



Your Member Handbook

Mississippi

Children's Health Insurance Program (CHIP)

Last updated 09/2024

MolinaHealthcare.com/MS



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Thank you for choosing Molina Healthcare!

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

NOTE: If you have any problems reading or understanding this or any Molina Healthcare information, call Member Services at (844) 809-8438, TTY/TDD 711. We can explain in English or in your primary language. We may have it printed in other languages. You may ask for it in braille, large print, or audio. If you are hearing or sight impaired, special help can be provided.



In this handbook, you'll find helpful information about your child's:

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



1. Review your child's Welcome Kit

You should have received your child's Molina Healthcare ID card. There is one for every member of your family enrolled in the Molina CHIP program. Please always keep it with you. If you haven't received your child(ren)'s ID card yet, visit [MyMolina.com](https://www.molinahc.com) or call Member Services.



2. Register for MyMolina

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



3. Talk about your child's health

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



4. Get to know your child's PCP

PCP stands for Primary Care Provider. He or she will be your child's personal health care provider. To choose or change his or her PCP go to [MyMolina.com](https://www.molinahc.com) or call Member Services. Call your child's provider within the next <90> days to schedule his or her first visit.



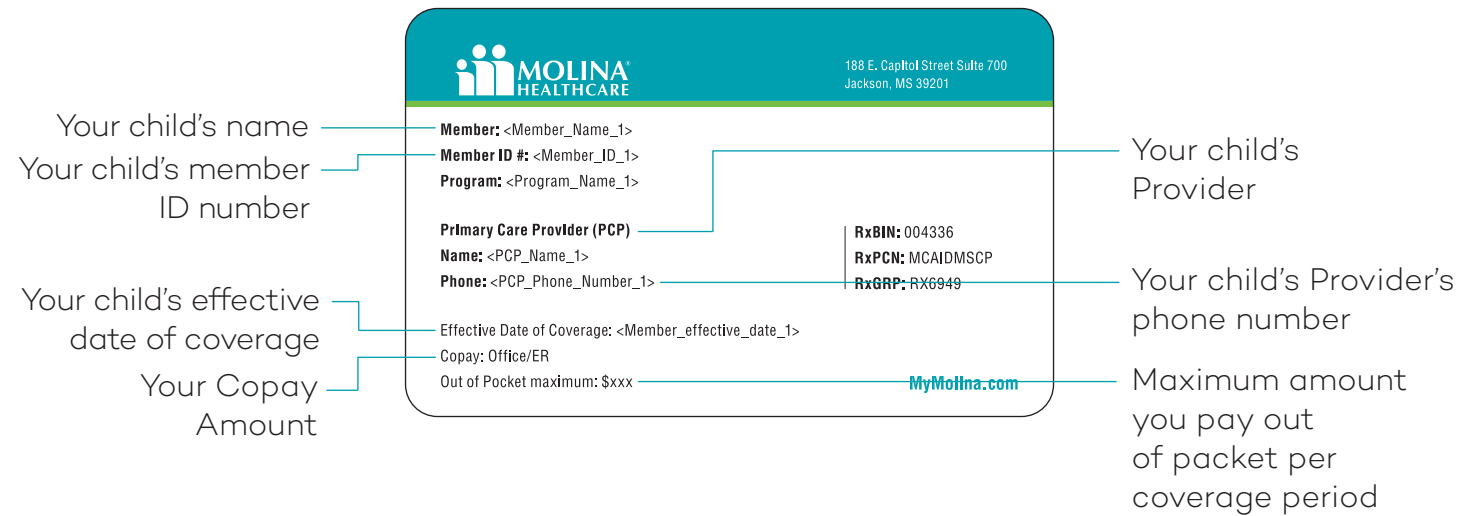
5. Get to know your child's benefits

With Molina your child has health coverage and free extras. We offer free transportation and health education. And people dedicated to your child's care.

Membership

ID cards

There is one ID for each member.



You need your Molina and Medicaid ID card to:



Take your child to see his or her provider, specialist or another provider



Get medical supplies and/or prescriptions



Go to a hospital



Go to an urgent care



Go to an emergency room



Have medical tests

Quick reference

| Need | Action |
|------|--------|
|------|--------|

Emergency

Call 911

If you think your child has an emergency condition, call 911 or go to the nearest emergency room.

An emergency includes:

- Major broken bones
- Chest pain
- Difficulty breathing
- Excessive bleeding
- Seizures or convulsions

Online access

- Find or change your child's provider
- Update your contact information
- Request an ID card
- Get health care reminders
- Track office visits

Go to [MyMolina.com](https://www.mymolina.com) and sign up

Find a provider at:

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

Getting care

- Urgent Care
 - Minor illnesses
 - Minor injuries
- Physicals and checkups
- Preventive care
- Immunizations (shots)

Call your doctor:

(Name and Phone)

24-Hour Nurse Advice Line

(844) 794-3638, TTY/TDD 711

A nurse is available 24 hours a day, 7 days a week.

Urgent Care Centers

Find a provider or urgent care center

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

Plan details

- Questions about your child's plan
- Questions about programs or services
- ID card issues
- Language services
- Transportation
- Help with your child's visits
- Prenatal care
- Well infant visits with PCP or OB/GYN

Member Services

(844) 809-8438, TTY/TDD 711

Monday to Friday

7:30 a.m. - 8:00 p.m. (CST)

2nd Saturday and Sunday of the Month

8:00 a.m. - 5:00 p.m. (CST)

To schedule a ride to an appointment

(888) 597-1206 or

(844) 809-8438, TTY/TDD 711

Changes/Life events

- You Moved
- Change in Name/Address
- Your Child Becomes Pregnant
- Marriage/Divorce
- Your Child Has a Baby
- Change your child's Health Coverage

Member Services

(844) 809-8438, TTY/TDD 711

Mississippi Division of Medicaid

(800) 421-2408

(Deaf and Hard of Hearing dial **711**)

Provider

Find your child's primary care provider

Your child's primary care provider (PCP) takes care of all his or her medical needs. Your child's PCP's office is his or her health home. It's important to have a PCP who makes you and your child feel comfortable. It's easy to choose one with our Provider Directory, a list of providers. You can pick one for your child, one who sees all of your children, or a different one for each of your children. Schedule your child's first visit to get to know his or her provider. Call your child's PCP right away if you need to cancel or reschedule his or her appointment. You can also call Molina Healthcare at (844) 809-8438, TTY/TDD 711 if you need help making an appointment, finding a provider, or finding information about your child's PCP.

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



Schedule your child's first visit

Take your child to visit his or her primary care provider (PCP) within <90> days of signing up. Learn more about your child's health. And let your child's PCP know more about him or her.

Your child's primary care provider will:

- Treat your child for most of his or her routine health care needs
- Review your child's tests and results
- Prescribe medications
- Refer your child to other providers (specialists)
- Admit your child to the hospital if needed

Interpreter services

If you need to speak in your own language, we can assist you. Call Member Services and we can assist you in your preferred language through an interpreter. An interpreter can help you talk to your child's provider, pharmacist, or other medical service providers. We offer this service at no cost to you. An interpreter can help you:

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

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

You must see a provider who is part of Molina.

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

If you change your child's PCP, Molina Healthcare will send you a new ID card.

**Remember, you can call the Nurse Advice Line at any time.
Our nurses can help if your child needs urgent care.
Call (844) 794-3638, TTY/TDD 711.**

Benefits

Molina network

We have a growing family of health care providers and hospitals. And they are ready to serve your child. Visit providers who are part of Molina. You can find a list of these providers at MolinaHealthcare.com/ProviderSearch. Call Member Services if you need a printed copy of this list. You can also access the Molina Provider Directory on the Molina Mobile App or on the MyMolina web portal. These resources will also tell you if the provider has special hours, handicap accessibility and whether they can speak in your language. You may also go to your WIC center where a printed copy of the Molina Provider Directory will be available.

The online directory contains provider information for all types of providers including PCPs, specialists, providers of ancillary services, as well as hospitals, behavioral health/substance use disorder facilities, and pharmacies in the Molina CHIP network. The information will include provider names and group affiliations, telephone numbers, street addresses, specialties and professional qualifications such as:

1. Provider's name as well as any group affiliation;
2. Street address(es);
3. Telephone number(s);
4. Web site URL, as appropriate;
5. Whether the provider will accept new enrollees;
6. The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training;
7. Whether the provider's office/facility has accommodations for people with physical disabilities including offices, exam room(s) and equipment;
8. Identification of PCPs and PCP groups, specialists, hospitals, facilities, and FQHCs and RHCs by area of the State;
9. Identification of any restrictions on the Member's freedom of choice among network providers;
10. Identification of closed panels (web-based version only);
11. Identification of hours of operation including identification of providers with non-traditional hours (before 8 a.m. or after 5 p.m. CT or any weekend/holiday hours).

Call Member Services if you would like more detailed information about your child's provider such as:

- Name, address, telephone numbers
- Specialty
- Residency completion
- Professional qualifications
- Medical School attended
- Board certification status

For a full list of covered services, please refer to page 19. You may also request a copy of the Provider Directory.



Vision and dental

We are here to take care of your child including his or her teeth, gums and eyes. Molina through March Vision covers eye exams every year for members.

- 1 exam and 1 pair of glasses every year. Your child may qualify for more exams if your child's provider finds it medically necessary.
- **In addition to standard CHIP coverage limit for frames and lenses, we provide an additional \$100 credit per calendar year to be used toward any frames, lenses, or contact lenses.**

Also, Molina covers regular dentist visits, checkups and cleanings. Please see page 19 for details on your child's dental coverage.

Please contact Molina Healthcare's Member Services Department with any questions regarding your child's vision and dental benefits at (844) 809-8438, TTY/TDD 711

Please check your child's Molina Healthcare Provider Directory to find optometrists or physicians who can provide your child with these services at [MyMolina.com](https://www.mymolina.com).

Covered medications

Molina Healthcare covers medications listed on the Mississippi Division of Medicaid Preferred Drug List (PDL). These are drugs we prefer your Primary Care Provider to prescribe.

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

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

We are on your side. We will work with your child's provider to decide which drugs are the best for your child.

Extras

MyMolina.com: Manage your child's health plan online

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

Molina mobile app:

Manage your child's health care anytime, anywhere. You can sign into the app using your child's MyMolina User ID and Password to access secure features including:

- View your child's member ID card
- Find a provider or facility near you with the Provider Finder
- Use the Nurse Advice Line to get the care your child needs
- Access your child's medical records

You can download the app for free on your smartphone using the App store for Apple and Google Play for Android.

Health education and incentives programs

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

Chronic Illness: (866) 891-2320, TTY/TDD 711

Weight Management, Stop Smoking and other programs: (866) 472-9483, TTY/TDD 711.

Well child rewards

Do you take your child to have yearly checkups? Molina Healthcare wants your child to stay healthy. Your child could earn gift rewards with our Well Child Rewards program! It is easy. For more information, call (844) 809-8438, TTY/TDD 711.



Transportation

We provide transportation. So your child doesn't have to miss his or her next provider visit.

Non-emergency medical transportation is available through MTM. They arrange rides to covered services for members who have no other way to receive a ride. If you qualify for this service and need to arrange non-emergency transportation, contact MTM at (888) 597-1206, TTY/TDD 711 or call Member Services at (844) 809-8438, TTY/TDD 711.

Medical visits include trips to a provider, clinic, hospital, therapy or behavioral health appointment.

Call to schedule a ride. You must give at least 3 working days' notice when scheduling transportation.

Care management

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

- Asthma
- Obesity
- Behavioral health disorders
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Organ transplant
- Diabetes
- Members discharge from the hospital
- High blood pressure
- Other chronic health conditions
- High-risk pregnancy

A care manager can assist any Molina Member with their health care needs! To request a care manager for your child, call (844) 809-8438, TTY/TDD 711.

Community resources

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

- Call 211. This is a free and confidential service that will help you find local resources. Available 24/7
- Women, Infants and Children's Nutrition Program (WIC) (800) 545-6747
- Department of Health (866) 458-4948
- Molina Care Management (844) 809-8438, TTY/TDD 711

CHIP value-added services

Unlimited office visits – copay may apply

1 pair of glasses each calendar year and one (1) eye exam per year;

In addition to standard CHIP coverage limit for frames and lenses, we provide an additional \$100 credit per calendar year to be used toward any frames, lenses, or contact lenses.

Community Connectors – These community health workers assist in navigating the healthcare system and accessing community-based programs that promote healthy development, independent living, and physical and mental well-being for members.

Personal care managers available in clinics.

24-hour Nurse Advice Line (NAL) – (844) 794-3638, TTY/TDD 711

Molina's quality improvement plan and program

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

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

Our goals are to:

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

We also want to hear how we are doing. We review the past year of service to check our progress. We may send you a survey to get your feedback. We may also send surveys to see how many members get their needed services. These surveys tell us what care is needed. One of these surveys is called CAHPS® (Consumer Assessment of Healthcare Providers and Systems).

The CAHPS® survey asks questions about how you rate:

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

HEDIS® (Healthcare Effectiveness Data and Information Set)

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

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

We care about your health. We want to help you take better care of yourself and your family.

To do this, we

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

To learn more, call Member Services at (844) 809-8438 (TTY: 711) Monday-Friday, 7:30 a.m. - 8 p.m.



Policy

Language services

If you have any problem reading or understanding this information or any other Molina Healthcare information, please contact Member Services at (844) 809-8438, TTY/TDD 711 for help at no cost to you. We can explain this information in English or in your primary language. We may have this information printed in some other languages. If you are visually or hearing impaired, special help can be provided.

Translation services

If you need to speak in your own language, we can help. A translator will be ready to talk to you. They can also help you talk to your child's provider. A translator can help you:

- Make an appointment
- Talk with your child's PCP or nurse
- Get emergency care for your child
- File a complaint, grievance, or appeal
- Get help about your child taking medicine
- Follow up about prior approval your child needs for a service
- With sign language

This is a free service. If you need a translator, call the Member Services Department (844) 809-8438, or TTY/TDD 711. If you are hearing or sight impaired, Molina can help you. You may ask for the member materials in braille, large print, or audio. All these services are free of charge.

Appointment guidelines

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

| Appointment type | When you should get the appointment |
|--------------------------|---|
| PCPs (well care visit) | Not to exceed thirty (30) calendar days |
| PCP (routine sick visit) | Not to exceed seven (7) calendar days |
| PCP (urgent care visit) | Not to exceed twenty-four (24) hours |

| Appointment type | When you should get the appointment |
|---|---|
| Specialists | Not to exceed forty-five (45) calendar days |
| Dental providers (routine visits) | Not to exceed forty-five (45) calendar days |
| Dental providers (urgent care) | Not to exceed forty-eight (48) hours |
| Behavioral health/substance use disorder providers (routine visit) | Not to exceed twenty-one (21) calendar days |
| Behavioral health/substance use disorder providers (urgent visit) | Not to exceed twenty-four (24) hours |
| Behavioral health/substance use disorder providers (post-discharge from an acute psychiatric hospital when the contractor is aware of the member's discharge) | Not to exceed seven (7) calendar days |
| Urgent care providers | Not to exceed twenty-four (24) hours |
| Emergency providers | Immediately (twenty-four (24) hours a day, seven (7) days a week) and without prior authorization |

Pregnancy and newborn care

What if I have a baby?

Molina Healthcare wants to make sure your child gets medical care as soon as she is pregnant. If you think your child is pregnant, take her to see her PCP. Once your child is pregnant, her PCP will want her to see an OB/GYN. Your child doesn't need a referral to see an OB/GYN. It's important that your child sees her OB/GYN. If you need help finding an OB/GYN for your child, call Member Services at (844) 809-8438, TTY/TDD 711; we can help you arrange for your child's prenatal care. Or, if you want your child to avoid pregnancy, ask about family planning options.

If your child would like to sign her new baby up for Molina Healthcare, she must call the Mississippi Division of Medicaid (DOM) as soon as possible after delivery to add her baby to Medicaid. (800) 421-2408 (Deaf and Hard of Hearing dial 711).

If your child has any questions about enrolling her new baby in Molina Healthcare, call Member Services.

Copayments (copays)

A copayment, or copay, is a fee that you may need to pay each time your child visits their provider or emergency room. There are three coverage plans. Each coverage plan has a different amount that you will need to pay each time your child visits their provider. Look at your child's member ID card for his or her copayment amount.

| Coverage plan | Provider visit | Emergency room visit | Copay maximum |
|---------------|----------------|----------------------|---------------------------|
| MSCHP 01 | \$0 | \$0 | \$0 |
| MSCHP 02 | \$5 per visit | \$15 per visit | \$800 per coverage period |
| MSCHP 03 | \$5 per visit | \$15 per visit | \$950 per coverage period |

Your child's coverage period is one (1) year. There may be a limit to the amount you pay in copays during your child's coverage period. This amount is the copay maximum. You will get a letter when you reach your child's copay maximum. The letter will say that you won't have to pay any more fees until the end of your child's coverage period. Keep this letter and show it when you take your child to their provider or emergency room. This will let the provider know that you do not have to make a copay. If you need another copy of this letter, call Member Services at (844) 809-8438, TTY/TDD 711.

Covered services

Prior approval process

You child can get emergency care and most services without a Prior Approval. But some services do require a Prior Approval. For a Prior Approval request, a provider must call Molina Healthcare about the care they would like your child to receive. Molina will review the request based on medical necessity and let your child's provider know if the request is approved before they can give your child the service. This way, they can make sure it is appropriate for your child's specific condition.

For a list of covered services that do and do not require prior authorization, please refer to the covered services chart. You may also visit [MolinaHealthcare.com](https://www.molinahealthcare.com) or call Member Services.

| Covered services | Limitations |
|--|---|
| Ambulatory surgical center services | Require prior authorization |
| Advance imaging | Requires prior authorization |
| Behavioral health services | Including inpatient/outpatient care, psychiatric residential treatment facilities and therapeutic and evaluative services |
| Behavioral health hospital services/residential care | Inpatient behavioral health and psychiatric residential treatment facility. Requires prior authorization |
| Case management | For members with a chronic disease – disease management |
| Chiropractic services | \$2,000 maximum |

| Covered services | Limitations |
|---|--|
| Community mental health services (CMHC)/ private mental health center (PMCH) services. | Limitations may apply based on type of services provided. |
| Dental services - children <ul style="list-style-type: none"> • Preventive • Diagnostic • Restorative • Orthodontia | Dental <ul style="list-style-type: none"> • \$2,000 maximum per year |
| Diabetic lab work and retinal eye screening | Annually |
| Dialysis | Freestanding or hospital based center services |
| Disease management | As indicated by PCP |
| Durable medical equipment | Prior authorization required |
| Emergency ambulance services | Unlimited based on life threatening condition present |
| ER visits | No limit |
| Eye care - vision services: | 1 eye exam and 1 pair of glasses every fiscal year. <i>In addition to standard CHIP coverage limit for frames and lenses, we provide an additional \$100 credit per calendar year to be used toward any frames, polycarbonate lenses or contact lenses.</i> |
| Federally qualified health center (FQHC) and rural health clinic (RHC) Services | <i>Unlimited</i> |
| Genetic testing | Inheritable disease diagnosis |
| Family planning services | Unlimited |
| Hearing services | Hearing aids are covered for members, including cochlear implants |
| Home health services | Limited to 36 visits per year. Home health services must be approved |
| Hospice | Inpatient and outpatient |
| Hospital services | Inpatient and outpatient |
| Hysterectomy | Requires consent form with authorization request |
| Laboratory services | <i>As required by your provider</i> |
| Mammogram/pap smears | No prior authorization required |
| Medical supplies | <i>Prior authorization required</i> |
| Non-emergency transportation services | To medical appointments, vision exams and pharmacy visits immediately following a medical appointment |
| Nuclear cardiology | Including but not limited to Thallium stress test or nuclear stress test |

| Covered services | Limitations |
|--|--|
| OB/GYN and nurse midwives services | Including prenatal visits |
| Oral surgery | Inpatient/outpatient setting |
| Orthotics & prosthetics | <i>Prior authorization required</i> |
| Physician office services, physician assistant services office visits and nurse practitioner office visits | No limit |
| Podiatrist services | Subject to qualifying systemic diagnosis |
| Prenatal care – maternity services | Yes, notification of pregnancy required as soon as possible |
| Prescription drugs | 6 per month; members are eligible for more prescriptions if determined to be medically necessary. 72-hour supply of emergency drugs. |
| Preventative care | Mammograms, well baby and well child care, and regular check-ups |
| Radiology/x-rays | |
| Sleep study | Physician's office or outpatient department of a hospital |
| Specialty injection/infusion | Infusion in home setting applies to home health benefit limits |
| Substance abuse services inpatient/ outpatient care | Limitations may apply based on type of services provided. Prior authorization may be required. |
| Therapeutic and evaluative mental health services (T&E) | Limited to beneficiaries under 21 |
| Therapy services | Outpatient |
| Transplants | <i>Prior authorization required</i> |
| Vaccines | Immunizations, flu shots and pneumonia vaccines |
| Well child services | For ages 0 -19 |

You will be informed of changes to programs and benefits within 30 calendar days prior to implementation.

Services not covered

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

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

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

Your child's provider may need to ask Molina Healthcare for approval before giving your child the service. Call Member Services if you want to know how to ask for these services.

Well child services

All children and adolescents up to age 19 who are Molina members are eligible to receive Well Child Services. These services are provided without limitation.

This includes periodic health screenings and appropriate up-to-date immunizations using the recommended immunization schedule provided by the Advisory Committee on Immunization Practices (ACIP). Well Child Services also include examinations for vision, dental, hearing and all medically necessary services.

Periodic health screening:

- A comprehensive unclothed physical exam,
- Comprehensive beneficiary and family/medical history,
- Developmental history,
- Measurements, including, but not limited to length/ height, weight, head circumference, body mass index (BMI) and blood pressure,
- Vision and hearing screenings,
- Developmental/behavioral assessment,
- Autism screening,
- Developmental surveillance,
- Psychosocial/behavioral assessment,
- Tobacco, alcohol and drug use assessment,
- Depression screening,
- Maternal depression screening,
- Newborn metabolic/hemoglobin screening,
- Vaccine administration, if indicated,
- Anemia screening,

- Lead screening and testing,
- Tuberculin test, if indicated,
- Dyslipidemia screening,
- Sexually transmitted infection,
- HIV testing,
- Cervical dysplasia screening,
- Dental assessment and counseling,
- Anticipatory guidance,
- Nutritional assessment, and
- Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status.

Periodicity schedule:

Frequency is as follows:

- 3-5 days,
- By one month,
- Two months,
- Four months,
- Six months,
- Nine months,
- 12 months,
- 15 months,
- 18 months,
- 24 months,
- 30 months, and then,
- once a year for ages 3 up to age 19 years old.

If you need help accessing Well Child services for your child, please call Member Services (844) 809-8438, TTY/TDD 711.

Dental checkups are important to your child's health. They help stop cavities and gum disease. Call your child's dental provider to make an appointment at least yearly for your child. If you need help finding a dental provider, please call Member Services at (844) 809-8438, TTY/TDD 711.

Expanded well child services for eligible members that are found during a Wellness exam and are deemed medically necessary include:

- Adolescent counseling services
- Therapy services (physical, occupational, speech, hearing and language)
- Additional treatments and services that may be needed (such as prescriptions and therapy services)

- Prescription drugs
- Inpatient hospital
- Outpatient hospital services
- Home Health Services
- Private duty nursing
- Durable medical Equipment/prosthetics
- Dental services
- Optometry services
- Eyeglass/contacts
- Hearing services
- Mental health services
- Podiatry services

Second opinions

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

How to choose a primary care provider (PCP)

It is easy to choose your child's primary care provider (or PCP). Use our Provider Directory to select from a list of providers. You may want to choose one provider who will see all of your children. Alternatively, you may want to choose a different provider for each of your children.

Your child's PCP knows your child well and takes care of all his or her medical needs. Choose a PCP for your child as soon as you can. It is important that you feel comfortable with the PCP you choose for your child. In addition to your child's PCP, female members can obtain women's preventive health services from a women's health provider without prior authorization. You do not need a referral from your PCP.

Call and schedule your child's first visit to get to know his or her PCP. If you need help making an appointment, call Molina Healthcare toll-free at (844) 809-8438, TTY/TDD 711. Molina Healthcare can also help you find a PCP for your child. Tell us what is important to you in choosing a PCP. We are happy to help you. Call Member Services if you want more information.

You will be informed of changes to the provider network within 15 days after Molina receives notification.

How to get specialty care and referrals

If your child needs care that his or her PCP cannot give, he or she will refer your child to a specialist who can. Talk with your child's PCP to be sure you know how referrals work.

If you think a specialist does not meet your child's needs, talk to his or her PCP. Your child's PCP can help your child if he or she needs to see a different specialist. There are some treatments and

services that your child's PCP must ask Molina Healthcare to approve before your child can get them. That is called a "pre-authorization." Your child's PCP will be able to tell you what services require this approval.

If we do not have a specialist in Molina Healthcare who can give your child the care he or she needs, we will get your child the care he or she needs from a specialist outside Molina Healthcare. Getting a referral from your child's PCP ensures your health care is coordinated and all of your child's providers know your health care goals and plans for your child.

For members requesting care from a specialist outside the network, the PCP or the specialist your child is seeing needs to request prior approval of specialty care or services from Molina Healthcare via fax or phone call. This request for prior approval must be done before any treatments or tests take place. If a request for specialty care is denied by Molina Healthcare, we will send you a letter within three (3) days of the denial. You or your child's PCP can appeal our decision. If your child's PCP or Molina Healthcare refers your child to a provider outside our network, you are not responsible for any of the costs. Molina Healthcare will pay for these services.

If your child needs to see a provider that is not part of Molina

If a Molina Healthcare provider is unable to provide your child with necessary and covered services, Molina Healthcare must cover the needed services through an out-of-network provider. This must be done in a timely manner for as long as Molina's provider network is unable to provide the service.

If you are outside of the Molina Healthcare service area and your child needs non-emergency medical care, the provider must first contact Molina Healthcare to get approval before providing any services. It is important to remember that your child must receive services covered by Molina Healthcare from facilities and/or providers in Molina Healthcare's network.

What is an emergency?

An emergency needs to be taken care of right away. Your child doesn't need approval for an emergency. Call 911 or go to an emergency room near you. You can go to any emergency room or other facility that is not part of Molina. You can get care (24) hours a day, (7) days a week. If the emergency room provider says that your child doesn't have to stay but your child still stays, you may have to pay.

Your child might need care after leaving the ER. If your child does, don't go to the ER for follow up care. If you need help getting your child to a provider, call Member Services. If your child does not have an emergency, don't go to the ER. Call your child's PCP.

Molina Healthcare has a 24-Hour Nurse Advice Line which can also help you understand and get your child the needed medical care. If your child needs non-emergent care after normal business hours, you can also take your child to visit an urgent care center. You can find urgent care centers in the provider directory. If you need help finding one you can call Member Services at (844) 809-8438, TTY/TDD 711. You may also visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com).

What is Post-Stabilization?

These are services you get after ER care. These services keep your condition stable. You do not need approval for these services. After your child's visit to the ER, you should call his or her provider as soon as you can. Your child's provider will help you get any follow-up care your child needs. You can also call Member Services for help.

Access to behavioral health

Molina can help you get the behavioral health services your child needs. Your child must use a provider that is part of our behavioral health network, unless it's an emergency. Your child's benefits cover inpatient services, outpatient services, and provider visits. Your child doesn't need a referral to see a provider. You can pick or change your child's behavioral health care provider or care manager at any time.

They can help you get your child the services he or she needs and provide a list of covered services.

What to do if you are having a problem

Your child might be having these feelings:

- Sadness that does not get better
- Feeling hopeless and/or helpless
- Guilt
- Worthlessness
- Difficulty sleeping
- Poor appetite or weight loss
- Loss of interest

If so, call Molina at (844) 809-8438, TTY/TTD 711.

Emergency behavioral health services

A behavioral health emergency is a mental health condition that may cause extreme harm to the body or cause death. Some examples of these emergencies are: attempted suicide, danger to self or others, so much functional harm that the person is not able to carry out actions of daily life, or functional harm that will likely cause death or serious harm to the body.

If your child has an emergency, go to the closest hospital emergency room. You can take your child to any other emergency place right away. You can CALL 911. If you take your child to the ER, let your child's provider know as soon as you can.

If your child has a behavioral health emergency and can't get to an approved provider, do the following:

- Go to the closest hospital or facility
- Call the number on your child's ID card
- Call your child's provider and follow-up within (24) to (48) hours

For out-of-area emergency care, the plan will transfer your child to a provider that is part of an approved behavioral health provider. We will only do this when your child is well.

Mental health and/or substance abuse services

If your child needs mental health and/or substance abuse services, call Member Services for information at (844) 809-8438, TTY/TDD 711 for the hearing impaired: or you may self-refer your child directly to a state certified community mental health center or treatment center. You can also look at the provider directory online at [MolinaHealthcare.com](https://www.molinahealthcare.com), visit member portal at [MyMolina.com](https://www.mymolina.com) or call Member Services for the names and telephone numbers of the facilities near you.

How to access hospital services

Inpatient hospital Services

Your child must have a prior authorization to get hospital services except in the case of an Emergency or urgent care services. However, if your child gets services in a hospital or is admitted to the hospital for emergency or out-of-area urgent care services, his or her hospital stay will be covered. This happens even if your child does not have a prior authorization.

Medical/Surgical services

We cover the following inpatient services in a participating provider hospital or rehabilitation facility, when the services are generally and customarily provided by acute care general hospitals or rehabilitation facilities inside our service area:

- Room and board, including a private room if medically necessary
- Specialized care and critical care units
- General and special nursing care
- Operating and recover rooms
- Services of participating provider physicians, including consultation and treatment by Specialists
- Anesthesia
- Drugs prescribed in accord with the universal preferred drug guidelines (for discharge drugs prescribed when your child is released from the hospital, please refer to "Prescription Drugs and Medications")
- Radioactive materials used for therapeutic purposes
- Durable medical equipment and medical supplies
- Imaging, laboratory, and special procedures, including MRI, CT, and PET scans, and ultrasound imaging
- Mastectomies (removal of breast) and lymph node dissections
- Blood, blood products and their administration, blood storage (including the services and supplies of a blood bank)
- Physical, occupational, and speech therapy (including treatment in an organized, multidisciplinary rehabilitation program)

- Respiratory therapy
- Medical social services and discharge planning

How does Molina pay providers for your child's care?

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

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

Payment and bills

If you get a bill for your child from a plan provider for approved and covered services, call Member Services. Do not pay the bill until you have talked to us. We will help you with this matter.

You may have to pay for services that are not covered. You may also have to pay for services from providers not part of our network. If the services were an emergency, you don't have to pay. If you need help, call Member Services.

Looking at what's new

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

- Medical services
- Mental health services
- Medicines
- Equipment

Eligibility and enrollment

Please call the Mississippi Division of Medicaid about eligibility. They are open Monday through Friday from 8:00 a.m. to 5:00 p.m. Their number is (800) 421-2408 (Deaf and Hard of Hearing dial 711).

Enrollment period:

If your child is a mandatory enrollee required to enroll in a plan, once your child is enrolled with Molina Healthcare or the State enrolls your child in a plan, you can change plans for your child within the first 90 days from the date of enrollment with the plan. After the 90 days, if your child is still eligible for CHIP, he or she may be enrolled in the plan for the next nine months. This is called "lock-in".

Other insurance:

You must let Molina and the Division of Medicaid know if your child has other insurance coverage with another company. Molina can help coordinate your child's other benefits with the other insurance company.

Open enrollment:

If your child is a mandatory enrollee, the state will send you a letter 60 days before the end of your child's enrollment year telling you that you can change your child's plans if you want to. This is called "open enrollment". You do not have to change health plans. If you choose to change your child's health plans during open enrollment, your child will begin in the new health plan at the end of his or her enrollment year. Whether you pick a new health plan for your child or keep your child in the same health plan, your child will be locked into that health plan for the next 12 months. Every year, you may change your child's health plan during the 60-day open enrollment period.

Disenrollment:

Members may change their plan selection within the first ninety (90) days of Enrollment and thereafter during open enrollment periods. Voluntary disenrollment does not stop Members from filing a grievance with Molina Healthcare for incidents occurring during the time they were covered by Molina.

You can ask to disenroll your child from the plan if the services you want your child to receive are not covered because of moral or religious reasons.

Involuntary disenrollment:

Your child must be disenrolled from Molina Healthcare if he or she:

- No longer resides in the state of Mississippi;
- Is identified as pregnant and verified by the division;
- Is determined to have creditable coverage by the division; Is deceased; or
- Becomes a custodial nursing home resident.

Call Molina Member Services or the Mississippi Division of Medicaid (DOM) to stop your child's membership if your child meets any of the criteria listed above. Molina will let DOM know, in writing, within three (3) calendar days if any of the above occurs.

Renewal of benefits

You are required to renew your benefits every year. If you do not, you may lose your benefits. If you have moved since you originally signed up for Medicaid, you must call your local regional Medicaid office and tell them your new address or you will not receive a letter telling you when it is time to renew your benefits. For more information, visit MolinaHealthcare.com/MSRenew.

Reinstatement (renewal of Molina membership):

If your child loses CHIP eligibility but regains it within (60) days, Molina will stay as your child's health plan. Molina will pick your child's previous PCP as long as the previous PCP is still in the

Molina network. If you want a new PCP for your child, call the Member Services Department at (844) 809-8438, TTY/TDD 711.

If you want to change your child's health plan, you must contact the Division of Medicaid. You can call them at (800) 421-2408. We want you to be happy with your child's health plan. Please tell us why you are not happy with us. This will help us improve. Call Member Services at (844) 809-8438, TTY/TDD 711 and let them know the reason.

Other insurance

Call Member Services to tell us if your child has:

- Medical insurance through your workplace
- Been hurt at work
- A worker's injury claim
- A car accident
- Filed a medical malpractice lawsuit
- A personal injury claim
- Other coverage or insurance

It's important that we have this information. It will help us manage your child's services right.

Non-discrimination

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

Complaint, grievance and appeals

Filing a grievance or appeal

If you are unhappy with anything about Molina Healthcare or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know this. Molina Healthcare can help you with this process by calling Member Services. These services are free of charge. You can call us at (844) 809-8438, TTY/TDD 711 Monday to Friday from 7:30 a.m. to 8:00 p.m. (CST) and the second Saturday and Sunday of every month from 8:00 a.m. to 5:00 p.m. (CT). A translator is available if you need to speak in your own language and can help you file your complaint, grievance, or appeal request. This service is free to all of our members. We can accept your complaint, grievance, or appeal from someone else with your permission. For Example:

- A friend
- A family member
- A provider part of Molina
- A provider that is not part of Molina
- A lawyer

In order to be fair, cases will not be reviewed by the same person that made the first decision. All cases regarding medical services are reviewed by our medical staff. We keep files of all your cases and copies are available free of charge. Your file may include:

- All of your child's medical records
- Documents related to your case
- The info from before and during the appeals process
- Benefits, rules and criteria used to make the decision

We will not take any bad action if your child's provider files a grievance or appeal for you.

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

To contact us you can:

- Call the Member Services Department, or
- Visit [MolinaHealthcare.com](https://www.molinahealthcare.com), or
- Write a letter telling us what you are unhappy about. Be sure to put you and your child's first and last name, the number from the front of your child's Molina Healthcare member ID card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.
- Mail your letter to:
 - Molina Healthcare of Mississippi, Inc.
 - Attention: Grievance & Appeals Department
 - 1020 Highland Colony Parkway, Suite 602
 - Ridgeland, MS 39157
 - Fax: (844) 808-2407

If you need a copy of the Molina's Grievance/Appeal Form, you may call Member Services or visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com).

If you send us your grievance/appeal request in writing, please include the following information:

- You and your child's first and last name
- Your signature
- Date
- Your child's Member ID number which can be found on the front of his or her Molina member ID card
- Your address and telephone number
- Your child's PCP's name and telephone number
- A description of the issue
- Any records related to your request

Filing a complaint, grievance, or appeal will not affect the way Molina Healthcare of Mississippi or its providers treat you and your child.

Complaints and grievances

If you are unhappy with your child's medical care or the service your child is getting from Molina and/or its providers, you can file a complaint. You can file a complaint over the phone or in writing. Complaints must be filed within thirty (30) calendar days from the date of the event causing your dissatisfaction. Complaints are considered less serious or formal.

All complaints are resolved within one (1) calendar day from when we get the complaint. We will call you within twenty-four (24) hours if for any reason we cannot resolve the issue during the initial contact. If we cannot resolve your complaint within (1) calendar day of getting it, your complaint will be treated as a formal grievance.

You may file a grievance over the phone or in writing at any time. A grievance is an expression of dissatisfaction, regardless of whether you call it a "Grievance", received by Molina verbally or in writing about any matter or aspect of Molina or its operation, other than a Molina Adverse Benefit Determination.

Examples of complaints and grievances are, but are not limited to:

- You have a problem with the quality of your child's care
- Wait times are too long
- Your child's PCP or the PCP's staff is rude
- You can't reach someone by phone
- You are not able to get information
- A PCP's office is not clean
- Your child's enrollment with Molina ends and you did not ask for this
- You cannot find a provider in your area
- You are having trouble getting your child's prescription
- Molina extended the timeframe for resolving a grievance or appeal

We will send you a letter letting you know that we got your grievance within five (5) calendar days of getting your grievance. We may call your child's provider or get help from other Molina departments to investigate your grievance. You will get a letter with the outcome of your Grievance as quickly as your health condition requires, but no later than thirty (30) calendar days from when we got your grievance.

You can ask for up to fourteen (14) extra calendar days to resolve your grievance. Also, Molina can take up to fourteen (14) extra calendar days if we need more information for your grievance. We will call you and send you a letter within two (2) calendar days of extending the timeframe. The letter will include the reason why we need more time and how the delay is in your best interest.

At any time you may request a copy of your file, medical records or any material free of charge.

Appeals

If you got a Notice of Adverse Benefit Determination (denial letter) and you are unhappy with Molina's decision, you can ask for an appeal. An appeal is a request to look at an adverse benefit determination made by Molina. An adverse benefit determination (a decision not made in your favor) can be:

- Limiting or denying services;
- Reducing services;
- Suspending services;
- Terminating services;
- Denying payment for services;
- Failing to provide services in a timely manner;
- Failing to resolve appeals and grievances within timeliness guidelines;
- For a resident of a rural area with only one (1) Managed Care Organization in the area, the denial of a request to exercise his or her right to get services outside the Molina network;
- The denial of a request to dispute a financial responsibility, including cost sharing, co-payments, premiums, deductibles, coinsurance, and other member financial responsibilities; or
- If applicable, decisions by skilled nursing facilities and nursing facilities to transfer or discharge residents and adverse determinations made by a State about the preadmission screening and annual resident review requirements.

All appeals must be filed within sixty (60) calendar days from the date on the Notice of Adverse Benefit Determination (denial letter). You can file an appeal over the phone or in writing.

We will send you a letter letting you know that we got your appeal within ten (10) calendar days of getting the appeal. We may call your child's provider or get help from other Molina departments to investigate your appeal. You will get a letter with the outcome of your appeal as quickly as your child's health condition requires, but no later than thirty (30) calendar days from when we got the appeal request.

You can ask for up to fourteen (14) extra calendar days to resolve your appeal. Also, Molina can take up to fourteen (14) extra calendar days if we need more information for your appeal. We will call you and send you a letter within two (2) calendar days of extending the timeframe. The letter will include the reason why we need more time and how the delay is in your best interest.

You have the opportunity to present Molina with evidence of the facts or law about your case, in person or in writing. Your appeal will be looked at by an individual with the appropriate clinical knowledge for your child's condition. In order to be fair, your appeal will be looked at by someone who was not involved in any previous level of review and is not an employee of the individual who made the first decision.

You, or someone legally authorized to do so, can ask us for a complete copy of your case file at any time, including medical records (subject to Health Insurance Portability and Accountability Act (HIPAA) requirements), a copy of the guidelines (criteria), benefits, other documents and records, and any other information related to your appeal. These can be provided free of charge.

Expedited appeals

You, your child's provider, or your authorized representative can ask for an expedited (fast) appeal if you think that waiting thirty (30) calendar days for an appeal decision could put your life, health, or your ability to attain, maintain, or regain maximum function in danger. Molina can also expedite (rush) your appeal request based on the information we get.

Molina will decide if your request meets the guidelines for an expedited appeal resolution within twenty-four (24) hours of getting your expedited appeal request. If your appeal request does not meet the guidelines for an expedited (fast) appeal, we will still process your plan appeal within the regular thirty (30) calendar day timeframe. We will call you and send you a letter with this information within two (2) calendar days of getting your expedited appeal request.

If we do expedite (rush) your plan appeal, we will call you and send you a letter with the appeal resolution within seventy-two (72) hours of getting your expedited appeal request. Expedited (fast) appeals will be resolved as quickly as your health condition requires, but no more than seventy-two (72) hours from when we get the expedited appeal request. Please note the limited time available to present evidence if we expedite your appeal.

You can ask for up to fourteen (14) extra calendar days to resolve your expedited appeal. Also, Molina can take up to fourteen (14) extra calendar days if we need more information for your expedited appeal. We will call you and send you a letter within two (2) calendar days of extending the timeframe. The letter will include the reason why we need more time and how the delay is in your best interest.

At any time you may request for a copy of your file, medical records or any material free of charge.

Independent external review

If you are unhappy with an appeal decision that was made not in your favor, you or Authorized Representative can ask for an independent external review. You can ask for an independent external review within one hundred twenty (120) calendar days of Molina's notice of appeal resolution unless an acceptable reason for delay exists. An acceptable reason for delay includes, but is not limited to, situations or events where:

- You were seriously ill and were prevented from calling Molina;
- You did not get the notice of Molina's decision;
- You sent the request for Appeal to another government agency in good faith within the time limit; and
- Unusual or unavoidable circumstances prevented a timely filing.

You must first complete a plan-level appeal before asking for an independent. To ask for an independent external review, you may submit your request to the Molina Appeals and Grievance department. The Appeals and Grievance team will submit the Independent external review to the MLS Group of Companies for review; the MLS Group of Companies will contact you when the review is completed. Please submit your request to the following:

Independent External Review Request
Attn: Member Grievance & Appeals
1020 Highland Colony Parkway, Suite 602
Ridgeland, MS 39157
Fax Number: (844) 808-2407

The MLS Group of Companies does not have any ties to Molina. The MLS Group of Companies will let you know in writing when they have received your independent external review request and of the independent external review decision in writing. Molina will meet the terms of the Independent

external review decision made by the MLS Group of Companies. The decision made by the MLS Group of Companies in these matters will be final.

When your appeal is about services your child was getting, but they ended or were decreased, you can continue getting services during the independent external review. If your child continues getting services, there will be no change in services until a final Independent external review decision is made. Please be sure to tell us if you want your child's services to continue.

If your child continues getting services and the services are still denied after an independent external review, we may ask that you pay for the cost of those services. We will not take away your child's CHIP benefits. We cannot ask your family or legal representative to pay for the services. Molina will meet the terms of the independent external review decision made by the MLS Group.

The MLS Group decision in these matters will be final. If the independent external review decision is to reverse an Adverse Benefit Determination made by Molina, Molina will pay for all costs associated with the hearing.

Member rights and responsibilities

Did you know that as a member of Molina Healthcare, you and your child have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your child, your provider and Molina Healthcare ensure that you get the covered services and care that your child needs. These rights are posted at [MolinaHealthcare.com](https://www.molinahealthcare.com). You and your child have the right to:

- To be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy
- To request and obtain information on any limits of your freedom of choice among network providers
- To a prompt and reasonable response to questions and requests
- To know who is providing medical services and who is responsible for your care
- To know what patient support services are available, including whether an interpreter is available if you do not speak English
- To know what rules and regulations apply to your conduct
- Receive information in a manner and format that may be easily understood
- To be given by health care provider information concerning diagnosis, planned course of treatment, treatment options, alternatives, risks, and prognosis in a manner appropriate to your condition and ability to understand
- To be able to take part in decisions about your health care
- To have an open discussion about your medically necessary treatment options for your conditions, regardless of cost or benefit
- To be free from any form of restraint or seclusion used as means of coercion, discipline, convenience, or retaliation, as specified in other Federal regulations on the use of restraints and seclusion
- To request and receive a copy of your medical records, and request that they be amended or corrected

- To be furnished health care services in accordance with federal and state regulations except as related to medically necessary services and the time frames set forth by federal and state regulations.
- To refuse any treatment, except as otherwise provided by law
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for your care
- If you are eligible for Medicare, to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate
- To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care
- To receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have the charges explained
- To impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment
- To know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research
- To receive information about Molina Healthcare, its services, its practitioners and providers and members' right and responsibilities
- To request and obtain information on any limits of your freedom of choice among network providers
- Free exercise of rights and the exercise of those rights do not adversely affect the way the Molina and its providers treat you.
- To receive information about the structure and operation of Molina
- To make recommendations about Molina Healthcare's member rights and responsibilities policies
- To voice complaints or appeals about the organization or the care it provides
- To express grievance regarding any violation of your rights, through the grievance procedure of the health care provider or health care facility which served you and to the appropriate state licensing agency listed below

Mississippi Division of Medicaid
 550 High Street, Suite 1000
 Jackson, MS 39201
 Phone: (800) 421-2408
 (Deaf and Hard of Hearing dial 711).

You and your child are responsible

- For providing to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his or her health
- For the cost of unauthorized services obtained from non-participating providers.

- For reporting unexpected changes in your condition to the health care provider
- For reporting to the health care provider whether you comprehend a contemplated course of action and what is expected of you
- To follow the care plan that you have agreed on with your provider
- For keeping appointments and, when you are unable to do so for any reason, to notify the health care provider or healthcare facility
- For your actions if you refuse treatment or do not follow the health care provider's instructions
- For assuring that the financial obligations of your health care, if any, are fulfilled as promptly as possible
- For following health care facility rules and regulations affecting patient care and conduct
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible
- To report truthful and accurate information when applying for Medicaid (You will be responsible to repay capitation premium payments if your Enrollment is stopped due to failure to report truthful or accurate information)
- To inform Molina of changes in family size, address changes, or other health care coverage

Advance directives or living will

You have the right to make choices about your health. You have the right to have or not have medical care. You can make this happen at any time. This form is called an Advance Directive or Living Will. This form allows your family and provider to know what care you want or don't want. It also says when to stop care that will continue your life in case of a serious illness.

The Living Will is a form that helps others gives you the care that you want even when you are not able to make decisions for yourself. The form can list the name of someone you trust to make these choices for you. This is in case you are not able to do so.

How can I get more information on living wills?

We can tell you more about Advance Directives or Living Wills. Call Member Services.

If you have a Living Will or Advance Directive and your provider will not follow it, you or your representative can file a complaint with the State Department of Health. To file a complaint, you may call (866) 458-4948.

Fraud and abuse

Molina Healthcare's Fraud and Abuse Plan benefits Molina, its employees, members, providers, payers and regulators by increasing efficiency, reducing waste, and improving the quality of services. Molina Healthcare takes the prevention, detection, and investigation of fraud and abuse seriously, and complies with state and federal laws. Molina Healthcare investigates all suspected cases of fraud and abuse and promptly reports to government agencies when appropriate. Molina Healthcare takes the appropriate disciplinary action, including but not limited to, termination of employment, termination of provider status, and/or termination of membership.

You can report potential fraud, waste and abuse without giving us your name.

To report suspected Medicaid fraud, contact Molina Healthcare Alert Line at:

Toll free, (866) 606-3889

Or

Complete a report form online at: MolinaHealthcare.alertline.com.

Definitions:

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (42 CFR §455.2)

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

Here are some ways you can help stop fraud:

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

Member privacy

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

Why does Molina use or share you or your child's Protected Health Information (PHI)?

- To provide for your child's treatment
- To pay for your child's health care
- To review the quality of the care your child gets
- To tell you about your choices for your child's care
- To run our health plan
- To share PHI as required or permitted by law

The above is only a summary. Our Notice of Privacy Practices gives more information about how we use and share our members' PHI. You may find our full Notice of Privacy Practices on our website at MolinaHealthcare.com.

Definitions

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

Authorization – An approval for a service.

Covered services – Services and supplies covered by Molina Healthcare.

Co-payment – A co-payment, or copay, is a fee that you may need to pay each time your child visits their provider or emergency room.

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

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

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

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

Out of pocket maximum (copay maximum) – A limit to the amount you pay in copays during your child's coverage period.

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

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

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

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

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

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

Specialist – A provider who focuses on a specific kind of health care. Help with medicines.

