Welcome to the Molina family.

Ohio Member Handbook

Date of Issuance, July 2013

MOLINA® HEALTHCARE

Your Extended Family.

Member Handbook

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Welcome to Molina Healthcare.

You are now a member of a health care plan, also known as a managed care plan (MCP). Aged, Blind, or Disabled and Covered Families and Children, including Healthy Start and Healthy Families, Ohio Medicaid consumers receive their health care services through MCPs.

This handbook is your guide to your Molina Healthcare benefits. Please read this handbook carefully. It explains the process for getting health care services, gives you important information on the extra benefits that are available to you as a Molina Healthcare member and gives you contact information so that you know whom to call when you need assistance.

If you have any problems in reading or understanding this or any other Molina Healthcare information, please contact our Member Services at 1-800-642-4168 (TTY for the hearing impaired: 1-800-750-0750 or 711) for help at no cost to you. We can help to explain the information or provide the information orally, in English or in your primary language. We may have the information printed in certain other languages or in other ways. If you are visually or hearing impaired, special help can be provided.

Member Services

Molina Healthcare's Member Services Department is here to answer any questions you have about your membership with Molina Healthcare. Among other things, the representatives can help you:

- Understand your benefits
- Update your contact information
- Request a new ID card
- Schedule transportation
- Pick a primary care provider (PCP)

You can contact Member Services at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711) from 7 a.m. to 7 p.m., Monday through Friday. You can also find information about your Molina Healthcare benefits online at www.MolinaHealthcare.com.

Molina Healthcare members have access to many services through the Molina Healthcare website. Member Self Service is available 24 hours a day, seven days a week. You can use Member Self Service to:

- Change your address or phone number.
- Find a Molina Healthcare contracted health care provider.
- Change your Primary Care Provider (PCP).
- Request a new ID card.
- File a complaint.

You can access Member Self Service through the Molina Healthcare website.
Go to www.MolinaHealthcare.com and click on Login.

The Molina Healthcare office is closed on the following days:

- New Year's Day
- Martin Luther King Jr. Holiday
- Memorial Day Holiday
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day – Open 7 a.m. to Noon
- Christmas Day
- New Year's Eve Day – Open 7 a.m. to Noon

A holiday that falls on a Saturday is observed on the Friday before. A holiday that falls on a Sunday is observed the Monday after.

Molina Healthcare makes every effort to give you and your family the best care. Molina Healthcare does many studies throughout the year to find areas for improvement and takes steps to bring you higher quality care and better service. This process is called "quality improvement."

Molina Healthcare welcomes suggestions on how to serve you better. If you have suggestions, please call Member Services at 1-800-642-4168 (TTY for the hearing impaired: 1-800-750-0750 or 711).

24-Hour Nurse Advice Line

Molina Healthcare cares about you and your family. You or your family members may face a difficult medical situation at any time. Molina Healthcare is committed to connecting you to the care you need, and our 24-Hour Nurse Advice Line is here for you.

"My child has a cold, what can I do to help her feel better? When should I make an appointment with her provider or should she go to urgent care?"

It is not always easy to decide how to treat a health problem. Our 24-Hour Nurse Advice Line will help you understand and manage your health and wellness. Molina Healthcare's Nurse Advice Line is available 24 hours a day, 7 days a week to answer questions that you have about your health. When you need help choosing the type of medical care you need, our registered nurses will help you get the care you need. The Nurse Advice Line can help you:

- Care for yourself at home
- Make an appointment with your health care provider
- Find an urgent care close to home
- Call 9-1-1 or locate a nearby emergency department

Our registered nurses are always ready to answer questions about:

- Where to go for the right care and urgent care clinics or hospitals in your area
- Prenatal care for pregnant women
- Postpartum care after child birth
- Your new baby and/or child's health
- Medical conditions like diabetes or heart disease
- Accidents and injuries
- Medications your provider prescribed for you

Reliable health information is just a phone call away, 24 hours a day, 7 days, with nurses who can assist you orally in English or in your primary language. It's like having a nurse in the family.

Call Molina Healthcare's 24-Hour Nurse Advice Line to talk to a registered nurse any time you need support. The phone numbers are on the back of your Molina Healthcare ID card.

1-888-275-8750 (English)
1-866-735-2929 (Hearing impaired/TTY)
1-866-648-3537 (Español)
1-866-833-4702 (Hearing impaired/TTY Español)

Identification (ID) Cards

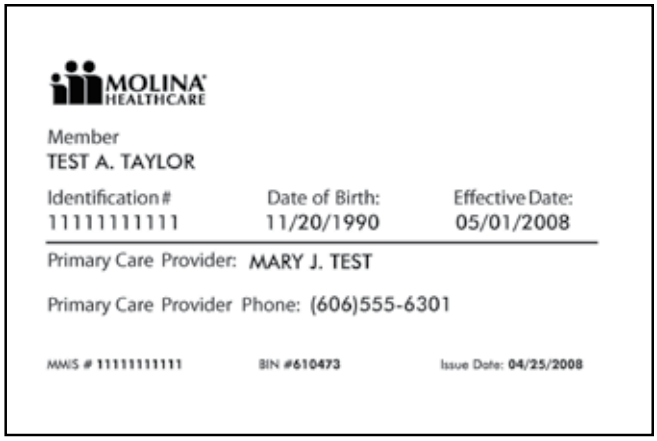
You should have received a Molina Healthcare membership ID card. Each member of your family who has joined Molina Healthcare will receive their own card. These cards replace your monthly Medicaid card. Each card is good for as long as the person is a member of Molina Healthcare. You will not receive a new card each month as you did with the Medicaid card.

If you are pregnant, you need to call Molina Healthcare when your baby is born so we can send you a new ID card for your baby.

Molina Healthcare recommends that you contact your caseworker at the County Department of Job and Family Services to update your child's name and information.

Always Keep Your ID Card(s) With You
You will need your ID card each time you get medical services. This means that you need your Molina Healthcare ID card when you:

- See your primary care provider (PCP)
- See a specialist or other provider
- Go to an emergency room
- Go to an urgent care facility
- Go to a hospital for any reason
- Get medical supplies
- Get a prescription
- Have medical tests



Call your Molina Healthcare Member Services as soon as possible at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711) if:

- You have not received your ID card(s) yet
- Any of the information on the ID card(s) is wrong
- You lose your ID card(s)
- You have a baby

Check the primary care provider (PCP) listed on your ID card to be sure that it is correct. If the PCP on your ID card is not the PCP you are seeing, call Molina Healthcare Member Services. The representative will make sure that your provider is participating with Molina Healthcare and will send you an updated ID card. If you would like to see a different PCP than the one listed on your ID card, call Member Services for help selecting a participating provider.

Your Medical Home

One of the most important steps in taking care of your health is establishing a medical home. When you choose a primary care provider (PCP), you are choosing a medical home.

Your PCP is the provider who will help you with most of your medical needs. Your PCP will give you care, offer advice, and refer you to a specialist when necessary. When you pick a PCP who meets your needs and whom you are comfortable with, you can develop a lasting relationship that will help to ensure a health care partnership for years to come.

Choosing a Primary Care Provider (PCP)

Each member of Molina Healthcare must choose a primary care provider (PCP) from Molina Healthcare's provider directory. Your PCP is your personal provider.

Your PCP is an individual physician, physician group practice, advanced practice nurse or advanced practice nurse group practice trained in family medicine (general practice), internal medicine, or pediatrics.

In certain cases, a specialist can be assigned as your PCP.

Your PCP will work with you to direct your health care. Your PCP will do your checkups and shots and treat you for most of your routine health care needs. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital.

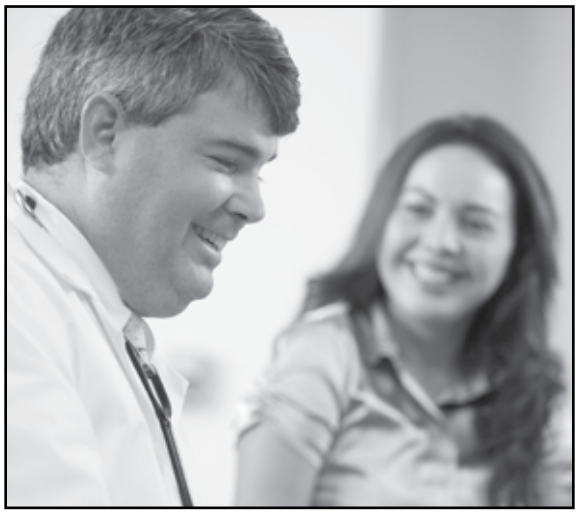
The *How to Pick a PCP Checklist* attached to the back cover of this handbook will help you select a PCP. The PCPs contracted with Molina Healthcare are listed in the provider directory. You can access the provider directory online at www.MolinaHealthcare.com. If you need a printed copy of the provider directory, or if you would like assistance with choosing a PCP, please contact Member Services at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711).

If you do not choose a PCP, Molina Healthcare will choose one for you. When we make this choice for you, we will take your home address, the language you speak and the providers your family members see into consideration. However, it is preferable that you pick your own PCP. You are the person who can best make the decision.

Once you have a PCP, you should schedule a checkup soon, even if you are not sick. During the appointment, you will have a chance to get to know your PCP and to ask a number of questions that will help you develop a good relationship. The *First Visit Checklist* attached to the back cover of this handbook will help you prepare for your appointment.

You can reach your PCP by calling the PCP's office. Your PCP's name and telephone number are printed on your Molina Healthcare ID card.

If you would like to know more about your PCP or other Molina Healthcare providers, call Member Services. You can get information about your provider's professional qualifications, such as medical school attended, residency completed, and board certification status. You can also get information on the languages your provider speaks.



You can use the Internet to view the provider directory online. Did you know the Internet is free at most public libraries? There are companies that allow you to set up free email accounts. If you need help learning to use the Internet, ask your librarian. If you would like printed copies of any of the information you see on Molina Healthcare's website, please call Member Services. The information is available in English but can be provided in your primary language on request.

Changing Your PCP

If for any reason you want to change your PCP, you must first call the Member Services Department to ask for the change. You can change your PCP monthly, if needed.

Molina Healthcare will send you a new ID card to let you know that your PCP has been changed and the date you can start seeing the new PCP.

For the names of the PCPs in Molina Healthcare, you may look in your provider directory, on our website at www.MolinaHealthcare.com, or you can call the Molina Healthcare Member Services Department at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711) for help.

Getting Medical Services

It is important to remember that you must receive services covered by Molina Healthcare from facilities and/or providers on Molina Healthcare's panel. See pages 11-19 for information on services covered by Molina Healthcare. The only time you can use providers that are not on Molina Healthcare's panel is for:

- Emergency services
- Federally Qualified Health Centers/Rural Health Clinics
- Qualified Family Planning Providers
- Ohio Department of Mental Health and Addiction Services certified community mental health centers
- Ohio Department of Mental Health and Addiction Services certified treatment centers
- An out-of-panel provider that Molina Healthcare has approved you to see

You should have received a Provider Directory that lists all of our panel providers as well as other non-panel providers you can use to receive services. You can also visit our website at www.MolinaHealthcare.com to view up-to-date provider panel information.

If you are outside of the Molina Healthcare service area and you need non-emergency medical care, the provider must first contact Molina Healthcare to get approval before providing any services. If you are away from Molina Healthcare's service area and need emergency care, go to the nearest emergency department. You have the right to go to any facility that provides emergency services.

Emergency Services

Emergency services are services for a medical problem that you think is so serious that it must be treated right away by a doctor. We cover care for emergencies both in and out of the county where you live. Emergency care is available 24 hours a day, 7 days a week.

You do not have to contact Molina Healthcare for an okay before you get emergency services. If you have an emergency, call 911 or go to the NEAREST emergency room (ER) or other appropriate setting.

Some examples of when emergency services are needed include:

- Miscarriage/pregnancy with vaginal bleeding
- Seizures or convulsions
- Unusual or excessive bleeding
- Unconsciousness
- Overdose / Poisoning
- Severe burns
- Broken bones
- Chest pain
- Difficulty breathing

If you are not sure whether you need to go to the emergency room, call your primary care provider or Molina Healthcare's 24-Hour Nurse Advice Line at **1-888-275-8750** or 1-866-648-3537 (Español), (TTY for the hearing impaired: 1-866-735-2929). Your PCP or the Molina Healthcare Nurse Advice Line can talk to you about your medical problem and give you advice on what you should do.

Remember, if you need emergency services:

- Go to the nearest hospital emergency room or other appropriate setting. Be sure to tell them that you are a member of Molina Healthcare, and show them your ID card.
- If the provider who is treating you for an emergency takes care of your emergency but thinks you need other medical care to treat the problem that caused your emergency, the provider must call Molina Healthcare.
- After an emergency room visit, contact your PCP to make an appointment for follow-up care. Do not go to the emergency room for follow-up care.
- If the hospital has you stay, please make sure that Molina Healthcare is called within 24 hours.

If you are away from Molina Healthcare's service area and need emergency care, go to the nearest emergency room. You have the right to go to any facility that provides emergency services.

Post-stabilization services are Medicaid-covered services that you receive after emergency medical care. Post-stabilization care services are provided and covered 24 hours a day, 7 days a week.

If you have called 911 or accessed emergency care, you must notify Molina Healthcare WITHIN 24 HOURS, or as soon as reasonably possible, so your care can be coordinated. You can also have a friend or family member call on your behalf.

After-Hours or Non-Emergency Care

If your provider's office is closed or your provider cannot see you right away, there are some steps you can take to stop your injury or illness from getting worse.

1. **Call your PCP for advice.** Even if your provider's office is closed, the office has someone available 24 hours a day, 7 days a week who will let you know what to do.

2. If you cannot reach your provider's office, you can **call Molina Healthcare's 24-Hour Nurse Advice Line.** Registered nurses are is always available to answer your questions. Call the 24-Hour Nurse Advice Line at 1-888-275-8750 or 1-866-648-3537 (Español). For hearing impaired, call TTY 1-866-735-2929.

3. Go to a participating urgent care center listed in the provider directory. You do not need permission from a provider to go to an urgent care center. **If you visit an urgent care center, always call your PCP after your visit to schedule follow-up care.**

Where to go for Medical Services - Quick Reference Chart

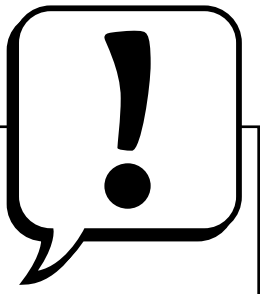
Below is a quick reference chart to help you learn where to go for medical services.

Type of Care Needed	Where To Go and Whom To Call
Emergencies may involve, but are not limited to: • Miscarriage/pregnancy with vaginal bleeding • Seizures or convulsions • Unusual or excessive bleeding • Unconsciousness • Overdose / Poisoning • Severe burns • Broken bones • Chest pain • Difficulty breathing	**Call 911** if it is available in your area or go to the nearest emergency department. 911 is the local emergency telephone system available 24-hours a day, 7 days a week. **Poison Control Center** **1-800-222-1222**
Non-emergency treatment for an illness or injury.	Call your PCP to request an appointment.
Routine care such as a physical exam, wellness visit or immunizations.	Call your PCP to request an appointment.
Family Planning and Women's Health Services	You do not need a referral to receive Women's Health or Family Planning Services. You can go directly to your PCP, an OB/GYN listed in the provider directory, Certified Nurse Midwife, or Qualified Family Planning Provider to receive these services.
Specialist appointments	Call your PCP first. Your provider will give you a referral if needed.
Mental Health and Substance Abuse Services	Call a Community Health Center or Ohio Department of Mental Health and Addiction Services (MHA) facility, or contact Molina Healthcare for authorization to see a Molina Healthcare provider.

Mental Health and Substance Abuse Services

If you need mental health and/or substance abuse services, call Member Services for information at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711), or you may self-refer directly to an Ohio Department of Mental Health and Addiction Services (MHA) certified community mental health center or certified treatment center. Please see your provider directory or call our Member Services Department for the names and telephone numbers of the facilities near you. You can also look at the provider directory online at www.MolinaHealthcare.com.

New Member Information



If you were on Medicaid fee-for-service the month before you became a Molina Healthcare member and have health care services already approved and/or scheduled, it is important that you call Member Services immediately (today or as soon as possible).

In certain situations and for a specified time period after you enroll, we may allow you to receive care from a provider that is not a Molina Healthcare panel provider. Additionally, we may allow you to continue to receive services that were authorized by Medicaid fee-for-service. **However, you must call Molina Healthcare before you receive the care.** If you do not call us, you may not be able to receive the care and/or the claim may not be paid. For example, you need to call Member Services if you have the following services already approved and/or scheduled:

- Organ, bone marrow, or hematopoietic stem cell transplant
- Third trimester prenatal (pregnancy) care, including delivery
- Inpatient/outpatient surgery
- Appointment with a specialty provider
- Appointment with a primary care provider
- Chemotherapy or radiation treatments
- Treatment following discharge from the hospital in the last 30 days
- Non-routine dental or vision services (for example, braces or surgery)
- Medical equipment
- Services you receive at home, including home health, therapies, and nursing

After you enroll, your MCP will tell you if any of your current medications require prior authorization that did not require authorization when they were paid by Medicaid fee-for-service. It is very important that you look at the information the MCP provides and contact your MCP's Member Services if you have any questions. You can also look on your MCP's website to find out if your medication(s) require prior authorization. You may need to follow up with the prescriber's office to submit a prior authorization request to your MCP if it is needed. If your medication(s) requires prior authorization, you cannot get the medication(s) until your provider submits a request to your MCP and it is approved.

Services Covered by Molina Healthcare

Molina Healthcare covers all medically necessary Medicaid-covered services. The services covered by Molina Healthcare are covered at no cost to you.

Most services are available to you without any prior authorization (PA); however, some services do require PA. For a PA, a provider must call Molina Healthcare about the care they would like you to receive. Molina Healthcare will review the request and let your provider know if the request is authorized before they can give you the service. This is done to ensure that you get appropriate care.

If you have questions about a prior authorization request, you can contact Member Services. Prior Authorization staff is available to assist you between 8 a.m. to 5 p.m., Monday through Friday. After business hours, you can leave a message and your call will be answered the next business day.

There are other times when your PCP may give you a referral. A referral is a request from a PCP for his or her patient to see a specialist. A specialist is a provider who focuses on a particular kind of health care. Molina Healthcare encourages you to see your PCP for referrals so that your care can be coordinated.

Because your PCP is the person who will submit PAs on your behalf and will refer you to specialists when necessary, it is important that you develop a good relationship with him or her. A good relationship will help to ensure that your PCP can give you the best care for your needs.

Molina Healthcare will cover at no cost to you, medically necessary Medicaid-covered services in a timely manner from non-contracted providers if there are no contracted providers available to provide the services. The following list of covered services helps you know which services require PA and which do not. Not all services that require PA are included in this list. For more information, or if you have any questions about utilization management or PA requests, please call Member Services.

Covered Services	
Ambulance and ambulette transportation	PA is not required.
Certified nurse midwife services	PA is not required.
Certified nurse practitioner services	PA is not required.
Chiropractic (back) services	For members younger than 21 years of age, 30 visits per 12-month period are available without PA. For members 21 years of age or older, 15 visits per 12-month period are available without PA.
Dental services	Routine services do not require PA. Dental services other than routine care require PA.
Developmental therapy services for children aged birth to six years	30 dates of service per 12-month period for any combination of services are available without PA.
Diagnostic services (x-ray, lab)	Selected diagnostic services (including CT Scans, MRIs, MRAs, PET Scans, and SPECT) require PA.
Durable medical equipment	Some durable medical equipment items require PA.
Emergency services	PA is not required.
Family planning services and supplies	PA is not required.
Federally Qualified Health Center or Rural Health Clinic services	PA is not required.
Home health services	Home health services require PA.
Hospice care (care for terminally ill, e.g., cancer patients)	PA is not required.
Inpatient hospital services	Inpatient hospital services (except for emergency admissions) and elective admissions, including pregnancy delivery services, and all inpatient surgeries, require PA. Notification to Molina Healthcare is required within 24 hours of admission or by the next business day for emergency admissions.
Medical supplies	Some medical supplies require PA.
Mental health and substance abuse services	PA is not required for services from a community mental health center or Ohio Department of Mental Health and Addiction Services (MHA) facility, which is a Medicaid provider. PA is required after 20 visits per calendar year for members 0-20 years of age and after 12 visits for members 21 years of age or older from a facility other than a community mental health center or ODADAS facility, which is a Medicaid provider.

Covered Services, continued	
Nursing facility services for a short-term rehabilitative stay	Short-term inpatient rehabilitative nursing facility stays require PA.
Obstetrical (maternity care: prenatal and postpartum including at-risk pregnancy services) and gynecological services	PA is not required.
Outpatient hospital services	Some outpatient services require PA.
Physical and occupational therapy	30 dates of service per 12-month period for any combination of services. Physical and occupational therapy require PA after the initial evaluation and 12 visits for any combination of services.
Physical exam required for employment or for participation in job training programs if the exam is not provided free of charge by another source	PA is not required.
Podiatry (foot) services	Office visits for examination and plan of care do not require PA. In-office podiatry procedures and interventions require PA.
Prescription drugs, including certain prescribed over-the-counter drugs	Selected drugs, including injectables and some over-the-counter drugs, require PA.
Preventive mammogram (breast) and cervical cancer (pap smear) exams	PA is not required.
Primary care provider services	PA is not required.
Renal dialysis (kidney disease)	PA is not required.
Screening and counseling for obesity	PA is not required. Screening and counseling for obesity requires a referral by a provider.
Services for children with medical handicaps (Title V)	PA is not required.
Shots (immunizations)	PA is not required.
Specialist services	Office visits to see a specialist not require PA. Some specialist services do require PA.
Speech and hearing services, including hearing aids	PA is required for all speech therapy services after the initial evaluation is completed. 30 dates of service per 12-month period for any combination of Speech, Language, Pathology and Audiology services are covered. Hearing aids require PA.
Vision (optical) services, including eyeglasses	PA is not required.
Well-child (Healthchek) exams for children under the age of 21	PA is not required.
Yearly well-adult exams	PA is not required.

Dental Benefits

Taking care of your teeth and gums can keep you healthy. Visiting your dentist on a regular basis for checkups and cleanings can help prevent cavities and other problems with your teeth. You can check the provider directory to find a dentist contracted with Molina Healthcare.

If you have any questions about your dental benefits, please call Member Services at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711).

Vision Benefits

To help you keep your eyes healthy, Molina Healthcare covers eye exams for all members 2 years of age and older and one pair of eyeglasses (frames and lenses) yearly, if medically necessary. Molina Healthcare also offers an expanded selection of frames to choose from, more than Medicaid fee-for-service, at no cost to you. You can check the provider directory to find an eye doctor contracted with Molina Healthcare.

If you have any questions about your vision benefits, please call Member Services at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711).

Prescription Drugs

While Molina Healthcare covers all medically necessary Medicaid-covered medications, we use a preferred drug list (PDL). These are the drugs that we prefer that your provider prescribe. We may also require that your provider submit information to us (a prior authorization request) to explain why a specific medication and/or a certain amount of a medication is needed. Molina Healthcare will review and provide an answer to the prior authorization request within 24 hours of receiving the request. We must approve the request before you can get the medication. Reasons why we may prior authorize a drug include:

- There is a generic or pharmacy alternative drug available.
- The drug can be misused/abused.
- There are other drugs that must be tried first.

Some drugs may also have quantity (amount) limits and some drugs are never covered, such as drugs for weight loss. Drugs for erectile dysfunction, and infertility also are not covered.

If we do not approve a prior authorization request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing.

You can call Member Services to request information on our PDL and medications that require prior authorization. You can also look on our website at www.MolinaHealthcare.com. Please note that our PDL and list of medications that require prior authorization can change so it is important for you and/or your provider to check this information when you need to fill/refill a medication.

Molina Healthcare will only pay for prescriptions you get from pharmacies that are contracted with Molina Healthcare. Molina Healthcare requires the use of generic drugs if they are available. If your provider believes that it is medically necessary for you to have a brand name drug, the provider may submit a prior authorization request to Molina Healthcare. Molina Healthcare will review the request and determine whether to approve the brand name medication. If you plan to travel out-of-state, be sure to fill your prescriptions before you leave.

"My provider prescribed a medication, but I'm feeling better. Should I keep taking this medication?"

Molina Healthcare's registered nurses are available 24 hours a day, 7 days a week to answer your questions about your medications. **Call Molina Healthcare's 24-Hour Nurse Advice** Line at 1-888-275-8750 or 1-866-648-3537 (Español), when you have questions about medications for you or your children. For hearing impaired, call TTY 1-866-735-2929. Molina Healthcare is committed to getting you the help you need.

Coordinated Services

Molina Healthcare cares about you and your health. We want to ensure our members receive quality health care services and safe medical treatment. The Coordinated Services Program (CSP) assists certain members who visit many providers and pharmacies for prescription drugs with accessing medically necessary services.

Enrollment in CSP includes assignment to a designated pharmacy, provider(s) and care coordination. Members enrolled in CSP must fill of their prescription medications at one pharmacy, except in emergency situations, and coordinate medical services through their primary care provider (PCP). Members enrolled in CSP will receive a CSP ID card that lists their primary care provider and designated pharmacy.

Members must contact Molina Healthcare Member Services department to request to change their designated pharmacy or PCP. Members can change their PCP monthly, if needed. Members may request to change their designated pharmacy if the designated pharmacy relocates or closes, is no longer an eligible provider, or chooses not to provide services to a member. Members may also request to change their designated pharmacy if members relocate, are incapacitated, or transfer from another Medicaid plan to Molina Healthcare and their designated pharmacy is not part of the Molina Healthcare pharmacy network. All such requests will be reviewed. If approved, the member will receive a new CSP ID card. If not approved, the member will remain with their current designated pharmacy.

The minimum enrollment period for CSP is 18 calendar months. Members selected for Molina Healthcare's CSP will be provided additional information about the CSP program and notified of their state hearing rights, as applicable.

In an emergency situation, such as a pharmacy closure due to weather emergency, fire or other catastrophes impacting the designated pharmacy's operations or ability to dispense the prescription medication, Molina Healthcare must give approval for you to use a different pharmacy. Members or pharmacies can call Molina Healthcare Member Services department 1-800-642-4168 (TTY for the hearing impaired: 1-800-750-0705 or 711) 7 a.m. to 7 p.m., Monday through Friday. For after-hour emergencies, members or pharmacies may call Molina Healthcare's 24-Hour Nurse Advice line at 1-888-275-8750 or 1-866-648-3537 (Español) (TTY for the hearing impaired: 1-866-735-2929) for assistance.

Healthchek (EPSDT)

Healthchek is Ohio's early and periodic screening, diagnostic, and treatment (EPSDT) benefit. Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone eligible for Medicaid under the age of 21 years. These exams are important to make sure that children are healthy and are developing physically and mentally. Mothers should have prenatal exams and children should have exams at birth, 3-5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one exam per year.

Healthchek also covers complete medical, vision, dental, hearing, nutritional, developmental, and mental health exams, in addition to other care to treat physical, mental, or other problems or conditions found by an exam. Healthchek covers tests and treatment services that may not be covered for people over age 20; some of the tests and treatment services may require prior authorization.

Healthchek services are available at no cost to members and include:

- Preventive check-ups for newborns, infants, children, teens, and young adults under the age of 21.
- Healthchek screenings:
  - ► Complete medical exams (with a review of physical and mental health development)
  - ► Vision exams
  - ► Dental exams
  - ► Hearing exams
  - ► Nutrition checks
  - ► Developmental exams
  - ► Lead testing
- Laboratory tests for certain ages
- Immunizations
- Medically necessary follow up care to treat physical, mental, or other health problems or issues found during a screening. This could include, but is not limited to, services such as:
  - ► Visits with a primary care provider, specialist, dentist, optometrist and other Molina Healthcare providers to diagnose and treat problems or issues
  - ► In-patient or outpatient hospital care
  - ► Clinic visits
  - ► Prescription drugs
  - ► Laboratory tests
- Health education

It is very important to get preventive check ups and screenings so your providers can find any health problems early and treat them, or make a referral to a specialist for treatment, before the problem gets more serious. Some services may require a referral from your PCP or prior authorization by Molina Healthcare. Also, for some EPSDT items or services, your provider may request prior authorization for Molina Healthcare to cover things that have limits or are not covered for members over age 20. Please see pages 12-13 to see what services require a referral and/or prior authorization.
As a part of Healthchek, care management services are available to all members under the age of 21 years who have special health care needs. Please see page 18 to learn more about the care management services offered by Molina Healthcare.

You can receive these services by calling your PCP and/or dental provider and making an appointment. Be sure to say that you want to schedule a Healthchek appointment.

If you have any questions, or need assistance, please call Member Services at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711). We can help you:

- Access care
- Learn what services are covered
- Find a provider
- Schedule transportation
- Understand which services require prior authorization
- Make an appointment

Services Not Covered by Molina Healthcare or Ohio Medicaid

Molina Healthcare will not pay for services or supplies received without following the directions in this handbook. Molina Healthcare will not pay for the following services that are not covered by Medicaid:

- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- Acupuncture and biofeedback services
- All services or supplies that are not medically necessary
- Assisted suicide services, defined as services for the purpose of causing, or assisting to cause, the death of an individual
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid and not in accordance with customary standards of practice
- Infertility services for males or females, including reversal of voluntary sterilizations
- Inpatient treatment to stop using drugs and/or alcohol (in-patient detoxification services in a general hospital are covered)
- Paternity testing
- Plastic or cosmetic surgery that is not medically necessary
- Services for the treatment of obesity, unless determined medically necessary
- Services to find cause of death (autopsy) or services related to forensic studies
- Services determined by Medicare or another third-party payer as not medically necessary
- Sexual or marriage counseling
- Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure

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 the Member Services Department.

Additional Benefits

Molina Healthcare also offers the following extra services and/or benefits to their members. If you need information on how to access any of the extra services or additional benefits that Molina Healthcare offers, call Member Services at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711).

Transportation

If you must travel 30 miles or more from your home to receive covered health care services, Molina Healthcare will provide transportation to and from the provider's office. This transportation benefit is for medically necessary Medicaid-covered services that are not available from a provider closer to your home.

When you do not have other transportation available, Molina Healthcare can provide transportation to health care appointments that are less than 30 miles from your home as an additional benefit. Molina Healthcare provides 15 round-trip visits (30 one-way trips) for each member per calendar year to any Molina Healthcare provider, WIC or CDJFS re-determination appointment.

Immediately following a medical appointment, Molina Healthcare will cover trips to the pharmacy to pick up a prescription. Medical appointments include trips to a doctor, clinic, hospital, therapy or behavioral health appointment. Let your transportation driver know that you will need to stop at the pharmacy on your return trip, and ask your health care provider to call your prescription in to the pharmacy so it is ready when you get there.

In addition to the transportation assistance that Molina Healthcare provides, members can still receive assistance with transportation for certain services through the local County Department of Job and Family Services Non-Emergency Transportation (NET) program. Call your County Department of Job and Family Services for questions or assistance with NET services.

To arrange transportation, or if you have any questions, please contact 1-866-642-9279 (TTY for the hearing impaired: 1-800-750-0750 or 711) for assistance. Please call as soon as possible to schedule your transportation, but no later than 48 hours in advance of your appointment.

Plan ahead!

Molina Healthcare may not be able to schedule your transportation if you do not call at least 48 hours in advance of your appointment.

Care Management

Molina Healthcare has a care management program to assist you with managing your health care. The professionals who work in the care management program are called Care Managers. All Care Managers are nurses or social workers and are part of a multidisciplinary team made up of other health care professionals and support staff.

Molina Healthcare offers care management services that are available to children and adults with special health care needs.

Care management is especially helpful if you have difficulty controlling a medical condition that requires extra attention, such as:

- Asthma
- Behavioral health disorders
- Chemical dependency
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- High blood pressure
- High-risk pregnancy

Care management can also help you if you have multiple conditions that make your health care complicated.

You can be enrolled in care management in a number of ways:

- You can call Member Services if you think that the program would benefit you.
- If your provider thinks that care management would be beneficial to you, he or she may call Molina Healthcare and request that a Care Manager call you.
- If a Care Manager thinks that these services might be helpful to you, he or she will give you a call.

In order to help you, Molina Healthcare will need to learn more about you. A a member of your care management team will call to ask you questions about your health and lifestyle to determine if care management can assist you with your medical condition.

Once you are enrolled in care management, a Care Manager will work with you one-on-one , most often by telephone, to learn about your condition and help you to identify the steps to take to get quality health care. Several times a year, a member of your care management team will meet with you. This face-to-face meeting will help you meet your health care goals. Your Care Manager will work directly with your PCP and other providers to help coordinate your care and will give you information on local resources that may be able to provide you with additional assistance.

For more information, please call Member Services at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711). A representative will be able to connect you with a Care Manager.

"My daughter has just been diagnosed with asthma. What are some things I can do at home that will help her breathe easier?"
Molina Healthcare cares about you and your family. Molina Healthcare's 24-Hour Nurse Advice Line will help you understand and manage medical conditions like, asthma, diabetes, high blood pressure, heart disease or other health concerns, call Molina Healthcare's 24-Hour Nurse Advice Line at 1-888-275-8750 or 1-866-648-3537 (Español). For hearing impaired, call TTY 1-866-735-2929. Registered nurses are available 24 hours a day, 7 days a week to answer your questions about your medical condition.

motherhood matters[sm]

As a Molina Healthcare member, you can receive gift card rewards to local stores for getting prenatal care for you and preventive care for your baby. Pregnant members who contact Member Services will be enrolled and will receive a motherhood matters[sm] packet. Included in that packet are instructions on how you can receive your gift cards.

Notify Molina Healthcare and your county caseworker if you learn that you are pregnant so that you get all of the information and support that you will need for a healthy pregnancy.

Smoking Cessation

Molina Healthcare's Free and Clear® smoking cessation program is for members who are ready to quit smoking and is available at no cost to you. Molina Healthcare cares about the health of you and your family, and we are committing to connecting you to the care you need. Quitting smoking has many benefits. It lowers your risk for diseases and death caused by smoking and improves your health. Molina Healthcare members that chose to participate in the Free and Clear® program will receive free one-on-one counseling, free educational materials, a toll-free quit line to call at anytime for help between scheduled calls and appropriate stop smoking aids, such as nicotine replacement therapy, based on what you and your provider decide is right for you.

How Molina Healthcare Pays for Your Care

Molina Healthcare contracts with providers in several different ways. Molina Healthcare contracted providers are paid on a fee-for-service basis, which means that they are paid each time they see you or for each procedure they perform. There are also some providers who are paid a flat amount for each month that a member is assigned to their care, whether the member sees the provider or not.

Some providers may be offered incentives for giving good preventive care and for monitoring the use of hospital services. Molina Healthcare does not reward providers or employees for denying medical coverage or services, nor does Molina Healthcare provide financial incentives for utilization management decisions that could result in denials or underutilization. Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage.

What If I Get a Bill?

Molina Healthcare members are not responsible for co-payments or other charges for medical services. If you receive a statement from a provider, check to see if there is any patient responsibility listed. If the letter shows that you are responsible for any charges, or if a provider asks you to sign an agreement to pay for services, call Member Services right away. Molina Healthcare will help resolve this issue so that you do not receive any bills from the provider. If the statement does not indicate any patient responsibility, this means you received a statement, not a bill, and the provider is just notifying you that your insurance company has been billed for the services provided. These statements typically note at the top of the page that "this is not a bill," and you may disregard the statement, as the provider is not billing you for the services. If you did not receive the services listed in the statement, please call and report to Member Services right away.

You can contact Molina Healthcare to get any other information you want, including the structure and operation of Molina Healthcare and how we pay our providers.

Molina Healthcare provides services to our members because of a contract that Molina Healthcare has with the Ohio Department of Medicaid (ODM). If you want to contact ODM, you can call or write to:

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-324-8680
TTY: 1-800-292-3572

You can also visit ODM on the web at www.jfs.ohio.gov/ohp.

If you want to tell us about things you think we should change, please call the Member Services Department at 1-800-642-4168; (TTY 1-800-750-0750).

Your health coverage is subject to change and modification by government regulatory agencies. Molina Healthcare will notify you of any changes as they occur.

Evaluating New Technology

Molina Healthcare uses a medical evaluation process to assess whether a new medical device, medical, surgical or behavioral health protocol/procedure or other therapy is proven to be safe and effective for a particular clinical indication or condition when compared to alternative therapies. The goals of this process are:

- To review and update coverage decisions as new scientific evidence becomes available.
- To review individual cases to evaluate whether or not to cover a specifically requested service.

If Molina Healthcare denies coverage for a device, protocol, procedure or other therapy that is a new technology that is not a medically necessary Medicaid-covered service, you or your provider can ask for information on Molina Healthcare's coverage protocols and procedures. For more information about our internal assessment process, please call Member Services at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711).

Your Membership Rights

As a member of Molina Healthcare, you have the following rights:

- To receive all services that Molina Healthcare must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be given information about your health. This information may also be available to someone who you have legally okayed to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your health care, unless it is not in your best interest.
- To get information on any medical care treatment, given in a way that you can follow.
- To be sure that others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal regulations.
- To ask and get a copy of your medical records, and to be able to ask that the record be changed/corrected if needed.
- To be able to say "yes" or "no" to having any information about you given out unless Molina Healthcare has to by law.
- To be able to say "no" to treatment or therapy. If you say "no," the doctor or MCP must talk to you about what could happen, and they must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing. See pages 29-31 of this handbook for information.
- To be able to get all MCP written member information from the MCP:
    - At no cost to you;
    - In the prevalent non-English languages of members in the MCP's service area;
    - In other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help free of charge from Molina Healthcare and its providers if you do not speak English or need help in understanding information.
- To be able to get help with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will). See page 35, which explains about advance directives. You can also contact Member Services for more information.
- To file any complaint about not following your advance directives with the Ohio Department of Health.
- To change your primary care provider (PCP) to another PCP on Molina Healthcare's panel at least monthly. Molina Healthcare must send you something in writing that says who the new PCP is and the date the change began.

- To be free to carry out your rights and know that the MCP, the MCP's providers or ODM will not hold this against you.
- To know that the MCP must follow all federal and state laws and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- If you are a female, to be able to go to a women's health provider on Molina Healthcare's panel for covered women's health services.
- To be able to get a second opinion from a qualified provider on Molina Healthcare's panel. If a qualified provider is not able to see you, Molina Healthcare must set up a visit with a provider not on our panel.
- To get information about Molina Healthcare from us.
- To contact the United States Department of Health and Human Services Office of Civil Rights and/or the Ohio Department of Job and Family Services Bureau of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran status, ancestry, health status, or need for health services.

Office for Civil Rights
United States Department of
Health and Human Services
233 N. Michigan Ave. – Suite 240
Chicago, Illinois 60601
(312) 886-2359; (312) 353-5693 TTY

Bureau of Civil Rights
Ohio Department of Job and Family Services
30 E. Broad St., 30th Floor
Columbus, Ohio 43215
(614) 644-2703; 1-866-227-6353; 1-866-221-6700 TTY
Fax: (614) 752-6381

You also have the right to:

- Voice any complaints or appeals about Molina Healthcare or the care you were given.
- Receive information about Molina Healthcare, covered benefits and the providers contracted to provide services.
- Openly discuss your treatment options, regardless of cost or benefit coverage, in a way that is easy to understand.
- Receive information about your member rights and responsibilities.
- Make recommendations about Molina Healthcare's member rights and responsibilities policies.
- Get a second opinion from a qualified provider on Molina Healthcare's panel. Molina Healthcare must set up a visit with a provider not on our panel at no cost to you, if a qualified panel provider is not able to see you.

Your Membership Responsibilities

As a member of Molina Healthcare, you have the responsibility to:

- Always carry your Molina Healthcare ID card, and do not let anyone else use your ID card.
- Keep appointments, and be on time.
- If you require transportation, call Molina Healthcare at least 48 hours in advance whenever possible.
- Call your provider 24 hours in advance if you are going to be late or if you cannot keep your appointment.
- Share important health information with Molina Healthcare and your providers so that they can give you appropriate care.
- Understand your health conditions and be active in decisions about your health care.
- Work with your provider to develop treatment goals and follow the care plan that you and your provider have developed.
- Ask questions if you do not understand your benefits.
- Call Molina Healthcare within 24 hours of a visit to the emergency department or an unexpected stay in the hospital.

- Inform Molina Healthcare if you would like to change your PCP. Molina Healthcare will verify that the PCP you select is contracted with Molina Healthcare and is accepting new patients.
- Inform Molina Healthcare and your county caseworker if you change your name, address or telephone number or if you have any changes that could affect your eligibility.
- Let Molina Healthcare and your health care providers know if you or any of the members of your family have other health insurance coverage.
- Report any fraud or wrongdoing to Molina Healthcare or the proper authorities.

Protecting Your Privacy

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

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 Healthcare.

Why does Molina Healthcare use or share your PHI?
- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To share PHI as required or permitted by law

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 Healthcare protect your PHI?
Molina Healthcare uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word or PHI in a computer. Below are some ways Molina Healthcare protects PHI:
- Molina Healthcare has policies and rules to protect PHI.
- Molina Healthcare limits who may see PHI. Only Molina Healthcare staff or contractors with a need to know PHI may use and share PHI.
- Molina Healthcare staff is trained on how to protect and secure PHI.
- Molina Healthcare staff must agree in writing to follow the rules and polices that protect and secure PHI.
- Molina Healthcare secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What must Molina Healthcare do by law?
- Keep your PHI private.
- Give you 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 Healthcare and complain.
- Complain to the U.S. Department of Health and Human Services.

We will not hold anything against you. Your action would not change your health benefits 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 is included in the following section of your Molina Member Handbook. The Notice is posted on our web site at www.molinahealthcare.com. You may also get a copy of our Notice by calling our Member Services Department at 1-800-642-4168.

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 Ohio ("Molina" or "we") 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. We have policies in place to obey the law. The effective date of this notice is May 1, 2008.

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 or share your PHI to provide you with healthcare 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 providers 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 provider.

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 provider know that you have our benefits. We would also tell the provider the amount of the bill that 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 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 treatments, or other health-related benefits and services.

When can Molina use or share your PHI without getting written authorization (approval) from you?
In addition to treatment, payment and health care operations, the law allows or requires Molina to use and share your PHI for several other purposes including the following: Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.

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).

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, when approved by a privacy or institutional review board.

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
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, such as national security activities.

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
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. You may cancel a written approval that you have given us. Your cancellation will not apply to 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 or 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 to 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 fill out a 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 fill out a form to make your request.

Review and Copy Your PHI
You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina member. You will need to fill out a form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may 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 fill out a 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 the 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;
- as part of a limited data set for research or public health activities;
- PHI released in the interest of national security or for intelligence purposes; to correctional institutions having custody of an inmate; or
- shared prior to April 14, 2003

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You must fill out a form to request a list of PHI disclosures. You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Manager of Member Services at 1-800-642-4168, TTY 1-800-750-0750.

What can you do if your rights have not been protected?
You may complain to Molina and to 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 will not change in any way.

You may complain to us at:

Member Services Department
Molina Healthcare of Ohio, Inc.
P.O. Box 349020
Columbus, OH 43234-9020

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
233 N. Michigan Ave. - Suite 240
Chicago, IL 60601
(312) 886-2359; (312) 353-5693 (TDD)
(312) 886-1807 FAX

What are the duties of Molina?
Molina is required to:

- Keep your oral, written, and electronic PHI private
- Give you written information such as this on our duties and privacy practices about your PHI
- 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, a new notice will be sent to you by US Mail.

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

Member Services Department
Molina Healthcare of Ohio, Inc.
P.O. Box 349020
Columbus, OH 43234-9020
Toll Free:
1-800-642-4168
TTY 1-800-750-0750

Important Information About Your Medicaid Eligibility and Coverage

Loss of Medicaid Eligibility

It is important that you keep your appointments with the County Department of Job and Family Services. If you miss a visit or do not give them the information they ask for, you can lose your Medicaid eligibility. If this happened, Molina Healthcare would be told to stop your membership as a Medicaid member and you would no longer be covered by Molina Healthcare.

Loss of Insurance Notice (Certificate of Creditable Coverage)

Anytime you lose health insurance you should receive a notice, known as a certificate of creditable coverage, from your old insurance company that says you no longer have insurance. It is important that you keep a copy of this notice for your records because you might be asked to provide a copy.

Automatic Renewal of Molina Healthcare Membership

If you lose your Medicaid eligibility but it is started again within 60 days, you will automatically become a Molina Healthcare member again.

Other Health Insurance (Coordination of Benefits – COB)

If you or anyone in your family has health insurance with another company, it is very important that you call the Member Services Department and your county caseworker about the insurance. For example, if you work and have health insurance or if your children have health insurance through their other parent then you need to call the Member Services Department to give us the information. It is also important to call Member Services and your county caseworker if you have lost health insurance that you had previously reported. Not giving us this information can cause problems with getting care and with bills.

Sharing insurance information with your health care providers is very important. Sharing information about your insurance will not cause you to lose your health coverage. It will help your doctor and the insurance companies work together to provide your health care.

Why is sharing insurance information with your doctor important?

- Your health care providers cannot get paid correctly for the care they give to you if they do not have accurate insurance information.
- The insurance companies that provide your health care coverage cannot work together if you do not provide them with all of your coverage information.

What do you need to do?

- Present all of your health care insurance identification (ID) cards and your driver's license or state ID card when you check in at your health care provider's office.

- Call your County Job and Family Services caseworker with any updates to your insurance coverage.
- Inform your caseworker and your insurance companies every time there is an important update in your life that can impact your health care coverage.

For example, you should update your information as soon as you learn you are pregnant and when you have a baby. You should also update your information if there is a change in your marital status, student status, address or telephone number.

Molina Healthcare of Ohio members are not responsible for paying medical copayments or deductibles, even if you have other health insurance coverage. Just be sure to follow the health insurance company's guidelines for getting services. For example, be sure to get your health care from contracted providers.

Keeping your health care coverage information updated will benefit both you and your health care providers.

Accidental Injury or Illness (Subrogation)

If a Molina Healthcare member has to see a doctor for an injury or illness that was caused by another person or business, you must call the Member Services Department to let us know. For example, if you are hurt in a car wreck, by a dog bite, or if you fall and are hurt in a store, then another insurance company might have to pay the doctor's and/or hospital's bill. When you call, we will need the name of the person at fault, their insurance company and the name(s) of any attorneys involved.

How to Communicate Questions and/or Concerns About Your Health Care Coverage

Non-Discrimination

Molina Healthcare may not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services in the receipt of health services. If you think you have not been treated fairly, please call Member Services.

How to Let Molina Healthcare Know if You are Unhappy or Do Not Agree with a Decision We Made

If you are unhappy with anything about Molina Healthcare or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know this. Molina Healthcare wants you to contact us so that we can help you.

You may file a grievance or an appeal on behalf of a member under the age of 18 without written consent when the individual filing the grievance or appeal belongs to the member's assistance group.
To contact us you can:

- Call the Member Services Department at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711), or
- Fill out the form in your member handbook, or

- Call the Member Services Department at **1-800-642-4168** (TTY for the hearing impaired: 1-800-750-0750 or 711) to request they mail you a form, or
- Visit our website at www.MolinaHealthcare.com, or
- Write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your Molina Healthcare member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:

Molina Healthcare of Ohio, Inc.
P.O. Box 349020
Columbus, OH 43234-9020

Molina Healthcare will send you something in writing if we make a decision to:

- Deny a request to cover a service for you;
- Reduce, suspend or stop services before you receive all of the services that were approved; or
- Deny payment for a service you received that is not covered by Molina Healthcare.

We will also send you something in writing if, by the date we should have, we did not:

- Make a decision on whether to cover a service requested for you, or
- Give you an answer to something you told us you were unhappy about.

If you do not agree with the decision/action listed in the letter, and you contact us within 90 calendar days to ask that we change our decision/action, this is called an appeal. The 90 calendar day period begins on the day after the mailing date on the letter. Unless we tell you a different date, we will give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. If we have made a decision to reduce, suspend or stop services before you receive all of the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

If you contact us because you are unhappy with something about Molina Healthcare or one of our providers, this is called a grievance. Molina Healthcare will give you an answer to your grievance by phone (or by mail if we cannot reach you by phone) within the following time frames:

- 2 working days for grievances about not being able to get medical care.
- 30 calendar days for all other grievances, except grievances that are about getting a bill for care you have received.
- 60 calendar days for grievances about getting a bill for care you have received.

You also have the right at any time to file a complaint by contacting the:

Ohio Department of Medicaid
Bureau of Managed Care
P.O. Box 182709
Columbus, Ohio 43218-2709
1-800-605-3040 or 1-800-324-8680
TTY: 1-800-292-3572

Ohio Department of Insurance
50 W. Town Street
3rd Floor - Suite 300
Columbus, Ohio 43215
1-800-686-1526

State Hearings

Molina Healthcare will notify you of your right to request a state hearing when:

- A decision is made to deny services.
- A decision is made to reduce, suspend, or stop services before all of the approved services are received.
- A provider is billing you because Molina Healthcare has denied payment of the service.
- A decision is made to propose enrollment or continue enrollment in the Molina Healthcare coordinated services program.
- A decision is made to deny your request to change your Molina Healthcare coordinated services program provider.

At the time Molina Healthcare makes the decision, or is aware that the provider is billing you for payment, we will mail you a state hearing form. If you want a state hearing, you must request a hearing within 90 calendar days. The 90 calendar day period begins on the day after the mailing date on the hearing form.

If we have made a decision to reduce, suspend, or stop services before all of the approved services are received and you request the hearing within 15 calendar days from the mailing date on the form, we will not take the action until all approved services are received or until the hearing is decided, whichever date comes first. You may have to pay for services you receive after the proposed date to reduce, suspend, or stop services if the hearing officer agrees with our decision. If we propose to enroll you in the Molina Healthcare Coordinated Services Program (CSP) and you request the hearing within 15 calendar days from the mailing date on the form, we will not enroll you in the program until the hearing decision.

To request a hearing you can sign and return the state hearing form to the address or fax number listed on the form, call the Bureau of State Hearings at 1-866-635-3748, or submit your request via e-mail at bsh@jfs.ohio.gov. A state hearing is a meeting with you, someone from the County Department of Job and Family Services, someone from Molina Healthcare and a hearing officer from the Ohio Department of Job and Family Services. Molina Healthcare will explain why we made our decision, and you will tell why you think we made the wrong decision. The hearing officer will listen and then decide who is right based upon the information given and whether we followed the rules.

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, if the MCP or Bureau of State Hearings decides that the health condition meets the criteria for an expedited decision, the decision will be issued as quickly as needed but no later than 3 working days after the request is received. Expedited decisions are for situations when making the decision within the standard time frame could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function.

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association at 1-800-589-5888, for the local number.

Membership Termination

Just Cause Membership Terminations

Sometimes there may be a special reason that you need to end your health plan membership. This is called a "Just Cause" membership termination.

Before you can ask for a Just Cause membership termination you must first call your managed care plan and give them a chance to resolve the issue. If they cannot resolve the issue, you can ask for a Just Cause termination at

any time if you have one of the following reasons:

1. You move and your current MCP is not available where you now live and you must receive non-emergency medical care in your new area before your MCP membership ends.
2. The MCP does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time, and all the services aren't available on your MCP's panel.
4. You have concerns that you are not receiving quality care, and the services you need are not available from another provider on your MCP's panel.
5. Lack of access to medically necessary Medicaid-covered services or lack of access to providers that are experienced in dealing with your special health care needs.
6. The PCP that you chose is no longer on your MCP's panel, and he/she was the only PCP on your MCP's panel that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language, that is located within a reasonable distance from you and will accept you as a patient.
7. Other - if you think staying as a member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership for Just Cause by calling the Medicaid Hotline at 1-800-324-8680 (TTY for hearing impaired: 1-800-292-3572). ODM will review your request to end your membership for Just Cause and decide if you meet a Just Cause reason. You will receive a letter in the mail to tell you if ODM will end your membership and the date it ends. If you live in a mandatory enrollment area, you will have to choose another managed care plan to receive your health care unless ODM tells you differently. If your Just Cause request is denied, ODM will send you information that explains your state hearing right for appealing the decision.

Ending Your MCP Membership

As a member of a managed care plan, you have the right to choose to end your membership at certain times during the year. You can choose to end your membership during the first three months of your membership or during the annual open enrollment month for your area. ODM will send you something in the mail to let you know when your annual open enrollment month will be. If you live in a mandatory enrollment area you will have to choose another managed care plan to receive your health care.

If you want to end your membership during the first three months of your membership or open enrollment month for your area, you can call the Medicaid Hotline at 1-800-324-8680 (TTY for hearing impaired: 1-800-292-3572). You can also submit a request online to the Medicaid Hotline website at www.ohiomh.com. Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another managed care plan, your new plan will send you information in the mail before your membership start date.

Choosing a New Plan

If you are thinking about ending your membership to change to another health plan, you should learn about your choices, especially if you want to keep your current doctor(s). Remember, each health plan has its own list of doctors and hospitals that they will allow you to use. Each health plan also has written information which explains the benefits it offers and the rules that it has.

If you would like written information about a health plan you are thinking of joining, or if you simply would like to ask questions about the health plan, you may either call the plan or call the Medicaid Hotline at 1-800-324-8680 (TTY for hearing impaired: 1-800-292-3572). You can also find information about the health plans in your area by visiting the Medicaid Hotline website at www.ohiomh.com.

Optional Membership Terminations

Children under nineteen (19) years of age have the option to choose not to be a member of a managed care plan if they are:

- Receiving foster care or adoption assistance under Title IV-E;
- In foster care or other out of home placement; or
- Receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps (BCMH).

Additionally, if anyone is a member of a federally recognized Indian tribe, regardless of age, they have the option to not be a member of a managed care plan.

If you believe that you/your child meet any of the above criteria and do not want to be a member of a managed care plan, you can call the Medicaid Hotline at 1-800-324-8680 (TTY for hearing impaired: 1-800-292-3572). If someone meets the above criteria and does not want to be an MCP member, their membership will be ended.

Exclusions – Individuals that are not permitted to join a Medicaid MCP

- Dually eligible under both the Medicaid and Medicare programs;
- Institutionalized (in a nursing home, long-term care facility, ICF-MR, or some other kind of institution)
- Eligible for Medicaid by spending down their income or resources to a level that meets the Medicaid program's financial eligibility requirements; or
- Receiving Medicaid Waiver services.
- Receiving services through the Ohio Department of Health's Bureau for Children with Medical Handicaps (BCMH) for a diagnosis of cancer, cystic fibrosis or hemophilia.

If you believe that you meet any of the above criteria and should not be a member of a managed care plan, you must call the Medicaid Hotline at 1-800-324-8680 (TTY for hearing impaired: 1-800-292-3572). If you meet the above criteria, your MCP membership will be ended.

Can Molina Healthcare End My Membership?

Molina Healthcare may ask the Ohio Department of Medicaid (ODM) to end your membership for certain reasons. ODM must okay the request before your membership can be ended.

The reasons that Molina Healthcare can ask to end your membership are:

- For fraud or for misuse of your Molina Healthcare ID card.
- For disruptive or uncooperative behavior to the extent that it affects the MCP's ability to provide services to you or other members.

Things to Keep in Mind If You End Your Membership

If you have followed any of the above steps to end your membership, remember:

- Continue to use Molina Healthcare doctors and other providers until the day you are a member of your new health plan or back on regular Medicaid.
- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan's Member Services Department. If they are unable to help you, call the Medicaid Hotline at 1-800-324-8680 (TTY for hearing impaired: 1-800-292-3572).
- If you were allowed to return to regular Medicaid card and you have not received a new Medicaid card, call your county caseworker.
- If you have chosen a new health plan and have any medical visits scheduled, please call your new plan to be sure that these providers are on the new plan's list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: when you have an appointment to see a new doctor, a surgery, blood test or x-ray scheduled and especially if you are pregnant.
- If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Fraud and Abuse

Molina Healthcare seeks to uphold the highest ethical standards for the provision of health care benefits and services to its members and supports the efforts of federal and state authorities to prevent fraud and abuse. Molina Healthcare investigates all suspected cases of fraud and abuse and promptly reports all confirmed incidences to the appropriate government agencies.

Here are a few examples of health care fraud and abuse:

- Your provider prescribes more services than are necessary, such as:
    - Appointments
    - Treatments
    - Prescriptions
- You are billed for services that you did not receive.
- Another person uses your member ID card.
- Selling your prescription drugs.
- Changing the information on a prescription.

You have the right to report your concerns to Molina Healthcare and/or the Ohio Department of Medicaid. When reporting suspected incidences, please leave a detailed message including the names and phone numbers of the parties involved. You do not have to leave your name if you do not wish to do so.

Molina Healthcare of Ohio, Inc.
Confidential Compliance Hotline: 1-866-606-3889
Online: https://molinahealthcare.alertline.com/gcs/welcome

Molina Healthcare of Ohio, Inc.
Attn: Compliance Officer
P.O. Box 349020
Columbus, OH 43234-9020
Ohio Department of Medicaid
Bureau of Managed Care

P.O. Box 182709
Columbus, OH 43218-2709
(614) 466-4693

Advance Directives

Using advance directives to state your wishes about your medical care

Many people today worry about the medical care they would get if they became too sick to make their wishes known.

Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

You have a choice
A growing number of people are acting to make their wishes known. You can state your medical care wishes in writing while you are healthy and able to choose.

Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing.

This section explains your rights under Ohio law to accept or refuse medical care. It will help you choose your own medical care. This section also explains how you can state your wishes about the care you would want if you could not choose for yourself. This section does not contain legal advice, but will help you understand your rights under the law.

For legal advice, you may want to talk to a lawyer. For information about free legal services, call 1-800-589-5888, Monday through Friday, 8:30 a.m. to 5:00 p.m.

What are my rights to choose my medical care?
You have the right to choose your own medical care. If you don't want a certain type of care, you have the right to tell your provider you don't want it.

What if I'm too sick to decide? What if I can't make my wishes known?
Most people can make their wishes about their medical care known to their providers, but some people become too sick to tell their providers about the type of care they want.

Under Ohio law, you have the right to fill out a form while you're able to act for yourself. The form tells your providers what you want done if you can't make your wishes known.

What kinds of forms are there?
Under Ohio law, there are four different forms, or **advance directives**, you can use. You can use a Living Will, a Declaration for Mental Health Treatment, a Durable Power of Attorney for medical care or a Do Not Resuscitate (DNR) Order.
You fill out an advance directive while you're able to act for yourself. The advance directive lets your provider and others know your wishes about medical care.

Do I have to fill out an advance directive before I get medical care?
No. No one can make you fill out an advance directive. You decide if you want to fill one out.

Who can fill out an advance directive?
Anyone 18 years of age or older who is of sound mind and can make his or her own decisions can fill one out.

Do I need a lawyer?
No, you don't need a lawyer to fill out an advance directive. Still, you may decide you want to talk with a lawyer.

Do the people giving me medical care have to follow my wishes?
Yes, if your wishes follow state law. However, Ohio law includes a conscience clause. A person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes.

Living Will

This form allows you to put your wishes about your medical care in writing. You can choose what you would want if you were too sick to make your wishes known. You can state when you would or would not want food and water supplied artificially (see page 38).

How does a Living Will work?
A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- In a coma that is not expected to end, or
- Beyond medical help, with no hope of getting better and can't make your wishes known, or
- Expected to die and can't make your wishes known.

The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes.

Only you can change or cancel your Living Will. You can do so at any time.

Do Not Resuscitate Order

State regulations offer a Do Not Resuscitate (DNR) Comfort Care and Comfort Care Arrest Protocol as developed by the Ohio Department of Health. A DNR Order means a directive issued by a provider or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist, which identifies a person and specifies that CPR should not be administered to the person so identified. CPR means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR.

The DNR Comfort Care and Comfort Care Arrest Protocol lists the specific actions that paramedics, emergency medical technicians, providers or nurses will take when attending to a patient with a DNR Comfort Care or Comfort Care Arrest order. The protocol also lists what specific actions will not be taken.
You should talk to your provider about the DNR Comfort Care and Comfort Care Arrest Order and Protocol options.

Durable Power of Attorney

A Durable Power of Attorney for medical care is different from other types of powers of attorney. This section talks only about a Durable Power of Attorney for medical care, not about other types of powers of attorney. A Durable Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you can't act for yourself. This could be for a short or a long while.

Whom should I choose?
You can choose any adult relative or friend whom you trust to act for you when you can't act for yourself. Be sure you talk with the person about what you want. Then write down what you do or don't want on your form. You should also talk to your provider about what you want. The person you choose must follow your wishes.

When does my Durable Power of Attorney for medical care take effect?
The form takes effect only when you can't choose your care for yourself, whether for a short or long while. The form allows your relative or friend to stop life support only in the following circumstances:

- If you are in a coma that is not expected to end, or
- If you are expected to die.

Declaration for Mental Health Treatment

A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows a person, while capable, to appoint a proxy to make decisions on his or her behalf when he or she lacks the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment. The person can indicate medication and treatment preferences, and preferences concerning admission/retention in a facility.

The Declaration for Mental Health Treatment supersedes a Durable Power of Attorney for mental health care, but does not supersede a Living Will.

Advance Directives Frequently Asked Questions

What is the difference between a Durable Power of Attorney for medical care and a Living Will?
Your Living Will explains, in writing, the type of medical care you would want if you couldn't make your wishes known.

Your Durable Power of Attorney lets you choose someone to carry out your wishes for medical care when you can't act for yourself.

If I have a Durable Power Of Attorney for medical care, do I need a Living Will too?
You may want both. Each addresses different parts of your medical care.

A Living Will makes your wishes known directly to your providers, but states only your wishes about the use of life-support methods.

A Durable Power of Attorney for medical care allows a person you choose to carry out your wishes for all of your medical care when you can't act for yourself. A Durable Power of Attorney for medical care does not supersede a Living Will.

Can I change my advance directive?
Yes, you can change your advance directive whenever you want.

If you already have an advance directive, make sure it follows Ohio's law (effective October 10, 1991). You may want to contact a lawyer for help.

It is a good idea to look over your advance directives from time to time. Make sure they still say what you want and that they cover all areas.

If I don't have an advance directive, who chooses my medical care when I can't?
Ohio law allows your next-of-kin to choose your medical care if you are expected to die and can't act for yourself. If you are in a coma that is not expected to end, your next-of-kin could decide to stop or not use life support after 12 months. Your next-of-kin may be able to decide to stop or not use artificially supplied food and water also (see below).

Other Matters to Think About

What about stopping or not using artificially supplied food and water?
Artificially supplied food and water means nutrition supplied by way of tubes placed inside you. Whether you can decide to stop or not use these depends on your state of health.

- If you are expected to die and can't make your wishes known, and your Living Will simply states you don't want life-support methods used to lengthen your life, then artificially supplied food and water can be stopped or not used.
- If you are expected to die and can't make your wishes known, and you don't have a Living Will, then Ohio Law allows your next-of-kin to stop or not use artificially supplied food and water.
- If you are in a coma that is not expected to end, and your Living Will states you don't want artificially supplied food and water, then artificially supplied food and water may be stopped or not used.
- If you are in a coma that is not expected to end, and you don't have a Living Will, then Ohio law allows your next-of-kin to stop or not use artificially supplied food and water. However, he or she must wait 12 months and get approval from a probate court.

By filling out an advance directive, am I taking part in euthanasia or assisted suicide?
No, Ohio law doesn't allow euthanasia or assisted suicide.

Where do I get advance directive forms?
Many of the people and places that give you medical care have advance directive forms. Call Molina Member Services if you have any questions about how to get this form. A lawyer could also help you.

What do I do with my forms after filling them out?
You should give copies to your provider and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Durable Power of Attorney for medical care, give that person a copy. Put a copy with your personal papers. You may want to give one to your lawyer or clergy person.

Be sure to tell your family or friends about what you have done. Don't just put these forms away and forget about them.

Organ and Tissue Donation

Ohioans can choose whether they would like their organs and tissues to be donated to others in the event of their death. By making their preference known, they can ensure that their wishes will be carried out immediately and that their families and loved ones will not have the burden of making this decision at an already difficult time. Some examples of organs that can be donated are the heart, lungs, liver, kidneys and pancreas. Some examples of tissues that can be donated are skin, bone, ligaments, veins and eyes.

There are two ways to register to become an organ and tissue donor:

1. You can state your wishes for organ and/or tissue donation when you obtain or renew your Ohio Driver License or State ID Card, or
2. You can complete the Donor Registry Enrollment Form that is attached to the Ohio Living Will Form, and return it to the Ohio Bureau of Motor Vehicles.

Definitions

Abuse – 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.

Advance Directives – Written instructions relating to the provision of health care when an adult is incapacitated, such as a Living Will, a Durable Power of Attorney for Medical Care, a Declaration for Mental Health Treatment, or a Do Not Resuscitate Order.

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

Authorization – An approval for a service.

Coordinated Services Program - Program to assist certain members using controlled substances who have received medications that are not medically necessary to establish and maintain a relationship with only one provider and/or pharmacy to coordinate treatment. Members selected for Molina Healthcare's coordinated services program will be provided additional information and notified of their state hearing rights, as applicable.

Covered Services – Services and supplies covered by Molina Healthcare.

Emergency Medical Condition – A medical problem that you think is so serious that 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.

Fraud – Intentional deception or misrepresentation by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person.

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

Medical Home – Having one provider who will help you with most of your medical needs.

Medically Necessary Services – Services necessary for the diagnosis or treatment of disease, illness, or injury, without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort.

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

Molina Healthcare – A managed care plan licensed by the State of Ohio to provide prepaid medical and hospital services to Medicaid eligible consumers.

Participating/Contracted Provider – A provider who has entered into a contract with Molina Healthcare to provide covered services to members.

Post-Stabilization – Medicaid-covered services that you receive after emergency medical care.

Preventive Health Care – Health care focused on early detection and treatment of health problems and the prevention of 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 an authorization 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.

Utilization Management – The evaluation of the appropriateness of health care services.

Molina Healthcare
Member Grievance/Appeal Request Form

Instructions for filing a grievance/appeal:

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit. (Do Not Send Originals).
3. If you have someone else submit on your behalf, you must give your consent below.
4. You may submit the completed form through one of the following ways:
    a. Send to the address listed below,
    b. Fax to the fax number below, or
    c. Present your information in person. To do this, call us at the number listed below.

    We will send a written acknowledgement letter of your request. It will be mailed to you within three (3) working days after the request is received.

Member's name: _____ Today's date: _____

Name of person requesting grievance/appeal, if other than the Member: _____

Relationship to the Member: _____

Member's ID #: _____ Daytime telephone #:_____

Specific issue(s): _____

_____

_____

_____

_____

_____

_____

(Please state all details relating to your request including names, dates and places. Attach another sheet of paper to this form if more space is needed)

By signing below, you agree that the information provided is true and correct. If someone else is completing this form for you, you are giving written consent for the person named above to submit on your behalf.

Member's Signature: _____ Date: _____

If you would like help with your request, we can help. We can help you in the language you speak or if you need other special support for hearing or seeing. You can call, write or fax us at:

Molina Healthcare of Ohio
Attn: Grievance & Appeal Department
P.O. Box 349020
Columbus, Ohio 43234-9020

Molina Healthcare Member Services: 1-800-642-4168
Hearing Impaired TTY/Ohio Relay: 1-800-750-0750 or 711
Fax Number: 1-614-781-1410

Molina Healthcare cannot promise that the way in which you submit this form to us is a secured method. Thank you for using the Molina Healthcare Member Grievance & Appeal Process.

Important Information You Need to Know

- If you are unhappy with the steps we and/or your doctor took for your request, let us know. You can fill out the enclosed *Member Grievance/Appeal Request Form* to file an appeal. You may also call us.
- We will give you an answer within fifteen (15) days. If you or your doctor think that waiting up to fifteen (15) days is too long and would be life threatening, could hurt your health or ability to attain, maintain, or regain maximum function, please let us know why you think this. This is called an expedited appeal. We will make a determination within one working day of the appeal request whether to expedite the appeal. If we agree, we will let you know within three (3) working days of your appeal. If we do not agree, your appeal will be resolved within the normal fifteen (15) days.
- If you would like to continue your care that you currently are getting during this process, please submit a request in writing within ten (10) days of your denial notice. If a decision is made and it is not in your favor, you may be responsible for the cost of the care received during this process.

Molina Healthcare Member Services: **1-800-642-4168**

Hearing Impaired TTY/Ohio Relay: **1-800-750-0750 or 711**

7 a.m. to 7 p.m. Monday through Friday

State Hearing

You also have the right to request a state hearing. Your request must be submitted within ninety (90) days from the mailing date on the notice of denial (NOA) form. To request a state hearing you can sign and return the state hearing form (included with the NOA) to the address or fax number listed on the form. You may also call the Bureau of state hearing at 1-866-635-3748, or submit your request via email at bsh@jfs.ohio.gov.

This form is available on our website at www.MolinaHealthcare.com.

Tear Here

First Visit Check List

Now that you have picked a PCP, be sure to schedule a check-up soon; even if you're not sick. During the appointment, you will have a chance to get to know your PCP and to ask a number of questions that will help you develop a good relationship.

Here are some things you should do to get ready for your first appointment:

- ☐ Make a list of the medications that you are currently taking.
- ☐ Make a list of any allergies that you have.
- ☐ If you have not been feeling well, make a list of your symptoms and take it to your appointment.
- ☐ Make a list of anything you would like to discuss with your PCP.
- ☐ Allow time to arrive at your appointment a few minutes early so that you have time to check in at the reception desk.
- ☐ Remember to take your Molina ID card with you to your appointment.

During the appointment, be sure to ask your PCP:

- ☐ How long should I expect to wait for a regular appointment?
- ☐ Can I be seen on the same day if the need is urgent?
- ☐ Who should I call if I have problems after hours? Remember, Molina's Nurse Advice Line is open 24 hours a day, 7 days a week to answer your health care questions when your PCP is not available.
- ☐ What should I do if I need to see a specialist?
- ☐ What should I do if I have to cancel an appointment?
- ☐ What if I think of a question after I leave the office?
- ☐ When do I need to return for another visit?

Date: _____

Time: _____

Notes: _____

How to Pick a PCP Checklist

A Primary Care Provider (PCP) is the health care provider who will help you with most of your medical needs. Your PCP will give you care, offer advice, and refer you to a specialist when necessary. It is important that you find a PCP who meets your needs. The following checklist will help you when you are picking a PCP.

- ☐ Look in Molina Healthcare's Provider Directory to find a list of contracted PCPs. You can view the Provider Directory online at www.MolinaHealthcare.com. If you need help, call Molina Healthcare Member Services at 1-800-642-4168, TTY 1-800-750-0750 or 711.
- ☐ Is the PCP's office located in an area that is convenient for you?
- ☐ Does the PCP have office hours that are convenient for you and your family? This is especially important if you have family members who work or attend school.
- ☐ Will the PCP treat all of the members of your family, or is the provider specifically for children or adults?
- ☐ Your PCP's gender may be important to you. Would you prefer to see a male or female PCP?
- ☐ Do you or your family members speak a language other than English? Check to see if there is a PCP available who speaks your language.

Picking a PCP is important. When you find a good PCP, you can develop a lasting relationship that will ensure a health care partnership for years to come.

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