



Guide to Accessing Quality Health Care Spring 2021

Table of Contents

Your Health Care Contact Guide	3
Molina Healthcare’s Quality Improvement Plan and Program.....	8
Guidelines to Keep You Healthy.....	10
Extra Help for Chronic Health Problems.....	11
Population Health.....	12
Health Risk Assessment and Self-Management Tools.....	13
Patient Safety Program.....	14
How Molina Healthcare Works with Providers to Make Choices About Your Care.....	15
Language Access Services.....	16
Mental Health, Behavioral Health, and Substance Use Services.....	16
What To Do When You Need After Hours or Emergency Care.....	16
About Drug Benefits.....	17
Protecting Your Privacy	18
Your Rights and Responsibilities as a Molina Healthcare Member.....	20
Second Opinions	22
Out-of-Network Services	22
Grievances and Appeals.....	23
Your Right to Appeal Denials.....	24
Your Right to an Advance Directive.....	25
Visit the Molina Healthcare Website.....	26
Member Portal.....	27
Online Provider Directory.....	29

Your Health Care Contact Guide

Department/ Program	Services	Phone Number
Member Services	Molina Healthcare Member Services can: <ul style="list-style-type: none"> • Answer questions about your health plan and services. • Help you choose or change a primary care provider (PCP). • Tell you where to get care. • Offer interpreter services if you don't speak English. • Provide information in other languages and formats. 	Member Services (800) 642-4168 TTY: 711 Monday – Friday 7 a.m. – 7 p.m.
24-Hour Nurse Advice Line	Registered nurses can answer your health questions any time.	24-Hour Nurse Advice Line (888) 275-8750 For Spanish: (866) 648-3537 TTY: (866) 735-2929 TTY Spanish: (866) 833-4703
24/7 Teladoc Virtual Care	Visit a board-certified doctor by phone or video through Teladoc, without leaving home.	Teladoc 800 TELADOC (800) 835-2362 TTY: 711 member.teladoc.com/ Molina

Department/ Program	Services	Phone Number
Health Management	<p>If you live with a chronic health condition, we offer programs to help with asthma, diabetes, high blood pressure, Cardiovascular Disease (CVD), or Chronic Obstructive Pulmonary Disease (COPD). For details on how to join and use these programs, contact Health Management. You can opt out of the program anytime.</p>	<p>Health Management (866) 891-2320 TTY: 711 Monday - Friday 6 a.m. - 6 p.m. Pacific Standard Time</p>
Health Education	<p>Learn more about living well and staying healthy. For details about programs for smoking cessation and weight management, contact Health Education. Health Education will help you understand how to use these programs. You can opt out of the program anytime.</p>	<p>Health Education (866) 472-9483 TTY: 711 Monday - Friday 6 a.m. - 6 p.m. Pacific Standard Time</p>

Department/ Program	Services	Phone Number
Maternity Screening and High-Risk OB support	Join our pregnancy program and use our screenings to help you have a healthy pregnancy and baby. Member Services will help you understand how to use this program. You can opt out of the program anytime.	Member Services (800) 642-4168 TTY: 711 Monday – Friday 7 a.m. – 7 p.m
Care Management	With this program, Care Managers assess your health conditions and review benefits and resources. It can make it easier for you to live healthier. Member Services will help you understand how to use these programs. You can opt out of the program anytime.	Member Services (800) 642-4168 TTY: 711 Monday – Friday 7 a.m. – 7 p.m.
Complex Care Management	If you live with chronic conditions, this program helps you simplify the services you need. Member Services will help you understand how to use these programs. You can opt out of the program anytime.	Member Services (800) 642-4168 TTY: 711 Monday – Friday 7 a.m. – 7 p.m.

Department/ Program	Services	Phone Number
Transition of Care Program	If you're discharged from a hospital or nursing home, a Transition of Care coach works with you and your family. Member Services will help you understand how to use this program. You can opt out of the program anytime.	Member Services (800) 642-4168 TTY: 711 Monday – Friday 7 a.m. – 7 p.m.
U.S Department of Health and Human Services (HHS) Office for Civil Rights (OCR)	The Office for Civil Rights protects you from discrimination in health information privacy in certain health care and social service programs.	Office for Civil Rights (OCR) (800) 368-1019 TDD toll-free: (800) 537-7697 hhs.gov/ocr/index.html
Medicare	Medicare is health insurance offered by the federal government to most people 65 and older. Medicare helps pay for care but does not cover all medical expenses.	Medicare (800) MEDICARE (800) 633-4227 TTY: (877) 486-2048 Medicare.gov

Department/ Program	Services	Phone Number
Ohio Department of Insurance (ODI)	This department regulates health plans. If you have a grievance, use Molina Healthcare’s grievance process before contacting the regulatory department. Molina Healthcare’s toll-free number is (888) 296-7677.	Ohio Department of Insurance (ODI) (800) 686-1526 TTY: (614) 644-3745/711 www.Insurance.Ohio.Gov

For more information about these programs, contact Member Services.

Molina Healthcare's Quality Improvement Program

Your health is important to Molina Healthcare. We want to hear how we are doing. That is why you may receive a survey about Molina Healthcare and your health care services.

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

Molina Healthcare uses another tool called HEDIS® to improve care. HEDIS® stands for Healthcare Effectiveness Data and Information Set. HEDIS® is used every year to measure quality. We collect information on services that you may have received. This includes clinical and non-clinical care. These services include:

- Annual exams
- Diabetes care
- Mammogram screenings (X-rays of the breast)
- Medication management
- Pap tests
- Prenatal care
- Postpartum care
- Shots (flu, child, and teen shots)
- Well-check exams

This process helps us learn how many of our members received needed services. Molina Healthcare makes this information available to you. You may ask for this information at any time.

We work to improve our services each year. The goals of Molina Healthcare's Quality Improvement Program include:

- To give you services that benefit your health
- To work with providers to get you the care you need
- To address your language and cultural needs
- To reduce any barriers to your best health, like issues with transportation and/or language

We want to help you take better care of yourself and your family. We want to make sure you get the best service possible. Some ways we do this are:

- Contacting you to make sure you and your child get needed well-check exams and shots
- Teaching you about chronic health problems if you have them
- Making sure you get prenatal care and after-delivery care if you are pregnant
- Remind you to get Pap tests and mammogram screenings if needed
- Addressing any member complaints
- Helping you find and use the information on our website
- Telling you about special services we offer to all our members

To learn more, call Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. You can ask for a printed copy of Molina Healthcare's Quality Improvement plan and results.

Guidelines to Keep You Healthy

Molina Healthcare provides general information about preventive services you and your family may need and when to get them. (These suggestions do not replace your provider's advice, however.)

To make the most of the **Guidelines to Keep You Healthy:**

- Take time to read them
- Write down any questions you have. Bring them to your next checkup.
- Tell your provider about any health problems you or your children are having
- Go to any scheduled appointments
- If you miss an appointment, reschedule right away

Molina Healthcare also provides information on key tests and exams you or your family may need for long-term health conditions like diabetes, COPD, and depression. See [MolinaHealthcare.com](https://www.molinahealthcare.com) for details and/or guidelines. We can also send them by request. Contact Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m.



Extra Help for Chronic Health Problems

Taking care of health problems can be overwhelming. To make sure you get the right care, Molina Healthcare's Care Management Program helps you:

- Access eligible services
- Arrange tests and visits with providers
- Get transportation
- Close gaps in care or service
- Access support for those with special needs and/or their caregivers
- Help you move from one setting to another, including leaving the hospital
- Get long-term care services
- Connect with community support
- Find services that might not be covered benefits like "Meals on Wheels" or physical therapy in community settings

Members can be referred to Care Management through:

- A provider
- Member Services, the Health Education line, or 24-hour Nurse Advice Line
- A family member or caregiver
- Yourself

Care Management also offers targeted programs like Transition of Care, to help you during a hospital or nursing home stay, and after you leave.

These programs are offered at no cost to you. You can choose to be removed from any program, at any time. Call Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. for more information.

Population Health (Health Education, Disease Management, Care Management and Complex Care Management)

Molina Healthcare offers several informational programs to help members lead healthier lives.

Health Education/Disease Management

We offer the following programs to help you and your family manage issues including:

- Asthma
- Cardiovascular Disease (CVD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Depression
- Diabetes
- High blood pressure

To learn more or enroll in or disenroll from any of the programs above, call the Health Management Department at (866) 891-2320, TTY: 711, Monday through Friday, 6 a.m. to 6 p.m. (Pacific Standard Time).

Newsletters

Newsletters with topics requested by members are posted on [MolinaHealthcare.com](https://www.molinahealthcare.com). The information is easy to read and offers tips on healthier living.

Health Education Materials

Molina Healthcare offers education about eating healthy, preventing illness, stress care, staying active, cholesterol, asthma, diabetes and more. To get these materials, ask your doctor or visit <https://www.molinahealthcare.com/members/common/en-US/healthy/home.aspx>.



Health Risk Assessment and Self-Management Tools

For help making healthy changes, use the Health Risk Assessment (Health Appraisal) on the My Molina member portal. Just answer questions about your health, behaviors, and recommended tests. You'll receive a report about your health risks.

You will also find Self-Management Tools that offer guidance for weight management, depression, financial wellness, and

many other topics that affect your health. The tools help you check progress, barriers, and goals met. To learn more, go to [MyMolina.com](https://www.molinahealthcare.com).

Patient Safety Program

Molina Healthcare’s Patient Safety Program helps us keep you and your family safe when you receive services from your providers. We protect you by:

- Giving providers and hospitals information on safety issues and where to get help
- Keeping track of Molina Healthcare members’ complaints about safety issues in provider offices and hospitals
- Reviewing reports from groups that check hospital safety
- Helping members coordinate care when moving from one place to another, such as from hospital to home
- Teaching members about questions to ask during provider visits

Groups that check safety:

- [Leap Frog Quality Index Ratings](#)
- [The Joint Commission National Patient Safety Goal Ratings](#)

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 members with problems like diabetes and asthma

To learn more, call Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. or visit [MolinaHealthcare.com](https://www.molinahealthcare.com).

How Molina Healthcare Works with Providers to Make Choices About Your Care

Some medical services require approval, or authorization, for Molina Healthcare to cover the cost. Molina Healthcare works with your provider to determine whether you need these services. Making choices about your care based on your need and benefits is called Utilization Management (UM). We do not reward providers or others to deny coverage for services you need. Molina Healthcare does not pay extra to providers or Molina Healthcare UM staff to make choices that result in giving less care. For Molina Healthcare members with Long Term Services and Supports (LTSS) needs, someone with LTSS experience, training, and education makes decisions about services.

If you have a question about Molina Healthcare's UM process or rulings, call Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m., except holidays. We can accept collect calls. If you need help in your language, a bilingual Molina Healthcare staff member or interpreter is available at no cost to you. Molina Healthcare also offers TTY services for members with hearing or speech disabilities. Please leave a message including your phone number if you call after 5 p.m. or during the weekend. We will return your call within one business day. Member Services may also call to talk about UM issues. If Member Services calls you, they will use their name, title, and Molina Healthcare's name.

Looking at What's New

Molina is always looking at new types of care and services, and new ways to provide them. We review new services for safety and potential added benefits. Every year, we look at updates in:

- Equipment
- Medical services
- Mental health services
- Medicines



Language Access Services

Molina Healthcare can provide written or verbal information in your language, at no cost to you. We can have an interpreter help you speak with us or your provider in almost any language, including sign language. For an interpreter or written materials in a language other than English, contact Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m.

Mental Health, Behavioral Health, and Substance Use Disorder Treatment Services

If you suffer from stress, depression, confusion, or substance use disorders, Molina Healthcare offers services that can help. Ask your PCP or call Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. Molina Healthcare is here to help you.

What To Do When You Need After Hours or Emergency Care

After Hours Care

You may need care when your PCP's office is closed. After hours, call the Nurse Advice Line at (888) 275-8750. Highly trained nurses are available 24/7 to answer your medical questions, help you decide if you should see a provider immediately, or make an appointment for you.

Emergency Care

Emergency services are for sudden or severe problems that need care right away or put your life or health in danger.

Molina Healthcare covers emergency care. Services are not covered outside the United States except emergencies requiring hospitalization in Canada or Mexico. **If you need emergency care, call 911 or go to the nearest hospital.**

You don't need prior approval. For urgent matters that don't threaten your life, call the 24/7 Nurse Advice Line at (888) 275-8750.

About Drug Benefits

To learn about the drugs you need, please speak to your provider. For details about your drug benefits, visit [MolinaHealthcare.com](https://www.molinahealthcare.com). On the website, you can find:

- A list of generic and brand name drugs that Molina Healthcare covers and does not cover ([Unified Preferred Drug List](#))
- Limits on covered drugs like the numbers of refills or drug doses you may get
- How your provider can ask Molina Healthcare to approve certain drugs or for the amount of a drug you need
- Information needed from your provider to get approval for some of your drugs
- Details about your provider's process for generic substitution, therapeutic interchange and step-therapy
- Updates to the drug list
- Any copayments for drugs not on Molina Healthcare's approved list of drugs
- How your provider can request an exception for coverage for medications not on the ([Unified Preferred Drug List](#)).

To learn more, call Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m.

Protecting Your Privacy

You have rights when it comes to protecting your health information like your name, plan identification number, race, ethnicity, and other markers that identify you. We will not share health information about you that is not allowed by law. We respect and protect your privacy. Molina Healthcare uses and shares data to provide you with health benefits. Your privacy is important to us.

Your Protected Health Information (PHI)

PHI stands for Protected Health Information. This includes your name, member number, race, ethnicity, language needs, or other markers that identify you. Molina Healthcare uses your PHI the following ways.

Why does Molina Healthcare use or share your 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 not to 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?

Your PHI can be written, spoken or digital. Molina Healthcare protects your PHI across our health plan by:

- Instituting protective policies and procedures
- Limiting the Molina Healthcare staff who may see PHI
- Training staff on how to protect and secure PHI, including written and verbal communications
- Requiring written agreement from Molina Healthcare to follow the policies and procedures
- Securing PHI digitally with firewalls and passwords

What must Molina Healthcare do by law?

- Keep your PHI private
- Give you a notice in the event of any breach of your unsecured PHI
- Not use or disclose your genetic information for underwriting purposes



- Not use your race, ethnicity or language data for underwriting or denial of coverage and benefits
- 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 Healthcare and file a complaint
- File a complaint with the U.S. Department of Health and Human Services

The above information is only a summary. See Molina Healthcare's Notice of Privacy Practices at [MolinaHealthcare.com](https://www.molinahealthcare.com) for more information about how we use and share our members' PHI. You also call Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. to ask for a copy.

Your Rights and Responsibilities as a Molina Healthcare Member

Knowing your rights and responsibilities will help you, your family, your provider, and Molina Healthcare ensure that you get the care you need.

You have the right to:

- Receive the facts about Molina Healthcare, our services, our practitioners, and providers who contract with us to provide services, and member rights and responsibilities.
- Privacy and to be treated with respect and dignity.
- Help make decisions with your practitioner about your health care. You may refuse treatment.
- Request and receive a copy of your medical records.
- Request a change or correction to your medical records.
- Discuss your treatment options with your doctor or other health care provider in a way you understand them. Cost or benefit coverage does not matter.

- Voice any complaints or send in 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 each year.
- Suggest changes to Molina Healthcare's member rights and responsibilities policy.

You also have the responsibility to:

- Provide all the facts that Molina Healthcare, our practitioners, and providers need to care for you.
- Know your health problems and take part in making mutually agreed-upon treatment goals.
- Follow the treatment plan instructions for the care you agree to with your practitioner.
- Make sure you take the medications prescribed for you by your doctor. If you are admitted to a hospital, schedule an office appointment and see your doctor in the office within 30 days of being discharged. Remember to bring the Discharge Summary you were given with you. Review your medications during office appointments to keep the list current.
- Keep doctor visits and be on time. If you're going to be late or cannot keep a doctor visit, call your provider.

Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) to view your Member Handbook for a complete list of member rights and responsibilities.

Women's Health Services

To keep you healthy, Molina Healthcare covers care before birth, care after delivery, breast exams, mammograms, and Pap tests. For these routine and preventive services, you can see women's health specialists, including Obstetricians, Gynecologists, and Certified Nurse Midwives.



Getting Care for Special Health Needs

Molina Healthcare covers care for your special needs. If you have Long Term Services and Supports (LTSS), you also have access to specialists for your health condition and needs.

Second Opinions

If you do not agree with your provider's plan of care, you have the right to a second opinion. You may talk to another Molina Healthcare network provider or we can arrange for you to talk to a provider outside of our network. This service is available at no cost to you. To learn more, call Member Services at (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m.

Out-of-Network Services

If a Molina Healthcare provider is not able to give you needed and covered services, Molina Healthcare must cover these services through an out-of-network provider. Your cost will be no greater than it would be if the provider was in our network. Molina Healthcare will coordinate the out-of-network provider's payment. To learn more, call Member Services at (800) 642-4168, TTY: 711.

Hours of Operations for Services

Molina Healthcare members can receive needed services 24 hours a day, every day, such as our 24-hour Nurse Advice Line and Teladoc virtual service. For other services, visit MolinaHealthcare.com/ProviderSearch to find providers in hospitals and clinics near you.

Grievances and Appeals

If you have problems with your medical care or our services, you have the right to file a grievance (complaint) 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 may file an appeal when you do not agree with Molina Healthcare's decision to:

- Stop, change, suspend, reduce or deny a service
- Deny payment for services



You may request an expedited review if the decision puts your life or health at risk. You may also ask for a Fair Hearing with the State Administrative Law Judge if your appeal is denied.

Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) or see your Member Handbook to read about:

- Grievance, appeal and State Fair Hearing processes and rights
- Grievance, appeal and State Fair Hearing timeframes
- Who can file a grievance/appeal

For any grievance questions, call Member Services at (800) 642-4168, TTY: 711.

Your Right to Appeal Denials

What is a denial?

A denial means that services or bills will not be paid. If Molina Healthcare denies your service or claim, you have the right to find out why your services or bills were denied. You have the right to appeal.

If Molina Healthcare denies your service or claim, you will get a letter telling you about this decision. It will include information about your right to appeal. You can read about these rights in your Member Handbook. You can learn how to file an appeal at [MolinaHealthcare.com](https://www.molinahealthcare.com). Member Services can also 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. Molina Healthcare will accept that finding.

Learn more about filing an appeal from Member Services at (800) 642-4168, TTY: 711.

Your Right to an Advance Directive

All Molina Healthcare 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 the kind of care you want if you cannot speak for yourself. You can write an Advance Directive before you have an emergency. This keeps 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 Directive forms. 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. For help making decisions about your care, talk with someone you trust, like a family member or friend. You can also talk with your lawyer or PCP if you have questions or would like to complete an Advance Directive form.

Call Member Services at (800) 642-4168, TTY: 711 for details 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. Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) or call Member Services for details.

Visit the Molina Healthcare Website

Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) and choose your state. Our website has information about:

- Benefits and services included and excluded from coverage and restrictions
- Copayments and other charges for which you are responsible (if they apply)
- What to do if you get a bill for a claim
- Frequently Asked Questions (FAQs) and answers
- Pharmacy details like drugs we don't cover, drug limits or quotas, how to request an exception for drugs not on the Unified Preferred Drug List, generic substitution, therapeutic interchange (different drugs that have the same effects) and step-therapy protocols (covering use of one drug before we will cover use of another)
- Preventive health guidelines and vaccination schedules
- How to obtain specialty care and hospital services
- Practitioner and provider availability
- Utilization Management procedures including preservice review, urgent concurrent review, post-service review, and how to file an appeal

To receive printed copies of anything on [MolinaHealthcare.com](https://www.molinahealthcare.com), call Member Services at (800) 642-4168, TTY: 711.

Your Member Handbook, also on the website, is a good resource too.

Member Portal

[MyMolina.com](https://www.mymolina.com) is our secure member web portal. It lets you manage your health from your computer. The member portal is easy to use. Here are some of the things that you can do:

- A health risk assessment (health appraisal)—this is a tool that can help you and your PCP look for ways to improve your health
- Search for a local pharmacy
- Get self-help to:
 - Avoid drinking alcohol
 - Eat healthy
 - Manage weight (BMI)
 - Identify depression
 - Identify lack of motivation
 - Manage stress
 - Promote physical activity
 - Stop tobacco use
 - Test for cancer
 - Get vaccines
- Request or print a Member ID card
- Select or change doctors
- See your health records
- Find out how to get referrals
- Get health advice from the 24-Hour Nurse Advice line via secure email
- Send email to Member Services

To learn more or to sign up for the member portal:

1. Call Member Services at (800) 642-4168
or
2. Create an account by following these easy steps:
 - Step 1: Go to [MyMolina.com](https://www.MyMolina.com) ([MiMolina.com](https://www.MiMolina.com) en Español)
 - Step 2: Enter your Member ID number, date of birth and zip code
 - Step 3: Enter your email address
 - Step 4: Create a password



Online Provider Directory

To search for provider online, go to [MolinaHealthcare.com](https://www.molinahealthcare.com). Click on “Find a Doctor or Pharmacy.” The provider directory includes:

- Names, addresses, and phone numbers of Molina Healthcare providers
- Providers’ board certification status. You can also check the American Board of Medical Specialties at www.abms.org to see 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 cannot access the Internet or need more information (like your provider’s medical school or residency), Member Services can send you a printed copy of the online provider directory. Call (800) 642-4168, TTY: 711, Monday through Friday, 7 a.m. – 7 p.m. for help.