



SPRING 2013

A Guide to Accessing Quality Health Care



Your Extended Family.



Important Molina Healthcare Phone Numbers:

Member Services:

(800) 642-4168

24-Hour Nurse Advice Line:

English: (888) 275-8750

TTY: (866) 735-2929 or 711

Spanish: (866) 648-3537

TTY: (866) 833-4703 or 711

This newsletter and future health education newsletters may be viewed on our website at www.MolinaHealthcare.com.



You Are Part of the Molina Healthcare Family

In the spring, you will receive a notice from the Ohio Department of Medicaid (formerly ODJFS) about your health plan options and what to do to select a health plan. During this time, you have the right to choose which plan is best for you and your family. It is your responsibility to understand your choices and your rights. We hope you will remain a part of the Molina Healthcare family.

Top Five Reasons You Made the Right Choice to be a Molina Healthcare member:

1 *\$0 co-pays for health care services, checkups with your provider and prescription medications*

2 *A large selection of providers and specialists who meet our high-quality standards*

3 *Rides to your medical appointments at no cost to you*

4 *24-hour access to our registered nurses, available even in the middle of the night to answer your questions*

5 *URAC Accredited Health Call Center* with experienced customer service representatives getting you the help you need, and treating you as a valued and respected customer*

We appreciate you as a member and want to help you receive the best possible care. Do you have a question or concern about our service? We want to hear from you. Call Member Services at (800) 642-4168 or for hearing impaired TTY/Ohio Relay (800) 750-0750 or 711. Representatives are committed to treating you with respect and getting you the help you need.

*URAC is the largest accrediting commission for plans and preferred provider organizations

Providing Quality Services to Our Members

Your health care is important to us. We want to hear how we are doing. That's why you may receive a survey about Molina Healthcare and your health care services. One of these surveys is called CAHPS®.



CAHPS® stands for the Consumer Assessment of Healthcare Providers and Systems. This survey asks questions about your health care. It asks about the care you or your child receives from Molina Healthcare. We may send you a few questions about how we are doing and what is important to you. Please take the time to complete the survey if you receive it.

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, Pap 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. This information is made available to you. It 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 Pap and mammogram screenings
- Better processing of member grievances (complaints)
- Help finding the Molina Healthcare website
- Telling you about special services for members

We review all services provided annually to see how well we are doing. Please visit our website at www.MolinaHealthcare.com to read the latest results of our progress.

To learn more or to request a copy of our QI plan and results, call your Molina Healthcare Member Services Team.



(800) 642-4168

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 Practices 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.

Patient Safety Program

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

- Keep track of our members' complaints about safety problems in their provider's office or hospital.
- Give you information to learn more about how to make safe decisions about your care. These include:
 - » Questions to ask your surgeon prior to surgery
 - » Questions to ask about drug interactions
- Make programs available to help you manage your care and receive care in a timely manner.
- Look at reports from groups that check hospital safety. Reports tell us about things 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 problems like diabetes and asthma.

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

How We Make Choices About Your Health Care

Molina Healthcare wants you to get the care you need. Sometimes your provider may need to ask us to approve the service. We will work with your provider to decide if the services are proper. This process is called Utilization Management (UM). We make choices about your care based on medical need and your benefits. We do not reward providers or others to deny coverage for services you need. We do not pay extra money to providers or our UM staff to make choices that result in giving less care.

If you have a question about our UM process or decisions, you can call us. Please call our Member Services Department at (800) 642-4168 (TTY/Ohio Relay (800) 750-0750 or 711) to be connected to the UM Department. Staff also can accept collect calls. If you need help in your language, a bilingual staff member or interpreter is available. We also offer TDD/TTY services for members who have hearing or speech disabilities. Our staff can answer your call Monday through Friday (except holidays) between 7:00 a.m. and 7:00 p.m. If you call after 7:00 p.m. or over the weekend, please leave a message and your phone number. The UM/Member Services staff will return the call in no more than one business day.



Looking at What's New

We also look at new types of services to include as part of your benefits. 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 should be added to your benefit package. Molina Healthcare reviews the type of services listed below at least once a year:

- Medical services
- Mental health services
- Medicines
- Equipment

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

After Hours Care

There may be times when you may need care and your Primary Care Provider (PCP) is closed. When that happens, you can call Molina Healthcare's Nurse Advice Line at (888) 275-8750. Nurses are available to help you 24 hours a day, seven 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 also can 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 also can be care that is needed if your life or health is in danger. Emergency care is a covered benefit.

If you need emergency care, call 911 or go to the nearest hospital.

You do not need prior approval. If you have an urgent matter that does not threaten your life, you also can call Molina Healthcare's Nurse Advice Line. Call (888) 275-8750, 24 hours a day, seven days a week.



Where to Find Answers to Pharmacy Benefits

Molina Healthcare encourages you to speak to your provider about medications you need. You can visit our website at www.MolinaHealthcare.com if you want to know more about your pharmacy benefits and our pharmacy process. On the website you can find:

- Our drug formulary (this is a list of generic and brand name drugs that we cover, do not cover, and limits).
- How your provider can ask us for approval of certain drugs or amount of a drug you may need.
- Information needed from your provider to get approval for some of your medications.

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

Case Management

Living with health problems and managing those health problems can be hard. Molina Healthcare has a program that can help. The Case Management program is for members with difficult health problems who need extra help with their health care needs. This can be any adult or child who is receiving health services for an ongoing health problem. To make sure a member receives the proper care, Molina Healthcare staff is available to help the member coordinate care.

Molina Healthcare staff can help a member:

- Access services that they are eligible to receive
- Coordinate appointments and tests
- Coordinate transportation
- Identify any gaps in care or health care needs
- Access resources to help individuals with special health care needs or their caregivers deal with day-to-day stress
- Coordinate moving from one setting to another, including being discharged from the hospital
- Assess eligibility for long-term care services and supports
- Connect with community resources
- Find services that might not be benefits, including community and social services programs such as physical therapy with the schools or “Meals on Wheels”
- Coordinate services with a primary care physician (PCP), family members, caregivers, representatives and any other identified provider

A member must meet certain requirements to be in any of these programs. Members can be referred to these programs through:

- A referral from your provider
- A self-referral by calling Member Services or the 24-Hour Nurse Advice Line
- A referral from a case manager or care manager at Molina Healthcare
- A self-referral from you or a family member or caregiver

These programs are voluntary and they are offered at no cost to the member. Members can be removed from any program at any time at their request by calling Molina Healthcare's Member Services Department.



Please call Molina Healthcare's Member Services Department to learn more about this service or for a referral. (800) 642-4168

Your Rights as a Molina Healthcare Member

Did you know that as a member of Molina Healthcare you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Molina Healthcare ensure that you get the covered services and care that you need. You have the right to:

- Receive the facts about Molina Healthcare, our services and providers who contract with us to provide services and the member rights and responsibilities.
- 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.
- Discuss your treatment options in a way you understand them. Cost or benefit coverage does not matter.
- 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 the rights and responsibilities 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 mutually 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. The cost to you is no greater than it would be if the provider was in Molina Healthcare's network. This will be done in a timely manner for as long as Molina Healthcare is unable to provide the service.

Call Member Services at (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
- 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 Healthcare'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
- Deny payment for services, which may make you responsible for the bill

An expedited appeal may be requested if the decision may risk your life or health. You also may ask for a Fair Hearing through the Bureau of State Hearings.

Check our website, www.MolinaHealthcare.com, or your Member Handbook to read about:

- Grievance, appeal & Fair Hearing processes and rights
- Grievance, appeal & Fair Hearing timeframes
- Who can file a grievance or appeal



www.MolinaHealthcare.com

You Have a Right to Appeal Denials

What is a denial? A denial means Molina Healthcare is telling a provider and you that services or bills will not be paid. If we deny your service or claim, you have the right to request why your services or bills were denied. You have a right to appeal.

If 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 also can help you file an appeal.

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

Would you like to ask for a review of an appeal? Call Member Services and ask them to help set this up for you.

Disease Management Programs

Molina Healthcare wants you to know all you can to help you stay healthy. If you have a chronic health condition, we offer Disease Management Programs that can help you manage your conditions. Molina Healthcare also uses different ways to identify members for these programs, such as claims, pharmacy information or from other health management programs. There also are many ways you can enroll in our programs. You also can 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. The programs offer learning materials, advice and care tips.

Programs offered include:



Molina Breathe with Easesm – This program is for children, aged 2 and older, and adults with asthma. You or your child will learn how to manage asthma and work with your provider.

Molina Healthy Living with Diabetessm – This program is for members of all ages with diabetes. You will learn about diabetes self-care, like meal planning, exercise tips, diabetes medicines and much more.



Chronic Obstructive Pulmonary Disease (COPD) – This program is for members who have emphysema and chronic bronchitis. With this program, you can learn how to better control your breathing.

Heart Healthy Living – This program is for members 18 and older who have one or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure.



The programs offer learning materials, advice and care tips. As part of the program, members may be contacted by a nurse care manager. The nurse will work with individual members and their providers to help them stay well.

Please contact the Health Management Department for more information or to enroll or dis-enroll in any of these programs. You can call (866) 891-2320.

Are You Pregnant?

Pregnancy can be a busy time in your life. It also is a time of change for you and your family. To help you prepare for your pregnancy, Molina Healthcare offers the motherhood matterssm program.



- motherhood matterssm pregnancy program will help you and your baby during your pregnancy. Pregnant mothers get support and education for a healthy pregnancy. Special care is given to those who have a high-risk pregnancy. To find out more, just call Molina Healthcare's motherhood matterssm program at (866) 891-2320.

To find out more, just call Molina Healthcare's motherhood matterssm program at



(866) 891-2320

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 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 department 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 "MEMBERS" button. Choose your state in the drop-down menu, then click the "GO" button. You can get information on our website about:

- Molina Healthcare's contracted providers and hospitals
- Benefits and services included and excluded from coverage
- Co-payments and other charges for which you are responsible (if they apply)
- What to do if you get a bill or a claim
- FAQs (frequently asked questions and answers)
- Pharmacy procedures including drugs we do not cover, drug limits or quotas, the process to request an exception for drugs not on the formulary, and the process for generic substitution, therapeutic interchange (using drugs that are different but have the same effects) and step-therapy protocols (when certain drugs are tried first before we cover another drug for the same condition)
- How to contact Utilization Management (UM) staff about a UM 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 Program, including Molina Healthcare's progress toward meeting goals, 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 also is a good resource. You can find it on our website.

We Are Here to Help You

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 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 for individuals with special health care needs or their caregivers, who 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 also can visit the American Board of Medical Specialties at www.abms.org to check if a provider is board-certified.
- Office hours for all sites
- Providers accepting new patients
- Languages spoken by the provider or staff
- Hospital information including name, location and accreditation status

If you 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. You also can look for services on your own by calling the Behavioral Health number on your membership card. There are many types of services you can access. These types of problems can be treated. Molina Healthcare is ready to assist you in finding what support or service you need.

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 that may be made against your will, it is important to have an Advance Directive.

An Advance Directive is a legal form that tells medical providers what kind of care you want if you cannot speak for yourself. 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 also can talk with your lawyer or PCP if you have questions or would like to complete an Advance Directive.

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

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

Speech Therapy and Hysterectomy Prior Authorization

We want to help you get the most out of your health care benefits. That's why we send all new Molina Healthcare members a Member Handbook that explains your benefits and how to get them, and we post updates to your handbook on our website.

We recently updated the list of services that require prior authorization to ensure you are receiving appropriate treatment and care in the most appropriate setting. PA is now required for all speech therapy services after the initial evaluation is completed. PA also is required for all hysterectomies.



We work with your providers to make sure that they are notifying Molina Healthcare before providing you with speech therapy services and before performing hysterectomies.

Visit our website for the most recent list of Covered Services, which also helps you know which services require PA and which do not.

If you have questions about these changes, call Member Services or contact your provider.

Preventive Health Guidelines

You can stay healthy by going to your provider for regular checkups. Molina Healthcare provides members and their families with guidelines about when to go for a checkup and what services

may be needed. Staying up to date with these checkups can help to prevent health problems and identify any problems in time. Remember, these guidelines should not replace your provider's advice and care.

Infants and Children (0 to 23 months)

Well Visits: 1, 2, 4, 6, 9, 12, 15, 18 months

- Immunizations
- Length/height, weight & body mass index (BMI)
- Head circumference
- Physical examination
- Developmental/behavioral assessment
- Lead testing
- Hearing & vision screenings
- TB test
- Dental screening at 1 year (Schedule your child's first dental checkup when the first tooth appears, by one year of age)
- Anticipatory guidance (injury & violence prevention; sleep positioning counseling and nutritional counseling)



Children and Adolescents (2 to 19 years old)

Well Visits: 24 months, 30 months, 3 years and yearly thereafter

- Immunizations
- Height, weight & body mass index (BMI)
- Physical exam
- Developmental/behavioral assessment
- HIV, STI test for sexually active teens
- Anticipatory guidance (injury & violence prevention; nutritional counseling)
- Chlamydia



Adults (20 to 64 years old)

Well Visits: Every 1 to 3 years

- Immunizations
- Height, weight & body mass index (BMI)
- Blood pressure: Yearly
- Diabetes screening (at risk based on provider recommendations)
- Cholesterol screening: Every 5 years based on provider recommendations
- Colorectal cancer screening: Age 50 to 75, talk to your provider about screening options:
 - » Yearly fecal occult blood test (FOBT)
 - » Flexible sigmoidoscopy every 5 years
 - » Colonoscopy every 10 years



Women:

- Chlamydia & STI for sexually active women 25 and younger. Other asymptomatic women at increased risk for infection
- Mammogram: Yearly for 40 and older
- Pap test (aged 21 years and older) & pelvic exam: Yearly

Older Adults (65 and older)

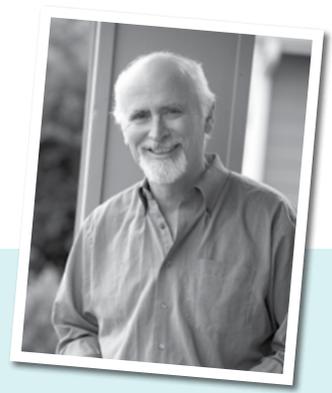
Well Visits: Every 1 to 3 years

- Immunizations
- Vision & hearing
- Bone density for osteoporosis: 65 and older. 60 and older at increased risk for osteoporotic fractures



Men:

- Abdominal Aortic Aneurysm (AAA) screening: once for men 65 to 75 who have smoked

**Prenatal and Perinatal**

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

Third Trimester:

- Every two (2) weeks until week 36 and every week thereafter until delivery. The number of visits with your provider may vary based on your individual needs.

Postpartum:

- 21 to 56 days after delivery

Other Health Insurance

Besides Molina Healthcare, do you have another insurance plan that covers your medical care? If so, then it is important to tell Molina Healthcare and your county caseworker about the other insurance plan coverage. Every time you visit your provider's office, hospital, or pharmacy, make sure you present all your health insurance ID cards for Molina Healthcare and any other medical insurance plan under which you are currently covered. You will

not lose your health coverage with Molina Healthcare for sharing information about your other insurance coverage.

Sharing all your health insurance coverage information will help your providers and the insurance companies work together to provide your health care. This is called coordination of benefits. Not giving us or your providers this information can cause problems with getting care and with bill payment.

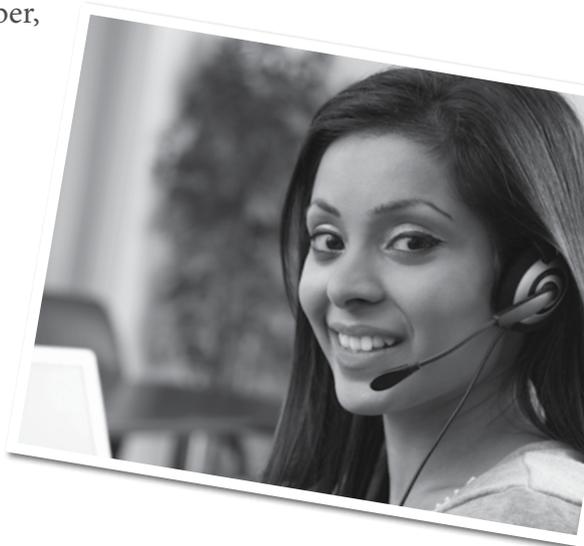
Any time there is a change in your health insurance coverage information, contact Molina Healthcare Member Services to update your information.

Call Member Services to update your information.



(800) 642-4168

As a Molina Healthcare member, you are not responsible for paying co-pays for covered services and prescriptions, even if you have other health insurance coverage. Providers may send you a statement notifying you that your insurance was billed for services. If you receive a bill that indicated you are responsible for any charges, call Member Services to let us know.



Filling Your Prescriptions: Preferred vs. Name Brand Drugs



Did you know generic drugs have the same ingredients as brand name drugs? In order for a generic drug to be approved by the U.S. Food and Drug Administration (FDA), the generic drug must have the same active ingredient, strength and dosage as the brand name drug. The FDA approves many new drugs through the year as brand-name drugs lose patents and generic drugs become available.

At Molina Healthcare of Ohio, we call generic drugs our preferred drugs.

Molina Healthcare requires the use

of a preferred drug if one is available. If your provider orders a brand name drug and there is a preferred drug available, Molina Healthcare will cover that generic equivalent.

If your provider says that you must have the brand name instead of the preferred drug, your provider must submit a prior authorization request to Molina Healthcare's Pharmacy Department explaining why the preferred medicine will not work for you.

Remember, as a member of Molina Healthcare, you have no co-pays. You should never pay for your prescriptions. Molina Healthcare covers your prescription drugs at no cost to you when you fill your prescriptions at pharmacies and suppliers that accept Molina Healthcare.

To see Molina Healthcare's Preferred Drug List (PDL) and the list of medications that require Prior Authorization, visit our website at www.MolinaHealthcare.com.

Child and Adolescent Immunization Schedule

Vaccine	Months										Years						
	Birth	1	2	4	6	9	12	15	18	19-23	2-3	4-6	7-10	11-12	13-15	16-18	
Hepatitis B	HepB	HepB			HepB												
Rotavirus			RV	RV	RV												
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP			DTaP				DTaP		Tdap			
Haemophilus influenzae type b			Hib	Hib	Hib		Hib										
Pneumococcal			PCV	PCV	PCV		PCV										
Inactivated Poliovirus			IPV	IPV	IPV							IPV ¹					
Influenza					Influenza (Yearly)												
Measles, Mumps, Rubella							MMR					MMR					
Varicella							Varicella					Varicella					
Hepatitis A							HepA (x2)										
Meningococcal														MCV		MCV booster at age 16	
Human Papillomavirus														HPV			

¹The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

Adult Immunization Schedule

Vaccine	Years					
	19-21	22-26	27-49	50-59	60-64	≥ 65
Influenza	1 dose yearly					
Pneumococcal ¹						1 dose
Tetanus, diphtheria, pertussis (Td, Tdap) ¹	1 dose Tdap, 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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