Member Handbook

What you need to know about your benefits

Molina Healthcare Combined Evidence of Coverage (EOC) and Disclosure Form

2025

Sacramento, San Diego, Riverside, and San Bernardino counties

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages for free. Molina Healthcare provides written translations from qualified translators. Call 1-888-665-4621 (TTY/TDD or 711). The call is free. Read this Member Handbook to learn more about health care language assistance services such as interpreter and translation services.

Other formats

You can get this information in other formats such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call 1-888-665-4621 (TTY/TDD or 711). The call is free.

Interpreter services

Molina Healthcare provides oral interpretation services, including sign language, from a qualified interpreter, on a

24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic, and cultural services are available for free. Help is available 24 hours a day, 7 days a week. For help in your language, or to get this handbook in a different language, call 1-888-665-4621 (TTY/TDD or 711). The call is free.

ATTENTION: If you need help in your language, call 1-888-665-4621 (TTY/TDD or 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-665-4621 (TTY/TDD or 711). These services are free.

(Arabic) بالعربية

الانتباه: إذا احتجت إلى المساعدة، فاتصل بلغتك بـ 1-888-665-4621 يُرجى
(TTY/TDD 711). ذوي للأشخاص والخدمات المساعدات أيضًا تتوفر
بـ اتصل. الكبير والخط بريل بطريقة المكتوبة المستندات الإعاقة، مثل
1-888-665-4621 (TTY/TDD 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-665-4621 (TTY/TDD 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-888-665-4621 (TTY/TDD 711):

Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-665-4621 (TTY/TDD 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-888-665-4621 (TTY/TDD 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-888-665-4621 (TTY/TDD 711)。**我**们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您**方便取用**。请致电 1-888-665-4621 (TTY/TDD 711)。这些服务都是免费的。

فارسی زبان به مطلب (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-665-4621 (TTY/TDD 711) تماس بگیرید. کمک‌ها و خدمات مخصوص برای افراد دارای معلولیت، مانند نسخه‌های با چاپ و بریل خط نیز حروف با بزرگ، موجود است. با 1-888-665-4621 (TTY/TDD 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-665-4621 (TTY/TDD 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी

दस्तावेज़ उपलब्ध हैं। 1-888-665-4621 (TTY/TDD 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu 1-888-665-4621 (TTY/TDD 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-888-665-4621 (TTY/TDD 711). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-888-665-4621 (TTY/TDD 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-888-665-4621 (TTY/TDD 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-665-4621 (TTY/TDD 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-665-4621 (TTY/TDD 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-

888-665-4621 (TTY/TDD 711).
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ

1-888-665-4621 (TTY/TDD 711).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-665-4621 (TTY/TDD 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-888-665-4621 (TTY/TDD 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-665-4621 (TTY/TDD 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-888-665-4621 (TTY/TDD 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Р у с с к и й слоган (Russian)

В Н И М А Н И Е! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-665-4621

(TTY/TDD 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номер y 1-888-665-4621 (TTY/TDD 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-888-665-4621 (TTY/TDD 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-888-665-4621 (TTY/TDD 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-888-665-4621 (TTY/TDD 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-888-665-4621 (TTY/TDD 711). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-665-4621 (TTY/TDD 711). นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-665-4621 (TTY/TDD 711).

ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

П р и м і т к а українською (Ukrainian)

У В А Г А! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-665-4621 (TTY/TDD 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-665-4621 (TTY/TDD 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-888-665-4621 (TTY/TDD 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-888-665-4621 (TTY/TDD 711). Các dịch vụ này đều miễn phí.

Welcome to Molina Healthcare!

Thank you for joining Molina Healthcare. Molina Healthcare is a health plan for people who have Medi-Cal. Molina Healthcare works with the State of California to help you get the health care you need.

Member Handbook

This Member Handbook tells you about your coverage under Molina Healthcare. Please read it carefully and completely. It will help you understand your benefits, the services available to you, and how to get the care you need. It also explains your rights and responsibilities as a member of Molina Healthcare. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. This EOC and Disclosure Form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage. To learn more, call Molina Healthcare at 1-888-665-4621 (TTY/TDD or 711).

In this Member Handbook, Molina Healthcare is sometimes referred to as “we” or “us.” Members are sometimes called “you.” Some capitalized words have special meaning in this Member Handbook.

To ask for a copy of the contract between Molina Healthcare and the California Department of Health Care Services (DHCS), call 1-888-665-4621 (TTY/TDD or 711). You may ask for another copy of the Member Handbook for free. You can also find the Member Handbook on the Molina Healthcare website at www.MolinaHealthcare.com. You can also ask for a free copy of the Molina Healthcare non-proprietary clinical and administrative policies and procedures. They are also on the Molina Healthcare website.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Contact us

Molina Healthcare is here to help. If you have questions, call 1-888-665-4621 (TTY/TDD or 711). Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.

You can also visit online at any time at www.MolinaHealthcare.com.

Thank you,
Molina Healthcare
200 Oceangate, Suite 100

Long Beach, CA 90802

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Table of contents

1. Getting started as a member

How to get help

Molina Healthcare wants you to be happy with your health care. If you have questions or concerns about your care, Molina Healthcare wants to hear from you!

Member services

Molina Healthcare member services is here to help you. Molina Healthcare can:

- Answer questions about your health plan and Molina Healthcare covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats

If you need help, call 1-888-665-4621 (TTY/TDD or 711). Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free. Molina Healthcare must make sure you wait less than 10 minutes when calling.

You can also visit Member Services online at any time at www.MolinaHealthcare.com. You can register on MyMolina portal as well as using the Molina Mobile app.

Who can become a member

Every state may have a Medicaid program. In California, Medicaid is called **Medi-Cal**.

You qualify for Molina Healthcare because you qualify for Medi-Cal and live in one of these counties: Sacramento, San Diego, Riverside, and San Bernardino. For details, call your county's Social Security Administration Office at 1-800-772-1213. You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). Or go to http://www.healthcareoptions.dhcs.ca.gov/

For questions about Social Security, call the Social Security Administration at 1-800-772-1213. Or go to https://www.ssa.gov/locator/.

Transitional Medi-Cal

You may be able to get Transitional Medi-Cal if you started earning more money and you no longer qualify for Medi-Cal.

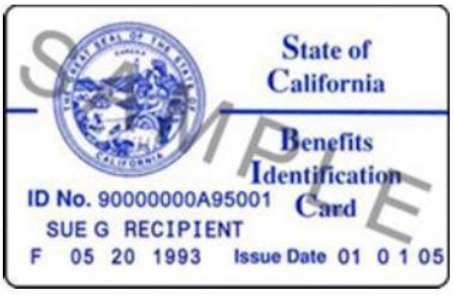
You can ask questions about qualifying for Transitional Medi-Cal at your local county office at:

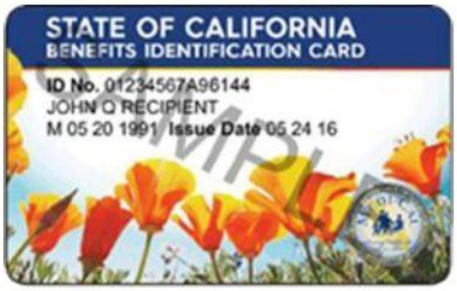
http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx

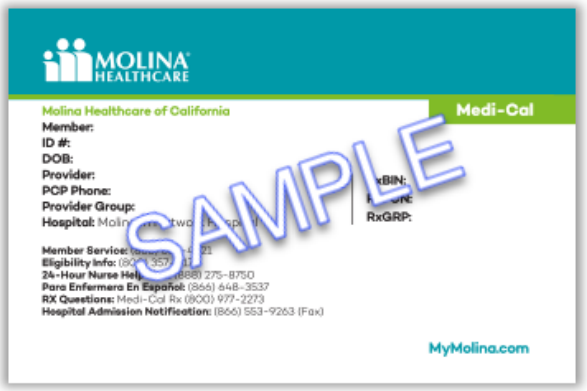
Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

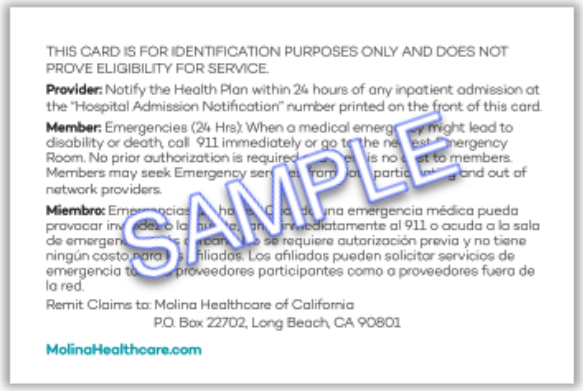
Identification (ID) cards

As a member of Molina Healthcare, you will get our Molina Healthcare Identification (ID) card. You must show your Molina Healthcare ID card **and** your Medi-Cal Benefits Identification Card (BIC) when you get health care services or prescriptions. Your Medi-Cal BIC card is the benefits identification card sent to you by the State of California. You should always carry all health cards with you. Your Medi-Cal BIC and Molina Healthcare ID cards look like these:









If you do not get your Molina Healthcare ID card within a few weeks after your enrollment date, or if your Molina Healthcare ID card is damaged, lost, or stolen, call member services right away. Molina Healthcare will send you a new card for free. Call 1-888-665-4621 (TTY/TDD or 711). If you do not have a Medi-Cal BIC card or if your card is damaged, lost, or stolen, call the local county office. To find your local county office, go to http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx

---

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

2. About your health plan

Health plan overview

Molina Healthcare is a health plan for people who have Medi-Cal in these counties: Sacramento, San Diego, Riverside, and San Bernardino. Molina Healthcare works with the State of California to help you get the health care you need.

Talk with one of the Molina Healthcare member services representatives to learn more about the health plan and how to make it work for you. Call 1-888-665-4621 (TTY/TDD or 711).

When your coverage starts and ends

When you enroll in Molina Healthcare, we will send your Molina Healthcare Identification (ID) card within two weeks of your enrollment date. You must show both your Molina Healthcare ID card and your Medi-Cal Benefits Identification Card (BIC) when you get health care services or prescriptions.

Your Medi-Cal coverage will need renewing every year. If your local county office cannot renew your Medi-Cal coverage electronically, the county will send you a pre-populated Medi-Cal renewal form. Complete this form and return it to your local county office. You can return your information in person, by phone, by mail, online, or by other electronic means available in your county.

You or your dependent child may enroll in Molina Healthcare if:

- You can get Medi-Cal benefits
- You live in one of the counties where Molina Healthcare operates
- A dependent child could be:
    - Your own child
    - Your adopted child
    - Your stepchild

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

o Your foster child
o A child you support

Your “county eligibility worker” can tell you if you can get Medi-Cal benefits. If you can get Medi-Cal benefits, you can fill out an enrollment form to enroll in Molina Healthcare. The enrollment form comes from Health Care Options. Health Care Options enrolls Medi-Cal members into health plans. For help enrolling, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.healthcareoptions.dhcs.ca.gov. You can choose Molina Healthcare from a list. After you enroll, it takes up to 45 days before you become a member.

You can end your Molina Healthcare coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). Or go to www.healthcareoptions.dhcs.ca.gov.

Molina Healthcare is a health plan for Medi-Cal members in Sacramento, San Diego, Riverside, and San Bernardino counties . Find your local county office at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

Molina Healthcare Medi-Cal coverage may end if any of the following is true:

- You move out of Sacramento, San Diego, Riverside, or San Bernardino counties
- You no longer have Medi-Cal
- You become eligible for a waiver program that requires you to be enrolled in Fee-for-Service (FFS) Medi-Cal
- You are in jail or prison

If you lose your Molina Healthcare Medi-Cal coverage, you may still qualify for FFS Medi-Cal coverage. If you are not sure if you are still covered by Molina Healthcare, call 1-888-665-4621 (TTY/TDD or 711).

Special considerations for American Indians in managed care

American Indians have a right to not enroll in a Medi-Cal managed care plan or they may leave their Medi-Cal managed care plan and return to FFS Medi-Cal at any time and for any reason.

If you are an American Indian, you have the right to get health care services at an Indian Health Care Provider (IHCP). You can also stay with or disenroll (drop) from Molina Healthcare while getting health care services from these locations. To learn more about enrollment and disenrollment, call 1-888-665-4621 (TTY/TDD or 711).

Molina Healthcare must provide care coordination for you, including out-of-network case

management. If you ask to get services from an IHCP and there is no available in-network IHCP, Molina Healthcare must help you find an out-of-network IHCP. To learn more, read “Provider network” in Chapter 3 of this handbook.

How your plan works

Molina Healthcare is a managed care health plan contracted with DHCS. Molina Healthcare works with doctors, hospitals, and other providers in the Molina Healthcare service area to provide health care to our members. As a member of Molina Healthcare, you may qualify for some services provided through FFS Medi-Cal. These include outpatient prescriptions, non-prescription drugs, and some medical supplies through Medi-Cal Rx.

Member services will tell you how Molina Healthcare works, how to get the care you need, how to schedule provider appointments during office hours, how to request free interpreting and translation services or written information in alternative formats, and how to find out if you qualify for transportation services.

To learn more, call 1-888-665-4621 (TTY/TDD or 711). You can also find member service information online at www.MolinaHealthcare.com.

Changing health plans

You can leave Molina Healthcare and join another health plan in your county of residence at any time if another health plan is available. To choose a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). You can call between 8 a.m. and 6 p.m. Monday through Friday. Or go to https://www.healthcareoptions.dhcs.ca.gov.

It takes up to 30 days or more to process your request to leave Molina Healthcare and enroll in another plan in your county. To find out the status of your request, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

If you want to leave Molina Healthcare sooner, you can call Health Care Options to ask for an expedited (fast) disenrollment.

Members who can request expedited disenrollment include, but are not limited to, children getting services under the Foster Care or Adoption Assistance programs,

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan.

You can ask to leave Molina Healthcare by contacting your local county office. Find your local county office at:

http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). You may leave Molina Healthcare and join another health plan in your county of residence at any time. Call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711) to choose a new plan. You can call Mon- Fri between 8:00 a.m. and 6:00 p.m.

Students who move to a new county or out of California

You can get emergency care and urgent care anywhere in the United States, including the United States Territories. Routine and preventive care are covered only in your county of residence. If you are a student who moves to a new county in California to attend higher education, including college, Molina Healthcare will cover emergency room and urgent care services in your new county. You can also get routine or preventive care in your new county, but you must notify Molina Healthcare. Read more below.

If you are enrolled in Medi-Cal and are a student in a different county from the California county where you live, you do not need to apply for Medi-Cal in that county.

If you temporarily move away from home to be a student in another county in California, you have two choices. You can:

- Tell your eligibility worker at Sacramento, San Diego, Riverside, or San Bernardino County offices that you are temporarily moving to attend a school for higher education and give them your address in the new county. The county will update the case records with your new address and county code. You must do this if you want to keep getting routine or preventive care while you live in a new county. If Molina Healthcare does not serve the county where you will attend college, you might have to change health plans. For questions and to prevent delay in joining a new health plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

  Or

- If Molina Healthcare does not serve the new county where you attend college, and you do not change your health plan to one that serves that county, you will only get emergency room and urgent care services for some conditions in the new county. To learn more, read Chapter 3, “How to get care.” For routine or preventive health care, you would need to use the Molina Healthcare network of providers located in Sacramento, San Diego, Riverside, or San Bernardino Counties.

If you are leaving California temporarily to be a student in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at Sacramento, San Diego, Riverside, or San Bernardino County offices. As long as you qualify, Medi-Cal will cover emergency services and urgent care in another state. Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico.

Routine and preventive care services, including prescription drugs relating to these services, are not covered when you are outside of California. You will not qualify for Medi-Cal coverage for those out-of-state services. Molina Healthcare will not pay for your health care. If you want Medicaid in another state, you will need to apply in that state. Medi-Cal does not cover emergency, urgent, or any other health care services outside of the United States, except for emergency care requiring hospitalization in Canada and Mexico as noted in Chapter 3.

Continuity of care

Continuity of care for an out-of-network provider

As a member of Molina Healthcare, you will get your health care from providers in Molina Healthcare’s network. To find out if a health care provider is in the Molina Healthcare network, visit www.molinahealthcare.com or call Molina Healthcare’s Member Services Department at 1-888-665-4621 (TTY/TDD or 711). Providers not listed in the directory may not be in the Molina Healthcare network.

In some cases, you might be able to get care from providers who are not in the Molina Healthcare network. If you were required to change your health plan or to switch from FFS Medi-Cal to managed care, or you had a provider who was in network but is now outside the network, you might be able to keep your provider even if they are not in the Molina Healthcare network. This is called continuity of care.

If you need to get care from a provider who is outside the network, call Molina Healthcare to ask for continuity of care. You may be able to get continuity of care for up

to 12 months or more if all of these are true:

- You have an ongoing relationship with the out-of-network provider before enrollment in Molina Healthcare
- You went to the out-of-network provider for a non-emergency visit at least once during the 12 months before your enrollment with Molina Healthcare
- The out-of-network provider is willing to work with Molina Healthcare and agrees to Molina Healthcare's contract requirements and payment for services
- The out-of-network provider meets Molina Healthcare's professional standards
- The out-of-network provider is enrolled and participating in the Medi-Cal program

To learn more, call member services at 1-888-665-4621 (TTY/TDD or 711).

If your providers do not join the Molina Healthcare network by the end of 12 months, do not agree to Molina Healthcare payment rates, or do not meet quality of care requirements, you will need to change to providers in the Molina Healthcare network. To discuss your choices, call member services at 1-888-665-4621 (TTY/TDD or 711).

Molina Healthcare is not required to provide continuity of care for an out-of-network provider for certain ancillary (supporting) services such as radiology, laboratory, dialysis centers, or transportation. You will get these services with a provider in Molina Healthcare's network.

To learn more about continuity of care and if you qualify, call 1-888-665-4621.

Completion of covered services from an out-of-network provider

As a member of Molina Healthcare, you will get covered services from providers in Molina Healthcare's network. If you are being treated for certain health conditions at the time you enrolled with Molina Healthcare or at the time your provider left Molina Healthcare's network, you might also still be able to get Medi-Cal services from an out-of-network provider.

You might be able to continue care with an out-of-network provider for a specific time period if you need covered services for these health conditions:

Health condition	Time period
Acute conditions (a medical issue that needs fast attention)	For as long as your acute condition lasts
Serious chronic physical and behavioral conditions (a serious health care issue	For up to 12 months from the coverage start or the date the provider's contract

you have had for a long time)	ends with Molina Healthcare
Pregnancy and postpartum (after birth) care	During your pregnancy and up to 12 months after the end of pregnancy
Maternal mental health services	For up to 12 months from the diagnosis or from the end of your pregnancy, whichever is later
Care of a newborn child between birth and 36 months old	For up to 12 months from the start date of the coverage or the date the provider's contract ends with Molina Healthcare
Terminal illness (a life-threatening medical issue)	For as long as your illness lasts. You may still get services for more than 12 months from the date you enrolled with Molina Healthcare or the time the provider stops working with Molina Healthcare
Performance of a surgery or other medical procedure from an out-of-network provider as long as it is covered, medically necessary, and authorized by Molina Healthcare as part of a documented course of treatment and recommended and documented by the provider	The surgery or other medical procedure must take place within 180 days of the provider's contract termination date or 180 days from the effective date of your enrollment with Molina Healthcare

For other conditions that might qualify, call 1-888-665-4621.

If an out-of-network provider is not willing to keep providing services or does not agree to Molina Healthcare's contract requirements, payment, or other terms for providing care, you will not be able to get continued care from the provider. You may be able to keep getting services from a different provider in Molina Healthcare's network.

For help choosing a contracted provider to continue with your care or if you have questions or problems getting covered services from a provider who is no longer in Molina Healthcare's network, call member services at 1-888-665-4621 (TTY/TDD or 711).

Molina Healthcare is not required to provide continuity of care for services Medi-Cal does not cover or that are not covered under Molina Healthcare's contract with DHCS.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

To learn more about continuity of care, eligibility, and available services, call 1-888-665-4621.

Costs

Member costs

Molina Healthcare serves people who qualify for Medi-Cal. In most cases, Molina Healthcare members do not have to pay for covered services, premiums, or deductibles.

If you are an American Indian, you do not have to pay enrollment fees, premiums, deductibles, co-pays, cost sharing, or other similar charges. Molina Healthcare must not charge any American Indian member who gets an item or service directly from an IHCP or through a referral to an IHCP or reduce payments due to an IHCP by the amount of any enrollment fee, premium, deductible, copayment, cost sharing, or similar charge.

If you are enrolled in the County Children's Health Initiative Program (CCHIP) in Santa Clara, San Francisco, or San Mateo counties or are enrolled in Medi-Cal for Families, you might have a monthly premium and co-pays.

Except for emergency care, urgent care, or sensitive care, you must get pre-approval (prior authorization) from Molina Healthcare before you visit a provider outside the Molina Healthcare network. If you do not get pre-approval (prior authorization) and you go to a provider outside the network for care that is not emergency care, urgent care, or sensitive care, you might have to pay for care you got from that provider. For a list of covered services, read Chapter 4, "Benefits and services" in this handbook. You can also find the Provider Directory on the Molina Healthcare website at www.MolinaHealthcare.com.

For members with long-term care and a share of cost

You might have to pay a share of cost each month for your long-term care services. The amount of your share of cost depends on your income. Each month, you will pay your own health care bills, including but not limited, to Long-Term Services and Supports (LTSS) bills, until the amount you have paid equals your share of cost. After that, Molina Healthcare will cover your long-term care for that month. You will not be covered by Molina Healthcare until you have paid your entire long-term care share of cost for the month.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

How a provider gets paid

Molina Healthcare pays providers in these ways:

- Capitation payments
  - Molina Healthcare pays some providers a set amount of money every month for each Molina Healthcare member. This is called a capitation payment. Molina Healthcare and providers work together to decide on the payment amount.
- FFS payments
  - Some providers give care to Molina Healthcare members and send Molina Healthcare a bill for the services they provided. This is called an FFS payment. Molina Healthcare and providers work together to decide how much each service costs.

To learn more about how Molina Healthcare pays providers, call 1-888-665-4621 (TTY/TDD or 711).

- Provider Incentive Program:
  - Eligible providers may receive additional incentives for delivering high quality care to Molina Healthcare members.
  - Quality Incentive Programs offered to providers include: Provider Pay for Performance (P4P), IPA and FQHC Pay for Quality (P4Q), and other miscellaneous grant programs designated at Molina Healthcare's discretion.
  - The provider incentive programs offer bonus payments for select Quality Metrics to providers who deliver high quality care. Some incentivized services require provider referrals.

If you get a bill from a health care provider

Covered services are health care services that Molina Healthcare must pay. If you get a bill for any Medi-Cal covered services, do not pay the bill. Call member services right away at 1-888-665-4621 (TTY/TDD or 711). Molina Healthcare will help you figure out if the bill is correct.

If you get a bill from a pharmacy for a prescription drug, supplies, or supplements, call Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can call 711, Monday through Friday, 8 a.m. to 5 p.m. You can also go to the Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home/.

Asking Molina Healthcare to pay you back for expenses

If you paid for services that you already got, you might qualify to be reimbursed (paid

---

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

back) if you meet **all** of these conditions:

- The service you got is a covered service that Molina Healthcare is responsible for paying. Molina Healthcare will not reimburse you for a service that Molina Healthcare does not cover.
- You got the covered service while you were an eligible Molina Healthcare member.
- You ask to be paid back within one year from the date you got the covered service.
- You show proof that you, or someone on your behalf, paid for the covered service, such as a detailed receipt from the provider.
- You must provide copies of the itemized receipts of the total payment and medical record documentation for verification of covered services
- You got the covered service from a Medi-Cal enrolled provider in Molina Healthcare's network. You do not need to meet this condition if you got emergency care, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval (prior authorization).
- If the covered service normally requires pre-approval (prior authorization), you need to give proof from the provider that shows a medical need for the covered service.

Molina Healthcare will tell you if they will reimburse you in a letter called a Notice of Action (NOA). If you meet all of the above conditions, the Medi-Cal-enrolled provider should pay you back for the full amount you paid. If the provider refuses to pay you back, Molina Healthcare will pay you back for the full amount you paid. We must reimburse you within 45 working days of receipt of the claim.

If the provider is enrolled in Medi-Cal but is not in the Molina Healthcare network and refuses to pay you back, Molina Healthcare will pay you back, but only up to the amount that FFS Medi-Cal would pay. Molina Healthcare will pay you back for the full out-of-pocket amount for emergency services, family planning services, or another service that Medi-Cal allows to be provided by out-of-network providers without pre-approval (prior authorization). If you do not meet one of the above conditions, Molina Healthcare will not pay you back.

Molina Healthcare will not pay you back if:

- You asked for and got services that are not covered by Medi-Cal, such as cosmetic services
- The service is not a covered service for Molina Healthcare
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You have Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan

---

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

3.How to get care

Getting health care services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

You can start getting health care services on your effective date of enrollment in Molina Healthcare. Always carry with you your Molina Healthcare Identification (ID) card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards. Never let anyone else use your BIC card or Molina Healthcare ID card.

New members with only Medi-Cal coverage must choose a primary care provider (PCP) in the Molina Healthcare network. New members with both Medi-Cal and comprehensive other health coverage do not have to choose a PCP.

The Molina Healthcare network is a group of doctors, hospitals, and other providers who work with Molina Healthcare. You must choose a PCP within 30 days from the time you become a member of Molina Healthcare. If you do not choose a PCP, Molina Healthcare will choose one for you.

You can choose the same PCP or different PCPs for all family members in Molina Healthcare, as long as the PCP is available.

If you have a doctor you want to keep, or you want to find a new PCP, go to the Provider Directory for a list of all PCPs and other providers in the Molina Healthcare network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call 1-888-665-4621 (TTY/TDD or 711). You can also find the Provider Directory on the Molina Healthcare website at www.MolinaHealthcare.com.

If you cannot get the care you need from a participating provider in the Molina Healthcare network, your PCP or specialist in Molina Healthcare's network must ask Molina Healthcare for approval to send you to an out-of-network provider. This is called a referral. You do not need a referral to go to an out-of-network provider to get sensitive care services listed under the heading "Sensitive care" later in this chapter.

Read the rest of this chapter to learn more about PCPs, the Provider Directory, and the

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

provider network.

The Medi-Cal Rx program administers outpatient prescription drug coverage. To learn more, read "Other Medi-Cal programs and services" in Chapter 4.

Primary care provider (PCP)

Your primary care provider (PCP) is the licensed provider you go to for most of your health care. Your PCP also helps you get other types of care you need. You must choose a PCP within 30 days of enrolling in Molina Healthcare. Depending on your age and sex, you can choose a general practitioner, OB/GYN, family practitioner, internist, or pediatrician as your PCP.

A nurse practitioner (NP), physician assistant (PA), or certified nurse midwife can also act as your PCP. If you choose an NP, PA, or certified nurse midwife, you can be assigned a doctor to oversee your care. If you are in both Medicare and Medi-Cal, or if you also have other comprehensive health care insurance, you do not have to choose a PCP.

You can choose an Indian Health Care Provider (IHCP), Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) as your PCP. Depending on the type of provider, you might be able to choose one PCP for yourself and your other family members who are members of Molina Healthcare, as long as the PCP is available.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the Molina Healthcare network.

If you do not choose a PCP within 30 days of enrollment, Molina Healthcare will assign you to a PCP. If you are assigned to a PCP and want to change, call 1-888-665-4621 (TTY/TDD or 711). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer you to a specialist if you need one
- Arrange for hospital care if you need it

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

You can look in the Provider Directory to find a PCP in the Molina Healthcare network. The Provider Directory has a list of IHCPs, FQHCs, and RHCs that work with Molina Healthcare.

You can find the Molina Healthcare Provider Directory online at www.MolinaHealthcare.com. Or you can request a Provider Directory to be mailed to you by calling 1-888-665-4621 (TTY/TDD or 711). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP. It is best to stay with one PCP so they can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the Molina Healthcare provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call 1-888-665-4621 (TTY/TDD or 711). You may also visit www.Molinahealthcare.com and register for MyMolina. This is Molina Healthcare's member portal (web site) where you can find out information about your Molina Healthcare status online.

Molina Healthcare can change your PCP if the PCP is not taking new patients, has left the Molina Healthcare network, does not give care to patients your age, or if there are quality concerns with the PCP that are not resolved. Molina Healthcare or your PCP might also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If Molina Healthcare needs to change your PCP, Molina Healthcare will tell you in writing.

If your PCP changes, you will get a letter and new Molina Healthcare member ID card in the mail. It will have the name of your new PCP. Call member services if you have questions about getting a new ID card.

Some things to think about when picking a PCP:

- Does the PCP take care of children?
- Does the PCP work at a clinic I like to use?
- Is the PCP's office close to my home, work, or my children's school?
- Is the PCP's office near where I live and is it easy to get to the PCP's office?
- Do the doctors and staff speak my language?
- Does the PCP work with a hospital I like?

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- Does the PCP provide the services I need?
- Do the PCP's office hours fit my schedule?
- Does the PCP work with specialists I use?

Initial Health Appointment (IHA)

Molina Healthcare recommends that, as a new member, you visit your new PCP within 120 days for your first health appointment, called an Initial Health Appointment (IHA). The purpose of the first health appointment is to help your PCP learn your health care history and needs. Your PCP might ask you questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that can help you.

When you call to schedule your first health appointment, tell the person who answers the phone that you are a member of Molina Healthcare. Give your Molina Healthcare ID number.

Take your Medi-Cal BIC card and Molina Healthcare ID card to your appointment. It is a good idea to take a list of your medicine and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

If you have questions about your first health appointment, call 1-888-665-4621 (TTY/TDD or 711).

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular check-ups, screenings, immunizations, health education, and counseling.

Molina Healthcare recommends that children, especially, get regular routine and preventive care. Molina Healthcare members can get all recommended early preventive services recommended by the American Academy of Pediatrics and the Centers for Medicare and Medicaid Services. These screenings include hearing and vision screening, which can help ensure healthy development and learning. For a list of pediatrician-recommended services, read the "Bright Futures" guidelines from the American Academy of Pediatrics at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Routine care also includes care when you are sick. Molina Healthcare covers routine care from your PCP.

Your PCP will:

- Give you most of your routine care, including regular check-ups, immunizations (shots), treatment, prescriptions, required screenings, and medical advice
- Keep your health records
- Refer you to specialists if needed
- Order X-rays, mammograms, or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services Molina Healthcare covers and what it does not cover, read Chapter 4, “Benefits and services” and Chapter 5, “Child and youth well care” in this handbook.

All Molina Healthcare in-network providers can use aids and services to communicate with people with disabilities. They can also communicate with you in another language or format. Tell your provider or Molina Healthcare what you need.

Provider network

The Medi-Cal provider network is the group of doctors, hospitals, and other providers that work with Molina Healthcare to provide Medi-Cal covered services to Medi-Cal members.

Molina Healthcare is a managed care health plan. When you choose our Medi-Cal Plan, you are choosing to get your care through our medical care program. You must get most of your covered services through Molina Healthcare from our in-network providers. You can go to an out-of-network provider without a referral or pre-approval for emergency care or for family planning services. You can also go to an out-of-network provider for out-of-area urgent care when you are in an area that we do not serve. You must have a referral or pre-approval for all other out-of-network services, or they will not be covered.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the Molina Healthcare network.

If your PCP, hospital, or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call 1-888-665-4621 (TTY/TDD or 711). For more about moral objections, read “Moral objection” later in this chapter.

If your provider has a moral objection to giving you covered health care services, they can help you find another provider who will give you the services you need. Molina Healthcare can also help you find a provider who will perform the service.

In-network providers

You will use providers in the Molina Healthcare network for most of your health care needs. You will get preventive and routine care from in-network providers. You will also use specialists, hospitals, and other providers in the Molina Healthcare network.

To get a Provider Directory of in-network providers, call 1-888-665-4621 (TTY/TDD or 711). You can also find the Provider Directory online at www.MolinaHealthcare.com. To get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or go to the Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home/.

You must get pre-approval (prior authorization) from Molina Healthcare before you go to a provider outside the Molina Healthcare network, including inside the Molina Healthcare service area, except in these cases:

- If you need emergency care, call 911 or go to the nearest emergency room.
- If you are outside the Molina Healthcare service area and need urgent care, go to any urgent care facility.
- If you need family planning services, go to any Medi-Cal provider without pre-approval (prior authorization).
- If you need mental health services, go to an in-network provider or a county mental health plan provider, without pre-approval (prior authorization).

If you are not in one of the cases listed above and you do not get pre-approval (prior authorization) before getting care from a provider outside the network, you might be responsible for paying for any care you got from out-of-network providers.

Out-of-network providers who are inside the service area

Out-of-network providers are providers that do not have an agreement to work with Molina Healthcare. Except for emergency care, family care, sensitive care, and care

pre-approved by Molina Healthcare, you might have to pay for any care you get from out-of-network providers in your service area.

If you need medically necessary health care services that are not available in the network, you might be able to get them from an out-of-network provider for free. Molina Healthcare may approve a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

For urgent care inside the Molina Healthcare service area, you must go to a Molina Healthcare in-network urgent care provider. You do not need pre-approval (prior authorization) to get urgent care from an in-network provider. You do need to get pre-approval (prior authorization) to get urgent care from an out-of-network provider inside the Molina Healthcare service area.

If you get urgent care from an out-of-network provider inside Molina Healthcare service area, you might have to pay for that care. You can read more about emergency care, urgent care, and sensitive care services in this chapter.

Note: If you are an American Indian, you can get care at an IHCP outside of our provider network without a referral. An out-of-network IHCP can also refer American Indian members to an in-network provider without first requiring a referral from an in-network PCP.

If you need help with out-of-network services, call 1-888-665-4621 (TTY/TDD or 711).

Outside the service area

If you are outside of the Molina Healthcare service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call 1-888-665-4621 (TTY/TDD or 711).

For emergency care, call **911** or go to the nearest emergency room. Molina Healthcare covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency care requiring hospitalization, Molina Healthcare will cover your care. If you are traveling abroad outside of Canada or Mexico and need emergency care, urgent care, or any health care services Molina Healthcare will **not** cover your care.

If you paid for emergency care requiring hospitalization in Canada or Mexico, you can ask Molina Healthcare to pay you back. Molina Healthcare will review your request. To learn more about being paid back, read Chapter 2, “About your health plan” in this handbook.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

If you are in another state or are in a United States Territory such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or United States Virgin Islands, you are covered for emergency care. Not all hospitals and doctors accept Medicaid. (Medi-Cal is what Medicaid is called in California only.) If you need emergency care outside of California, tell the hospital or emergency room doctor as soon as possible that you have Medi-Cal and are a member of Molina Healthcare.

Ask the hospital to make copies of your Molina Healthcare ID card. Tell the hospital and the doctors to bill Molina Healthcare. If you get a bill for services you got in another state, call Molina Healthcare right away. We will work with the hospital and/or doctor to arrange for Molina Healthcare to pay for your care.

If you are outside of California and have an emergency need to fill outpatient prescription drugs, have the pharmacy call Medi-Cal Rx at 1-800-977-2273.

Note: American Indians may get services at out-of-network IHCPs.

If you have questions about out-of-network or out-of-service-area care, call 1-888-665-4621 (TTY/TDD or 711). If the office is closed and you want help from a Molina Healthcare representative, call the Nurse Advice Line at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish).

If you need urgent care out of the Molina Healthcare service area, go to the nearest urgent care facility. If you are traveling outside the United States and need urgent care, Molina Healthcare will not cover your care. For more on urgent care, read “Urgent care” later in this chapter.

Delegated Model MCPs

Molina Healthcare assigns members to Medical Groups/IPAs. Medical Groups/IPAs hold a contract with Molina Healthcare and have a network of providers. Medical Groups/IPAs organize a group of doctors, specialists, and other providers of health services to see Molina Healthcare members. Your doctor, along with the Medical Group/IPA, takes care of all your medical needs. This may include getting approval to see specialist doctors or medical services such as lab tests, x-rays, and/or hospital admittance.

If you have questions about getting approval, an out-of-network or out-of-service-area care, call your medical group/IPA using the phone number located on your ID card or you may call Molina Member Services to assist you at 1-888-665-4621 (TTY/TDD or 711).

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

How managed care works

Molina Healthcare is a managed care health plan. Molina Healthcare provides care to members who live in Sacramento, San Diego, Riverside, or San Bernardino County. In managed care, your PCP, specialists, clinic, hospital, and other providers work together to care for you.

Molina Healthcare contracts with medical groups to provide care to Molina Healthcare members. A medical group is made up of doctors who are PCPs and specialists. The medical group works with other providers such as laboratories and durable medical equipment suppliers. The medical group is also connected with a hospital. Check your Molina Healthcare ID card for the names of your PCP, medical group, and hospital.

When you join Molina Healthcare, you choose or are assigned to a PCP. Your PCP is part of a medical group. Your PCP and medical group direct the care for all of your medical needs. Your PCP may refer you to specialists or order lab tests and X-rays. If you need services that require pre-approval (prior authorization), Molina Healthcare or your medical group will review the pre-approval (prior authorization) and decide whether to approve the service.

In most cases, you must go to specialists and other health professionals who work with the same medical group as your PCP. Except for emergencies, you must also get hospital care from the hospital connected with your medical group.

Sometimes, you might need a service that is not available from a provider in the medical group. In that case, your PCP will refer you to a provider who is in another medical group or is outside the network. Your PCP will ask for pre-approval (prior authorization) for you to go to this provider.

In most cases, you must have prior authorization from your PCP, medical group, or Molina Healthcare before you can go to an out-of-network provider or a provider who is not part of your medical group. You do not need pre-approval (prior authorization) for emergency services, family planning services, or in-network mental health services.

Members who have both Medicare and Medi-Cal

Members who have Medicare and Medi-Cal should have access to providers who are part of their Medicare coverage as well as providers who are included in the Medi-Cal plan coverage. Refer to the Medicare Advantage EOC or to the Medicare Advantage Provider Directory as applicable.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Doctors

You will choose a doctor or other provider from the Molina Healthcare Provider Directory as your PCP. The PCP you choose must be an in-network provider. To get a copy of the Molina Healthcare Provider Directory, call 1-888-665-4621 (TTY/TDD or 711). Or find it online at www.MolinaHealthcare.com.

If you are choosing a new PCP, you should also call the PCP you want to make sure they are taking new patients.

If you had a doctor before you were a member of Molina Healthcare, and that doctor is not part of the Molina Healthcare network, you might be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call 1-888-665-4621 (TTY/TDD or 711).

If you need a specialist, your PCP will refer you to a specialist in the Molina Healthcare network. Some specialists do not require a referral. For more on referrals, read "Referrals" later in this chapter.

Remember, if you do not choose a PCP, Molina Healthcare will choose one for you, unless you have other comprehensive health coverage in addition to Medi-Cal. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, or if you have other health care insurance, you do not have to choose a PCP from Molina Healthcare.

If you want to change your PCP, you must choose a PCP from the Molina Healthcare Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call 1-888-665-4621 (TTY/TDD or 711). You can also change your PCP after you enroll in MyMolina.

Hospitals

In an emergency, call **911** or go to the nearest emergency room.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital that your PCP uses and is in the Molina Healthcare provider network. The Provider Directory lists the hospitals in the Molina Healthcare network.

Women's health specialists

You can go to a women's health specialist in Molina Healthcare's network for covered care necessary to provide women's preventative and routine care services. You do not

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

need a referral or authorization from your PCP to get these services. For help finding a women's health specialist, you can call 1-888-665-4621 (TTY/TDD or 711). You can also call the 24/7 Nurse Advice Line at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish).

For family planning services, your provider does not have to be in the Molina Healthcare provider network. You can choose any Medi-Cal provider and go to them without a referral or pre-approval (prior authorization). For help finding a Medi-Cal provider outside the Molina Healthcare provider network, call 1-888-665-4621.

Provider Directory

The Molina Healthcare Provider Directory lists providers in the Molina Healthcare network. The network is the group of providers that work with Molina Healthcare.

The Molina Healthcare Provider Directory lists hospitals, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, FQHCs, outpatient mental health providers, managed long-term services and supports (MLTSS), Freestanding Birth Centers (FBCs), IHCPs, and RHCs.

The Provider Directory has Molina Healthcare in-network provider names, specialties, addresses, phone numbers, business hours, and languages spoken. It tells you if the provider is taking new patients. It also gives the physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

To learn more about a doctor's education, professional qualifications, residency completion, training, and board certification, call 1-888-665-4621 (TTY/TDD or 711).

You can find the online Provider Directory at www.MolinaHealthcare.com.

If you need a printed Provider Directory, call 1-888-665-4621 (TTY/TDD or 711).

You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at https://medi-calrx.dhcs.ca.gov/home/. You can also find a pharmacy near you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711.

Timely access to care

Your in-network provider must provide timely access to care based on your health care needs. At minimum, they must offer you an appointment listed in the time frames shown in the table below.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Appointment type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) mental health provider (non-doctor) follow-up care appointments	10 business days of last appointment
Non-urgent (routine) appointments for ancillary (supporting) services for the diagnosis or treatment of injury, illness, or other health condition	15 business days

Other wait time standards	You should be able to get connected within:
Member services telephone wait times during normal business hours	10 minutes
Telephone wait times for Nurse Advice Line	30 minutes (connected to nurse)

Sometimes waiting longer for an appointment is not a problem. Your provider might give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health. You can choose to wait for a later appointment or call Molina Healthcare to go to another provider of your choice. Your provider and Molina Healthcare will respect your wish.

Your doctor may recommend a specific schedule for preventive services, follow-up care

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

for ongoing conditions, or standing referrals to specialists, depending on your needs.

Tell us if you need interpreter services, including sign language, when you call Molina Healthcare or when you get covered services. Interpreter services are available for free. We highly discourage the use of minors or family members as interpreters. To learn more about interpreter services we offer, call 1-888-665-4621.

If you need interpreter services, including sign language, at a Medi-Cal Rx pharmacy, call Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can call 711, Monday through Friday, 8 a.m. to 5 p.m.

Travel time or distance to care

Molina Healthcare must follow travel time or distance standards for your care. Those standards help make sure you can get care without having to travel too far from where you live. Travel time or distance standards depend on the county you live in.

If Molina Healthcare is not able to provide care to you within these travel time or distance standards, DHCS may allow a different standard, called an alternative access standard. For Molina Healthcare's time or distance standards for where you live, visit www.MolinaHealthcare.com. Or call 1-888-665-4621 (TTY/TDD or 711).

It is considered far if you cannot get to that provider within the Molina Healthcare's travel time or distance standards for your county, regardless of any alternative access standard Molina Healthcare might use for your ZIP Code.

If you need care from a provider located far from where you live, call member services at 1-888-665-4621 (TTY/TDD or 711). They can help you find care with a provider located closer to you. If Molina Healthcare cannot find care for you from a closer provider, you can ask Molina Healthcare to arrange transportation for you to go to your provider, even if that provider is located far from where you live.

If you need help with pharmacy providers, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711.

Appointments

When you need health care:

- Call your PCP
- Have your Molina Healthcare ID number ready on the call
- Leave a message with your name and phone number if the office is closed

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- Take your Medi-Cal BIC card and Molina Healthcare ID card to your appointment
- Ask for transportation to your appointment, if needed, by calling 1-844-292-2688 or 1-888-665-4621
- Ask for needed language assistance or interpreting services before your appointment to have the services at the time of your visit
- Be on time for your appointment, arrive a few minutes early to sign in, fill out forms, and answer any questions your PCP may have
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready

If you have an emergency, call **911** or go to the nearest emergency room. If you need help deciding how urgently you need care and your PCP is not available to speak with you, call the Molina Healthcare Nurse Advice Line at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish).

Getting to your appointment

If you don't have a way to get to and from your appointments for covered services, Molina Healthcare can help arrange transportation for you. Depending on your situation, you may qualify for either Medical Transportation or for Non-Medical Transportation. These transportation services are not for emergencies and may be available for free.

If you are having an emergency, call **911**. Transportation is available for services and appointments not related to emergency care.

To learn more, read "Transportation benefits for situations that are not emergencies" later in this chapter.

Canceling and rescheduling

If you can't get to your appointment, call your provider's office right away. Most providers require you to call 24 hours (1 business day) before your appointment if you have to cancel. If you miss repeated appointments, your provider might stop providing care to you and you will have to find a new provider.

Payment

You do **not** have to pay for covered services unless you have a share of cost for long-term care. To learn more, read "For members with long-term care and a share of cost"

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

in Chapter 2. In most cases, you will not get a bill from a provider. You must show your Molina Healthcare ID card and your Medi-Cal BIC card when you get health care services or prescriptions, so your provider knows who to bill. You can get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call 1-888-665-4621 (TTY/TDD or 711). If you get a bill for prescriptions, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or visit the Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home/.

Tell Molina Healthcare the amount you are being charged, the date of service, and the reason for the bill. Molina Healthcare will help you figure out if the bill was for a covered service or not. You do not need to pay providers for any amount owed by Molina Healthcare for any covered service. If you get care from an out-of-network provider and you did not get pre-approval (prior authorization) from Molina Healthcare, you might have to pay for the care you got.

You must get pre-approval (prior authorization) from Molina Healthcare before you visit an out-of-network provider except when:

- You need emergency services, in which case dial 911 or go to the nearest hospital
- You need family planning services or services related to testing for sexually transmitted infections, in which case you can go to any Medi-Cal provider without pre-approval (prior authorization)
- You need mental health services, in which case you can go to an in-network provider or to a county mental health plan provider without pre-approval (prior authorization)

If you need to get medically necessary care from an out-of-network provider because it is not available in the Molina Healthcare network, you will not have to pay as long as the care is a Medi-Cal covered service and you got pre-approval (prior authorization) from Molina Healthcare for it. To learn more about emergency care, urgent care, and sensitive services, go to those headings in this chapter.

If you get a bill or are asked to pay a co-pay you do not think you have to pay, call 1-888-665-4621 (TTY/TDD or 711). If you pay the bill, you can file a claim form with Molina Healthcare. You will need to tell Molina Healthcare in writing about the item or service you paid for. Molina Healthcare will read your claim and decide if you can get money back.

For questions, call 1-888-665-4621 (TTY/TDD or 711).

If you get services in the Veterans Affairs system or get non-covered or unauthorized

services outside of California, you might be responsible for payment.

Molina Healthcare will not pay you back if:

- The services are not covered by Medi-Cal such as cosmetic services
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You ask to be paid back for Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan

Referrals

If you need a specialist for your care, your PCP or another specialist will give you a referral to one. A specialist is a provider who focuses on one type of health care service. The doctor who refers you will work with you to choose a specialist. To help make sure you can go to a specialist in a timely way, DHCS sets time frames for members to get appointments. These time frames are listed in “Timely access to care” earlier in this chapter. Your PCP’s office can help you set up an appointment with a specialist.

Other services that might need a referral include in-office procedures, X-rays, lab work.

Your PCP might give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as they think you need treatment. Specialist services must be provided by doctors that are part of the Molina or Medical Group/IPA network. If an in-network specialist is not available, we will assist in finding a provider to meet your needs.

If you have a health problem that needs special medical care for a long time, you might need a standing referral. Having a standing referral means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the Molina Healthcare referral policy, call 1-888-665-4621 (TTY/TDD or 711).

You do **not** need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call the Office of Family Planning Information and Referral Service at 1-800-942-1054)

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- HIV testing and counseling (12 years or older)
- Sexually transmitted infection services (12 years or older)
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs, and IHCPs)
- Initial mental health assessment
- Office visits at participating in-network specialty providers
- Community Health Workers
- Doula Services

Minors can also get certain outpatient mental health services, sensitive services, and substance use disorder services without a parent or guardian's consent. To learn more, read "Minor consent services" later in this chapter and "Substance use disorder treatment services" in Chapter 4 of this handbook.

California Cancer Equity Act referrals

Effective treatment of complex cancers depends on many factors. These include getting the right diagnosis and getting timely treatment from cancer experts. If you are diagnosed with a complex cancer, the new California Cancer Care Equity Act allows you to ask for a referral from your doctor to get cancer treatment from an in-network National Cancer Institute (NCI)-designated cancer center, NCI Community Oncology Research Program (NCORP)-affiliated site, or a qualifying academic cancer center.

If Molina Healthcare does not have an in-network NCI-designated cancer center, Molina Healthcare will allow you to ask for a referral to get cancer treatment from one of these out-of-network centers in California, if the out-of-network center and Molina Healthcare agree on payment, unless you choose a different cancer treatment provider.

If you have been diagnosed with cancer, contact Molina Healthcare to find out if you qualify for services from one of these cancer centers.

Ready to quit smoking? To learn about services in English, call 1-800-300-8086. For Spanish, call 1-800-600-8191.

To learn more, go to www.kickitca.org.

Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask Molina Healthcare for permission before you get the care. This is called asking for pre-approval or prior authorization. It means Molina Healthcare must make sure the care is medically necessary (needed).

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under age 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition.

The following services **always** need pre-approval (prior authorization), even if you get them from a provider in the Molina Healthcare network:

- Hospitalization, if not an emergency
- Services out of the Molina Healthcare service area, if not an emergency or urgent care
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility (including adult and pediatric Subacute Care Facilities contracted with the Department of Health Care Services Subacute Care Unit) or intermediate care facilities (including Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), ICF/DD-Nursing (ICF/DD-N))
- Specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency
- Community Support Services

Emergency ambulance services do not require pre-approval (prior authorization).

Molina Healthcare has 5 business days from when Molina Healthcare gets the information reasonably needed to decide (approve or deny) pre-approval (prior authorization) requests. When a pre-approval (prior authorization) request is made by a provider and Molina Healthcare finds that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, Molina Healthcare will make a pre-approval (prior authorization) decision in no longer than 72 hours. This means that after getting the request for pre-approval (prior authorization), Molina Healthcare will give you notice as quickly as your health condition requires and no later than 72 hours or 5 days after the request for services. Clinical or medical staff such as doctors, nurses, and pharmacists review pre-approval (prior authorization) requests.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Molina Healthcare does not influence the reviewers' decision to deny or approve coverage or services in any way. If Molina Healthcare does not approve the request, Molina Healthcare will send you a Notice of Action (NOA) letter. The NOA will tell you how to file an appeal if you do not agree with the decision.

Molina Healthcare will contact you if Molina Healthcare needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the Molina Healthcare network or out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for certain sensitive care services. To learn more about sensitive care services, read "Sensitive care" later in this chapter.

For questions about pre-approval (prior authorization), call 1-888-665-4621 (TTY/TDD or 711).

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you might want a second opinion if you want to make sure your diagnosis is correct, you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked. Molina Healthcare will pay for a second opinion if you or your in-network provider asks for it, and you get the second opinion from an in-network provider. You do not need pre-approval (prior authorization) from Molina Healthcare to get a second opinion from an in-network provider. If you want to get a second opinion, we will refer you to a qualified in-network provider who can give you one.

To ask for a second opinion and get help choosing a provider, call 1-888-665-4621 (TTY/TDD or 711). Your in-network provider can also help you get a referral for a second opinion if you want one.

If there is no provider in the Molina Healthcare network who can give you a second opinion, Molina Healthcare will pay for a second opinion from an out-of-network provider. Molina Healthcare will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe, or serious illness, or have an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, Molina Healthcare will tell you in writing within 72 hours.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

If Molina Healthcare denies your request for a second opinion, you can file a grievance. To learn more about grievances, read “Complaints” in Chapter 6 of this handbook.

Sensitive care

Minor consent services

If you are under age 18, you can get some services without a parent’s or guardian’s permission. These services are called minor consent services.

You may get these services without your parent or guardian’s permission:

- Services for rape and other sexual assaults
- Pregnancy testing and counseling
- Contraception services such as birth control (excludes sterilization)
- Abortion services

If you are 12 years old or older, you can get these services without your parent or guardian’s permission:

- Outpatient mental health services and counseling, or residential shelter services, based on your maturity and ability to participate in your own health care
- HIV/AIDS counseling, prevention, testing, and treatment
- Sexually transmitted infection prevention, testing, and treatment including sexually transmitted diseases like syphilis, gonorrhea, chlamydia, and herpes simplex
- Substance use disorder treatment for drug and alcohol abuse including screening, assessment, intervention, and referral services
  - To learn more, read “Substance use disorder treatment services” in Chapter 4 of this handbook.

For pregnancy testing, contraception services, or services for sexually transmitted infections the provider or clinic does not have to be in the Molina Healthcare network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization).

Services from an out-of-network provider that are not related to sensitive care may not be covered. To find a Medi-Cal provider who is outside the Molina Healthcare Medi-Cal network, or to ask for transportation help to get to a provider, call 1-888-665-4621. For more information related to contraceptive services, read “Preventive and wellness services and chronic disease management” in Chapter 4 of this handbook.

For minor consent services that are outpatient mental health services, you can go to an

in-network or out-of-network provider without a referral and without pre-approval (prior authorization). Your PCP does not have to refer you and you do not need to get pre-approval (prior authorization) from Molina Healthcare to get covered minor consent services.

Molina Healthcare does not cover minor consent services that are specialty mental health services. The county mental health plan for the county where you live covers minor consent services that are specialty mental health services. For specialty mental health services, call your county mental health plan or your Molina Healthcare Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, go to: http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Minors can talk to a representative in private about their health concerns by calling the 24/7 Nurse Advice Line at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish).

If you are able to consent to your own care without the consent of a parent or guardian under the law, Molina Healthcare will not give information on your sensitive care services to your Molina Healthcare plan policyholder or primary subscriber or to any Molina Healthcare enrollees without your written permission. You can also ask to get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to ask for confidential communications related to sensitive services, read "Notice of privacy practices" in Chapter 7 of this handbook.

Adult sensitive care services

As an adult 18 years or older, you do not have to go to your PCP for certain sensitive or private care. You can choose any doctor or clinic for these types of care:

- Family planning and birth control including sterilization for adults 21 and older
- Pregnancy testing and counseling and other pregnancy-related services
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing, and treatment
- Sexual assault care
- Outpatient abortion services

For sensitive care, the doctor or clinic does not have to be in the Molina Healthcare network. You can choose to go to any Medi-Cal provider for these services without a referral or pre-approval (prior authorization) from Molina Healthcare. If you got care not listed here as sensitive care from an out-of-network provider, you might have to pay for it.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

If you need help finding a doctor or clinic for these services, or help getting to these services (including transportation), call 1-888-665-4621 (TTY/TDD or 711). Or call the 24/7 Nurse Advice Line at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish).

Molina Healthcare will not give information on your sensitive care services to your Molina Healthcare plan policyholder or primary subscriber, or to any Molina Healthcare enrollees, without your written permission. You can get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to request confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

Moral objection

Some providers have a moral objection to some covered services. They have a right to **not** offer some covered services if they morally disagree with the services. These services are still available to you from another provider. If your provider has a moral objection, they will help you find another provider for the needed services. Molina Healthcare can also help you find a provider.

Some hospitals and providers do not provide one or more of these services even if they are covered by Medi-Cal:

- Family planning
- Contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

To make sure you choose a provider who can give you the care you and your family needs, call the doctor, medical group, independent practice association, or clinic you want. Ask if the provider can and will provide the services you need. Or call Molina Healthcare at 1-888-665-4621 (TTY/TDD or 711).

These services are available to you. Molina Healthcare will make sure you and your family members can use providers (doctors, hospitals, and clinics) who will give you the care you need. If you have questions or need help finding a provider, call Molina Healthcare at 1-888-665-4621 (TTY/TDD or 711).

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury, or complication of a condition you already have. Most urgent care appointments do not need pre-approval (prior authorization). If you ask for an urgent care appointment, you will get an appointment within 48 hours. If the urgent care services you need require a pre-approval (prior authorization), you will get an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call 1-888-665-4621 (TTY/TDD or 711). Or you can call the Nurse Advice Line at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish) to learn the level of care that is best for you.

You may call the Nurse Advice Line number at 1-888-275-8750 (TTY/TDD or 711) anytime you are experiencing symptoms or need health care information. Registered nurses are available 24 hours a day, 7 days a week to assess symptoms and help make good health care decisions.

These registered nurses do not diagnose; they assess symptoms and guide the patient to the most appropriate level of care following specially designed algorithms (treatment instructions) unique to the Nurse Advice Line. The Nurse Advice Line may refer you to the PCP, a specialist, 911 or the ER. By educating patients, and guiding you to the next steps in care, this can reduce costs and incorrect utilization of the health care system.

If you need urgent care out of the area, go to the nearest urgent care facility.

Urgent care needs could be:

- Cold
- Sore throat
- Fever
- Ear pain
- Sprained muscle
- Maternity services

When you are inside Molina Healthcare's service area and need urgent care, you must get the urgent care services from an in-network provider. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside Molina Healthcare's service area.

If you are outside the Molina Healthcare service area, but inside the United States, you do not need pre-approval (prior authorization) to get urgent care outside the service

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

area. Go to the nearest urgent care facility.

Medi-Cal does not cover urgent care services outside the United States. If you are traveling outside the United States and need urgent care, we will not cover your care.

If you need mental health urgent care, call your county mental health plan or Member Services at 1-888-665-4621 (TTY/TDD or 711). Call your county mental health plan or your Molina Healthcare Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, go to: http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

If you get medicines as part of your covered urgent care visit while you are there, Molina Healthcare will cover them as part of your covered visit. If your urgent care provider gives you a prescription that you need to take to a pharmacy, Medi-Cal Rx will decide if it is covered. To learn more about Medi-Cal Rx, read "Prescription drugs covered by Medi-Cal Rx" in "Other Medi-Cal programs and services" in Chapter 4 of this handbook.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from Molina Healthcare.

Inside the United States, including any United States Territory, you have the right to use any hospital or other setting for emergency care.

If you are outside the United States, only emergency care requiring hospitalization in Canada and Mexico are covered. Emergency care and other care in other countries are not covered.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you do not get care right away, you would place your health (or your unborn baby's health) in serious danger. This includes risking serious harm to your bodily functions, body organs, or body parts. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- Trouble breathing
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts

Do **not** go to the ER for routine care or care that is not needed right away. You should get routine care from your PCP, who knows you best. You do not need to ask your PCP or Molina Healthcare before you go to the ER. However, if you are not sure if your medical condition is an emergency, call your PCP. You can also call the 24/7 Nurse Advice Line at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish).

If you need emergency care outside the Molina Healthcare service area, go to the nearest ER even if it is not in the Molina Healthcare network. If you go to an ER, ask them to call Molina Healthcare. You or the hospital that admitted you should call Molina Healthcare within 24 hours after you get emergency care. If you are traveling outside the United States other than to Canada or Mexico and need emergency care, Molina Healthcare will **not** cover your care.

If you need emergency transportation, call **911**.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call Molina Healthcare.

If you or someone you know is in crisis, please contact the 988 Suicide and Crisis Lifeline: **Call or text 988** or **chat online at 988lifeline.org/chat**. The 988 Suicide and Crisis Lifeline offers free and confidential support for anyone in crisis. That includes people who are in emotional distress and those who need support for a suicidal, mental health, and/or substance use crisis.

Remember: Do not call **911** unless you reasonably believe you have a medical emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest ER.

Molina Healthcare Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call the Nurse Advice Line at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish) (TTY/TDD or 711).

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Nurse Advice Line

Molina Healthcare Nurse Advice Line can give you free medical information and advice 24 hours a day, every day of the year. Call the Nurse Advice Line at 1-888-275-8750 (English) or 1-866-648-3537 (Spanish) (TTY/TDD or 711) to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

The Nurse Advice Line **cannot** help with clinic appointments or medicine refills. Call your provider's office if you need help with these.

Advance health care directives

An advance health care directive, or advance directive, is a legal form. You can list on the form the health care you want in case you cannot talk or make decisions later. You can also list what health care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

Members who are contacted by Molina Case Managers can request information about advance directives from their Case Managers. Members can also request further information about advance directives and Case Management services by calling Molina Healthcare at 1-888-665-4621 (TTY/TDD or 711).

You can get an advance directive form at pharmacies, hospitals, law offices, and doctors' offices. You might have to pay for the form. You can also find and download a free form online. You can ask your family, PCP, or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. Molina Healthcare will tell you about changes to the state law no longer than 90 days after the change.

To learn more, you can call Molina Healthcare at 1-888-665-4621.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Organ and tissue donation

You can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at www.organdonor.gov.

4. Benefits and services

What benefits and services your health plan covers

This chapter explains benefits and services covered by Molina Healthcare. Your covered services are free as long as they are medically necessary and provided by a Molina Healthcare in-network provider. You must ask Molina Healthcare for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services and emergency care. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask Molina Healthcare for pre-approval (prior authorization) for this.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more on your covered services, call 1-888-665-4621 (TTY/TDD or 711).

Members under 21 years old get extra benefits and services. To learn more, read Chapter 5, “Child and youth well care” in this handbook.

Some of the basic health benefits and services Molina Healthcare offers are listed below. Benefits and services with a star (*) need pre-approval (prior authorization).

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- Acupuncture*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology*
- Behavioral health treatments*
- Biomarker testing*
- Cardiac rehabilitation
- Chiropractic services*
- Chemotherapy & Radiation therapy
- Cognitive health assessments
- Community health worker services
- Dental services - limited (performed by medical professional/primary care provider (PCP) in a medical office)
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)*
- Dyadic services
- Emergency room visits
- Enteral and parenteral nutrition*
- Family planning services (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Intermediate care facility services
- Lab and radiology*
- Long-term home health therapies and services*
- Maternity and newborn care
- Major organ transplant*
- Occupational therapy*
- Orthotics/prostheses*
- Ostomy and urological supplies
- Outpatient hospital services
- Outpatient mental health services
- Outpatient surgery*
- Palliative care*
- PCP visits
- Pediatric services
- Physical therapy*
- Podiatry services*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing
- Rehabilitation services and devices*
- Skilled nursing services, including subacute services
- Specialist visits
- Speech therapy*
- Surgical services
- Telemedicine/Telehealth
- Transgender services*
- Urgent care
- Vision services*
- Women’s health services

Definitions and descriptions of covered services are in Chapter 8, “Important numbers and words to know” in this handbook.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury.

Medically necessary services include those services that are necessary for age-appropriate growth and development, or to attain, maintain, or regain functional capacity.

For members under age 21, a service is medically necessary if it is necessary to correct or improve defects and physical and mental illnesses or conditions under the Medi-Cal for Kids and Teens (also known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or maintain the member's condition to keep it from getting worse.

Medically necessary services do not include:

- **Treatments that are untested or still being tested**
- **Services or items not generally accepted as effective**
- **Services outside the normal course and length of treatment or services that do not have clinical guidelines**
- **Services for caregiver or provider convenience**

Molina Healthcare coordinates with other programs to be sure you get all medically necessary services, even if those services are covered by another program and not Molina Healthcare.

Medically necessary services include covered services that are reasonable and necessary to:

- Protect life,
- Prevent significant illness or significant disability,
- Alleviate severe pain,
- Achieve age-appropriate growth and development, or
- Attain, maintain, and regain functional capacity

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

For members younger than 21 years old, medically necessary services include all covered services listed above plus any other necessary health care, screening, immunizations, diagnostic services, treatment, and other measures to correct or improve defects and physical and mental illnesses and conditions, the Medi-Cal for Kids and Teens benefit requires. This benefit is known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.

Medi-Cal for Kids and Teens provides prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under 21 years old. Medi-Cal for Kids and Teens covers more services than the benefit for adults. It is designed to make sure children get early detection and care to prevent or diagnose and treat health problems. The goal of Medi-Cal for Kids and Teens is to make sure every child gets the health care they need when they need it – the right care to the right child at the right time in the right setting.

Molina Healthcare will coordinate with other programs to make sure you get all medically necessary services, even if another program covers those services and Molina Healthcare does not. Read “Other Medi-Cal programs and services” later in this chapter.

Medi-Cal benefits covered by Molina Healthcare

Outpatient (ambulatory) services

Adult immunizations (shots)

You can get adult immunizations (shots) from an in-network provider without pre-approval (prior authorization) when they are a preventive service. Molina Healthcare covers immunizations (shots) recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as preventive services, including immunizations (shots) you need when you travel.

You can also get some adult immunization (shots) services from a pharmacy through Medi-Cal Rx. To learn more about Medi-Cal Rx, read “Other Medi-Cal programs and services” later in this chapter.

Allergy care

Molina Healthcare covers allergy testing and treatment, including allergy desensitization, hypo-sensitization, or immunotherapy.

Anesthesiologist services

Molina Healthcare covers anesthesia services that are medically necessary when you get outpatient care. This may include anesthesia for dental procedures when provided by an anesthesiologist who may require pre-approval (prior authorization).

Chiropractic services

Molina Healthcare covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to a maximum of 2 services per month, or combination of 2 services per month from the following services: acupuncture, audiology, occupational therapy, and speech therapy. Limits do not apply to children under age 21. Molina Healthcare may pre-approve other services as medically necessary.

These members qualify for chiropractic services:

- Children under age 21
- Pregnant people through the end of the month that includes 60-days after the end of a pregnancy
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility
- All members when services are provided at county hospital outpatient departments, outpatient clinics, Federally Qualified Health Center (FQHCs), or Rural Health Clinics (RHCs) in the Molina Healthcare's network. Not all FQHCs, RHCs, or county hospitals offer outpatient chiropractic services.

Cognitive health assessments

Molina Healthcare covers a yearly cognitive health assessment for members 65 years old or older who do not otherwise qualify for a similar assessment as part of a yearly wellness visit under the Medicare program. A cognitive health assessment looks for signs of Alzheimer's disease or dementia.

Community health worker services

Molina Healthcare covers community health worker (CHW) services for individuals

when recommended by a doctor or other licensed practitioner to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. CHW services have no service location limits and members can receive services in settings, such as the emergency department. Services may include:

- Health education and individual support or advocacy, including control and prevention of chronic or infectious diseases; behavioral, perinatal, and oral health conditions; and violence or injury prevention
- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management
- Health navigation, including providing information, training, and support to help get health care and community resources
- Screening and assessment services that help connect a member to services to improve their health.

CHW violence prevention services are available to members who meet any of the following circumstances as determined by a licensed practitioner:

- The member has been violently injured as a result of community violence.
- The member is at significant risk of experiencing violent injury as a result of community violence.
- The member has experienced chronic exposure to community violence.

CHW violence prevention services are specific to community violence (e.g., gang violence). CHW services can be provided to members for interpersonal/domestic violence through the other pathways with training/experience specific to those needs.

Dialysis and hemodialysis services

Molina Healthcare covers dialysis treatments. Molina Healthcare also covers hemodialysis (chronic dialysis) services if your doctor submits a request and Molina Healthcare approves it.

Medi-Cal coverage does not include:

- Comfort, convenience, or luxury equipment, supplies, and features
- Non-medical items, such as generators or accessories to make home dialysis equipment portable for travel

Doula services

Molina Healthcare covers doula services provided by in-network doula providers during

a member's pregnancy; during labor and delivery, including stillbirth, miscarriage, and abortion; and within one year of the end of a member's pregnancy. Medi-Cal does not cover all doula services.

Doula providers are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during, stillbirth, miscarriage, and abortion.

As a preventive benefit, doula services require a written recommendation from a physician or other licensed practitioner of the healing arts within their scope of practice. DHCS issued a standing recommendation for doula services that fulfills the requirement for an initial recommendation. The initial recommendation for doula services includes the following authorizations:

- One initial visit
- Up to 8 additional visits that can be a mix of prenatal and postpartum visits
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage
- Up to 2 extended 3-hour postpartum visits after the end of a pregnancy

Members may receive up to nine additional postpartum visits with an additional written recommendation from a physician or other licensed practitioner.

Molina Healthcare must coordinate for out-of-network access to doula services for members if an in-network doula provider is not available.

Dyadic services

Molina Healthcare covers medically necessary dyadic behavioral health (DBH) care services for members and their caregivers. A dyad is a child and their parents or caregivers. Dyadic care serves parents or caregivers and the child together. It targets family well-being to support healthy child development and mental health.

Dyadic care services include:

- DBH well-child visits
- Dyadic comprehensive Community Supports services
- Dyadic psycho-educational services
- Dyadic parent or caregiver services
- Dyadic family training, and
- Counseling for child development, and maternal mental health services

Outpatient surgery

Molina Healthcare covers outpatient surgical procedures. For some procedures, you will need to get pre-approval (prior authorization) before getting those services. Diagnostic procedures and certain outpatient medical or dental procedures are considered elective. You must get pre-approval (prior authorization).

Physician services

Molina Healthcare covers physician services that are medically necessary.

Podiatry (foot) services

Molina Healthcare covers podiatry services as medically necessary for diagnosis and for medical, surgical, mechanical, manipulative, and electrical treatment of the human foot. This includes treatment for the ankle and for tendons connected to the foot. It also includes nonsurgical treatment of the muscles and tendons of the leg that controls the functions of the foot.

Treatment therapies

Molina Healthcare covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

Molina Healthcare covers these maternity and newborn care services:

- Birthing center services
- Breast pumps and supplies
- Breastfeeding education and aids
- Care coordination
- Certified Nurse Midwife (CNM)
- Counseling
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Licensed Midwife (LM)
- Maternal mental health services
- Newborn care

- Nutrition education
- Pregnancy-related health education
- Prenatal care
- Social and mental health assessments and referrals
- Vitamin and mineral supplements

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider by phone, video, or other means. Or telehealth may involve sharing information with your provider without a live conversation. You can get many services through telehealth.

Telehealth may not be available for all covered services. You can contact your provider to learn which services you can get through telehealth. It is important that you and your provider agree that using telehealth for a service is appropriate for you. You have the right to in-person services. You are not required to use telehealth even if your provider agrees that it is appropriate for you.

Mental health services

Outpatient mental health services

Molina Healthcare covers initial mental health assessments without needing pre-approval (prior authorization). You can get a mental health assessment at any time from a licensed mental health provider in the Molina Healthcare network without a referral.

Your PCP or mental health provider might make a referral for more mental health screening to a specialist in the Molina Healthcare network to decide the level of care you need. If your mental health screening results find you are in mild or moderate distress or have impaired mental, emotional, or behavioral functioning, Molina Healthcare can provide mental health services for you. Molina Healthcare covers mental health services such as:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Development of cognitive skills to improve attention, memory, and problem solving
- Outpatient services for the purposes of monitoring medicine therapy
- Outpatient laboratory services
- Outpatient medicines that are not already covered under the Medi-Cal Rx Contract

Drugs List (https://medi-calrx.dhcs.ca.gov/home/), supplies and supplements
- Psychiatric consultation
- Family therapy which involves at least 2 family members. Examples of family therapy include, but are not limited to:
  - Child-parent psychotherapy (ages 0 through 5)
  - Parent child interactive therapy (ages 2 through 12)
  - Cognitive-behavioral couple therapy (adults)

For help finding more information on mental health services provided by Molina Healthcare, call 1-888-665-4621 (TTY/TDD or 711). You may be transferred to a Behavioral Health Team to ensure you are linked with timely, appropriate services.

If treatment you need for a mental health disorder is not available in the Molina Healthcare network or your PCP or mental health provider cannot give the care you need in the time listed above in "Timely access to care," Molina Healthcare will cover and help you get out-of-network services.

If your mental health screening shows that you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider can refer you to the county mental health plan to get the care you need. Molina Healthcare will help you coordinate your first appointment with a county mental health plan provider to choose the right care for you. To learn more, read Chapter 4, "Other Medi-Cal programs and services" under Specialty mental health services in this handbook.

Emergency care services

Inpatient and outpatient services needed to treat a medical emergency

Molina Healthcare covers all services needed to treat a medical emergency that happens in the United States (including territories such as Puerto Rico, United States Virgin Islands, etc.). Molina Healthcare also covers emergency care that requires hospitalization in Canada or Mexico.

A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a prudent (reasonable) layperson (not a health care professional) could expect it to result in any of the following:

- Serious risk to your health
- Serious harm to bodily functions

- Serious dysfunction of any bodily organ or part
- Serious risk in cases of a pregnant person in active labor, meaning labor at a time when either of the following would occur:
  - There is not enough time to safely transfer you to another hospital before delivery
  - The transfer might pose a threat to your health or safety or to that of your unborn child

If a hospital emergency room provider gives you up to a 72-hour supply of an outpatient prescription drug as part of your treatment, Molina Healthcare will cover the prescription drug as part of your covered emergency services. If a hospital emergency room provider gives you a prescription that you have to take to an outpatient pharmacy to be filled, Medi-Cal Rx will cover that prescription.

If you need an emergency supply of a medication from an outpatient pharmacy while traveling, Medi-Cal Rx will be responsible for covering the medication, and not Molina Healthcare. If the pharmacy needs help giving you an emergency medication supply, have them call Medi-Cal Rx at 1-800-977-2273.

Emergency transportation services

Molina Healthcare covers ambulance services to help you get to the nearest place of care in an emergency. This means your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the United States except emergency care that requires you to be in the hospital in Canada or Mexico. If you get emergency ambulance services in Canada or Mexico and you are not hospitalized during that care episode, Molina Healthcare will not cover your ambulance services.

Hospice and palliative care

Molina Healthcare covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social, and spiritual discomforts. Adults ages 21 years or older may not get hospice care and curative (healing) care services at the same time.

Hospice care

Hospice care is a benefit for terminally ill members. Hospice care requires the member to have a life expectancy of six months or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational, or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Some drugs and biological services (some may be available through Medi-Cal Rx)
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
  - Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility, or hospice facility
  - Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility, or hospice facility

Molina Healthcare may require that you get hospice care from an in-network provider unless medically necessary services are not available in-network.

Palliative care

Palliative care is patient and family-centered care that improves quality of life by anticipating, preventing, and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Palliative care includes:

- Advance care planning
- Palliative care assessment and consultation
- Plan of care including all authorized palliative and curative care
- Palliative care team including, but not limited to:
  - Doctor of medicine or osteopathy
  - Physician assistant
  - Registered nurse
  - Licensed vocational nurse or nurse practitioner
  - Social worker
  - Chaplain
- Care coordination
- Pain and symptom management
- Mental health and medical social services

Adults who are age 21 or older cannot get both palliative (curative) care and hospice care at the same time. If you are getting palliative care and qualify for hospice care, you

can ask to change to hospice care at any time.

Hospitalization

Anesthesiologist services

Molina Healthcare covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical or dental procedures.

Inpatient hospital services

Molina Healthcare covers medically necessary inpatient hospital care when you are admitted to the hospital.

Rapid Whole Genome Sequencing

Rapid Whole Genome Sequencing (RWGS) is a covered benefit for any Medi-Cal member who is 1 year of age or younger and is getting inpatient hospital services in an intensive care unit. It includes individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing.

RWGS is a new way to diagnose conditions in time to affect Intensive Care Unit (ICU) care of children 1 year of age or younger. If your child qualifies for the California Children's Services (CCS) program, CCS may cover the hospital stay and the RWGS.

Surgical services

Molina Healthcare covers medically necessary surgeries performed in a hospital.

Extended postpartum coverage

Molina Healthcare covers full-scope coverage for up to 12 months after the end of the pregnancy regardless of citizenship, immigration status, changes in income, or how the pregnancy ends.

Rehabilitative and habilitative (therapy) services and devices

This benefit includes services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

Molina Healthcare covers rehabilitative and habilitative services described in this section if all of the following requirements are met:

- The services are medically necessary
- The services are to address a health condition
- The services are to help you keep, learn, or improve skills and functioning for daily living
- You get the services at an in-network facility, unless an in-network doctor finds it medically necessary for you to get the services in another place or an in-network facility is not available to treat your health condition

Molina Healthcare covers these rehabilitative/habilitative services:

Acupuncture

Molina Healthcare covers acupuncture services to prevent, change, or relieve the perception of severe, ongoing chronic pain resulting from a generally recognized medical condition.

Outpatient acupuncture services, with or without electric stimulation of needles, are limited to 2 services per month in combination with audiology, chiropractic, occupational therapy, and speech therapy services when provided by a doctor, dentist, podiatrist, or acupuncturist. Limits do not apply to children under age 21. Molina Healthcare may pre-approve (prior authorize) more services as medically necessary.

Audiology (hearing)

Molina Healthcare covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy, and speech therapy services (limits do not apply to children under age 21). Molina Healthcare may pre-approve (prior authorize) more services as medically necessary.

Behavioral health treatments

Molina Healthcare covers behavioral health treatment (BHT) services for members under 21 years old through the Medi-Cal for Kids and Teens benefit. BHT includes services and treatment programs such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of a member under 21 years old.

BHT services teach skills using behavioral observation and reinforcement or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence. They are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment, and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by Molina Healthcare, and provided in a way that follows the approved treatment plan.

Cardiac rehabilitation

Molina Healthcare covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

Molina Healthcare covers the purchase or rental of DME supplies, equipment, and other services with a prescription from a doctor, physician assistant, nurse practitioner, or clinical nurse specialist. Prescribed DME items are covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.

Generally, Molina Healthcare does not cover:

- Comfort, convenience, or luxury equipment, features, and supplies, except retail-grade breast pumps as described earlier in this chapter under “Breast pumps and supplies” in “Maternity and newborn care”
- Items not intended to maintain normal activities of daily living, such as exercise equipment including devices intended to provide more support for recreational or sports activities
- Hygiene equipment, except when medically necessary for a member under age 21
- Nonmedical items such as sauna baths or elevators
- Modifications to your home or car
- Devices for testing blood or other body substances (diabetes blood glucose monitors, continuous glucose monitors, test strips, and lancets are covered by Medi-Cal Rx)
- Electronic monitors of the heart or lungs except infant apnea monitors
- Repair or replacement of equipment due to loss, theft, or misuse, except when medically necessary for a member under age 21
- Other items not generally used mainly for health care

In some cases, these items may be approved when your doctor submits a request for

pre-approval (prior authorization).

Enteral and parenteral nutrition

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Enteral nutrition formulas and parenteral nutrition products may be covered through Medi-Cal Rx, when medically necessary. Molina Healthcare covers enteral and parenteral pumps and tubing, when medically necessary.

Hearing aids

Molina Healthcare covers hearing aids if you are tested for hearing loss, the hearing aids are medically necessary, and you have a prescription from your doctor. Coverage is limited to the lowest cost hearing aid that meets your medical needs. Molina Healthcare will cover one hearing aid unless a hearing aid for each ear is needed for better results than what you can get with one hearing aid.

Hearing aids for members under age 21:

In Sacramento, San Diego, Riverside, and San Bernardino counties, state law requires children under 21 years old who need hearing aids to be referred to the California Children's Services (CCS) program to decide if the child qualifies for CCS. If the child qualifies for CCS, CCS will cover the costs for medically necessary hearing aids. If the child does not qualify for CCS, Molina Healthcare will cover medically necessary hearing aids as part of Medi-Cal coverage.

Hearing aids for members ages 21 and older.

Under Medi-Cal, Molina Healthcare will cover the following for each covered hearing aid:

- Ear molds needed for fitting
- One standard battery pack
- Visits to make sure the hearing aid is working right
- Visits for cleaning and fitting your hearing aid
- Repair of your hearing aid
- Hearing aid accessories and rentals

Under Medi-Cal, Molina Healthcare will cover a replacement hearing aid if:

- Your hearing loss is such that your current hearing aid is not able to correct it
- Your hearing aid is lost, stolen, or broken and cannot be fixed and it was not your

fault. You must give us a note that tells us how this happened

For adults ages 21 and older, Medi-Cal does **not** cover:

- Replacement hearing aid batteries

Home health services

Molina Healthcare covers health services given in your home when found medically necessary and prescribed by your doctor or by a physician assistant, nurse practitioner, or clinical nurse specialist.

Home health services are limited to services that Medi-Cal covers, including:

- Part-time skilled nursing care
- Part-time home health aide
- Skilled physical, occupational, and speech therapy
- Medical social services
- Medical supplies

Medical supplies, equipment, and appliances

Molina Healthcare covers medical supplies prescribed by doctors, physician assistants, nurse practitioners, and clinical nurse specialists. Some medical supplies are covered through Medi-Cal Rx, part of Fee-for-Service (FFS) Medi-Cal, and not by Molina Healthcare. When Medi-Cal Rx covers supplies, the provider will bill Medi-Cal.

Medi-Cal does **not** cover:

- Common household items including, but not limited to:
  - Adhesive tape (all types)
  - Rubbing alcohol
  - Cosmetics
  - Cotton balls and swabs
  - Dusting powders
  - Tissue wipes
  - Witch hazel
- Common household remedies including, but not limited to:
  - White petrolatum
  - Dry skin oils and lotions
  - Talc and talc combination products
  - Oxidizing agents such as hydrogen peroxide
  - Carbamide peroxide and sodium perborate

- Non-prescription shampoos
- Topical preparations that contain benzoic and salicylic acid ointment, salicylic acid cream, ointment or liquid, and zinc oxide paste
- Other items not generally used primarily for health care, and that are regularly and primarily used by persons who do not have a specific medical need for them

Occupational therapy

Molina Healthcare covers occupational therapy services including occupational therapy evaluation, treatment planning, treatment, instruction, and consultative services. Occupational therapy services are limited to 2 services per month in combination with acupuncture, audiology, chiropractic, and speech therapy services (limits do not apply to children under age 21). Molina Healthcare may pre-approve (prior authorize) more services as medically necessary.

Orthotics/prostheses

Molina Healthcare covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. They include implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments, and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

Ostomy and urological supplies

Molina Healthcare covers ostomy bags, urinary catheters, draining bags, irrigation supplies, and adhesives. This does not include supplies that are for comfort or convenience, or luxury equipment or features.

Physical therapy

Molina Healthcare covers medically necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and applying of topical medicines.

Pulmonary rehabilitation

Molina Healthcare covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

Skilled nursing facility services

Molina Healthcare covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with 24-hour per day skilled nursing care.

Speech therapy

Molina Healthcare covers speech therapy that is medically necessary. Speech therapy services are limited to 2 services per month, in combination with acupuncture, audiology, chiropractic, and occupational therapy services. Limits do not apply to children under age 21. Molina Healthcare may pre-approve (prior authorize) more services as medically necessary.

Transgender services

Molina Healthcare covers transgender services (gender-affirming services) when they are medically necessary or when the services meet the rules for reconstructive surgery.

Clinical trials

Molina Healthcare covers routine patient care costs for patients accepted into clinical trials, including clinical trials for cancer, listed for the United States at https://clinicaltrials.gov.
Medi-Cal Rx, part of FFS Medi-Cal, covers most outpatient prescription drugs. To learn more, read “Outpatient prescription drugs” later in this chapter.

Laboratory and radiology services

Molina Healthcare covers outpatient and inpatient laboratory and X-ray services when medically necessary. Advanced imaging procedures such as CT scans, MRIs, and PET scans, are covered based on medical necessity.

Preventive and wellness services and chronic disease management

Molina Healthcare covers:

- Advisory Committee for Immunization Practices (ACIP) recommended vaccines
- Family planning services
- American Academy of Pediatrics Bright Futures recommendations (https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

- Adverse childhood experiences (ACE) screening
- Asthma prevention services
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists
- Help to quit smoking, also called smoking cessation services
- United States Preventive Services Task Force Grade A and B recommended preventive services

Family planning services

Family planning services are provided to members of childbearing age to allow them to choose the number and spacing of children. These services include all methods of birth control approved by the Food and Drug Administration (FDA). Molina Healthcare's PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may choose any Medi-Cal doctor or clinic not in-network with Molina Healthcare without having to get pre-approval (prior authorization) from Molina Healthcare. If you get services not related to family planning from an out-of-network provider, those services might not be covered. To learn more, call 1-888-665-4621 (TTY/TDD or 711).

Chronic disease management

Molina Healthcare also covers chronic disease management programs focused on the following conditions:

- Diabetes
- Cardiovascular disease
- Asthma

For preventive care information for members under age 21, read Chapter 5, "Child and youth well care" in this handbook.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. This 12-month program is focused on lifestyle changes. It is designed to prevent or delay the onset of Type 2 diabetes in persons diagnosed with prediabetes. Members who meet criteria might qualify for a second year. The program provides education and group support. Techniques include, but are not limited to:

- Providing a peer coach

- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet certain rules to join DPP. Call Molina Healthcare to learn if you qualify for the program.

Reconstructive services

Molina Healthcare covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, diseases, or treatment of disease that resulted in loss of a body structure, such as a mastectomy. Some limits and exceptions may apply.

Substance use disorder screening services

Molina Healthcare covers:

- Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT) for members ages 11 and older, including pregnant members, in primary care settings, including tobacco, alcohol, illicit drug screening.

In addition, Molina Healthcare provides the following services:

- Medications for Addiction Treatment (MAT, also known as medication-assisted treatment) provided in primary care, inpatient medical hospitals, emergency departments, and other contracted medical settings; and
- Emergency services necessary to stabilize the member.
- Molina Healthcare will provide or arrange for the provision of medically necessary specialty mental health services (SMHS) for members in their counties who meet access criteria for SMHS.

For treatment coverage through the county, read “Substance use disorder treatment services” later in this chapter.

Vision benefits

Molina Healthcare covers:

- A routine eye exam once every 24 months; more frequent eye exams are covered if medically necessary for members, such as those with diabetes

- Eyeglasses (frames and lenses) once every 24 months with a valid prescription
- Replacement eyeglasses within 24 months if your prescription changes or your eyeglasses are lost, stolen, or broken and cannot be fixed, and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.
- Low vision devices if you have vision impairment that impacts your ability to perform everyday activities (such as age-related macular degeneration) and standard glasses, contact lenses, medicine, or surgery cannot correct your visual impairment.
- Medically necessary contact lenses. Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (such as missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keratoconus.
- Eye exams and eyeglasses for children and youth under age 21 are not limited to every 24 months; under “Medi-Cal for Kids & Teens”, they are provided when the provider shows the service is medically necessary.
- Children and youth under age 21 with conditions such as keratoconus and aphakia need to be referred to CCS for further care.

Transportation benefits for situations that are not emergencies

You can get medical transportation if you have medical needs that do not allow you to use a car, bus, train, or taxi to get to your appointments for medical care. You can get medical transportation for covered services and Medi-Cal covered pharmacy appointments. You can request medical transportation by asking your doctor, dentist, podiatrist, or mental health or substance use disorder provider for it. Your provider will decide the correct type of transportation to meet your needs.

If they find that you need medical transportation, they will prescribe it by filling out a form and submitting it to Molina Healthcare. Once approved, the approval is good for up to 12 months, depending on the medical need. Once approved, you can get as many rides as you need. Your doctor will need to re-assess your medical need for medical transportation and, if appropriate, re-approve your prescription for medical transportation when it expires, if you still qualify. Your doctor may re-approve the medical transportation for up to 12 months or less.

Medical transportation is transportation in an ambulance, litter van, wheelchair van, or air transport. Molina Healthcare allows the lowest cost medical transportation for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, Molina Healthcare

will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

You will get medical transportation if:

- It is physically or medically needed, with a written authorization by a doctor or other provider because you are not able to physically or medically able to use a car, bus, train, or taxi to get to your appointment
- You need help from the driver to and from your home, vehicle, or place of treatment due to a physical or mental disability

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call Molina Healthcare at 1-888-665-4621 **or** American Logistics at 1-844-292-2688 at least 2 business days advanced notice (Monday-Friday) before your appointment. For urgent appointments, call as soon as possible. Have your Molina Healthcare member ID card ready when you call.

Limits of medical transportation

Molina Healthcare provides the lowest cost medical transportation that meets your medical needs to the closest provider from your home where an appointment is available. You cannot get medical transportation if Medi-Cal does not cover the service you are getting, or it is not a Medi-Cal-covered pharmacy appointment. The list of covered services is in the “Benefits and services” section in Chapter 4 of this handbook.

If Medi-Cal covers the appointment type but not through the health plan, Molina Healthcare will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. Transportation is not covered outside of the Molina Healthcare network or service area unless pre-authorized by Molina Healthcare. To learn more or to ask for medical transportation, call Molina Healthcare at 1-888-665-4621 or American Logistics at 1-844-292-2688.

Cost to member

There is no cost when Molina Healthcare arranges transportation.

How to get non-medical transportation

Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal covered service and you do not have any access to transportation. You can get a ride, for free, when you have tried all other ways to get transportation and are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your

provider, or
- Picking up prescriptions and medical supplies

Molina Healthcare allows you to use a car, taxi, bus, or other public or private way of getting to your medical appointment for Medi-Cal-covered services. Molina Healthcare will cover the lowest cost of non-medical transportation type that meets your needs. Sometimes, Molina Healthcare can reimburse you (pay you back) for rides in a private vehicle that you arrange. Molina Healthcare must approve this before you get the ride.

You must tell us why you cannot get a ride any other way, such as by bus. You can call is at 1-888-665-4621. If you have access to transportation or can drive yourself to the appointment, Molina Healthcare will not reimburse you. This benefit is only for members who do not have access to transportation.

For mileage reimbursement, you must submit copies of the driver's:

- Driver's license,
- Vehicle registration, and
- Proof of car insurance

To request a ride for services that have been authorized, call American Logistics at 1-844-292-2688 at least 2 business days advance notice (Monday-Friday) before your appointment, or as soon as you can when you have an urgent appointment. Have your Molina Healthcare member ID card ready when you call.

Note: American Indians may also contact their Indian Health Care Provider to request non-medical transportation.

Limits of non-medical transportation

Molina Healthcare provides the lowest cost non-medical transportation that meets your needs to the closest provider from your home where an appointment is available. Members cannot drive themselves or be reimbursed directly for non-medical transportation. To learn more, call Molina Healthcare at 1-888-665-4621 or American Logistics at 1-844-292-2688.

Non-medical transportation does not apply if:

- An ambulance, litter van, wheelchair van, or other form of medical transportation is medically needed to get to a Medi-Cal covered service
- You need help from the driver to get to and from the residence, vehicle, or place of treatment due to a physical or medical condition
- You are in a wheelchair and are unable to move in and out of the vehicle without

help from the driver
- Medi-Cal does not cover the service

Cost to member

There is no cost when Molina Healthcare arranges non-medical transportation.

Travel expenses

In some cases, if you have to travel for doctor's appointments that are not available near your home, Molina Healthcare can cover travel expenses such as meals, hotel stays, and other related expenses such as parking, tolls, etc. These travel expenses may also be covered for someone who is traveling with you to help you with your appointment or someone who is donating an organ to you for an organ transplant. You need to request pre-approval (prior authorization) for these services by contacting Molina Healthcare at 1-888-665-4621 or American Logistics at 1-844-292-2688.

Dental services

Sacramento county: Medi-Cal uses managed care plans to provide your dental services. You must enroll in Dental Managed Care. To learn more, go to Health Care Options at http://dhcs.ca.gov/mymedi-cal.

Medi-Cal covers dental services, including:

- Diagnostic and preventive dental services such as examinations, X-rays, and teeth cleanings
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments
- (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planing
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

Sacramento County: If you have questions or want to learn more about dental services and are enrolled in a Dental Managed Care plan, call your assigned Dental Managed Care plan.

Other Molina Healthcare covered benefits and programs

Long-term care services and supports

Molina Healthcare covers, for members who qualify, long-term care services and supports in the following types of long-term care facilities or homes:

- Skilled nursing facility services as approved by Molina Healthcare
- Subacute care facility services (including adult and pediatric) as approved by Molina Healthcare
- Intermediate care facility services Molina Healthcare approves, including:
  - Intermediate care facility/developmentally disabled (ICF/DD)
  - Intermediate care facility/developmentally disabled-habilitative (ICF/DD-H)
  - Intermediate care facility/developmentally disabled-nursing (ICF/DD-N)

If you qualify for long-term care services, Molina Healthcare will make sure you are placed in a health care facility or home that gives the level of care most appropriate to your medical needs.

If you have questions about long-term care services, call Member Services at 1-888-665-4621 (TTY/TDD or 711).

Community-Based Adult Services (CBAS)

Community Based Adult Services (CBAS) provides adult day healthcare services to frail older adults and adults with disabilities that restore or maintain their ability to care for themselves. These services are provided in a licensed health care center and include nursing, therapy, and social services. The CBAS program is available for members who meet criteria and based on need.

To qualify for CBAS, you must be 18 years of age or older, have at least one chronic or ongoing medical, cognitive, or behavioral health condition and need assistance with daily activities.

If you have questions about CBAS services, call Member Services at 1-888-665-4621 (TTY/TDD or 711).

In-Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides in-home personal care assistance as an alternative to out-of-home care to qualified Medi-Cal-eligible persons,

including those who are aged, blind, and/or disabled. IHSS allows recipients to stay safely in their own homes. Your health care provider must agree that you need in-home personal care assistance and that you would be at risk of placement in out-of-home care if you did not get IHSS services. The IHSS program will also perform a needs assessment.

To learn more about IHSS available in your county, go to https://www.cdss.ca.gov/inforesources/ihss or call your local county social services agency.

Multipurpose Senior Services Program

The Multipurpose Senior Services Program (MSSP) is a waiver program provided by the state that is designed to support frail, elderly adults in the community. It includes home-based social and health care management services that are provided by local licensed providers. To qualify for this program, you must be 65 or older, need care that would be provided in a nursing home, and be willing to allow service to be provided in your home.

To learn more about the MSSP, go to https://www.dhcs.ca.gov/services/medi-cal/Pages/MSSPMedi-CalWaiver.aspx or call 1-888-665-4621 (TTY/TDD or 711).

Basic care management

Getting care from many different providers or in different health systems is challenging. Molina Healthcare wants to make sure members get all medically necessary services, prescription medicines, and behavioral health services. Molina Healthcare can help coordinate and manage your health needs for free. This help is available even when another program covers the services.

It can be hard to figure out how to meet your health care needs after you leave the hospital or if you get care in different systems. Here are some ways Molina Healthcare can help you:

- If you have trouble getting a follow-up appointment or medicines after you are discharged from the hospital, Molina Healthcare can help you.
- If you need help getting to an in-person appointment, Molina Healthcare can help you get free transportation.

If you have questions or concerns about your health or the health of your child, call Member Services at 1-888-665-4621 (TTY/TDD or 711).

Complex Care Management (CCM)

Members with more complex health needs may qualify for extra services focused on care coordination. Molina Healthcare offers Complex Care Management (CCM) services to members who have had a serious medical event or diagnosis that needs added support and more use of health and social resources.

If you are enrolled in CCM or Enhanced Care Management, (read below) Molina Healthcare will make sure you have an assigned Care Manager who can help with basic care management described above and with other transitional care supports available if you are discharged from a hospital, skilled nursing facility, psychiatric hospital, or residential treatment.

If you are interested in or have questions about Molina's Care Management program, please call Member Services at 1-888-665-4621 (TTY/TDD or 711).

Enhanced Care Management (ECM)

Molina Healthcare covers ECM services for members with highly complex needs. ECM has extra services to help you get the care you need to stay healthy. It coordinates your care from doctors and other providers. ECM helps coordinate primary and preventive care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS), and referrals to community resources.

If you qualify, you may be contacted about ECM services. You can also call Molina Healthcare to find out if and when you can get ECM or talk to your health care provider. They can find out if you qualify for ECM or refer you for care management services.

Covered ECM services

If you qualify for ECM, you will have your own care team with a lead care manager. They will talk to you and your doctors, specialists, pharmacists, case managers, social services providers, and others. They make sure everyone works together to get you the care you need. Your lead care manager can also help you find and apply for other services in your community. ECM includes:

- Outreach and engagement
- Comprehensive assessment and care management
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family support services

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- Coordination and referral to community and social supports

To find out if ECM might be right for you, talk to your Molina Healthcare representative or health care provider.

Cost to member

There is no cost to the member for ECM services.

If you enroll into ECM, your assigned ECM Lead Care Manager will connect with you (based on your preferred method of contact) to start providing ECM services. You should receive ECM services every month once enrolled. Your ECM Lead Care Manager will work with you until you are ready to graduate from the program. If you wish to disenroll from the program at any time, please inform your assigned ECM Lead Care Manager. You may be involuntarily disenrolled from the program if you are no longer eligible for Medi-Cal benefits through Molina Healthcare, or if there are concerns about behavior or unsafe environment for the ECM Provider.

Community Supports

You may qualify to get certain Community Supports services, if applicable. Community Supports are medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan. These services are optional for members. If you qualify for and agree to receive these services, they might help you live more independently. They do not replace benefits you already get under Medi-Cal.

Molina Medi-Cal only members and Medicare Duals members who have Molina for Medi-Cal are eligible for Community Supports (CS).

Housing Transition Navigation Services: Assists members experiencing homelessness with obtaining housing by providing support with items such as housing applications, benefits advocacy, securing available resources, and providing help with landlords upon move-in.

Eligibility:

• Members prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System (CES) or similar system; or

• Members who meet the Housing and Urban Development (HUD) definition of homeless and who are receiving Enhanced Care Management (ECM), or who have one

or more serious chronic conditions and/or serious mental illness and/or are at risk of institutionalization or requiring residential services as a result of a substance use disorder; or

• Members who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations; or

• Members at risk of experiencing homelessness and have one or more serious chronic conditions; have a serious mental illness; are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder or have a Serious Emotional Disturbance (children and adolescents); are receiving ECM; or are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have a serious mental illness and/or a child or adolescent with serious emotional disturbance and/or who have been victims of trafficking or domestic violence.

Housing Deposits: Assists members experiencing homelessness with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that does not constitute room and board. These services must be identified as reasonable and necessary in the individual's individualized housing support plan and are available only when the member is unable to meet such expense. Members must be receiving or be referred for Housing Transition Navigation Services CS.

Eligibility:

• Members who received Housing Transition Navigation Services CS; or

• Members who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless CES or similar system; or

• Members who meet the HUD definition of homeless and who are receiving ECM, or who have one or more serious chronic conditions and/or serious mental illness and/or are at risk of institutionalization or requiring residential services as a result of a substance use disorder.

• Restriction/Limitation: Available once in a member's lifetime. Housing Deposits can only be approved one additional time. Referrer must provide documentation as to what conditions have changed to demonstrate why providing Housing Deposits would be more successful on the second attempt.

Housing Tenancy and Sustaining Services: Provides tenancy and sustaining services to maintain safe and stable residency once housing is secured for members who had been experiencing homelessness and are now newly housed. The services provided should be based on individualized assessment of needs and documented in the individualized housing support plan.

Eligibility:

• Members who received Housing Transition/Navigation Services CS; or

• Members who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless CES or similar system; or

• Members who meet the HUD definition of homeless and who are receiving ECM, or who have one or more serious chronic conditions and/or serious mental illness and/or are at risk of institutionalization or requiring residential services as a result of a substance use disorder; or

• Members who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations; or

• Members at risk of experiencing homelessness and have one or more serious chronic conditions; have a serious mental illness; are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder or have a Serious Emotional Disturbance (children and adolescents); are receiving ECM; or are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have a serious mental illness and/or a child or adolescent with serious emotional disturbance and/or who have been victims of trafficking or domestic violence.

• Restriction/Limitation: Housing Tenancy and Sustaining Services are only available for a single duration in the individual's lifetime and can be approved one additional time. Referrer must provide documentation as to what conditions have changed to demonstrate why providing Housing Tenancy and Sustaining Services would be more successful on the second attempt.

Short-Term Post-Hospitalization Housing: Members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital, residential substance use disorder treatment or recovery facility,

residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of State plan services.

Eligibility:

• Members who have medical/behavioral health needs such that experiencing homelessness upon discharge from the hospital, substance use or mental health treatment facility, correctional facility, nursing facility, or recuperative care would likely result in hospitalization, rehospitalization, or institutional readmission; and

• Members who are exiting recuperative care; or

• Members who are exiting an inpatient hospital stay (acute, psychiatric, or Chemical Dependency and Recovery hospital), residential substance use disorder treatment/recovery facility, residential mental health treatment facility, correctional facility, or nursing facility AND who meet one of the following three (3) criteria:

o Members who meet the HUD definition of homeless and who are receiving ECM, or who have one or more serious chronic conditions and/or serious mental illness and/or are at risk of institutionalization or requiring residential services as a result of a substance use disorder; or

o Members who meet the HUD definition of at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations; or

o Members at risk of experiencing homelessness and have one or more serious chronic conditions; have a serious mental illness; are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder or have a Serious Emotional Disturbance (children and adolescents); are receiving ECM; or are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have a serious mental illness and/or a child or adolescent with serious emotional disturbance and/or who have been victims of trafficking or domestic violence.

• Restriction/Limitation: Short-Term Post-Hospitalization Housing is available once in a member's lifetime and cannot exceed six (6) months (but may be authorized for a shorter period based on member's needs).

Recuperative Care (Medical Respite): Members needing short-term residential care who no longer require hospitalization but still need to heal from an injury or illness

(including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. Clinical information must be provided.

Eligibility:

• Members who are at risk of hospitalization or are post-hospitalization and live alone with no formal support; or face housing insecurity or have housing that would jeopardize their health and safety without modification; or

• Members who meet the Housing and Urban Development (HUD) definition of homeless and who are receiving ECM, or who have one or more serious chronic conditions and/or serious mental illness and/or are at risk of institutionalization or requiring residential services as a result of a substance use disorder; or

• Members who meet the HUD definition of being at risk of homelessness; or

• Members at risk of experiencing homelessness and have one or more serious chronic conditions; have a serious mental illness; are at risk of institutionalization or overdose or are requiring residential services because of a substance use disorder or have a Serious Emotional Disturbance (children and adolescents); are receiving ECM; or are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have a serious mental illness and/or a child or adolescent with serious emotional disturbance and/or who have been victims of trafficking or domestic violence.

• Restriction/Limitation: Recuperative Care is not more than ninety (90) days in continuous duration. The ninety (90) day recuperative care period may start over if the member is re-hospitalized with a different diagnosis during and/or after the initial ninety (90) day authorization, provided that recuperative care criteria is met. It is necessary to achieve or maintain medical stability and prevent hospital admission or readmission, which may require behavioral health interventions and does not include funding for building modification or building rehabilitation.

Respite Services: Provided to caregivers when it is useful and necessary to maintain a member in their own home and to preempt caregiver burnout to avoid institutional services. The services are provided on a short-term basis because of the absence or need for relief for the caregiver and are non-medical in nature. This service is rest for the caregiver only and only to avoid Long-Term Care placements.

Eligibility:

• Members who live in the community and are compromised in their Activities of Daily Living (ADLs) requiring dependency on a qualified caregiver, and the qualified caregiver, who provides most of the member's support, requires caregiver relief to avoid institutional placement for the member; or

• Member is a child who previously received Respite Services under the Pediatrics Palliative Care Waiver, foster care program beneficiaries, Members enrolled in either California Children's Services or the Genetically Handicapped Persons Program (GHPP), and Members with Complex Care Needs.

• Restriction/Limitation: These services, in combination with any direct care services being received, may not exceed 24 hours per day of care. Respite Services are maxed at 336 hours per calendar year. Exceptions to the 336 hour per calendar year limit can be made when the caregiver experiences an episode, including medical treatment and hospitalization that leaves a Medicaid Member without their caregiver. Respite support provided during these episodes can be excluded from the 336-hour annual limit. Also, respite services cannot be provided virtually, or via telehealth.

Day Habilitation Programs: Provided in a member's home or an out-of-home, non-facility setting to assist members in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the member's natural environment.

Eligibility:

• Members who are experiencing homelessness; or

• Members who exited homelessness and entered housing in the last 24 months; or

Members at risk of homelessness or institutionalization whose housing stability could be improved through participation in a day habilitation program.

Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities: Assists members to live in the community and/or avoid institutionalization when possible. Facilitates nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for members with imminent need for nursing level of care (LOC). Members have a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility when they meet eligibility

requirements. California Community Transitions (CCT) must be explored and utilized prior to this Community Support.

Eligibility:

- Nursing Facility Transition:
- Has resided 60+ days in a nursing facility; and willing to live in an assisted living setting as an alternative to a nursing facility; and able to reside safely in an assisted living facility with appropriate and cost-effective supports.
- Nursing Facility Diversion:
- Interested in remaining in the community; and willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services; and must be currently receiving medically necessary nursing facility LOC or meet the minimum criteria to receive nursing facility LOC and in lieu of going into a facility, is choosing to remain in the community and continue to receive medically necessary nursing facility LOC services at an assisted living facility.
- Restrictions/Limitations: Members are directly responsible for paying their own living expenses.

Community Transition Services/Nursing Facility Transition to a Home: Assists members who have been living in a nursing facility to live in the community and avoid further institutionalization by supporting members with becoming housed in a private residence and covering non-recurring setup expenses.

Eligibility:

• Members currently receiving medically necessary nursing facility level of care (LOC) services and in lieu of remaining in the nursing facility or Medical Respite setting, is choosing to transition home and continue to receive medically necessary nursing facility LOC services; and

o Has lived 60+ days in a nursing home and/or Medical Respite setting; and

o Is interested in moving back to the community; and

o Is able to reside safely in the community with appropriate and cost-effective support and services.

• Restriction/Limitation: Community Transition Services/Nursing Facility Transition to a Home is available with a lifetime maximum of $7,500. Community Transition Services/Nursing Facility Transition to a Home can only be approved one additional time. Referrer must provide documentation that the member was compelled to move from a provider- operated living arrangement to a living arrangement in a private residence through circumstances beyond their control.

- Community Transition Services must be necessary to ensure the health, welfare, and safety of the Member, and without which the Member would be unable to move to the private residence and would then require continued or re- institutionalization.
- Community Transition Services do not include monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversionary/recreational purposes.

Personal Care and Homemaker Services: Provides care for members who need assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Eligibility:

• Members at risk for hospitalization or institutionalization in a nursing facility or with functional deficits and no other adequate support system with:

o Needs above and beyond any approved county In-Home Supportive Services (IHSS) hours when additional hours are required (pending reassessment); or

o Initially referred to IHSS and during the IHSS waiting period to be approved and hire a caregiver (Member must be already referred to In-Home Supportive Services); or

o Members not eligible to receive In-Home Supportive Services and need help to avoid a short-term stay in a skilled nursing facility which cannot exceed 60 days.

• Restriction/Limitation: This CS cannot be used instead of referring to the In-Home Supportive Services program. Members must be referred to the In-Home Supportive Services program when they meet referral criteria or if they have any changes in their current condition.

Environmental Accessibility Adaptations (Home Modifications): Physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the member, or enable the member to function with greater independence in the home: without with the member would require institutionalization.

Eligibility:

- Members at risk for institutionalization in a nursing facility.
- Restrictions/Limitations: EAAs are payable up to a total lifetime maximum of $7500. The only exceptions to the $7500 total maximum are if the member's place of residence changes or if the member's condition has changed so significantly those additional modifications are necessary to ensure the health, welfare, and safety of the member, or are necessary to enable the member to function with greater independence in the home and avoid institutionalization or hospitalization.

Medically Supportive Food/Meals/Medically Tailored Meals: Provides meals for members recently discharged from a hospital or skilled nursing facility or to meet the unique dietary needs of members with chronic conditions.

Eligibility:

- Members discharged from the hospital or a skilled nursing facility or at a high risk of hospitalization or nursing home placement who are referred and meet criteria will receive up to two (2) meals per day, and/or medically supportive food for up to four (4) weeks per hospitalization at a maximum of twelve (12) weeks in a calendar year.
- Individuals with chronic conditions, such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.

Sobering Centers: Provides alternative destinations for members who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail. The service covered is for a duration of less than 24 hours.

Eligibility:

• Members aged 18 and older who are intoxicated but conscious, cooperative, able to walk, nonviolent, and free from any medical distress (including life-threatening withdrawal symptoms or apparent underlying symptoms) and who would otherwise be transported to the emergency department or jail or who presented at an emergency department and are appropriate to be diverted to a Sobering Center.

Asthma Remediation: Assists members by identifying, coordinating, securing, or funding services and modifications necessary to a home environment to ensure the health, welfare, and safety of the individual or to enable the individual to function in the home without acute asthma episodes, which could result in the need for emergency services and hospitalization. The referral must be signed by a licensed health care professional.

Eligibility:

• Members with poorly controlled asthma (as determined by an emergency department visit or hospitalization or two Primary Care Physician (PCP) or urgent care visits in the past 12 months or a score of 19 or lower on the Asthma Control Test) for whom a licensed health care provider has documented that the services will likely help avoid asthma-related hospitalizations, emergency department visits, or other high-cost services.

• Restriction/Limitation: Asthma Mitigation Project funding must be explored and utilized prior to the CS. Asthma Remediation are available with a lifetime maximum of $7,500. Asthma Remediation can only be approved one additional time. Referrer must provide documentation describing the significant changes to condition that additional modifications are necessary to ensure the health, welfare, and safety of the member, or are necessary to enable the member to function with greater independence in the home and avoid institutionalization or hospitalization.

Prior Approval for Community Supports

All Community Supports, except for Sobering Centers, require prior approval by Molina.

If you need help or want to find out what Community Supports might be available for you, call 1-888-665-4621 (TTY/TDD or 711). Or call your health care provider.

Major organ transplant

Transplants for children under age 21

In Sacramento, San Diego, Riverside, and San Bernardino counties, state law requires children who need transplants to be referred to the California Children's Services (CCS) program to decide if the child qualifies for CCS. If the child qualifies for CCS, the program will cover the costs for the transplant and related services.

If the child does not qualify for CCS, Molina Healthcare will refer the child to a qualified transplant center for an evaluation. If the transplant center confirms that a transplant is safe and needed for the child's medical condition, Molina Healthcare will cover the transplant and other related services.

Transplants for adults ages 21 and older

If your doctor decides you may need a major organ transplant, Molina Healthcare will refer you to a qualified transplant center for an evaluation. If the transplant center confirms a transplant is needed and safe for your medical condition, Molina Healthcare will cover the transplant and other related services.

The major organ transplants Molina Healthcare covers include, but are not limited to:

- Bone marrow
- Heart
- Heart/lung
- Kidney
- Kidney/pancreas
- Liver
- Liver/small bowel
- Lung
- Small bowel

Street medicine programs

Members experiencing homelessness may receive covered services from street medicine providers within Molina Healthcare's provider network. Members experiencing homelessness may be able to select a Molina Healthcare street medicine provider to be their primary care provider (PCP), if the street medicine provider meets PCP eligibility rules and agrees to be the member's PCP. To learn more about Molina Healthcare's street medicine program, call 1-888-665-4621 (TTY/TDD or 711).

Other Medi-Cal programs and services

Other services you can get through Fee-for-Service (FFS) Medi-Cal or other Medi-Cal programs

Molina Healthcare does not cover some services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. Molina Healthcare will coordinate with other programs to make sure you get all medically necessary services, including those covered by another program and not Molina Healthcare. This section lists some of these services. To learn more, call 1-888-665-4621 (TTY/TDD or 711).

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, which is part of FFS Medi-Cal. Molina Healthcare might cover some drugs a provider gives in an office or clinic. If your provider prescribes drugs given in the doctor's office or infusion center, these may be considered physician-administered drugs.

If a non-pharmacy based medical health care professional administers a drug, it is covered under the medical benefit. Your provider can prescribe you drugs on the Medi-Cal Rx Contract Drugs List.

Sometimes, you need a drug not on the Contract Drugs List. These drugs need approval before you can fill the prescription at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

- A pharmacist at your outpatient pharmacy may give you a 14-day emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medicine an outpatient pharmacy gives.
- Medi-Cal Rx may say no to a non-emergency request. If they do, they will send you a letter to tell you why. They will tell you what your choices are. To learn more, read "Complaints" in Chapter 6 of this handbook.

To find out if a drug is on the Contract Drugs List or to get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or go to the Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home/.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at:

https://medi-calrx.dhcs.ca.gov/home/

You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and pressing 7 or 711.

Once you choose a pharmacy, your provider can send a prescription to your pharmacy electronically. Your provider may also give you a written prescription to take to your pharmacy. Give the pharmacy your prescription with your Medi-Cal Benefits Identification Card (BIC). Make sure the pharmacy knows about all medicines you are taking and any allergies you have. If you have any questions about your prescription, ask the pharmacist.

Members can also get transportation services from Molina Healthcare to get to pharmacies. To learn more about transportation services, read “Transportation benefits for situations that are not emergencies” in Chapter 4 of this handbook.

Specialty mental health services (SMHS)

Some mental health services are provided by county mental health plans instead of Molina Healthcare. These include SMHS for Medi-Cal members who meet services rules for SMHS. SMHS may include these outpatient, residential, and inpatient services:

Outpatient services:

- Mental health services
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management
- Therapeutic behavioral services covered for members under 21 years old
- Intensive care coordination (ICC) covered for members under 21 years old
- Intensive home-based services (IHBS) covered for members under 21 years old
- Therapeutic foster care (TFC) covered for members under 21 years old
- Mobile crisis services
- Peer Support Services (PSS) (optional)

Residential services:

- Adult residential treatment services
- Crisis residential treatment services

Inpatient services:

- Psychiatric inpatient hospital services
- Psychiatric health facility services

To learn more about SMHS the county mental health plan provides, you can call your county mental health plan.

To find all counties' toll-free telephone numbers online, go to dhcs.ca.gov/individuals/Pages/MHPContactList.aspx. If Molina Healthcare finds you will need services from the county mental health plan, Molina Healthcare will help you connect with the county mental health plan services.

Substance use disorder treatment services

Molina Healthcare encourages members who want help with alcohol use or other substance use to get care. Services for substance use are available from general care providers such as primary care, inpatient hospitals, and emergency departments, and from specialty substance use service providers. County Behavioral Health Plans often provide specialty services.

To learn more about treatment options for substance use disorders, call Molina Healthcare's member services number at 1(888) -665-4621.

Molina Healthcare members can have an assessment to match them to the services that best fit their health needs and preferences. When medically necessary, available services include outpatient treatment, residential treatment, and medicines for substance use disorders (also called Medications for Addiction Treatment or MAT) such as buprenorphine, methadone, and naltrexone.

The county provides substance use disorder services to Medi-Cal members who qualify for these services. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. For a list of all counties' telephone numbers go to https://dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

Molina Healthcare will provide or arrange for MAT to be given in primary care, inpatient hospital, emergency department, and other medical settings. Molina Healthcare also provides covered MAT prescriptions in outpatient behavioral settings. Higher levels of care for substance use and behavioral health (including inpatient or residential

treatment) are carved out of the Molina benefit. MAT services in these settings would fall under the relevant county benefit. To learn more about treatment options for MAT services, call Molina Healthcare's member services number at 1-888-665-4621.

California Children's Services (CCS)

CCS is a Medi-Cal program that treats children under 21 years of age with certain health conditions, diseases, or chronic health problems and who meet the CCS program rules. If Molina Healthcare or your PCP believes your child has a CCS eligible condition, they will be referred to the county CCS program to check if they qualify.

County CCS staff will decide if you or your child qualifies for CCS services. Molina Healthcare does not decide CCS eligibility. If your child qualifies to get this type of care, CCS providers will treat them for the CCS eligible condition. Molina Healthcare will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines, and well-child check-ups.

Molina Healthcare does not cover services that the CCS program covers. For CCS to cover these services, CCS must approve the provider, services, and equipment.

CCS covers most health conditions. Examples of CCS eligible conditions include, but are not limited to:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- HIV/AIDS
- Severe head, brain, or spinal cord injuries
- Severe burns
- Severely crooked teeth

Medi-Cal pays for CCS services. If your child does not qualify for CCS program services, they will keep getting medically necessary care from Molina Healthcare.

To learn more about CCS, go to https://www.dhcs.ca.gov/services/ccs. Or call 1-888-665-4621 (TTY/TDD or 711).

Transportation and travel expenses for CCS

You may be able to get transportation, meals, lodging, and other costs such as parking, tolls, etc. if you or your family needs help to get to a medical appointment related to a CCS-eligible condition and there is no other available resource. Call Molina Healthcare and request pre-approval (prior authorization) before you pay out of pocket for transportation, meals, and lodging. Molina Healthcare does provide non-medical and non-emergency medical transportation as noted in Chapter 4, “Benefits and services” in this handbook.

If your transportation or travel expenses that you paid for yourself are found necessary and Molina Healthcare verifies that you tried to get transportation through Molina Healthcare, Molina Healthcare will pay you back. We must pay you back within 60 calendar days of the date you submit the required receipts and proof of transportation expenses.

Home and community-based services (HCBS) outside of CCS services

If you qualify to enroll in a 1915(c) waiver, you may be able to get home and community-based services that are not related to a CCS-eligible condition but are necessary for you to stay in a community setting instead of an institution. For example, if you require home modifications to meet your needs in a community-based setting, Molina Healthcare cannot pay those costs as a CCS-related condition. But if you are enrolled in a 1915(c) waiver, home modifications may be covered if they are medically necessary to prevent institutionalization.

1915(c) waiver Home and Community-Based Services (HCBS)

California’s 6 Medi-Cal 1915(c) waivers allow the state to provide services to persons who would otherwise need care in a nursing facility or hospital in the community-based setting of their choice. Medi-Cal has an agreement with the Federal Government that allows waiver services to be offered in a private home or in a homelike community setting. The services offered under the waivers must not cost more than the alternative institutional level of care. HCBS Waiver recipients must qualify for full-scope Medi-Cal. Some 1915(c) waivers have limited availability across the State of California and/or may have a waitlist. The 6 Medi-Cal 1915(c) waivers are:

- California Assisted Living Waiver (ALW)
- California Self-Determination Program (SDP) Waiver for Individuals with

Developmental Disabilities
- HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD)
- Home and Community-Based Alternatives (HCBA) Waiver
- Medi-Cal Waiver Program (MCWP), formerly called the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver
- Multipurpose Senior Services Program (MSSP)

To learn more about the Medi-Cal Waivers, go to https://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx. Or call 1-888-665-4621 (TTY/TDD or 711).

In-Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides in-home personal care assistance as an alternative to out-of-home care to qualified Medi-Cal-eligible persons, including those who are aged, blind, and/or disabled. IHSS allows recipients to stay safely in their own homes. Your health care provider must agree that you need in-home personal care assistance and that you would be at risk of placement in out-of-home care if you did not get IHSS services. The IHSS program will also perform a needs assessment.

To learn more about IHSS available in your county, go to https://www.cdss.ca.gov/inforesources/ihss. Or call your local county social services agency.

Services you cannot get through Molina Healthcare or Medi-Cal

Molina Healthcare and Medi-Cal will not cover some services. Services Molina Healthcare or Medi-Cal do not cover include, but are not limited to:

- In vitro fertilization (IVF) including, but not limited to infertility studies or procedures to diagnose or treat infertility
- Fertility preservation
- Experimental services
- Vehicle modifications
- Cosmetic surgery

Molina Healthcare may cover a non-covered service if it is medically necessary. Your provider must submit a pre-approval (prior authorization) request to Molina Healthcare or your Medical Group/IPA with the reasons the non-covered benefit is medically

needed.

To learn more call 1-888-665-4621 (TTY/TDD or 711).

5. Child and youth well care

Child and youth members under 21 years old can get special health services as soon as they are enrolled. This makes sure they get the right preventive, dental, and mental health care, including developmental and specialty services. This chapter explains these services.

Medi-Cal for Kids and Teens

Members under 21 years old are covered for needed care for free. The list below includes medically necessary services to treat or care for any defects and physical or mental diagnoses. Covered services include, but are not limited to:

- Well-child visits and teen check-ups (important visits children need)
- Immunizations (shots)
- Behavioral health assessment and treatment
- Mental health evaluation and treatment, including individual, group, and family psychotherapy (specialty mental health services (SMHS) are covered by the county)
- Adverse childhood experiences (ACE) screening
- Enhanced Care Management (ECM) for Children and Youth Populations of Focus (POFs) (a Medi-Cal managed care plan (MCP) benefit)
- Lab tests, including blood lead poisoning screening
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Hearing services (covered by California Children's Services (CCS) for children who qualify. Molina Healthcare will cover services for children who do not qualify for CCS)
- Home Health Services, such as private duty nursing (PDN), occupational therapy, physical therapy, and medical equipment and supplies

These services are called Medi-Cal for Kids and Teens (also known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)) services. Additional

information for members regarding Medi-Cal for Kids and Teens can be found here, https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Pages/Member-Information.aspx. Medi-Cal for Kids and Teens services that are recommended by pediatricians' Bright Futures guidelines to help you, or your child, stay healthy are covered for free. To read the Bright Futures guidelines, go to https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Enhanced Care Management (ECM) is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP members with complex needs. Because children and youth with complex needs are often already served by one or more case managers or other service providers within a fragmented delivery system, ECM offers coordination between systems. Children and Youth Populations of Focus eligible for this benefit include:

- Children and Youth Experiencing Homelessness
- Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
- Children and Youth With Serious Mental Health and/or Substance Use Disorder (SUD) Needs
- Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) With Additional Needs Beyond the CCS Condition
- Children and Youth Involved in Child Welfare

Additional information on ECM can be found here: https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Children-And-Youth-POFs-Spotlight.pdf

In addition, ECM Lead Care Managers are strongly encouraged to screen ECM members for needs for Community Supports services provided by MCPs as cost-effective alternatives to traditional medical services or settings—and refer to those Community Supports when eligible and available. Children and youth may benefit from many of the Community Supports services, including asthma remediation, housing navigation, medical respite, and sobering centers.

Community Supports are services provided by Medi-Cal managed care plans (MCPs) and are available to eligible Medi-Cal members regardless of whether they qualify for ECM services.

More information on Community Supports can be found here: https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf

Some of the services available through Medi-Cal for Kids and Teens, such as PDN, are considered supplemental services. These are not available to Medi-Cal members ages 21 and older. To keep getting these services for free, you or your child may have to enroll in a 1915(c) Home and Community-Based Services (HCBS) waiver or other Long-Term Services and Supports (LTSS) on or before turning the age of 21. If you or your child is getting supplemental services through Medi-Cal for Kids and Teens and will be turning 21 years of age soon, contact Molina Healthcare to talk about choices for continued care.

Well-child health check-ups and preventive care

Preventive care includes regular health check-ups, screenings to help your doctor find problems early, and counseling services to detect illnesses, diseases, or medical conditions before they cause problems. Regular check-ups help you or your child's doctor look for any problems. Problems can include medical, dental, vision, hearing, mental health, and any substance (alcohol or drug) use disorders. Molina Healthcare covers check-ups to screen for problems (including blood lead level assessment) any time there is a need for them, even if it is not during your or your child's regular check-up.

Preventive care also includes immunizations (shots) you or your child need. Molina Healthcare must make sure all enrolled children are up to date with all the immunizations (shots) they need when they have their visits with their doctor. Preventive care services and screenings are available for free and without pre-approval (prior authorization).

Your child should get check-ups at these ages:

- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year from 3 to 20 years old

Well-child health check-ups include:

- A complete history and head-to-toe physical exam

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- Age-appropriate immunizations (shots) (California follows the American Academy of Pediatrics Bright Futures schedule: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Lab tests, including blood lead poisoning screening
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment

If the doctor finds a problem with your or your child's physical or mental health during a check-up or screening, you or your child might need to get further medical care. Molina Healthcare will cover that care for free, including:

- Doctor, nurse practitioner, and hospital care
- Immunizations (shots) to keep you healthy
- Physical, speech/language, and occupational therapies
- Home health services, including medical equipment, supplies, and appliances
- Treatment for vision problems, including eyeglasses
- Treatment for hearing problems, including hearing aids when they are not covered by CCS
- Behavioral Health Treatment for health conditions such as autism spectrum disorders, and other developmental disabilities
- Case management and health education
- Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance

Blood lead poisoning screening

All children enrolled in Molina Healthcare should get blood lead poisoning screening at 12 and 24 months of age, or between 24 and 72 months of age if they were not tested earlier. Children can get a blood lead screening if a parent or guardian requests one. Children should also be screened whenever the doctor believes a life change has put the child at risk.

Help getting child and youth well care services

Molina Healthcare will help members under 21 years old and their families get the

services they need. A Molina Healthcare care coordinator can:

- Tell you about available services
- Help find in-network providers or out-of-network providers, when needed
- Help make appointments
- Arrange medical transportation so children can get to their appointments
- Help coordinate care for services available through Fee-for-Service (FFS) Medi-Cal, such as:
  - Treatment and rehabilitative services for mental health and substance use disorders
  - Treatment for dental issues, including orthodontics

Other services you can get through Fee-for-Service (FFS) Medi-Cal or other programs

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about 4 to 6 months, "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first.

These Medi-Cal dental services are free or low-cost services for:

Babies ages 0-3

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months and sometimes more)
- X-rays
- Teeth cleaning (every 6 months, and sometimes more)
- Fluoride varnish (every 6 months and sometimes more)
- Fillings
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Kids ages 4-12

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Molar sealants
- Fillings
- Root canals

- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Youth ages 13-20

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Partial and full dentures
- Scaling and root planing
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

* Providers should consider sedation and general anesthesia when they determine and document a reason local anesthesia is not medically appropriate, and the dental treatment is pre-approved or does not need pre-approval (prior authorization).

These are some of the reasons local anesthesia cannot be used and sedation or general anesthesia might be used instead:

- Physical, behavioral, developmental, or emotional condition that blocks the patient from responding to the provider's attempts to perform treatment
- Major restorative or surgical procedures
- Uncooperative child
- Acute infection at an injection site
- Failure of a local anesthetic to control pain

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). Or go to https://smilecalifornia.org/.

Additional preventive education referral services

If you are worried that your child is not participating and learning well at school, talk to your child's doctor, teachers, or administrators at the school. In addition to your medical benefits covered by Molina Healthcare, there are services the school must provide to help your child learn and not fall behind. Services that can be provided to help your child learn include:

- Speech and language services
- Psychological services

- Physical therapy
- Occupational therapy
- Assistive technology
- Social Work services
- Counseling services
- School nurse services
- Transportation to and from school

The California Department of Education provides and pays for these services. Together with your child's doctors and teachers, you may be able to make a custom plan that will best help your child.

6. Reporting and solving problems

There are two ways to report and solve problems:

- Use a **complaint** (**grievance**) when you have a problem or are unhappy with Molina Healthcare or a provider or with the health care or treatment you got from a provider.
- Use an **appeal** when you do not agree with Molina Healthcare's decision to change your services or to not cover them.

You have the right to file grievances and appeals with Molina Healthcare to tell us about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for filing a complaint with us or reporting issues. Telling us about your problem will help us improve care for all members.

You may contact Molina Healthcare first to let us know about your problem. Call us between Monday - Friday, 7:00 a.m. - 7:00 p.m. at 1-888-665-4621 (TTY/TDD or 711). Tell us about your problem.

If your grievance or appeal is still not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC). Ask DMHC to review your complaint or conduct an Independent Medical Review (IMR). If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a grievance or appeal with Molina Healthcare. You can call DMHC for free at 1-888-466-2219 (TTY 1-877-688-9891 or 711). Or go to: https://www.dmhc.ca.gov.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing, or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, 8 a.m. to 5 p.m. at 1-888-452-8609. The call is free.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call 1-888-665-4621 (TTY/TDD or 711).

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

To report incorrect information about your health insurance, call Medi-Cal Monday through Friday, 8 a.m. to 5 p.m. at 1-800-541-5555.

Complaints

A complaint (grievance) is when you have a problem or are unhappy with the services you are getting from Molina Healthcare or a provider. There is no time limit to file a complaint. You can file a complaint with Molina Healthcare at any time by phone, in writing by mail, or online. Your authorized representative or provider can also file a complaint for you with your permission.

- **By phone:** Call Molina Healthcare at 1-888-665-4621 (TTY/TDD or 711) between Monday - Friday, 7:00 a.m. - 7:00 p.m. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call Molina Healthcare at 1-888-665-4621 (TTY/TDD or 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.

  Mail the form to:
  Attention: Member Appeals & Grievances
  200 Oceangate, Suite 100
  Long Beach, CA 90802

  Your doctor's office will have complaint forms.
- **Online:** Go to the Molina Healthcare website at www.MolinaHealthcare.com.

If you need help filing your complaint, we can help you. We can give you free language services. Call 1-888-665-4621 (TTY/TDD or 711).

Within 5 calendar days of getting your complaint, Molina Healthcare will send you a letter telling you we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call Molina Healthcare about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours. To ask for an expedited review, call us at 1-888-665-4621 (TTY/TDD or 711).

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Within 72 hours of getting your complaint, we will decide how we will handle your complaint and whether we will expedite it. If we find that we will not expedite your complaint, we will tell you that we will resolve your complaint within 30 days. You may contact DMHC directly for any reason, including if you believe your concern qualifies for expedited review, Molina Healthcare does not respond to you within the 72-hour period, or if you are unhappy with Molina Healthcare's decision.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the Molina Healthcare grievance process or eligible for Independent Medical Review. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273 (TTY 1-800-977-2273) and pressing 7 or 711. Or go to https://medi-calrx.dhcs.ca.gov/home/.

Complaints related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review. DMHC's toll-free telephone number is 1-888-466-2219(TTY 1-877-688-9891). You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: https://www.dmhc.ca.gov/.

Appeals

An appeal is different from a complaint. An appeal is a request for Molina Healthcare to review and change a decision we made about your services. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with our decision, you can ask us for an appeal. Your authorized representative or provider can also ask us for an appeal for you with your written permission.

You must ask for an appeal within 60 days from the date on the NOA you got from Molina Healthcare. If we decided to reduce, suspend, or stop a service you are getting now, you can continue getting that service while you wait for your appeal to be decided. This is called Aid Paid Pending. To get Aid Paid Pending, you must ask us for an appeal within 10 days from the date on the NOA or before the date we said your service will stop, whichever is later. When you request an appeal under these circumstances, your service will continue while you wait for your appeal decision.

You can file an appeal by phone, in writing by mail, or online:

- **By phone:** Call Molina Healthcare at 1-888-665-4621 (TTY/TDD or 711) between

Monday - Friday, 7:00 a.m. - 7:00 p.m. Give your name, health plan ID number, and the service you are appealing.

- **By mail:** Call Molina Healthcare at 1-888-665-4621 (TTY/TDD or 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the service you are appealing.
  Mail the form to:
  Attention: Member Appeals & Grievances
  200 Oceangate, Suite 100
  Long Beach, CA 90802

  Your doctor's office will have appeal forms available.
- **Online:** Visit the Molina Healthcare website. Go to www.MolinaHealthcare.com.

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you free language services. Call 1-888-665-4621 (TTY/TDD or 711).

Within 5 days of getting your appeal, Molina Healthcare will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS) and an Independent Medical Review (IMR) with DMHC.

But if you ask for a State Hearing first, and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if your issues do not qualify for an IMR, even if the State Hearing has already happened.

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 1-888-665-4621 (TTY/TDD or 711). We will decide within 72 hours of receiving your appeal.

What to do if you do not agree with an appeal decision

If you requested an appeal and got a NAR letter telling you we did not change our decision, or you never got a NAR letter and it has been past 30 days, you can:

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- Ask for a **State Hearing** from the California Department of Social Services (CDSS) and a judge will review your case. CDSS' toll-free telephone number is 1-800-743-8525 (TTY1-800-952-8349). You can also ask for a State Hearing online at https://www.cdss.ca.gov. More ways of asking for a State Hearing can be found in "State hearings" later in this chapter.
- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have Molina Healthcare's decision reviewed. If your complaint qualifies for DMHC's Independent Medical Review (IMR) process, an outside doctor who is not part of Molina Healthcare will review your case and make a decision that Molina Healthcare must follow.

  DMHC's toll-free telephone number is 1-888-466-2219 (TTY 1-877-688-9891). You can find the IMR/Complaint form and instructions online at DMHC's website: https://www.dmhc.ca.gov.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

The sections below have more information on how to ask for a State Hearing and an IMR.

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by Molina Healthcare. To submit complaints and appeals about Medi-Cal Rx pharmacy benefits, call 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review (IMR) with DMHC.

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a State Hearing. You cannot ask DMHC for an IMR for Medi-Cal Rx pharmacy benefit decisions.

Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care (DMHC)

An IMR is when an outside doctor who is not related to Molina Healthcare reviews your case. If you want an IMR, you must first file an appeal with Molina Healthcare for non-

urgent concerns. If you do not hear from Molina Healthcare within 30 calendar days, or if you are unhappy with Molina Healthcare's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision, but you only have 120 days to request a State Hearing. So, if you want an IMR and a State hearing, file your complaint as soon as you can.

Remember, if you ask for a State Hearing first, and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

You may be able to get an IMR right away without first filing an appeal with Molina Healthcare. This is in cases where your health concern is urgent, such as those involving a serious threat to your health.

If your complaint to DMHC does not qualify for an IMR, DMHC will still review your complaint to make sure Molina Healthcare made the correct decision when you appealed its denial of services.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-888-665-4621 (TTY/TDD or 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with Molina Healthcare and a judge from the California Department of Social Services (CDSS). The judge will help to resolve your problem and decide whether Molina Healthcare made the correct decision or not. You have the right to ask for a State Hearing if you already asked for an appeal with Molina Healthcare and you are still not happy with our decision, or if you did not get a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on our NAR letter. If we gave you Aid Paid Pending during your appeal and you want it to continue until there is a decision on your State Hearing, you must ask for a State Hearing within 10 days of our NAR letter or before the date we said your services will stop, whichever is later.

If you need help making sure Aid Paid Pending will continue until there is a final decision on your State Hearing, contact Molina Healthcare between Monday - Friday, 7:00 a.m. - 7:00 p.m. by calling 1-888-665-4621. If you cannot hear or speak well, call TYY/TDD or 711. Your authorized representative or provider can ask for a State Hearing for you with your written permission.

Sometimes you can ask for a State Hearing without completing our appeal process.

For example, if Molina Healthcare did not notify you correctly or on time about your services, you can request a State Hearing without having to complete our appeal process. This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- We did not make a NOA or NAR letter available to you in your preferred language
- We made a mistake that affects any of your rights
- We did not give you a NOA letter
- We did not give you a NAR letter
- We made a mistake in our NAR letter
- We did not decide your appeal within 30 days
- We decided your case was urgent but did not respond to your appeal within 72 hours

You can ask for a State Hearing in these ways:

- **By phone:** Call CDSS' State Hearings Division at 1-800-743-8525 (TTY 1-800-952-8349 or 711)
- **By mail**: Fill out the form provided with your appeals resolution notice and

mail it to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-433
Sacramento, CA 94244-2430

- **Online:** Request a hearing online at **www.cdss.ca.gov**
- **By email:** Fill out the form that came with your appeals resolution notice and email it to **Scopeofbenefits@dss.ca.gov**
  - Note: If you send it by email, there is a risk that someone other than the State Hearings Division could intercept your email. Consider using a more secure method to send your request.
- **By Fax:** Fill out the form that came with your appeals resolution notice and fax it to the State Hearings Division at 916-309-3487 or toll free at 1-833-281-0903

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 1-888-665-4621 (TTY/TDD or 711).

At the hearing, you will tell the judge why you disagree with Molina Healthcare's decision. Molina Healthcare will tell the judge how we made our decision. It could take up to 90 days for the judge to decide your case. Molina Healthcare must follow what the judge decides.

If you want CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you, your authorized representative, or your provider can contact CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than 3 business days after it gets your complete case file from Molina Healthcare.

Fraud, waste, and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste, or abuse, it is your responsibility to report it by calling the confidential toll-free number 1-800-822-6222 or submitting a complaint online at https://www.dhcs.ca.gov/.

Provider fraud, waste, and abuse includes:

- Falsifying medical records
- Prescribing more medicine than is medically necessary

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- Giving more health care services than is medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service
- Offering free or discounted items and services to members to influence which provider is selected by the member
- Changing member's primary care provider without the knowledge of the member

Fraud, waste, and abuse by a person who gets benefits includes, but is not limited to:

- Lending, selling, or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number
- Taking medical and non-medical transportation rides for non-healthcare related services, for services not covered by Medi-Cal, or when there is no medical appointment or prescriptions to pick up

To report fraud, waste, or abuse, write down the name, address, and ID number of the person who committed the fraud, waste, or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

Compliance Director
Molina Healthcare of California
200 Oceangate, Ste. 100
Long Beach, CA 90802
Toll Free Telephone #: (866) 606-3889
Fax number (562) 499-6150
E-Mail: MHC_Compliance@Molinahealthcare.com
Call the Molina Healthcare Alert Line at 866-606-3889 Complete a Fraud, Waste, and Abuse report form online at https://www.molinahealthcare.alertline.

7. Rights and responsibilities

As a member of Molina Healthcare, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of Molina Healthcare.

Your rights

These are your rights as a member of Molina Healthcare:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information such as medical history, mental and physical condition or treatment, and reproductive or sexual health
- To be provided with information about the health plan and its services, including covered services, providers, practitioners, and member rights and responsibilities
- To get fully translated written member information in your preferred language, including all grievance and appeals notices
- To make recommendations about Molina Healthcare's member rights and responsibilities policy
- To be able to choose a primary care provider within Molina Healthcare's network
- To have timely access to network providers
- To participate in decision making with providers regarding your own health care, including the right to refuse treatment
- To voice grievances, either verbally or in writing, about the organization or the care you got
- To know the medical reason for Molina Healthcare's decision to deny, delay, terminate (end), or change a request for medical care
- To get care coordination
- To ask for an appeal of decisions to deny, defer, or limit services or benefits
- To get free interpreting and translation services for your language
- To get free legal help at your local legal aid office or other groups
- To formulate advance directives

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with Molina Healthcare and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible
- To disenroll (drop) from Molina Healthcare and change to another health plan in the county upon request
- To access minor consent services
- To get free written member information in other formats (such as braille, large-size print, audio, and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare and Institutions (W&I) Code section 14182 (b)(12)
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations (CFR) sections 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by Molina Healthcare, your providers, or the State
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Care Providers, midwifery services, Rural Health Centers, sexually transmitted infection services, and emergency services outside Molina Healthcare's network pursuant to federal law
- To request an Appeal of an Adverse Benefit Determination within 60 calendar days from the date on the Notice of Adverse Benefit Determination (NABD) and how to continue benefits during the in-plan appeal process through the State Fair Hearing, when applicable.

Your responsibilities

Molina Healthcare members have these responsibilities:

• To supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.

• To follow plans and instructions for care that they have agreed to with their practitioners.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

• To understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible

• To tell our Plan if you have additional health insurance

• To act in a way that supports the care given to other patients and helps the smooth running of your doctor's office, hospitals, and other offices.

• To let us know if you move. If you move within our service area, we need to keep your membership record up to date. If you move outside of our plan service area, you cannot remain a member of our plan, but we can let you know if we have a plan in that area.

• Letting us know if you have any questions, concerns, problems, or suggestions.

Notice of non-discrimination

Discrimination is against the law. Molina Healthcare follows state and federal civil rights laws. Molina Healthcare does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Molina Healthcare provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Molina Healthcare between Monday - Friday, 7:00 a.m. - 7:00 p.m. by calling 1-888-665-4621. Or, if you cannot hear or speak well, call TYY/TDD or 711 or 711 to use the California Relay Service.

How to file a grievance

If you believe that Molina Healthcare has failed to provide these services or unlawfully discriminated in another way based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical

condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Molina Healthcare's Civil Rights Coordinator. You can file a grievance by phone, by mail, in person, or online:

- **By phone**: Contact Molina Healthcare's Civil Rights Coordinator between Monday - Friday, 7:00 a.m. - 7:00 p.m. by calling 1-888-665-4621. Or, if you cannot hear or speak well, call TTY/TDD or 711 to use the California Relay Service.
- **By mail:** Fill out a complaint form or write a letter and mail it to:
  Attention: Molina Healthcare Civil Rights Coordinator
  200 Oceangate, Suite 100
- Long Beach, CA 90802
- **In person:** Visit your doctor's office or Molina Healthcare and say you want to file a grievance.
- **Online:** Visit Molina Healthcare's website at https://molinahealthcare.Alertline.com or email your grievance to civil.rights@molinahealthcare.com.

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services (DHCS), Office of Civil Rights by phone, by mail, or online:

- **By phone:** Call 1-916-440-7370. If you cannot speak or hear well, call 711 (Telecommunications Relay Service).
- **By mail:** Fill out a complaint form or mail a letter to:
  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

Complaint forms are available at https://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Online:** Send an email to CivilRights@dhcs.ca.gov.

Office of Civil Rights – United States Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the United States Department of Health and Human Services, Office for Civil Rights by phone, by

mail, or online:

- **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, call TTY 1-800-537-7697 or 711 to use the California Relay Service.
- **By mail:** Fill out a complaint form or mail a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

- **Online:** Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/cp.

Ways to get involved as a member

Molina Healthcare wants to hear from you. Each quarter, Molina Healthcare has meetings to talk about what is working well and how Molina Healthcare can improve. Members are invited to attend. Come to a meeting!

Community Advisory Committee

Molina Healthcare has a group called the Community Advisory Committee. This group is made up of Molina Healthcare members, their caregivers, families, community advocates, traditional and Safety Net Providers. You can join this group if you would like. The group talks about how to improve Molina Healthcare policies and is responsible for:

- Advising Molina Healthcare on the development of innovative programs to address the needs of people who face barriers when accessing healthcare
- The review of existing programs and services
- Providing input and recommendations, including, but not limited to communication of needs in areas such as Network development and assessment, quality, and Health Delivery Systems Reforms that will help improve health outcomes

If you would like to be a part of this group, call the Molina Healthcare Growth & Community Engagement Department at 1-855-665-4621 (TTY/TDD or 711) or email MHCCommunityEngagement@Molinahealthcare.com and ask about Community Engagement. You can also visit www.MolinaHealthcare.com or www.MyMolina.com.

Notice of privacy practices

A statement describing Molina Healthcare policies and procedures for preserving the confidentiality of medical records is available and will be given to you upon request.

If you are of the age and capacity to consent to sensitive services, you are not required to get any other member's authorization to get sensitive services or to submit a claim for sensitive services. You can read more about sensitive services in the "Sensitive care" section of his handbook.

You can ask Molina Healthcare to send communications about sensitive services to another mailing address, email address, or telephone number that you choose. This is called a "request for confidential communications." If you consent to care, Molina Healthcare will not give information on your sensitive care services to anyone else without your written permission. If you do not give a mailing address, email address, or telephone number, Molina Healthcare will send communications in your name to the address or telephone number on file.

Molina Healthcare will honor your requests to get confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for. We will send them to another location of your choice. Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

You may ask to get your sensitive services in a certain form and format. Only a protected member may make a request. We will accommodate your request if the sensitive services can be sent in the requested form and format. Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

Members who may consent to receive sensitive services are not required to obtain any member's authorization to receive sensitive services or to submit a claim for sensitive services. Molina Healthcare will direct communications regarding sensitive services to a member's alternate designated mailing address, email address, or telephone number or, in the absence of designation, in the name of the member at the address or telephone number on file. Molina Healthcare will not disclose medical information related to sensitive services to any other member without written authorization from the member receiving care. Molina Healthcare will accommodate requests for confidential communications in the form and format requested, if it is producible in the requested

form and format, or at alternative locations. A member's request for confidential communications related to sensitive services will be valid until the member revokes the request or submits a new request for confidential communications. To request and submit a Confidential Communications Requests, you may call Molina Member services 1-888-665-4621 or visit the Molina website at www.molinahealthcare.com/members.

Molina Healthcare's statement of its policies and procedures for protecting your medical information (called a "Notice of Privacy Practices") is included below:

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 California (**"Molina Healthcare", "Molina", "we" or "our"**) provides health care benefits to you through the Medi-Cal program. Molina uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this notice is October 1, 2022.

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 health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

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

For Payment

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

bill 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 detection and prosecution programs;
- Actions to help us obey laws;
- Address member needs, including solving complaints and grievances.

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

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

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

Required by law

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

Public Health

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

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need your PHI to check how our health plan is providing services.

Legal or Administrative Proceedings

Your PHI may be shared with a court, investigator or lawyer if it is about the operation of Medi-Cal. This may involve fraud or actions to recover money from others, when the Medi-Cal program has provided your health care benefits.

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

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this notice. Molina needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply 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 not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.

- **Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable confidential communications requests to provide PHI in a particular form or format, if it is readily producible in the requested form and format, or at alternative locations. You will need to make your request in writing or by electronic transmission.

- **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 make your request in writing. You may use Molina's 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. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*

▪ **Amend Your PHI**

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

▪ **Receive an Accounting of PHI Disclosures (Sharing of your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during 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;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

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

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services Department at **1-888-665-4621**.

How do I complain?

If you believe that we have not protected your privacy and wish to complain, you may file a complaint (or grievance) by calling or writing us at:

Molina Healthcare of California

Manager of Member Services

200 Oceangate - Suite 100

Long Beach, CA 90802

Phone: 1-888-665-4621

OR you may call, write or contact the agencies below:

Privacy Officer

c/o Office of Legal Services

Privacy Officer and Senior Staff Counsel

California Department of Health Care Services

1501 Capitol Avenue

P.O. Box 997413, MS 0010

Sacramento, CA. 95899-7413

(916)440-7700

Email: privacyofficer@dhcs.ca.gov

Or

Office for Civil Rights

U.S. Department of Health & Human Services

90 7th Street, Suite 4-100

San Francisco, CA 94103

(800) 368-1019; (800) 537-7697(TDD);

(202) 619-3818 (FAX)

What are the duties of Molina?

Molina is required to:

▪ Keep your PHI private;

▪ Give you written information such as this on our duties and privacy practices about your PHI;

- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

This Notice is Subject to Change

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

Contact Information

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

Molina Healthcare of California

Attention: Manager of Member Services

200 Oceangate - Suite 100

Long Beach, CA 90802

Phone:1-888-665-4621

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort, other health coverage, and tort recovery

The Medi-Cal program follows state and federal laws and regulations relating to the legal liability of third parties for health care services to members. Molina Healthcare will

take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may have other health coverage (OHC), also referred to as private health insurance. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC when it is free.

Federal and state laws require Medi-Cal members to report OHC and any changes to an existing OHC. You may have to repay DHCS for any benefits paid by mistake if you do not report OHC quickly. Submit your OHC online at http://dhcs.ca.gov/OHC.

If you do not have access to the internet, you can report OHC to Molina Healthcare by calling 1-888-665-4621 (TTY/TDD or 711) . Or you can call DHCS's OHC Processing Center at 1-800-541-5555 (TTY 1-800-430-7077 or 711) or 1-916-636-1980.

The California Department of Health Care Services (DHCS) has the right and responsibility to be paid back for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay for your health care first or pay back Medi-Cal if Medi-Cal pays.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online to:

- Personal Injury Program at https://dhcs.ca.gov/PIForms
- Workers' Compensation Recovery Program at https://dhcs.ca.gov/WC

To learn more, visit the DHCS Third Party Liability and Recovery Division website at https://dhcs.ca.gov/tplrd or call 1-916-445-9891.

Notice about estate recovery

The Medi-Cal program must seek repayment from probated estates of certain deceased members for Medi-Cal benefits received on or after their 55th birthday. Repayment includes Fee-for-Service (FFS) and managed care premiums or capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was an inpatient in a nursing facility or was receiving home and community-based services. Repayment cannot exceed the value of a member's probated estate.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

To learn more, go to the DHCS Estate Recovery Program website at https://dhcs.ca.gov/er or call 1-916-650-0590.

Notice of Action

Molina Healthcare will send you a Notice of Action (NOA) letter any time Molina Healthcare denies, delays, terminates, or modifies a request for health care services. If you disagree with Molina Healthcare's decision, you can always file an appeal with Molina Healthcare. Go to the "Appeals" section in Chapter 6 of this handbook for important information on filing your appeal. When Molina Healthcare sends you a NOA it will tell you all the rights you have if you disagree with a decision we made.

Contents in notices

If Molina Healthcare bases denials, delays, modifications, terminations, suspensions, or reductions to your services in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action Molina Healthcare intends to take
- A clear and concise explanation of the reasons for Molina Healthcare's decision
- How Molina Healthcare decided, including the rules Molina Healthcare used
- The medical reasons for the decision. Molina Healthcare must clearly state how your condition does not meet the rules or guidelines.

Translations

Molina Healthcare is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for Molina Healthcare's decision to deny, delay, modify, terminate, suspend, or reduce a request for health care services.

If translation in your preferred language is not available, the Molina Healthcare is required to offer verbal help in your preferred language so that you can understand the information you get.

8. Important numbers and words to know

Important phone numbers

- Molina Healthcare member services at 1-888-665-4621 (TTY/TDD or 711)
- Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711
- Eligibility Info: 1-800-357-0172
- 24-Hour Nurse Help Line: 1-888-275-8750
- Para Enfermera En Español: 1-866-648-3537
- Hospital Admission Notification: 1-866-553-9263 (Fax)

Words to know

Active labor: The time period when a pregnant member is in the three stages of giving birth and cannot be safely transferred to another hospital before delivery or a transfer may harm the health and safety of the member or unborn child.

Acute: A short, sudden medical condition that requires fast medical attention.

American Indian: Individual who meets the definition of “Indian” under federal law at 42 CFR section 438.14, which defines a person as an “Indian” if the person meets any of the following:

- Is a member of a federally recognized Indian tribe
- Lives in an urban center and meets one or more of the following:
  - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member
  - Is an Eskimo or Aleut or other Alaska Native
  - Is considered by the Secretary of the Interior to be an Indian for any purpose
  - Is determined to be an Indian under regulations issued by the Secretary of the

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Interior

- Is considered by the Secretary of the Interior to be an Indian for any purpose
- Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native

Appeal: A member's request for Molina Healthcare to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A Medi-Cal program that provides services for children up to age 21 with certain health conditions, diseases, or chronic health problems.

Case manager: Registered nurse, Licensed Vocational Nurse/Licensed Practical Nurse, social worker, or another qualified health care professional who can help a member understand major health problems and arrange care with the member's providers.

Certified Nurse Midwife (CNM): A person licensed as a registered nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is allowed to attend cases of normal childbirth.

Chiropractor: A provider who treats the spine by means of manual manipulation.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so the member does not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Care Provider (IHCP), or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, Molina Healthcare, a county mental health plan, or a Medi-Cal provider. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services

from their existing out-of-network provider for up to 12 months if the provider and Molina Healthcare agree.

Contract Drugs List (CDL): The approved drug list for Medi-Cal Rx from which a provider may order covered drugs a member needs.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance, or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

Copayment (co-pay): A payment a member makes, generally at the time of service, in addition to the insurer's payment.

Covered Services: Medi-Cal services for which Molina Healthcare is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract, any contract amendment, and as listed in this Member Handbook (also known as the Combined Evidence of Coverage (EOC) and Disclosure Form).

DHCS: The California Department of Health Care Services. This is the state office that oversees the Medi-Cal program.

Disenroll: To stop using a health plan because the member no longer qualifies or changes to a new health plan. The member must sign a form that says they no longer want to use the health plan or call Health Care Options and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the state office that oversees managed care health plans.

Durable medical equipment (DME): Medical equipment that is medically necessary and ordered by a member’s doctor or other provider that the member uses in the home, community, or facility that is used as a home.

Early and periodic screening, diagnostic, and treatment (EPSDT): Go to “Medi-Cal for Kids and Teens.”

Emergency care: An exam performed by a doctor or staff under direction of a doctor, as allowed by law, to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone

with a prudent layperson's average knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place the member's health or the health of their unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right
- Result in death

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

Enrollee: A person who is a member of a health plan and gets services through the plan.

Established patient: A patient who has an existing relationship with a provider and has gone to that provider within a specified amount of time established by the health plan.

Experimental treatment: Drugs, equipment, procedures, or services that are in a testing phase with laboratory or animal studies before testing in humans. Experimental services are not undergoing a clinical investigation.

Family planning services: Services to prevent or delay pregnancy. Services are provided to members of childbearing age to enable them to determine the number and spacing of children.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many providers. A member can get primary and preventive care at an FQHC.

Fee-for-Service (FFS) Medi-Cal: Sometimes Molina Healthcare does not cover services, but a member can still get them through FFS Medi-Cal, such as many pharmacy services through Medi-Cal Rx.

Follow-up care: Regular doctor care to check a member's progress after a hospitalization or during a course of treatment.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant member's residence and that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about a service

covered by Medi-Cal, Molina Healthcare, a county mental health plan, or a Medi-Cal provider. A complaint filed with Molina Healthcare about a network provider is an example of a grievance.

Habilitation services and devices: Health care services that help a member keep, learn, or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll or disenroll a member from a health plan.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: Providers who give members skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of 6 months or less.

Hospital: A place where a member gets inpatient and outpatient care from doctors and nurses.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Indian Health Care Providers (IHCP): A health care program operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Health Program, Tribal Organization or Urban Indian Organization (UIO) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. section 1603).

Inpatient care: When a member has to stay the night in a hospital or other place for medical care that is needed.

Intermediate care facility or home: Care provided in a long-term care facility or home that provides 24-hour residential services. Types of intermediate care facilities or homes include intermediate care facility/developmentally disabled (ICF/DD), intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), and intermediate care facility/developmentally disabled-nursing (ICF/DD-N).

Investigational treatment: A treatment drug, biological product, or device that has successfully completed phase one of a clinical investigation approved by the Federal Drug Administration (FDA), but that has not been approved for general use by the FDA and remains under investigation in an FDA-approved clinical investigation.

Long-term care: Care in a facility for longer than the month of admission plus 1 month.

Managed care plan: A Medi-Cal health plan that uses only certain doctors, specialists, clinics, pharmacies, and hospitals for Medi-Cal recipients enrolled in that plan. Molina Healthcare is a managed care plan.

Medi-Cal for Kids and Teens: A benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early. They must get treatment to take care of or help the conditions that might be found in the check-ups. This benefit is also known as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under federal law.

Medi-Cal Rx: A pharmacy benefit service that is part of FFS Medi-Cal and known as “Medi-Cal Rx” that provides pharmacy benefits and services, including prescription drugs and some medical supplies to all Medi-Cal beneficiaries.

Medical home: A model of care that provides the main functions of primary health care. This includes comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.

Medically necessary (or medical necessity): Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by diagnosing or treating the disease, illness, or injury. For members under the age of 21, Medi-Cal medically necessary services include care that is needed to fix or help a physical or mental illness or condition, including substance use disorders.

Medical transportation: Transportation that a provider prescribes for a member when the member is not physically or medically able to use a car, bus, train, or taxi to get to a covered medical appointment or to pick up prescriptions. Molina Healthcare pays for the lowest cost transportation for your medical needs when you need a ride to your appointment.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called End-

Stage Renal Disease (ESRD).

Member: Any eligible Medi-Cal member enrolled with Molina Healthcare who is entitled to get covered services.

Mental health services provider: Health Care professionals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning services for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals, and other providers contracted with Molina Healthcare to provide care.

Network provider (or in-network provider): Go to "Participating provider."

Non-covered service: A service that Molina Healthcare does not cover.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by a member's provider and when picking up prescriptions and medical supplies.

Non-participating provider: A provider not in the Molina Healthcare network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy, Medicare Advantage plans (Part C), Medicare drug plans (Part D), or Medicare supplemental plans (Medigap).

Orthotic device: A device used as a support or brace attached outside the body to support or correct a badly injured or diseased body part that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the Molina Healthcare service area.

Out-of-network provider: A provider who is not part of the Molina Healthcare network.

Outpatient care: When a member does not have to stay the night in a hospital or other place for the medical care that is needed.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)

- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies, and supplements

Palliative care: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a serious illness. Palliative care does not require the member to have a life expectancy of 6 months or less.

Participating hospital: A licensed hospital that has a contract with Molina Healthcare to provide services to members at the time a member gets care. The covered services that some participating hospitals might offer to members are limited by Molina Healthcare's utilization review and quality assurance policies or Molina Healthcare's contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital, or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with Molina Healthcare to offer covered services to members at the time a member gets care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while a member is admitted in a hospital that are charged in the hospital bill.

Plan: Go to "Managed care plan."

Post-stabilization services: Covered services related to an emergency medical condition that are provided after a member is stabilized to keep the member stabilized. Post-stabilization care services are covered and paid for. Out-of-network hospitals might need pre-approval (prior authorization).

Pre-approval (prior authorization): The process by which a member or their provider must request approval from Molina Healthcare for certain services to make sure Molina Healthcare will cover them. A referral is not an approval. A pre-approval is the same as prior authorization.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter ("OTC") drugs that do not require a prescription.

Primary care: Go to "Routine care."

Primary care provider (PCP): The licensed provider a member has for most of their health

care. The PCP helps the member get the care they need.

A PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): The process by which a member or their provider must request approval from Molina Healthcare for certain services to ensure Molina Healthcare will cover them. A referral is not an approval. A prior authorization is the same as pre-approval.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the Molina Healthcare network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to the member or others or the member is immediately unable to provide for or use food, shelter, or clothing due to the mental disorder.

Public health services: Health services targeted at the whole population. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: A doctor qualified in the area of practice appropriate to treat a member's condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.

Referral: When a member's PCP says the member can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices: Services and devices to help members with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

Routine care: Medically necessary services and preventive care, well-child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many providers. Members can get primary and preventive care at an RHC.

Sensitive services: Services related to mental or behavioral health, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions, substance use disorder, gender affirming care, and intimate partner violence.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area Molina Healthcare serves. This includes the counties of Sacramento, San Diego, Riverside, and San Bernardino.

Skilled nursing care: Covered services provided by licensed nurses, technicians, or therapists during a stay in a skilled nursing facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals can give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, a member will need a referral from their PCP to go to a specialist.

Specialty mental health services (SMHS): Services for members who have mental health services needs that are higher than a mild to moderate level of impairment.

Subacute care facility (adult or pediatric): A long-term care facility that provides comprehensive care for medically fragile members who need special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

Terminal illness: A medical condition that cannot be reversed and will most likely

cause death within 1 year or less if the disease follows its natural course.

Tort recovery: When benefits are provided or will be provided to a Medi-Cal member because of an injury for which another party is liable, DHCS recovers the reasonable value of benefits provided to the member for that injury.

Triage (or screening): The evaluation of a member's health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. Members can get urgent care from an out-of-network provider if in-network providers are temporarily not available or accessible.

Call member services at 1-888-665-4621 (TTY/TDD 711).
Molina Healthcare is here Monday - Friday, 7:00 a.m. - 7:00 p.m. The call is free.
Or call the California Relay Line at 711. Visit online at www.MolinaHealthcare.com.