Welcome!

You have new Medicaid health coverage through Molina MyCare Ohio Medicaid effective on the date on your ID card.

IMPORTANT INFORMATION ABOUT YOUR NEW MYCARE OHIO MEDICAID MANAGED CARE PLAN

We are happy to welcome you to Molina MyCare Ohio Medicaid! We are committed to getting you the care you need, when you need it.

This letter will help you learn more about your health plan benefits. As a Molina MyCare Ohio Medicaid member, you get these services:

- **MyMolina.com member portal** – A password protected site where you can look after your healthcare online. You can use it to choose a provider, ask for a new ID card, send a message to your Molina Care Coordinator, or view your health record.
- **24-Hour Nurse Advice Line and Behavioral Health Crisis Line** – Call (855) 895-9986 (TTY: 711) to get answers to your health questions day or night.
- **Quality provider network** – Thousands of primary care and specialist care providers. Our providers are ready to give you the care you need. Many of our providers have accessible buildings and equipment (can be used if you have a disability). Use our searchable online provider directory to find a provider that works for you at MolinaProviderDirectory.com/OH.
- **Person-centered care** – Expect a call from us within 75 days of your effective date to complete a health assessment. Then, we'll work with you on a personal care plan. Your voice is the most important!
- **Molina Help Finder** – An online search tool for finding low- and no-cost community resources when you need them. Visit MolinaHelpFinder.com or talk to your Care Coordinator to learn more.

You may have questions about Molina MyCare Ohio Medicaid and your benefits. You will find a list of frequently asked questions and answers on the next page. If you still have questions, visit our website at MolinaHealthcare.com/Duals or call Member Services at (855) 687-7862 (TTY: 711) Monday to Friday, 8 a.m. to 8 p.m., local time.

Our dedicated customer service team is committed to treating you with respect and getting you the help you need. You have access to MyMolina.com and Member Services' voicemail options on holidays, after regular business hours, and on Saturdays and Sundays.

We look forward to serving you.

Molina Healthcare of Ohio, Inc.

MOLINA HEALTHCARE

Ohio Department of Medicaid
Next Generation MyCare

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Frequently Asked Questions

How do I receive care as a new member?
While Medicare covers the majority of your healthcare services, including your Part D prescription drugs, starting on the date on your ID card, Molina MyCare Ohio Medicaid will cover your medically necessary Medicaid-covered health services. This means:

- **You can continue to get Medicare services from your doctors and other Medicare providers.** Except as indicated below, if you need to see a provider for Medicaid services who isn't in Molina MyCare Ohio Medicaid's network, you must have "prior authorization" if you want Molina MyCare Ohio Medicaid to cover the services. "Prior authorization" means that Molina MyCare Ohio Medicaid gives you permission to see a provider who isn't in Molina MyCare Ohio Medicaid's network.
- You don't need prior authorization for certain out-of-network Medicaid providers until after your "transition period." If the out-of-network provider is willing to accept Molina MyCare Ohio Medicaid, you can continue to see the out-of-network provider during your transition period. Please see the attached "Transition of Care Time Period" chart for more information.
- Most medications are Part D prescription drugs and will be covered by Medicare. For medications not covered by Medicare Part D, you must use a Molina MyCare Ohio Medicaid pharmacy to get your medicines. A List of Covered Drugs is on our website at MolinaHealthcare.com/Duals. Drugs with an * are not covered by Medicare Part D. You can also call member services for assistance.
- Molina MyCare Ohio Medicaid offers care management services to all members. Care management services will provide you with extra assistance and support. When you first join our plan, you will receive a healthcare needs assessment within the first 15-75 days of your enrollment effective date depending on your health status. A Care Coordinator will work with you and your doctors to identify and plan for your health and long-term care needs.
- You can continue to get Medicare services from your doctors and other Medicare providers. You will also be asked to identify a primary care provider (PCP). Your PCP will be the first point of contact for all of your health needs and will be responsible for providing you with care. Your PCP should work with your Molina MyCare Ohio Medicaid Care Coordinator to coordinate your health and long-term care services.

How much do I have to pay for health services?
You don't have to pay a deductible or coinsurance amount when getting health services through Molina MyCare Ohio Medicaid.

What do I need as a new member?
As a new member you will receive the following information from Molina MyCare Ohio Medicaid:

- Prior to your enrollment effective date, you will receive a member identification (ID) card that lists the name and telephone number of your primary care provider (PCP). If you didn't select or you wish to change your primary care provider, please call Member Services at (855) 687-7862 (TTY 711) Monday to Friday, 8 a.m. to 8 p.m., local time. If your PCP isn't listed on your ID card, please refer to your Medicare PCP. **You will need to show your Medicare card and your Molina MyCare Ohio Medicaid member ID card to receive health care services**.
- If you requested a member handbook when you called the Medicaid Hotline to select a My Care Ohio managed care plan, we have sent a member handbook. It is very important that you read your member handbook as it gives you a lot of information you need to know as a

Molina MyCare Ohio Medicaid member. If you want a member handbook, you can call member services or return the included postcard. You can always view a current version of the member handbook on our website at **MolinaHealthcare.com/Duals**.

- A provider directory lists the names of the providers who are part of Molina MyCare Ohio Medicaid's provider network. If you requested a printed provider directory when you called the Medicaid Hotline to select a My Care Ohio managed care plan, we have sent the directory. If you did not contact the Medicaid Hotline to select a plan and you want a printed provider directory, you can call member services or return the included postcard. Members can always view up-to-date provider network information on our website at **MolinaProviderDirectory.com/OH** or call member services for assistance.

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Service available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling Molina MyCare Ohio Medicaid's member services at, (855) 687-7862, TTY: 711, Monday to Friday, 8 a.m. to 8 p.m. local time ; individuals with hearing impairment may call TDD 7-1-1.

What if I need help getting to my providers?

If you **must** travel 30 miles or more from your home to receive covered healthcare services, Molina MyCare Ohio Medicaid will provide transportation. In addition, we also provide an extra 14 one-way trips as explained in your member handbook. You can call (844) 491-4761 any time to schedule transportation. Call at least 48 hours before your visit.

Because you are eligible for Medicaid, you can also contact your County Department of Job and Family Services (CDJFS) and ask for transportation assistance through the Non-Emergency Transportation (NET) program. CDJFS transportation assistance is limited to when you need to travel less than 30 miles for covered healthcare services.

Who is eligible to enroll in a MyCare Ohio plan?

You are eligible for membership in our MyCare Ohio managed care plan as long as you:

- Have Medicare Parts A, B and D: and
- Have full Medicaid coverage; and
- Are 21 years of age or older at the time of enrollment.

You are not eligible to enroll in a MyCare Ohio managed care plan if you:

- Do not have full Medicaid benefits and Medicare parts A, B and D.
- Are younger than age 21.
- Have any private creditable medical insurance, including retiree benefits, other than a Medicare advantage plan.
- Have intellectual or other developmental disabilities and receive services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID).
- Are enrolled in Program for All-Inclusive Care for the Elderly (PACE).
- You are an individual who receives home and community-based waiver services through the Ohio Department of Developmental Disabilities.

Additionally, you have the option not to be a member of a MyCare Ohio managed care plan if you:

- You are a member of a federally recognized Indian tribe, regardless of your age.

If you believe that you meet any of the above criteria and should not be enrolled, please contact member services for assistance.

Can I select a new MyCare Ohio plan or end my MyCare Ohio plan membership?
You must get your Medicaid benefits from a MyCare Ohio managed care plan. You can select a new MyCare Ohio plan during the first three months of your initial Molina MyCare Ohio Medicaid membership or during the annual open enrollment month. You can also choose at any time to get both your Medicare and Medicaid benefits from a MyCare Ohio plan. You can get more information about changing your MyCare Ohio plan or receiving both your Medicare and Medicaid benefits from a MyCare Ohio plan by calling the Ohio Medicaid Hotline at 800-324-8680, 7 a.m.- 8 p.m. Monday-Friday and 8 a.m.- 5 p.m. on Saturday or the Medicare Hotline at 800-633-2273 (800-MEDICARE). TTY users should call Ohio Relay at 7-1-1.

Who should I call if I have questions about picking a Medicare Plan?
If you have questions about picking a Medicare Plan, call Ohio Senior Health Insurance Information Program (OSHIIP) at 800-686-1578, or email at OSHIIPmail@insurance.ohio.gov.

Who should I call if I have questions about Molina MyCare Ohio Medicaid?
If you have questions, call Molina MyCare Ohio Medicaid Member Services at (855) 687-7862, Monday to Friday, 8 a.m. to 8 p.m. local time . TTY user should call 711. You can visit MolinaHealthcare.com/Duals.

You can also call the Ohio Medicaid Consumer Hotline at 800-324-8680, 7 a.m.- 8 p.m. Monday-Friday and 8 a.m.- 5 p.m. on Saturday.

If you have questions about the MyCare Ohio Medicaid program
If you have questions about MyCare Ohio Medicaid program, call the Ohio Medicaid Hotline at 800-324-8680, 7 a.m.- 8 p.m. Monday-Friday and 8 a.m.- 5 p.m. on Saturday, or visit http://www.medicaid.ohio.gov/PROVIDERS/ManagedCare/IntegratingMedicareandMedicaidBenefits.aspx.

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Service available include, but are not limited to oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling Molina MyCare Ohio Medicaid's member services at, (855) 687-7862, TTY: 711, Monday to Friday, 8 a.m. to 8 p.m. local time ; individuals with hearing impairment may call TDD 7-1-1.

This information is available for free in other languages and formats, like Braille and audio CD.

Molina MyCare Ohio Medicaid is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 687-7862, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.

Very Important Information from the Ohio Department of Medicaid
For a specified time period after your enrollment in the MyCare Ohio program, you are allowed to receive Medicaid services from certain out-of-network providers and/or finish receiving services that were authorized by Ohio Medicaid. This is called your transition of care time period. **Please note, the transition periods below start on the first day you are effective with any MyCare Ohio managed care plan. If you change your MyCare Ohio managed care plan, your transition period for coverage of a non-network provider does not start over**. If you were receiving the following covered services at the time of your enrollment, it is important that you call your MyCare Ohio plan's member services immediately (today or as soon as possible) to prevent any access or billing issues.

Transition of Care Time Period
For members receiving only Medicaid benefits through the MyCare Ohio program

SERVICE	SERVICES YOU WERE RECEIVING FROM A NON-NETWORK PROVIDER AT THE TIME OF YOUR ENROLLMENT WILL BE COVERED FROM THE FIRST DATE OF ENROLLMENT IN THE MYCARE OHIO PROGRAM FOR:
- Community Behavioral Health - Addiction Treatment Centers	At least 180 days
Ohio Medicaid prior authorized Durable Medical Equipment, Vision and Dental	Until the authorized services are received.
Medicaid Home Health and Private Duty Nursing	90 days
Assisted Living or Medicaid Nursing Facility	Unlimited period if lived in the facility on the day you enrolled in the MyCare Ohio program and the service continues to be medically necessary.

Molina MyCare Ohio Medicaid will tell you if any of your current Medicaid covered medications require prior authorization the first time you fill the medication. If your medication(s) requires prior authorization, you cannot get the medication(s) until your provider submits a request to Molina MyCare Ohio Medicaid and it is approved.

You can contact your MyCare Ohio plan for more information.

Nondiscrimination Notice

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex. Discrimination on the basis of sex includes sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Molina does not

discriminate on the basis of religion, gender, military status, ancestry, genetic information, health status, or need for health services.

Molina Healthcare provides alternate formats and language services free of charge and in a timely manner:

- Molina Healthcare provides modifications and aids and services to people with disabilities. This includes qualified interpreters (including qualified sign language interpreters) and written information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services. This includes qualified oral interpreters and written information translated into your language.

If you need modifications, auxiliary aids and services, or language assistance services, contact Molina Member Services at 1-855-687-7862 or TTY/TDD: 711, Monday to Friday, 8:00 a.m. to 8:00 p.m., local time.

If you believe we have failed to provide these services or have discriminated against you, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at: **https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx**

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

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

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019 (TTY/TDD: 800-537-7697)

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

If you believe that we have discriminated against you, you may also file an appeal or complaint directly with ODM Office of Civil Rights by email (**ODM_EEO_EmployeeRelations@medicaid.ohio.gov**), by fax (614-644-1434) or by mail at:

The Ohio Department of Medicaid, Office of Human Resources, Employee Relations
P.O. Box 182709
Columbus, Ohio 43218-2709

We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at (855) 687-7862, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. Someone who speaks English can help you. This is a free service.

Spanish

Contamos con servicios de intérprete gratuitos para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener ayuda de un intérprete, llámenos al (855) 687-7862, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Una persona que hable español podrá ayudarle. Este es un servicio gratuito.

Traditional Chinese

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 (855) 687-7862 聯絡，TTY: 711，服務時間為當地時間的週一到週五的上午 8 點至晚上 8 點。能說中文的 人士會為您提供協助。這是免費的服務。

Simplified Chinese

如果您对我们的健康计划或药品计划有任何疑问，我们可以提供免费的口译服务解答您的疑问。若要获得口译服务，请致电我们，电话：(855) 687-7862，TTY: 711，周一至周五提供服务，服务时间为当地时 间上午 8 点至晚上 8 点。说中文的人士会帮助您。这是免费服务。

Tagalog

Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanungan na maaaring mayroon ka tungkol sa aming health o drug plan. Para makakuha ng tagpagsalin, tawagan lang kami sa numerong (855) 687-7862, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. Makatutulong sa iyo ang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French

Nous assurons gracieusement des services d'interprétariat afin de répondre à tout question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l'assistance d'un interprète, il suffit de nous appeler au (855) 687-7862, TTY : 711, du lundi au vendredi de 8 h à 20 h (heure locale). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.

Vietnamese

Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số (855) 687-7862, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Ai đó nói tiếng Việt có thể trợ giúp bạn. Đây là dịch vụ miễn phí.

German

Wir bieten Ihnen kostenlose Dolmetscherdienste, um Ihre Fragen, die Sie möglicherweise zu unseren Gesundheits- oder Arzneimittelleistungen haben, zu beantworten. Wenn Sie mit einem Dolmetscher sprechen möchten, rufen Sie uns einfach an unter (855) 687-7862, TTY: 711, Montag – Freitag, 8:00 Uhr bis 20:00 Uhr (Ortszeit). Jemand, der Deutsch spricht, hilft Ihnen gerne weiter. Dies ist ein kostenloser Dienst.

Korean

당사는 무료 통역 서비스를 통해 건강 또는 처방약 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서 비스를 이용하시려면 (855) 687-7862, TTY: 711 번으로 월요일~금요일 오전 8시~오후 8시(현지 시간)에 문의하시기 바랍니다. 한국어 통역사가 도움을 드릴 수 있습니다. 무료 서비스입니다.

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Russian

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру (855) 687-7862 (TTY: 711). Линия работает с понедельника по пятницу с 8:00 до 20:00 по местному времени. Вам бесплатно поможет русскоязычный сотрудник.

Arabic

نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. للحصول)على مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم 687-7862 (855)، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY)، يرجى الاتصال على: 711، من الاثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً، بالتوقيت الشرقي. ويمكن لشخص يتحدّث اللغة العربية مساعدتك. تقدم هذه الخدمة مجانًا.

Italian

Offriamo un servizio di interpretariato gratuito per rispondere a qualsiasi domanda sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, basta chiamarci al numero (855) 687-7862, TTY: 711, dal lunedì al venerdì, dalle 8.00 alle 20.00 ora locale. Una persona che parla italiano potrà aiutarti. Si tratta di un servizio gratuito.

Portuguese

Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (855) 687-7862, TTY: 711, segunda – sexta, 8 a.m. até 8 p.m. horário local. Alguém que fala português pode ajudá-lo. Este é um serviço gratuito.

Haitian Creole

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan (855) 687-7862, TTY: 711, Lendi – Vandredi, 8 a.m. rive 8 p.m. lè lokal. Yon moun ki pale kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

Polish

Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (855) 687-7862, TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Pomocy udzieli osoba mówiąca po polski. Ta usługa jest bezpłatna.

Hindi

हम आपके स्वास्थ्य या ड्रग प्लान से जुड़े किसी भी प्रश्न के लिए आपकी सहायता करने के लिए नि:शुल्क दुभाषिया सेवाएं प्रदान करते हैं। दुभाषिया सेवाएं प्राप्त करने के लिए, बस हमें (855) 687-7862, TTY: 711, सोमवार से शुक्रवार, सुबह 8 बजे से रात 8 बजे स्थानीय समय पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी सहायता कर सकता/ सकती है। यह एक नि:शुल्क सेवा है।

Japanese

弊社の医療保険プランや処方薬プランについてお問い合わせいただく際に無料の通訳サービスをご利用いただけます。通訳をご希望の場合は、(855-687-7862 (TTY: 711) までお電話にてご連絡ください（営業時間：月～金、午前8時～午後8時）。日本語を話せるスタッフがお手伝いいたします。このサービスは無料でご利用いただけます。