



Spring 2012

Health & FAMILY

A Guide to Health & Wellness



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IMPORTANT Molina Healthcare Phone Numbers:

Member Services:

Covered Families and Children
(CFC): 1-800-642-4168

Aged, Blind or Disabled
(ABD): 1-866-408-9501

**Hearing Impaired TTY/
Ohio Relay:** 1-800-750-0750 or 711

24-Hour Nurse Advice Line:
English: 1-888-275-8750
TTY: 1-866-735-2929

Spanish: 1-866-648-3537
TTY: 1-866-833-4703

We Care About Your Health

Improving Services to Molina Healthcare Members

Molina Healthcare is committed to treating you with respect and making sure that you get the help you need. Your opinion is important to us. That's why you may be randomly selected and contacted by mail or phone to complete a survey, asking about your satisfaction with the health care services you receive from Molina Healthcare. One of these surveys is called CAHPS®, and it is sponsored by the Ohio Department of Job and Family Services (ODJFS).

CAHPS® stands for the Consumer Assessment of Healthcare Providers and Systems. This survey asks questions about your health care. If you receive a survey, you will be asked to rate the services you receive from Molina Healthcare and the care you receive from your provider. Please take a few minutes to complete the survey to help us better understand

the needs of our members. We strive to provide you with useful benefits and services such as motherhood matterssm, free transportation to and from your provider visits, Member Services Representatives to assist you with questions, access to our 24-Hour Nurse Advice Line, and access to our Molina Healthcare member website. We want to know what you are happy about and where we need to improve. If you receive the survey, your responses are confidential and Molina Healthcare will not have access to your individual responses. Your participation is voluntary and your benefits and services will not change if you choose not to participate.

We want to provide you quality health care services, and your feedback is important to us.

HEDIS® is another tool we use to improve care. HEDIS stands for Healthcare Effectiveness Data and Information Set. This is a process where we collect information on

services that you or your child may have received. These services include shots, well-child exams, cervical and mammogram screenings, diabetes care, and prenatal and after-delivery care. Through this process, we can find out how many of our members actually got needed services. HEDIS results are made available to you. This information can be used to compare one health plan to another plan.

Each year Molina Healthcare strives to improve all services provided. This is done by setting goals. These goals are included in a Quality Improvement (QI) plan. Our goal is to help you take better care of yourself and your family.

As part of the QI plan, Molina Healthcare helps you take care of your health and get the best service possible. Some of the ways we do this include:

- Reminders about getting well-child exams and immunizations

- Asthma and diabetes education
- Education on prenatal care and after-delivery exams
- Reminders about getting cervical and mammogram screenings
- Better processing of member grievances (complaints)
- Help finding the Molina Healthcare website
- Telling you about special services for members

To learn more or to request a copy of our QI plan, call Molina Healthcare Member Services at 1-800-642-4168 or for hearing impaired TTY/Ohio Relay 1-800-750-0750 or 711. A representative will be available to assist you from 7 a.m. to 7 p.m. Representatives are committed to treating you with respect and getting you the help that you need.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Molina Healthcare 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:

- Give providers and hospitals information on safety issues and where to get help.
- Keep track of our members' complaints about safety problems in their provider's office or hospital.
- Look at reports from groups that check hospital safety. Reports tell us about things such as if there was enough staff in the Intensive Care Unit (ICU), use of computer drug orders, and more.

Groups that check safety:

- Leap Frog Quality Index Ratings (www.leapfroggroup.org).

- The Joint Commission National Patient Safety Goal Ratings (www.jointcommission.org).

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 conditions, including diabetes and asthma.

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

Call Member Services at 1-800-642-4168 to get more information about our Patient Safety Program. You can also visit us online at www.MolinaHealthcare.com.

About Our Members: Protecting Your Privacy

Your privacy is important to us. We take confidentiality very seriously. Molina Healthcare wants to let you know how your health information is shared or used.

Your Protected Health Information

PHI stands for these words: protected health information. PHI means health information that includes your name, member number, or other things that can be used to identify you, and that is used or shared by Molina Healthcare.

Why does Molina Healthcare 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 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 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 Healthcare protect your PHI?

Molina Healthcare uses many ways to protect PHI

across our health plan. This includes PHI in written word, spoken word, or PHI in a computer. Below are some ways Molina Healthcare protects PHI:

- Molina Healthcare has policies and rules to protect PHI
- Only Molina Healthcare staff with a need to know PHI may use PHI
- Molina Healthcare staff is trained on how 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 in our computers. PHI in our computers is kept private by using firewalls and passwords

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 has more information about how we use and share our members' PHI. Our Notice of Privacy is on our website at www.MolinaHealthcare.com. You also may get a copy of our Notice of Privacy Practices by calling our Member Services Department.



We Want to Give You Good Care!

Molina Healthcare works with your providers and hospitals to give you good health care. We make choices about your care based on what you need. We also look at your benefits. We do not reward providers to deny you care. We also do not reward staff or other people to deny you care or give you less care. We do not pay extra money to providers or our staff to deny tests or treatments that you need to get better or stay healthy.

If you have a concern about your health care, you can call us. Please call Member Services at 1-800-642-4168 or for hearing impaired TTY/Ohio Relay 1-800-750-0750 or 711 and you will be connected to Health Care Services (HCS). Staff is also available to accept collect calls. There are nurses you can talk with about your health care choices and getting the care you need. If you need help in your language, a bilingual staff member or interpreter is available. Our staff is here to take your call Monday through Friday

(except holidays) between 7 a.m. and 7 p.m. If you call after business hours or over the weekend, please leave a message and your phone number. The HCS and Member Services staff will return the call in a timely manner, in no more than 1 business day.

After Hours Care

There may be times when you may need care and your primary care provider (PCP) is not available. If it is after hours and your PCP's office is closed, you can call Molina Healthcare's Nurse Advice Line at 1-888-275-8750. For hearing impaired, call TTY 1-866-735-2929. Nurses are available to help you 24 hours a day, 7 days a week.

Molina Healthcare's Nurse Advice Line has highly trained nurses. They can help you decide if you or your child 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 have questions but you 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 care that is needed if you feel your life or health may be in danger. Some examples of when emergency services are needed include:

- Miscarriage/pregnancy with vaginal bleeding
- Chest pain
- Weakness of an extremity
- Head trauma
- Loss of consciousness

Emergency care is a covered benefit. If you need immediate emergency care, call 911 or go to the nearest hospital. You do not need prior approval. If you are admitted to a hospital during your emergency, please make sure Molina Healthcare is notified within 24 hours. If further testing is required after release from the emergency department, contact your primary care provider (PCP) or specialist for an appointment. Prior approval for procedures will be done at your

visit by the PCP or specialist, if required. If you are away from Molina Healthcare's service area and need emergency care, go to the nearest emergency room. You have the right to go to any facility that provides emergency services.

If you feel you have an urgent matter that does not threaten your life, you can also call Molina Healthcare's Nurse Advice Line. Call 1-888-275-8750, 24 hours a day, 7 days a week. For hearing impaired, call TTY at 1-866-735-2929.

Looking at What's New

We also 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 and to evaluate whether or not to cover a specifically requested service. Molina Healthcare reviews the type of services listed below at least once a year:

- Medical services

- Mental health services
- Medicines
- Equipment

If Molina Healthcare denies coverage for a device, protocol, procedure or other therapy that is a new technology that is not a medically necessary Medicaid-covered service, you or your provider can ask for information on Molina Healthcare's coverage protocols and procedures. For more information about our internal assessment process, please call Member Services.

Complex Case Management

Living with health problems and dealing with the things to manage those health problems can be hard. Molina Healthcare has a program that can help. The Complex Case Management program is for members with difficult health problems that need extra help with their health care needs. The program allows you to talk

with a care manager, who is either a nurse or a social worker, about your health problems. The care manager can help you learn about those problems and teach you how to better manage them. The care manager may also work with your family or caregiver and provider to make sure you get the care you need. There are several ways you can be referred for this program:

- A referral from your provider
 - A self-referral through the Health Education line
 - A referral from a care manager at Molina Healthcare
 - A self-referral from you or a family member or caregiver
- There are also certain requirements that you must meet. It is your choice to be in these programs. You can choose to be removed from the program at any time.

If you would like more information about the program, please call Member Services. The phone number is listed on the back of your ID card.

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 following rights:

- To receive the facts about Molina Healthcare, our services and providers who contract with us to provide services.
- Have privacy and be treated with respect and dignity.
- Help make decisions about your health care. You may refuse treatment.
- Request and receive a copy of your medical records or request an amendment or correction.
- Openly discuss your treatment options in a way you understand them. It does not matter what the cost or benefit coverage.

- Voice any complaints or appeals about Molina Healthcare or the care you were given.
- Use your member rights without fear of negative results.
- Receive the members' rights and responsibilities at least yearly.
- Suggest changes to this policy.

You also have the responsibility to:

- Give, if possible, all facts that Molina Healthcare and the providers need to care for you.
- Know your health problems and take part in making agreed upon treatment goals as much as possible.
- Follow the care plan instructions for care you agree to with your provider.
- Keep appointments and be on time. If you're going to be late or cannot keep an appointment, call your provider.

Second Opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion from another Molina Healthcare provider or from an out-of-network provider. This service is at no cost to you.

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. This must be done in a timely manner for as long as Molina Healthcare is unable to provide the service.

Call Member Services at 1-800-642-4168 to find out how to get a second opinion.

These are only a few of your rights and responsibilities. For a list of all your rights and responsibilities, look in your Member Handbook, visit the Molina Healthcare website at www.MolinaHealthcare.com or call Member Services.



Grievances and Appeals

Are you having problems with your medical care or our services? If so, you have a right to file a grievance 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; or
- You are unhappy with something about Molina Healthcare or one of our providers.

An appeal can be filed when you do not agree with Molina's decision to:

- Deny a request to cover a service for you;
- Reduce, suspend or stop services before you receive all of the services that were approved; or
- Deny payment for a service you received that is not covered by Molina Healthcare.

An expedited appeal may be requested if taking the time for a standard resolution could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function. You may also ask for a state hearing through the Bureau of State Hearings.

Check our website, www.MolinaHealthcare.com or your member handbook to read about:

- Grievance, appeal & state hearing processes and rights;
- Grievance, appeal & state hearing timeframes;
- Who can file a grievance/appeal?



You Have a Right to Appeal

You have a right to appeal if Molina Healthcare has made a decision to:

- Deny a request to cover a healthcare service for you;
- Reduce, suspend or stop care you are already receiving;
- Deny payment for a service you received.

You may request an appeal if your service or claim is denied. 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 find out how to file an appeal on our website, www.MolinaHealthcare.com.

Member Services can help you file an appeal. You also have the right to ask for a state hearing. We will send a form for a state hearing in the letter notifying you of a denial.

Please refer to your member handbook for more information about your right to ask for a state hearing. And you can always call Member Services and ask them to help you.



Disease Management Programs

Molina Healthcare wants you to know all you can to help you stay healthy. We have programs that can help you manage your condition. Molina Healthcare also uses different ways to identify members for the Disease Management programs, such as claims, pharmacy information or from other health management programs. There are many ways you can enroll in our programs. You can also tell us that you want to be included in the program. This is called self-referral. Another way you can enroll is through your provider.

It is your choice to be in these programs. You can choose to be removed from the program at any time. For more details about our programs, please call 1-800-642-4168 or visit www.MolinaHealthcare.com.

- The breathe with easesm asthma program is for children and adults ages 2 years and over with asthma. You and/or your child will learn how to

work with your provider to gain better control of your asthma.

- The Healthy Living with Diabetessm program is for adults age 18 years and over with diabetes. You will learn about diabetes self-care (meal planning, exercise tips, diabetes medicines and much more).
- The Chronic Obstructive Pulmonary Disease (COPD) program is for members who have Chronic Obstructive Pulmonary Disease and need assistance in managing their disease. With this program you can learn how to better control your breathing.
- The Heart-Healthy Living Cardiovascular program is for members 18 years and older who have one or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure.

Getting the Care You Need

Here are some tips to help you get the health care you need.

See your primary care provider (PCP) for a health checkup. Many people wait until they are very sick to see a provider. You do not need to wait. Make sure you schedule a checkup before you get sick. This will help keep you and your children well.

Your PCP can handle most of your health care needs. But sometimes you have special problems such as a broken bone or heart disease. You may need to visit a provider who has extra training. This provider is called a specialist. If you need to see a specialist, your PCP will make sure you see the right one and may be able to help you get an appointment faster.

Routine care is not covered outside the Molina Healthcare service area, unless you are being seen by a

Molina Healthcare participating provider. If you need special care by a provider who is not part of the Molina Healthcare network, your PCP will help you to get the authorization (approval) you need.

If you travel outside the service area, Molina Healthcare pays for emergency care for you. You may go to a local emergency room (ER) or an urgent care clinic. Tell them you are a Molina Healthcare member. Show them your Molina Healthcare ID card. Remember that routine care is not covered outside the Molina Healthcare service area.

Are you having trouble speaking to your provider in English? You have a right to an interpreter. There is no cost to you. Tell the office staff if you would prefer to talk in your own language. If you need help, call Member Services.

Women's Healthcare Services

You can get women's health care services from any provider who has a contract with Molina Healthcare or any Qualified Family Planning Provider. You do not need a referral from your PCP. This may include services such as:

- Pap tests
- Mammograms
- Family planning



Check Out the Molina Healthcare Website

Check out our website at www.MolinaHealthcare.com. “Click” on the member button. Choose your state in the drop-down box. You can get information on our website about:

- Molina Healthcare's contracted providers and hospitals
- Your benefits
- What to do if you get a bill or a claim
- Drug formulary (approved drugs that a provider can prescribe) and pharmacy updates
- How to contact Health Care Services (HCS) staff about a HCS issue or question
- How to get primary care, hospital, specialty, and emergency services

- How to get care after normal office hours
- Preventive health guidelines and immunization schedule
- Your rights and responsibilities and the privacy of your information
- Restrictions on benefits or how to obtain care outside the Molina Healthcare service area
- Quality Improvement, Health Education, Complex Case Management and Disease Management programs
- How to voice a complaint or appeal a medical decision
- How we decide about using new technology

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.



Community Resources Now Available Online

As a Molina Healthcare member, we know that it is important to connect you to community resources that can offer you a helping hand. Molina Healthcare now publishes a list of community resources in your area on our website at www.MolinaHealthcare.com.

These resources offer a variety of services and supplies including food, clothing, housing, furniture, job training, employment, assistance with utilities and much more. Other resources provide support to individuals with specific diseases, illnesses or other health needs.

Members can contact Member Services at 1-800-642-4168 for additional resources and more information on community resources in your area.



We are Here to Help

It can be hard for members to get the care they need when receiving health services for ongoing health problems. If you are one of these members, Molina Healthcare is here to help. To make sure you receive the proper care, our staff can help you coordinate your care.

Molina Healthcare staff can:

- Help you find services that are not benefits. This includes community and social services programs such as physical therapy with the schools or “Meals on Wheels”.
- Help you access services that you are eligible to receive.
- Help coordinate appointments and tests.
- Help coordinate transportation.
- Help access resources to help individuals with special health care needs and/or their caregivers deal with day to day stress.

- Help you and your family coordinate moving you from one setting to another. This can include being discharged from the hospital.

Please call Member Services to learn more about how we can help you get the care you need.



Provider Online Directory (POD)

Molina Healthcare has a provider online directory where you can find information on a provider. You can even search for one in your area. To access the provider online directory, visit www.MolinaHealthcare.com. Click on “Find a Provider”. Follow the instructions to search for a provider.

The provider online directory includes information, such as:

- A current list 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
- Providers accepting new patients
- Languages spoken by the provider or staff

- Hospital information including name, location and accreditation status

If you don’t have access to the internet, Member Services can help. They can send you a printed copy of all information in the provider online directory.



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 use as well.

Your PCP can offer a brief screening and help guide you to services. There are many types of services you can access. These types of problems can be treated.

If you need mental health and/or substance abuse services, call Member Services for information at 1-800-642-4168 (TTY for hearing impaired: 1-800-750-0750 or 711), or you may self-refer directly to a Community Mental Health Center or Ohio Department of Alcohol and Drug Addiction Services

(ODADAS) facility, which is a Medicaid provider. Please see your provider directory, look at the provider directory online at www.MolinaHealthcare.com, or call Member Service for the names and telephone numbers of facilities near you.



Your Right to an Advance Directive

All members have the right to accept or refuse treatment offered by a provider. But what if you are not able to tell the provider what you want? To avoid decisions being 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. An advance directive is written before you have an emergency. This is a way to keep 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 directives. 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, to 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.

Each state has its own laws about advance directives. Forms for your state are available from many websites, including Ohio Hospice and Palliative Care Organization.

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 www.MolinaHealthcare.com or call Member Services for more information on how to file a complaint.



Preventive Health

Infants and Children (0 to 24 months)

Well Visits: Newborn, by one month, 2-3, 4-5, 6-8, 9-11, 12-14, 15-17, 18-23, 24 months

- Immunizations
- Physical examination
- Developmental assessment
- Behavioral assessment
- Lead testing
- Hearing & vision screenings
- TB test
- Dental screening every six months

Children and Adolescents (3 to 20 years old)

Well Visits: Yearly

- Immunizations
- Pap test, Chlamydia, Sexually Transmitted Infections (STI) test for sexually active teens (Annually beginning at age 18 or the onset of sexual activity whichever comes first)

Adults (21 to 64 years old)

Well Visits: Yearly

- Immunizations
- Height, weight & body mass index (BMI)
- Blood pressure: Yearly
- Cholesterol screening: Every 5 years or as often as directed by your PCP
- Colorectal cancer screening: Every 5-10 years based on provider recommendations

- Women:
- Chlamydia & STI test for sexually active women 24 years and younger and other asymptomatic women at increased risk for infection
- Mammogram: Yearly for 40 years of age and older
- Pap test & pelvic exam: Yearly

Older Adults (65 years and older)

Well Visits: Yearly

- Immunizations
- Vision & hearing
- Bone density for osteoporosis: 65 years and older; 60 and older at increased risk for osteoporotic fractures
- Men:
- Abdominal Aortic Aneurysm (AAA) screening: once for men 65 to 75 years of age who have ever smoked

Pregnant Women and New Mothers

All pregnant women should receive timely prenatal visits in the first trimester and throughout the pregnancy.

- **First Trimester:** Get prenatal care as soon as you know you are pregnant.
- **Second Trimester:** Monthly. More frequently if recommended by your provider.
- **Third Trimester:** Every two weeks, then usually weekly from week 36 until delivery. More frequently if recommended by your provider.
- **After Delivery:** 21–56 days after delivery.

Child and Adolescent Immunization Schedule

Vaccine	Months						Years		
	Birth	2	4	6	12	18	4-6	11-12	13-19 (Catch-up)
Hepatitis B	✓ 1 st Shot	✓ 2 nd Shot	✓ Given only if 1st shot was missed	✓ 3 rd Shot				✓ HepB Series (Catch-Up)	
Rotavirus		✓	✓	✓ If needed					
Diphtheria, Tetanus, Pertussis		✓	✓	✓	✓		✓	✓	
Haemophilus influenzae Type B		✓	✓	✓	✓				
Pneumococcal		✓	✓	✓	✓				
Inactivated Poliovirus		✓	✓	✓			✓	✓ (Catch-Up for missed shots)	
Influenza				✓ (1 dose Yearly in the Fall or Winter)					
Measles, Mumps, Rubella					✓		✓	✓ (MMR Series- Catch-Up for missed shots)	
Varicella					✓		✓	✓ (Varicella Series Catch-Up for missed shots)	
Hepatitis A					✓	✓			
Meningococcal								✓	
Human Papillomavirus								✓ (3 doses)	

* If the birth dose of HepB is given, the 4 month dose may be omitted.

Adult Immunization Schedule

Vaccine	Years				
	20-26	27-49	50-59	60-64	65 & older
Influenza	✓ 1 dose yearly				
Pneumococcal ¹					✓ 1 dose
Tetanus, Diphtheria, Pertussis (Td, Tdap) ¹	✓ 1 dose Tdap, Td every 10 years				✓ Td every 10 years
Measles, Mumps, Rubella (MMR) ¹	✓ 1 or 2 doses				
Varicella (Chickenpox) ¹	✓ 2 doses				
Zoster (Shingles) ¹				✓ 1 dose	
Hepatitis A (HepA) ²	✓ 2 doses				
Hepatitis B (HepB) ²	✓ 3 doses				
Meningococcal ²	✓ 1 or more doses				
Women					
Human Papillomavirus (HPV)	✓ 3 doses				

¹If no proof of vaccine or immunity ²If at high risk





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