Important Numbers

Member Service

TTY English (Hearing Impaired) .................................................. 1-800-955-8871
TTY Spanish (Hearing Impaired) .................................................. 1-877-955-8773

24 Hour Nurse Advice Line (English) ........................................... 1-888-275-8750
(Spanish) .......................................................... 1-866-647-3537

Agency for Health Care Administration ..................................... 1-888-419-3456
Florida’s Aging and Disability Resource Center: Elder Helpline ...... 1-800-96ELDER (35337)

You can also visit the website at: http://www.agingcarefl.org

To Enroll or Check Eligibility: Choice Counseling ..................... 1-877-711-9662
TTY/TTD ........................................................................ 1-866-467-4970
Fax ........................................................................... 1-850-402-4679

A Medicaid Fair Hearing: Office of Appeals Hearing .................. 1-850-648-3537
Fax ........................................................................... 1-850-487-0662

The Department of Children and Families (DCF) ......................... 1-866-762-2237
To Report Physical Abuse: National Domestic Violence Hotline .. 1-800-799-SAFE (7233)
TTY ........................................................................... 1-800-787-3224
To Report Healthcare Fraud and Abuse: Statewide Abuse Hotline 1-800-96ABUSE (22873)

Help With Alcohol or Drug Problem: Nationwide Phone Numbers
Alcohol ........................................................................ 1-800-859-1767
Drug ........................................................................ 1-866-859-1767

Behavior Health: Beacon Health Options .................................. 1-855-371-3945
24 hours a day, 365 days a year
Access Behavioral Health ................................................... 1-866-477-6725
24 hours a day, 365 days a year
(Escambia, Okaloosa, Santa Rosa, Walton Counties only)

Dental Benefits: Dentalquest ................................................... 1-888-696-9541
Eye Care/Eyeglasses: March Vision ........................................... 1-888-493-4070
iCare Health Solutions ......................................................... 1-866-472-4585
(Baker, Charlotte, Clay, Collier, Desoto, Duval, Escambia, Flagler, Glades, Hardee, Hendry, Highlands,
Hillsborough, Lee, Manatee, Nassau, Okaloosa, Polk, Santa Rosa, Sarasota, St. Johns, Volusia, and Walton
Counties only)

A Ride to a Doctor’s Office: Logisticare .................................... 1-866-528-0454
Secure Transportation (Miami Dade & Monroe Counties only) .... 1-877-775-7340

Area Medicaid Offices
Area 4 – Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia Counties ........ 1-904-359-6046
Area 7 – Brevard, Orange, Osceola, and Seminole Counties ................... 1-407-420-2500
Area 9 – Indian River, Okeechobee, Martin, Palm Beach, and St Lucie Counties 1-561-712-4400
Area 11 – Miami-Dade and Monroe Counties .................................... 1-305-593-3000
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Welcome to Molina

Dear Member,

Welcome to Molina Healthcare of Florida, Inc. Thank you for picking Molina as your health plan. Molina contracts with state governments and operates as a Managed Care Plan. Molina provides high quality of service to people who qualify for Medicaid. Our goal is to help you and your family with your medical needs. We have employees ready to help you with questions or concerns. If you want to know about the structure and operations of the plan call us at 1-866-472-4585.

Your Member Handbook will help you with:

• Your Benefits
• How to get care
• Important Phone numbers
• Your PCP

Please read this handbook carefully. Our goal is to make this handbook a useful tool for you. This is why we review it every year. It lets you know how to get medical care or services. You might need this book in another language. Call the Member Services Department at 1-866-472-4585 or for TTY/TDD 1-800-955-8771.

You can also ask for this book or other materials in:

• Large Print
• Braille
• Audio (sound)

These requests are free. You can call the Member Services Department at 1-866-472-4585, Monday to Friday, 8:00 am to 8:00 p.m. You may also go to the website at www.molinahealthcare.com without having to log in. You can print a copy of the Member Handbook.
Welcome to the Molina Healthcare of Florida Family!

Molina is part of the Molina Healthcare family. Molina is a nationally known provider for health care. Molina covers 2.1 million members in 11 states. Molina currently serves over 90,000 Florida Medicaid members just like you. Molina will serve counties through the MMA program in:

- Baker
- Duval
- Indian River
- Nassau
- Osceola
- St. Lucie
- Brevard
- Dade
- Martin
- Okeechobee
- Palm Beach
- St. John
- Clay
- Flagler
- Monroe
- Orange
- Seminole
- Volusia

As a new member it’s important that you complete this checklist:

1. **Review your Member Welcome Kit**
   You will get a Molina ID card and new member kit. It’ll include helpful information about your benefits. It’ll also have contact information and important forms like your Medical Release Form.

2. **Verify your Member ID card**
   You will get your ID card in a separate mailing. You should take a moment to review your ID Card. Each member of the family will get a separate ID card. If you didn’t get your ID card contact Member Services.

3. **Verify your Primary Care Physician (PCP)**
   Your PCP’s name and phone number are on your ID card. If the doctor on your ID card is wrong, call our Member Service Department. We will help you change your PCP. You will get a new ID card if you change your PCP.

4. **Schedule an Appointment with your PCP**
   This first visit will help your doctor get to you and help your stay well. If you need help getting an appointment call our Member Service Department. We can help you find a doctor and set an appointment.

5. **Complete your Health Risk Assessment**
   You will receive a call regarding a short survey. The survey will help determine if you are getting the right service. We can see if you are eligible for additional health management programs.

6. **Read Your Member Handbook**
   It is important that you read your Member handbook. This handbook has important information about your benefits. It also has information about your rights and responsibilities.
Molina’s Member Services Department

The Member Services Department can answer all your questions. You may call us at 1-866-472-4585 or 1-800-955-8771 (TTY/TDD), Monday to Friday, 8:00 am to 8:00 pm, but not on state approved holidays. We can help you in English, Spanish or Creole. We are ready to talk to you in another language. This is at no cost to you.

When you call us, please have your ID card so we can help you with:

- Your benefits
- PCP changes
- How to get care
- Info on doctors
- Wellness programs
- Your concerns
- Doctor Appointments

If you call when we are closed, please leave a message. We will call you back the next working day. If you have an urgent question, you may call our 24 Hour Nurse Advice Line at 1-888-275-8750 or 1-866-648-3537 for Spanish. Our nurses are able to help you 24 hours a day and 7 days a week.

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 doctor or provider. A translator can help you:

- Make an appointment
- Talk with your doctor or nurse
- Get emergency care
- File a complaint, grievance, or appeal
- Get help about taking medicine
- Follow up about prior approval you need for a service
- With sign language

This is a free service. If you need a translator, call the Member Services Department at 1-866-472-4585.

If you are hearing or sight impaired, Molina can help you. You may ask for the member materials in braille. You can also have them in large print or audio. You can call our TTY/TDD line 1-800-955-8771 (English) or 1-877-955-8773 (Spanish). All these services are free of charge.

After-Hours

You might need to call your doctor when the office is closed. All doctors have back-up coverage for their patients 24 hours a day, 7 days a week.

Your doctor may have an answering service where someone can help you. They may have another doctor covering for them. This may happen when the office is closed or your doctor is away. The other doctor’s office may help you:

- Over the phone
- By asking you to visit their office
- By telling you to go to the urgent care center.

Molina Healthcare has a 24-Hour Nurse Advice Line to help you understand and get the medical care you need.

You can call the Nurse Advice Line, 24 hours a day, 7 days a week at:

- 1-888-275-8750 or 1-866-648-3537 for Spanish.
- For TTY/TDD, please call 1-866-735-2929 or 1-866-833-4703 for Spanish.

They can help you:

- If you need to see a doctor right away
- Get Care
- Find an urgent care center close to home
Sometimes you may need to make changes. Changes like to your:

- Name
- Physical address
- Mailing address
- County
- Telephone number

If you do need to make changes, you will need to call:

- Molina’s Member Services Department at 1-866-472-4585
- Department of Children and Family at 1-866-762-2237
- Social Security Administration Office at 1-800-772-1213

Call 911 or find an emergency room near you
Make an appointment
Answer questions you may have

The Nurse Advise Line has trained nurses always ready to answer questions about:
- Where to go for the right care
- Prenatal care for pregnant women
- Your new baby
- If your child is sick
- Diabetes or heart disease
- Accidents and injuries
- Drugs you are taking

**Your Identification (ID) Card**

You will receive an ID card from Molina. Please review your ID card as soon as you get it to make sure it’s correct.

Each member of your family who has Molina will have their own ID card. This card replaces your Medicaid card.

Your ID card lists:

- Your Name
- Your PCP
- PCP’s phone number
- The date you became part of Molina

It has important info for you and your doctors. Please have this card with you at all times. This means you need your ID card when you:

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

Call the Member Services Department if you:

- Did not get your ID card
- Need to make changes
- Lost your ID card.
Primary Care Physician (PCP)

What is a PCP?

A PCP is a doctor who helps you when you are sick and can also help you stay healthy. You may think you don’t need a doctor until you are sick. This is not the best time for you to meet your doctor for the first time. Call your PCP to make your first appointment. Your PCP’s name and telephone number are printed on your Molina Healthcare ID card. This first visit will help your doctor get to know you and help you stay well. If you need help getting an appointment call our Member Services Department. We can help you find a doctor and set an appointment. Go to your Molina PCP for:

- Check-ups
- Test and Results
- Shots
- Illnesses
- Hospital Visits
- Prescriptions

Seeing a doctor for check-ups helps find problems early. If you need special care, your PCP will help you. Your doctor works with you to keep you and your family healthy.

It’s important for you to have regular check-ups, tests and shots. This will help you stay healthy. You can go to our website at www.molinahealthcare.com to find the preventive care guidelines, under Health & Wellness. You must pick the form per your or your family’s age. You might need to know when your need a shot or when you or your family needs to see the doctor. If so, you can go to www.molinahealthcare.com. You can make a copy of these forms and keep them with you. If you want a copy, you can also call the Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.

What if I didn’t pick a primary care physician (PCP)?

If you didn’t pick a PCP, Molina will pick one for you. Molina picks a doctor:

- Closest to where you live
- That is the same for other family members
- That is a pediatrician if under 18 years of age.
- Who speaks your Language
- That your family or children already have
- Based on PCP Performance Measures

You might not like the PCP we gave you. If so, call the Member Services Department. They can help you change the PCP.

Changing My PCP

You can pick a PCP from our provider directory. You can also call the Member Services Department. PCP’s can be the following specialties:

- General Practice
- Family Practice
- Family Medicine
- Internal Medicine
- Pediatricians
- Obstetricians

Note: Obstetricians – for pregnant woman only

If you want to change your PCP, you must first call the Member Services Department at 1-866-472-4585 and ask for a new PCP. You may also change your PCP on our website at www.molinahealthcare.com.

Each member of your family may have a different PCP based on each family member’s need. You may also pick the same PCP for the entire family. Molina understands you need to have a provider that speaks your language. Molina is sensitive to the needs of many cultures and traditions.

You can change your PCP at any time. If you call to change your PCP before the 25th of the month, the change will be start the 1st day of that same month. If the change is made after the 25th of the month, the change will be start on the first day of the next month. You will be sent a new ID card. The ID card will have the new PCP’s name and phone number.

If your PCP has changed, call your new doctor to fill out a Medical Records Release Form. This will help your new doctor get your medical records from your old doctor. The form is in your welcome packet. If you need a copy of the form, you may call the Member Services Department at 1-866-472-4585. You can also go to our website at www.molinahealthcare.com.

Choosing a Provider

You must choose doctors or providers that are part of the Molina plan. If you don’t use one of our providers, we will not pay for your care. This is not true, when it’s an emergency. Call us or go to our website at www.molinahealthcare.com to find a provider.
Providers sign a contract with Molina. Molina doesn’t reward providers for choices they make on your care. We don’t give bonuses to our providers to give you less care. If you want to know more about how we pay our providers, call the Member Services Department at 1-866-472-4585 or 1-800-955-8771 (TTY/TDD). If you would like to know more about Molina providers, you can call us. You may want to know about:

- The provider’s qualifications
- The medical school they went to
- Where they did their training
- Board certification
- What languages they speak
- What hospital they have access to
- Performance Measures

Molina tries to make sure that our offices are easy to get to if you are disabled. We also try to be sure our provider offices are easy to get to. The same is true for hospitals and other providers. We can help you find a provider whose office has these services. Call the Member Services Department if you need help.

Molina’s providers must meet our values. We want you to have the best care. We review if a provider should be added to our group. Every three years all providers are checked to make sure they meet our rules. If you like to know this process, you may call Member Services.

If you need to see a doctor that is not in the plan, it must be approved. Your doctor will need to call for the approval. You can call the Member Services Department for help.

**Provider Directory**

The Provider Directory is a list of all the providers that are part of Molina. It’s updated every six months. You can find:

- Provider by type of provider
- Office hours
- Addresses
- Telephone numbers
- Languages they speak
- Age limits
- If the doctor is taking new patients

The online provider directory has the latest provider listing. It’s updated every week. It’s on our website at www.molinahealthcare.com. You can look up doctors by:

- Name
- Provider Type
- Close to where you live
- Zip Code
- Languages they speak
- The provider accepting new patients

If you need a copy of the provider directory, you can call the Member Services Department at 1-866-472-4585. You can also get a copy at our website at www.molinahealthcare.com.

**Specialists**

Your PCP will take care of most of your needs. There will be times when you will need to see other types of doctors. These doctors are called specialists. You don’t need a referral to see a specialist. When you need to see a specialist, choose one that is part of the Molina plan.

Examples of specialists are:

- Cardiologists
- ENTs physicians (Ear, Nose & Throat)
- Neurologists
- Allergists
- Endocrinologist

You may need help getting a specialist that’s part of the Molina plan. If so, call the Member Services Department at 1-866-472-4585 or 1-800-955-8771 (TTY/TDD). You might need a provider that is not part of Molina. If this happens, call your PCP. You will need to get approval from Molina.

If your Specialist has changed, call your new doctor to fill out a Medical Records Release Form. This will help your new doctor get your medical records from your old doctor. The form is in your welcome packet. If you need a copy of the form, you may call the Member Services Department at 1-866-472-4585. You can also go to our website at www.molinahealthcare.com.
You don't need to see your PCP to see these specialists

- Gynecologist
- Dermatologist
- Psychologist
- Chiropractor

Hospitals

Your PCP or specialist might need to send you to a hospital. They might send you for inpatient or outpatient services. Your doctor will take care of these needs. They will get any needed prior approval so you can get the care you need.

Making an Appointment

You should see your PCP in 90 days of becoming a member. We want you to see your doctor even sooner. We want you to get an appointment as quickly as:

- For Urgent Care – within (1) day of your request
- For Sick Care – Within (1) week of your request
- For Well Care Visit – within (1) month of your request

You might be having a hard time getting an appointment when you need one. Call Member Services for help. You can call them at or 1-800-955-8771 (TTY/TDD).

Don’t forget to take your Molina member ID card with you to all of your doctor’s visits. Please be on time so that you can be seen as planned.

Tips for Your Doctor Visit

- Plan Ahead
- Make your appointments at a good time for you
- Ask for office hours
- Write down your questions
- You might be shy. Take a friend or a family member
- Don’t wait until you are out of medicine
- Be sure you know how to take your medicine.
- Tell your doctor if you are drinking any teas or take herbs.
- Tell them about all vitamins or drugs you take.
- Try to give your doctor as much info as you can
- Tell your doctor if you don’t know what he or she is saying

If You Need to See a Doctor that is Not Part of Molina

You must see a provider that is part of Molina. An approval is needed if you need to see a doctor that is not part of Molina. Call Your PCP. They will help you get the approval. If you don’t get an approval, you will have to pay for these services. This is not true, if it’s an emergency.

You can also call Member Services Department at 1-866-472-4585 or for TTY/TDD at 1-800-955-8771.

If My Doctor is No Longer with Molina

If your doctor or specialist is no longer with Molina, we will send you a letter to let you know. This letter will have the name of your new doctor. You might not be happy with the new doctor we gave to you. Call the Member Services Department.

You may ask to stay with your current doctor until care is completed. The same is true for a specialist or hospital. The doctor or hospital must agree. If not, we will find you a doctor or hospital that is part of Molina.

Below are some reasons for special treatment:

- Your condition needs medical help right away.
- You have a “Serious Chronic Condition.” This can be a disease or illness. It can be a medical problem. It can also be a medical disorder. It’s a serious medical condition if:
  1. It lasts a long time without getting better. Or it gets worse.
  2. You need ongoing treatment to keep from getting worse.
  3. You are pregnant.

You have an “Acute Condition.” This means a medical condition with sudden symptoms. In this case, you may ask to stay with your doctor. This can be an illness or injury. It can be a medical problem that needs quick medical attention. It won’t last a long time. Examples are care for:

  1. Newborns
  2. Children younger than (36) months with special needs.
3. Persons with a terminal illness
4. If you have approval for surgery. It should take place within (180) days.

You may have the right to keep a doctor that is no longer with the plan for a certain period of time. If so, please call the Member Services Department. If you want a copy of the plan’s policy, you can also call the Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.

**Where to Go For Care**

The chart below tells you where to go for medical services. Look in the right side box to see what to do.

<table>
<thead>
<tr>
<th>Possible Problem:</th>
<th>Where to go/ Who to call</th>
</tr>
</thead>
</table>
| Emergency care. This means something that needs care right away | Call 911. Or go to the closest emergency room.  
911 is an emergency phone number. It works (24) hours a day, seven (7) days a week. It’s not in all areas.  
Poison Control Center 1-800-222-1222  
If it’s not an emergency, see urgent care. |
| Care needed when outside of service area. | If you need emergency care, go to the nearest emergency room.  
If it’s not an emergency, see urgent care. |
| Illness or injury that is not urgent | Call your PCP |

**Urgent Care**

- Physical exam  
- Check ups  
- Preventive care  
- Immunizations (shots)

- Call your PCP  
- Call a Federal Qualified Health Center  
- Call Rural Health Providers  
- Call County Health Department

**Family Planning and Women’s Health**

- Pregnancy tests  
- Birth control  
- Sterilization  
- Abortion

**To see a Specialist**

You may want to call your PCP first. Make sure you go see a specialist that is part of the Molina plan. You don’t need a referral to see a specialist.

**To go to a Hospital**

Call your doctor first. Your doctor will help you get any needed prior approval.

**To get a second opinion**

Call your PCP first. Your doctor will help you get prior approval.

**Laboratory Services**

You can call Quest Diagnostics at 1-866-MyQuest (1-866-697-8378). You can also visit [www.QuestDiagnostics.com/patient](http://www.QuestDiagnostics.com/patient) for a list of locations.
Prior Authorization

What is a Prior-Authorization?

Some services need an approval by Molina. When an approval is needed, it’s called a “prior -authorization”. Your doctor will take care of any prior approvals you need.

Molina wants you to get the care you need. We review your care as follows:

<table>
<thead>
<tr>
<th>Concurrent Review:</th>
<th>This means Molina reviews your care as you are getting it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retrospective Review:</td>
<td>This means Molina reviews your medical records after you have got your care</td>
</tr>
<tr>
<td>Case Management:</td>
<td>A Case manager is a trained nurse that works with you and your doctor. The case manager helps you get the care you need.</td>
</tr>
</tbody>
</table>

Molina gets approval requests. We take care of requests in fourteen (14) calendar days. If it’s a rushed request it will take seventy-two (72) hours. If it’s denied, a letter will be sent to you and your doctor. You might not be happy with the denial. Your letter will let you know how to appeal. You or someone you approve can appeal.

You may want to know why we approved or denied a request. If so, call Member Services. You can call them at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD. We will send you info on how decisions are made. We will tell you about how the approvals work. You can also talk to a Medical staff. You can call Member Services for this request.

When Do You Need Prior Authorization?

All Non-participating providers/services
Alcohol and Chemical Dependency Services
All Inpatient Admissions
Behavioral Health Services
Cardiac Rehab treatment
Cosmetic, plastic or reconstructive services
Dental general anesthesia
Dialysis – notification only
Durable Medical Equipment
Hearing aids

Experimental/Investigational Procedures
Genetic counseling and testing
Home Healthcare
Home Infusion
Outpatient Hospice & Palliative Care – notification only
Imaging such as CT, MRI, MRA, PET, SPECT
Neuropsychological Testing and Therapy
Occupational, Physical, Respiratory and Speech Therapy
Outpatient Hospital/Ambulatory Surgery Center
Pain Management Services
Pregnancy and Delivery – notification only
Prosthetics and Orthotics
Sleep Studies
Specialty Pharmacy such as:
  - Albutein
  - Gammagard
  - Makena
  - Procrit
  - Selzentry
  - Tracleer
  - Tyvaso
Transplants
Transportation – non emergent ground and air ambulance
Wound Therapy

When Do You NOT Need Prior Authorization?

When you have an Emergency
When you need Urgent Care
Family Planning services
OB/GYN services
Certified Nurse Midwife services
Certified Nurse Practitioner
Federal Qualified Health Care (FQHC) services
County Health Departments
Rural Health Care (RHC) services
Dermatology Services

You may want a full list what needs approvals. Call Member Services at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.
Second Opinions

You or your doctors have the right to ask for a second opinion. You can do so by calling the Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD. This will need to be approved.

You might want a second opinion if:

- You are not sure you need the care
- You are not sure of the doctor’s findings
- You have a difficult problem
- Your doctor is not sure of a right diagnosis.
- You have not improved.
- You are not satisfied with your doctor

If it’s approved, we can help you make your appointment. You will not have to pay for the services if approved. If we can’t find a doctor that is part of Molina, we will find a doctor for you.

If it’s not approved, we will send you a letter with the appeal rights. The letter will tell you how to appeal.

What is Urgent Care?

When you need care, you should call your doctor as soon as possible. There may be times when your doctor’s office is closed. If so, they may send you to an Urgent Care Center.

Urgent Care services can be:

- Minor injuries
- Minor illnesses
- High fever
- Simple fractures
- Flu
- Eye injuries
- Insect bites

You can find Urgent Care Centers in the provider directory. If you need help finding one call Member Services at 1-866-472-4585 or 1-800-955-8771 (TTY/TDD). You may also visit our website at www.molinahealthcare.com.

An Urgent Care Center is not an emergency room. You may not be sure if you need to go to the ER. Call Your PCP. You can also call our 24) Hour Nurse Advice Line. Your PCP or our nurses can help you decide what to do. The Nurse Advice Line telephone numbers are:

1-888-275-8750 (English)
1-866-648-3537 (Spanish)
1-866-735-2929 (TTY/TDD)
1-866-833-4703 (TTY/TDD in Spanish)

What is an Emergency?

An emergency needs to be taken care of right away. You don’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.

Some examples of emergency are:

- Pregnancy problems
- Seizures or convulsions
- Unusual or excessive bleeding
- Unconsciousness
- Overdose/Poison
- Broken bones
- Very Bad Pain
- Very Bad burns
- Trouble breathing
- Chest pains

Carry your Molina Member ID card with you. You might be told you need to stay at the hospital. If so, make sure they call Molina. Sometimes you might have to stay at a hospital that is not part of Molina, if this happens; we will try to move you to a hospital that is part of Molina. We will move you only if you are better.

If the emergency room doctor says that you don’t have to stay but you still stay, you may have pay.

You might need care after you leave the ER. If you do, don’t go to the ER for follow up care. If you need help seeing a doctor, call the Member Services Department at 1-866-472-4585 or 1-800-955-8771 (TTY/TDD)

If you don’t have an emergency, don’t go to the ER. Call your PCP. You can also visit an Urgent Care Center.

What is Post-Stabilization?

These are services you get after ER care. These services keep your condition stable. You don’t need approval for these services.

After your visit to the ER, you should call your doctor as soon as you can. Your doctor will help you get any
follow-up care you need. You can also call Member Services Department for help.

Out-of-Service Area

To get services you must be in Molina service area and see a doctor that is part of Molina.

Our service areas are:

- Baker County
- Brevard County
- Clay County
- Duval County
- Flagler County
- Indian River County
- Martin County
- Miami Dade County
- Monroe County
- Nassau County
- Okeechobee County
- Orange County
- Osceola County
- Palm Beach County
- Seminole County
- St Lucie County
- St. Johns County
- Volusia County

You might not be in any of our service areas. If this happens and you need care, call the Member Services Department at 1-866-472-4585 or 1-800-955-8771 (TTY/TDD). You can also call your PCP.

You must call us for approval before you get care in other areas.

Emergency care is covered while you are away. You can go to any hospital for emergency services. If it’s not an emergency, you must get care in our service area. The provider must also be part of Molina. Please try to call us as soon as you can, so we can help you get the care that you need. We can also help you get an approval.

Medical Services you get outside of the U.S are not covered.

Prescription Drugs

You must get go to a pharmacy that is part of the Molina plan. You might need help finding a pharmacy. If so, call the Member Services Department or visit the website. You can go to www.molinahealthcare.com. You will need your Molina ID card when you go to the pharmacy.

You must also have a prescription from your doctor.

Preferred Drug List

The Preferred Drug List (PDL) is a list of covered drugs. It’s reviewed and approved by doctors and pharmacists. They meet every three (3) months. They meet to review new drugs and changes in health care. Some drugs may be added. Sometimes drugs are taken off the list because of changes in medicine.

Most generic drugs are included in the PDL. There are drugs that may have a limit on how much you can get at one time and its strength. Sometimes you have to try other drugs first before we approve a drug that is on the PDL. This is called Step-Therapy.

Your doctor knows about:

- The drugs on the Preferred Drug List
- The drugs that need approval
- Limits on the amount
- Dose of the drugs you take
- Any drugs that are not covered
- How to process special requests

What is Prior Authorization or Prior Approval?

Some drugs need to be approved by Molina. They need to be approved before you can get them. This approval is called a prior authorization or prior approval (PA). Your doctor will get a PA for the drugs that need it. You can ask if there is another drug you can take that does not need a PA.

Your doctor may want to give you a drug that is not on the PDL. If this is true, your doctor will ask for an approval. Your doctor will call the Molina’s Pharmacy Department. We will answer your doctor in (24) hours. If it’s the weekend, we will answer the next working day. If the drug is approved, we will let your doctor know. If a request is denied, a letter will be mailed. The letter will let you know why it was denied. The letter will also let you know how to appeal.

You may be taking a drug that is no longer on our PDL. Your doctor can ask us to keep paying for this drug by asking for an approval. The drug must be safe and help you with your medical problem.

There are drugs that are not covered, for example some drugs for weight loss or cosmetic purposes. For a list of drugs that are covered or not covered, call the Member Services Department. You can call them at 1-866-472
4585 or 1-800-955-8771 for TTY/TDD. You can also go to the website at www.molinahealthcare.com. You may call the Member Services Department if you need:

- A copy of the Preferred Drug List
- Info about prescription drugs
- Info on step therapy
- Find out if a drug is covered
- Find out if a drug is not covered
- Find out limits on the amount and dose of drugs
- Find out how to appeal a decision

Your doctor will work with Molina to decide which drugs are best for you.

**Mail Service Pharmacy**

Molina wants to offer a time saving way to get your medicine. You can get a thirty (30) day supply. This is a great benefit. It’s easy and can save you time. You don’t have to go to the pharmacy every month. If you want more info, call the Member Services Department. They can help you sign up.

**Over the Counter Benefit (OTC):**

You have a $25.00 over-the-counter (OTC) benefit every month per family. You can show your Molina ID card and the Over-the-Counter benefit list at a Navarro Pharmacy. You can call 1-866-628-6733. Please note that a generic product will be given, if on hand. To get more info, call our Member Services Department at 1-866-472-4585 or for TDD/TTY at 1-800-955-8771. You may also go to the website at www.molinahealthcare.com.

**Psychotropic Drugs**

Molina will not pay for some drugs prescribed to a child under the age of (13), until a signed consent form from the parent or guardian is received. Your doctor must keep a copy of the form in your child’s medical record. You or the doctor will need to give the pharmacy the signed form with a copy of the prescription.

The pharmacy will not fill this medicine for your child without the completed form. A new form must be given to the pharmacy with every new prescription.

If you have any questions about these drugs, please ask your doctor. You may want to know which drugs need consent form. Call Member Services Department for a copy of the consent form, you may go to our website at www.molinahealthcare.com.

**Access to Behavioral Health Services**

Molina can help you get behavioral health services you and your family need. You must use a provider that is part of Beacon Health Options unless it’s an emergency. You can call Beacon Health Options at 1-855-371-3945. Your benefits cover:

- Inpatient services
- Outpatient services
- Doctor visits

You might need to find a doctor that is in the plan. If so, call Beacon Health Options. You need to see providers that are part of Beacon Health Options unless it’s an emergency. You don’t need a referral to see a doctor.

You can pick or change your behavioral health care provider or case manager at any time. If you want to change, call Beacon Health Options at 1-855-371-3945. Your case manager can also help you.

You can call Beacon Health Options, 24 hours a day, seven days a week.

We can help you by:

- Guiding you when you have an emergency situation. They are there if you have a potential 911 situation.
- Answering your questions about your behavioral benefits.
- Helping you find a provider that is part of Beacon Health Options. A list of providers in your area will be given to you.

When you need a doctor right away, we follow these rules:

- Urgent Care – within (1) day
- Sick Care – within (1) week
- Well Care – within (1) month

Some Behavioral Health Services include:

- Individual and Group Outpatient Psychotherapy
- Inpatient Behavioral Health Services
- Outpatient Behavioral Health Services
- Community Mental Health Services
- Mental Health Targeted Case Management
- Emergency Behavioral Health Services

For help getting any of these services, call Beacon Health Options.
at 1-855-371-3945. You can also call for a list of all covered services.

Non-emergency behavioral health services are:

- Individual, family, and group therapy
- Treatment provider by a psychiatrist or behavioral health provider
- Social rehabilitation
- Day treatment for adults and children
- Individual and family assessments
- Evaluations and testing services
- Treatment planning and review

If you are in a hospital these services are covered

- Room and board
- Nursing care
- Medical supplies
- All diagnostics and therapeutic services

If you have questions or need more info, call Beacon Health Options at 1-855-371-3945.

What to Do if You Are Having a Problem

You might be having any of these feels. If so call Beacon Health Options at 1-855-371-3945:

- Sadness that does not get better
- Feeling hopeless and/or helpless
- Guilt
- Worthlessness
- Difficulty sleeping
- Poor appetite or Weight loss
- Loss of interest
- Difficulty concentrating
- Irritability
- Hearing voices
- Seeing things that are not there
- Angry/bad-tempered
- Constant pain - head, stomach or back aches
- Thinking of hurting yourself or others

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

Functional harm that will likely cause death or serious harm to the body.

If you have an emergency, go to the closest hospital emergency room. You can go to any other emergency place right away. You can CALL 911. If you go to the ER, let your doctor and Beacon Health Options know as soon as you can.

What is Post-Stabilization?

These are covered services you get after ER care to keep your condition stable. Post stabilization care services don’t need to be approved.

You should call your doctor as soon as you can after your visit to the ER. Your doctor will help you get any follow-up care you need. If you need help, you may call the Member Services Department at 1-866-472-4585. If you are not certain what to do, call Beacon Health Options at 1-855-371-3945 and ask for help.

Out of Area Emergencies

If you have 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 ID card
- Call your doctor and follow-up within (24) to (48) hours

For out-of-area emergency care, the Plan will transfer you to a provider that is part of Beacon Health Options. We will only do this when you are well.

Behavioral Health Limitations and Exclusions

If you are 21 and older you are covered for no more than 45 days for medical and behavioral health days. Children under age 21 are covered for 365 days a year.

The Plan covers inpatient substance abuse services for pregnant women and those with complex medical conditions. All other members may obtain substance abuse services through Beacon Health Options. If you or a family member has a substance abuse problem, you should contact Beacon Health Options. You can also ask our Behavioral Health staff to help you with a referral. Then Beacon Health Options will coordinate services with the State Medicaid Program. You may also call the Member Services Department at 1-866-472-4585. In-patient detoxification services are covered for pregnant members only.
You must get covered services by providers that are part of the Molina plan. You must also make sure that approval is obtained if needed.

<table>
<thead>
<tr>
<th>Ambulance</th>
<th>Dermatology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance use is covered when:</td>
<td>Dermatology services are covered. You don't need a referral.</td>
</tr>
<tr>
<td>• You go to the hospital in an emergency</td>
<td></td>
</tr>
<tr>
<td>• You may need to be taken from one hospital to another. This will need to be approved by Molina.</td>
<td></td>
</tr>
<tr>
<td>• Used in a 911 situation</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Assistive Care Services</th>
<th>Diabetes Supplies and Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive Care Services are 24-hour services if you are in an assisted living facility, adult family care homes and residential treatment facilities.</td>
<td>Medically necessary equipment, supplies and services to treat diabetes. Self and education services are covered. We use the American Diabetes Association standards.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chiropractic</th>
<th>Dialysis – Free Standing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic services are covered. Prior approval is needed for more than 10 visits.</td>
<td>Dialysis services are covered and include:</td>
</tr>
<tr>
<td></td>
<td>• Routine laboratory tests</td>
</tr>
<tr>
<td></td>
<td>• Supplies</td>
</tr>
<tr>
<td></td>
<td>• Preventive care</td>
</tr>
<tr>
<td></td>
<td>• Diagnostic care</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Dental Services</th>
<th>Durable Medical Supply Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under the age of 21 are covered for the following:</td>
<td>Durable Medical Equipment (DME) is covered for children and adults. Adults have limited benefits.</td>
</tr>
<tr>
<td>• Diagnostic services</td>
<td>Examples of DME equipment are:</td>
</tr>
<tr>
<td>• Preventive treatment</td>
<td>wheelchairs, nebulizers, oxygen, C-PAP</td>
</tr>
<tr>
<td>• Restorative treatment</td>
<td></td>
</tr>
<tr>
<td>• Endodontic treatment</td>
<td></td>
</tr>
<tr>
<td>• Periodontal treatment</td>
<td></td>
</tr>
<tr>
<td>• Surgical procedures and/or extractions</td>
<td></td>
</tr>
<tr>
<td>• Orthodontic treatment</td>
<td></td>
</tr>
<tr>
<td>• Complete and partial dentures</td>
<td></td>
</tr>
<tr>
<td>• Emergency services</td>
<td></td>
</tr>
</tbody>
</table>

If you need dental services, you must go to a dentist who is part of DentaQuest. To find a dentist near you, you may call DentaQuest at 1-888-696-9541 for 1-888-466-7566 for TTY/TDD.

If you have a concern or any complaint, please call the Molina’s Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.

<table>
<thead>
<tr>
<th>Emergency Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergencies are covered at any hospital. They are available 24 hours a day, 7 days a week. You don’t need approval. Call 911 or go to the nearest emergency room.</td>
<td></td>
</tr>
<tr>
<td>Covered Services – Cont.</td>
<td></td>
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<td>-------------------------</td>
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<tr>
<td><strong>Family Planning Services</strong></td>
<td></td>
</tr>
<tr>
<td>Family Planning Services include:</td>
<td></td>
</tr>
<tr>
<td>- planning and referral</td>
<td></td>
</tr>
<tr>
<td>- education and counseling</td>
<td></td>
</tr>
<tr>
<td>- initial examination</td>
<td></td>
</tr>
<tr>
<td>- diagnostic procedures</td>
<td></td>
</tr>
<tr>
<td>- routine laboratory studies</td>
<td></td>
</tr>
<tr>
<td>- contraceptive drugs and supplies</td>
<td></td>
</tr>
<tr>
<td>- follow-up care</td>
<td></td>
</tr>
<tr>
<td>You may receive these services at:</td>
<td></td>
</tr>
<tr>
<td>- Your PCP</td>
<td></td>
</tr>
<tr>
<td>- Rural Health Centers</td>
<td></td>
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<tr>
<td>- County Health Departments</td>
<td></td>
</tr>
<tr>
<td>- Federal Qualified Health Centers</td>
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</tr>
<tr>
<td>No referral needed.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations are covered for children under the age of 21.</td>
</tr>
<tr>
<td>You will find a form under MemberResources/Preventive Health Guidelines in our website at <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>. The form is called child and adolescent immunizations. This will tell you when your child will need his or her shots. You can print it and keep it with you.</td>
</tr>
<tr>
<td>You might need copies. Call the Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient Hospital Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically needed and approved hospital care when you are in a hospital. Services covered:</td>
</tr>
<tr>
<td>- Room and board</td>
</tr>
<tr>
<td>- Nursing care</td>
</tr>
<tr>
<td>- Medical Supplies</td>
</tr>
<tr>
<td>- Diagnostic services</td>
</tr>
<tr>
<td>- Therapeutic services</td>
</tr>
<tr>
<td>- Drugs</td>
</tr>
<tr>
<td>For all non-pregnant adults over the age of 21, a maximum of 45 days of non-emergent services is covered. This is per fiscal year which is from July to June.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Imaging Services</th>
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</thead>
<tbody>
<tr>
<td>These are services such as:</td>
</tr>
<tr>
<td>- X-rays</td>
</tr>
<tr>
<td>- Portable X-rays</td>
</tr>
<tr>
<td>- MRIs</td>
</tr>
<tr>
<td>- CTs</td>
</tr>
<tr>
<td>- PET</td>
</tr>
<tr>
<td>Note: Some services require approvals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>You doctor will send lab work to Quest Diagnostics.</td>
</tr>
<tr>
<td>You might need to visit a location. You can a location near you by going to:</td>
</tr>
<tr>
<td><a href="http://www.QuestDiagnostics.com/patient">www.QuestDiagnostics.com/patient</a></td>
</tr>
<tr>
<td>You can also call Molina’s Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.</td>
</tr>
<tr>
<td>Covered Services – Cont.</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>Maternity Services</strong></td>
</tr>
</tbody>
</table>
| **Outpatient Hospital Services** | Medically necessary preventive and diagnostic services provided in an outpatient hospital setting. Outpatient hospital services include:  
- needed emergency room services  
- dressings  
- splints  
- oxygen  
- physician ordered services and supplies.  
Some outpatient services may have a dollar limit of $1500 per fiscal year (July – June). Some outpatient services require prior authorization. |
| **Podiatric Services** | Podiatric services include:  
- Routine services of the foot  
- Foot conditions such as injury, ulcers, wounds or infections. |
| **Prosthetics & Orthotics** | Prosthetics & Orthotics devices are covered. They need to be medically necessary and approved.  
Orthotic devices help correct weak or abnormal body part. These devices aid in limiting or reducing motion in a diseased or injured part of the body.  
Prosthetics are artificial devices that replace all or part of a permanent body part. |
| **Renal Dialysis Services** | Dialysis services are covered and include:  
- Routine laboratory tests  
- Supplies  
- Preventive care  
- Diagnostic care |
| **Sterilization** | Sterilization is a covered benefit. Please call your doctor. He or she can help you with any needed approvals and forms. |
| **Therapy Services** | Occupational, Physical, Respiratory and Speech therapies are covered under the age of 21.  
These services are covered for adults ages 21 and over in an outpatient hospital setting. |
| **Transplants** | The following transplants are covered:  
- Bone Marrow  
- Cornea  
- Heart  
- Kidney  
- Liver  
- Lung  
- Pancreas  
Transplants must be medically necessary. They must be approved. Evaluations are covered for all transplants. Pre and Post care is covered for all transplants including those that are not covered by Molina. Donor services are NOT covered. |
| **Transportation Services** | Transportation Service is covered if you don’t have another way of getting to a covered service.  
You can call Logisticare at 1-866-528-0454  
**For Region 11 Members Only** (Miami-Dade & Monroe Counties only):  
You can call Secure Transportation at 1-877-775-7340  
If you have a concern or any complaint, please call the Molina’s Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD. |
## Covered & Expanded Services

<table>
<thead>
<tr>
<th>Art Therapy</th>
<th>Hearing Services</th>
</tr>
</thead>
</table>
| Art therapy can help you with anxiety, stress, or trauma. This service provides:  
  - art therapy training,  
  - consultations, and  
  - art supplies  
Prior approval is needed. If you more info call Molina’s Member Services at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD. | Hearing services include:  
  - Newborn hearing screenings,  
  - Medically necessary evaluation,  
  - Diagnostic testing,  
  - Hearing aids  
  - Hearing aid fitting and dispensing,  
  - Hearing aid repair and accessories |

<table>
<thead>
<tr>
<th>Adult Dental Services</th>
<th>Home Delivered Meals</th>
</tr>
</thead>
</table>
| For adults over 21 years of age, Molina will cover the following services:  
  - Dental cleaning – twice a year  
  - Fluoride treatments – twice a year  
  - X-rays – once a year  
  - Annual exams – once a year  
  - Restorative services as follows:  
    - Fillings – amalgam for 1-2 surfaces (3 per year)  
    - Fillings - amalgam for 3 surfaces (1 per year)  
    - Fillings – resin-based composite for 1-2 surfaces (3 per year)  
    - Fillings – resin-based composite for 3 surfaces (1 per year)  
    - Emergency dental for pain and infection  
If you need dental services, you must go to a dentist who is part of DentaQuest. To find a dentist near you, you may call DentaQuest at 1-888-696-9541 for 1-888-466-7566 for TTY/TDD.  
If you have a concern or any complaint, please call the Molina’s Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD. | Molina offers home delivered meals after an inpatient hospital stay. This needs approval. Molina will cover 3 meals a day for 7 days. |

<table>
<thead>
<tr>
<th>Flu Vaccine</th>
<th>Medically Related Lodging and Food</th>
</tr>
</thead>
</table>
| Molina will offer the vaccine for adults 21 and over (once a year). Covered through a participating CVS pharamacy. | This service covers housing and food for you and another person. This is when medically necessary services are needed.  
  - These services should be more than 150 miles one way from your home.  
  - One overnight stay required  
Housing and meals are covered up to a maximum of $125 per day. If another person will be with you, the maximum is $165 per day  
These services need approval. |

**Home Health Care and Nursing Care Services**  
- **Home Health visits (nurse and home health aide)**  
- Private duty nursing  
- Personal care services for children  
- Therapy services  
- Medical supplies  
- Durable medical equipment such as wheelchairs, nebulizers, oxygen, C-PAP  
**Unlimited visits per day (non-pregnant adults).**

**Flu Vaccine**  
Molina will offer the vaccine for adults 21 and over (once a year). Covered through a participating CVS pharamacy.  
Molina will offer the vaccine for adults 21 and over (once a year). Covered through a participating CVS pharamacy.
### Covered & Expanded Services – Cont.

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Pet Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Services</td>
<td>Pet Therapy are services where pets are sent to your home for regular visits. This will help you reduce your stress levels and increase your sense of well-being. This benefit needs prior approval</td>
</tr>
<tr>
<td>Physician Home Visits</td>
<td>If you need info, call Member Services at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.</td>
</tr>
<tr>
<td>Pneumonia Vaccine</td>
<td>Molina will offer the vaccine for adults 21 and over. Covered through a participating CVS pharmacy.</td>
</tr>
<tr>
<td>Primary Care Visits</td>
<td>Unlimited eye exams and eyeglasses if medically necessary.</td>
</tr>
<tr>
<td>Prenatal and Postpartum Visits</td>
<td>If you need vision care, you must go to a doctor that is part of March Vision Care. To find a vision care center close to you, call 1-888-493-4070. You may also visit March Vision Care’s website at <a href="http://www.marchvisioncare.com">www.marchvisioncare.com</a></td>
</tr>
<tr>
<td>Vision Services</td>
<td>For Region 4 Members Only (Baker, Charlotte, Clay, Collier, Desoto, Duval, Escambia, Flagler, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Nassau, Okaloosa, Polk, Santa Rosa, Sarasota, St. Johns, Volusia, and Walton Counties):</td>
</tr>
<tr>
<td>Over the Counter (OTC) Pharmacy Benefits</td>
<td>If you have a concern or any complaint, please call the Molina’s Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic mammograms</td>
<td>Molina covers up to 4 doctor home visits per month per member per specialty. This is for care of a chronic illness. This needs prior approval</td>
</tr>
<tr>
<td>Screening mammogram</td>
<td>Molina will offer the vaccine for adults 21 and over. Covered through a participating CVS pharmacy.</td>
</tr>
<tr>
<td>OB ultrasounds</td>
<td>Unlimited eye exams and eyeglasses if medically necessary.</td>
</tr>
<tr>
<td>Free diagnostic mammograms</td>
<td>If you need vision care, you must go to a doctor that is part of March Vision Care. To find a vision care center close to you, please call the Molina’s Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.</td>
</tr>
<tr>
<td>Free OB ultrasounds</td>
<td>Molina covers pre and post-partum maternity care with an OBGYN that is part of the Molina Plan. Molina covers up to 12 prenatal visits and up to 16 prenatal visits for high-risk pregnancies. This does not need prior approval.</td>
</tr>
<tr>
<td>Prenatal and Postpartum Visits</td>
<td>If you have a concern or any complaint, please call the Molina’s Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.</td>
</tr>
<tr>
<td>Over the Counter (OTC) Pharmacy Benefits</td>
<td>You have a $25 maximum per month for OTC drugs. You must use a Navarro Pharmacy. You can call 1-866-628-6733. You can also go to the website at: <a href="https://molina.otchs.com/molina_WEB/molina_login.asp">https://molina.otchs.com/molina_WEB/molina_login.asp</a>. Call Member Services to find out what drugs are covered. You can also go to <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a> for a list of drugs that you can choose from.</td>
</tr>
</tbody>
</table>

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Pet Therapy

Pet Therapy are services where pets are sent to your home for regular visits. This will help you reduce your stress levels and increase your sense of well-being.

This benefit needs prior approval

If you need info, call Member Services at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.

Shingles Vaccine

Molina will offer the vaccine for adults 21 and over.

Covered through a participating CVS pharmacy.

Vision Services

Unlimited eye exams and eyeglasses if medically necessary.

- A $100 allowance per year for upgraded lenses or frame
- Upgrade to polycarbonate less (under 21)

If you need vision care, you must go to a doctor that is part of March Vision Care. To find a vision care center close to you, call 1-888-493-4070. You may also visit March Vision Care’s website at www.marchvisioncare.com

For Region 4 Members Only (Baker, Charlotte, Clay, Collier, Desoto, Duval, Escambia, Flagler, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Nassau, Okaloosa, Polk, Santa Rosa, Sarasota, St. Johns, Volusia, and Walton Counties):

If you need vision care, you must go to a doctor that is part of iCare Health Solutions. To find a vision care center close to you, please call the Molina’s Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.

If you have a concern or any complaint, please call the Molina’s Member Services Department at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD.
Access to “regular” Medicaid Benefits Coverage

You may want to know services that are not covered under the Molina Healthcare plan but are covered with “regular” Medicaid. You may also need help on how to get these benefits and if you have to pay. You can call your local Medicaid office or Molina’s Member Services Department at 1-866-472-4585.

Services Not Covered By Molina

If you get services that are not covered or don’t follow the rules in this Member Handbook, you may have to pay. Molina will not pay for things that are not covered by Medicaid.

Examples:

- Services that you don’t have to have for your health
- Supplies that you don’t have to have for your health
- Experimental treatment not covered by Medicaid
- Drugs and equipment not covered by Medicaid
- Organ transplants not covered by Medicaid
- Abortions except in the case of a reported rape or incest and when medically need to save the life of the mother.
- Infertility services for men or women
- Voluntary sterilization if under (21) years of age, legally incapable of consenting to the procedure
- Reversal of voluntary sterilization
- Cosmetic surgery that is not medically necessary
- Shots for travel outside the United States
- Inpatient treatment to stop using drugs or alcohol
- Obesity treatment unless medically necessary
- Custodial care
- Sex change surgery and related visits
- Sexual or marriage counseling
- Court ordered testing
- Education testing and diagnosis
- Acupuncture and biofeedback services
- Services to find the cause of death (autopsy)
- Comfort items in the hospital, like a television or telephone
- Paternity testing
- Services provided through community alternative funding services (CAFS) providers

This is not a complete list of the services that are not covered by Medicaid or Molina. If you want to know if something is covered or not, call Member Services. If we don’t cover a counseling or referral service because of moral or religious reasons, you may call your enrollment broker for help on how and where to get these services.
Enrollment and Disenrollment Info:

Our members must be eligible for Florida’s Medicaid. They must also live in our service area. The Florida’s Department of Children and Families (DCF) will decide if you are eligible for Medicaid. There are two types of member enrollments, mandatory and voluntary. Mandatory enrollments are Medicaid recipients that are eligible for Medicaid and are required to enroll with a Managed Care Plan. Each month the State will assign a number of Medicaid recipients who have not chosen a Medicaid HMO to Molina Healthcare. Voluntary enrollments are recipients who are not required to enroll in a Health Plan. The Agency and enrollment broker will help you select a plan. If you are an eligible Medicaid recipient and are not in an HMO within the time that the State gives you to pick an HMO, the State may assign you to Molina Healthcare as a member.

Enrollment Period:

If you are a mandatory enrollee required to enroll in a plan, once you are enrolled in Molina Healthcare or the state enrolls you in a plan, you will have 120 days from the date of your first enrollment to try the Managed Care Plan. During the first 120 days you can change the Managed Care Plans for any reason. After the 120 days, if you are still eligible for Medicaid, you may be enrolled in the plan for the next eight months. This is called “lock-in.”

Open Enrollment:

If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called “open enrollment.” You do not have to change Managed Care Plans. If you choose to change plans during open enrollment, you will begin in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay in the same plan, you will be locked into that plan for the next 12 months. Every year you may change Managed Care Plans during your 60 day open enrollment period, without cause.

Reinstatement (Renewal of Molina Membership):

If you lose your Medicaid eligibility but regain it within (180) days, Molina will stay as your health plan. Molina will pick your previous doctor as long as your previous doctor is still in the Molina network. If you want a new doctor, call the Member Services Department at (866) 472-4585.

Disenrollment:

If you are a mandatory enrollee and you want to change plans after the initial 120-day period ends or after your open enrollment period ends, you must have a state-approved good cause reason to change plans. The following are state approved cause reasons to change Managed Care Plans:

1. The enrollee does not live in a region where the Managed Care Plan is authorized to provide services, as indicated in FMMIS.
2. The provider is no longer with the Managed Care Plan.
3. The enrollee is excluded from enrollment.
4. A substantiated marketing or community outreach violation has occurred.
5. The enrollee is prevented from participating in the development of his/her treatment plan/plan of care.
6. The enrollee has an active relationship with a provider who is not on the Managed Care Plan’s panel, but is on the panel of another Managed Care Plan. “Active relationship” is defined as having received services from the provider within the six months preceding the disenrollment request.
7. The enrollee is in the wrong Managed Care Plan as determined by the Agency.
8. The Managed Care Plan no longer participates in the region.
9. The state has imposed intermediate sanctions upon the Managed Care Plan, as specified in 42 CFR 438.702(a) (3).
10. The enrollee needs related services to be performed concurrently, but not all related services are available within the Managed Care Plan network, or the enrollee’s PCP has determined that receiving the services separately would subject the enrollee to unnecessary risk.
11. The Managed Care Plan does not, because of moral or religious objections, cover the service the enrollee seeks.
12. The enrollee missed open enrollment due to a temporary loss of eligibility.
13. Other reasons per 42 CFR 438.56(d) (2) and s. 409.969(2), F.S., including, but not limited to: poor quality of care; lack of access to services covered under the Contract; inordinate or inappropriate changes of PCPs; service access impairments due to significant changes in the geographic location of services; an unreasonable delay or denial of service; lack of access to providers experienced in dealing with the enrollee’s health care needs; or fraudulent enrollment.
Some Medicaid recipients may change Managed Care Plans whenever they choose, for any reason. To find out if you may change plans, call the Enrollment Broker at 1-877-711-3662 or 1-866-467-4970 for TTY/TDD. You may also go to www.flmedicaidmanagedcare.com.

A mandatory enrollee may request disenrollment from the Health Plan for cause at any time. A Voluntary enrollee may request disenrollment from the Health Plan at any time.

All changes must be made with Choice Counseling at 1-877-711-3662 or 1-866-467-4970 for TTY/TDD. You may also go to www.flmedicaidmanagedcare.com. They are the only ones that can make the change for you if there is a “Good Cause” reason. Molina Healthcare cannot make the changes for you.

If you are unhappy in any way with this Health Plan, we hope you will call the Member Service Department. Please allow us the chance to fix any problems. However, if you still wish to disenroll, you may do so by calling Choice Counseling at 1-877-711-3662 or 1-866-467-4970 for TTY/TDD. You may also go to

If you want to change to another plan, you may not be able to keep you same doctor. Each plan has their list of doctors. Please learn about the new plan first. Learn about their benefits and their rules. Call Choice Counseling at 1-877-711-3662 or 1-866-467-4970 for TTY/TDD for help you with any questions you may have.

If you decide you want to leave the Molina plan, remember that you can ask for the change in the first (90) days with us. To disenroll, call Choice Counseling at 1-877-711-3662 or 1-866-467-4970 for TTY/TDD.

If you choose to leave Molina, remember to stay with Molina doctors and providers until the day you are with the new plan. Your new plan will send you an ID card. If you have a new plan, call the new insurance to make sure that the doctor is on the plan. You may need to fill out papers. Call the new doctor to make an appointment. You should call them if you are pregnant.

If you go back to regular Medicaid, you should get a new card. If you don’t get the new card, call your DCF case worker or your enrollment broker. If you have visits scheduled, call the doctor to make sure they take regular Medicaid.

Involuntary Disenrollment:

Molina Healthcare can ask that you be disenrolled from the Plan if:

1. You lose your Medicaid eligibility
2. You move out of the service area
3. You let someone else use your Molina Healthcare Medicaid member ID card
4. You don’t follow your doctor’s recommended plan of care
5. Your behavior is disruptive or abusive. (The Plan will give warnings.)
6. You falsify your prescriptions

Even after you have changed plans you will still be able to file an appeal or grievance.

Loss of Medicaid Eligibility (Termination of Benefits)

It’s important that you keep all appointments with the Department of Children and Families (DCF). You can lose your Medicaid benefits by:

- Missing a planned visit
- Missing info

This can result in loss of membership.
**When You Become Pregnant**

Molina Healthcare wants to make sure you get medical care as soon as you think you are pregnant. If you think you are pregnant see your PCP. Once you are pregnant your PCP will want you to see an OB/GYN. You don’t need a referral to see an OB/GYN. It’s important that you see your OB/GYN. You may need help finding an OBGYN, if so call Member Services at 1-866-472-4585; we can help you arrange for your prenatal care.

You must also let your Department of Children and Families (DCF) caseworker know that you are pregnant. You must also call the Molina’s Member Services at 1-866-472-4585 when your baby is born. Molina will work with DCF to get a Medicaid ID number for your baby. This ID number will be active when your baby is born. Babies are hard work. We are here to help you.

Molina has a program for women who are pregnant. The program is called *Motherhood Matters*. The program is free! You can learn the following:

1. What you need to do to have a healthy baby
2. What to expect during your pregnancy
3. Ways to stay healthy after you have your baby
4. How to find out about the Florida WIC Program
5. How to find out and get help with the Healthy Start Program
6. Scheduling your checkups after you had your baby

You can call your doctor for help on joining the *Motherhood Matters*. We can help you with any questions you may have. You can also call the Member Services Department to join. They can also answer any questions you have. We are here to help.

Molina wants to make sure that you see our OB/GYN and have a healthy baby. Please remember to make an appointment as soon as you find out you are pregnant. You can call Member Services at 1-866-472-4585 for a copy of our Pregnancy Care Guidelines. You may also find this form at our website at:

[www.molinahealthcare.com](http://www.molinahealthcare.com).

The form is under Member Resources/Preventive Health Guidelines and is called “pregnancy guidelines”.

**When You Have Your Baby**

When your baby is born, you must call your Department of Children and Families (DCF) caseworker so they know that you had your baby. DCF will review the baby’s Medicaid benefits. They will give your baby a Medicaid ID number. Your baby will be added to the Molina plan but not if you are part of a specialty plan. DCF will let Molina know when your baby’s Medicaid ID number. At this time, Molina will be responsible for your baby’s care. Once your baby is enrolled, the enrollment will continue until your baby loses eligibility or you disenroll your child.

If you have don’t picked a doctor for your baby, Molina will pick a doctor for your baby. You may not like the doctor we picked. Call Member Services for help at 1-866-472-4585. You can pick a doctor from the directory or we can help find one near you.

Your baby’s first checkup and shots should happen in a few days to two weeks after your baby is born. Your baby will need checkup and shots for the first two years. You may need to know when your baby needs his shots. Call your doctor. You can also call the Member Services Department. You can also visit our website at [www.molinahealthcare.com](http://www.molinahealthcare.com). You will find a form under Member Resources/Preventive Health Guidelines. The form is called child and adolescent immunizations. You can print it and keep it with you.

Your baby will need to see a doctor often. We want to help you make sure you and your baby are on track. You can also call the Member Services Department for help. You can also visit our website at [www.molinahealthcare.com](http://www.molinahealthcare.com). You will find a form under Member Resources/Preventive Health Guidelines. This form is called “suggested timeline for infants’ children” or “suggested timeline for children & adolescents.” You can print and keep it with you.

Your child will need regular checkups from birth until 5 years of age. You can call Member Services at 1-866-472-4585 for help. There are also programs in your community. These can help your child. For info, call Member Services.
Grievance and Appeals

The Grievance Process

Molina has a grievance process for your questions or problems. You may also use this process when you don’t like a choice we made. The Grievance and Appeals Department and the Member Services Department can help you with this process. These services are free. You can call us at 1-866-472-4585, Monday to Friday, from 8:00 a.m. to 7:00 p.m. or for TTY/TDD at 1-800-955-8771.

You may need to talk in your own. A translator is there to talk with you and help you file the request. This service is free to all members.

We can take your complaint, grievance, or appeal from someone else. This is if you agree. Someone else like:

- Yourself
- A friend
- A family member
- A doctor part of Molina
- A doctor that is not part of Molina
- An lawyer

In order to be fair, cases will not be looked at by the same person that made the first decision. All cases about medical services are looked at by our medical staff.

We keep files of all your cases. You may ask for copies at any time. Your file will include:

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

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

Types of complaints and grievances are:

- You have a problem with the quality of your care
- Wait times are too long
- Your doctors or the doctor’s staff behave badly
- You can’t reach someone by phone
- You can’t get information
- A doctor’s office is not clean
- Your enrollment ends and you didn’t want it to.
- You can’t find a provider in your area
- You can’t get your drug

We will try to solve any complaint or grievance over the phone. This is true if the problem is because:

- Someone has the wrong info
- Someone did not understand
- Someone needs more info

Filing a Complaint

You might have a complaint. If so, you can call or write to the Member Services Department at:

Molina Healthcare of Florida
Attention: Member Services Department
8300 SW 33rd Street, Suite 400
Doral, Florida 33122
1-866-472-4585
Fax: 1-877-508-5738

Filing a Grievance

We must have all grievances in one (1) year from the date of the event that you are unhappy with.

To file your grievance you can:

- Call the Member Services Department
- Write a letter
- Fill out the Grievance/Appeal Form.

Mail the letter or fax the form to:

Molina Healthcare of Florida Attention: Grievance & Appeals Department P.O. Box 521838
Miami, FL 33152
1-866-472-4585
Fax: 1-877-508-5748

Complaints and Grievances

A complaint or a grievance is when you are not happy with issues that are not related to a denial. A complaint is the first part of the grievance process. Complaints are solved by the end of the next working day. If they are not solved, they are moved to a grievance within (24) hours.
You might need a copy of the Grievance/Appeal Form. Call the Member Services Department. The form is also on our website at www.molinahealthcare.com. We can help you write your grievance.

Your request needs:

- Your first and last name
- Your Signature
- Date
- Your Molina ID number. It’s on the front of your member ID card.
- Your address and telephone number.
- Explain the problem.

Your grievance is looked at by a Grievance and Appeals Coordinator. A letter is mailed to you in (5) days. This letter lets you know that we have your grievance. The Coordinator will note and take care of your grievance. The coordinator will work with the right departments to solve your grievance. We will mail our decision in (90) days from the day we got it.

At any time you may ask for your file, medical records or any other material used in the review. There is no cost to look or get copies of your case.

You may call us if you need more time to send new info. We will give you fourteen (14) more days. If we need more time, we will ask for your approval. A letter will be mailed to you in five (5) days.

Appeals

You might have a denial letter and not happy. You might not like the choice we made. You have the right to file an appeal. An appeal is a request to review an action or denial. An action is a denial that is:

- Limited
- Reduced
- Suspended
- Terminated, or
- Payment is denied

Filing an Appeal

All appeals must be filed in (30) days from the day you got our denial. If you call, you will be asked to send more info in writing. You will need to send the letter in (10) days from your verbal appeal.

To file your appeal you can:

- Call the Member Services Department
- Write a letter
- Fill out the Grievance/Appeal Form.

Mail the letter or fax the form to:

Molina Healthcare of Florida Attention:
Grievance & Appeals Department P.O. Box
521838
Miami, FL 33152
1-866-472-4585
Fax: 1-877-508-5748

You might need a copy of the Grievance/Appeal Form. If so, call the Member Services Department. The form is also on our website at www.molinahealthcare.com. We can help you write your appeal.

Your request needs:

- Your first and last name
- Your Signature
- Date
- Your Molina ID number. It’s on the front of your member ID card.
- Your address and telephone number.
- Explain the problem.

We try to solve your appeal right away. Your appeal is looked at by a Grievance and Appeals Coordinator. A letter is mailed to you, in (5) days. This letter lets you know we have your appeal. The Coordinator will note and take care of your appeal. The Coordinator will work with the right departments to solve your appeal. We will mail our decision in (30) days from the day we got it.

In order to be fair, cases will not be looked at by the same person that made the first decision. All appeals about medical services are reviewed by our medical staff.

At any time you may look at your file, medical records or any other material used in the review. There is no cost to look or get copies of your case.

You may call us if you need more time to send new info. We will give you fourteen (14) more days. If we need more time, we will ask for your approval. A letter will be mailed to you in five (5) days.
Continuing Benefits during appeal process:

If you would like to go on with your benefits while you are appealing you must:

1. Let us know in (10) working days from the date on the denial letter.
2. Let us know in (10) working days after the effective date of the action, whichever is later.

The appeal must be about an action that was denied. An action is any denial that is:

1. Limited 
2. Reduced 
3. Suspended 
4. Terminated of a treatment that was approved before

The service must have been asked for by an approved doctor
The approval cannot have ended.
If you request an extension of benefits

If we decide to go on with your benefits, your benefits will go on until:

- You withdraw the appeal.
- Ten days have passed from the date of the denial and you have not asked for a Medicaid Fair Hearing.
- The Medicaid Fair hearing makes a decision not in your favor.
- The authorization for the benefits has ended or the limits are met.

If you asked to go on with your benefits and the decision is not in your favor you may have to pay for the services that were given to you.

Mail letter, call or fax the request to:

Molina Healthcare of Florida Attention:
Grievance & Appeals Department P.O. Box 521838
Miami, FL 33152
1-866-472-4585
Fax: 1-877-508-5748

Expedited or Rushed Appeals

An expedited or a rushed appeal is when waiting for a regular appeal may risk your life or health. All rushed appeals will be solved in 72 hours or as quickly as your health condition requires but no more than 72 hours.

Filing a Rushed Appeal

You, your doctor or someone else, with your approval in writing, may call or write to ask for an appeal to be rushed. We can help you with this. Molina will decide if your appeal meets a rushed review. If the appeal meets a rush review, we will let you know in 24 hours.

The decision is made in (72) hours from the time we received your appeal as quickly as your health condition required but no more than 72 hours. We will let you know our answer in writing. A letter will be mailed to you in two (2) days from the time the decision was made.

What Happens if Molina Denies a Rushed Appeal?

If the appeal is not rushed, we will let you know by calling you in 24 hours. We will let you know the appeal will be looked at as a regular appeal. A letter will be sent to you with a new due date.

Medicaid Fair Hearing

You have the right to ask for a Medicaid Fair Hearing. You can do this at any time by calling the Department of Children and Families Services at:

Office of Appeals Hearings
1317 Winewood Blvd.
Bldg. 5 – Room 255
Tallahassee, FL 32399-0700
Phone: 1-850-488-1429
Fax: 1-850-487-0662

You, your doctor, or someone else, with your written approval, may call or write to ask for a hearing. You can ask for a Medicaid Hearing at any time. You must ask for a hearing in (90) days or less from the first decision. You may want to have Molina finish your grievance or appeal process. If you do, then you have 90 calendar days from the final decision to ask for a hearing. If you have your case reviewed at a Medicaid Fair Hearing, you give up the right to the review by the Beneficiary Assistance Program.
You will receive a letter from the hearing officer. The letter will tell you the date and time of the hearing. The letter tells you how to get ready for the hearing. You may have the meeting by phone or in person. You have the chance to explain why you asked for the service.

The will give you a final decision. This happens in (90) days or less from the date you asked for the hearing.

**Note:** Medicaid Fair Hearings are not available for MediKids recipients.

**Subscriber Assistance Program (SAP)**

You can ask for a review from the SAP if you are not happy with an appeal decision. You have the panel review your case. You can do this after you completed the Molina’s grievance and appeals process. You have one (1) year from the time of denial to submit to SAP for review. The SAP will not consider a Grievance or Appeal heard at a Medicaid Fair Hearing. The SAP only hears certain kinds of cases. These are:

- If you are not able to get health care services.
- The benefits that are covered.
- An action or denial we made.
- A benefit action/denial made by us.
- Payment of a claim.
- The way we handle a claim.
- Paying you back for benefits.

You can choose to have a Medicaid Fair Hearing. You may not have a SAP review if you do.

If you wish to request a SAP please contact:

Agency for Health Care Administration
Subscriber Assistance Program
Building 1, MS #26
2727 Mahan Drive, Tallahassee, Florida 32308
1-850-412-4502 or 1-888-419-3456 (toll-free)
Your Member Rights

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

• To be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
• To a prompt and reasonable response to questions and requests.
• To know who is providing medical services and who is responsible for his or her care.
• To know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
• To know what rules and regulations apply to his or her conduct.
• To be given by health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
• 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 his or her medical records, and request that they be amended or corrected.
• To be furnished health care services in accordance with federal and state regulations.
• To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her 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 his or her 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 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 his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency listed below.

- Office of Civil Rights
  United States Department of Health and Human Services
  Sam Nunn Atlanta Federal Center, Suite 16T70
  Atlanta, GA 30303-8909
  Voice Phone (800) 368-1019
  FAX (404) 562-7881
  TDD (800) 537-7697

- Bureau of Civil Rights
  Florida Agency of Health Care Administration
  2727 Mahan Drive
  Tallahassee, FL 32308
  (888) 419-3456

Your Membership Responsibilities

You have the responsibility:

• 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 reporting unexpected changes in your condition to the health care provider.
• For reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
• To follow the care plan that you have agreed on with your provider.
• For keeping appointments and, when he or she is unable to do so for any reason, to notify the health care provider or healthcare facility.
• For his or her actions if he or she refuses treatment or does not follow the health care provider’s instructions.
• For assuring that the financial obligations of his or her health care 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.
The Quality of Care Your Receive is Important to Us

Molina wants you and your family to get the best care possible. We work hard to be sure you get the care you ask for. To give you the best quality care, we have a Quality Improvement (QI) Program. This program makes sure you are getting the care that is you need. It also makes sure your concerns are heard and dealt with. Each year Molina tries to improve all services provided. We do this by setting goals. These goals are part of the QI Program. Our goal is to help you and your family take better care of yourself. As part of the QI Program, Molina helps you take care of your health. We also want you to get the best service possible. Some of the ways we do this are:

- Reminders about getting shots
- Asthma and diabetes education
- Reminders about getting preventive care and screenings
- Better handling of member grievances (complaints)
- Help in finding and using the Molina website
- Telling you about special services for members

One way that we measure quality is by looking at a survey. A survey is sent to many of you each year. This survey tells us if you are happy with your care. We want to hear how we are doing. This survey asks you about the care you receive from Molina. We may send you a few questions about how we are doing. We want to know what is important to you. Based on what you tell us, we will continue to work to improve our services.

We also collect services that you may have received. By doing this, we can find out how many of our members really get needed services. This info can be shared with you.

These services include but are not limited to:

- Shots
- Well-care exams
- Preventive screenings
- Diabetes Care
- Asthma Care

To learn more about this program, call Member Services. If there are any ways we can serve you even better, please call the Member Services Department at 1-866-472-4585. You can also go to our website at www.molinahealthcare.com.

You may call the Member Services Department at 1-866-472-4585 if you:

- Want to learn more about what we are doing to improve.
- See ways we can improve
- Want to ask about our Quality Performance Measures in certain areas of service.
- Want to get info about our Quality Enhancements

Disease Management Programs

Molina Healthcare of Florida wants you to know all you can to stay healthy. We have programs that can help you control your condition. The programs are:

The “Breathe with Eases” asthma program is for children and adults who are active Molina members. You must be at 2 years of age once you are part of the program. You and/or your child will learn how to control your or your child’s asthma and work with your provider.

The “Healthy Living with Diabetes” program is for members 18 years and over with diabetes. You will learn about diabetes self-care.

The “Chronic Obstructive Pulmonary Disease” (COPD) program is for members who have emphysema and chronic bronchitis.

The “Heart-Healthy Cardiovascular” program is for members 18 years and older who have one or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure.

The “HIV/AIDS Care Coordination Program” centers on your needs and the coordination of your treatment plan with your doctor.

A Care Manager/Nurse is on hand to teach you about your disease. He/she will manage your care with your PCP. She/he will also give you other resources. You may be put in these programs because of your medical or pharmacy claims. You or your doctor can also ask to enroll you. It’s your choice to be in these programs. You can choose to get out of the program at any time.

For more info about our programs, please call the Member Services Department. You can also visit our website at www.molinahealthcare.com.
### Education and Information

Molina offers many tools to help keep you healthy. We have free brochures about:

- Eating healthy
- Reading food labels
- Having less stress
- Exercise for health
- Birth Control choices
- Helping someone on drugs

### Health Education Programs – Healthy Behaviors

We offer programs to our members who want to stop smoking, lose weight, or address any drug abuse problems. We will reward members who join and meet certain goals.

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<tr>
<th>Smoking Cessation Program</th>
<th>Weight Loss Programs</th>
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<td>For anyone who wants to stop smoking. They can use the Quit line at 1-877-U-CAN-NOW (toll-free 1-877-822-6669). You must be 18 years or older. They can help you with medication. They can help you with patches and gum to help you stop smoking. <strong>Benefits of this program:</strong>&lt;br&gt;• Access to Quit-line&lt;br&gt;• Self-help materials&lt;br&gt;• 5 Calls by Quit Coach&lt;br&gt;• Unlimited number of member support calls&lt;br&gt;• Nicotine Replacement Therapy (12 weeks of nicotine patch or nicotine gum). This is through direct mail order.&lt;br&gt;• Medications (you will need a script from your provider)</td>
<td>For adults 18 years or older. This program helps you learn the benefits of weight loss. It will help you learn to eat healthy. It will also encourage regular exercise. <strong>Benefits of this program:</strong>&lt;br&gt;• Access to phone counseling and weight management&lt;br&gt;• Weight Watchers Program Participation&lt;br&gt;• Self-help education materials&lt;br&gt;• Community class referrals in certain areas&lt;br&gt;• Referral to Online Programs such as&lt;br&gt;  - <a href="http://www.sparkteens.com">www.sparkteens.com</a>&lt;br&gt;  - <a href="http://www.sparkpeople.com">www.sparkpeople.com</a>&lt;br&gt;  - <a href="http://www.choosemyplate.gov">www.choosemyplate.gov</a></td>
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<th>Alcohol or Substance Abuse Program</th>
<th>Motherhood Matters Pregnancy Program</th>
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<td>This program helps Beacon Health Options to identify substance abuse. You will be motivated to go to therapy sessions. Get help with reaching your recovery goals. You will be in treatment with community providers like:&lt;br&gt;• Alcoholic Anonymous&lt;br&gt;• Narcotics Anonymous&lt;br&gt;• A Case Manager assigned to you care&lt;br&gt;• Other resources to help through your recovery</td>
<td>This is for women who are pregnant. Nurse visits are covered if needed and approved. You can learn the following:&lt;br&gt;• What you need to do to have a healthy baby&lt;br&gt;• What to expect during your pregnancy&lt;br&gt;• Ways to stay healthy after you have your baby&lt;br&gt;• How to find out about the Florida WIC Program&lt;br&gt;• How to find out and get help with the Healthy Start Programs</td>
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What Do I Have to Pay For?

You don't have to pay for services you get while you are with Molina Healthcare. As long as the services are:

- Approved
- Covered
- From providers in the plan

Molina waives all copayment and coinsurance amounts. Molina will require providers to not collect or charge you any copayment for covered Medicaid services.

If you get a bill from a plan provider which were approved and covered services, call the Member Services Department. Don't pay the bill until you have talked to us. We will help you with this matter.

You may have to pay for services not covered. You may also have to pay for services from providers not part of the plan. If the services were an emergency, you don’t have to pay. If you need help, call the Member Services Department at 1-866-472-4585 or for TTY/TDD 1-800-955-8771.

What If I get a Bill?

You might get a bill for a covered service or drugs. It may have been approved or not need approval. Send us the bill as soon as you can. If the bill is for medicine, send a copy of the label. We will pay the amount we have agreed to in our contract.

Mail or fax us a copy of the bill to:

Molina Healthcare of Florida
Attention: Member Services Department
8300 SW 33rd Street, Suite 400
Doral, Florida 33122
1-866-472-4585
Fax: 1-877-508-5738

We will respond to you within (90) calendar days. If your claim is accepted, we will mail you a check or pay the provider. If not, we will send you a letter with the reason and the appeal rights.

Accidental Injury or Illness (Subrogation)

If a Molina member sees a doctor for an injury that was caused by another person or business, we need to know. Another company might have to pay the doctor's bills.

Examples may be you are:

- Hurt in a car wreck
- Hurt by a dog bite
- If you fall and are hurt in a store

When you call, we need the name of the person at fault. We will ask who their insurance company is. We will also ask the name of lawyers involved.

Notifying you of changes

There are times when changes are made that may affect you. This may have to do with changes made by Government Regulatory Agencies. We will first let the agency know. If changes are made, we will let you in (30) days before the change start.

Evaluating New Technology

Molina uses a medical review process to rate:

- A new drug
- Medical device
- Medical rule or procedure
- Surgical rule or procedure
- Behavioral health rule or procedure
- Therapy

We want to make sure that it's safe for sure. We also want to know if it's good for a medical symptom or condition. It’s compared to cures. The goals of this process are:

- To review and update coverage choices as new scientific proofs are found.
- To review cases in order to decide if it’s or not a services we should cover

Molina may deny a drug, device, protocol, procedure or other therapy that is new. We might say it’s not medically necessary. If this happens, you can ask us why. You or your doctor can ask for this info. You can have copies of all the rules and procedures we used to make the decision. For info on this process, call the Member Services Department.

Other Health Insurance (Coordination of Benefits)

You may have other health insurance through work, parent or someone else. If you do, please call the Member Services Department. You can call Monday to Friday from 8:00 a.m. to 7:00 p.m. at 1-866-472-4585 or for TTY/TDD 1-800-955-8771.
Abuse and Neglect

To report any abuse, neglect or exploitation, you may contact the Statewide Abuse Hotline at 1-800-96ABUSE or 1-800-962-2873. You may also contact the Agency for Health Care Administration with questions or concerns at 1-888-419-3456.

Advance Directives

You have the right to make choices about your health. You have the right to pick your own medical care. If you don’t want a certain type of care, you have the right to tell your provider you don’t want it. You can make this happen at any time. This form is called an Advance Directive. This form allows your family and doctor 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.

An Advance Directive helps others give you the care that you want. This is 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 if you are not able to do so.

We have staff responsible to educate our staff. They also educate our providers to direct your care per your Advance Directive. Molina will let you know of state law changes no more than (90) days after the change starts.

Who can fill out an Advance Directives?

Anyone who is 18 years of age or older can make can fill an Advance Directive.

Why do you need to an Advance Directive?

You could have an accident or get sick. You might live with a mental or physical illness and not be able to make decisions. If you don’t have this form, those making choices for you may not know what you want. Worse yet, your family and friends could fight over the care you should get. They also can NOT agree about who gets to make choices for you. Help your family and friends to help you name a person and tell that person and family about your wishes.

Molina respects your culture and traditions. Per our policy, we would not place any limits in the execution of your Advance Directive as a matter of conscience. Sometimes, the person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes. We will also respect any limits you may place in your Advance Directive.

When should I complete an Advance Directive?

The best time to have an Advance Directive is before you need one! You need one before you become too sick. You may want to get or refuse care. It can be changed at any time. It can also be stopped at any time.

Most people can make their wishes about their medical care known to their providers. But some people become too sick to tell their providers about the type of care they want.

How Can I get More Info on Advance Directives?

We can tell you more about Advance Directives. Call the Member Services Department, Monday to Friday, 8:00 a.m. to 7:00 p.m. at 1-866-472-4585. We can also talk with you about policies. You may also go to our website at www.molinahealthcare.com.

You may have an Advance Directive and your provider will not follow it. If so, you or your representative can file a complaint with Advance Directive Laws and Regulations. To file a complaint, you may call the State’s complaint hotline at 1-888-419-3456. Or you may also call Molina’s a Member Services at 1-866-472-4585.

Non-Discrimination

Molina treats people the same. We are also are fair when we hire our staff. We don’t look at:

- Race
- Color
- Religion
- Sex
- Sexual orientation
- Age
- Disability
- National origin
- Veteran’s status
- Ancestry
- Health status
- Need for health services
- Need for health services

You might feel that you have not been treated fairly. If so, call the Member Services Department at 1-866-472-4585.
Fraud, Waste, and Abuse

Molina Healthcare’s Fraud, Waste 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, waste and abuse seriously, and complies with state and federal laws. Molina Healthcare investigates all suspected cases of fraud, waste 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 AlertLine at:

Toll free, 866-606-3889

Or

Complete a report form online at:

https://www.molinahealthcare.alertline.com

You can also report to the state:

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at:


If you report suspected fraud and your report results in a fine, penalty or forfeiture of property from a doctor or other health care provider, you may be eligible for a reward through the Attorney General’s Fraud Rewards Program (toll-free 1-866-966-7226 or 850-414-3990). The reward may be up to twenty-five percent (25%) of the amount recovered, or a maximum of $500,000 per case (Section 409.9203, Florida Statutes). You can talk to the Attorney General’s Office about keeping your identity confidential and protected.

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)

“Waste” means health care spending that can be eliminated without reducing the quality of care. Quality Waste includes, overuse, underuse, and ineffective use. Inefficiency Waste includes redundancy, delays, and unnecessary process complexity. For example: the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, however the outcome of poor or inefficient billing methods (e.g. coding) causes unnecessary costs to the Medicaid/Medicare programs.

Here are some ways you can help stop fraud:

- Don’t give your 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 Molina Healthcare ID Card.
- Never sign a blank insurance form.
- Be careful about giving out your social security number.