

Your Quick Start Guide



Last updated: January 2025

MolinaHealthcare.com/NYHARP



Department of Health | Medicaid



Welcome to Molina Healthcare PLUS! (HARP)

As a new member, it's time to start getting the most from your 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 MolinaHealthcare.com/HARPMemberHandbook to read your Member Handbook.

Want to find a doctor near you?

- Go to MolinaProviderDirectory.com/NY 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 MolinaFormulary.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 MolinaHealthcare.com/NYHARP 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

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| 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. |

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| Substance use disorder | Call the New York State HOPE line 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 MolinaHealthcare.com/HARPMemberHandbook . |
| Covered services | Read your Annual Notice at MolinaHealthcare.com/NYCoveredServices . |
| Health & wellness information | Get information about health and wellness topics at MolinaHealthcare.com/NYHealthy . |
| Provider Online Directory | See a list of our network providers at MolinaProviderDirectory.com/NY . |
| Rides to and from medical visits | Call (800) 223-7242 for rides to non-emergency medical visits. |

Earn rewards with Molina

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



\$25 Diabetes - HbA1c control and eye exam for members 18-74 years old



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



\$20 for yearly colorectal screening for members 45-74 years old



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



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



\$25 for follow-up after ER visit for alcohol and other drug abuse or dependence for members 13 years and older

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 achieving a viral load of less than 200 (up to 3 rewards per calendar year for members 2 years and older)



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



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

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| 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). |

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| Yiddish | אויפגעקלאמט: 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 নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-২২৩-৭২৪২ (TTY: 711)। |
| 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 दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-223-7242 (टिटिवाइ: 711) । |

Your 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. We want to let you know how your information is used or shared.

Your Protected Health Information

PHI means protected health information. PHI is health information that includes your name, member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share our Members' 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 need your written authorization (approval) to use or share your PHI?

Molina needs your written approval to use or share your PHI for purposes 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 to not 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 protect your PHI?

- Molina uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or in a computer. Below are some ways Molina protects PHI:
- Molina has policies and rules to protect PHI.
- Molina limits who may see PHI. Only Molina staff with a need to know PHI may use it.
- Molina staff is trained on how to protect and secure PHI.
- Molina staff must agree in writing to follow the rules and policies that protect and secure PHI
- Molina secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What must Molina do by law?

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

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

- Call or write Molina and complain.
- Complain to the Department of Health and Human Services.

We will not hold anything against you. Your action would not change your care in any way.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our Members' PHI. Our Notice of Privacy Practices is in the following section of this document. It is on our web site at www.molinahealthcare.com. You may also get a copy of our Notice of Privacy Practices by calling our Member Services Department at 1 (800) 223-7242, TTY 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., (“Molina Healthcare”, “**Molina**”, “**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 Molina.

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

Molina 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

Molina 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

Molina 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 Molina use or share your PHI without getting written authorization (approval) from you?

The law allows or requires Molina 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 Molina need your written authorization (approval) to use or share your PHI?

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina 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 Molina's form to make your request.

- **Request confidential communications of PHI**

You may ask Molina 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 Molina'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 Molina member. You will need to make your request in writing. You may use Molina'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 Molina'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 Molina'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 Molina 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:

Molina Healthcare of New York, Inc.
Manager of Appeals and Grievance 5232 Witz Drive
North Syracuse, NY 13212
Phone: 1 (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 Molina?

Molina 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

Molina 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, Molina 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 Molina.

Contact Information

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

Molina Healthcare of New York, Inc.
Manager of Appeals and Grievance 5232 Witz Drive
North Syracuse, NY 13212
Phone: (800) 223-7242, TTY 711

Financial 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 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 California, a California corporation; Molina Healthcare of California Partner Plan, Inc., a California corporation; Molina Healthcare of Florida, Inc., a Florida corporation; Molina Healthcare of Illinois, Inc., an Illinois corporation; Molina Healthcare of Michigan, Inc., a Michigan corporation; Molina Healthcare of New Mexico, Inc., a New Mexico corporation; Molina Healthcare of New York, Inc., a New York corporation; Molina Healthcare of South Carolina, LLC, a South Carolina limited liability company; 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, Inc., a Virginia corporation; Molina Healthcare of Washington, Inc., a Washington corporation; Molina Healthcare of Wisconsin, Inc., a Wisconsin corporation; Molina Information Systems, LLC, a California limited liability company; Molina Healthcare Data Center, Inc., a New Mexico corporation; Molina Medical Management, Inc., a California corporation; Molina Hospital Management, Inc., a California corporation; Easy Care MSO, LLC, a California limited liability company; Molina Pathways, LLC, a Delaware limited liability company; Molina Pathways of Texas, Inc., a Texas corporation; Pathways Health and Community Support LLC, a Delaware limited liability company; Integrated Care Alliance, LLC, a Michigan limited liability company; and Molina Clinical Services, LLC, a Delaware limited liability company

Molina Healthcare 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

