

Welcome to **Molina Healthcare.**

Your Extended Family.

MolinaHealthcare.com



Texas CHIP Perinate Member Handbook
January 2026
Member Services: (866) 449-6849/
(877) 319-6826 - CHIP RSA

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) 449-6849

TTY/TTD: (800) 346-4128.

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 (713) 623-0645.

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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-449-6849 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-449-6849 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-449-6849 (TTY: 711).

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 1-866-449-6849 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-449-6849 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-449-6849 (رقم هاتف الصم والبكم: 711).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-449-6849 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-449-6849 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-449-6849 (TTY : 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-449-6849 (TTY: 711) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-449-6849 تماس بگیرید. (TTY: 711)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-449-6849 (TTY: 711).

सुचना: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-449-6849 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-449-6849 (телетайп: 711).

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。

1-866-449-6849 (TTY: 711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-449-6849 (TTY: 711).

Thank you for choosing Molina Healthcare!

Ever since our founder, Dr. C. David Molina, opened his first clinic in 1980, it has been our mission to provide quality health care to everyone. We are here for you. And today, as always, we treat our members like family.

The most current version of the handbook is available at [MolinaHealthcare.com](https://www.molinahealthcare.com)

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NOTE: Member Services is here to help you get your covered services. Call us with any questions about your benefits or coverage at (866) 449-6849/(877) 319-6826 CHIP RSA. Member Services is open Monday - Friday from 8 a.m. - 5 p.m., local time, except on state-approved holidays. If you call when this department is closed, you can leave a message on our answering machine. Someone will call you back by the next business day.

We can help you in English and Spanish. We have interpreters who can help with any other language. Members who are deaf or hard of hearing can call Relay Texas TTY (711). You can ask for your member handbook in other forms, which include audio, large print, braille and other languages. If you are hearing or sight impaired, special help can be provided.

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Quick Reference

Need	Emergency	Online Access <ul style="list-style-type: none">- Find or change your doctor- Update your contact information- Request an ID card- Get health care reminders- Track office visits	Getting Care <ul style="list-style-type: none">- Urgent Care<ul style="list-style-type: none">- Minor illnesses- Minor injuries- Physicals and checkups- Preventive care- Immunizations (shots)
	Call 911	Go to MyMolina.com and sign up Find a provider at: MolinaHealthcare.com/ProviderSearch	Call Your Doctor: <u> Name and Phone </u> Urgent Care Centers Find a provider or urgent care center MolinaHealthcare.com/ProviderSearch 24-Hour Nurse Advice Line (888) 275-8750 (English) (866) 648-3537 (Spanish) TTY (for the hearing impaired): 711 A nurse is available 24 hours a day, 7 days a week.

Your Plan Details

- Questions about your plan
- Questions about programs or services
- ID card issues
- Language services
- Help with your visits
- Prenatal care
- Well infant visits with (PCP) or OB/GYN

Member Services

(866) 449-6849/(877) 319-6826 CHIP

RSA

Monday through Friday,
8:00 a.m. – 5:00 p.m.

We can help you in English and Spanish. We have interpreters who can help with any other language.

Changes/Life Events

- Coverage
- Contact Info
- Marriage
- Have your baby
- Divorce

Department of Children and Family

(512) 438-4800

Social Security Administration

(800) 772-1213/ TTY (for the hearing impaired) (800) 325-0778

CHIP Help Line

(800) 647-6558

Health care is a journey and you are on the right path:



1. Review your Welcome Kit

You should have received your Molina Healthcare ID card. There is one for you and one for every member of your family. Please keep it with you at all times. If you haven't received your ID card yet, visit [MyMolina.com](https://www.mymolina.com) or call Member Services.



2. Register for MyMolina

Signing up is easy. Visit [MyMolina.com](https://www.mymolina.com) to change your Primary Care Provider (PCP), view service history, request a new ID card and more. Connect from any device, any time!



3. Talk about your health

We'll call you for a short interview about your health. It will help us identify how to give you the best possible care. Please let us know if your contact info has changed.



4. Get to know your PCP

PCP stands for Primary Care Provider. He or she will be your personal doctor. To choose or change your doctor, go to [MyMolina.com](https://www.mymolina.com) or call Member Services. Call your doctor within the next 90 days to schedule your first visit.



5. Get to know your benefits

With Molina you have health coverage and free extras. We offer free health education and have people dedicated to your care.

Your Membership

ID Card

There is one ID for each member.

Member/Miembro: _____

Identification #/Num. de identificación: _____

Date of Birth/Fecha de Nacimiento: _____

Plan Type: (Mother 198% - 202%)

Delivery Facility Charges: Send claims to Molina

Delivery Professional Charges: Send claims to Molina

Effective Date: _____

Issue Date: _____

Copays: None

RxBIN: _____

RxPCN: _____

RxGRP: _____

CVS Caremark

MyMolina.com

You need your ID card to:



See your doctor, specialist or other provider



Go to an emergency room



Go to urgent care



Go to a hospital



Get medical supplies and/or prescriptions



Have medical tests

You can find more information about ID Cards on page 20.

Your Doctor



Find Your Doctor

Your Primary Care Provider (PCP) knows you well and takes care of all your medical needs. It's important to have a doctor who makes you feel comfortable. It's easy to choose one with our Provider Directory, a list of doctors. You can pick one for you and another for others in your family, or one who sees all of you.

Schedule your first visit to get to know your doctor. Call Molina Healthcare at (866) 449-6849/(877) 319-6826 - CHIP RSA if you need help making an appointment or finding a doctor.

If you do not choose a doctor, Molina will do it for you. Molina will choose a doctor based on your address, preferred language and doctors your family has seen in the past.

Schedule Your First Visit

Visit your doctor within 90 days of signing up. Learn more about your health. And let your doctor know more about you.

Your doctor will:

- Treat you for most of your routine health care needs
- Review your tests and results
- Prescribe medications
- Refer you to other doctors (specialists)
- Admit you to the hospital if needed

Interpreter Services

If you need to speak in your own language, we can assist you. An interpreter can help you talk to your provider, pharmacist, or other medical service providers. We offer this service at no cost to you. An interpreter can help you:

- Make an appointment
- Talk with your provider
- File a complaint, grievance or appeal
- Learn about the benefits of your health plan

If you need an interpreter, call the Member Services Department. The number is on the back of your member ID card. You can also ask your provider's staff to call the Member Services Department for you. They will help you get an interpreter to assist you during your appointment.

You must see a doctor that is part of Molina.

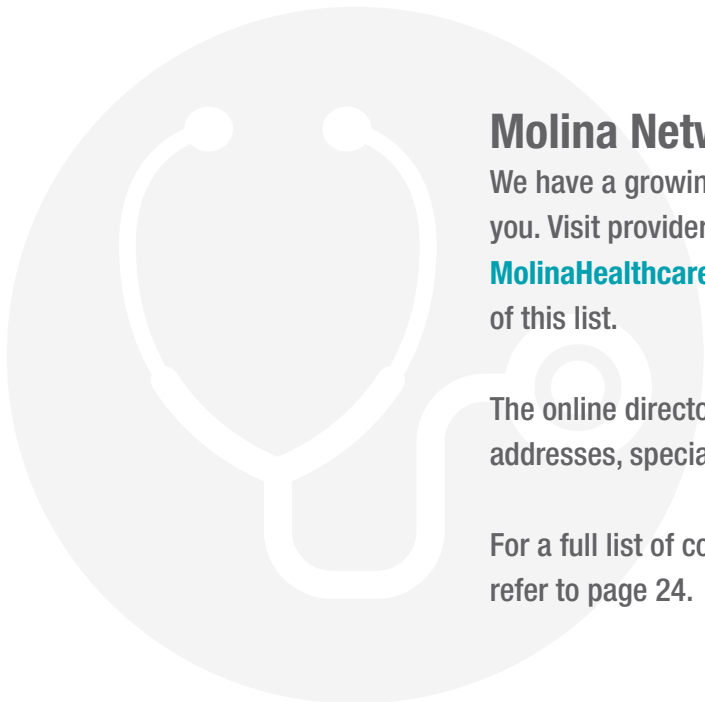
If for any reason you want to change your primary doctor, go to [MyMolina.com](https://www.mymolina.com). You can also call Member Services.

If you change your doctor, Molina Healthcare will send you a new ID card. The new ID card will show the date you can start seeing the new doctor.



Remember, you can call the Nurse Advice Line at any time. Our nurses can help if you need urgent care.

Your Benefits



Molina Network

We have a growing family of doctors and hospitals. And they are ready to serve you. Visit providers who are part of Molina. You can find a list of these providers at MolinaHealthcare.com/ProviderSearch. Call Member Services if you need a printed copy of this list.

The online directory contains provider information such as names, telephone numbers, addresses, specialties and professional qualifications.

For a full list of covered services, and to see which services require prior approval, please refer to page 24.

Covered Drugs

Molina Healthcare covers all your medically necessary medications.

We use a preferred drug list (PDL). These are the drugs we prefer your doctor to prescribe.

Most generic drugs are included in the list. You can find a list of the preferred drugs at [MyMolina.com](https://www.molina.com).

There are also drugs that are not covered. For example, drugs for erectile dysfunction, weight loss, cosmetic purposes and infertility are not covered.

We are on your side. We will work with your doctor to decide which drugs are the best for you.



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Your Extras

MyMolina.com: Manage your health plan online

Connect to our secure portal from any device, wherever you are. Change your doctor, update your contact info, request a new ID card and much more. To sign up, visit [MyMolina.com](https://www.mymolina.com).

Health Education and Incentives Programs

Live well and stay healthy! Our free programs help you control your weight, stop smoking or get help with chronic diseases. You get learning materials, care tips and more. We also have programs for expectant mothers. If you have asthma, diabetes, heart problems or any other chronic illness, one of our nurses or Care Managers will contact you. You can also sign up on [MyMolina.com](https://www.mymolina.com), our secure member portal, or call the Health Management Departments at:

- Chronic Illness: (866) 891-2320
- Weight Management, Stop Smoking, and other programs: (866) 472-9483



Pregnancy Program

Are you going to have a baby? Molina Healthcare wants you to have a healthy pregnancy and baby. This program gives you information on having a health pregnancy and important things for you to do for your baby. You will work with someone during your pregnancy to make sure you stay healthy. They will also help you with what to do after your baby is born.





Care Management

We have a team of nurses and social workers ready to serve you. They are called Care Managers. They are very helpful. They will give you extra attention if you have:

- Asthma
- Behavioral health disorders
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- High blood pressure
- High-risk pregnancy

Community Resources

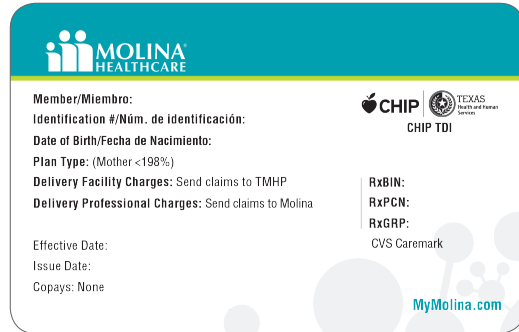
We are part of your community. And we work hard to make it healthier. Local resources, health events and community organizations are available to you. They provide great programs and convenient services. Best of all, most of them are free or at low cost to you.

- Call 211. This is a free and confidential service that will help you find local resources. Available 24/7.
- Department of Health
- Women, Infant, Children (WIC)

Your Policy

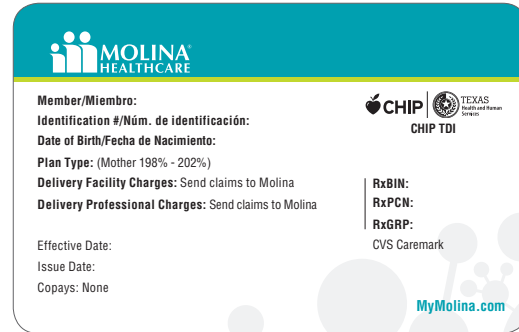
Molina ID Cards

CHIP Perinatal Member Identification Card (ID) - (MOM - UNDER 198%)



Members: Call Molina Healthcare 24/7 Member Services at (866) 449-6849. For Hearing Impaired, call the TTY/ Texas Relay English at (800) 735-2989, or 711; Spanish at (800) 662-4954, or 711.
Directions for what to do in an Emergency: In case of emergency call 911 or go to the closest emergency room.
Miembros: Llame a Molina Healthcare 24/7 a la línea gratuita del Departamento de Servicios para Miembros al (866) 449-6849. Para miembros que tienen dificultades auditivas, llame al TTY/Texas Relay inglés (800) 735-2989 o 711; español al (800) 662-4954 o 711.
Instrucción en caso de emergencia: En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana.
PRACTITIONERS/PROVIDERS/HOSPITALS: For prior authorization, post stabilization, eligibility, claim or benefit information call (877) 319-6826. Hospital Admissions: Authorization must be obtained by the hospital prior to all non-emergency admissions.
Claims Submission: PO Box 22719, Long Beach, CA 90801 **For EDI Submissions:** Payor ID 20554
 While the CHIP Perinate Member is the unborn child, for purposes of the Member Identification (ID) Card, the pregnant woman's name and ID number must be used. At the time of birth, the CHIP Perinate Newborn Member (previously the CHIP Perinate Member) will receive his or her own ID card and ID number. Aunque el miembro de CHIP Perinatal sea el bebé por nacer, para los propósitos de la tarjeta de identificación (ID, por sus siglas en inglés) del miembro, se debe usar el nombre y el ID de la mujer embarazada. A partir del nacimiento, el miembro recién nacido de CHIP Perinatal (previamente el miembro de CHIP Perinatal) recibirá su propia tarjeta y número de identificación. MolinaHealthcare.com

CHIP Perinatal Member Identification Card (ID) - (MOM - 198-202%)



Members: Call Molina Healthcare 24/7 Member Services at (866) 449-6849. For Hearing Impaired, call the TTY/ Texas Relay English at (800) 735-2989, or 711; Spanish at (800) 662-4954, or 711.
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Miembros: Llame a Molina Healthcare 24/7 a la línea gratuita del Departamento de Servicios para Miembros al (866) 449-6849. Para miembros que tienen dificultades auditivas, llame al TTY/Texas Relay inglés (800) 735-2989 o 711; español al (800) 662-4954 o 711.
Instrucción en caso de emergencia: En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana.
PRACTITIONERS/PROVIDERS/HOSPITALS: For prior authorization, post stabilization, eligibility, claim or benefit information call (866) 449-6849. Hospital Admissions: Authorization must be obtained by the hospital prior to all non-emergency admissions.
Claims Submission: PO Box 22719, Long Beach, CA 90801 **For EDI Submissions:** Payor ID 20554
 While the CHIP Perinate Member is the unborn child, for purposes of the Member Identification (ID) Card, the pregnant woman's name and ID number must be used. At the time of birth, the CHIP Perinate Newborn Member (previously the CHIP Perinate Member) will receive his or her own ID card and ID number. Aunque el miembro de CHIP Perinatal sea el bebé por nacer, para los propósitos de la tarjeta de identificación (ID, por sus siglas en inglés) del miembro, se debe usar el nombre y el ID de la mujer embarazada. A partir del nacimiento, el miembro recién nacido de CHIP Perinatal (previamente el miembro de CHIP Perinatal) recibirá su propia tarjeta y número de identificación. MolinaHealthcare.com

How to read your ID card:

Front	Back
Name of Health Plan/Program Name – CHIP Perinatal (MOM)	Member Services Contact Information
Member Name/Member Identification Number/Date of Birth	What to do in an emergency
Effective Date/ Issue Date	

How to use your ID card

Show your ID card whenever you are getting health care services. You should carry it with you all the time. You do not need to show your ID card before getting emergency care.

How to replace a lost or stolen ID card?

If your ID card has been lost or stolen, call Member Services for help getting a new ID Card. Call Member Services or call 2-1-1. You can get a new ID Card.

Providers for CHIP Perinate Members What do I need to bring to a Perinatal Provider's appointment?

You have to take your ID card when you go to the doctor or get any health care services.

Can a clinic be my Perinatal Provider (RHC/ FQHC)?

Yes, you can pick a provider in a clinic, like a Federally Qualified Health Center (FQHC), a Rural Health Clinic (RHC) or County Health Departments.

How do I get after hours care?

Your doctor will have someone to help you when the office is closed. Only call after hours if you need urgent care. If it is an emergency, go to the nearest emergency room or call 911. You can also call our 24-hour Nurse Advice Line at (888) 275-8750 (English), (866) 648-3537 for Spanish, or dial 711 for TTY. When you call the 24-hour Nurse Advice Line, tell them what your problem is. They will help you get your medical needs taken care of.

How do I choose a Perinatal Provider?

You can pick any Perinatal Provider listed in the Provider Directory. Your Perinatal Provider will set up an appointment within two (2) weeks of your call.

Will I need a referral?

No, you will not need a referral – Molina does not require referrals. You can go to any Perinatal Provider listed in the Provider Directory.

Can I stay with my Perinatal Provider if they are not with Molina?

You can see a doctor who is not in Molina if:

- If you are seeing a doctor who is not a Molina doctor, and you are in the last three months of your pregnancy.
- You have a health problem that would make changing to a new doctor unsafe.

Otherwise, you need to see a Molina doctor.

Can I choose my baby's Primary Care Provider before the baby is born? Who do I call? What information do they need?

Yes. Call Member Services. We will help you find a primary care provider for your baby. We will need your name and your member ID number.

Appointment Guidelines

Your doctor's office should give you an appointment for the listed visits in this time frame:

Appointment Type	When you should get the appointment
Urgent Care	Within 24 hours
Routine or non-urgent care	Within 14 days
Specialist	Within 21 days

How soon can I be seen after contacting a Perinatal Provider for an appointment?

You will be seen within two (2) weeks from the day you called to set up your visit.

What Do I Do in an Emergency?

Go to the nearest hospital/emergency facility if you think you need emergency care, or call 911 if you need help getting to the emergency room. If you get care, call your doctor to schedule a follow up visit. Call Member Services and let us know of the emergency care you received.

What if I need hospital care?

Sometimes you need hospital care. Sometimes hospital care is not an emergency. If this happens, call your doctor. Your doctor will need to arrange for hospital care that is not an emergency. Molina may need to approve this. Emergency care does not need approval from Molina. Emergency care does not need to be approved by your doctor.

Healthcare and Other Services

What does Medically Necessary mean?

Covered services for CHIP Members, CHIP Perinate Newborn

Members, and CHIP Perinate Members must meet the CHIP definition of “Medically Necessary.” A CHIP Perinate Member is an unborn child.

Medically necessary means:

1. Acute care, non-behavioral health care services that are:
 - a. Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life;
 - b. Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member’s health conditions;
 - c. Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
 - d. Consistent with the member’s diagnoses;
 - e. No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
 - f. Not experimental or investigative; and
 - g. Not primarily for the convenience of the member or provider; and
2. Behavioral Health Services that:
 - a. Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or

prevent deterioration of functioning resulting from such a disorder;

- b. Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- c. Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- d. Are the most appropriate level or supply of service that can safely be provided;
- e. Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
- f. Are not experimental or investigative; and
- g. Are not primarily for the convenience of the member or provider.

What is routine medical care?

Routine medical care is when you go to your Perinatal Provider for a check-up, without being sick. Routine medical care is very important to help keep you and your unborn child in good health.

How soon can I expect to be seen?

When you call your Perinatal Provider for routine medical care, you will get an appointment within 14 days from the day you call.

What is urgent medical care?

There are some illnesses that need to be taken care of within 24 hours. Sometimes if these illnesses are not taken care of

in 24 hours, they can turn into emergencies. For urgent care call your perinatal provider. Your perinatal provider will tell you what to do. You should follow your perinatal provider's instructions. If it is after office hours, your doctor will have someone on call to help you.

How soon can I expect to be seen?

You will be seen within 24 hours for an urgent care need.

What is an Emergency and an Emergency Medical Condition?

A CHIP Perinate Member is defined as an unborn child. Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for the following Emergency Medical Conditions:

- Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child;
- Stabilization services related to the labor with delivery of the covered unborn child;
- Emergency ground, air and water transportation for labor and threatened labor is a covered benefit;
- Emergency ground, air, and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit.

Benefit limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.

What is Emergency Services or Emergency Care?

“Emergency Services” or “Emergency Care” are covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition, including post-stabilization care services related to labor and delivery of the unborn child.

How soon can I expect to be seen?

You should be seen as soon as possible. The emergency room staff will decide based on your condition. If you need help getting to the emergency room, call 911.

How do I get medical care after my Primary Care Provider’s office is closed?

Your primary care provider will have someone to help you after the office is closed. Only call after hours if you have an urgent care need. If it is an emergency, go to the nearest emergency room.

You can also call our 24-hour Nurse Advice Line at (888) 275-8750 (English), (866) 648-3537 for Spanish, or dial 711 for TTY. When you call them, tell them what your medical problem is. They will help you decide the best way to get your medical needs taken care of.

Covered Services

What are my unborn child’s CHIP Perinatal Benefits?

Here is a list of some of the medical services you can get from Molina. Some of your benefits may have limitations and/or restrictions.

- Regular checkups and office visits
- Hospital care and services, including emergency services
- Prenatal care and pre-pregnancy family services and supplies
- Birthing center services
- Drug benefits

Please see Appendix A on pg 40 for a full list of your CHIP Perinate benefits or you can call Member Services for more benefit information.

How do I get these services?

Your Perinatal Care Provider will provide these services.

Approval Process

What is a referral?

A “Referral” is an approval to get certain medical services. Molina does not require referrals; however, some services may require Prior Authorization. Your perinatal provider will help you get Prior Authorization, if it is needed.

What services do not need a referral?

Molina does not require referrals, and most services are available to you without prior approval. However, some services do require it. Prior Approval (PA) is a request for service from your doctor. Molina Healthcare’s medical staff and your doctor review the medical need of your care before services are given. This way, they can make sure it is right for your condition.

If you have questions about whether a service requires prior

authorization, please call Member Services.

Services Not Covered

What services are not covered benefits?

Molina Healthcare will not pay for services or supplies received without following the directions in this handbook. Some examples of non-covered services include:

- Acupuncture
- Plastic or cosmetic surgery that is not medically necessary
- Surrogacy

This is not a complete list of the services that are not covered by Medicaid or Molina Healthcare. If you have a question about whether a service is covered, please call Member Services.

What if I need Services not covered by CHIP Perinatal?

We will try to find someone that may be able to help. Call Member Services. If you have any questions about your coverage, please call Member Services.

Value Added Services

What extra benefits does a member of Molina Healthcare get?

At Molina Healthcare, we care about your health. That is why we focus on getting you the Value Added Services, quality care and support you need to stay healthy. All at no cost to Molina Members! Call Member Services to get more information about these Value Added Services.

How can I get these benefits for my unborn child?

In your welcome kit, you will find a list of Value Added Services. You can also find this list on our website by visiting MolinaHealthcare.com, or you can call Member Services. Some Value Added Services may have restrictions and/or limitations. Member Services can answer questions and help you get these services. We can also mail a copy of this list to you.

What health education classes does Molina Healthcare offer?

Molina has many tools to help keep you healthy. You can get health prevention brochures. We have many topics like:

- Talking to your doctor
- High blood pressure
- Smoking cessation
- Vaccination schedule
- Breathing easy with asthma
- Childhood obesity

We have programs to help you take care of current health conditions. You may be eligible to join our childhood asthma or nutrition program. Call Member Services for more information at (866) 449-6849 / (877) 319-6826 - CHIP RSA.

Second Opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. Talk to another provider. This service is at no cost to you. Call Member Services to learn how to get a second opinion.

Getting Care While Traveling

What if I get sick when I am out of town or traveling?

If you/your child needs medical care when traveling, call us toll-free at (866) 449-6849 / (877) 319-6826 - CHIP RSA and we will help you find a doctor.

If you/your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at (866) 449-6849 / (877) 319-6826 - CHIP RSA.

What if I am out of the state?

If you get sick when you are out of the state and you have an emergency care need, go to an emergency room close to where you are. If you have an urgent care need, you should call your primary care provider's office. You can also call our 24-hour Nurse Advice Line for direction on care.

What if I am out of the country?

Medical services performed out of the country are not covered by CHIP.

General Health Care Tips

- Be active in your health care: Plan ahead.
- Schedule your visits at a good time for you
- Ask for your visit at a time when the office is least busy if you are worried about waiting too long.
- Keep a list of questions you want to ask your doctor.
- Refill your prescription before you run out of medicine.

Make the most of your doctor's visit

- Ask your doctor questions.
- Ask about possible side effects of any medicines you have been prescribed.
- Tell your doctor if you are drinking any teas or taking herbs. In addition, tell your doctor about any vitamins or over-the-counter medicines you are using.

Visiting your doctor when you are sick:

- Try to give your doctor as much information as you can.
- Tell your doctor if you are getting worse or if you are feeling about the same.
- Tell your doctor if you have taken anything.

Prescription Drugs

How do I get my medications? What are my unborn child's prescription drug benefits?

CHIP Perinatal covers most of the medicine your doctor says you need for your pregnancy. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription to the drug store for you.

There are no co-payments required for CHIP Perinate Members.

How do I find a network drug store?

You have to go to a Molina pharmacy, and we can help you find one. Call Member Services for help finding a network drug store.

You can also go to the internet. Our website is MolinaHealthcare.com. You can click on the Find a Pharmacy link. This will show you the list of pharmacies.

What if I go to a drug store not in the network?

You have to go to a Molina pharmacy for prescriptions to be covered, and we can help you find one. Call Member Services for help.

Call us if you are out of state and need emergency prescriptions. We can help you find a Molina pharmacy. If there are no Molina pharmacies, you will have to pay for your prescription. You will have to send us the receipt so Molina can pay you back.

What do I bring with me to the drug store?

You have to take your Molina ID card and the prescription your doctor wrote for you.

What if I need my medications delivered to me?

If you cannot leave home, Molina can provide you with mail order pharmacy. This is done by CVS Caremark Mail Services. For more information, please call Member Services.

Who do I call if I have problems getting my medications?

We can help you. Call Member Services if you have problems getting your medication.

What if I can't get the medication my/my child's doctor approved?

If your/your child's doctor cannot be reached to approve

a prescription, you/your child may be able to get a three-day emergency supply of your/your child's medication. Call Molina at (866) 449-6849 / (877) 319-6826 - CHIP RSA for help with your/your child's medications and refills.

What if I lose my medication?

If your prescription is lost or stolen, we can help. Your pharmacy can call Molina and ask us for authorization to give you an early refill for your lost or stolen prescriptions.

What if I need an over-the-counter medication?

The pharmacy cannot give you an over-the-counter medication as part of your/your child's CHIP benefit. If you need/your child needs an over-the-counter medication, you will have to pay for it.

Where can I find answers to drug benefits?

You should speak with your provider about any medication you need. You can visit our website if you want to know more about your drug benefits and the pharmacy process. You can also look for the Guide to Accessing Quality Healthcare, located on the Quality Improvement Program section of our website for more information or call the Member Services Department.

Interpreter Services

Can someone interpret for me when I talk with my perinatal provider? Who do I call?

When you set up a medical visit, tell the provider that you need an interpreter. If the provider does not have someone to interpret for you, call Member Services and we will help you.

How far in ahead of time do I need to call?

Call as soon as you make a doctor's appointment.

How can I get a face-to-face interpreter in the provider's office?

When you call to set up your visit, tell the person you are talking to you need an interpreter with you during the visit. If they cannot help, call Member Services.

How Does Molina Pay Providers for Your Care?

Molina Healthcare contracts with providers in many ways. Some providers are paid on a fee-for-service basis. This means they are paid each time they see you and for each procedure they perform. Other providers are paid a flat amount for each month a member is assigned to their care, whether or not they see the member.

Some providers may be offered rewards for offering excellent preventive care and monitoring the use of hospital services. Molina Healthcare does not reward providers or employees for denying medical coverage or services. Molina Healthcare also does not give bonuses to providers to give you less care. For more information about how providers are paid, please call Member Services.

Payment and Bills**How much do I have to pay for my unborn child's health care under CHIP Perinatal?**

You have no co-payments or cost sharing.

Will I have to pay for services that are not a covered benefit?

You will have to pay for services that are not covered by the program. Molina will also try to help you find services that are not covered by the program. Call Member Services for more information.

What if I get a bill from a perinatal provider?

Your doctor should not bill you for a covered service. If you do get a bill from a doctor, call the doctor's office and make sure they have your CHIP information. All of the information your doctor needs to bill Molina for the service is on your ID card.

Who do I call? What information will they need?

You can also get help by calling Member Services. A representative will help you with your doctor bill. To help you, they will need:

- Name of the patient
- The member's CHIP ID number
- The date of service
- The name of the doctor sending you the bill
- The amount you are being billed for

Looking at what's New

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

- Medical services

- Mental health services
- Medicines
- Equipment

Eligibility and Enrollment

Concurrent Enrollment of Family Members in CHIP and CHIP Perinatal and Medicaid Coverage for Certain Newborns

If you have children enrolled in the CHIP Program, they will remain in the CHIP Program, but will be moved to Molina Healthcare. Copayments, cost-sharing, and enrollment fees still apply for those children enrolled in the CHIP Program.

An unborn child who is enrolled in CHIP Perinatal will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth, if the child lives in a family with an income at or below the Medicaid eligibility threshold.

An unborn child will continue to receive coverage through the CHIP Program as a “CHIP Perinate Newborn” after birth if the child is born to a family with an income above the Medicaid eligibility threshold.

Membership Termination

When does CHIP Perinatal coverage end?

Once you have your baby, CHIP Perinate pregnant members will no longer have coverage. Your coverage will last until the

last day of the month that your baby is born. Your baby will continue to get coverage for 12 months. The coverage will last for 12 months from the date that coverage started.

Will the state send me anything when my CHIP Perinatal coverage ends?

Yes, the state will send you a letter telling you that you no longer have these benefits.

How does renewal work?

Once you have your baby you are no longer eligible for this.

Ending Your Membership

Attention: If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.

Your baby will continue to receive services through CHIP if you meet the CHIP Perinatal requirements. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child

What if I want to change health plans?

- Once you pick a health plan for your unborn child, the child must stay in this health plan until the child’s CHIP Perinatal coverage ends. The 12 month CHIP Perinatal coverage begins when your unborn

child is enrolled in CHIP Perinatal and continues after your child is born.

- If you do **not** pick a plan within 15 days of getting the enrollment packet, HHSC will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a health plan for your unborn child, you will have 90 days from your effective date of coverage to pick another health plan if you are not happy with the plan HHSC chooses.
- The children must remain with the same health plan until the end of the CHIP Perinatal member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.
- You can ask to change health plans:
 - for any reason within 90 days of enrollment in CHIP Perinatal;
 - if you move into a different service delivery area; and
 - for cause at any time.

Who do I call?

For more information, call toll free at (800) 964-2777.

When will my health plan change become effective?

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the

change will take place the first day of the second month after that. For example,

- If you call on or before February 15, your change will take place on March 1.
- If you call after February 15, your change will take place on April 1.

How many times can I change health plans?

Families can change plans only once per year.

Can Molina ask that I get dropped from their health plan (for non-compliance, etc.)?

Yes, Molina can ask that you be disenrolled from the health plan if:

- You let someone else use your Molina Healthcare of Texas ID card or
- You and the primary care provider do not get along
- You make it difficult for your doctor to help you

The Texas Health and Human Services Commission will make the final decision on all disenrollment requests. If there is a change in your health plan, you will be sent a letter.

What do I have to do if I move?

As soon as you have your new address, give it to HHSC by calling 2-1-1 or updating your account on YourTexasBenefits.com and call the Molina Member Services Department at (866) 449-6849 / (877) 319-6826 - CHIP RSA. Before you get CHIP services in your new area,

you must call Molina, unless you need emergency services. You will continue to get care through Molina until HHSC changes your address.

Grievance (Complaint) and Appeals Filing a Grievance (Complaint) or Appeal

What should I do if I have a complaint? Who do I Call?

We want to help. If you have a complaint, please call us toll free at (866) 449-6849 / (877) 319-6826 – CHIP RSA to tell us about your problem. A Member Services Representative can help you file a complaint. Just call (866) 449-6849 / (877) 319-6826 - CHIP RSA. Most of the time, we can help you right away or at the most within a few days. Molina cannot take any action against you as a result of your filing a complaint.

You can also write your complaint and send it to:
Molina Healthcare of Texas
Attn: Member Inquiry Research and Resolution Unit
P.O. Box 165089
Irving, TX 75016

If I am not satisfied with the results, who else can I contact?

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll free to (800) 252-3439.

If you would like to make your request in writing send it to:

Texas Department of Insurance
Consumer Protection

P.O. Box 149091
Austin, TX 78714-9091

If you can get on the Internet, you can send your complaint in an e-mail to

<http://tdi.texas.gov/consumer/complfrm.html>

Can someone from Molina help me file a complaint?

Yes, we want to help you with the complaint process. When you have a complaint, you can call Member Services and ask for help with your complaint.

How long will it take to process my complaint?

Your complaint will be handled within 30 calendar days from the date Molina receives your written complaint. It could take less than 30 days. You will get a letter that tells you how your complaint was resolved. This letter will explain the complete complaint and appeal process. It will also tell you about your appeal rights. If the complaint is for an emergency for inpatient hospital or on-going care, Molina will resolve your complaint within one (1) business day.

What are the requirements and timeframes for filing a complaint?

When we get your complaint, we will send you a letter within five days telling you we have your complaint. We will look into your complaint and decide the outcome. We will send you a letter telling you the outcome. We will not take more than 30 days to complete the process.

Do I have the right to meet with a complaint appeal panel?

Yes, if you are not happy with the results of your complaint, call Member Services. They will help you set up a meeting with the Complaint Appeal Panel. Molina's appeal panel includes a doctor, a Member and an employee of Molina. The providers will be familiar with your kind of complaint. Members of the panel have not been involved in your case before. We will let you know we received your appeal. A letter will let you know the complete complaint and appeal process. This letter will tell you about your appeal rights.

Process to Appeal a CHIP Adverse Determination (CHIP/CHIP Perinatal)**How will I find out if services are denied?**

If Molina denies your services, we will send you a letter.

What can I do if my doctor asks for a service or medicine for me that is covered but Molina denies it or limits it?

If you do not agree with Molina's decision to deny or limit your services, you can ask for an appeal. An appeal is when you or your representative asks Molina to look again at the services or medicines that we denied or limited.

If you ask someone to be your representative and to file an appeal for you, you must also send a letter to Molina to let us know you have chosen a person to represent you. We must have this information in writing for your privacy and security. You can send the letter to:

Molina Healthcare of Texas
Attn: Member Inquiry Research and Resolution Unit
P.O. Box 165089
Irving, TX 75016

What are the timeframes for the appeal process?

We will send you a letter within five (5) business days from when we get your request for an appeal. The letter will tell you that we got your appeal and we are working on it. We will make the final decision within 30 days after we get your appeal. Some appeals are for an emergency for inpatient hospital or on-going care. For emergency appeals, Molina will resolve your appeal within one (1) business day. Molina will send you a letter to let you know that your appeal has been handled. Molina will send a copy of this letter to your provider.

When do I have the right to ask for an appeal?

The appeal needs to be filed within 180 days from the date on the letter telling you a service was denied or limited.

Does my request have to be in writing?

No, you can request an appeal by telephone. You can call Member Services and a representative can help you file your appeal. Just ask for help when you call to file your appeal.

You can also write your appeal and send it to:

Molina Healthcare of Texas
Attn: Member Inquiry Research and Resolution Unit
P.O. Box 165089
Irving, TX 75016

Can someone from Molina help me file an appeal?

Yes, someone in Member Services can help you file your appeal. Just ask for help when you call to file your appeal.

Expedited MCO Appeals

What is an expedited appeal?

An expedited appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

How do I ask for an expedited appeal? Does my request have to be in writing?

You can call Member Services and ask to file an expedited appeal. We will help you. You can ask for an expedited appeal by calling or in writing.

If you send the expedited appeal in writing, send it to:

Molina Healthcare of Texas
Attn: Member Inquiry Research and Resolution Unit
P.O. Box 165089
Irving, TX 75016

Who can help me in filing an expedited appeal?

You can call Member Services and ask to file an expedited appeal. When you call, just tell them you would like to file an expedited appeal, they will know to work on it very quickly.

If you send the expedited appeal in writing, send it to:

Molina Healthcare of Texas
Attn: Member Inquiry Research and Resolution Unit
P.O. Box 165089
Irving, TX 75016

What are the time frames for an expedited appeal?

Molina will make a decision within one (1) business day. For expedited appeals, we will send a letter telling you your appeal has been handled. We will send your provider a letter telling him/her that your appeal has been resolved.

What happens if Molina denies the request for an expedited appeal?

Molina may make a decision that your appeal should not be expedited. If this decision is made, we will follow the standard appeal process. As soon as this is decided, we will call you to let you know that the standard appeal process will be followed. We will also let you know by sending you a letter within 2 days from the date you asked for the expedited appeal.

Independent Review Organization (IRO) Process (CHIP/CHIP Perinatal)

What is an Independent Review Organization (IRO)?

An IRO is a review process, independent of all affected parties, used to determine whether a health care service is medically necessary and appropriate. It is not part of Molina. It has no connection with our providers. Their decision is final.

How do I ask for a review by an Independent review Organization?

You can call Member Services for help with the IRO process.

What are the timeframes for this process?

Molina will contact the Texas Department of Insurance (TDI) on the day you request an IRO review. TDI will assign your case within one (1) business day. TDI will let you and Molina know who the IRO is. Molina will send all of the information TDI needs within three (3) business days after you asked for the review. The IRO must make a decision on your case within fifteen (15) business days, but no later than twenty (20) business days after the IRO receives the case from TDI. If you asked for the review because of something life threatening TDI will make a decision within five (5) business days. It will not be later than eight (8) business days from the date the IRO gets all of your information.

You may also call the Texas Department of Insurance to request an independent review. The phone number for the IRO Information Line is (866) 554-4926.

Rights and Responsibilities

What are my rights and responsibilities?

Member Rights

You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals, and other providers.

1. You have a right to know how the Perinatal providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
2. You have a right to know how the health plan decides whether a Perinatal service is covered or medically necessary. You have the right to know about the people in the health plan who decide those things.
3. You have a right to know the names of the hospitals and other Perinatal providers in the health plan and their addresses.
4. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
5. You have a right to emergency Perinatal services if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
6. You have the right and responsibility to take part in all the choices about your unborn child's health care.
7. You have the right to speak for your unborn child in all treatment choices.
8. You have the right to be treated fairly by the health plan, doctors, hospitals, and other providers.
9. You have the right to talk to your Perinatal provider in private, and to have your medical records kept private.

10. You have the right to look over and copy your medical records and to ask for changes to those records.
11. You have the right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide Perinatal services for your unborn child. If the health plan says it will not pay for a covered Perinatal service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
12. You have a right to know that doctors, hospitals, and other Perinatal providers can give you information about your or your unborn child's health status, medical care, or treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.

Member Responsibilities

You and your health plan both have an interest in having your baby born healthy. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. You must become involved in the decisions about your unborn child's care.
3. If you have a disagreement with the health plan, you must try first to resolve it using the health plan's complaint process.
4. You must learn about what your health plan does and does not cover. Read your CHIP Perinatal Program

Handbook to understand how the rules work.

5. You must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
6. You must report misuse of CHIP Perinatal services by health care providers, other members, or health plans.
7. You must talk to your provider about your medications that are prescribed.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at (800) 368-1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

You have the right to suggest changes to Molina Healthcare's member rights and responsibility policy.

You have the right to submit a bill for covered services if applicable, please submit claims to:

Molina Healthcare
PO BOX 165089
Irving, TX 75016

Advance Directives

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 MolinaHealthcare.com or call Member Services for more information on how to file a complaint.

Fraud, Waste and Abuse

How do I report someone who is misusing/abusing the Program or services? Do you want to report CHIP Waste, Abuse, or Fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health-care provider, or a person getting CHIP benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for CHIP services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use a CHIP ID.
- Using someone else's CHIP ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at (800) 436-6184;
- Visit <https://oig.hhsc.state.tx.us/> and click the red "Report Fraud" box to complete the online form; or
- You can report directly to your health plan:

Molina Healthcare of Texas
 Attention Compliance Officer
 5605 N. MacArthur Blvd., Suite 400
 Irving, Texas, 75048
 Call toll free: (866) 606-3889

To report waste, abuse, or fraud, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
 - Name, address, and phone number of provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Medicaid number of the provider and facility, if you have it
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened
- When reporting about someone who gets benefits, include:
 - The person's name
 - The person's date of birth, Social Security Number, or case number if you have it
 - The city where the person lives
 - Specific details about the waste, abuse or fraud

Definitions:

“Abuse” means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient

practices that result in unnecessary cost to the Medicaid program. (42 CFR §455.2)

“Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit for them or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR § 455.2)

“Waste” means health care spending that can be eliminated without reducing the quality of care. Quality Waste includes overuse, underuse, and ineffective use. Inefficiency/Waste includes redundancy, delays, and unnecessary process complexity. For example: the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, however the outcome of poor or inefficient billing methods (e.g. coding) causes unnecessary costs to the Medicaid/Medicare programs.

Here are some ways you can help stop fraud:

- Don't give your Molina Healthcare ID card, Medical ID Card, or ID number to anyone other than a health care provider, a clinic, or hospital, and only when receiving care.
- Never let anyone borrow your Molina Healthcare ID Card.
- Never sign a blank insurance form.
- Be careful about giving out your social security number.

Member Privacy

Your privacy is important to us. We respect and protect your privacy. Molina uses and shares your information to provide you with health benefits. Molina wants to let you know how your information is used or shared.

Your Protected Health Information

PHI means *protected health information*. PHI is health information that includes your name, member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share your Protected Health Information (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 need your written authorization (approval) to use or share your PHI?

Molina 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 protect your PHI?

Molina uses many ways to protect PHI within our health plan. This includes PHI in written word, spoken word or PHI on a computer. Below are some ways Molina protects PHI:

- Molina has policies and rules to protect PHI
- Molina limits who may see PHI. Only Molina staff with a need to know PHI may use and share PHI
- Molina staff is trained on how to protect and secure PHI
- Molina staff must agree in writing to follow the rules and policies that protect and secure PHI
- Molina secures PHI on our computers. PHI on our computers is kept private by using firewalls and passwords

What must Molina do by law?

- Keep your PHI private.
- Give your written information, such as this on our duties and privacy practices about your PHI.
- Follow the terms of our Notice of Privacy Practices.

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

- Call or write Molina and complain.
- Complain to the Department of Health and Human Services.

We will not hold anything against you. Your action would not change your care in any way.

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 Practices is included in Appendix B on pg 51. It is also on our website at MolinaHealthcare.com. You may get a copy of our Notice of Privacy Practices by calling Member Services.

Definitions

Appeal – A formal request for Molina Healthcare to review a decision or action.

Authorization – An approval for a service.

Covered Services – Services and supplies covered by Molina Healthcare.

Emergency Medical Condition – A medical problem you think is so serious it must be treated right away by a provider.

Emergency Services – Services provided by a qualified provider that are needed to evaluate, treat, or stabilize an emergency medical condition.

Grievance (Complaint) – A complaint about Molina Healthcare or a health care provider.

Member – A person who is eligible for Medicaid and who is enrolled in the Molina Healthcare plan.

Preventive Health Care – Health care focused on finding and treating health problems and to prevent disease or illness.

Primary Care Provider (PCP) – A Molina Healthcare contracted provider that you have chosen to be your personal provider. Your PCP helps you with most of your medical needs.

Prior Authorization – The process for any service that needs approval from Molina Healthcare before it can take place.

Provider Directory – A list of all of the providers contracted with Molina Healthcare.

Referral – A request from a PCP for his or her patient to see another provider for care.

Service Area – The geographic area where Molina Healthcare provides services.

Specialist – A provider who focuses on a particular kind of health care.

Appendix A

Benefits and Covered Services for CHIP Perinate (Unborn Child) Members

Benefit	CHIP Perinate Members (Unborn Child)
<p>Inpatient General Acute and Inpatient Rehabilitation Hospital Services</p>	<p>For CHIP Perinates in families with income at or below the Medicaid eligibility threshold (Perinates who qualify for Medicaid once born), the facility charges are not a covered benefit; however, professional services charges associated with labor with delivery are a covered benefit.</p> <p>For CHIP Perinates in families with income above the Medicaid eligibility threshold (Perinates who do not qualify for Medicaid once born), benefits are limited to professional service charges and facility charges associated with labor with delivery until birth, and services related to miscarriage or a non-viable pregnancy.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Operating, recovery and other treatment rooms • Anesthesia and administration (facility technical component) <p>Medically necessary surgical services are limited to services that directly relate to the delivery of the unborn child, and services related to miscarriage or non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero).</p> <p>Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) are a covered benefit. Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to:</p> <ul style="list-style-type: none"> • dilation and curettage (D&C) procedures; • appropriate provider-administered medications; • ultrasounds, and • histological examination of tissue samples

Benefit	CHIP Perinate Members (Unborn Child)
Skilled Nursing Facilities (Includes Rehab Hospitals)	Not a covered benefit.
Outpatient Hospital, Comprehensive Outpatient Rehab Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center	<p>Services include the following services provided in a hospital clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health care setting:</p> <ul style="list-style-type: none"> • X-ray, imaging, and radiological tests (technical component) • Laboratory and pathology services (technical component) • Machine diagnostic tests • Drugs, medications and biologicals that are medically necessary prescription and injection drugs. • Outpatient services associated with (a) miscarriage or (b) a nonviable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: <ul style="list-style-type: none"> - dilation and curettage (D&C) procedures; - appropriate provider-administered medications; - ultrasounds, and - histological examination of tissue samples. <p>(1) Laboratory and radiological services are limited to services that directly relate to ante partum care and/or the delivery of the covered CHIP Perinate until birth.</p> <p>(2) Ultrasound of the pregnant uterus is a covered benefit when medically indicated. Ultrasound may be indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, gestational age confirmation or miscarriage or nonviable pregnancy.</p> <p>(3) Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Cordocentesis, FIUT are covered benefits with an appropriate diagnosis.</p>

Benefit	CHIP Perinate Members (Unborn Child)
<p>Outpatient Hospital, Comprehensive Outpatient Rehab Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center continued</p>	<p>(4) Laboratory tests are limited to: nonstress testing, contraction, stress testing, hemoglobin or hematocrit repeated once a trimester and at 32-36 weeks of pregnancy; or complete blood count (CBC), urinalysis for protein and glucose every visit, blood type and RH antibody screen; repeat antibody screen for Rh negative women at 28 weeks followed by RHO immune globulin administration if indicated; rubella antibody titer, serology for syphilis, hepatitis B surface antigen, cervical cytology, pregnancy test, gonorrhea test, urine culture, sickle cell test, tuberculosis (TB) test, human immunodeficiency virus (HIV) antibody screen, Chlamydia test, other laboratory tests not specified but deemed medically necessary, and multiple marker screens for neural tube defects (if the client initiates care between 16 and 20 weeks); screen for gestational diabetes at 24-28 weeks of pregnancy; other lab tests as indicated by medical condition of client.</p> <p>(5) Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) are a covered benefit.</p>

Benefit	CHIP Perinate Members (Unborn Child)
<p>Physician/ Physician Extender Professional Services</p>	<p>Services include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Medically necessary physician services are limited to prenatal and postpartum care and/or the delivery of the covered unborn child until birth • Physician office visits, inpatient and outpatient services • Laboratory, x-rays, imaging and pathology services including technical component and /or professional interpretation • Medically necessary medications, biologicals and materials administered in Physician's office • Professional component (in/outpatient) of surgical services, • including: <ul style="list-style-type: none"> - Surgeons and assistant surgeons for surgical procedures directly related to the labor with delivery of the covered unborn child until birth. - Administration of anesthesia by Physician (other than surgeon) or CRNA - Invasive diagnostic procedures directly related to the labor with delivery of the unborn child. - Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero.) • Hospital-based Physician services (including Physician performed technical and interpretive components) • Professional component of the ultrasound of the pregnant uterus when medically indicated for suspected genetic defects, high risk pregnancy, fetal growth retardation, or gestational age confirmation.

Benefit	CHIP Perinate Members (Unborn Child)
Physician/ Physician Extender Professional Services continued	<ul style="list-style-type: none">• Professional component of Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Amniocentesis, Cordocentesis, and FIUT.• Professional component associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero).• Professional services associated with miscarriage or non-viable pregnancy include, but are not limited to:<ul style="list-style-type: none">- dilation and curettage (D&C) procedures;- appropriate provider-administered medications;- ultrasounds, and- histological examination of tissue samples.

Benefit	CHIP Perinate Members (Unborn Child)
<p>Prenatal Care and Pre-pregnancy Family Services and Supplies</p>	<p>Services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include:</p> <ul style="list-style-type: none"> (1) One (1) visit every four (4) weeks for the first 28 weeks or pregnancy; (2) One (1) visit every two (2) to three (3) weeks from 28 to 36 weeks of pregnancy; and (3) One (1) visit per week from 36 weeks to delivery. <p>More frequent visits are allowed as Medically Necessary. Benefits are limited to:</p> <p>Limit of 20 prenatal visits and two (2) postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy. More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy. Documentation supporting medical necessity must be maintained in the physician's files and is subject to retrospective review.</p> <p>Visits after the initial visit must include:</p> <ul style="list-style-type: none"> • interim history (problems, marital status, fetal status); • physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities) and • laboratory tests (urinalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at 32-36 weeks of pregnancy; multiple marker screen for fetal abnormalities offered at 16-20 weeks of pregnancy; repeat antibody screen for Rh negative women at 28 weeks followed by Rho immune globulin administration if indicated; screen for gestational diabetes at 24-28 weeks of pregnancy; and other lab tests as indicated by medical condition of client).

Benefit	CHIP Perinate Members (Unborn Child)
Birthing Center Services	<p>Covers birthing services provided by a licensed birthing center. Limited to facility services related to labor with delivery.</p> <p>Applies only to CHIP Perinate Members (unborn child) with income above the Medicaid eligibility threshold (who will not qualify for Medicaid once born).</p>
Services Rendered by a Certified Nurse Midwife or physician in a licensed birthing center	<p>Covers prenatal services and birthing services rendered in a licensed birthing center. Prenatal services subject to the following limitations: Services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include:</p> <ul style="list-style-type: none"> (1) One (1) visit every four (4) weeks for the first 28 weeks or pregnancy; (2) One (1) visit every two (2) to three (3) weeks from 28 to 36 weeks of pregnancy; and (3) One (1) visit per week from 36 weeks to delivery.

Benefit	CHIP Perinate Members (Unborn Child)
<p>Services Rendered by a Certified Nurse Midwife or physician in a licensed birthing center</p>	<p>More frequent visits are allowed as Medically Necessary. Benefits are limited to:</p> <p>Limit of 20 prenatal visits and two (2) postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy. More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy. Documentation supporting medical necessity must be maintained and is subject to retrospective review.</p> <p>Visits after the initial visit must include:</p> <ul style="list-style-type: none"> • interim history (problems, marital status, fetal status); • physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities) and • laboratory tests (urinalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at 32-36 weeks of pregnancy; multiple marker screen for fetal abnormalities offered at 16-20 weeks of pregnancy; repeat antibody screen for Rh negative women at 28 weeks followed by Rho immune globulin administration if indicated; screen for gestational diabetes at 24-28 weeks of pregnancy; and other lab tests as indicated by medical condition of client).
<p>Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies</p>	<p>Not a covered benefit, with the exception of a limited set of disposable medical supplies, published at: http://www.txvendordrug.com/formulary/limited-hhs.shtml and only when they are obtained from a CHIP-enrolled pharmacy provider.</p>
<p>Home and Community Health Services</p>	<p>Not a covered benefit.</p>

Benefit	CHIP Perinate Members (Unborn Child)
Inpatient Mental Health Services	Not a covered benefit.
Outpatient Mental Health Services	Not a covered benefit.
Inpatient Substance Abuse Treatment Services	Not a covered benefit.
Outpatient Substance Abuse Treatment Services	Not a covered benefit.
Rehabilitation Services	Not a covered benefit.
Hospice Care Services	Not a covered benefit.

Benefit	CHIP Perinate Members (Unborn Child)
Emergency Services, including Emergency Hospitals, Physicians, and Ambulance Services	<p>MCO cannot require authorization as a condition for payment for emergency conditions related to labor with delivery.</p> <p>Covered services are limited to those emergency services that are directly related to the delivery of the unborn child until birth.</p> <ul style="list-style-type: none"> • Emergency services based on prudent layperson definition of emergency health condition • Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child. • Stabilization services related to the labor with delivery of the covered unborn child. • Emergency ground, air and water transportation for labor and threatened labor is a covered benefit • Emergency ground, air and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit. <p>Benefit limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.</p>
Transplant	Not a covered benefit.
Vision Benefit	Not a covered benefit.
Chiropractic Services	Not a covered benefit.
Tobacco Cessation Program	Not a covered benefit.

Benefit	CHIP Perinate Members (Unborn Child)
Case Management and Care Coordination Services	Covered benefit.
Drug Benefits	<p>Services include, but are not limited to, the following:</p> <ul style="list-style-type: none">• Outpatient drugs and biologicals; including pharmacy-dispensed and provider-administered outpatient drugs and biologicals; and• Drugs and biologicals provided in an inpatient setting. <p>Services must be medically necessary for the unborn child.</p>

Appendix B

Notice of Privacy Practices

Molina Healthcare of Texas

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of Texas (“**Molina Healthcare**,” “**Molina**,” “**we**” or “**our**”) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is September 23, 2013.

PHI stands for these words, protected health information. PHI means health information that includes your name, Member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share your PHI?

We use and share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill we would pay.

For Health Care Operations

Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve Member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes, but is not limited to, the following:

- Improving quality;
- Actions in health programs to help Members with certain conditions (such as asthma);
- Conducting or arranging for medical review;

- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws
- Address Member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

When can Molina use or share my PHI without getting written authorization (approval) from you?

The law allows or requires Molina to use and share PHI for several other purposes, including the following:

Required by law

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research

Your PHI may be used or shared for research in certain cases.

Legal or Administrative Proceedings

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement

Your PHI may be used or shared with police to help find a suspect, witness or missing person.

Health and Safety

Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions

Your PHI may be shared with the government for special functions. An example would be to protect the President.

Victims of Abuse, Neglect, or Domestic Violence

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation

Your PHI may be used or shared to obey Workers Compensation laws.

Other Disclosures

Your PHI may be shared with funeral directors or coroners to help them do their jobs.

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

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina needs your authorization before we disclose your PHI for the following (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply toward actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses of Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.

- **Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a Member. You will need to make this request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or

- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You will need to make your request in writing. You may use Molina's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services Department at (866) 449-6849/ (877) 319-6828 – CHIP Rural Service Area (RSA).

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

You may complain to Molina and the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

Molina Healthcare of Texas
 Manager of Member Services
 84 N.E. Loop 410, Suite 200
 San Antonio, TX 78216
 Phone: (866) 449-6849/ (877) 319-6828 – CHIP RSA

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office of Civil Rights
 U.S. Department of Health & Human Services
 1301 Young Street, Suite 1169

Dallas, TX 75202
 (800) 368-1019; (800) 537-7697 (TDD);
 (214) 767-0432 (FAX)

What are Molina's duties?

Molina is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event any breach of your unsecured PHI;
- Not use or disclose your generic information for underwriting purposes;
- Follow the terms of this Notice.

This Notice is subject to Change.

Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our website and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina.

Contact Information

If you have any questions, please contact the following office:

Molina Healthcare of Texas

Attention: Manager of Member Services

84 N.E. Loop 410, Suite 200

San Antonio, TX 78216

Phone: (866) 449-6849/ (877) 319-6828 – CHIP RSA

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