

Spring 2017 Health and Wellness Newsletter



Get a reward for taking care of your health!

Molina Dual Options STAR+PLUS MMP members who reside in the community or in a nursing facility can get a **\$20 gift card** for getting these tests and screenings:

- Diabetic members who complete a diabetic eye exam each year
- Diabetic members who complete an A1c blood test each year
- Female members age 21-64 who complete cervical cancer screening each year
- Members with cardiovascular disease who complete a cholesterol blood test each year
- Female members age 50-74 who complete a recommended mammogram each year
- Members age 50-75 who complete a colorectal screening
- Annual Comprehensive Exam (ACE) or In-Home Assessment (IHA)

For more information, call Member Services at (866) 856-8699, TTY 711, Monday – Friday, 8 a.m. to 8 p.m., local time. Limitations and restrictions may apply.

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

MolinaHealthcare.com/Duals



Health Care Fraud, Waste and Abuse

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

Protecting Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina Dual Options STAR+PLUS MMP uses and shares data to provide you with health benefits.

Protected Health Information (PHI)

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

Why does Molina Dual Options STAR+PLUS MMP use or share your PHI?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes, as required or permitted by law

When does Molina Dual Options STAR+PLUS MMP need your written authorization (approval) to use or share your PHI?

Molina Dual Options STAR+PLUS MMP needs your written approval to use or share your PHI for reasons not listed above.

What are your privacy rights?

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

How does Molina Dual Options STAR+PLUS MMP protect your PHI?

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

- Molina Dual Options STAR+PLUS MMP uses policies and rules to protect PHI.
- Only Molina Dual Options STAR+PLUS MMP staff with a need to know PHI may use PHI.

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- Molina Dual Options STAR+PLUS MMP trains staff to protect and secure PHI, including written and verbal communications.
- Molina Dual Options STAR+PLUS MMP staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Molina Dual Options STAR+PLUS MMP secures PHI on our computers. PHI on our computers is kept private by using firewalls and passwords.

What are the duties of Molina Dual Options STAR+PLUS MMP?

Molina Dual Options STAR+PLUS MMP is required to:

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

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

- Call or write Molina Dual Options STAR+PLUS MMP and file a complaint.
- File a complaint with the U.S. Department of Health and Human Services.

The above is only a summary. Our Notice of Privacy Practices gives more information about how we use and share our members' PHI. You may find our full Notice of Privacy Practices on our website at www.MolinaHealthcare.com/Duals. You also may ask for a copy of our Notice of Privacy Practices by calling our Member Services Department.

Provider Online Directory

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

Health Education

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



Molina Dual Options STAR+PLUS Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. You can get this information for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. Limitations and restrictions may apply. For more information, call Molina Dual Options STAR+PLUS MMP Member Services or read the Molina Dual Options STAR+PLUS MMP Member Handbook. Benefits may change on January 1 of each year. The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

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

**Health and wellness or
prevention information**



Questions about Your Health?

**Call Our 24-Hour Nurse
Advice Line!**

English: (888) 275-8750
Spanish: (866) 648-3537

Your health is our priority!

TTY users should call 711.

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Your Extended Family.



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) 856-8699; TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or 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 (562) 499-0610.

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

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

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

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-856-8699 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-856-8699 (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-856-8699 (TTY : 711)。

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-856-8699 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-856-8699 (ATS : 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-856-8699 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-856-8699 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-856-8699 (TTY: 711) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-856-8699 (телетайп: 711).

Arabic

لمحوظة: إذا لقيت صعوبة في فهم الخدمات المقدمة فإن خدمات الترجمة متوفرة بالهاتف مجاناً. طوّل برقم 1-866-856-8699 برقم هاتف الصم والبكم: 711.)

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-856-8699 (TTY: 711) पर कॉल करें।

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-856-8699 (TTY: 711).

Português

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-856-8699 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-856-8699 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-856-8699 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-856-8699 (TTY: 711)) まで、お電話にてご連絡ください。

Farsi

1-866-856-8699 (TTY: توجه: گریه زبان فارسی گفتگو می‌کند متسه ال تزبل یی صورت رطگان برلی شم فر اهم می‌بلش دیا . 711) تمام اس بگوید.

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-856-8699 (TTY: 711).

Laotian

ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການບໍລິການ ວ່າ ອຍເຫຼືອ ອດ້ານ ພາສາ, ໂດຍບໍ່ ເສັ້ນ ບັດ ວ່າ, ແມ່ນ ມີ ພ້ອມ ໃຫ້ ທ່ານ. ໂທ 1-866-856-8699 (TTY: 711).

Urdu

خبر ہوا: اگر آپ اردو بولتے ہیں تو آپ کو زین کی مدد کی خدمات فہمت ہیں دستیابی میں کال کریں
(TTY: 711) 8699-856-866-1