Spring 2017 Health and Wellness Newsletter



Update to Covered Services

The following services are now covered as part of your health plan.

Acupuncture – Coverage is limited to the pain management of migraine headaches and lower back pain. Prior approval (PA) is required.

Respite Services – Covered 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.

Your Benefits as a Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) Member

Thank you for being a part of our Molina Dual Options MyCare Ohio Family. At Molina Dual Options MyCare Ohio, our passion is providing you with quality health care. As a Member of Molina Dual Options MyCare Ohio, you get these extra benefits:

- 30 rides per calendar year to your providers, medical appointments and pharmacy at no cost to you.
- \$20 a month to spend on select over-the-counter items.
- \$0 co-pays for covered services and prescription drugs.
 Connect with Molina Dual Options MyCare Ohio 24/7 online at MyMolina.com.
- Drop-in services with CVS/Pharmacy® MinuteClinic®
- A health plan you can trust with more than *30 years* of experience.

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All newsletters are also available at www.MolinaHealthcare.com/Duals.





Health Care Fraud, Waste and Abuse

Fraud, waste and abuse can increase health care costs and affect your quality of care. You can report fraud, waste, and abuse to Molina Dual Options MyCare Ohio's AlertLine. You may call 24 hours a day, seven days a week. Call toll-free at (866) 606-3889 TTY 711. You may also report your concerns on the AlertLine website at https://MolinaHealthcare.AlertLine.com.

Protecting Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina Dual Options MyCare Ohio uses and shares data to provide you with health benefits.

Protected Health Information (PHI)

PHI stands for "protected health information." PHI includes your name, member number, race, ethnicity, language needs, or other things that identify you. Molina Dual Options MyCare Ohio wants you to know how we use or share your PHI.

Why does Molina Dual Options MyCare Ohio 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 Dual Options MyCare Ohio need your written authorization (approval) to use or share your PHI?

Molina Dual Options MyCare Ohio needs your written approval to use or share your PHI for reasons 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 Dual Options MyCare Ohio protect your PHI?

Your PHI can be in written word, spoken word, or on a computer. Molina Dual Options MyCare Ohio uses many ways to protect PHI across our health plan. Below are some ways Molina Dual Options MyCare Ohio protects your PHI:

- Molina Dual Options MyCare Ohio uses policies and rules to protect PHI.
- Only Molina Dual Options MyCare Ohio staff with a need to know PHI may use PHI.
- Molina Dual Options MyCare Ohio trains staff to protect and secure PHI, including written and verbal communications.

Molina Dual Options MyCare Ohio staff must agree in writing to follow the rules and policies that
protect and secure PHI.
 Molina Dual Options MyCare Ohio secures PHI on our computers. PHI on our computers is kept
private by using firewalls and passwords.

What are the duties of Molina Dual Options MyCare Ohio? Molina Dual Options MyCare Ohio is required to:

- Keep your PHI private
- Provide you with a notice in the event of any breach of your unsecured PHI
- Not use or disclose your genetic information for underwriting purposes
- Not use your race, ethnicity or language data for underwriting or denial of coverage and benefits
- Follow the terms of this Notice

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

- Call or write Molina Dual Options MyCare Ohio 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 gives more information about how we use and share our members' PHI. You may find our full Notice of Privacy Practices on our website at www.MolinaHealthcare.com/Duals. You also may ask for a copy of our Notice of Privacy Practices by calling our Member Services Department.

Provider Online Directory

Did you know you can find a provider or pharmacy location online? Visit MolinaHealthcare.com/ProviderSearch.

Health Education

As a Molina Dual Options MyCare Ohio Member, you have access to health education on our website. Visit http://tinyurl.com/MolinaHealthEd. If you have Diabetes, talk to your provider about a dilated eye exam.



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) 665-4623, 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. The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

H5280 _17_16529_914_OHMMPSpring Approved 3/21/2017



MHI Medicare Operations 200 Oceangate, Suite 100 Long Beach, CA 90802

Health and wellness or prevention information



Questions about Your Health?

Call Our 24-Hour Nurse Advice Line!

English and Spanish: (855) 895-9986

Your health is our priority!

TTY users should call 711.







Your Extended Family.



Molina Healthcare (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 discriminate based on 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
 - Skilled sign language interpreters
 - 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
 - o Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 665-4623; TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or discriminated 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 <u>civil.rights@molinahealthcare.com</u>. Or, fax your complaint to (562) 499-0610.

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 1-800-368-1019; TTY 800-537-7697.



Your Extended Family.



English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-665-4623 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-665-4623 (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 1-855-665-4623 (TTY:711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-665-4623 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 4623-665-855-1 (رقم هاتف الصم والبكم:

Pensylvannia Dutch

Wann du Deitsch Pennsylvania German schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-665-4623 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-665-4623 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-665-4623 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-665-4623 (TTY: 711).

Cushite (Oromo language)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-665-4623 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-665-4623 (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 1-855-665-4623 (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。1-855-665-4623 (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 1-855-665-4623 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-665-4623 (телетайп: 711).

Romanian

ATENŢIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-665-4623 (TTY: 711).

Somali

FIIRO GAAR AH: Hadii aad ku hadasho Ingiriisiga, adeega kaalmada luuqada, oo bilaa lacag ah, ayaa kuu diyaar ah. Lahadal 1-855-665-4623 (TTY: 711).

Nepali

ध्यान दिनुहो ्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा हायता वाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-665-4623 (टिटिवाइ: 711) ।

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-665-4623 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-665-4623 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-665-4623 (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता ेवाएं उपलब्ध हैं। 1-855-665-4623 (TTY: 711) पर कॉल करें।

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-665-4623 (TTY: 711).