

Welcome to **Molina Healthcare.**

Your Extended Family.

MolinaHealthcare.com



STAR+PLUS Nursing Facility Member Handbook
January 2020
(866) 449-6849

Molina Healthcare of Texas (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
 - 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
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (866) 449-6849

TTY/TTD: (800) 346-4128.

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 (713) 623-0645.

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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-449-6849 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-449-6849 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-449-6849 (TTY: 711).

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 1-866-449-6849 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-449-6849 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-449-6849 (رقم هاتف الصم والبكم: 711).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-449-6849 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-449-6849 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-449-6849 (TTY : 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-866-449-6849 (TTY: 711) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-449-6849 تماس بگیرید. (TTY: 711)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-449-6849 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-449-6849 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-449-6849 (телетайп: 711).

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。

1-866-449-6849 (TTY: 711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ່ລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-449-6849 (TTY: 711).

Thank you for choosing Molina Healthcare!

Ever since our founder, Dr. C. David Molina, opened his first clinic in 1980, it has been our mission to provide quality health care to everyone. We are here for you. And today, as always, we treat our members like family.

The most current version of the handbook is available at [MolinaHealthcare.com](https://www.molinahealthcare.com)

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NOTE: Member Services is here to help you get your covered services. Call us with any questions about your benefits or coverage at (866) 449-6849. Member Services is open Monday - Friday from 8:00 a.m. - 5:00 p.m., local time, except on state-approved holidays. If you call when this department is closed, you can leave a message on our answering machine. Someone will call you back by the next business day.

Behavioral Health Service representatives are ready to help you 24 hours a day, 7 days a week.

We can help you in English and Spanish. We have interpreters who can help with any other language. Members who are deaf or hard of hearing can call Relay Texas TTY (711). You can ask for your member handbook in other forms, which include audio, large print, braille and other languages. If you are hearing or sight impaired, special help can be provided.

Quick Reference

Need	Emergency	Online Access	Getting Care
		<ul style="list-style-type: none">- Find or change your doctor- Update your contact information- Request an ID card- Get health care reminders- Track office visits	<ul style="list-style-type: none">- Urgent Care<ul style="list-style-type: none">- Minor illnesses- Minor injuries- Physicals and checkups- Preventive care- Immunizations (shots)
Action	<p>Call 911. If you are in a critical situation, contact your Nursing Facility staff right away. They will help you get the emergency care you need.</p>	<p>Go to MyMolina.com and sign up</p> <p>Find a provider at: MolinaHealthcare.com/ProviderSearch</p>	<p>Call Your Doctor: <u> Name and Phone </u></p> <p>Urgent Care Centers Find a provider or urgent care center MolinaHealthcare.com/ProviderSearch</p> <p>24-Hour Nurse Advice Line (888) 275-8750 (English) (866) 648-3537 (Spanish) TTY:711 A nurse is available 24 hours a day, 7 days a week.</p>

Your Plan Details

- Questions about your plan
- Questions about programs or services
- ID card issues
- Language services
- Transportation
- Help with your visits

Member Services

(866) 449-6849

TTY 711 (English)/

(800) 662-4954 (Spanish)

Monday through Friday,
8 a.m. – 5 p.m.

To schedule a ride to an appointment
or for non-emergency ambulance
transportation, contact your
Nursing Facility

Service Coordination

(866) 409-0039

Monday through Friday
8 a.m. - 5 p.m., local time

Behavioral Health

Customer Service

(866) 449-6849

Behavioral Health

Crisis Line

(800) 818-5837

Dental Services

(888) 703-6999

Vision Services

(866) 518-2602

Changes/Life Events

- Coverage
- Contact Info
- Moving into a new Nursing Facility
- Moving back into the community
- Marriage
- Divorce

Texas Department of

Aging and Disability

(DADS)

(800) 458-9858

Social Security

Administration

(800) 772-1213

TTY (800) 325-0778

Ombudsman Managed

Care Assistance Team

(866) 566-8989

STAR+PLUS

Program Helpline

(800) 964-2777

Health care is a journey and you are on the right path:



1. Review your Welcome Kit

You should have received your Molina Healthcare ID card. Please keep it with you at all times. If you haven't received your ID card yet, visit [MyMolina.com](https://www.mymolina.com) or call Member Services.



2. Register for MyMolina

Signing up is easy. Visit [MyMolina.com](https://www.mymolina.com) to change your Primary Care Provider (PCP), view service history, request a new ID card and more. Connect from any device, any time!



3. Talk about your health

We'll call you for a short interview about your health. It will help us identify how to give you the best possible care. Please let us know if your contact info has changed.



4. Get to know your PCP

PCP stands for Primary Care Provider. He or she will be your personal doctor. To choose or change your doctor, go to [MyMolina.com](https://www.mymolina.com) or call Member Services. Call your doctor within the next 90 days to schedule your first visit.



5. Get to know your benefits

With Molina you have health coverage and free extras. We offer free health education and people dedicated to your care.

Your Membership

ID Card


There is one ID for each member.

Your name

Your identification number

Your doctor

Your doctor's phone number



Member/Miembro:

Identification #/Núm. de identificación:

Date of Birth/Fecha de Nacimiento:

PCP/Proveedor de Cuidado Primario:

PCP Phone/Teléfono del Proveedor de Cuidado Primario:

PCP Effective Date/Fecha de Vigencia del Proveedor de Cuidado Primario:

MMIS #:

Issue Date:

TEXAS STAR+PLUS
Your Health Plan • Your Choice

TEXAS
Health and Human
Services

RxBIN:

RxGRP #:

RxPCN #:

CVS Caremark

The date card was issued

You need your ID card to:



See your doctor,
specialist or
other provider



Go to an
emergency room



Go to urgent care



Go to a hospital



Get medical supplies
and/or prescriptions



Have medical tests

Your Doctor



Find Your Doctor

Your Primary Care Provider (PCP) knows you well and takes care of all your medical needs. It's important to have a doctor who makes you feel comfortable. It's easy to choose one with our Provider Directory, which is a list of doctors. You can pick a doctor for you and another for others in your family, or one who sees all of you.

Schedule your first visit to get to know your doctor. Call Molina Healthcare at (866) 449-6849 if you need help making an appointment or finding a doctor.

If you do not choose a doctor, Molina will do it for you. Molina will choose a doctor based on your address, preferred language and doctors your family has seen in the past.

Schedule Your First Visit

Visit your doctor within 90 days of signing up. Learn more about your health. And let your doctor know more about you.

Your doctor will:

- Treat you for most of your routine health care needs
- Review your tests and results
- Prescribe medications
- Refer you to other doctors (specialists)
- Admit you to the hospital if needed

Interpreter Services

If you need to speak in your own language, we can assist you. An interpreter can help you talk to your provider, pharmacist, or other medical service providers. We offer this service at no cost to you. An interpreter can help you:

- Make an appointment
- Talk with your provider
- File a complaint, grievance or appeal
- Learn about the benefits of your health plan

If you need an interpreter, call the Member Services Department. The number is on the back of your member ID card. You can also ask your provider's staff to call the Member Services Department for you. They will help you get an interpreter to assist you during your appointment.

You must see a doctor that is part of Molina.

If for any reason you want to change your primary doctor, go to [MyMolina.com](https://www.myl Molina.com). You can also call Member Services.

If you change your doctor, Molina Healthcare will send you a new ID card. The new ID card will show the date you can start seeing the new doctor.



Remember, you can call the Nurse Advice Line at any time. Our nurses can help if you need urgent care.

Your Benefits

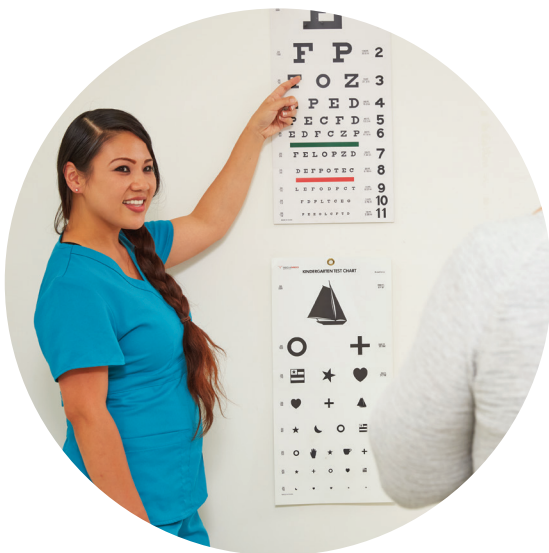
A large, light gray circular graphic containing a white stethoscope icon, positioned behind the text on the left side of the page.

Molina Network

We have a growing family of doctors and hospitals. And they are ready to serve you. Visit providers who are part of Molina. You can find a list of these providers at MolinaHealthcare.com/ProviderSearch. Call Member Services if you need a printed copy of this list.

The online directory contains provider information such as names, telephone numbers, addresses, specialties and professional qualifications.

For a full list of covered services, and to see which services require prior approval, please refer to page 28.



Vision

We are here to take care of the whole you.

Molina covers eye exams for members 2 years of age and up. And one pair of eyeglasses (frames and lenses) every 24 months.

Please check your Molina Healthcare Provider Directory to find optometrists or physicians that can provide you with these services at [MyMolina.com](https://www.mymolina.com).

Covered Drugs

Molina Healthcare covers all your medically necessary medications.

We use a preferred drug list (PDL). These are the drugs we prefer your doctor to prescribe.

Most generic drugs are included in the list. You can find a list of the preferred drugs at [MyMolina.com](https://www.molinahc.com/MyMolina.com).

There are also drugs that are not covered. For example, drugs for erectile dysfunction, weight loss, cosmetic purposes and infertility are not covered.

We are on your side. We will work with your doctor to decide which drugs are the best for you.



Your Extras

MyMolina.com: Manage your health plan online

Connect to our secure portal from any device, wherever you are. Change your doctor, update your contact info, request a new ID card and much more. To sign up, visit [MyMolina.com](https://www.mymolina.com).

Health Education and Incentive Programs

Live well and stay healthy! Our free programs help you control your weight, stop smoking or get help with chronic diseases. You get learning materials, care tips and more. We also have programs for expectant mothers. If you have asthma, diabetes, heart problems or any other chronic illness, one of our nurses or Care Managers will contact you. You can also sign up on [MyMolina.com](https://www.mymolina.com), our secure member portal, or call the Health Management Department.

- Chronic illnesses: (866) 891-2320
- Weight Management, Stop Smoking, and other programs: (866) 472-9483



Service Coordination

Service Coordination is a special service for STAR+PLUS Members to help you manage your health, long-term services and supports and behavioral health needs. Your Service Coordinator will be assigned to you when you join Molina and will help you with all of your health care needs. You can contact your Service Coordinator for assistance by calling (866) 409-0039.

Transportation

Your Nursing Facility can help you get to and from your appointments. Contact your Nursing Facility Staff for transportation services. See page 36 for more details.





Care Management

We have a team of nurses and social workers ready to serve you. They are called Care Managers. They are very helpful. They will give you extra attention if you have:

- Asthma
- Behavioral health disorders
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- High blood pressure
- High-risk pregnancy

Community Resources

We are part of your community. And we work hard to make it healthier.

Local resources, health events and community organizations are available to you. They provide great programs and convenient services. Best of all, most of them are free or at low cost to you.

- Call 2-1-1. This is a free and confidential service that will help you find local resources. Available 24/7
- Department of Health
- Women, Infant, Children (WIC)
- Texas Department of Assistive and Rehabilitative Services


Your Policy

Member ID Cards

STAR+PLUS Nursing Facility Member ID Card

	
Member/Miembro: Identificación #/Núm. de identificación: Date of Birth/Fecha de Nacimiento: PCP/Proveedor de Cuidado Primario: PCP Phone/Teléfono del Proveedor de Cuidado Primario: PCP Effective Date/Fecha de Vigencia del Proveedor de Cuidado Primario: Issue Date:	Members: Call Molina Healthcare 24/7 Member Service at (866) 449-6849. For Hearing Impaired, Call the TTY/Texas Relay English at (800) 735-2989, or 711. Spanish at (800) 662-4954, or 711. Directions for what to do in an Emergency: In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Service Coordination: (866) 409-0039. Prior Authorization: Some services require Prior Authorization. Call Member Service if you have questions about which services require Prior Authorization. Behavioral Health Services/Crisis Line: (800) 818-5837. Hearing Impaired Service: (800) 955-8770. 24 hour/7 days a week Toll-Free. Members: Llamar a Molina Healthcare 24/7 al Departamento de Servicio al cliente al (866) 449-6849. Para personas con problemas auditivos, llamar al TTY/Texas Relay Inglés (800) 735-2989 o 711. Instrucciones en caso de emergencia: En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible. Coordinación de Servicios: (866) 409-0039. Autorización Previa: Algunos servicios requieren autorización previa. Llame a Servicios para miembros si tiene preguntas sobre qué servicios requieren autorización previa. Línea de Crisis de Servicios de Salud Mental y Abuso de Sustancias: (800) 818-5837; servicios para las personas con déficit auditivo: (800) 955-8770, gratis las 24 horas del día, los 7 días de la semana. PRACTITIONER/PROVEEDOR HOSPITAL: For prior authorization, post stabilization, eligibility, claim or benefit information call (866) 449-6849. Hospital Admissions: Authorization must be obtained by the hospital prior to all non-emergency admissions. Claims Submission: PO Box 22719, Long Beach, CA 90801 For EDI Submissions: Payer ID 20554

STAR+PLUS Dual Nursing Facility Medicaid Member ID Card

	
Member/Miembro: Identificación #/Núm. de identificación: Date of Birth/Fecha de Nacimiento: Long Term Services and Supports: Medicare is responsible for primary, acute and behavioral health services; therefore, the PCP's name, address and telephone number are not listed. The member receives only long-term care services through Molina Healthcare. Servicios de apoyo a largo plazo: Medicare cubre servicios básicos y agudos de salud mental y abuso de sustancias. Por lo tanto, no se indica el nombre, la dirección ni el teléfono del proveedor de cuidado primario. El miembro recibe solo servicios de atención a largo plazo mediante Molina Healthcare. MMIS #: Issue Date:	Members: Call Molina Healthcare 24/7 Member Service at (866) 449-6849. For Hearing Impaired, Call the TTY/Texas Relay English at (800) 735-2989, or 711. Spanish at (800) 662-4954, or 711. Directions for what to do in an Emergency: In case of emergency call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. Service Coordination: (866) 409-0039. Behavioral Health Services/Crisis Line: (800) 818-5837. Hearing Impaired Service: (800) 955-8770. 24 hour/7 days a week Toll-Free. Members: Llamar a Molina Healthcare 24/7 al Departamento de Servicio al cliente al (866) 449-6849. Para personas con problemas auditivos, llamar al TTY/Texas Relay Inglés (800) 735-2989 o 711. Instrucciones en caso de emergencia: En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de 24 horas o tan pronto como sea posible. Coordinación de Servicios: (866) 409-0039. Línea de Crisis de Servicios de Salud Mental y Abuso de Sustancias: (800) 818-5837; servicios para las personas con déficit auditivo: (800) 955-8770, gratis las 24 horas del día, los 7 días de la semana. Claims Submission: PO Box 22719, Long Beach, CA 90801 For EDI Submissions: Payer ID 20554

How to read your card

Front	Back
Name of Health Plan/ Program Name	Member Services Contact Information
Member Name/Member Identification Number/ Date of birth	What to do in an emergency
Name of Primary Care Physician (PCP)/ Phone Number of PCP	Service Coordination Information
Date the ID Card was issued/ Effective Date of Primary Care Physician	Behavioral Health Contact Information

How to read your card

Front	Back
Name of Health Plan/ Program Name	Member Services Contact Information
Member Name	What to do in an emergency
Member Identification Number/ Date of birth	Service Coordination Information
Long Term Services and Supports Information	Behavioral Health Contact Information

How to use your ID card?

Show your ID card whenever you get health care services. You will also need to show Your Texas Benefits Medicaid Card. You should carry it with you always. You do not need to show your ID card before getting emergency care.

How to replace a lost or stolen ID card?

If your ID card is lost or stolen, call Molina Member Services toll free at (866) 449-6849. You can get a new ID Card.

Your Texas Benefits (YTB) Medicaid ID Card

When you are approved for Medicaid, you will get a YTB Medicaid ID Card. This plastic card will be your everyday Medicaid ID card. You should carry and protect it just like your driver's license or a credit card. The card has a magnetic strip that holds your Medicaid ID number. Your doctor can use the card to find out if you have Medicaid benefits when you go for a visit.

You will only be issued one card, and will only receive a new card in the event your card is lost or stolen. If your Medicaid ID card is lost or stolen, you can get a new one by calling toll-free (855) 827-3748 or by going online to print a temporary card at www.YourTexasBenefits.com.

If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at (800) 252-8263. You can also call 2-1-1. First pick a language and then pick option 2.

Your health history is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care

you need. If you don't want your doctors to see your health history through the secure online network, call toll-free at (800) 252-8263.

The Your Texas Benefits Medicaid card has these facts printed on the front:

- Your name and Medicaid ID number
- The date the card was sent to you
- The name of the Medicaid program you're in if you get:
 - Medicare (QMB, MQMB)
 - Texas Women's Health Program (TWHP)
 - Hospice
 - STAR Health
 - Emergency Medicaid, or
 - Presumptive Eligibility for Pregnant Women (PE)
- Facts your drug store will need to bill Medicaid
- The name of your doctor and drug store if you're in the Medicaid Lock-in program

The back of the Your Texas Benefits Medicaid card has a website you can visit (www.YourTexasBenefits.com) and a phone number you can call toll-free ((800) 252-8263) if you have questions about the new card.

If you forget your card, your doctor, dentist, or drug store can use the phone or the Internet to make sure you get Medicaid benefits.

Your Texas Benefits Medicaid website:
www.YourTexasBenefits.com

Adult Medicaid clients can now see their available health information online by visiting www.YourTexasBenefits.com.

You can:


- View your benefit and case information.
- View, print, and order Medicaid ID cards.
- View and set up your, or your families, Texas Health Steps Alerts and email notifications.
- Choose whether or not to share your available health information.
- View available health information such as:
 - Health events
 - Prescription drugs
 - Past Medicaid visits
 - Lab information
 - Vaccination information

To access the portal, visit YourTexasBenefits.com

- To get started, you will need to: Click “View my case”
- Follow the steps for setting up an account or logging in.
- Once you have logged in, click on the “Medicaid” tab in the upper right part of the screen.
- Find your case.
- Click on “View Services and Health History” tab.

If you have questions, call (855) 827-3748 or email ytb-card-support@hpe.com

Sample of Your Texas Benefits Medicaid Card

 Your Texas Benefits Health and Human Services Commission	
Member name:	
Member ID:	Note to Provider: Ask this member for the card from their Medicaid medical plan. Providers should use that card for billing assistance. No medical plan card? Pharmacists can use the non-managed care billing information on the back of this card.
Issuer ID:	Date card sent:

Temporary Verification Form - Form 1027-A

If you lose Your Texas Benefits Medicaid card, contact your local Health and Human Services Commission (HHSC) Benefits Office. Call (800) 252-8263 or 2-1-1. HHSC will give you a temporary verification called Form 1027-A. You can use it until you get your Texas Benefits Medicaid Card.

Primary Care Provider (PCP)

What is a Primary Care Provider?

A Primary Care Provider (PCP) is your main doctor. It can also be a nurse, clinic or the doctor that comes to your nursing facility. This doctor knows you well. He or she will treat most of your health needs or refer you to a provider who can. Your doctor's name and phone number are on your ID card, unless you have Medicare.

How Do I Get Medical Services?

You should get all health care from Molina providers. Your Provider Directory lists all the providers that participate in the organization. It includes a list of provider's names, specialties, addresses, phone numbers and professional qualifications such as medical school, residency and board

certification status. The Provider Directory can be found on our website. If you would like a copy, call Member Services at (866) 449-6849.

Your PCP can help you with:

- Tests and Results
- Lab Tests
- Shots
- Illnesses
- Specialist Visits
- Hospital Visits

You may also see these providers for physical exams and preventive care:

- Federal Qualified Health Centers
- Rural Health Clinics
- County Health Departments

Will I be assigned a Primary Care Provider if I have Medicare?

No, you will not be assigned a Primary Care Provider if you have Medicare.

How do I see my Primary Care Provider if s/he does not visit my nursing home?

You or someone who does so on your behalf can call your Primary Care Provider to make an appointment. The nursing facility staff can help arrange your transportation to your appointment.

How can I change my Primary Care Provider?

Molina can help you change your Primary Care Provider. You or someone who does so on your behalf can call Member Services at (866) 449-6849.

When will my Primary Care Provider change become effective?

Your PCP change will be effective on the first day of the month following the month you made the request.

How can I get specialty care?

Your PCP will take care of most of your needs. There will be times when you will need to see other types of doctors. These doctors are called specialists. It is a good idea to check your Provider Directory or with Member Services if the doctor is part of Molina.

What is the Medicaid Lock-in Program?

You may be placed in the Lock-in Program if you do not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your Medicaid benefits remain the same. Changing to a different MCO will not change the Lock-In status.

To avoid being placed in the Medicaid Lock-in Program:

- Pick one drug store at one location to use all the time.
- Be sure your main doctor, main dentist, or the specialists they refer you to are the only doctors that give you prescriptions.

- Do not get the same type of medicine from different doctors.

To learn more, call Member Services toll free at (866) 449-6849.

Note: For STAR+PLUS Members who are covered by Medicare, no Primary Care Provider will be assigned.

Appointment Guidelines

Your doctor's office should make appointments in this time frame:

Appointment Type	When you should get the appointment
Urgent Care	Within 24 hours
Routine or non-urgent care	Within 14 days
Well-child preventive care	Within 14 days of enrollment for newborns Within 60 days of enrollment for other eligible child members Existing Members should receive their well-child preventive care according to the Texas Health Steps schedule
Adult preventive care	Within 90 days
Specialist	Within 30 days

What do I do in an emergency?

If you think you need emergency care, or if you are in a critical situation, contact your nursing facility staff right away. They will help you to get the emergency care you need.

What if I need hospital care?

Sometimes you need hospital care. Sometimes hospital care is not an emergency. If this happens, contact your nursing facility staff. They can help arrange for non-emergency hospital care. Molina may need to approve this. Emergency care does not need approval from Molina. Emergency care does not need to be approved by your nursing facility staff.

Health Care and Other Services

What does Medically Necessary Mean?

Medically Necessary means:

- For Members age 21 and over, non-behavioral health related health care services that are:
 - reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
 - provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
 - consistent with health care practice

- guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
- consistent with the diagnoses of the conditions;
- no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- not experimental or investigative; and
- not primarily for the convenience of the member or provider; and
- For Members age 21 and over, behavioral health services that:
 - are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
 - are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
 - are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
 - are the most appropriate level or supply of service that can safely be provided;
 - could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
 - are not experimental or investigative; and
 - are not primarily for the convenience of the member or provider.

Molina will determine medical necessity for Nursing Facility Add-on Services and Acute Care Services only. Nursing Facility Add-on Services include, but are not limited to emergency dental services, physician-ordered rehabilitative services, customized power wheel chairs, and audio communication devices.

What is routine medical care?

Routine medical care is when you see your PCP for a check-up without being sick. This care is important to keep you in good health. An example of this is a full routine physical. You can be seen by a physician at least once a year or as needed to meet your medical needs.

How soon can I expect to be seen for routine medical care?

You can call your PCP for routine medical care. You can be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days after that, or as needed. Your Service Coordinator can also help to line up your routine medical care. If you need more help, call your Service Coordinator at (866) 409-0039, or Member Services at (866) 449-6849.

What is Emergency Medical Care?

Emergency medical care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions.

Emergency Medical Condition means:

A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe

pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

1. placing the patient's health in serious jeopardy;
2. serious impairment to bodily functions;
3. serious dysfunction of any bodily organ or part;
4. serious disfigurement; or
5. in the case of a pregnant women, serious jeopardy to the health of a woman or her unborn child.

Emergency Behavioral Health Condition means:

Any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of medicine and health:

1. requires immediate intervention or medical attention without which the Member would present an immediate danger to themselves or others; or
2. which renders the Member incapable of controlling, knowing, or understanding the consequences of their actions.

Emergency Services and Emergency Care means:

Covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition or Emergency Behavioral Health Condition, including post-stabilization care services.

How soon can I expect to be seen? Do I need a prior authorization?

You should be seen as soon as possible. The emergency room staff will decide based on your medical condition. Contact your nursing facility staff if you need help getting to the emergency room. No, Prior Authorization is not required for medical emergency services.

Are Emergency Dental Services Covered?

Molina covers limited emergency dental services for the following:

- Dislocated jaw
- Traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Drugs for any of the above conditions

Molina is responsible for emergency dental services provided to Medicaid Members in a hospital or ambulatory surgical center setting. We will pay for hospital, physician, and related medical services (e.g., anesthesia and drugs). Covered emergency dental procedures include, but are not limited to:

- Alleviation of extreme pain in oral cavity associated with serious infection or swelling
- Repair of damage from loss of tooth due to trauma (acute care only, no restoration)
- Open or closed reduction of fracture of the maxilla or mandible
- Repair of laceration in or around oral cavity

- Excision of neoplasms, including benign, malignant and premalignant lesions, tumors and cysts
- Incision and drainage of cellulitis
- Root canal therapy. Payment is subject to dental necessity review and pre- and post- operative x-rays are required
- And extractions: single tooth, permanent; single tooth, primary; supernumerary teeth; soft tissue impaction; partial bony impaction; complete bony impaction; surgical extraction of erupted tooth or residual root tip

Are Non-Emergency Dental Services covered?

Molina is not responsible for paying for routine dental services provided to Medicaid members. Molina is responsible, however, for paying for treatment and devices for craniofacial anomalies.

What is Post-Stabilization?

Post-stabilization care services are services covered by Medicaid that keep your condition stable following emergency medical care.

Specialist Care

What if I need to see a special doctor? (specialist)

If you need a special service or special doctor, your PCP will help you. Your Service Coordinator can coordinate your visits to a specialist. Please remember that if you have Medicare and Medicaid, the acute care benefits are covered by Medicare.

How soon can I expect to be seen by a specialist?

When you call to make an appointment with a specialist, you will be seen within (30) days. If your medical need is urgent you will be seen within (24) hours.

Second Opinion

How can I ask for a second opinion?

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. Talk to another provider or out-of-network provider. This service is at no cost to you. Call Member Services to learn how to get a second opinion.

Family Planning Services

How do I get family planning services?

Family planning services like birth control and counseling are private. You do not need to ask your doctor to get these services. You can go to any family planning provider who takes Medicaid. Ask your nursing facility or Service Coordinator to help you find a provider near you.

Do I need a referral for this?

No, you do not need to ask your primary care provider to get these services.

Where do I find a family planning service provider?

You can find the locations of family planning providers near you online at <http://www.dshs.texas.gov/famplan> or you can call Molina at (866) 449-6849 for help in finding a family planning provider.

OB/GYN Care

What if I need OB/GYN care? Do I have the right to pick an OB/GYN?

Attention Female Members

Molina Healthcare of Texas allows you to pick any OB/GYN, whether that doctor is in the same network as your Primary Care Provider or not.

You have the right to pick an OB/GYN without a referral from your Primary Care Provider. An OB/GYN can give you:

- One well-woman checkup each year
- Care related to pregnancy
- Care for any female medical condition
- Referral to other special doctors within the network

How do I pick an OB/GYN?

You can pick any OB/GYN listed in the Molina Provider Directory. Your OB/GYN will set up an appointment within two (2) weeks of your call. If you need help, call Member Services or your Service Coordinator. Your nursing facility staff can help you make this call.

If I do not pick an OB/GYN, do I have direct access? Will I need a referral to see an OB/GYN?

You have direct access to see an OB/GYN. You do not need a referral from your PCP. You can go to any OB/GYN provider listed in the Provider Directory.

How soon can I be seen after contacting my OB/GYN for an appointment?

You will be seen within two (2) weeks from the day you called to set up your visit.

Can I stay with my OB/GYN if they are not with Molina?

You can see a doctor who is not part of Molina's network if:

- You are pregnant when you start your coverage with Molina and you are seeing a doctor that is not a Molina doctor. You can still see that doctor if you are in the last three months of your pregnancy.
- You can also see that doctor if you have a health problem that would make changing to a new doctor unsafe. If not, you will need to see a Molina doctor.

Covered Services

What are my health care benefits?

Here is a list of **some** medical services you can get from Molina. Some of your benefits have limits. Call Member Services at (866) 449-6849 for details about benefit limitations or other information.

Covered Services	
Emergency and non-emergency ambulance services	Medical checkups and Comprehensive Care Program (CCP) Services for children (birth through age 20) through the Texas Health Steps Program

Covered Services - Continued	
Audiology services, including hearing aids, for children and adults	Oral evaluation and fluoride varnish in the Medical Home in conjunction with Texas Health Steps medical checkup for children 6 months through 35 months of age
Behavioral Health Services	Outpatient drugs and biologicals
Prenatal Care	Drugs and biologicals provided in an inpatient setting
Birth Services provided by a physician and Certified Nurse Midwife (CNM) in a licensed birthing center	Podiatry
Birth services provided by a licensed birthing center	Nursing Facility Services
Cancer Screening, diagnostic, and treatment services	Primary Care Services
Chiropractic Services	Preventive Services, including an annual adult well check for patients 21 years of age and over

Covered Services - Continued	
Dialysis	Radiology, Imaging, and X-rays
Durable Medical Equipment and Supplies	Specialty Physician Services
Early Childhood Intervention (ECI) services	Therapies – physical, occupational and speech
Family Planning Services	Transplantation of organs and tissues
Home Health Care Services	Vision (includes optometry and glasses)
Hospital Services, including inpatient and outpatient	Telemedicine
Laboratory	Telehealth
Mastectomy/breast reduction, and related follow-up procedures	

How do I get these services?

Your PCP provides most services. If your PCP does not give you a service, you will be sent to a provider who can. If you have an emergency, contact your nursing facility staff. They can help you get to the nearest Emergency Room or coordinate emergency transport and/or services you may need.

Are there any limits to any covered services?

Some of the covered services may have limitations. For questions about a specific service, call Member Services at (866) 449-6849 or contact your nursing facility staff for help making this call.

Acute Care Benefits**What are my acute care benefits?**

Acute care benefits include doctor visits, x-rays, labs, and other medical services. There are several ways to get more information or help coordinating your acute care benefits. Contact your nursing facility staff, call your Service Coordinator at (866) 409-0039, or call Member Services at (866) 449-6849. If you have Medicare and Medicaid, Medicare covers your acute care benefits.

How do I get acute care services? What number do I call to find out about these services?

Call your PCP and let them know what service you need. Your doctor will help you get it. For some services, you can go directly to the provider who gives them. If you need more help, call your Service Coordinator at (866) 409-0039 or Member Services at (866) 449-6849.

What services can I still get through regular Medicaid but are not covered by Molina?

- Preadmission Screening and Resident Review (PASRR) - PASRR is a federal requirement to help determine whether an individual is not

inappropriately placed in a nursing home for long term care

- Hospice
- Behavioral Health (BH) services in Dallas Service Area

Note: Beginning January 1, 2017, Molina Healthcare will be responsible for Medicaid Behavioral Health Services in the Dallas Service Area

Long-Term Services and Supports (LTSS) Benefits**What are Long-Term Services and Supports (LTSS) benefits?**

Long-Term Services and Supports (LTSS) are benefits that help people who live outside of a nursing facility stay safe and independent in their home or in the community. These people can get LTSS if they need help with daily self-care and living needs. If you ever leave a nursing facility and want to live independently in your community, you may be able to get these services to help you to live with more independence. These services include: helping you dress, bathe, or go to the bathroom; preparing meals; doing light housework; and helping with your grocery shopping.

Other STAR+PLUS, Long-Term Services and Supports (LTSS) benefits:

Some STAR+PLUS members can get other long-term services based on their medical need. These are called

STAR+PLUS Waiver Services (you may have heard them called CBA):

- Adaptive aids such as: wheelchairs, walkers, canes, and durable medical equipment
- Adult Foster Care
- Assisted Living Services
- Consumer Directed Services
- Emergency Response Services
- Home Delivered Meals
- Minor Home Modifications
- Nursing Facility Services
- Personal Care Attendant
- Respite Care Services
- Therapy Services (Physical Therapy, Occupational Therapy, and Speech Therapy)
- Protective Supervision
- Transition Assistance Services
- Dental Services
- Cognitive Rehabilitation Therapy
- Employment Assistance
- Supported Employment

How do I get these services? What number do I call for more information?

Call Member Services at: (866) 449-6849. Or call your Service Coordinator at (866) 409-0039.

What are my nursing facility LTSS benefits?

When you are in a nursing facility, all of your self-care needs are provided by the facility where you live.

How would my benefits change if I moved into the community?

If you choose to move into the community, you will be assessed for any of the available services above. LTSS benefits are available to you based upon your program eligibility and assessment needs and preferences. You can contact your Service Coordinator for help at (866) 409-0039.

Approval Process

What is a referral?

A “referral” is an approval for you to get certain medical services. Molina does not require referrals. But some services may require Prior Authorization (PA). PA is a request for a service from your doctor. Your PCP will help you to get PA if it is necessary.

What services do not need a referral?

Molina does not require referrals, but some services may require PA. Molina Healthcare’s medical staff and your doctor review the medical need of your care before services are given. This way, they can make sure it is right for your specific condition.

Talk to your doctor about covered services that do and do not require PA. You can also visit **MolinaHealthcare.com** or call Member Services for more information.

Services Not Covered

What services are not covered benefits?

Services that are not covered by Medicaid will not be

covered by your Molina health plan. Some of the services that are not covered are listed below. You can call Member Services for a complete list of services that are not covered.

- Acupuncture
- Plastic or cosmetic surgery that is not medically necessary
- Surrogacy

This is not a complete list of the services that are not covered by Medicaid or Molina Healthcare. If you have a question about whether a service is covered, please call Member Services.

Getting Care While Traveling

What if I get sick when I am out of the facility/or traveling out of town?

If you need medical care when traveling, call us Toll Free at (866) 449-6849 and we will help you find a doctor. If you need emergency services while traveling, go to a nearby hospital, then call us toll-free at (866) 449-6849.

What if I am out of State?

If you need medical care when you are out of the state, call us toll-free at (866) 449-6849 and we will help you find a doctor. If you need emergency services while out of the state, go to a nearby hospital, then call us toll-free at (866) 449-6849.

What if I am out of the country?

Medical services performed out of the country are not covered by Medicaid.

Molina Value Added Services

What extra benefits does a member of Molina Healthcare get?

At Molina Healthcare, we care about your health. That's why we focus on getting you the Value Added Services, quality care and support you need to stay healthy. All at no cost to Molina Members! Call Member Services for details.

How can I get these Value Added benefits?

In your welcome kit you will find a list of Value Added Services. Your Value Added Services and member handbook are updated from time to time. You can find the most current versions on our website by visiting **MolinaHealthcare.com**, or by calling Member Services at (866) 449-6849. Some Value Added Services may have restrictions and/or limitations. Member Services can answer questions and help you get these services. You can also call your Service Coordinator at (866) 409-0039, who can help you get these services. We can also mail a copy of the current Value Added Services list or member handbook to you.

What health education classes does Molina Healthcare offer?

To help keep you and your family healthy, Molina offers health education classes near your home. Call your Service Coordinator at (866) 409-0039 to find out more. Your nursing facility staff can also help you contact your Service Coordinator.

Some of the classes are:

- Quitting Smoking
- Losing Weight
- Pregnancy and Childbirth
- Infant Care
- Parenting

Disease Management

We also have programs to help you manage certain health conditions. Some of these are: Asthma, Cardiovascular Disease, Congestive Heart Failure, COPD and Diabetes. We have a special program to help you have a healthy pregnancy too. The programs include learning materials, phone calls, and advice. You can take part in a way that best manages your needs.

If you have any of the health conditions above, you will be enrolled. You will receive learning materials and newsletters. If your condition is more severe, you may get a phone call from a Case Manager or Service Coordinator. They will work with you and your doctor to get you what you need to stay well. If you would like to know more about these programs, call Member Services at (866) 449-6849.

Behavioral Health, Mental or Substance (Drug) Abuse Services

How do I get help if I have behavioral health issues, mental health, alcohol, or drug problems?

Call our Behavioral Health Customer Service Line at

(866) 449-6849. You do not need to call your PCP to get an approval for these services. If you have an emergency or need crisis care, contact your nursing facility staff right away. They will help you. You can also call our 24-hour Behavioral Health Crisis Line at (800) 818-5837. Someone will always be there to help you.

Do I need a referral for behavioral health or substance abuse care?

No, you do not need to get a referral from your primary care provider for these services.

What are Mental Health Rehabilitation Services and Mental Health Targeted Case Management? How do I get these services?

These services are available to adult Medicaid recipients who are assessed and determined to have a severe and persistent mental illness (SPMI) illness (such as Schizophrenia, Major Depression, Bipolar Disorder). For more information, call Member Services at (866) 449-6849, or your Service Coordinator at (866) 409-0039.

Prescription Drugs

What are my prescription drug benefits? (Non-Duals Only)

If you have Medicaid only, Medicaid pays for most medicine your doctor says you need. Prescription drugs are covered when they are medically necessary, are ordered by your doctor or another doctor treating you and are listed on the Texas Medicaid Formulary. The Texas Medicaid Formulary is a list of approved drugs your doctor can order for you. You must go to a Molina network pharmacy to fill your

prescription. Prescription drugs are also covered when they are given to you in an emergency room or hospital and when they are ordered by a plan doctor for a covered service. Call Member Services for questions regarding your prescription drug benefits.

How do I get my medications?

Medicaid pays for most medicine your doctor says you need. Your doctor will write a prescription and send the prescription to you by calling, faxing or submitting by electronic means to the nursing facility to order, fill, dispense and administer to you.

How do I get my medications if I am in a Nursing Facility?

Generally, your nursing facility will get your medications from the Molina network pharmacy after they are ordered by your doctor. You will not have to send or take any prescriptions to the pharmacy. The nursing facility staff will administer your medications to you based on the directions from your physician. If you have further questions about receiving your medications while in a Nursing Facility, you may talk with your Nursing Facility staff, your physician, your Service Coordinator or Member Services.

Which drug stores can I use? How do I find a network drug store?

Your nursing facility must use a Molina network pharmacy. You can also get your prescription filled at most drug stores in Texas, including Walgreens, Kroger, HEB, Randall's, Target,

Wal-Mart, and CVS. If you need help finding a pharmacy, call Member Services toll-free at (866) 449-6849.

What if I go to a drug store not in the network?

You must use a Molina network pharmacy for your prescription to be covered. For help finding one, call Member Services toll-free at (866) 449-6849 or ask your Service Coordinator. You can also go to **MolinaHealthcare.com** and click on the Find a Pharmacy link. This will show you a list of pharmacies.

If you are out of state and need emergency prescriptions, please call Member Services. We can help you find a Molina pharmacy or work with an out-of-network pharmacy to pay for the medication. You may have to pay for your prescription and send Molina the receipt so we can pay you back, if approved.

What do I bring with me to the drug store?

Your medications will be delivered to you by the Molina Network pharmacy. If you go to a drug store, you will need your Molina ID card, and the prescription your doctor wrote for you.

What if I need my medications delivered to me?

Your medications will be delivered to the nursing facility by the Molina Network pharmacy. You can contact your Service Coordinator if you need a different arrangement. If you need more help, call your Service Coordinator at (866) 409-0039 or Member Services at (866) 449-6849.

Who do I call if I have problems getting my medications?

For help, call your Service Coordinator at (866) 409-0039 or call Member Services at (866) 449-6849.

What if I can't get the medication my doctor ordered approved?

If your doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply of your medication.

Call Molina at (866) 449-6849 for help with your medications and refills.

What if I lose my medication(s)?

If your medication is lost or stolen, have your pharmacy call Member Services at (866) 449-6849 for help.

What if I also have Medicare?

If you have Medicaid and Medicare, your prescriptions are covered by Medicare. There will be no change in how you get your prescriptions. You may have additional medications covered by Medicaid that are not covered by Medicare. Medicaid may also pay for your copay on some Medicare covered drugs.

Where can I find answers to drug benefits questions?

Speak to your provider about any medication you need. You can visit our website if you want to know more about your drug benefits and the pharmacy process. For more information, check the Guide to Accessing Quality Healthcare in the Quality Improvement Program section of our website, or call Member Services at (866) 449-6849.

Service Coordination**What is Service Coordination?**

Specialized services/care process that includes, but is not limited to:

- Identifying the physical, mental or long-term needs of the Member
- Addressing any unique needs of the member that could improve outcomes and health/well-being
- Assisting the Member to ensure timely and coordinated access to an array of services and/or covered Medicaid eligible services
- Partner with nursing facilities to ensure best possible outcomes for the Member's health & safety
- Coordinate the delivery of services for members who are transitioning back to the community

What will a Service Coordinator do for me?

Service Coordination is a special service for STAR+PLUS Members. It's a way to help you manage your health, long-term service and supports, and behavioral health care needs. When you enroll with Molina, we assign a Service Coordinator to you. They help you with all of your health care needs. Molina provides a Service Coordinator to all STAR+PLUS Members who reside in a nursing facility.

Your Service Coordinator will:

- Call and get to know you, and find out about your health care, behavioral health care and long-term service and supports needs
- Use a "screening survey" to help decide if you

need more help right away

- Talk to case managers, providers, pharmacists or others who are important for your care
- Help you find the services you need
- Write a service plan with you and your Primary Care Provider's help
- Stay in contact with you to check up on your health, and keep track of your service plan

How can I talk with a Service Coordinator?

You can contact your Service Coordinator for assistance with questions or concerns by calling (866) 409-0039.

Who do I call if I have special health care needs and need someone to help me?

You can call your Service Coordinator at (866) 409-0039 or Member Services at (866) 449-6849 for information on how to get help. We can tell you about services that Molina has in your area. Also, it is important to tell your PCP that you have special health care needs.

Transportation

Molina Transportation Services for Nursing Facility Residents

What transportation services are offered?

The Nursing Facility is responsible for providing routine non-emergency transportation services. If medically necessary, Molina provides non-emergency ambulance transportation for Members that require this service.

How do I get this service? Who do I call?

To get non-emergency ambulance transportation, your provider must contact Molina to request authorization for these services. You can contact your Service Coordinator by phone to get non-emergency ambulance transportation. Call (866) 409-0039 to contact your Service Coordinator.

Vision

How do I get eye care services?

You can get routine eye care from a vision care provider. Your Service Coordinator can help you get a provider list from the Vision Section of your Provider Directory. You do not need a referral from your PCP for routine vision care.

If you have a medical problem with your eyes, call your PCP first. If your doctor cannot treat your medical problem, you will be referred to an eye doctor who can. Adult members age 21 years and older get a vision exam and medically necessary frames and certain plastic lenses every 24 months.

Interpreter Services at Doctor's Visits

Can someone interpret for me when I talk with my doctor?

Who do I call?

When you set up a medical visit, tell the provider you need an interpreter. If the provider does not have someone to interpret for you, call Member Services at (866) 449-6849 for help getting these services.

How far in advance do I need to call to get an interpreter?

Call as soon as you make a doctor's appointment.

How can I get a face-to-face interpreter in the provider's office?

When you call to set up your visit, tell the person you are talking to that you need an interpreter with you during the visit. If they cannot help, call Member Services.

General Health Care Tips

- Be active in your health care: Plan ahead
- Schedule your visits at a good time for you
- If you worry about waiting too long at the doctor's office, ask for a visit when it is least busy
- Keep a list of questions you want to ask your doctor
- Refill your prescription before you run out of medicine

Make the most of your doctor's visit:

- Make a list of questions you want to ask before you go to your appointment
- Ask your doctor questions
- Ask about possible side effects of any medicines you have been prescribed
- Tell your doctor if you drink tea or take herbs. In addition, tell your doctor about any vitamins or over-the-counter medicines you use

Seeing your doctor when you are sick:

- Give your doctor as much information as you can
- Tell your doctor if you are getting worse or if you are feeling about the same
- Tell your doctor if you have taken any

medication recently

- Take a list of your medications with you to all doctor appointments

How Does Molina Pay Providers for Your Care?

Molina Healthcare contracts with providers in many ways. Some providers are paid on a fee-for-service basis. This means they are paid each time they see you, and for each procedure they perform. Others are paid a flat amount for each month a member is assigned to their care, whether they see the member or not.

Physician Incentive Plans

Molina rewards doctors for treatments that are cost-effective for people covered by Medicaid. You have the right to know if your primary care provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call (866) 449-6849 to learn more about this.

Molina Healthcare does not reward providers or employees for denying medical coverage or services. Molina Healthcare also does not give bonuses to providers to give you less care. For more information about how providers are paid, please call Member Services.

Payment and Bills

**What if I get a bill from my nursing facility? Who do I call?
What information will they need?**

If you get a bill from your nursing facility for covered services,

call the nursing facility business office and make sure they have your Medicaid and/or Medicare information and any other insurance policy information. All of the information your nursing facility needs to bill Molina is on your ID Card. Members are responsible for paying Applied Income on a monthly basis.

You can also get help from Member Services. To help you with your nursing facility bill, they will need:

1. The name of the patient
2. The patient's Medicaid ID number
3. The date of service
4. The name of the nursing facility sending you the bill
5. The amount you are being billed for

You may have to pay for services that are not covered. You may also have to pay for services from providers who are not part of our network. If the services were an emergency, you don't have to pay. If you need help, call Member Services.

What is Applied Income, and what are my responsibilities?

It is the Member's personal income that the Member must provide to the nursing facility as part of their cost sharing obligation as a Medicaid beneficiary.

Any time Medicaid is billed by the nursing facility, the member must give their applied income to the facility. The amount is determined by the total amount of monthly income divided by the number of days the Member resides in the

facility each month. The Member is allowed to keep \$60 for themselves for personal needs.

Can my Medicare provider bill me for services or supplies if I am in both Medicare and Medicaid?

You cannot be billed for Medicare "cost-sharing," which includes deductibles, coinsurance, and co-payments that are covered by Medicaid.

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and Molina Member Services at (866) 449-6849. Before you get Medicaid services in your new area, you must call Molina, unless you need emergency services. You will continue to get care through Molina until HHSC changes your address.

What if I have other health insurance in addition to Medicaid?

Medicaid and Private Insurance

You are required to tell Medicaid staff about any private health insurance you have.

You should call the Medicaid Third Party Resources hotline and update your Medicaid case file if:

1. Your private health insurance is canceled.
2. You get new insurance coverage.
3. You have general questions about third party insurance.

You can call the hotline toll-free at (800) 846-7307.

If you have other insurance you may still qualify for Medicaid. When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

IMPORTANT: Medicaid providers cannot turn you down for services because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

Looking at What's New

We look at new types of services, and we look at new ways to provide those services. We review new studies to see if new services are proven to be safe for possible added benefits. Molina Healthcare reviews the type of services listed below at least once a year:

- Medical services
- Mental health services
- Medicines
- Equipment

Eligibility and Enrollment

Membership Termination

What happens if I lose my Medicaid coverage?

If you lose Medicaid coverage but get it back again within six (6) months you will get your Medicaid services from the same health plan you had before losing your Medicaid coverage. You will also have the same Primary Care Provider you had before.

Ending Your Membership

What if I want to change health plans? When will my health plan change become effective?

You can change your health plan by calling the Texas STAR+PLUS Program Helpline at (800) 964-2777. You can change health plans as often as you want, but not more than once a month.

If you are in the hospital, a residential Substance Use Disorder (SUD) treatment facility, or residential detoxification facility for SUD, you will not be able to change health plans until you have been discharged.

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that.

For example:

- If you call on or before April 15th, your change will take place on May 1st.
- If you call after April 15th, your change will take place on June 1st.

Who do I call for information on how to change my plan?

You, or anyone you have authorized to call on your behalf, can call the Texas STAR+PLUS Program Helpline at (800) 964-2777.

How many times can I change health plans?

You can change plans as many times as you want, but not more than once a month.

Can Molina Healthcare of Texas request that I be dropped from their plan (for non-compliance, etc.)?

Yes, Molina can ask that you be disenrolled from the health plan if:

- You let someone else use your Molina Healthcare of Texas ID card
- You let someone else use your Texas Benefits Medicaid Card or
- You make it difficult for your doctor to help you

The Texas Health and Human Services Commission will make the final decision on all disenrollment requests. If there is a change in your health plan, you will be sent a letter.

Complaints and Appeals

Filing a Complaint or Appeal

If you are unhappy with anything about Molina Healthcare or its providers, contact us as soon as possible. This includes if you do not agree with a decision we have made. We want to know if you're unhappy so that we can help. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know.

You may file a grievance or an appeal on behalf of a member under the age of 18 without written consent when the individual filing the grievance or appeal belongs to the member's assistance group.

What should I do if I have a complaint about my health care, my provider, my service coordinator, or my health plan? Who do I call?

We want to help. If you have a complaint, please call us toll-free at (866) 449-6849 to tell us about your problem. A Member Services representative can help you file a complaint. Just call (866) 449-6849. Most of the time, we can help you right away or at the most within a few days.

Once you have gone through the Molina Healthcare complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free (866) 566-8989. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Health Plan Operations - H-320
P.O. Box 85200
Austin, TX 78708-5200
ATTN: Resolution Services

If you can get on the Internet, you can send your complaint in an email to HPM_Complaints@hhsc.state.tx.us

Can someone from Molina help me file a complaint?

Yes. Call Member Services toll-free at (866) 449-6849. We can help.

How long will it take to process my complaint?

Your complaint will be handled within 30 calendar days from the date it is received. It could take less than 30 days. You will get a letter that tells you how your complaint was

resolved. It will explain the complete complaint and appeal process. It will also tell you about your appeal rights. If the complaint is for an emergency for inpatient hospital or on-going care, Molina will resolve your complaint within one (1) business day.

What are the requirements and time frames for filing a complaint?

When we get your complaint, within five days we will send you a letter telling you we received it. We will look into your complaint. We will decide the outcome and send you a letter that explains it. The process will not take more than 30 days.

If I am not satisfied with the results, who else can I contact once I have gone through Molina's complaint process?

You can call the Texas Health and Human Services Commission toll-free at (800) 566-8989.

You can write to:
Texas Health and Human Services Commission
Health Plan Operations-H-320
P.O. Box 85200
Austin, Texas 78708-5200
ATTN: Resolution Services

If you can get on the Internet, you can send your complaint in an email to HPM_Complaints@hhsc.state.tx.us.

Do I have the right to meet with a Complaint Appeal Panel?

Yes. If you are not happy with the results of your complaint, call Member Services. They will help you set up a meeting with the Complaint Appeal Panel. Molina's Appeal Panel includes a doctor, a member and a Molina employee. The doctor will be familiar with your kind of complaint. Members of the panel have not been involved in your case before. We will let you know when we receive your appeal. A letter will explain the complete complaint and appeal process. This letter will also tell you about your appeal rights.

Molina Healthcare will send you something in writing if we make a decision to:

- Deny a request to cover a service for you;
- Reduce, suspend or stop services before you receive all of the services that were approved; or
- Deny payment for a service you received that is not covered by Molina Healthcare.

We will also send you something in writing if, by the date we should have, we did not:

- Make a decision on whether to cover a service requested for you, or
- Give you an answer to something you told us you were unhappy about.

How will I find out if services are denied or limited?

If Molina denies or limits your services, we will send you a letter.

What can I do if my doctor asks for a service or medicine for me that is covered but Molina denies it or limits it?

If you do not agree with Molina's decision to deny or limit your services, you can ask for an appeal. An appeal is when you or your representative asks Molina to look again at the services or medicines that we denied in whole or that we partially limited.

If you ask someone to be your representative and to file an appeal for you, you must also send a letter to Molina to let us know you have chosen a person to represent you. We must have this information in writing for your privacy and security.

You can send the letter to:
Molina Healthcare of Texas
Attn: Member Complaints and Appeals
P. O. Box 165089
Irving, TX 75016

Can I continue getting the services that were already approved?

Yes. To keep getting the services that were approved but are now being denied or limited, you must file your appeal within 10 days of the day you get a letter telling you a service was denied or limited or from the date the services will end. If you ask to keep the services while your appeal is pending, you may have to pay for these services.

What are the time frames for the appeal process?

If you do not agree with the decision stated in the letter, and you contact us within 30 calendar days to ask that we change our decision. This is called an appeal. The 30

calendar day period begins on the day after the mailing date on the letter. Unless we tell you a different date, we will give you an answer to your appeal in writing within 30 calendar days from the date you contacted us. If we make a decision to reduce, suspend or stop services before you receive all the services that were approved, your letter will tell you how to keep receiving the services if you choose and when you may have to pay for the services.

If we need more information, we may take up to 14 more days to complete your appeal. If we extend the appeals process, we will send you a letter. We only delay the process if it is in your best interest. The letter will let you know the reason for the delay.

You can also ask us to extend the process up to 14 days if you have more information that we should consider. Molina will send you and your doctor a letter with the final decision.

How soon do I need to ask for an appeal?

The appeal needs to be filed within 30 days from the date on the letter telling you that all or part of your services were denied or limited.

Does my request have to be in writing?

You can request an appeal by telephone. A Member Services Representative can help you file your appeal. After your phone call, you or your representative must follow up with a signed written request, unless an expedited appeal is requested. If you want help filing your appeal, just ask. Member Services is here for you.
Toll-free number: (866) 449-6849

You can also write your appeal and send it to:

Molina Healthcare of Texas

Attn: Member Complaints and Appeals

P. O. Box 165089

Irving, TX 75016

Can someone from Molina help me file an appeal?

Yes, someone in Member Services can help you file your appeal. Just ask for help when you call to file.

Can I ask for a State Fair Hearing?

You can also request a State Fair Hearing any time during or after Molina's appeal process, unless you have asked for an expedited appeal. For more information, see the section on Expedited Appeals and State Fair Hearing below.

Expedited Appeals

What is an expedited appeal?

An Expedited Appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

How do I ask for an expedited appeal? Does my request have to be in writing?

You can call Member Services and ask to file an expedited appeal. We will help you. You can ask for an expedited appeal by calling or in writing.

Who can help me in filing an expedited appeal?

You can call Member Services to file an expedited appeal.

When you call, just tell them you would like to file an expedited appeal. They will know to work on it very quickly.

Toll-free number: (866) 449-6849

If you send the expedited appeal in writing, send it to:

Molina Healthcare of Texas

Attn: Member Complaints and Appeals

P. O. Box 165089

Irving, TX 75016

What are the time frames for an expedited appeal?

Molina will make a decision within one (1) business day.

For expedited appeals, we will send a letter telling you your appeal has been processed. We will send your provider a letter telling them that your appeal has been resolved.

What happens if Molina denies the request for an expedited appeal?

Molina may decide that your appeal should not be expedited.

If so, we will follow the standard appeal process. As soon as this is decided, we will call you to let you know that we will follow the standard appeal process. We will also send you a letter within 2 days from the date you asked for the expedited appeal.

Denied request for an expedited appeal

If you disagree with the decision, you have the right to request an expedited Fair Hearing from the State.

State Fair Hearing

Can I ask for a State Fair Hearing?

If you, as a Member of the health plan, disagree with the health plan's decision, you have the right to ask for a fair hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A doctor or other medical provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the fair hearing within 90 days of the date on the health plan's letter with the decision. If you do not ask for the fair hearing within 90 days, you may lose your right to a fair hearing. To ask for a fair hearing, you or your representative should either send a letter to the health plan at:

Molina Healthcare of Texas

Attn: Member Complaints and Appeals

P. O. Box 165089

Irving, TX 75016

Or call Members Services toll free at: (866) 449-6849.

You have the right to keep getting any service the health plan denied or reduced, at least until the final hearing decision is made if you ask for a fair hearing by the later of: (1) 10 calendar days following the MCO's mailing of the notice of the Action, or (2) the day the health plan's letter says your service will be reduced or end. If you do not request a fair hearing by this date, the service the health plan denied will be stopped.

If you ask for a fair hearing, you will get a packet of information letting you know the date, time and location of

the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

Rights and Responsibilities

These right and responsibilities are posted in doctors' offices. They are also posted at **MolinaHealthcare.com**.

What are my rights and responsibilities?

Member Rights:

- You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
 - Be treated fairly and with respect.
 - Know that your medical records and discussions with your providers will be kept private and confidential.
- You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - Be told how to choose and change your health plan and your primary care provider.
 - Choose any health plan you want that is

- available in your area and choose your primary care provider from that plan.
- Change your primary care provider.
- Change your health plan without penalty.
- Be told how to change your health plan or your primary care provider.
- You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
 - Have your provider explain your health care needs to you and talk to you about the different ways your health care problems can be treated.
 - Be told why care or services were denied and not given.
- You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - Work as part of a team with your provider in deciding what health care is best for you.
 - Say yes or no to the care recommended by your provider.
- You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals and fair hearings. That includes the right to:
 - Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan.
 - Get a timely answer to your complaint.
- Use the plan's appeal process and be told how to use it.
- Ask for a fair hearing from the state Medicaid program and get information about how that process works.
- You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
 - Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
 - Get medical care in a timely manner.
 - Be able to get in and out of a health care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
 - Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
 - Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
- You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.

- You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
- You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for covered services.

You have the right to suggest changes to Molina Healthcare's member rights and responsibilities policy.

You have the right to submit a bill for covered services if applicable, please submit claims to:

Molina Healthcare
PO BOX 22719
Long Beach, CA 90801

Member Responsibilities:

- You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
 - Learn and understand your rights under the Medicaid program.
 - Ask questions if you do not understand your rights.
 - Learn what choices of health plans are available in your area.

You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:

- Learn and follow your health plan's rules and Medicaid rules.
- Choose your health plan and a primary care provider quickly.
- Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
- Keep your scheduled appointments.
- Cancel appointments in advance when you cannot keep them.
- Always contact your primary care provider first for your non-emergency medical needs.
- Be sure you have approval from your primary care provider before going to a specialist.
- Understand when you should and should not go to the emergency room.
- You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
 - Tell your primary care provider about your health.
 - Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
 - Help your providers get your medical records.
- You must be involved in decisions relating to service and treatment options, make personal

choices, and take action to keep yourself healthy. That includes the responsibility to:

- Work as a team with your provider in deciding what health care is best for you.
- Understand how the things you do can affect your health.
- Do the best you can to stay healthy.
- Treat providers and staff with respect.
- Talk to your provider about all of your medications.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at (800) 368-1019. You also can view information concerning the HHS Office of Civil Rights online at. www.hhs.gov/ocr.

Molina members have the right to receive facts about Molina Healthcare, our services, our practitioners, and providers and member rights and responsibilities. You also have the right to suggest changes to Molina's member rights and responsibilities policy.

Advance Directives

What if I am too sick to make a decision about my medical care?

You can write a letter that is called an Advance Directive that tells people what you want to happen if you get very sick. For more information on how to write an Advance Directive, call Member Services at (866) 449-6849. Your Service Coordinator can also assist you with this task. We can send

you forms to fill out that tell others the kind of health care you want if you are too sick to tell them.

What is an Advance Directive?

An Advance Directive is a letter you write to tell others the type of health care you want if you are too sick to speak for yourself. You can also use this letter to give someone else the right to make these decisions for you, if you become too ill to make the decisions yourself.

How do I get an Advance Directive form?

Your Service Coordinator can provide you with an Advance Directive form. You can contact your Service Coordinator at (866) 409-0039 or call Member Services at (866) 449-6849 for help.

Abuse, Neglect, and Exploitation

You have the right to respect and dignity, including freedom from Abuse, Neglect, and Exploitation.

What are Abuse, Neglect, and Exploitation?

Abuse is mental, emotional, physical, or sexual injury, or failure to prevent such injury.

Neglect results in starvation, dehydration, overmedicating or under medicating, unsanitary living conditions, etc. Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene.

Exploitation is misusing the resources of a person for personal or monetary benefit. This includes taking Social

Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call 9-1-1 for life-threatening or emergency situations.

Report by Phone (non-emergency); 24 hours a day, 7 days a week, toll-free

Report to the Department of Aging and Disability Services (DADS) by calling (800) 647-7418 if the person being abused, neglected, or exploited lives in or receives services from a;

- Nursing facility;
- Assisted living facility;
- Adult day care center;
- Licensed adult foster care provider; or
- Home and Community Support Services Agency (HCSSA) or Home Health Agency.

Suspected Abuse, Neglect, or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS).

Report all other suspected abuse, neglect, or exploitation to DFPS by calling (800) 252-5400.

Report Electronically (non-emergency):

Go to <https://txabusehotline.org>. This is a secure website. You will need to create a password-protected account and profile.

Helpful Information for Filing a Report

When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone number of everyone involved.

Fraud, Waste and Abuse

Fraud, Waste and Abuse

Molina Healthcare's Fraud, Waste and Abuse Plan benefits Molina, its employees, members, providers, payers and regulators by increasing efficiency, reducing waste, and improving the quality of services. Molina Healthcare takes the prevention, detection, and investigation of fraud, waste and abuse seriously, and complies with state and federal laws. Molina Healthcare investigates all suspected cases of fraud, waste and abuse and promptly reports to government agencies when appropriate. Molina Healthcare takes the appropriate disciplinary action, including but not limited to, termination of employment, termination of provider status, and/or termination of membership.

Do you want to report Waste, Abuse, or Fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given

or necessary.

- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at (800) 436-6184;
- Visit <https://oig.hhsc.state.tx.us/> Under the box labeled "I WANT TO" click "Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:
Molina Healthcare of Texas
Attention: Compliance Officer
5605 N. MacArthur Blvd. Ste 400
Irving, Texas, 75038
(866) 606-3889

To report an issue online, visit:
<https://MolinaHealthcare.AlertLine.com>.

To report waste, abuse, or fraud, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
 - Name, address, and phone number of provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)

- Medicaid number of the provider and facility, if you have it
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation
- Dates of events
- Summary of what happened
- When reporting about someone who gets benefits, include:
 - The person's name
 - The person's date of birth, Social Security Number, or case number if you have it
 - The city where the person lives
 - Specific details about the waste, abuse, or fraud

Definitions:

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (42 CFR §455.2)

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit for them or some

other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR § 455.2)

Waste means health care spending that can be eliminated without reducing the quality of care. Quality Waste includes, overuse, underuse, and ineffective use. Inefficiency Waste includes redundancy, delays, and unnecessary process complexity. For example: the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, however the outcome of poor or inefficient billing methods (e.g. coding) causes unnecessary costs to the Medicaid/Medicare programs.

Here are some ways you can help stop fraud:

- Don't give your Molina Healthcare ID card, Medical ID Card, or ID number to anyone other than a health care provider, a clinic, or hospital, and only when receiving care
- Never let anyone borrow your Molina Healthcare ID Card
- Never sign a blank insurance form
- Be careful about giving out your social security number

Information Available on a Yearly Basis

As a member of Molina you can ask for and get the following information each year:

- Information about network providers – at a minimum primary care doctors, specialists, and hospitals in our service area. This information will

include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients.

- Any limits on your freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal, and fair hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration, and scope of benefits. This is designed to make sure you understand the benefits to which you are entitled.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services, from out-of-network providers and limits to those benefits.
- How you get emergency coverage and limits to those kinds of benefits, including:
 - What makes up emergency medical conditions, emergency services, and post-stabilization services.
 - The fact that you do not need prior authorization from your Primary Care Provider for emergency care services.
 - In case of emergency, follow instructions provided by your Nursing Facility.
 - Facility staff will contact appropriate

- authorities to coordinate emergency transport and/or services.
- The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
- A statement saying you have a right to use any hospital or other settings for emergency care.
- Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your Primary Care Provider.
- Molina's practice guidelines.

Member Privacy

Your privacy is important to us. We respect and protect your privacy. Molina uses and shares your information to provide you with health benefits. Molina wants to let you know how your information is used or shared.

Your Protected Health Information

PHI means "Protected Health Information." PHI is 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 Protected Health Information (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 share PHI as required or permitted by law

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 purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Molina protect your PHI?

Molina uses many ways to protect PHI across our health plan. These include PHI in written word, spoken word or PHI on a computer. Below are some ways Molina protects PHI:

- Molina has policies and rules to protect PHI
- Molina limits who may see PHI. Only Molina staff with a need to know PHI may use and share PHI
- Molina staff is trained on how to protect and secure PHI
- Molina staff must agree in writing to follow the rules and policies that protect and secure PHI
- Molina secures PHI on our computers. PHI on our computers is kept private by using firewalls and passwords

What must Molina do by law?

- Keep your PHI private
- Give your written information, such as this on our duties and privacy practices about your PHI
- 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 and complain
- Complain to the Department of Health and Human Services

Complaining about or reporting Molina will not change your care in any way.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our Members' PHI. Our Notice of Privacy Practices is in Appendix A on page 53. It is also available on our website at **MolinaHealthcare.com**. You can also call Member Services for questions about your privacy or to get a copy of Molina's Notice of Privacy Practices.

Definitions

Appeal – A formal request for Molina Healthcare to review a decision or action.

Authorization – An approval for a service.

Covered Services – Services and supplies covered by Molina Healthcare.

Emergency Medical Condition – A medical problem you think is so serious it must be treated right away by a provider.

Emergency Services – Services provided by a qualified provider that are needed to evaluate, treat, or stabilize an emergency medical condition.

Grievance (Complaint) – A complaint about Molina Healthcare or a health care provider.

Member – A person who is eligible for Medicaid and who is enrolled in the Molina Healthcare plan.

Preventive Health Care – Health care focused on finding and treating health problems and to prevent disease or illness.

Primary Care Provider (PCP) – A Molina Healthcare contracted provider that you have chosen to be your personal provider. Your PCP helps you with most of your medical needs.

Prior Authorization – The process for any service that needs approval from Molina Healthcare before it can take place.

Provider Directory – A list of all of the providers contracted with Molina Healthcare.

Service Area – The geographic area where Molina Healthcare provides services.

Specialist – A provider who focuses on a particular kind of health care.

APPENDIX A:

NOTICE OF PRIVACY PRACTICES

MOLINA HEALTHCARE OF TEXAS

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 Texas (“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 September 23, 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 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 my PHI without getting written authorization (approval) from you?

The law allows or requires Molina to use and share 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 toward 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.

- **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 this 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 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 at (866) 449-6849.

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

You may complain to Molina and 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 Texas
Manager of Member Services
84 N.E. Loop 410, Suite 200
San Antonio, TX 78216
Phone: (866) 449-6849

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

Office of Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
(800) 368-1019; (800) 537-7697 (TDD);
(214) 767-0432 (FAX)

What are Molina's duties?

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 any breach of your unsecured PHI;
- Not use or disclose your generic 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 website 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 Texas
Attention: Manager of Member Services
84 N.E. Loop 410, Suite 200
San Antonio, TX 78216
Phone: (866) 449-6849

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