

2025

Annual Notice of Changes

Molina Dual Options Medicare-Medicaid Plan

South Carolina H2533-001

Effective January 1 through December 31, 2025

Molina Dual Options Medicare-Medicaid Plan offered by Molina Healthcare

ANNUAL NOTICE OF CHANGES FOR 2025

Introduction

You are currently enrolled as a member of Molina Dual Options. Next year, there will be changes to the plan's benefits, coverage, and rules. This document tells you about the changes and where to find more information about them. To get more information about benefits or rules, please review the Member Handbook, which is located on our website at MolinaHealthcare.com. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

- ❖ Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
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B. Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section F2 for more information.

If you leave our plan, you will still be in the Medicare and Healthy Connections Medicaid programs as long as you are eligible.

- If you leave our plan, you can choose to enroll in a different Medicare-Medicaid Plan, or you can return to getting your Medicare and Healthy Connections Medicaid services separately.



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

- If you do not want to enroll in a different Medicare-Medicaid Plan, you will have a choice about how to get your Medicare benefits (refer to section F2 to find out your options).

B1. Additional resources

- You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free.
- This document is available for free in Spanish, Chinese, Tagalog, French, Vietnamese, German, Korean, Russian, Arabic, Italian, Portuguese, French Creole, Polish, Hindi, Ukrainian, Pashto, Bengali, Farsi, Albanian, Dari, and Japanese.
- To request your preferred language other than English and/or alternate format, call Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET.
- We will maintain a record of our member's preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- To change a standing request, call Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET.

B2. Information about Molina Dual Options

- Molina Dual Options is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
- Coverage under Molina Dual Options is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- Molina Dual Options is offered by Molina Healthcare. When this *Annual Notice of Changes* says "we," "us," or "our," it means Molina Healthcare. When it says "the plan" or "our plan," it means Molina Dual Options.

B3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in section D for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**

If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



- Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
- It is important to review the changes to make sure our drug coverage will work for you next year.
- Look in section D2 for information about changes to our drug coverage.
- **Check to find out if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with Molina Dual Options:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated Provider and Pharmacy Directory is located on our website, listed at the bottom of the page. You may also call Member Services at the number at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
Hearing services	Hearing aids require Prior Authorization (PA).	Hearing aids no longer require Prior Authorization (PA).
Part D prescription drugs	You can get a 90-day supply.	You can get a 100-day supply.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website listed at MolinaHealthcare.com/Duals. You may also call Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the “*Drug List*.”

We made changes to our *Drug List*, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the number at the bottom of the page or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).

- To learn what you must do to ask for an exception, refer to Chapter 9 of the *2025 Member Handbook* or call Member Services at the number at the bottom of the page.
- If you need help asking for an exception, you can contact Member Services or your care coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If your formulary exception is approved, you will be notified how long the approval will last. In most cases, approvals are given for one year. You will need to request a new formulary exception once your approval expires.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

The table below shows your costs for drugs in each of our three (3) drug tiers.



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

	2024 (this year)	2025 (next year)
Drugs in Tier 1 (Generic drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.
Drugs in Tier 2 (Brand name drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.
Drugs in Tier 3 (Non-Medicare prescriptions/ Over-the-counter (OTC) drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your co-pay for a one-month (31-day) supply is \$0 per prescription.	Your co-pay for a one-month (31-day) supply is \$0 per prescription.

E. Administrative changes

We are making administrative changes for select benefits for next year. The information in the table below describes these changes.

Description	2024 (this year)	2025 (next year)
We will be utilizing a different vendor to administer your MyChoice card for 2025.	Your MyChoice card was administered by a vendor named WEX.	Your MyChoice card will be administered by NationsBenefits for 2025 (new cards will be shipped to members for 2025).
HearUSA is no longer the contracted vendor for 2025.	Your hearing services were administered by HearUSA.	NationsBenefits is the contracted hearing vendor for 2025.

If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



Description	2024 (this year)	2025 (next year)
Mom's Meals and GA Foods are no longer contracted vendors for 2025.	Your meal services were available through three vendors: Mom's Meals, GA Foods, and NationsBenefits.	NationsBenefits is the contracted meals vendor for 2025.

F. How to choose a plan

F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2025.

F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

Change	What to do
<p>1. You can change to:</p> <p>A different Medicare-Medicaid Plan</p>	<p>Here is what to do:</p> <p>Call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670. Tell them you want to leave Molina Dual Options and join a different Medicare-Medicaid Plan. If you are not sure what plan you want to join, they can tell you about other plans in your area. Your coverage with Molina Dual Options will end on the last day of the month that we get your request.</p>
<p>2. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. <p>You will automatically be disenrolled from Molina Dual Options when your new plan's coverage begins.</p>
<p>3. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. <p>You will automatically be disenrolled from Molina Dual Options when your Original Medicare and prescription drug plan coverage begins.</p>

If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



Change	What to do
<p>4. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call Insurance Counseling Assistance and Referrals for Elders (I-CARE) at 1-800-868-9095. TTY users should call 711.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. <p>You will automatically be disenrolled from Molina Dual Options when your Original Medicare coverage begins.</p>

G. How to get help

G1. Getting help from Molina Dual Options

Questions? We're here to help. Please call Member Services at the number at the bottom of the page. We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. ET.

Your 2025 Member Handbook

The *2025 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2025 Member Handbook* will be available by October 15. An up-to-date copy of the *2025 Member Handbook* is available on our website listed at the bottom of the page. You may also call Member Services at the number at the bottom of the page to ask us to mail you a *2025 Member Handbook*.



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

Our website

You can also visit our website listed at the bottom of the page. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

G2. Getting help from the state enrollment broker, South Carolina Healthy Connections Choices

The enrollment broker helps people choose between the different Medicare-Medicaid Plans, enroll, change plans, or disenroll. The enrollment broker is called South Carolina Healthy Connections Choices, and it is not connected with any insurance company or health plan. You can call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670.

G3. Getting help from the Healthy Connections Prime Advocate

The Healthy Connections Prime Advocate is an ombudsman program that helps people enrolled in Healthy Connections Prime with service or billing problems. The Healthy Connections Prime Advocate can help you if you are having a problem with Molina Dual Options. The ombudsman's services are free.

- The Healthy Connections Prime Advocate is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The Healthy Connections Prime Advocate makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The Healthy Connections Prime Advocate is not connected with us or with any insurance company or health plan. The phone number for the Healthy Connections Prime Advocate is 1-844-477-4632. TTY users should call 711.

G4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. I-CARE counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. I-CARE is not connected with any insurance company or health plan. The I-CARE phone number is 1-800-868-9095. TTY users should call 711.

G5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to www.medicare.gov and click on “Find plans.”)

Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

G6. Getting help from Healthy Connections Medicaid

The phone number for Healthy Connections Medicaid is 1-888-549-0820. This call is free. TTY users should call 1-888-842-3620.



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

Getting Important Plan Materials

How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your **2025** plan documents, like your Member Handbook, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2024**.

Get to know your plan documents

- **Member Handbook:** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at MolinaHealthcare.com/ProviderSearch.
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at MolinaHealthcare.com/members/common/en-US/terms_privacy.aspx.

How to view or request a copy of a plan document



Online at MolinaHealthcare.com/Duals

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your **2025** plan documents will be available online by **October 15, 2024**.



Online at MyMolina.com

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at MyMolina.com. Click "Create an Account" and follow the step-by-step instructions to sign up.



Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of a Member Handbook, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(855) 735-5831 (TTY: 711)**, **7 days a week, 8 a.m. to 8 p.m. ET**

We're here to help

If you have questions about your benefits, need help finding a network provider or pharmacy, or would like to opt out of mailed materials, call Member Services toll-free at **(855) 735-5831 (TTY: 711)**, **7 days a week, 8 a.m. to 8 p.m. ET**.

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You can get this document for free in other formats, such as large print, braille, or audio. Call **(855) 735-5831 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. ET.** The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

Notice of Non-Discrimination and Accessibility

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m. ET.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Website: <https://molinahealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>



ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-735-5831 (TTY: 711) or speak to your provider.

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al 1-855-735-5831 (los usuarios de TTY pueden llamar al 711) o hable con su proveedor.

Chinese:

請注意：如果您說中文，我們會為您提供免費的語言協助服務。我們還免費提供適當的輔助工具及服務，以無障礙格式提供資訊。請撥打 1-855-735-5831 (TTY: 711) 或與您的醫療服務提供者聯絡。

Tagalog:

TAWAG-PANSIN: Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo ng tulong sa wika para sa iyo. May mga naaangkop na auxiliary aid at mga serbisyo din para magbigay ng impormasyon sa mga accessible na format nang walang bayad. Tawagan ang 1-855-735-5831 (TTY: 711) o kausapin ang iyong provider.

French:

REMARQUE : si vous parlez français, des services d'aide linguistique gratuits sont disponibles. Des outils et des services auxiliaires adaptés visant à fournir des informations dans un format accessible sont également disponibles gratuitement. Appelez le 1-855-735-5831 (ATS : 711) ou contactez votre prestataire.

Vietnamese:

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí. Chúng tôi cũng cung cấp miễn phí các phương tiện hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin theo những dạng thức dễ tiếp cận. Hãy gọi số 1-855-735-5831 (TTY: 711) hoặc trao đổi với nhà cung cấp của quý vị.

German:

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie unter 1-855-735-5831 (TTY: 711) an oder wenden Sie sich an Ihren Anbieter.

Korean:

주의: 한국어를 구사하는 경우, 언어 지원 서비스를 무료로 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 이용할 수 있습니다. 1-855-735-5831(TTY: 711)번으로 전화하거나 제공자에게 이야기하시기 바랍니다.

Russian:

Внимание! Если вы говорите на русском, для вас доступна бесплатная помощь переводчика. Также доступны бесплатные соответствующие вспомогательные средства для получения информации в доступном формате. Звоните 1-855-735-5831 (TTY: 711) или поговорите с вашим поставщиком медицинского обслуживания.

Arabic:

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجاناً. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل على الرقم 1-855-735-5831 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمات.

Italian:

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica a titolo gratuito. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiami il numero 1-855-735-5831 (TTY: 711) o si metta in contatto con il suo fornitore.

Portuguese:

ATENÇÃO: se você fala português, serviços de assistência linguística gratuitos estão à sua disposição. Também estão disponíveis sem custo materiais e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número 1-855-735-5831 (TTY: 711) ou fale com seu fornecedor de serviços de saúde.

French Creole:

ATANSYON: Si w pale Fransè Kreyòl, sèvis asistans linguistik disponib gratis pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib disponib gratis egalman. Rele 1-855-735-5831 (TTY: 711) oswa pale ak founisè w la.

Polish:

UWAGA: Jeśli mówisz w języku Polskim, możesz skorzystać z bezpłatnych usług pomocy językowej. Bez żadnych opłat dostępne są również odpowiednie pomoce i usługi dostarczające informacji w przystępnych formatach. Zadzwoń pod numer 1-855-735-5831 (TTY: 711) lub porozmawiaj ze swoim świadczeniodawcą.

Hindi:

ध्यान दें: अगर आप [हिन्दी] बोलते हैं, तो आपके लिए मुफ्त भाषा सेवाएं उपलब्ध हैं। एक्सेस करने योग्य फॉर्मेट में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं।
1-855-735-5831 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Ukrainian:

УВАГА! Якщо ви розмовляєте українською, можете скористатися безкоштовною послугою мовної підтримки. Також ви можете безкоштовно скористатися відповідними допоміжними засобами та послугами для отримання інформації в доступних форматах. Телефонуйте за номером 1-855-735-5831 (TTY: 711) або зверніться до свого постачальника послуг.

Pashto:

پام وکړئ که چیرې تاسو پښتو وایئ، نو د ژبې د وړیا مرستې خدمات تاسو ته شتون لري. د لاسرسي وړ فارمیټونو کې د معلوماتو چمتو کولو لپاره مناسب مرستندویه مرستې او خدمات هم وړیا شتون لري. 1-855-735-5831 ته زنگ ووهئ (TTY: 711) یا خپل چمتو کونکي سره خبرې وکړئ

Bengali:

মনোযোগ দিন: আপন বাংলা ভাষাতে কথা বললে, বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য বিন্যাসে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা ও পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-855-735-5831 (TTY: 711) নম্বরে কল করুন বা আপনার প্রদানকারীর সাথে কথা বলুন।

Farsi:

توجه: در صورت تکلم به زبان فارسی، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره 1-855-735-5831 (کاربران 711 TTY) تماس بگیرید تا با ارائه دهنده خدمات خود مشورت کنید.

Albanian:

VINI RE: Nëse flisni Shqip, janë të disponueshme shërbime falas të asistencës gjuhësore anë të disponueshme për ju. Ndihamat dhe shërbimet e duhura ndihmëse për të ofruar informacion në formate të aksesueshme janë gjithashtu të disponueshme pa pagesë. Telefononi 1-855-735-5831 (TTY: 711) ose flisni me ofruesin tuaj.

Dari:

توجه: اگر شما دری صحبت میکنید، خدمات کمک زبان رایگان برای شما موجود است. کمک‌ها و خدمات کمکی مناسب برای فراهم ساختن معلومات در فارمت‌های قابل دسترس همچنان بصورت رایگان موجود است. به شماره 1-855-735-5831 (TTY: 711) زنگ بزنید یا با فراهم کننده خود صحبت کنید.

Japanese:

注意：日本語をお話しになれる場合、無料の言語補助サービスをご利用になれます。利用可能な形式で情報を提供するための適切な補助器具・サービスも無料でご利用になれます。1-855-735-5831 (TTY: 711)に電話するか、プロバイダーにご相談ください。



NOTICE OF PRIVACY PRACTICES MOLINA HEALTHCARE OF SOUTH CAROLINA, INC.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of South Carolina, Inc. (“**Molina Healthcare**”, “**Molina**”, “**we**” or “**our**”) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is December 1, 2013.

PHI stands for these words, protected health information. PHI means health information that includes your name, Member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve Member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help Members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Address Member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

When can Molina use or share your PHI without getting written authorization (approval) from you?

The law allows or requires Molina to use and share your PHI for several other purposes including the following:

Required by law

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research

Your PHI may be used or shared for research in certain cases.

Legal or Administrative Proceedings

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement

Your PHI may be used or shared with police to help find a suspect, witness or missing person.

Health and Safety

Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions

Your PHI may be shared with the government for special functions. An example would be to protect the President.

Victims of Abuse, Neglect or Domestic Violence

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation

Your PHI may be used or shared to obey Workers Compensation laws.

Other Disclosures

Your PHI may be shared with funeral directors or coroners to help them do their jobs.

When does Molina need your written authorization (approval) to use or share your PHI?

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us.

Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.

- **Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.

- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request.

Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a Member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You will need to make your request in writing. You may use Molina's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services Department (855) 882-3901.

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

You may complain to Molina and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

Molina Healthcare of South Carolina
Attention: Director of Member Services
P.O. Box 40309
North Charleston, South Carolina 29423-0309
Phone (855) 735-5831, 7 days a week, 8 a.m. to 8 p.m., local time. TTY users, call 711.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health & Human Services Sam Nunn Atlanta Federal Center, Suite 16T70 61
Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone (800) 368-1019; TDD (800) 537-7697
FAX (404) 562-7881

What are the duties of Molina?

Molina is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- 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;
- Follow the terms of this Notice.

This Notice is Subject to Change

Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina.

Contact Information

If you have any questions, please contact the following office:

Molina Healthcare of South Carolina, Inc.
Attention: Manager of Member Services
4105 Faber Place Drive, Suite 470
Charleston, SC 29405
(855) 882-3901

