

Guide to Getting Quality Health Care

2024



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Your guide to getting quality health care

The 2024 version of Molina Healthcare’s Guide to Getting Quality Health Care (the Guide) helps you learn about the programs and services offered to you. In this guide, you can read about our Quality Improvement Program and services to keep you healthy and take care of any health condition you may have.

This Guide gives you details about how we:

- Protect your privacy rights and your Protected Health Information (PHI)
- Make choices about your health care
- Help you with health care actions
- Meet your communication needs

You can print out the Guide and any other information you need from our website. To get the Guide in your preferred language or accessible format, call Member Services at (800) 424-5891 (TTY: 711). You may also ask us to mail you a copy of the materials.

Your health care contacts

Department/Program	Services	Phone Number
Member Services	Molina’s Member Services can: <ul style="list-style-type: none">• Answer questions about your health plan and services.• Help you choose or change a primary care provider (PCP).• Tell you where to get care.• Offer interpreter services if you don’t speak English.• Provide information in other languages and formats.	Member Services (800) 424-5891 TTY: 711 Monday–Friday 8 a.m.–6 p.m.
24-hour Nurse Advice Line and National Suicide & Crisis Lifeline	Talk to a registered nurse anytime you have questions about your health. Available 24 hours a day, 7 days a week. The 988 Suicide and Crisis Lifeline is nationwide and provides 24/7, confidential support to people in suicidal crisis or mental health-related distress.	24-hour Nurse Advice Line (800) 424-5891 TTY: 711 National Suicide & Crisis Lifeline Calls and Text Messages: 988 Text 4HOPE (44673) to reach the Arizona Statewide Crisis Hotline

Department/Program	Services	Phone Number
24/7 telehealth virtual care	Visit a board-certified doctor by phone or video through Teladoc for minor illness or behavioral health issues without leaving home. You can get care 24 hours a day, 7 days a week.	<p>Teladoc 800 TELADOC (800) 835-2362 TTY: 711 Member.Teladoc.com/Molina</p>

Do you live with a chronic health condition? We offer programs to help you manage:

- Asthma
- Depression
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Heart failure
- High blood pressure
- Weight (nutrition counseling)
- Quitting smoking (smoking cessation)
- Substance use disorder

Health management*

Health Management
(866) 891-2320
TTY: 711
Monday–Friday
6 a.m.–6 p.m. PT

For details on how to become eligible to participate and use these program services, call the Health Management Team.

Health education*	Learn more about living well and staying healthy. Get details about programs to help you stop smoking and manage your weight. We will help you learn how to use these programs. .	<p>Health Education (800) 424-5891 TTY: 711 Monday–Friday 8 a.m.–6 p.m.</p>
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Maternity screening and high-risk pregnancy support*

Have a healthy pregnancy and a healthy baby. Join our pregnancy program to access screenings to help you and your baby be as healthy as you can be. Member Services can help you learn how to use this program.

Member Services
(800) 424-5891
TTY: 711
Monday – Friday
8 a.m. – 6 p.m.

Department/Program	Services	Phone Number
Care management*	Case Managers assess your health conditions and review benefits and resources. This program can help you live healthier. Member Services will help you learn how to use these programs.	Member Services (800) 424-5891 TTY: 711 Monday–Friday 8 a.m.–6 p.m.
Complex care management*	Care for members who get very sick and need extra help to feel better. Case managers will help you get the best care possible. Call Member Services to learn how to use these programs.	Member Services (800) 424-5891 TTY: 711 Monday–Friday 8 a.m.–6 p.m.
Transition of Care program*	When you are discharged from a hospital or nursing home, coaches help you transition from one setting to another. They help you get the care you need at home. Call Member Services to learn more.	Member Services (800) 424-5891 TTY: 711 Monday–Friday 8 a.m.–6 p.m.
U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR)	The OCR protects you from discrimination in health care and social services. It also protects the privacy of your personal health information.	Office for Civil Rights (OCR) (800) 368-1019 TDD toll-free: (800) 537-7697 hhs.gov/ocr/index.html
Non-Emergency Transportation	Get rides to your covered medical appointments. <ul style="list-style-type: none"> • 72 hours/3 business days advance notice is required • Reservations can be made for trips occurring in the current or following month • Member is required to provide all necessary child-safety/booster seats 	Non-Emergency Transportation (833) 474-5060 TTY: 711 Monday–Friday 8 a.m.–6 p.m.

*You can opt out of these programs at any time. For more details about these programs, call Member Services.

Visit our website

Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) and choose your state. You will find:

- Benefits and services
- Copays and other charges (if they apply)
- What to do if you get a bill
- Frequently Asked Questions (FAQs) and answers
- Pharmacy details like:
 - Drugs covered under your plan
 - Drug limits or quotas
 - How to request an exception for drugs not on the formulary
 - Generic substitutes
 - Therapeutic interchange (different drugs that have the same effects)
 - Step-therapy (covering one drug before we cover another)
- Preventive health guidelines and vaccine schedules
- How to get specialty care and hospital services
- Available primary care and specialty providers
- Utilization Management (UM) procedures like:
 - Pre-service review
 - Urgent concurrent review (a review that happens while you are receiving care at a health care center)
 - Post-service review
 - How to file an appeal

To get a copy of anything on [MolinaHealthcare.com](https://www.molinahealthcare.com), call Member Services at (800) 424-5891 (TTY: 711). You can also view your Member Handbook on the website.

Member portal

[MyMolina.com](https://www.mymolina.com) is your secure member portal. It lets you manage your health from your computer, phone, tablet or laptop. The member portal is easy to use. Here are some of the things you can do:

- Fill out your Health Risk Assessment (HRA)
- Search for a local pharmacy
- Get help with:
 - Eating healthy
 - Managing your weight
 - Seeing if you have depression or lack motivation
 - Managing stress
 - Being physically active
 - Stopping tobacco use

- Cancer screening
- Vaccines
- Quitting alcohol
- Request or print your member ID card
- Update your Personal Details:
 - Phone Number
 - Email
 - Mailing Address
 - Language Preference
 - Race/Ethnicity
 - Pronouns
 - Gender Identity
 - Sexual Orientation
- Choose or change doctors
- See your health records
- Find out how to get referrals
- Get health advice from our 24-hour Nurse Advice line, open seven days a week
- Send email to Member Services

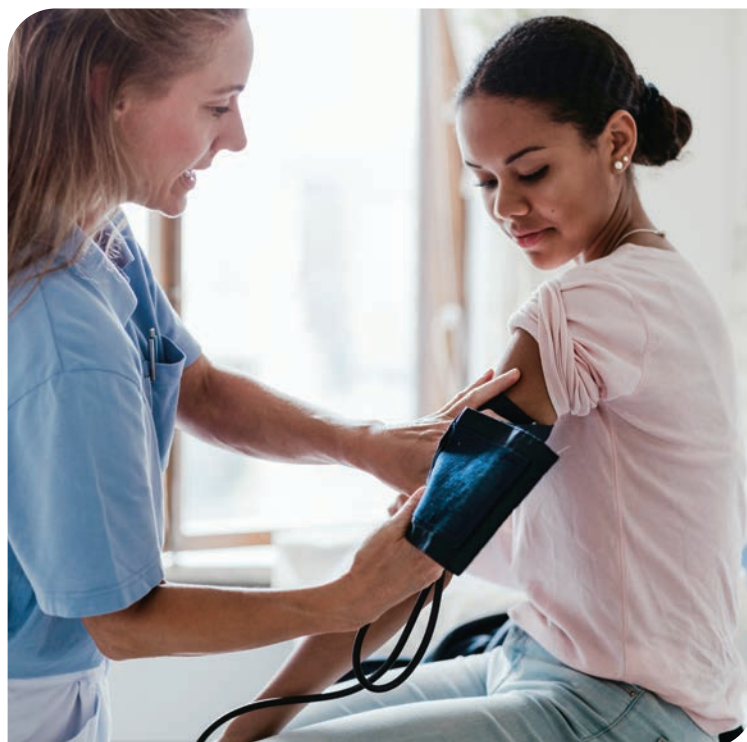
To learn more or to sign up for the member portal, call Member Services at (800) 424-5891 (TTY: 711). You can also create an account on your computer or from your phone. We suggest setting up your account on your computer first.

To create an account on your computer:

- Step 1: Go to [MyMolina.com](https://www.mymolina.com)
- Step 2: Enter your Member ID number, date of birth and zip code
- Step 3: Enter your email address
- Step 4: Create a password
- Step 5: You may be asked for a phone number or email to get a code to verify yourself

To create an account from your phone:

- Step 1: Find the MyMolina® App in your App Store or Google Play store
- Step 2: Download the MyMolina® App to your phone
- Step 3: Open the app and select your health plan
- Step 4: Enter your email address
- Step 5: Create a password



Online provider directory

To search for a provider online, go to [MolinaHealthcare.com](https://www.molinahealthcare.com). Click on “**Find a Doctor or Pharmacy**”.

The provider directory includes:

- Names, addresses and phone numbers of network providers
- Providers’ board certification status
 - You can also visit the American Board of Medical Specialties ([abms.org](https://www.abms.org)) to see if a provider is board-certified
- Office hours
- Providers accepting new patients
- Languages spoken by the provider or staff
- Hospital name, location and accreditation status

If you cannot use the internet or need more information (like your provider’s medical school or residency), we can send you a printed copy. Call Member Services (800) 424-5891 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m. for help.

Getting culturally competent materials and services

If you need help understanding information:

We provide no-cost help and services to people with disabilities. We want you to be able to talk with us easily.

We offer these at no cost:

- Sign language interpreters
- Written information in formats such as:
 - Large print
 - Audio
 - Electronic formats

Contact us at (800) 424-5891 if you need any of these services.

If you don’t speak English:

We provide language services at no cost to people whose first language is not English. We offer:

- Qualified interpreters
- Information written in other languages

We state which providers speak other languages in our provider directory. To find a provider who speaks another language, visit [MolinaHealthcare.com](https://www.molinahealthcare.com) and choose “Find a Doctor or Pharmacy.” The Molina provider directories will state if an office has interpreter services. If you have any other cultural needs or need help finding a provider that speaks a language other than English, please call Member Services at (800) 424-5891.

Molina's quality improvement plan and program

We're committed to making sure you get the best care possible. That is why each year, we put a plan in place to keep improving:

- Our services
- The quality of the care you receive
- The way we communicate with you

Our goals are to:

- Give you services that benefit your health
- Work with providers to get you the care you need
- Address your language and cultural needs
- Reduce any barriers to getting care, like issues with transportation and/or language

We also want to hear how we're doing. We review the past year of service to check our progress. We may send you a survey to get your feedback.

We may also send surveys to see how many members get the needed services. These surveys tell us what care is needed. One of these surveys is called the CAHPS® (Consumer Assessment of Healthcare Providers and Systems).

The CAHPS® survey asks questions about how you rate:

- Your health care
- Your primary care provider (PCP)
- Your health plan
- Specialist(s) you have seen
- Well-check exams
- How easy it is for you to get care
- How easy it is for you to get care quickly

HEDIS® (Healthcare Effectiveness Data and Information Set)

We also measure how many of our members get key tests and exams. We look at:

- Annual exams
- Diabetes care
- Mammograms (x-rays of the breast)
- Medicine management
- Pap tests
- Prenatal care
- Postpartum care
- Shots (flu, child and teen shots)

We care about your health. We want to help you take better care of yourself and your family. To do this, we:

- Remind you to get well-check exams and shots for you and your child

- Teach you about chronic health conditions
- Make sure you get prenatal and postpartum care if you're pregnant
- Remind you to get Pap tests and mammograms, if needed
- Address any complaints you have
- Help you find and use information on our website
- Tell you about special services we offer

To learn more, call Member Services at (800) 424-5891 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m. You can ask for a printed copy of our Quality Improvement Plan and results.

Guidelines to keep you healthy

We give you information about preventive services and when to get them. This information does not replace your doctor's advice.

To make the most of these guidelines:

- Take time to read them
- Write down questions and bring them to your next checkup
- Tell your provider about any health problems you or your children are having
- Go to your appointments
- If you miss an appointment, reschedule right away

We help you learn about key tests and exams to help you with health conditions, such as diabetes, COPD and depression. See [MolinaHealthcare.com](https://www.molinahealthcare.com) for details. Call Member Services at (800) 424-5891 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m.

Extra help for chronic health problems

Taking care of health conditions can be a lot to deal with on a daily basis. To make sure you get the right care, our care management program can help you:

- Get services
- Arrange for tests and provider visits
- Get transportation to medical appointments
- Close gaps in care or service
- Get support for those with special needs and/or their caregivers
- Move from one setting to another, like leaving the hospital
- Get long-term care services



- Connect with community support
- Find community services like “Meals on Wheels” or physical therapy

You can be referred to Care Management through:

- A provider
- Member Services, Health Education Line or our 24-hour Nurse Advice Line
- A family member or caregiver
- Yourself
- Identified by Molina as eligible for care management

These programs are offered at no cost to you. You can choose to stop any program at any time. Call Member Services at (800) 424-5891 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m. for more details.

Population health

(Health management, care management, complex care management, transition of care, member newsletters and health education)

We offer many programs to help you lead a healthier life.

Health management

We offer these programs to help you and your family with:

- Asthma
- Cardiovascular disease (CVD)
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes
- Heart failure
- Weight (nutrition counseling)
- Quitting smoking
- Substance use disorder

To learn more, join or disenroll from any of these programs, call the Health Management team at (800) 424-5891 (TTY: 711) Monday–Friday, 6 a.m.–6 p.m. (PT).

Care management

Care management is a way to help you take care of your physical and behavioral health in the best way possible. A team of people, including a case manager, nurses, doctors, and other helpers, will work together to make a special plan just for you that has goals to help you get better.

Case managers may talk to you on the phone or in person to make sure you’re okay. They might also bring someone from the community to help you with information or to teach you something. Call Member Services at (800) 424-5891 to learn more how to use these programs.

Complex care management

Complex care management is care for members who get very sick and need extra help to feel better. Case managers want to make sure you get the best care possible and will:

- Teach you about your illness and help you get the right care and services
- Help you get things you need to feel better, like medicine or equipment
- Check to see if the things they are doing are helping you
- Keep working with you until you are feeling better and can take care of yourself on your own

To learn more, call Member Services or visit [MolinaHealthcare.com](https://www.molinahealthcare.com).

Transition of care

Our Transition of Care program is designed to help you have a smooth transition after you leave the hospital or another care facility. Coaches will work with you or your caregiver to make sure you understand what you need to do to stay healthy. We want to make sure you get the best care possible and that you feel supported throughout your recovery.

The program is available to all Molina Healthcare members. To learn more, call Member Services at (800) 424-5891.

Member newsletters

We post member newsletters at

[Molinahealthcare.com/Members/Az/En-Us/Mem/Medicaid/Member-Materials-and-Forms](https://www.molinahealthcare.com/Members/Az/En-Us/Mem/Medicaid/Member-Materials-and-Forms).

The information is easy-to-read and offers tips on healthy living.

Health education

We can teach you about things like:

- Eating healthy
- Preventing illness
- Stress care
- Staying active
- Cholesterol
- Asthma
- Diabetes

To get these materials, you can ask your doctor. You can also visit

[MolinaHealthcare.com/StayingHealthy](https://www.molinahealthcare.com/StayingHealthy).

Health risk assessment and self-management tools

For help making healthy changes, use the Health Risk Assessment (health appraisal) on the [MyMolina](https://www.molinahealthcare.com/MyMolina) member portal. Just answer questions about your health, behaviors and suggested tests. You'll get a report about your health risks once you complete this assessment.



In the member portal, you'll also find self-management tools that offer advice for:

- Weight management
- Depression
- Financial wellness
- Other topics that affect your health

These tools help you check progress, find barriers and measure progress with healthy goals. To learn more, go to [MyMolina.com](https://www.molinahealthcare.com).

Patient safety program

Our Patient Safety Program helps keep you and your family safe when you get health services.

We protect you by:

- Telling providers and hospitals about safety issues and where to get help
- Keeping track of member complaints about safety issues in provider offices and hospitals
- Reviewing reports from groups that check hospital safety
- Helping you move from one place to another, such as from hospital to home
- Giving you questions to ask during provider visits

Groups that check safety include:

- [Leapfrog Group Quality Index Ratings](#)
- [The Joint Commission National Patient Safety Goal Ratings](#)

You can look at these websites to:

- See what hospitals are doing to be safer
- Know what to look for when you pick a provider or a hospital
- Get information about programs and services for conditions like diabetes and asthma

To learn more, call Member Services at (800) 424-5891 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m. or visit [MolinaHealthcare.com](https://www.molinahealthcare.com).

How we work with providers to make decisions about your care

Some services must be preapproved before we cover them. We work with your provider to find out what services you need. We make choices about your care based on medical needs and benefits. This is called utilization management (UM).

- We do not reward providers or others for denying services.
- We do not pay extra to providers or UM staff to make choices that give you less care.

If you need Long Term Services and Supports (LTSS), someone with LTSS experience, training and education makes decisions about these services.

If you have a question about our UM process or rulings, call Member Services at (800) 424-5891 (TTY: 711) Monday–Friday, 8 a.m.– 6 p.m. We can accept collect calls. If you need help in your language, bilingual staff or interpreters are available at no cost. We also offer TTY services for if you are deaf, hard of hearing or have trouble speaking.

Please leave a message with your phone number if you call after hours or on the weekend. We will return your call within one business day. Member Services may also call to talk about UM issues. If Member Services calls, we will use our name, title and Molina's name.

Looking at what's new

We look for ways to offer new types of care and services and new ways to provide them. We review new services for safety and added benefits. Every year, we look at updates in:

- Equipment
- Medical services
- Behavioral health services
- Medicines

Language services

We will provide written or verbal information in your language, at no cost. We offer interpreters to help you speak with your provider or us. We do this for most languages. This includes sign language. For an interpreter or for written materials in a language other than English, call Member Services at (800) 424-5891 (TTY: 711) Monday-Friday 8 a.m.–6 p.m.

Women's health services

We cover care before birth, care after delivery, breast exams, mammograms and Pap tests. For routine and preventive services, you can see a women's health specialist. This may be an obstetrician, gynecologist or certified nurse midwife. You do not need a referral to receive these services.

There is no copay for women's preventative health services. Additionally, transportation services are available if needed. For questions regarding these services, help scheduling appointments, or getting transportation contact Member Services at (800) 424-5891.

Well-Woman preventative care

An annual well-woman preventive care visit is for the identification of risk factors for disease, identification of existing physical/behavioral health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes.

You can expect the following services when seeing a provider for your annual preventative care visit:

- Physical exam (Well Exam) that assesses overall health
- Clinical Breast Exam
- Pelvic exam (as necessary, according to current recommendations and best standards of practice)
- Review and administration of immunizations, screenings, and testing as appropriate for age and risk factors. To view CDC recommended adult and adolescent vaccine schedules, visit [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules).
- Screening and counseling focused on maintaining a healthy lifestyle and minimizing health risks and addresses at a minimum the following:
 - Proper nutrition
 - Physical activity
 - Elevated BMI indicative of obesity

- Tobacco/substance use, abuse, and/or dependency
- Depression screening
- Interpersonal and domestic violence screening
- Sexually transmitted infections
- Human Immunodeficiency Virus (HIV)
- Family Planning Services and Supplies
- Preconception Counseling that includes discussion regarding a healthy lifestyle before and between pregnancies that includes:
 - Reproductive history and sexual practices
 - Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake
 - Physical activity or exercise
 - Oral health care
 - Chronic disease management
 - Emotional wellness
 - Tobacco and substance use (caffeine, alcohol, marijuana, and other drugs), including prescription drug use
 - Recommended intervals between pregnancies
 - Initiation of necessary referrals when the need for further evaluation, diagnosis, and/or treatment is identified.

HIV and pregnancy

Early detection and treatment are key to preventing newborn HIV infection.

If you or your partner has ever had unprotected sex or shared needles with a person, there is a chance you have the virus. If you do have HIV, your baby could also get the virus. The virus is usually passed on during birth. It is sometimes passed during pregnancy. Breastfeeding can also pass the virus from mother to baby.

Treatment with medicines called antiretrovirals, both during pregnancy and after the birth, greatly reduces a baby's risk of HIV infection. Antiretrovirals control HIV infection during different stages of the HIV life cycle.

Treatment for HIV during and/or after pregnancy may include:

- Antiretroviral treatment for the mother
- Planned cesarian delivery for women who have a higher risk of infecting their babies
- Early antiretroviral treatment for the baby for their first 4–6 weeks of life
- Using formula instead of breastfeeding

Molina covers HIV testing for both men and women at no cost to you. If your test is positive, there is treatment and medical counseling available to you through your health plan benefits.

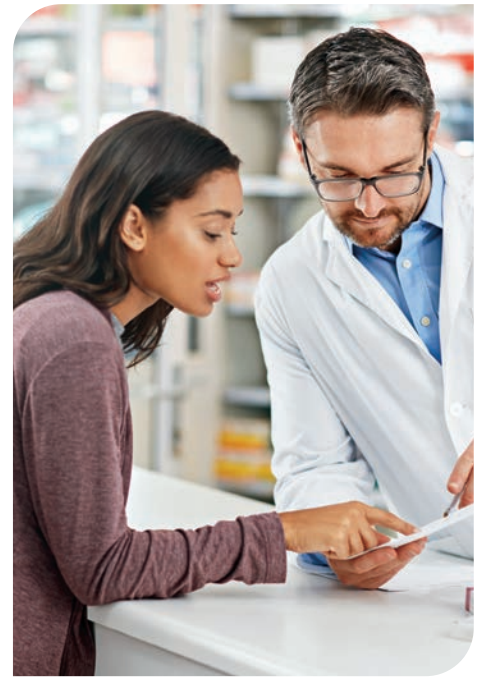
Talk to your PCP or contact your local health department to get tested.

Nutrition and weight management

Diet and weight are important to be healthy, stay healthy, and reduce chronic diseases for children and adults. When visiting your doctor, be sure to ask how your weight may be impacting physical and mental health and wellbeing.

Being outside of a normal age-appropriate weight may be a symptom of an underlying condition or may be a risk factor to develop a chronic disease. Excess weight can often limit physical activity, have a psychological impact on a person, and increase risk for heart disease, diabetes and some types of cancer.

Having a diet of fruits, vegetables, and whole grains while limiting saturated fat, sodium, and calories from added sugars can help people achieve and maintain a healthy weight. Your doctor may recommend a consultation with a dietician. Medically necessary nutritional supplements are covered and there are many community services such as WIC, Head Start, AzEIP, to support proper nutrition and achieving an appropriate age weight.



Behavioral health services

If you have concerns about behavioral health issues, we can help. We can help with things like stress, depression or substance use. We cover behavioral health services. You do not need a referral to see a provider. Ask your PCP or call Member Services at (800) 424-5891 (TTY: 711) Monday-Friday, 8 a.m.–6 p.m. for more information.

Emergency behavioral health services

A behavioral health emergency is a mental health issue that may cause extreme harm to the body or even death. Some examples are when you have:

- Thoughts of suicide or attempting suicide
- Caused danger to yourself or others
- Been hurt and cannot carry out actions of daily life
- Been hurt and it's causing serious harm to your body or death

If you have an emergency, go to the closest hospital emergency room. You can go to any other emergency place right away. You can CALL 911. For the Suicide & Crisis Lifeline, you can CALL 988.

If you go to the emergency room, let your primary care provider (PCP) know as soon as you can. If you have an emergency and cannot get to a network provider:

- Go to the closest hospital or emergency facility
- Call the number on your ID card
- Call your provider and follow-up within 24 to 48 hours after leaving the emergency facility

If you have an emergency out of area, we'll help connect you to a network provider as soon as you are well.

Getting care for special health needs

We cover care for special needs. If you have Long Term Services and Supports (LTSS), you can see a specialist. You do not need a referral. You may be eligible for more services. Call Member Services at (800) 424-5891 (TTY: 711) for more information about care coordination and care management.

Out-of-network services

If a network provider cannot give you the services you need, you can see an out-of-network provider. Your cost will be the same as if the provider was in our network. We will cover the out-of-network provider. To learn more, call Member Services at (800) 424-5891 (TTY: 711).

Hours of operations for services

You can get services 24 hours a day, every day.

What to do when you need after-hours or emergency care

After-hours care

You may need care when your PCP's office is closed. After hours, call the 24-hour Nurse Advice Line at (800) 424-5891.

Highly trained nurses are here 24/7 to:

- Answer your medical questions
- Help you decide if you need care right away
- Make an appointment for you

Emergency care

What is an emergency?

A sudden or severe problem that needs care right away or puts your life or health in danger.

We cover emergency care.

Emergency care is not covered outside the United States (unless you need hospital care in Canada or Mexico).

If you need emergency care, call 911 or go to the nearest hospital. You don't need prior approval. For the Suicide & Crisis Lifeline, you can CALL 988. For urgent care, call the 24-hour Nurse Advice Line at (800) 424-5891.

About drug benefits

To learn about the drugs you need, talk to your provider. For details about your drug benefits, visit [MolinaHealthcare.com](https://www.molinahealthcare.com). On our website, you can find:

- Our Preferred Drug List (PDL): A list of generic and brand name drugs we cover
- Limits on covered drugs, like the numbers of refills or doses you may get
- How your provider can request approval on certain drugs or the amount you need
- Information needed from your provider to get approval for some of your drugs

- Your provider’s process for generic substitutes, therapeutic interchange and step-therapy
- Updates to our drug list
- Any copays for drugs not on the PDL
- How your provider can ask us to cover a drug not on the PDL

To learn more, call Member Services at (800) 424-5891 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m.

Protecting your privacy

You have rights when it comes to protecting your health information. We will not share health information that is not allowed by law. We respect and protect your privacy. We may use and share data to provide you with benefits. Your privacy is important to us.



Your Protected Health Information (PHI)

PHI stands for protected health information. This includes your: This includes your:

- Name
- Member ID number
- Race
- Ethnicity
- Gender identity
- Sexual orientation
- Social needs
- Social risks
- Language needs
- Other things that identify you

We may use your PHI to:

- Work with clinicians to provide your treatment
- Pay for your health care
- Review the quality of the care you get
- Tell you about your choices for care
- Run our health plan
- Use or share PHI for other purposes, as allowed by law

We must get your written approval to use or share your PHI for any purpose not listed above.

Your privacy rights

You have the right to:

- Look at your PHI
- Get a copy of your PHI
- Make changes to your PHI
- Ask us not to use or share your PHI in certain ways
- Get a list of the people or places we have given your PHI

How Molina protects your PHI

Your PHI can be written, spoken or digital. We protect your PHI by:

- Having policies and procedures that protect you
- Limiting our staff who can see PHI
- Training our staff on how to protect and secure PHI (written and verbal communications)
- Requiring written agreement to follow the policies and procedures
- Securing PHI digitally with firewalls and passwords

By law, we must:

- Keep your PHI private
- Tell you if there is any breach of your unsecured PHI
- Not use or disclose your genetic information for underwriting purposes
- Not use your race, ethnicity or language data for underwriting or denial of coverage
- Follow our Notice of Privacy Practices (NPP)

What can you do if you feel your privacy rights haven't been protected?

- Call or write Molina and file a complaint
- File a complaint with the U.S. Department of Health and Human Services

The information above is only a summary. To learn more about how we use and share your PHI, see our NPP at [MolinaHealthcare.com](https://www.molinahealthcare.com). You also call Member Services at (800) 424-5891 (TTY: 711) Monday–Friday, 8 a.m.–6 p.m. to ask for a copy.

Your rights and responsibilities

Knowing your rights and responsibilities is important. It helps you, your family, your provider and Molina ensure you get the care you need.

You have the right to:

- Get the facts about Molina, our services and providers, and your rights and responsibilities.
- Privacy and to be treated with respect and dignity.
- Help make decisions with your provider about your health care. You may refuse treatment.
- Ask for a copy of your medical record.
- Ask to change or correct your medical record.
- Discuss your treatment options with your doctor in a way you understand and participate in setting treatment goals. Cost or benefit coverage does not matter.

- Voice any complaints or send in appeals about Molina or the care you received.
- Use your member rights without fear of negative results.
- Get your rights and responsibilities each year.
- Suggest changes to our rights and responsibilities policy.

You also have the responsibility to:

- Give all the facts Molina and your providers need to care for you.
- Know your health conditions.
- Take part in treatment goals that you and your provider agree upon.
- Follow the treatment plan for your care.
- Keep doctor visits and be on time. If you're going to be late or cannot make it, call the office right away.

Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) to view your Member Handbook for a full list of your rights and responsibilities or call Member Services (800) 424-5891 (TTY: 711) Monday-Friday, 8 a.m. – 6 p.m. to ask for a copy.

Second opinions

If you do not agree with your provider's care plan, you have the right to a second opinion. You can talk to another network provider. You can also talk to a provider outside of our network at no cost. To learn more, call Member Services at (800) 424-5891 (TTY: 711) Monday-Friday, 8 a.m. – 6 p.m.

Grievances and appeals

If you have problems with your medical care or services, you have the right to file a grievance (complaint) or appeal.

File a grievance for things like:

- The care you get from your provider or hospital
- The time it takes to get an appointment or be seen by a provider
- Provider availability in your area

File an appeal when you don't agree with our decision to:

- Stop, change, suspend, reduce or deny a service
- Deny payment for services

Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) or see your Member Handbook to read about:

- Grievances and appeals
- Who can file a grievance and appeal
- State Fair Hearing process, rights and timeframes

For questions, call Member Services at (800) 424-5891 (TTY: 711).

Your right to appeal a denial

What is a denial?

A denial means we will not pay for a service or bill. If we deny your service, you have the right to find out why it was denied. You have the right to appeal.

If we deny your service, you will get a letter telling you why. It will tell you about your right to appeal. You can read about these rights in your Member Handbook. You can learn how to file an appeal at [MolinaHealthcare.com](https://www.molinahealthcare.com). Member Services can also help you file an appeal.

Your right to an advance directive

You have the right to accept or refuse treatment offered by a provider. If you are unable to tell the provider what you want, you need to make your wishes known. It's important to have an Advance Directive. You can have one for medical and mental health care.

An Advance Directive is a legal form that tells providers the kind of care you want if you cannot speak for yourself. Write an Advance Directive before you have an emergency. This keeps other people from making important health decisions for you if you cannot make your own. There are different types of Advance Directives. Some examples are:

- Power of Attorney for Health Care
- Living Will

It's your choice to have an Advance Directive. No one can deny you care based on whether or not you have one. For help making decisions about your care, talk with someone you trust. This might be a family member or friend. You can also talk with your lawyer or PCP.

Call Member Services at (800) 424-5891 (TTY: 711) for help getting an Advance Directive that follows state laws.

If you have signed an Advance Directive and think your provider has not followed your wishes, you may file a complaint. Visit [MolinaHealthcare.com](https://www.molinahealthcare.com) or call Member Services for details.

Community resources to help you and your family

Molina is committed to helping our members live healthier lives. That's why we've created a Community Resource Guide. The community organizations in this guide provide you with information on peer and family support, programs, services and resources to help you with your health and well-being.

You can access our new Community Resource Guide at [MolinaHealthcare.com](https://www.molinahealthcare.com).

Would you like a printed copy of this guide? Just call Member Services and we'll mail a copy to your home.