

Your Quick Start Guide



Last updated: November 2024

MolinaHealthcare.com/TX



Welcome to Molina Healthcare!

As a new member, it's time to start getting the most from your Medicaid coverage! Be sure to take these simple steps right away:

1

Look for your member ID card inside this packet

- Make sure your information on the card is correct.
- Always keep your ID card with you. Show it every time you get medical care or visit the pharmacy.

2

Download the My Molina® mobile app

- Our My Molina mobile app lets you view, print and send your member ID card. You can search for doctors, change your PCP and much more. Anytime, anywhere!
- Download the My Molina mobile app today from the Apple App Store or Google Play.
- To learn how-to-use the My Molina mobile app and member portal, go to [MyMolina.com/GettingStartedVideos](https://www.mymolina.com/getting-started/videos).

Thank you for choosing Molina as your trusted health plan. We're happy to have you as a member of our health care family.

3

Schedule a visit with your primary care provider (PCP)

- Visit your PCP even if you're not sick to get set up as a new patient. Your PCP needs to get to know you and your health history. The more your PCP knows, the better they can help you.
- Your PCP's name, phone number and location are listed on your member ID card.
- If you don't want to see the PCP listed on your ID card, you can change providers by using the My Molina mobile app, visiting [MyMolina.com](https://www.mymolina.com) or calling Member Services at (866) 449-6849 (TTY: 711).
- If you have Medicare and Medicaid, your Molina ID card will not show doctor's name or phone number. Your ID card will show Long Term Care services only.

Learn more about your health plan

Want to see a full list of your covered benefits and more details about your plan?

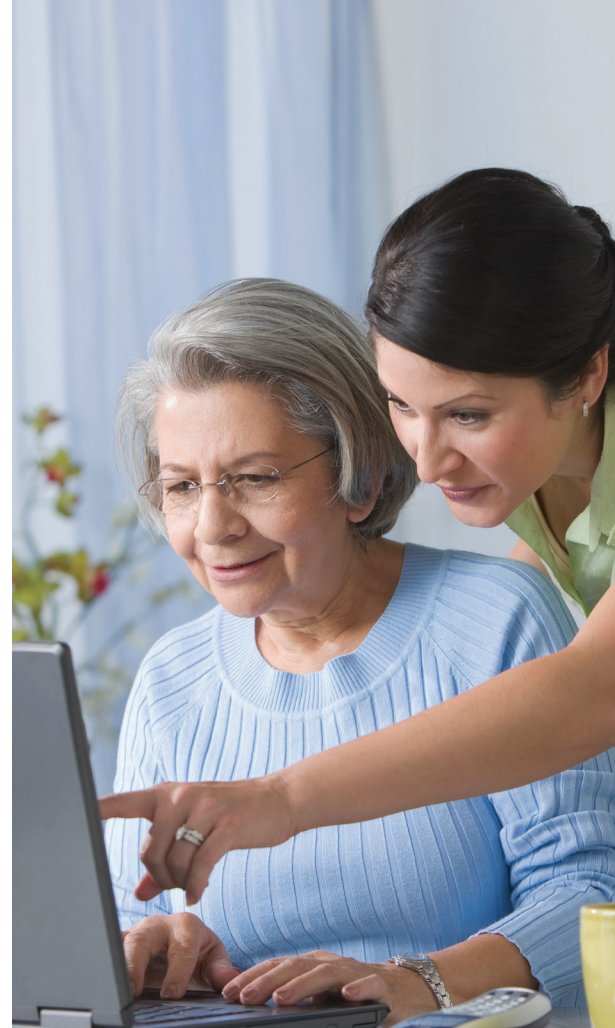
- Go to MolinaHealthcare.com/TXStarPlusHandbook to read your Member Handbook.

Want to find a doctor near you?

- Go to MolinaProviderDirectory.com/TX to search our Provider Online Directory.
- All of our doctors are board-certified and reviewed for quality before they can join our network.

Want to see a list of covered medicines?

- Go to TXVendorDrug.com/Formulary/Formulary-Search to see which drugs are preferred and covered for you.
- For more details, please go to MolinaHealthcare.com/TX or call (866) 449-6849 (TTY: 711).





Your PCP

Your PCP is the main doctor who gives you most of your care. Make sure to see your PCP right away to get set up as a new patient. Your PCP should get to know you and your medical history. Think of your PCP as your medical home and the doctor who knows you the best! Once you're set up as a new member, you'll want to see your PCP for regular checkups.

If you have Medicare and Medicaid, your Medicare plan pays for your PCP. You don't need to pick a Molina PCP. You can continue going to your Medicare doctor.

Don't lose your Medicaid coverage!

You must renew your coverage every year.

You can log in to your account at YourTexasBenefits.com

Or call the Texas Health and Human Services Commission (HHSC) at 2-1-1.



If you need help, please call us at (877) 373-8977 (TTY: 711)
or email HealthPlanRenewals@MolinaHealthcare.com.

Information to keep handy

Member Services	Call Member Services at (866) 449-6849 (TTY: 711) when you have questions about your health plan, benefits or how to get services.
Member portal	Use our member portal to view, print and send your member ID card. Search for doctors, change your PCP and much more at MyMolina.com .
My Molina mobile App	Use our mobile app to manage your health care on your phone or tablet, anytime or anywhere! Download on your phone. Go to the Apple App store or Google Play.
24-hour Nurse Advice Line	Call (888) 275-8750 anytime you are experiencing symptoms or need health care information. Registered nurses are available 24 hours a day, 7 days a week.
Crisis services	Call at (800) 818-5837 if you're thinking about suicide or have a behavioral health emergency and don't know what to do.

Substance use disorder	Call (800) 818-5837 if you want help with drug or alcohol use.
Member Handbook	Get the details of how your plan works in your Member Handbook at MolinaHealthcare.com/TXStarPlusHandbook .
Health & wellness information	Get information about health and wellness topics at MolinaHealthcare.com/TXStarPlusHealth .
Provider Online Directory	See a list of our network providers at MolinaProviderDirectory.com/TX .
Rides to and from medical visits	Call Access2Care at (866) 462-4857 for rides to non-emergency medical visits. Be sure you call to schedule a ride at least 2 days before your appointment.

Earn rewards with Molina

We want to help you get the most of your membership. Take a look at some of the great benefits and rewards you have as member. We cover them at no cost to you!



Up to \$250 per year for dental checkups, x-rays and cleaning for ages 21 and older.



Up to \$80/year for getting HbA1c blood tests every six (6) months and having an A1c less than 8.



\$100 eyewear allowance towards frames, lenses or contacts every two years.



8

Pregnancy program to help deliver a healthy baby. Get an infant car seat and a postpartum kit!



\$50 for completing a prenatal exam on schedule.



Online resources on the Molina website and/or mobile app to help members learn ways to reduce stress, anxiety or depression.



Fitness tracker watch, valued up to \$50 for members who complete the Weight Watchers program.

To learn more and find out how to earn these rewards, please call (866) 449-6849 (TTY: 711).



Access to Pyx Health telephone and mobile-app based tools to help current members feel supported and connected.



Up to \$100 allowance for diabetic members age 21 and older for physician-prescribed shoes or inserts.



Up to \$120/year in over-the-counter supplies and medicine.



Limitations and restrictions may apply. Please refer to your member handbook for full benefit information.



What to do when you're sick

Are you feeling sick and not sure what to do?
Don't worry, we're here to help you!



10

What are my options?



PCP

Call your PCP day or night. After hours, on-call staff will return your call.

When you have a minor issue that requires medical care:

- Colds or cough
- Flu
- Regular checkups
- Earache
- Sore throat
- Medicine or refills
- Diarrhea



Virtual health visits or an urgent care center

Teledoc and urgent care centers are a great option if you need care after hours.

When it's not an emergency but you need care right away:

- Severe cold or flu symptoms
- Ear pain
- Sore throat
- Stomach flu or virus
- Wound that needs stitches
- Sprain, strain or deep bruise



Emergency room (ER)

Call 911 or go to the nearest ER.

When you think your life or health is in danger:

- Very bad bleeding
- Very bad stomach pain
- Chest pain or pressure
- Head injury or trauma
- Sudden dizziness or trouble seeing

Non-Discrimination Tag Lines - Section 1557 Molina Healthcare of Texas

English	For free language assistance services, and auxiliary aids and services, call 1-800-642-4168 (TTY: 711).
Spanish	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-800-642-4168 (TTY: 711).
Vietnamese	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).
Chinese	如需免费的语言协助服务以及辅助工具和服务，请致电1-800-642-4168（TTY 用户请拨打 711）。
Korean	무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-800-642-4168 (TTY: 711)로 연락 주시기 바랍니다.
Arabic	اتصل على الرقم 1-800-642-4168 (الهاتف النصي: 711) لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.
Urdu	زبان کی مفت معاونتی سروسز، معاونتی امداد اور سروسز کے لیے، 1-800-642-4168 (TTY: 711) پر کال کریں۔

- Tagalog Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-800-642-4168 (TTY: 711)
- French Pour bénéficiaire de services d'assistance linguistique gratuits, ainsi que de services et aides complémentaires, appelez le 1-800-642-4168 (ATS : 711).
- Hindi निःशुल्क भाषा सहायता सेवाओं और सहायक ऐड एवं सेवाओं के लिए 1-800-642-4168 (TTY: 711) पर कॉल करें।
- Persian برای دریافت خدمات کمک زبانی رایگان، و کمک‌ها و خدمات اضافی با این شماره تماس بگیرید:
1-800-642-4168 (TTY: 711)
- German Kostenlose Sprachassistentendienste, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-800-642-4168 (TTY: 711)
- Gujarati મફત ભાષા સહયોગ સેવાઓ અને સહાયક સાધનો તથા સેવાઓ માટે 1-800-642-4168 (TTY: 711) પર કોલ કરો.
- Russian Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1- 800-642-4168 (телетайп: 711).
- Japanese 無料の言語サポートや補助器具・サービスをご希望の方は、1-800-642-4168 (TTY: 711) までお電話ください。
- Laotian ສໍາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທ 1-800-642-4168 (TTY: 711)

Non-Discrimination Notice

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

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters (including qualified sign language interpreters). (2) Written Information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need reasonable modifications, appropriate 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., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, 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>

Notice of Privacy Practices

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 your PHI without getting written authorization (approval) from you?

The law allows or requires Molina to use and share your 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.

- **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 your 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
2200 Highway 121, Suite 270A
Bedford, TX 76021

Phone: (866) 449-6849/ (877) 319-6828 – CHIP Rural Service Area (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 the duties of Molina?

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 of any breach of your unsecured PHI;
- Not use or disclose your genetic 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

2200 Highway 121, Suite 270A

Bedford, TX 76021

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



Get started as a new member and watch our welcome video!



We make it
simple!

MolinaHealthcare.com/Welcome



Your Quick Start Guide



Last updated: November 2024

MolinaHealthcare.com/TX



Welcome to Molina Healthcare!

As a new member, it's time to start getting the most from your Medicaid coverage! Be sure to take these simple steps right away:

1

Look for your member ID card inside this packet

- Make sure your information on the card is correct.
- Always keep your ID card with you. Show it every time you get medical care or visit the pharmacy.

2

Download the My Molina® mobile app

- Our My Molina mobile app lets you view, print and send your member ID card. You can search for doctors, change your PCP and much more. Anytime, anywhere!
- Download the My Molina mobile app today from the Apple App Store or Google Play.
- To learn how-to-use the My Molina mobile app and member portal, go to [MyMolina.com/GettingStartedVideos](https://www.molinahc.com/GettingStartedVideos).

Thank you for choosing Molina as your trusted health plan.
We're happy to have you as a member of our health care family.

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Schedule a visit with your primary care provider (PCP)

- Visit your PCP even if you're not sick to get set up as a new patient. Your PCP needs to get to know you and your health history. The more your PCP knows, the better they can help you.
- Your PCP's name, phone number and location are listed on your member ID card.
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Learn more about your health plan

Want to see a full list of your covered benefits and more details about your plan?

- Go to MolinaHealthcare.com/TXStarPlusNursingFacility to read your Member Handbook.

Want to find a doctor near you?

- Go to MolinaProviderDirectory.com/TX to search our Provider Online Directory.
- All of our doctors are board-certified and reviewed for quality before they can join our network.

Want to see a list of covered medicines?

- Go to TXVendorDrug.com/Formulary/Formulary-Search to see which drugs are preferred and covered for you.
- For more details, please go to MolinaHealthcare.com/TX or call (866) 449-6849 (TTY: 711).





Your PCP

Your PCP is the main doctor who gives you most of your care. Make sure to see your PCP right away to get set up as a new patient. Your PCP should get to know you and your medical history. Think of your PCP as your medical home and the doctor who knows you the best! Once you're set up as a new member, you'll want to see your PCP for regular checkups.

Don't lose your Medicaid coverage!

If you have Medicare and Medicaid, your Medicare plan pays for your PCP. You don't need to pick a Molina PCP. You can continue going to your Medicare doctor.

You must renew your coverage every year.

You can log in to your account at YourTexasBenefits.com.

Or call the Texas Health and Human Services Commission (HHSC) at 2-1-1.



If you need help, please call us at (877) 373-8977 (TTY: 711).

Information to keep handy

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Member portal	Use our member portal to view, print and send your member ID card. Search for doctors, change your PCP and much more at MyMolina.com
My Molina mobile App	Use our mobile app to manage your health care on your phone or tablet, anytime or anywhere! Download on your phone. Go to the Apple App store or Google Play.
24-hour Nurse Advice Line	Call (888) 275-8750 anytime you are experiencing symptoms or need health care information. Registered nurses are available 24 hours a day, 7 days a week.
Crisis services	Call (800) 818-5837 if you're thinking about suicide or have a behavioral health emergency and don't know what to do.

<p>Substance use disorder</p>	<p>Call (800) 818-5837 if you want help with drug or alcohol use.</p>
<p>Member Handbook</p>	<p>Get the details of how your plan works in your Member Handbook at MolinaHealthcare.com/TXStarHandbook.</p>
<p>Health & wellness information</p>	<p>Get information about health and wellness topics at MolinaHealthcare.com/TXStarPlusHealth.</p>
<p>Provider Online Directory</p>	<p>See a list of our network providers at MolinaProviderDirectory.com/TX.</p>
<p>Rides to and from dialysis appointments or when discharged from a nursing facility</p>	<p>Call Access2Care at (866) 462-4857 for rides to and from dialysis appointments or when discharged from a nursing facility.</p>

Earn rewards with Molina

We want to help you get the most of your membership. Take a look at some of the great benefits and rewards you have as member. We cover them at no cost to you!



Up to \$500 per year for dental checkups, X-rays and cleanings for ages 21 and older



Up to \$80 a year for getting HbA1c blood tests



\$100 eyewear allowance for frames, lenses or contacts every two years



\$20 gas allowance every three months for family or caregivers to visit the member living in a nursing facility



\$25 reward for members with diabetes who get an annual diabetic eye exam



Online tools on the Molina website and/or mobile app to help members learn ways to reduce stress, anxiety or depression



Combined cup and phone holder for new members

To learn more and find out how to earn these rewards, please call (866) 449-6849 (TTY: 711).



Access to Pyx Health telephone and mobile-app based resources to help current members feel supported and connected



Four podiatry visits each year

***Limitations and restrictions may apply
Please refer to your member handbook for
full benefit information.***



What to do when you're sick

Are you feeling sick and not sure what to do?
Don't worry, we're here to help you!



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- Colds or cough
- Flu
- Regular checkups
- Earache
- Sore throat
- Medicine or refills
- Diarrhea



Virtual health visits or an urgent care center

Teledoc and urgent care centers are a great option if you need care after hours.

When it's not an emergency but you need care right away:

- Severe cold or flu symptoms
- Ear pain
- Sore throat
- Stomach flu or virus
- Wound that needs stitches
- Sprain, strain or deep bruise



Emergency room (ER)

Call 911 or go to the nearest ER.

When you think your life or health is in danger:

- Very bad bleeding
- Very bad stomach pain
- Chest pain or pressure
- Head injury or trauma
- Sudden dizziness or trouble seeing

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English	For free language assistance services, and auxiliary aids and services, call 1-800-642-4168 (TTY: 711).
Spanish	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-800-642-4168 (TTY: 711).
Vietnamese	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).
Chinese	如需免费的语言协助服务以及辅助工具和服务，请致电1-800-642-4168（TTY 用户请拨打 711）。
Korean	무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-800-642-4168 (TTY: 711)로 연락 주시기 바랍니다.
Arabic	اتصل على الرقم 1-800-642-4168 (الهاتف النصي: 711) لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.
Urdu	زبان کی مفت معاونتی سروسز، معاونتی امداد اور سروسز کے لیے، 1-800-642-4168 (TTY: 711) پر کال کریں۔

- Tagalog Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-800-642-4168 (TTY: 711)
- French Pour bénéficiaire de services d'assistance linguistique gratuits, ainsi que de services et aides complémentaires, appelez le 1-800-642-4168 (ATS : 711).
- Hindi निःशुल्क भाषा सहायता सेवाओं और सहायक ऐड एवं सेवाओं के लिए 1-800-642-4168 (TTY: 711) पर कॉल करें।
- Persian برای دریافت خدمات کمک زبانی رایگان، و کمک‌ها و خدمات اضافی با این شماره تماس بگیرید:
1-800-642-4168 (TTY: 711)
- German Kostenlose Sprachassistentendienste, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-800-642-4168 (TTY: 711)
- Gujarati મફત ભાષા સહયોગ સેવાઓ અને સહાયક સાધનો તથા સેવાઓ માટે 1-800-642-4168 (TTY: 711) પર કોલ કરો.
- Russian Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1- 800-642-4168 (телетайп: 711).
- Japanese 無料の言語サポートや補助器具・サービスをご希望の方は、1-800-642-4168 (TTY: 711) までお電話ください。
- Laotian ສໍາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທ 1-800-642-4168 (TTY: 711)

Non-Discrimination Notice

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

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters (including qualified sign language interpreters). (2) Written Information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need reasonable modifications, appropriate 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., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, 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>

Notice of Privacy Practices

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 your PHI without getting written authorization (approval) from you?

The law allows or requires Molina to use and share your 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.

- **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 your 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
2200 Highway 121, Suite 270A
Bedford, TX 76021
Phone: (866) 449-6849/ (877) 319-6828 – CHIP Rural Service Area (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 the duties of Molina?

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 of any breach of your unsecured PHI;
- Not use or disclose your genetic 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

2200 Highway 121, Suite 270A

Bedford, TX 76021

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



Get started as a new member and watch our welcome video!



We make it
simple!

MolinaHealthcare.com/Welcome

