

Below is an update to your Molina MyCare Ohio Medicaid Member Handbook (issued January 2015).

Transportation (page 17)

Your transportation services phone number has changed. Call (844) 491-4761 (TTY: 711) to schedule transportation. Please call as far ahead as possible, but at least **2 business days** before your appointment. If you need to cancel a ride you have scheduled, please call to let us know at least 24 hours before your appointment. If you do not cancel 24 hours ahead, you may lose one of your 30 trips for the year.

Covered Services (page 15)

The chart below explains an update on which covered services need prior authorization (PA).

Service	What's in your Member Handbook	Updated requirements
Acupuncture	Not covered.	Acupuncture coverage is limited to the pain management of migraine headaches and lower back pain.
Hearing services, including hearing aids	Hearing aids require PA.	PA is not needed for hearing aids.
Respite services	Not applicable.	Respite services for Supplemental Security Income (SSI) members under the age of 21, as approved by CMS within the applicable 1915(b) waiver and as described in OAC rule 5160-26-03. Respite services require PA.
Waiver services	Coverage is based on member's determination of need.	PA is needed. Coverage is based on member's determination of need.

Mental Health and Substance Use Disorder Treatment Services (Page 14)

Beginning January 1, 2018, additional behavioral health services may be available to you. New Services include:

- Assertive Community Treatment (ACT) for members 18 and older
- Intensive Home Based Treatment (IHBT). This service is for individuals 18 and under however in some circumstances may be available to members aged 18-21.
- Comprehensive addiction treatment, including residential and partial hospitalization services.

Services such as office visits, vaccinations (shots), blood tests and more may be provided by your behavioral health treatment provider. If you would like more information about these services, talk to your provider or call Member Services at (855) 687-7862, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.

Grievances and Appeals (Pages 31-33)

Effective January 1, 2018, there will be changes to the way you appeal a decision Molina Dual Options MyCare Ohio Medicare-Medicaid Plan made and the way you ask for a state hearing. There are also changes in the amount of time you can report a complaint, also known as a grievance, to the plan. The changes are below.

Topic	What's in your Member Handbook	Change starting Jan. 1, 2018
How long do you have to appeal a decision we made?	90 calendar days	60 calendar days
When will you receive a state hearing form?	You receive a hearing form at the time Molina MyCare Ohio Medicaid makes a decision on your request for a service.	You will only receive a state hearing form if Molina MyCare Ohio Medicaid do not change their decision as part of your appeal.
When can you request a state hearing?	Within 90 calendar days of the date on the state hearing form sent by Molina Healthcare when we make a decision about your covered services.	You must first follow Molina MyCare Ohio Medicaid's appeal process before you can request a state hearing. If you have an unfavorable appeal, you will also receive a state hearing form. You have 120 days from the mailing date of the form to request a hearing.
When can I report a complaint (also known as a grievance) to Molina MyCare Ohio Medicaid?	You have 90 days from the date you identify the issue causing the dissatisfaction to report the grievance to the Molina MyCare Ohio Medicaid.	You can file a grievance at any time.

Member Grievance/Appeal Request Form (Pages 44-45)

The information about state hearings on this form has changed. Please see the table above for updated information about when you can request a state hearing. You can still complete the form in your Member Handbook to ask for an appeal.

If you want a copy of the Member Grievance/Appeal Request Form updated with the new state hearing information, go online to www.MolinaHealthcare.com/Duals or call Member Services for help.

Vision Services (page 18)

See below for more information about covered vision benefits.

- Eye Exams
 - One every 12 months for members 20 and younger, and 60 and older
 - One every 24 months for members ages 21 to 59
- Eyeglasses – One complete frame and pair of lenses, just lenses or just frames, or contact lenses with prior approval. We also offer an expanded selection of frames to choose from at no cost to you.
 - One every 12 months for members 20 and younger, and 60 and older
 - One every 24 months for members ages 21 to 59

Loss of Medicaid Eligibility (page 30)

You need to renew your Medicaid eligibility with your local County Department of Job and Family Services (CDJFS) every 12 months to find out if you still qualify for Medicaid benefits. Here are resources that can help:

- Call your local CDJFS office or caseworker. They are your best resource because they are the ones who determine if you still qualify for Medicaid coverage. Find the number here:
http://www.jfs.ohio.gov/county/county_directory.pdf.
- Call the Medicaid Consumer Hotline at (800) 324-8680 (TTY: 711).
- Call 211. This number is free and available to help 24 hours a day, seven days a week.
- Visit the Benefit Bank website at www.thebenefitbank.org to find a local site near you.
- Contact a Certified Application Counselor. You can find one at www.uhcanohio.org.

Where to go for Medical Services – Quick Reference Chart (page 12)

Emergency Treatment

If you have an emergency that may cause harm or death to you or others, go to the nearest emergency department. You can also call 911. You do not need prior authorization for emergency treatment.

Post-Stabilization Care

If you have an emergency, you may need follow-up care after the emergency is over. This is called post-stabilization care. This care is covered by our plan. If an out-of-network provider thinks you need follow-up care, he or she must fax a prior authorization request to us. Your provider can call Molina MyCare Ohio Medicaid for more information. You may have received care from out-of-network providers during your emergency. If you did, we will try to get network providers to take over your care as soon as possible.

Non-Emergency Treatment for an Illness or Injury

Call your primary care provider (PCP) to ask for an appointment. You can also visit a MinuteClinic[®] inside some CVS Pharmacy[®] locations. For individual clinic hours, call (866) 389-2727 or visit www.MinuteClinic.com. You can get these services from MinuteClinic[®]:

- Treatment for minor illnesses, injuries, skin conditions, and more
- Prescriptions for common illnesses when medically appropriate
- Common vaccinations (shots) for adults

Your Medicare Options (page 1)

Right now you get just your Medicaid benefits from Molina MyCare Ohio. Did you know you can combine your Medicare benefits and Medicaid benefits into one plan? Plus, you can get extra benefits and services. Learn more about the extra benefits you get when you join Molina Dual Options MyCare Ohio Medicare-Medicaid Plan (MMP) by calling (866) 856-8295 or visit our website at www.MolinaHealthcare.com/Duals.

Care Management (page 4)

In addition to what is listed in your Member Handbook, you can expect your care team to:

- Help you stay out of the hospital or emergency room, if possible. We do this by making sure you get the care and services you need as soon as you need them.
- Help identify services you need to make sure you do not need to go back to the hospital, if possible.
- Contact you while you are in a nursing facility or hospital. This is done to make sure you get the attention, care and services you need. If you don't hear from us, please call your Care Manager.

Disease Management (page 6)

Molina MyCare Ohio has a program for members with depression. If you are interested in the program, call Member Services or contact your Care Manager.

Need Help to Quit Smoking?

Call the Ohio Tobacco Quit Line at 1-800-QUIT-NOW (1-800-784-8669). The call is free. You can get one-on-one counseling and talk about stop-smoking aids that are right for you.

Nursing Facility/Long-Term Care Services and Supports (page 7)

The MyCare Ohio Ombudsman's address has changed to:

Ohio Department of Aging
Attn: MyCare Ohio Ombudsman
246 N. High St., 1st Floor
Columbus, OH 43215-2406

Who is Eligible to Enroll in a MyCare Ohio Plan? (page 35)

You are not eligible to enroll in a MyCare Ohio plan if you:

- Have other third party creditable health care coverage except for Medicare.
- Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFIID).
- Are enrolled in PACE (Program for All-Inclusive Care for the Elderly).

Additionally, you have the option not to be a member of a MyCare Ohio plan if you are a member of a federally recognized Indian tribe. If you believe that you meet any of the above criteria and should not be enrolled, please contact Member Services for assistance.

Questions?

To view your Member Handbook, visit www.MolinaHealthcare.com/Duals. If you have questions, call Member Services at (855) 687-7862 (TTY: 711) from 8 a.m. to 8 p.m. Monday to Friday.

Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. You can get this information for free in other formats, such as large print, braille, or audio. Call (855) 687-7862, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free. Limitations and restrictions may apply. For more information, call Molina Dual Options MyCare Ohio Member Services or read the Molina Dual Options MyCare Ohio Member Handbook. Benefits may change on January 1 of each year. Molina Dual Options does not exclude people or treat them differently because of race, color, religion, gender, sexual orientation, age, disability, national origin, military status, ancestry, genetic information, health status or need for health services.



Non-Discrimination Notification

Molina MyCare Ohio Medicaid

Molina Healthcare of Ohio (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - o Skilled sign language interpreters
 - o Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - o Skilled interpreters
 - o Written material translated in your language

If you need these services, contact Molina Member Services at (855) 687-7862; TTY 711.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (888) 295-4761.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call (800) 368-1019; TTY (800) 537-7697.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-687-7862 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-687-7862 (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 1-855-687-7862 (TTY: 711)。
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-687-7862 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-687-7862 (رقم هاتف الصم والبكم: YTT: 117).
Pennsylvanian Dutch	Wann du Deitsch Pennsylvania German schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-687-7862 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-687-7862 (телетайп: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-687-7862 (TTY : 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-687-7862 (TTY: 711).
Cushite	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-687-7862 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-7862 (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 1-855-687-7862 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-687-7862 (TTY: 711) まで、お電話にてご連絡ください。
Dutch	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-687-7862 (TTY: 711).
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-687-7862 (телетайп: 711).
Romanian	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-687-7862 (TTY: 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको ननमत्त भाषा सहायता सेवाहरु ननिःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-687-7862 (दिदिवाई: 711) ।
Somali	FIIRO GAAR AH: Hadii aad ku hadasho Ingiriisiga, adeega kaalmada luuqada, oo bilaa lacag ah, ayaa kuu diyaar ah. Lahadal 1-855-687-7862 (TTY: 711).