

Guide to Accessing Quality Health Care Spring 2016



MolinaHealthcare.com



Your Extended Family.

To get this information in other languages and accessible formats, please call Member Services at (800) 869-7165 (TTY/TDD: 711). Si necesita esta información en otros idiomas o en un formato accesible, por favor comuníquese con el Departamento de Servicios para Miembros al (800) 869-7165 (TTY/TDD: 711). Để nhận thông tin này bằng các ngôn ngữ khác và các định dạng cho người khuyết tật, xin vui lòng gọi Dịch vụ Thành viên theo số (800) 869-7165 (TTY/TDD: 711). Чтобы получить эту информацию на других языках и в других доступных форматах, обратитесь в Службу поддержки участников по тел. (800) 869-7165 (TTY/TDD: 711).

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MyMolina

MyMolina is a secure web portal that lets you manage your own health from your computer. MyMolina.com is easy to use. Here are some of the things that you can do in MyMolina:

- Complete a health screening. A health screening is a tool that can help you and your provider identify ways to improve your health.
- Get self-help in the following areas:
 - Healthy weight/Body Mass Index (BMI)
 - Stop tobacco use
 - Promote physical activity
 - Healthy eating
 - Manage stress
 - Avoid drinking alcohol
 - Identify signs of depression
- Get information on your claims:
 - The status of your claim
 - The total approved
 - The total paid
 - Your cost, if any
 - The date paid
- Get pharmacy information such as:
 - Contracted pharmacy location
 - Pharmacy guidelines
 - Medicine interactions, side effects, or risks
 - Generic medicine substitutes
 - Electronic prescribing and refill reminders
 - Ordering a refill for current mail order prescriptions
 - Your pharmacy cost, if any
- Other things you can do in the MyMolina member portal:
 - Request a Member ID card
 - Find out when and how to get referrals
 - Use a Cost Estimator to find out what you might pay for services or care
 - Select or change a provider
 - Get online health records



- Enroll in Health Management Programs
- Use secure email to get health advice from the Nurse Advice Line
- Send email questions to Molina Member Services

To learn more or to sign up for MyMolina:

1. Create an account by following these easy steps:
Step 1: Go to MyMolina.com (MiMolina.com en Español)
Step 2: Enter your Member ID number, date of birth and zip code
Step 3: Enter your email address
Step 4: Create a password
2. Call Molina Member Services Department at (800) 869-7165 (TTY: 711)

Molina Healthcare's Quality Improvement Plan and Program

Your health care is important to us and we want to know what is important to you. 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 your health care. It also asks about the care you receive from Molina Healthcare. We want to hear how we are doing. Please take the time to complete the survey if you receive it.

We use another tool called HEDIS® to improve care. HEDIS® stands for Healthcare Effectiveness Data and Information Set. We collect information on services that you may have received. These services include:

- Shots
- Well-check exams
- Pap tests
- Mammogram screenings
- Diabetes care
- Prenatal care
- Postpartum care

This tool helps us learn how many of our members actually got needed services. Molina makes



this information available to you. You may use it to compare one health plan to another health plan.

We strive to improve our services each year. We set goals to improve services. Our Quality Improvement (QI) plan includes these goals. We want to help you take better care of yourself and your family.

We want to make sure you get the best service possible. Some of the ways we do this include:

- Mail or call you to make sure you and your child get needed well exams and shots
- Helping you learn about ongoing health problems, if you have them
- Making sure you get prenatal care and after-delivery exams
- Reminding you to get Pap tests and mammogram screenings
- Reviewing member grievances (complaints) when you send them in
- Helping you find and use the information on the Molina website
- Letting you know about the special rewards we offer

We review all of the services and care that you receive each year to see how well we are doing. Please visit our website at www.MolinaHealthcare.com. You can read the latest results of our progress.

To learn more, call your Molina Healthcare Member Services Team. You can ask for a printed copy of our QI plan and results free of charge.

Protecting Your Privacy

We respect and protect your privacy. Molina Healthcare 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 Healthcare wants you to know how we use or share your PHI.



Why does Molina Healthcare 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 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 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 Healthcare protect your PHI?

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

- Molina Healthcare uses policies and rules to protect PHI.
- Only Molina Healthcare staff with a need to know PHI may use PHI.
- Molina Healthcare trains staff 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 on our computers. PHI on our computers is kept private by using firewalls and passwords.



What are the duties of Molina Healthcare?

Molina Healthcare 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 to Molina Healthcare 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. You also may ask for a copy of our Notice of Privacy Practices by calling our Member Services Department.

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 you information to learn more about how to make safe decisions about your care. These include:
 - Questions to ask your surgeon prior to surgery
 - Questions to ask about drug interactions
- Make programs available to help you manage your care and receive care in a timely manner
- Look at reports from groups that check hospital safety. For example, reports tell us about things like staffing levels in the Intensive Care Unit (ICU) and use of computer drug orders.
- Keep track of our members' complaints about safety problems in their provider's office or hospital

Groups that check safety:

- Leap Frog Quality Index Ratings (www.leapfroggroup.org)
- The Joint Commission National Patient Safety Goal Ratings (www.qualitycheck.org/consumer/searchQCR.aspx)

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 (800) 869-7165 to get more information about our Patient Safety Program. You can also visit us online at www.MolinaHealthcare.com.

How We Work with our Providers to Make Choices about Your Health Care

Molina Healthcare wants you to get the care you need. Sometimes your provider may need to ask us to approve the service before you receive the service (prior authorization), while you are receiving services (concurrent) or after you have got the service (post-service). We will work with your provider to decide if you need the services. We call this process Utilization Management (UM). We make choices about your care based on medical need and your benefits. We do not reward providers or others to deny coverage for services you need. We do not pay extra money to providers or our UM staff to make choices that result in giving less care.



If you have a question about our UM process or decisions, you can call us. Please call our Member Services Department toll-free at (800) 869-7165 (TTY: 711). If you need help in your language, a bilingual staff member or interpreter is available. We also offer TDD/TTY services for members who have hearing or speech disabilities. Our Member Services staff can answer your call Monday through Friday (except holidays) between 7:30 a.m. and 6:30 p.m. If you call after 6:30 p.m. or over the weekend, please leave a message and your phone number. We will return your call within one business day.

Looking at What's New

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

- Medical services
- Behavioral health services
- Medications
- Equipment



What to Do When You Need Care After Hours or in an Emergency

After Hours Care

There may be times when you may need care when your Primary Care Provider's (PCP) office is closed. If it is after hours and your PCP's office is closed, you can call Molina Healthcare's Nurse Advice Line at (888) 275-8750 (TTY: 711). Nurses are available to help you 24 hours a day, 7 days a week.

Highly trained nurses can help you decide if you should see a provider right away. The nurses can also help you make an appointment if you need to see a provider quickly. Sometimes you may have questions, but do not think you need to see your PCP. You can call the Nurse Advice Line and talk to a nurse.

Urgent Care

Urgent care is when you have a health problem that needs care right away, but your life is not in danger. This could be a child with an earache who wakes up in the middle of the night, a sprained ankle, or a bad splinter you cannot remove. Urgent care is covered anywhere in the United States. If you think you need to be seen quickly, go to an urgent care center that contracts with Molina.

Emergency Care

Emergency care is for sudden or severe problems that need care right away. It can also be needed care if your life or health is in danger. Emergency care is a covered benefit. However, no services are covered outside the United States. 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 our Nurse Advice Line. Call (888) 275-8750, 24 hours a day, 7 days a week.

Where to Find Answers to Drug Benefits

Molina Healthcare wants you to speak to your provider about drugs you need. You can visit our website at www.MolinaHealthcare.com if you want to know more about your drug benefits. Our website also explains our pharmacy process. On the website, you can find:



- A list of generic and brand name drugs that we cover and do not cover (drug formulary)
- Limits on covered drugs:
 - Limits include items such as the numbers of refills you may receive or drug doses you may get
- How your provider can ask us to approve certain drugs
- How your provider can ask for the amount of a drug you may need
- Information needed from your provider to get approval for some of your drugs
- Details about the process that your provider will use for generic substitution, therapeutic interchange and step-therapy protocols
- Updates made to the drug list at any time during the year

If you need more information on your pharmacy benefits, you can also call Member Services.

Getting you Extra Help when you have Ongoing Health Problems

Managing your own health problems can be hard. Molina Healthcare has a program that can help. We offer a Case Management Program to help members cope with difficult health problems. We offer this help to anyone receiving health services for an ongoing health problem. Our staff will work with you to make sure you receive the right care.

Molina Healthcare staff can help a member:

- Find and access eligible services

- Arrange appointments and tests
- Arrange transportation
- Identify any gaps in care or health care needs
- Access resources to help individuals with special health care needs and/or their caregivers deal with day-to-day stress
- Coordinate moving from one setting to another. This can include working with you and your caregiver(s) when a hospital discharges you.
- Assess eligibility for long-term care services
- Connect with community resources
- Find services that might not be covered benefits. This can include physical therapy with schools or in community settings or “Meals on Wheels”.
- Arrange services with a primary care provider (PCP), family members, caregivers, representatives and any other identified provider

Members can be referred to Case Management through:

- A provider
- Member Services, the Health Education line or 24-hour Nurse Advice line
- A family member or caregiver
- Yourself

These programs are voluntary. Molina Healthcare offers them at no cost to you. You can choose to be removed from any program at any time.

Please call Molina Healthcare’s Member Services Department to:

- Be removed from a program
- Learn more about a program
- Ask for a referral

Helping you Stay Healthy when you have a Chronic Condition

If you have a chronic health condition, we offer Health Management Programs. These programs can help you manage your conditions. Molina Healthcare identifies members for these programs using claims, pharmacy information or other Health Management Programs. You can enroll in our programs in many ways. You can tell us that you want to be included in a program. We call this self-referral. Your provider can also request that you enroll in a program. The programs offer learning materials, advice and care tips. It is your choice to be in these programs. You can choose to be removed from the program at any time.

Programs offered include:

- **Molina Breathe with Ease®** – We offer this program to children and adults age 2 years and older with asthma. You and /or your child will learn how to manage asthma and work with your provider.
- **Molina Healthy Living with Diabetes®** – We offer this program to adults age 18 years and older with diabetes. You will learn about diabetes self-care (meal planning, exercise tips, diabetes medicines and much more).
- **Chronic Obstructive Pulmonary Disease (COPD)** – We offer this program to members who have emphysema and chronic bronchitis. This program will teach you how to better control your breathing.
- **Heart Healthy Living®** – We offer this program to members 18 years and older who have one or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure.

The programs offer learning materials, advice and care tips. As part of the program, a nurse care manager may contact members. The nurse will work with individual members and their provider to help them stay well.

Please contact the Health Management Department at (866) 891-2320 (TTY: 711) to:

- Ask for more information
- Enroll in a program
- Dis-enroll from any program

Behavioral Health

Molina Healthcare offers behavioral health services to help with problems such as stress, depression or confusion. There are services to help with substance abuse as well. Your PCP can offer a brief screening and help guide you to services. You can also look for services on your own by calling Member Services at (800) 869-7165. You can access many types of services. These types of problems can be treated. Molina Healthcare will assist you in finding the support or service you need.



Your Rights as a Molina Healthcare Member

Did you know that 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 that you get the covered services and care that you need. You have the right to:

- Receive the facts about Molina Healthcare, our services, our practitioners, and providers who contract with us to provide services, and Member Rights and Responsibilities.
- 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.
- Request a change or correction to your medical records
- Discuss your treatment options with your doctor or other health care provider in a way you understand them. Cost or benefit coverage does not matter.
- Voice any complaints or send in appeals about Molina Healthcare or the care you were given.
- Use your member rights without fear of negative results.
- Receive Members' Rights and Responsibilities each year.
- Suggest changes to Molina Healthcare's Member Rights and Responsibilities policy.



You also have the responsibility to:

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

Please visit our website at www.MolinaHealthcare.com or view your Member Handbook for a complete list of Member Rights and Responsibilities.

Second Opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. You can talk to another provider or out-of-network

provider. This service is at no cost to you. Call Member Services at (800) 869-7165 to learn how to get a second opinion.

Out-of-Network Services

If a Molina Healthcare network 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 be no greater than it would be if the provider were in Molina Healthcare's network. Managing a necessary and covered service must be done in a timely manner for as long as Molina's provider network is unable to provide the service.

Grievances and Appeals

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

A grievance can be for things like:

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

You may file an appeal when you do not agree with Molina Healthcare's decision to:

- Stop, change, suspend, reduce or deny a service
- Deny payment for services

You may request an expedited review if the decision may risk your life or health. You may also ask for a Fair Hearing with the State Administrative Law Judge if your appeal is denied.

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

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

Call Member Services at (800) 869-7165 if you have any grievance questions.

Your Right to Appeal Denials

What is a denial?

A denial means that services or bills will not be paid. If we deny your service or claim, you have the right to request why your services or bills were denied. You have a right to appeal.

If we deny your service or claim, 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 learn how to file an appeal on our website, www.MolinaHealthcare.com. Member Services can also help you file an appeal.

If you are not happy with the result of your appeal, you can ask for 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 at (800) 869-7165 and ask them to help set this up for you.

Finding Information about Molina Providers Using our Website Provider Online Directory (POD)

Molina Healthcare offers a provider online directory. To access the POD, visit www.MolinaHealthcare.com. Click on “Find a Doctor”. The provider online directory includes information, such as:

- A current list with the names, addresses and phone numbers 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.
- Office hours for all sites
- Providers accepting new patients
- Languages spoken by the provider or staff
- Hospital information including name, location and accreditation status



If you cannot access the internet, or need additional information (such as your provider's medical school or residency information), Member Services can help. They can send you a printed copy of the POD.

Your Right to an Advance Directive

All members have the right to accept or refuse treatment offered by a provider. However, what if you are not able to tell the provider what you want? To avoid decisions that may be 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. You can write an Advance Directive before you have an emergency. This keeps 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 Directive forms. 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. They can 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 form.

You may call Molina Healthcare 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.



Visit the Molina Healthcare Website

Visit our website at www.MolinaHealthcare.com. Choose your state at the top of the page. You can get information on our website about:

- Benefits and services, included and excluded from coverage and restrictions
- Co-payments and other charges for which you are responsible (if they apply)
- What to do if you get a bill or a claim
- FAQs (frequently asked questions and answers)
- Other pharmacy procedures including drugs we do not cover, drug limits or quotas, the process to request an exception for drugs not on the formulary, and the process for generic substitution, therapeutic interchange (using drugs that are different but have the same effects) and step-therapy protocols (certain drugs are tried first before we cover another drug for the same condition)
- Preventive health guidelines and shot schedules
- How to obtain specialty care and hospital services

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.

Translation Services

We can provide information in your primary language. We can arrange for an interpreter to help you speak with us or your provider in almost any language. We also provide written materials in different languages and formats. If you need an interpreter or written materials in a language other than English, please contact Member Services at (800) 869-7165. TTY users should dial 711.

