education*	Learn more about living well and staying healthy. Get details about programs to help you stop smoking and manage your weight. We will help you learn how to use these programs.	Health Education (866) 472-9483 TTY: 711 Monday – Friday 8 a.m. – 8 p.m. CT
Maternity screening and high-risk pregnancy support*	Have a healthy pregnancy and a healthy baby. Join our pregnancy program to access screenings to help you and your baby be as healthy as you can be. Member Services can help you learn how to use this program.	Member Services (844) 762-2018 TTY: 711 Monday – Friday 8 a.m. – 6 p.m. CT

<p>Case management*</p>	<p>Case Managers assess your health conditions and review benefits and resources. This program can help you live healthier. Member Services will help you learn how to use these programs.</p>	<p>Member Services (844) 762-2018 TTY: 711 Monday – Friday 8 a.m. – 6 p.m. CT</p>
<p>Complex case management*</p>	<p>Care for members who get very sick and need extra help to feel better. Case managers will help you get the best care possible. Call Member Services to learn how to use these programs.</p>	<p>Member Services (844) 762-2018 TTY: 711 Monday – Friday 8 a.m. – 6 p.m. CT</p>
<p>Transition of Care program*</p>	<p>When you are discharged from a hospital or nursing home, coaches help you transition from one setting to another. They help you get the care you need at home. Call Member Services to learn more.</p>	<p>Member Services (844) 762-2018 TTY: 711 Monday – Friday 8 a.m. – 6 p.m. CT</p>
<p>U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR)</p>	<p>The OCR protects you from discrimination in health care and social services. It also protects the privacy of your personal health information.</p>	<p>Office for Civil Rights (OCR) (800) 368-1019 TDD toll-free: (800) 537-7697 hhs.gov/ocr/index.html</p>
<p>Nebraska Department of Health and Human Services (DHHS)</p>	<p>Nebraska Department of Health and Human Services oversees the state Medicaid program. It is important to keep your contact information updated with DHHS to ensure you get the coverage you need.</p>	<p>Nebraska Department of Health and Human Services Toll Free - (855) 632-7633 Omaha - (402) 595-1178 Lincoln - (402) 473-7000 TTY/TDD: 711 Monday – Friday 8 a.m. – 5 p.m. CT dhhs.ne.gov/Pages/Medicaid-Clients.aspx</p>

*You can opt out of these programs at any time. For more details about these programs, call Member Services.

Visit our website

Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) and choose your state. You will find:

- Benefits and services
- What to do if you get a bill for a claim
- Frequently Asked Questions (FAQs) and answers
- Pharmacy details like:
 - Drugs covered under your plan
 - Drug limits or quotas
 - How to request an exception for drugs not on the Preferred Drug List (PDL)
 - Generic substitutes
 - Therapeutic interchange (different drugs that have the same effects)
 - Step-therapy (covering one drug before we cover another)
- Preventive health guidelines and vaccine schedules
- How to get specialty care and hospital services
- Generic substitutes
- Therapeutic interchange (different drugs that have the same effects)
- Step-therapy (covering one drug before we cover another)

To get printed copies of anything on [MolinaHealthcare.com](https://www.molinahealthcare.com), call Member Services. You can also view your Member Handbook on the website.

Member portal

[MyMolina.com](https://www.mymolina.com) is your secure member portal. It lets you manage your health from your computer, phone, tablet or laptop. The member portal is easy to use. Here are some of the things you can do:

- Fill out your Health Risk Screener (HRS)
- Search for a local pharmacy
- Get help with:
 - Eating healthy
 - Managing your weight
 - Seeing if you have depression or lack motivation
 - Managing stress
 - Being physically active
 - Stopping tobacco use
 - Cancer screening
 - Vaccines
 - Quitting alcohol



- Request or print your member ID card
- Update your personal details:
 - Phone number
 - Email
 - Mailing address
 - Language preference
 - Race/ethnicity
 - Pronouns
 - Gender identity
 - Sexual orientation
- Choose or change doctors
- See your health records
- Find out how to get referrals
- Get health advice from our 24-hour Nurse Advice line, open 7 days a week
- Send an email to Member Services

To learn more or to sign up for the member portal, call Member Services. You can also create an account on your computer or from your phone. We recommend setting up your account on your computer first.

To create an account on your computer:

Step 1: Go to [MyMolina.com](https://www.molinahc.com)

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

Step 3: Enter your email address

Step 4: Create a password

Step 5: You may be asked for a phone number or email to get a code to verify yourself

To create an account from your phone:

Step 1: Find the My Molina® app in the Apple App Store or Google Play Store

Step 2: Download the My Molina® mobile app to your phone

Step 3: Open the app and select your health plan

Step 4: Enter your email address

Step 5: Create a password

Online Provider Directory

To search for a provider online, go to [MolinaHealthcare.com](https://www.molinahc.com). Click on **'Find a Doctor'**. The provider directory includes:

- Names, addresses and phone numbers of network providers
- Providers' board certification status
 - You can also visit the American Board of Medical Specialties ([abms.org](https://www.abms.org)) to see if a provider is board-certified

- Office hours
- Providers accepting new patients
- Languages spoken by the provider or staff
- Hospital name, location and accreditation status

If you cannot access the internet or need more information (like your provider's medical school or residency), we can send you a printed copy of the Provider Directory. Call Member Services at (844) 782-2018 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m. CT for help.

Molina's Quality Improvement Plan and Program

We are committed to making sure you get the best care possible. That is why each year, we put a plan in place to keep improving:

- Our services
- The quality of the care you receive
- The way we communicate with you

Our goals are to:

- Give you services that benefit your health
- Work with providers to get you the care you need
- Address your language and cultural needs
- Reduce any barriers to getting care, like issues with transportation and/or language

We also want to hear how we are doing. We review the past year of service to check our progress. We may send you a survey to get your feedback.

We may also send surveys to see how many members get their needed services. These surveys tell us what care is needed. One of these surveys is called CAHPS® (Consumer Assessment of Healthcare Providers and Systems).

The CAHPS® survey asks questions about how you rate:

- Your health care
- Your primary care provider (PCP)
- Your health plan
- Specialist(s) you have seen
- Well-check exams
- How easy it is for you to get care
- How easy it is for you to get care quickly

HEDIS® (Healthcare Effectiveness Data and Information Set)

We also measure how many of our members get key tests and exams. We look at:

- Annual exams
- Diabetes care
- Mammograms (x-rays of the breast)
- Medicine management

- Pap tests
- Prenatal care
- Postpartum care
- Shots (flu, child and teen shots)

We care about your health. We want to help you take better care of yourself and your family. To do this, we

- Remind you to get well-check exams and shots for yourself and your child
- Teach you about chronic health conditions
- Make sure you get prenatal and postpartum care if you're pregnant
- Remind you to get Pap tests and mammograms, if needed
- Address any complaints you
- Help you find and use information on our website
- Tell you about value-added services we offer

To learn more, call Member Services at (844) 782-2018 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m. CT. You can ask for a printed copy of our Quality Improvement Plan and results.

Guidelines to keep you healthy

We give you information about preventive services and when to get them. This information does not replace your doctor's advice.

To make the most of these guidelines:

- Take time to read them
- Write down questions and bring them to your next checkup
- Tell your provider about any health problems you or your children are having
- Go to your appointments
- If you miss an appointment, reschedule right away

We help you learn about key tests and exams to help you with health conditions, such as diabetes, Chronic Obstructive Pulmonary Disease (COPD) and depression. See [MolinaHealthcare.com](https://www.molinahealthcare.com) for details. Call Member Services at (844) 782-2018 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m. CT.

Extra help for chronic health problems

Taking care of health conditions can be a lot to deal with. To make sure you get the right care, our Case Management program can help you:

- Get services
- Arrange for tests and provider visits
- Get transportation to medical appointments
- Close gaps in care or service



- Get support for those with special needs and/or their caregivers
- Move from one setting to another, like leaving the hospital
- Get long-term care services
- Connect with community support

You can be referred to Case Management through:

- A provider
- Member Services, Health Education Line or our 24-hour Nurse Advice Line
- A family member or caregiver
- A self-referral
- Identified by Molina as eligible for Case Management

These programs are offered at no cost to you. You can choose to stop any program at any time. Call Member Services at (844) 782-2018 (TTY: 711) Monday– Friday, 8 a.m.–6 p.m. CT for more details.

Population health

We offer many programs to help you lead a healthier life.

Disease management

We offer these programs to help you and your family with:

- Asthma
- Cardiovascular disease (CVD)
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes
- Heart failure
- Weight (nutritional counseling)
- Quitting smoking
- Substance use disorder

To learn more, join or disenroll from any of these programs, call the Health Management team at (866) 891-2320 (TTY: 711) Monday–Friday, 6 a.m.–6 p.m. CT.

Case Management

Case Management is a way to help you take care of your physical and behavioral health in the best way possible. A team of people, including a case manager, nurses, doctors, and other helpers, will work together to make a special plan just for you that has goals to help you get better.

Case managers may talk to you on the phone or in person to make sure you're okay. They might also bring someone from the community to help you with information or to teach you something. Call Member Services to learn more how to use these programs.

Complex Case Management

Complex Case Management is care for members who get very sick and need extra help to feel better. Case managers want to make sure you get the best care possible and will:

- Teach you about your illness and help you get the right care and services
- Help you get things you need to feel better, like medicine or equipment
- Check to see if the things they are doing are helping you
- Keep working with you until you are feeling better and can take care of yourself on your own

To learn more, call Member Services or visit [MolinaHealthcare.com](https://www.molinahealthcare.com).

Transition of Care

Our Transition of Care program is designed to help you have a smooth transition after you leave the hospital or another care facility. Coaches will work with you or your caregiver to make sure you understand what you need to do to stay healthy. We want to make sure you get the best care possible and that you feel supported throughout your recovery.

The program is available to all Molina Healthcare members. To learn more, call Member Services at (844) 782-2018.

Member newsletters

We post member newsletters at [molinahealthcare.com/members/ne/en-us/mem/Medicaid/materials.aspx](https://www.molinahealthcare.com/members/ne/en-us/mem/Medicaid/materials.aspx). The information is easy to read and offers tips on healthy living.

Health education

We can teach you about things like:

- Eating healthy
- Preventing illness
- Stress care
- Staying active
- Cholesterol
- Asthma
- Diabetes
- Behavioral health

To get these health education materials, you can ask your doctor. You can also visit [MolinaHealthcare.com/StayingHealthy](https://www.molinahealthcare.com/StayingHealthy).



Health Risk Screener and Self-Management Tools

For help making healthy changes, use the Health Risk Screener (HRS) on the [My Molina](#) member portal. Just answer questions about your health, behaviors and suggested tests. You'll get a report about your health risks once you complete this screener.

In the member portal, you'll also find self-management tools that offer advice for:

- Weight management
- Depression
- Financial wellness
- Other topics that affect your health

These tools help you check progress, find barriers and measure progress toward goals. To learn more, go to [MyMolina.com](#).

Patient Safety Program

Our Patient Safety Program helps keep you and your family safe when you get health services.

We protect you by:

- Telling providers and hospitals about safety issues and where to get help
- Keeping track of member complaints about safety issues in provider offices and hospitals
- Reviewing reports from groups that check hospital safety
- Helping you move from one place to another, such as from hospital to home
- Teaching you about questions to ask during provider visits

Groups that check safety include:

- [Leapfrog Group Quality Index Ratings](#)
- [The Joint Commission National Patient Safety Goal Ratings](#)

You can look at the above websites to:

- See what hospitals are doing to be safer
- Know what to look for when you pick a provider or a hospital
- Get information about programs and services for conditions like diabetes and asthma

To learn more, call Member Services at (844) 782-2018 (TTY: 711) Monday-Friday, 8 a.m.–6 p.m. CT or visit [MolinaHealthcare.com](#).

How we work with providers to make decisions about your care

Some services must be preapproved before we will cover them. We work with your provider to find out what services you need. We make choices about your care based on medical needs and benefits. This is called utilization management (UM).

- We do not reward providers or others for denying services
- We do not pay extra to providers or UM staff to make choices that give you less care

If you need Long Term Services and Supports (LTSS), someone with LTSS experience, training and education makes decisions about these services.

If you have a question about our UM process or rulings, call Member Services at (844) 782-2018 (TTY: 711) Monday-Friday, 8 a.m.– 6 p.m. CT. We can accept collect calls. If you need help in your language, bilingual staff or interpreters are available at no cost. We also offer TTY services for if you are deaf, hard of hearing or have trouble speaking.

Member Services may also call to talk about UM issues. If Member Services calls, we will use our name, title and Molina's name.

Looking at what's new

We look for ways to offer new types of care and services and new ways to provide them. We review new services for safety and added benefits. Every year, we look at updates in:

- Equipment
- Medical services
- Behavioral health services
- Medicines

Language services

We will provide written or verbal information in your language, at no cost. We offer interpreters to help you speak with your provider or us. We do this for most languages. This includes sign language. For an interpreter or for written materials in a language other than English, call Member Services at (844) 782-2018 (TTY: 711) Monday-Friday 8 a.m.–6 p.m. CT.

Women's Health Services

We cover care before birth, care after delivery, breast exams, mammograms, and Pap tests. For routine and preventive services, you can see a women's health specialist. This may be an obstetrician, gynecologist, or certified nurse midwife. You do not need a referral to receive women's health services.

Behavioral Health Services

If you have concerns about behavioral health issues, we can help, including with things like stress, depression or substance use. You do not need a referral to see a provider. Ask your PCP or call Member Services at (844) 782-2018 (TTY: 711) Monday-Friday, 8 a.m.–6 p.m. CT for more information.

Emergency Behavioral Health Services

A behavioral health emergency is a mental health condition that may cause extreme harm to happen to the body or even cause death. Some examples are when you have:

- Thoughts of suicide or attempting suicide
- Caused danger to yourself or others
- Been hurt and cannot carry out actions of daily life
- Been hurt and it is causing serious harm to your body, or death

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. For the Suicide & Crisis Lifeline, you can call 988.

If you go to the emergency room, let your primary care provider know as soon as you can. If you have an emergency and cannot get to a network provider:

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

If you have an emergency out of area, we will help connect you to a network provider as soon as you are well.

Getting Care for Special Health Needs

We cover care for special needs. If you have Long Term Services and Supports (LTSS), you can see a specialist. You do not need a referral. You may be eligible for additional services. Call Member Services for more information about care coordination and case management.

Out-of-Network Services

If a network provider cannot give you the services you need, you can see an out-of-network provider. Your cost will be the same as if the provider were in our network. We will cover the out-of-network provider. To learn more, call Member Services.

Hours of Operations for Services

You can get services 24 hours a day, every day.



What to do When You Need After-Hours or Emergency Care

After-hours care

You may need care when your PCP's office is closed. After hours, call the 24-hour Nurse Advice Line at (844) 782-2721 (TTY: 711).

Highly trained nurses are here 24 hours a day, 7 days a week to:

- Answer your medical questions
- Help you decide if you need care right away
- Make an appointment for you

Emergency care

What is an emergency?

A sudden or severe problem that needs care right away or puts your life or health in danger.

We cover emergency care.

Emergency care is not covered outside the United States (except those needing hospitalization in Canada or Mexico).

If you need emergency care, call 911 or go to the nearest hospital. You don't need prior approval. For the Suicide & Crisis Lifeline, you can call 988.

For urgent care, call the 24-hour Nurse Advice Line at (844) 782-2721.

About Drug Benefits

To learn about the drugs you need, talk to your provider. For details about your drug benefits, visit [MolinaHealthcare.com](https://www.molinahealthcare.com). On our website, you can find:

- Our Preferred Drug List (PDL): A list of generic and brand name drugs we cover
- Limits on covered drugs, like the numbers of refills or doses you may get
- How your provider can request approval on certain drugs or the amount you need
- Information needed from your provider to get approval for some of your drugs
- Your provider's process for generic substitutes, therapeutic interchange and step-therapy
- Updates to our PDL
- Any copays for drugs not on the PDL
- How your provider can ask us to cover a drug not on the PDL

To learn more, call Member Services at (844) 782-2018 (TTY: 711) Monday-Friday, 8 a.m.–6 p.m. CT. day.

Protecting your privacy

You have rights when it comes to protecting your health information. We will not share health information that is not allowed by law. We respect and protect your privacy. We may use and share data to provide you with benefits. Your privacy is important to us.

Your protected health information (PHI)

PHI stands for protected health information. This includes your:

- Name
- Member ID number
- Race
- Ethnicity
- Gender identity
- Sexual orientation
- Social needs
- Social risks
- Language needs
- Other things that identify you

We may use your PHI to:

- Work with clinicians to provide your treatment
- Pay for your health care
- Review the quality of the care you get
- Tell you about your choices for care
- Run our health plan
- Use or share PHI for other purposes, as allowed by law

We must get your written approval to use or share your PHI for any purpose not listed above.

Your privacy rights

You have the right to:

- Look at your PHI
- Get a copy of your PHI
- Make changes to your PHI
- Ask us not to use or share your PHI in certain ways
- Get a list of the people or places we have given your PHI



How Molina protects your PHI

Your PHI can be written, spoken or digital. We protect your PHI by:

- Having policies and procedures that protect you
- Limiting our staff who can see PHI
- Training our staff on how to protect and secure PHI (written and verbal communications)
- Requiring written agreement to follow the policies and procedures
- Securing PHI digitally with firewalls and passwords

By law, we must:

- Keep your PHI private
- Tell you if there is 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
- Follow our Notice of Privacy Practices (NPP)

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

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

The information above is only a summary. To learn more about how we use and share your PHI, see our NPP at [MolinaHealthcare.com](https://www.molinahealthcare.com). You also call Member Services at (844) 782-2018 (TTY: 711) Monday-Friday, 8 a.m. – 6 p.m. CT to ask for a copy.

Your rights and responsibilities

Knowing your rights and responsibilities is important. It helps you, your family, your provider and Molina ensure you get the care you need.

You have the right to:

- Be treated with respect, dignity and without discrimination or retaliation
- Be given information about your illness or medical condition; understand the treatment options, risks, and benefits, and make an informed decision about whether you will receive treatment
- Receive information about available treatment options and alternatives, **presented in a manner appropriate to your condition and ability to understand the information**
- Participate in decisions about your healthcare including the right to refuse treatment
- Talk with your doctor and health plan and know your medical information will be kept confidential
- Request disenrollment
- Choose your health plan and primary care provider
- Have access to your health plan and primary care provider
- Receive medical care in a timely manner
- Request a copy of your medical record and request changes to your medical record

- Make a complaint about a provider or Molina Healthcare, and receive a timely response
- Receive information on the medical services provided by Molina Healthcare
- Exercise your rights with a guarantee that the exercise of those rights will not adversely affect your treatment by Molina, its providers, or Nebraska Medicaid
- Change your primary care provider at any time
- Change your health plan within 90 days of initial enrollment or during the annual open enrollment period
- Have health plan materials explained or interpreted
- Have interpreters at no cost, if necessary, during medical appointments and in all discussion with your primary care provider or Molina Healthcare
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Request an appeal if services are denied, terminated, or reduced
- Make advance directives, if desired, and receive assistance if needed
- Receive proper medical care 24 hours a day, 7 days a week

Indian Rights- At a minimum, American Indian rights include:

- The right to receive services from an Indian Health Services/Tribal 638/Urban Indian Health (I/T/U) primary care participating in the MCO's network as a PCP
- The right to choose an I/T/U as their provider
- The right to obtain covered services from out-of-network I/T/U providers from which they are eligible to receive such services
- The right to receive timely access to services available under the contract for American Indian members who are eligible to receive services from I/T/U providers
- The right to receive referrals to network providers from out-of-network I/T/U providers
- In compliance with Section 5006(a) of the ARRA, Molina Healthcare must:
 - Exempt from premiums any American Indian who is eligible to receive or has received an item or service furnished by an I/T/U provider or through a referral
 - Exempt from all cost sharing any American Indian who is currently receiving or has ever received an item or service furnished by an American Indian health care provider or through referral; and
 - Follow required American Indian health protections included in Section V.Q.5. Provider Reimbursement - Indian Health Protections
 - Molina Healthcare must adhere to Section 5006(d) of the American Recovery and Reinvestment Act of 2009 (ARRA), Public Law 111-5 and 42 CFR § 438.14.

You also have the responsibility to:

- Understand, to the best of your ability, how Molina Healthcare is used to receive health care
- Choose a provider within Molina's network
- Take your Medicaid ID card and health plan ID card to all medical appointments and to the pharmacy for prescriptions
- Keep your scheduled appointments

- Call your provider's office at least 24 hours in advance if your appointment must be rescheduled
- Tell your doctor about any medical problems
- Ask questions about things you do not understand
- Follow your provider's orders and advice
- Assist with the transfer of your medical records
- Receive services from your primary care provider or primary care dentist unless referred elsewhere by your primary care provider or primary care dentist
- Cooperate with all Nebraska Medicaid inquiries and surveys

Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) to view your Member Handbook for a full list of your rights and responsibilities or call Member Services (844) 782-2018 (TTY: 711) Monday-Friday, 8 a.m. – 6 p.m. CT to ask for a copy.

Second opinions

If you do not agree with your provider's care plan, you have the right to a second opinion. You can talk to another network provider. You can also talk to a provider outside of our network at no cost.

Grievances and appeals

If you have problems with your medical care or services, you have the right to file a grievance (complaint) or appeal.

File a grievance 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

File an appeal when you do not agree with our decision to:

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

You may ask for an expedited review if the decision puts your life or health at risk. You may also ask for a State Fair Hearing if your appeal is denied.

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

- Grievances and appeals
- How to file a grievance and appeal
- State Fair Hearing process, rights and timeframes

For questions, call Member Services.



Your right to appeal a denial

What is a denial?

A denial means we will not pay for a service or bill. If we deny your service, you have the right to find out why it was denied. You have the right to appeal.

If we deny your service, you will get a letter telling you why. It 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 at [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 request a State Fair Hearing. Molina will follow this finding.

Your right to an Advance Directive

You have the right to accept or refuse treatment offered by a provider. If you are unable to tell the provider what you want, you need to make your wishes known. It is important to have an Advance Directive. You can have one for medical and mental health care.

An Advance Directive is a legal form that tells providers the kind of care you want if you cannot speak for yourself. Write an Advance Directive before you have an emergency. This keeps other people from making important health decisions for you if you cannot make your own. There are different types of Advance Directives. Some examples are:

- Power of Attorney for Health Care
- Living Will

It is your choice to have an Advance Directive. No one can deny you care based on whether or not you have one. For help making decisions about your care, talk with someone you trust. This might be a family member or friend. You can also talk with your lawyer or PCP.

Call Member Services for help getting an Advance Directive that follows state laws.

If you have signed an Advance Directive and think your provider has not followed your wishes, you may file a complaint. Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) or call Member Services for details.

