



Spring 2012

Health & FAMILY

A Guide to Health & Wellness



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IMPORTANT

Molina Healthcare Toll
Free Phone Numbers:

Member Services:
1-800-869-7165

24 Hour Nurse Advice Line:
English: 1-888-275-8750
TTY: 1-866-735-2929

Spanish: 1-866-648-3537
TTY: 1-866-833-4703

If you need this material in another
language or format please call the
Member Services Department.

We Care About Your Health

Improving Services to Molina Healthcare Members

Your health care is important to us. We want to know how we are doing. That is why you may receive a survey about Molina Healthcare and your health care services. One of these surveys is called CAHPS®.

CAHPS® stands for the Consumer Assessment of Healthcare Providers and Systems. This survey asks questions about the care you or your child receives from Molina Healthcare. We may send you a few questions about how we are doing and what is important to you. Please take the time to complete the survey if you receive it.

HEDIS® is another tool we use to improve care. HEDIS® stands for Healthcare Effectiveness Data and Information Set. This is a process where we collect information on services that you or your child may

have received. These services include shots, well-child exams, Pap and mammogram screenings, diabetes care, prenatal and after delivery care. Through this process we can find out how many of our members actually got needed services. This information is made available to you. It can be used to compare one health plan to another plan.

Each year Molina Healthcare strives to improve all services provided. This is done by setting goals. These goals are included in a Quality Improvement (QI) plan. Our goal is to help you take better care of yourself and your family.

As part of the QI plan, Molina Healthcare helps you take care of your health and get the best service possible. Some of the ways we do this include:

- Reminders about getting well-child exams and immunizations
- Asthma and diabetes education
- Education on prenatal care and after-delivery exams
- Reminders about getting Pap and mammogram screenings
- Better processing of member grievances (complaints)
- Helping to find the Molina Healthcare website
- Telling you about special services for members

To learn more or to request a copy of our QI plan, call your Molina Healthcare Member Services Team.



Molina Healthcare Patient Safety Program

Molina Healthcare wants you and your family to be safe and healthy. We have a Patient Safety Program to help us meet this goal. This program gives you safety facts so you can make better health care choices. Here are a few of the things we do to improve your safety:

- Give providers and hospitals information on safety issues and where to get help
- Keep track of our member's complaints about safety problems in their provider's office or hospital
- Look at reports from groups that check hospital safety. Reports tell us about things such as if there was enough staff in the Intensive Care Unit (ICU), use of computer drug orders, and so forth.

Groups that check safety:

- Leap Frog Quality Index Ratings (www.leapfroggroup.org)
- The Joint Commission National Patient Safety Goal Ratings (www.jointcommission.org)

You can look at these websites to:

- See what hospitals are doing to be safer
- Help you know what to look for when you pick a provider or a hospital
- Get information about programs and services for patients with problems like diabetes and asthma

Call our Member Services Department at 1-800-869-7165 to get more information about our Patient Safety Program. You can also visit us online at www.MolinaHealthcare.com.

We Want to Give You Good Care!

Molina Healthcare works with your providers and hospitals to give you good health care. We make choices about your care based on what you need. We also look at your benefits. We do not reward providers to deny you care. We also do not reward staff or other people to deny you care or give you less care. We do not pay extra money to providers or our staff to deny tests or treatments that you need to get better or stay healthy.

If you have a concern about your health care, you can call us. Please call our Member Services Department toll-free at 1-800-869-7165 (TTY/TDD 1-800-346-4128) and you will be connected to the Utilization Management (UM) Department.. There are nurses you can talk with about your health care choices and getting the care you need. If you need help in your language, a bilingual staff member or interpreter is available. Our staff is here to take your call Monday through Friday (except holidays) between 8:30 a.m. and 5:30 p.m. If you

call after 5:00 p.m. or over the weekend, please leave a message and your phone number. The UM/Member Services staff will return the call in a timely manner, no more than one business day.

After Hours Care

Molina Healthcare's Nurse Advice Line has highly trained nurses available to help you 24 hours a day, 7 days a week.. There may be times when you may need care and your Primary Care Provider (PCP) is closed. If it is after hours and your PCP's office is closed you can call Molina Healthcare's Nurse Advice Line at 1-888-275-8750. Our nurses can help you:

- Decide if you or your child should see a provider right away
- Make an appointment if you need to see a provider quickly
- Answer questions you may have about your health

Emergency Care

Emergency care is for sudden or severe health problems that need care right away. It can also be care that is needed if your life or health is in danger. Emergency care is a covered benefit. If you need emergency care, call 911 or go to the nearest hospital. You do not need prior approval. If you have an urgent matter that does not threaten your life, you can also call Molina Healthcare's Nurse Advice Line. Call 1-888-275-8750, 24 hours a day, 7 days a week.

Looking at What is New

We review new studies to see if new services are proven to be safe and should be added to your benefit package. We look at new ways to make those services available to you.. The following services are reviewed once a year:

- Medical services
- Medicines
- Mental health services
- Equipment



Complex Case Management

Living with health conditions and dealing with the things to manage those health problems can be hard. Molina Healthcare has a program that can help. The Complex Case Management program is for members with difficult health problems that need extra help with their health care needs. The program allows you to talk with a nurse about your health issues. Our nurse can help you learn about those problems and teach you how to better manage them. Our nurse may also work with your family or caregiver and provider to make sure you get the care you need. There are several ways you can be referred for this program:

- A referral from your provider
- A referral from a case manager or care manager at Molina Healthcare
- A self-referral from you or a family member or caregiver

There are also certain requirements you must meet. It is your choice to be in these programs. You can choose to be removed from the program at any time.

If you would like more information about the program, please call Member Services. The phone number is listed on the back of your ID card.



About Our Members: Protecting Your Privacy

Your privacy is important to us. We take confidentiality very seriously. Molina Healthcare wants to let you know how your health information is shared or used.

Your Protected Health Information

PHI stands for these words: protected health information. PHI means health information that includes your name, member number, or other things that can be used to identify you, and that is used or shared by Molina Healthcare.

Why does Molina Healthcare use or share our members' PHI?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan

- To use or share PHI for other purposes as required or permitted by law

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

Molina Healthcare needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us 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 Healthcare protect your PHI?

Molina Healthcare uses many ways to protect PHI

across our health plan. This includes PHI in written word, spoken word, or PHI in a computer. Below are some ways Molina Healthcare protects PHI:

- Molina Healthcare has policies and rules to protect PHI.
- Only Molina Healthcare staff with a need to know PHI may use PHI.
- Molina Healthcare staff is trained on how to protect and secure PHI, including written and verbal communications.
- Molina Healthcare staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Molina Healthcare secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

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

- Call or write Molina Healthcare and file a complaint. Call Member Services at 1-800-869-7165.

- File a complaint with the U.S. Department of Health and Human Services.

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 is on our website at **www.MolinaHealthcare.com**. You also may get a copy of our Notice of Privacy Practices by calling our Member Services Department.



Your Rights as a Molina Healthcare Member

Did you know as a member of Molina Healthcare you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Molina Healthcare ensure you get the covered services and care you need. You have the right to:

- Receive the facts about Molina Healthcare, our services and providers who contract with us to provide services.
- Have privacy and be treated with respect and dignity.
- Help make decisions about your health care. You may refuse treatment.
- Request and receive a copy of your medical records or request an amendment or correction.
- Openly discuss your treatment options in a way you understand them. It does not matter what the cost or benefit coverage.

- Voice any complaints or appeals about Molina Healthcare or the care you were given.
- Use your member rights without fear of negative results.
- Receive the members' rights and responsibilities at least yearly.
- Suggest changes to this policy.

You also have the responsibility to:

- Give, if possible, all facts that Molina Healthcare and the providers need to care for you.
- Know your health problems and take part in making agreed upon treatment goals as much as possible.
- Follow the care plan instructions for care you agree to with your provider.
- Keep appointments and be on time. If you're going to be late or cannot keep an appointment, call your provider.

Second Opinions

If you do not agree with your provider's plan of care, you have the right to a second opinion from another Molina Healthcare provider or from an out-of-network provider. This service is at no cost to you. Call Member Services at 1-800-869-7165 to find out how to get a second opinion.

Out-of-Network Services

If a Molina Healthcare provider is unable to provide you with necessary and covered services, Molina Healthcare must cover the needed services through an out-of-network provider. The cost to you should not be greater than it would be if the provider was in Molina's network. This must be done in a timely manner for as long as Molina Healthcare is unable to provide the service.



Grievances and Appeals

Are you having problems with your medical care or services? If so, you have a right to file a grievance or appeal.

A grievance can be for things like:

- The care a member gets from their provider or hospital
- The time it takes to get an appointment or be seen by a provider
- Provider availability in your area

An appeal can be filed when you do not agree with Molina's decision to:

- Stop, change, suspend, reduce or deny a service or
- Deny payment for services. This may make you responsible for the bill.

An expedited appeal may be requested if the decision may risk your life or health.

Check our website, www.MolinaHealthcare.com or your Member Handbook to read about:

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



You Have a Right to Appeal Denials

What is a denial? A denial means Molina Healthcare is telling you and your provider services or bills will not be paid. If we deny your service or claim, you have the right to request an appeal.

If your service or claim is denied, you will get a letter from Molina Healthcare telling you about this decision. This letter will tell you about your right to appeal. You can read about these rights in your Member Handbook. You can find out how to file an appeal on our website, www.MolinaHealthcare.com. Member Services also can help you file an appeal.

If you are not happy with the result of your appeal, you can ask for a hearing or an independent review. This means providers outside Molina Healthcare review all the facts in your case and make a decision. We will accept that finding.

Would you like to ask for a review of an appeal? Call Member Services and ask them to help set this up for you.



Disease Management Programs

Molina Healthcare wants you to be healthy. We have programs that can help you manage your health condition. Molina Healthcare uses claims, pharmacy information and other health management programs to identify members for Disease Management programs. You or your provider can tell us you want to be included in the program. It is your choice to be in these programs. You can choose to be removed from the program at any time. For more details about our programs, please call at 1-866-891-2320 or visit www.MolinaHealthcare.com.

- The **breathe with easesm** asthma program is for children and adults ages 2 years and over with asthma. You will learn how to manage your or your child's asthma and work with your provider.
- The **Healthy Living with Diabetessm** program is for children and adults ages 2 years and over with diabetes. You will learn about diabetes self-care (meal planning, exercise tips, diabetes medicines and much more).

- The **Chronic Obstructive Pulmonary Disease (COPD)** program is for members who have emphysema and chronic bronchitis. This program will help you learn how to better control your breathing.
- The **Heart-Healthy Living cardiovascular** program is for members 18 years and older who have one or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure



Getting the Care You Need

Here are some tips to help you get the health care you need.

See your primary care provider (PCP) for your yearly health checkup. Many people wait until they are very sick to see a provider. You do not need to wait. Make sure you schedule a checkup before you get sick. This will help keep you and your children well.



Your PCP can handle most of your health care needs. But sometimes you have special problems such as a broken bone or heart disease. You may need to visit a provider who has extra training. This provider is called a specialist. If you need to see a specialist, your PCP will make sure you see the right one and may be able to help you get an appointment faster.

Routine care is not covered outside the Molina Healthcare service area, unless you are being seen by a Molina Healthcare participating provider. If you need special care by a provider who is not part of the Molina Healthcare network, your PCP will help you to get the authorization (approval) you need.

If you travel outside the service area, Molina Healthcare only pays for emergency care for you. You may go to a local emergency room (ER) or an urgent care clinic. Tell them you are a Molina Healthcare

member. Show them your Molina Healthcare ID card. Remember, routine care is not covered outside the Molina Healthcare service area.

Are you having trouble speaking to your provider in English? You have a right to an interpreter. There is no cost to you. Tell the office staff if you would prefer to talk in your own language. If you need help, call Member Services.

Women's Healthcare Services

You can get women's health care services from any provider who has a contract with Molina Healthcare or any Qualified Family Planning Provider. You do not need a referral from your PCP. This may include services such as:

- Pap tests
- Mammograms
- Family planning



Check Out the Molina Healthcare Website

Check out our website at www.MolinaHealthcare.com “Click” on the member button. Choose your state in the drop-down box. You can get information on our website about:

- Molina Healthcare’s contracted providers and hospitals
- Your benefits, including co-payments and other charges (if they apply)
- What to do if you get a bill or a claim
- FAQs (frequently asked questions and answers)
- Drug formulary (approved drugs that provider can prescribe) and pharmacy updates
- How to contact Utilization Management staff about a UM issue or question
- How to get primary care, hospital, specialty, and emergency services
- How to get care after normal office hours
- Preventive health guidelines and immunization schedule
- Your rights and responsibilities and the privacy of your information
- Restrictions on benefits or how to obtain care outside the Molina Healthcare service area
- Quality Improvement, Health Education, Complex Case Management and Disease Management programs
- How to voice a complaint or appeal a medical decision
- How we decide about using new technology

You can ask for printed copies of anything posted on the website by calling Member Services. Your member handbook is also a good resource. You can find it on our website.

We are Here to Help You

It can be hard for members to get the care they need for ongoing health problems. If you are one of these members, Molina Healthcare is here to help. To make sure you receive the proper care, our staff can help you coordinate your care.

Molina Healthcare staff can help:

- Find services that are not benefits. This includes community and social services programs such as “Meals on Wheels”.
- Access services that you are eligible to receive
- Coordinate appointments and tests
- Coordinate transportation
- Access resources to help individuals with special health care needs and/or their caregivers deal with day to day stress

- Coordinate moving you from one health care setting to another. This can include being discharged from the hospital.

Please call Member Services to learn more about how we can help you get the care you need.



Provider Online Directory (POD)

Molina Healthcare has a provider online directory where you can find information on a provider. You can even search for one in your area. To access the provider online directory, visit **www.MolinaHealthcare.com**. Click on “Find a Provider”. Follow the instructions to search for a provider.

The provider online directory includes information, such as:

- A current list of Molina Healthcare providers
- A provider’s board certification status. You can also visit the American Board of Medical Specialties at www.abms.org to check if a provider is board certified.
- Providers accepting new patients

- Languages spoken by the provider or staff
- Hospital information including name, location and accreditation status

If you do not have access to the internet, Member Services can help. They can send you a printed copy of all information in the provider online directory.



Behavioral Health

Some mental health and chemical dependency benefits are offered through Molina Healthcare. If you are on Medicaid some are offered through the Department of Social and Health Services (DSHS). You can access these services without a referral. You can find a specialty provider by:

- Calling Member Services at (800) 869-7165 or
- Go to our website www.MolinaHealthcare.com and click on “Find a Provider”

We are here and ready to help you get the support and services you need



Your Right to an Advance Directive

All members have the right to accept or refuse treatment offered by a provider. But what if you are not able to tell the provider what you want? To avoid decisions being made against your will, it is important to have an Advance Directive.

An Advance Directive is a legal form that tells medical providers what kind of care you want if you cannot speak for yourself. An Advance Directive is written before you have an emergency. This is a way to keep other people from making important health decisions for you if you are not well enough to make your own. There are different types of Advance Directives. Some examples are:

- Power of Attorney for Health Care
- Living Will

It is your choice to complete an Advance Directive. No one can deny you care based on whether or not you have an Advance Directive. Talk with someone you trust, like a family member or friend, to help you make decisions about your health care. You can also talk with your lawyer or PCP if you have questions or would like to complete an Advance Directive.

You may call Molina to get information on how to obtain Advance Directive forms that comply with applicable state laws.

If you have signed an Advance Directive and you believe the provider has not followed your instructions, you may file a complaint. Please visit the website at **www.MolinaHealthcare.com** or call Member Services for more information on how to file a complaint.

Preventive Health

Infants and Children (0 to 23 months)

Well Visits: 1, 2, 4, 6, 9, 12, 15, 18 months

- Immunizations
- Physical examination
- Developmental assessment
- Behavioral assessment
- Lead testing
- Hearing & vision screenings
- TB test
- First dental screening at one year and then every six months

Children and Adolescents (2 to 19 years old)

Well Visits: 24 months, 30 months, 3 years, and yearly thereafter

- Immunizations
- HIV, Sexually Transmitted Disease (STD) testing for sexually active teens
- Pap test and chlamydia screenings for sexually active teens

Adults (20 to 64 years old)

Well Visits: Every 1 – 3 years

- Immunizations
- Height, weight & body mass index (BMI)
- Blood pressure: Yearly
- Cholesterol screening: Every 5 years
- Colorectal cancer screening: Every 5-10 years based on provider recommendations

Women:

- Chlamydia & STD testing for sexually active women 25 & younger
- Mammogram: Yearly for 40 years of age and over
- Pap test & pelvic exam: Yearly

Older Adults (65 years and older)

Well Visits: Every 1 – 3 years

- Immunizations
- Vision & hearing screenings
- Bone density for osteoporosis: 65 years & older

Men:

- Abdominal Aortic Aneurysm (AAA) screening: once for men 65 to 75 years of age who have ever smoked

Prenatal and Postpartum

All pregnant women should receive timely prenatal visits in the first trimester and throughout the pregnancy.

- **First Trimester:** Get prenatal care as soon as you know you are pregnant
- **Second Trimester:** Monthly
- **Third Trimester:** Every 2 weeks
- **Postpartum:** 21 – 56 days after delivery

Immunization Schedule | Ages 0 Through 6 Years

Vaccine	Months									Years	
	Birth	1	2	4	6	12	15	18	19-23	2-3	4-6
Hepatitis B	HepB	HepB			HepB						
Rotavirus			RV	RV	RV						
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus Influenzae Type B			Hib	Hib	Hib	Hib					
Pneumococcal			PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Influenza					Influenza (Yearly)						
Measles, Mumps, Rubella (MMR)						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						HepA (2 doses)				HepA Series	
Meningococcal										MCV4	

- Range of recommended ages for all children
- Range of recommended ages for certain high-risk groups

Immunization Schedule | Ages 7 Through 18 Years

Vaccine	7-10 years	11-12 years	13-18 years
Tetanus, Diphtheria, Pertussis		Tdap	Tdap
Human Papillomavirus (HPV)		HPV (3 doses) (females)	HPV Series
Meningococcal	MCV4	MCV4	MCV4
Influenza	Influenza (Yearly)		
Pneumococcal	Pneumococcal		
Hepatitis A	HepA Series		
Hepatitis B	Hep B Series		
Inactivated Poliovirus	IPV Series		
Measles, Mumps, Rubella (MMR)	MMR Series		
Varicella	Varicella Series		

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups

Adult Immunization Schedule | Ages 19 and Older

Vaccine	19-26	27-49	50-59	60-64	≥65
Influenza	1 dose annually				
Tetanus, Diphtheria, Pertussis (Td/Tdap)	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years				Td booster every 10 yrs
Varicella	2 doses				
Human Papillomavirus (HPV)	3 doses (females)				
Zoster				1 dose	
Measles, Mumps, Rubella (MMR)	1 or 2 doses		1 dose		
Pneumococcal (polysaccharide)	1 or 2 doses				1 dose
Meningococcal	1 or more doses				
Hepatitis A	2 doses				
Hepatitis B	3 doses				

■ For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g. lack documentation of vaccination or have

no evidence of previous infection)

■ Recommended if some other risk factor is present (e.g. based on medical, occupational, lifestyle, or other indications)





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