Non-Discrimination Notice – Section 1557
Molina Healthcare – Medicaid – Ohio

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 1-800-642-4168 or TTY/TDD: 711, Monday to Friday, 7:00 a.m. to 8:00 p.m., Eastern 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

English	For free language assistance services, and auxiliary aids and services, call 1-800-642-4168 (TTY: 711).
Spanish Español	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-800-642-4168 (TTY: 711).
Haitian Creole Kreyòl Ayisyen	Pou asistans lang gratis, epi èd ak sèvis oksilyè, rele 1-800-642-4168 (TTY: 711).
Ukranian Українська	Для отримання безкоштовної мовної допомоги, допоміжних засобів та послуг телефонуйте за номером 1-800-642-4168 (TTY: 711).
Nepali नेपाली	भाषासम्बन्धी निःशुल्क सहायता सेवा र अतिरिक्त सहायता तथा सेवाहरूका लागि 1-800-642-4168 (TTY: 711) मा कल गर्नुहोस्।
Arabic العربية	اتصل على الرقم 1-800-642-4168 (الهاتف النصي (TTY): 711) لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.
Somali Soomaali	Adeegyada kaalmada luqadda, iyo qalabka kaalmada naafada iyo adeegyada, soo wac 1-800-642-4168 (TTY: 711).
Russian Русский	Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-800-642-4168 (телетайп: 711).
Swahili kiswahili	Kwa huduma za usaidizi wa lugha bila malipo, vifaa vya usaidizi na huduma, piga simu kwa 1-800-642-4168 (TTY: 711).
French Français	Pour bénéficier de services d'assistance linguistique gratuits, ainsi que de services et aides complémentaires, appelez le 1-800-642-4168 (ATS : 711).
Kinyarwanda (Burundi) Ikinyarwanda (Burundi)	Kubwo guhabwa serivisi z'Ubufasha mu ndimi ku buntu, n'inyunganirangingo & serivisi mu kumva, hamagara 1-800-642-4168 (TTY: 711).
Uzbek (Uzbekistan) O‘zbek (O‘zbekiston)	Bepul lingvistik yordam xizmatlari hamda yordamchi vosita va xizmatlar uchun x-1-800-642-4168 (TTY, 711) raqamiga telefon qiling.
Pashtu (Afghanistan) پښتو (افغانستان)	د ژبې د وړیا مرستې خدماتو، او مرستندویه مرستو او خدماتو لپاره، 1-800-642-4168 (TTY: 711) ته زنګ ووهئ.
Vietnamese Tiếng Việt	Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-800-642-4168 (TTY: 711).
Tigrinya ትግረኛ	ንናጻ አገልግሎታት ሓገዝ ቋንቋ፣ ከምኡውን ሓጋዚ ረድኤታትን አገልግሎታትን፣ ናብ 1-800-642-4168 (TTY፡-711) ደውሉ።
Dari (Afghanistan) دری (افغانستان)	برای خدمات رایگان کمک زبان، و کمک‌ها و خدمات کمکی، با شماره 1-800-642-4168 (TTY: 711) تماس بگیرید.