

Your Quick Start Guide



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AffinityPlan.com/HARP



Department
of Health

Medicaid



Affinity

BY MOLINA HEALTHCARE

Welcome to Molina Healthcare PLUS!

As a new member, it's time to start getting the most from your Molina Healthcare PLUS! (HARP) coverage! Be sure to take these simple steps right away:

1

Look for your member ID card inside this packet

- Make sure your information on the card is correct.
- Always keep your ID card with you. Show it every time you get medical care or visit the pharmacy.

2

Download the My Molina® mobile app

- Our My Molina mobile app lets you view, print and send your member ID card. You can search for doctors, change your PCP and much more. Anytime, anywhere!
- Download the My Molina app today from the Apple App® Store or Google Play®.
- To learn how-to-use the My Molina mobile app and member portal, go to:
 - [MyMolina.com/GettingStartedVideos](https://www.mymolina.com/GettingStartedVideos) *English*
 - [MiMolina.com/VideosDeAyuda](https://www.mimolina.com/VideosDeAyuda) *Spanish*

Thank you for choosing Molina Healthcare PLUS as your trusted health plan. We're happy to have you as a member of our health care family.

3

Schedule a visit with your primary care provider (PCP)

- Visit your PCP even if you're not sick to get set up as a new patient. Your PCP needs to get to know you and your health history. The more your PCP knows, the better they can help you.
- Your PCP's name, phone number and location are listed on your member ID card.
- If you don't want to see the PCP listed on your ID card, you can change providers by using the My Molina mobile app, visiting [MyMolina.com](https://www.mymolina.com) or calling Member Services at (800) 223-7242 (TTY: 711).

Learn more about your health plan

Want to see a full list of your covered benefits and more details about your plan?

- Go to AffinityPlan.com/HARPMemberHandbook to read your Member Handbook.

Want to find a doctor near you?

- Go to MolinaProviderDirectory.com/Affinity to search our Provider Online Directory.
- All of our doctors are board-certified and reviewed for quality before they can join our network.

Want to see a list of covered medicines?

- Go to AffinityPlanFormulary.com/NY/HARP, scroll down and click on Pharmacy to see which drugs are preferred and covered for you.
- For more details, please go to AffinityPlan.com/HARP or call (800) 223-7242 (TTY: 711).





Your PCP

Your PCP is the main doctor who gives you most of your care. Make sure to see your PCP right away to get set up as a new patient. Your PCP should get to know you and your medical history. Think of your PCP as your medical home and the doctor who knows you the best! Once you're set up as a new member, you'll want to see your PCP for regular checkups.

Don't lose your Medicaid coverage!

You must renew your coverage every year.

You can log in to your account at info.nystateofhealth.ny.gov.

Or call NY State of Health at (855) 355-5777; TTY: (800) 662-1220.



If you need help, please call us at (800) 223-7242 (TTY: 711), or email HealthPlanRenewals@MolinaHealthcare.com.

Get text message reminders to **renew** your coverage. **Text JOIN to 94870.**

Information to keep handy

Member Services	Call Member Services at (800) 223-7242 (TTY: 711) when you have questions about your health plan, benefits or how to get services.
Member portal	Use our member portal to view, print and send your member ID card. Search for doctors, change your PCP and much more at MyMolina.com .
My Molina mobile app	Use our mobile app to manage your health care on your phone or tablet, anytime or anywhere! Download on your phone. Go to the Apple App store or Google Play.
Virtual urgent care (24/7)	Get urgent care from the comfort of your home with a virtual visit. Go to Member.Teladoc.com/Molina or call (800) TELADOC / (800) 835-2362 (TTY: 711).
Crisis services	Call or text the Suicide & Crisis Lifeline at 988 if you're thinking about suicide or have a behavioral health emergency and don't know what to do.
Menopause care	Call Elektra Health at (646) 760-6669 to schedule free telehealth visits.

Substance use disorder	Call the New York State HOPEline at (877) 8-HOPENY / (877) 846-7369 if you want help with drug or alcohol use.
Member Handbook	Get the details of how your plan works in your Member Handbook at AffinityPlan.com/HARPMemberHandbook .
Annual Notice	Read your Annual Notice at AffinityPlan.com/CoveredServices .
Health & wellness information	Get information about health and wellness topics at AffinityPlan.com/Health .
Provider Online Directory	See a list of our network providers at MolinaProviderDirectory.com/Affinity .
Rides to and from medical visits	Call (800) 223-7242 (TTY:711) for rides to non-emergency medical visits.

Earn rewards with Molina Healthcare Plus

We want to help you get the most of your membership. Take a look at some of the great benefits and rewards you have as member. We cover them at no cost to you!



\$20 for an adult well visit for members 20 years and older



\$20 for colorectal cancer screenings for members 45-75 years old



\$50 for postpartum care within 7 to 84 days of giving birth



\$25 for diabetes/HbA1c control + eye exam



\$20 for breast cancer screenings for members 50-74 years old



\$25 for follow-up after ER visit for alcohol and other drug abuse or dependence for members years and older



\$20 for yearly cervical cancer screenings for members 21-64 years old

To learn more and find out how to earn these rewards, please call (800) 223-7242 (TTY: 711).



\$25 for follow-up after ER visit for mental illness for members 6 years and older



\$25 for follow-up after hospitalization for mental illness for members 6 years and older



\$25 for achieving a viral load of less than 200 (up to 3 rewards per calendar year)



What to do when you're sick

Are you feeling sick and not sure what to do?
Don't worry, we're here to help you!



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What are my options?



PCP

Call your PCP day or night. After hours, on-call staff will return your call.

When you have a minor issue that requires medical care:

- Colds or cough
- Flu
- Regular checkups
- Earache
- Sore throat
- Medicine or refills
- Diarrhea



Virtual health visits or an urgent care center

Teledoc and urgent care centers are a great option if you need care after hours.

When it's not an emergency but you need care right away:

- Severe cold or flu symptoms
- Ear pain
- Sore throat
- Stomach flu or virus
- Wound that needs stitches
- Sprain, strain or deep bruise



Emergency room (ER)

Call 911 or go to the nearest ER.

When you think your life or health is in danger:

- Very bad bleeding
- Very bad stomach pain
- Chest pain or pressure
- Head injury or trauma
- Sudden dizziness or trouble seeing

You can also call our **24-hour Nurse Advice Line** at (844) 819-5977 to speak to a nurse 24/7.

Non-Discrimination Tag Line– Section 1557

Molina Healthcare of Affinity Healthcare by Molina

- English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-223-7242 (TTY: 711).
- Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-223-7242 (TTY: 711).
- Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-223-7242 (TTY: 711)。
- Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-223-7242 (телетайп: 711).
- French Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-223-7242 (TTY: 711).
- Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-223-7242 (TTY: 711) 번으로 전화해 주십시오.
- Italian ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-223-7242 (TTY: 711).
- Yiddish אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-223-7242 (TTY: 711)

Bengali	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-২২৩-৭২৪২ (TTY: ৭১১)।
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-223-7242 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-223-7242 (رقم هاتف الصم والبكم: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-223-7242 (ATS: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-223-7242 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-223-7242 (TTY: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-223-7242 (TTY: 711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-223-7242 (TTY: 711).
Nepali	ध्यान दनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निमित्त भा १ सहायता से हरू नि: ुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-223-7242 (ट ट इ: 711) ।

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of New York, Inc. dba “Affinity by Molina Healthcare “ (“**Affinity**”, “**we**” or “**our**”) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is July 1, 2017.

PHI stands for these words, protected health information. PHI means health information that includes your name, member number or other identifiers, and is used or shared by Affinity.

Why does Molina use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

Affinity may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

Affinity may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

Affinity may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Address member needs, including solving complaints and grievances.

We will share your PHI with other companies (“business associates”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your

appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

When can Affinity use or share your PHI without getting written authorization (approval) from you?

The law allows or requires Affinity to use and share your PHI for several other purposes including the following:

Required by law - We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health - Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight - Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research - Your PHI may be used or shared for research in certain cases.

Legal or Administrative Proceedings - Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement - Your PHI may be used or shared with police to help find a suspect, witness or missing person.

Health and Safety - Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions - Your PHI may be shared with the government for special functions. An example would be to protect the President.

Victims of abuse, neglect or domestic violence - Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation - Your PHI may be used or shared to obey Workers Compensation laws.

Other Disclosures - Your PHI may be shared with funeral directors or coroners to help them do their jobs.

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

Affinity needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Affinity needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

- **Request restrictions on PHI uses or disclosures (sharing of your PHI)** - You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Affinity's form to make your request.
- **Request confidential communications of PHI** - You may ask Affinity to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable

requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Affinity's form to make your request.

- **Review and copy your PHI** - You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Affinity member. You will need to make your request in writing. You may use Affinity's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request. Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.
- **Amend your PHI** - You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to make your request in writing. You may use Affinity's form to make your request. You may file a letter disagreeing with us if we deny the request.
- **Receive an accounting of PHI disclosures (sharing of your PHI)** - You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:
 - for treatment, payment or health care operations;
 - to persons about their own PHI;
 - sharing done with your authorization;
 - incident to a use or disclosure otherwise permitted or required under applicable law;
 - PHI released in the interest of national security or for intelligence purposes; or
 - as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You will need to make your request in writing. You may use Affinity's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member

Services Department at (800) 223-7242, TTY 711.

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

You may complain to Affinity and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

Affinity by Molina Healthcare
Attention: Manager of Appeals and Grievance
2900 Exterior St, Suite 202
Bronx, NY 10463
Phone: (800) 223-7242, TTY 711

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights – Centralized Case Management Operations
U.S. Department of Health & Human Services
200 Independence Avenue, S.W., Room 509F HHH Bldg.
Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD)
(202) 619-3818 (FAX)

What are the duties of Affinity? Affinity is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- 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;
- Follow the terms of this Notice.

This notice is subject to change

Affinity reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Affinity will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Affinity.

Contact Information

If you have any questions, please contact the following office:

Affinity by Molina Healthcare

Attention: Appeals and Greivance Department

2900 Exterior St, Suite 202

Bronx, NY 10463

Phone: (800) 223-7242, TTY 711

Financial Information Privacy Notice

THIS NOTICE DESCRIBES WHAT FINANCIAL INFORMATION ABOUT YOU THE COMPANY COLLECTS, HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW THE COMPANY PROTECTS OR SAFEGUARDS THE FINANCIAL INFORMATION. PLEASE REVIEW IT CAREFULLY.

We* are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information about a member or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

Information We Collect

Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency, such as a consumer’s creditworthiness and credit history.

Disclosure of information

We do not disclose personal financial information about our members or former members to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we

collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

Confidentiality and security

We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information. We limit access to nonpublic financial information to those personnel who need to know the information.

Questions about this notice

If you have any questions about this notice, please contact Affinity by Molina Healthcare Member Services at the toll-free member phone number on your health plan ID card.

For purposes of this Financial Information Privacy

Notice, “we” or “us” refers to the entities listed that are affiliated with Molina Healthcare, Inc.: Molina Healthcare of Arizona,

Inc. an Arizona corporation; Molina Healthcare of California, a California corporation; Molina Healthcare of Florida, Inc., a Florida corporation; Molina Healthcare of Illinois, Inc., an Illinois corporation; Molina Healthcare of Kentucky, Inc., a Kentucky corporation (dba “Passport Health Plan by Molina

Healthcare”); Molina Healthcare of Michigan, Inc., a Michigan corporation; Molina Healthcare of Mississippi, Inc., a Mississippi corporation; Molina Healthcare of New Mexico, Inc., a New Mexico corporation; Molina Healthcare of New York, Inc., a New York corporation (dba “Affinity by Molina Healthcare”); Molina Healthcare of Ohio, Inc., an Ohio corporation; Molina Healthcare of Puerto Rico, Inc., a Puerto Rico and Nevada corporation; Molina Healthcare of South Carolina, Inc., a South Carolina corporation; Molina Healthcare of Texas, Inc., a Texas corporation; Molina Healthcare of Texas Insurance Company, a Texas corporation; Molina Healthcare of Utah, Inc., a Utah corporation; Molina Healthcare of Virginia, LLC, a Virginia limited liability company; Molina Healthcare of Washington, Inc., a Washington corporation; Molina Healthcare of Wisconsin, Inc., a Wisconsin corporation; Florida MHS, Inc. a Florida corporation; Senior Whole Health, LLC, a Delaware

limited liability company; Senior Whole Health of New York, Inc., a New York corporation; 2020 West Broadway LLC, a Delaware limited liability company; AlphaCare Holdings, Inc. a Delaware corporation; Molina Care Connections, LLC, a Texas limited liability company; Molina Healthcare Data Center, Inc., a New Mexico corporation;

Molina Pathways of Texas, Inc., a Texas corporation; Molina Clinical Services, LLC, a Delaware limited liability company; Molina Pathways of Texas, Inc., a Texas corporation; Oceangate Reinsurance, Inc., a Utah corporation; SWH Holdings, Inc. LLC, a Delaware limited liability corporation; Senior Health Holdings, LLC, a Delaware limited liability company; Senior Whole Health Management Company, Inc., a Delaware corporation; and The Management Group, LLC, a Wisconsin limited liability company.

Affinity complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. You have the right to get this information in a different format, such as audio, Braille, or large font

due to special needs or in your language at no additional cost. ATTENTION: If you speak English language assistance services, free of charge, are available to you. Call Member Services. The number is on the back of your Member ID card. (English) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios para Miembros. El número de teléfono está al reverso de su tarjeta de identificación del miembro. (Spanish)

注意

：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員服務。電話號碼載於您的會員證背面。（Chinese）



Get started as a new member and watch our welcome video!



We make it
simple!

MolinaHealthcare.com/Welcome



 **Affinity**
BY MOLINA HEALTHCARE