

# Welcome to **Molina.**

[MolinaHealthcare.com](https://MolinaHealthcare.com)



**Kentucky** Member Handbook  
Medicaid <Month Year>

DRAFT

Molina Healthcare of Kentucky (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language

If you need these services, contact Molina Member Services at (XXX) XXX-XXXX, log on to MyMolina.com or visit one of our regional Molina One-Stop Help Centers.

TTY: (XXX) XXX-XXXX or 711.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a grievance. You can file a grievance in person, by mail, fax, email, or through MyMolina.com, our secure member portal. If you need help writing your grievance, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your grievance to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your grievance to [civil.rights@MolinaHealthcare.com](mailto:civil.rights@MolinaHealthcare.com). Or, fax your complaint to (888) 295-4761.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

**ATTENTION:** If English is not your first language, you can get language assistance services, free of charge. Call X-XXX-XXX-XXXX. If you are deaf or hard of hearing, call 711 for TTY.

**Spanish – ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al X-XXX-XXX-XXXX (TTY: 711).

**Chinese – 注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 X-XXX-XXX-XXXX (TTY: 711)。

**German – ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: X-XXX-XXX-XXXX (TTY: 711).

**Vietnamese – CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số X-XXX-XXX-XXXX (TTY: 711).

**Arabic – انجمل اب لكل رفاوتت فيوغلل ادعاسملا تامدخ نإف، ءءغلل ركذا شدحتت تنك اذا: ءظوحلم مقرب لصتا**  
X-XXX-XXX-XXXX (مكبل او مصلا فتاه مقر) (711).

**Serbo-Croatian – OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite X-XXX-XXX-XXXX (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Japanese – 注意事項：**日本語を話される場合、無料の言語支援をご利用いただけます。X-XXX-XXX-XXXX (TTY: 711) まで、お電話にてご連絡ください。

**French – ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le X-XXX-XXX-XXXX (TTY : 711).

**Korean – 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. X-XXX-XXX-XXXX (TTY: 711) 번으로 전화해 주십시오.

**Pennsylvanian Dutch –** Wann du Deitsch Pennsylvania German schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call X-XXX-XXX-XXXX (TTY: 711).

**Nepali – ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् X-XXX-XXX-XXXX (टिटिवाइ: 711) ।

**Cushite – XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa X-XXX-XXX-XXXX (TTY: 711).

**Russian – ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните X-XXX-XXX-XXXX (телетайп: 711).

**Tagalog – PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa X-XXX-XXX-XXXX (TTY: 711).

**Bantu – ICITONDERWA:** Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona X-XXX-XXX-XXXX (TTY: 711).

**NOTE:** If you have a problem reading or understanding this information or any other Molina information, please contact Member Services at (XXX) XXX-XXXX (TTY for the hearing impaired: (XXX) XXX-XXXX or 711) for help at no cost to you. You can get this document for free in other formats, such as large print, braille, or audio. Call (XXX) XXX-XXXX Monday through Friday, 7 a.m. to 7 p.m., Eastern Time For hearing impaired, call TTY (XXX) XXX-XXXX or 711. The call is free.

**Thank you for choosing Molina!** Since 1980, we've delivered quality care, close to home. It's our job to do all we can to help our members feel their best. You're important to us!

The most current version of the handbook is available at [MolinaHealthcare.com](https://www.molinahealthcare.com).

## In this handbook, you will find helpful information about:

### Your Membership (pg XX)

- Member ID Card
- Quick Reference
- Phone Numbers

### Your Doctor (pg XX)

- Find your Doctor
- Schedule your First Visit
- Interpreter Services

### Your Benefits (pg XX)

- Molina Network
- Vision and Dental
- Covered Drugs
- Behavioral Health and Substance Use Treatment

### Your Extras (pg XX)

- Healthy Rewards
- Amazon Prime
- School/Sports Physicals
- Vision Benefits
- Weight Watchers
- Cell Phone and Minutes
- GED Testing
- Breathe with Ease Asthma Program
- Respite Care
- CVS Discount Card

### Your Policy (pg XX)

- New Member Information (pg XX)
- How to Contact Molina (pg XX)
- 24-Hour Nurse Advice Line (pg. XX)
- 24-Hour Behavioral Health Services Hotline (pg. XX)
- Covered Services (pg XX)
- Your Provider Network (pg XX)
- Transportation (pg XX)
- Care Management (pg XX)
- Grievances and Appeals (pg XX)
- Definitions (pg XX)

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

### **1. Review your Welcome Kit**

Look for your Welcome Kit in the mail. It includes your new Molina membership ID card. Each member of your family who joined Molina will get their own ID card. Each card is good for as long as the person is a member of Molina. You will not receive a new card each month. Please keep your ID card with you at all times. If you haven't received your ID card yet, visit [MyMolina.com](https://www.mymolina.com) or call Member Services.

### **2. Register for My Molina**

Signing up is easy. Visit [MyMolina.com](https://www.mymolina.com) to change your Primary Care Provider (PCP), view service history, request a new ID card, print a temporary ID card, chat with your Care Manager and more. Connect from any device, any time!

If you use a smartphone, you can download the Molina mobile app to access these features. Log in using your My Molina user ID and password.

### **3. Send us your New Member Health Assessment**

You will get a New Member Health Assessment from us in the mail. We use the health assessment learn about your health and create a personal plan to meet your needs. Just fill in the form completely and return it using the provided envelope.

Depending on your answers, we may contact you to complete a more detailed health assessment as part of our Care Management program. See page X to learn more about Care Management.

### **4. Get to know your PCP**

PCP stands for Primary Care Provider. He or she will be your personal doctor. To choose or change your doctor, go to [MyMolina.com](https://www.mymolina.com) or call Member Services. Call your PCP right away to schedule your first visit.

### **5. Get to know your benefits**

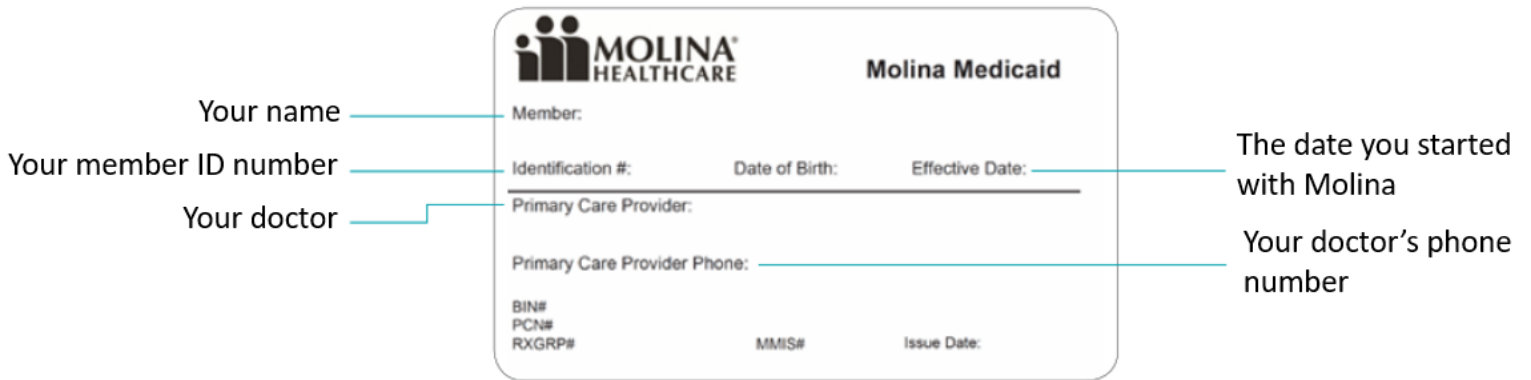
With Molina, you have health coverage and extra benefits and programs. We offer health education at no cost to you. Plus, we have people dedicated to your care.



# Your Membership

## ID Card

There is one ID card for each member.



### You need your ID card to:



See your doctor, specialist or other provider



Get medical supplies and prescriptions



Go to a hospital



Go to urgent care



Go to an emergency room



Have medical tests

## Quick Reference

Need	Action
<b>Emergency</b>	Call 911
<b>Online Access</b> <ul style="list-style-type: none"> <li>- Find or change your doctor</li> <li>- Update your address and phone number</li> <li>- Request a new ID card</li> <li>- Get health care reminders</li> <li>- Track office visits</li> </ul>	Go to <a href="http://MyMolina.com">MyMolina.com</a> and sign up. Download the Molina mobile app for smartphones. See page XX to learn more.  Find a provider at: <a href="http://MolinaHealthcare.com/ProviderSearch">MolinaHealthcare.com/ProviderSearch</a> or on the Molina mobile app.
<b>Routine Care and Checkups</b> <ul style="list-style-type: none"> <li>- Physicals and checkups</li> <li>- Preventive care</li> <li>- Immunizations (shots)</li> </ul>	Call your doctor to schedule an appointment. Your doctor's name and phone number are on the front of your ID card.  Find a provider at <a href="http://MolinaHealthcare.com/ProviderSearch">MolinaHealthcare.com/ProviderSearch</a> or on the Molina mobile app.
<b>Getting Care Quickly</b> <ul style="list-style-type: none"> <li>- Urgent Care</li> <li>- Minor illnesses</li> <li>- Minor injuries</li> </ul>	Call your doctor to schedule an appointment. If your doctor cannot see you right away, you can go to an urgent care center.  24-Hour Nurse Advice Line <b>(888) 275-8750 (English)</b> <b>(866) 648-3537 (Spanish)</b> TTY: 711  24-Hour Behavioral Health Services Hotline (XXX) XXX-XXXX (English) (XXX) XXX-XXXX (Spanish) TTY: 711  Speak to a nurse at any time.

<p><b>Your Plan Details</b></p> <ul style="list-style-type: none"> <li>- Questions about your plan</li> <li>- Questions about programs or services</li> <li>- How to find a Molina One-Stop Help Center</li> <li>- ID card issues</li> <li>- Language services</li> <li>- Help with your visits</li> <li>- Prenatal care</li> <li>- Well infant visits with PCP or OB/GYN</li> </ul>	<p><b>Molina One-Stop Help Centers</b> 6 regional Molina help centers where you can ask questions and get the support you need. See page XX to learn more.</p> <p><b>Member Services</b> <b>(XXX) XXX-XXXX</b> Monday through Friday, 7 a.m. – 7 p.m., Eastern Time</p>
<p><b>Changes/Life Events</b></p> <ul style="list-style-type: none"> <li>- Coverage</li> <li>- Medicaid renewal</li> <li>- Contact information</li> <li>- Have a baby</li> </ul>	<p><b>Member Services</b> <b>(XXX) XXX-XXXX</b> Monday through Friday, 7 a.m. – 7 p.m., Eastern Time</p> <p>Department for Community-Based Services Visit <a href="https://prdweb.chfs.ky.gov/Office_Phone/index.aspx">https://prdweb.chfs.ky.gov/Office_Phone/index.aspx</a> to view your county directory.</p>

# **Your Doctor**

## Find your Doctor

Your Primary Care Provider (PCP) is a doctor who knows you well. Your PCP takes care of all your medical needs. It's important to have a doctor who makes you feel comfortable. You can pick one for you and another for others in your family, or one who sees all of you.

It's easy to choose a doctor with our Provider Directory. Call Molina at (XXX) XXX-XXXX to choose a PCP. Or go to [MolinaHealthcare.com/ProviderSearch](https://MolinaHealthcare.com/ProviderSearch) or log on to the mobile app to get started. The Provider Directory lists our network providers' names, addresses and phone numbers. It also includes their professional qualifications, specialties, the medical schools they attended, where they completed their residencies and their board certifications.

It is important to have a good relationship with your PCP. By visiting your PCP every year, you will get preventive care. Your PCP will be able to find any health issues early and begin treating them before they get worse.

If you need care before you have a PCP, you can visit any PCP in our network. Call Molina at (XXX) XXX-XXXX if you need help making an appointment or finding a doctor.

All members must pick a PCP, except dual eligible members (you have both Medicaid and Medicare). If you do not choose a PCP, Molina will do it for you. We will choose a doctor based on your address, preferred language and doctors your family has seen in the past.

To learn more, go to page X in the Policy section.

## Schedule your First Visit

Call right away to schedule a visit with your doctor. Your doctor can help you learn more about your health.

### Your doctor will:

- Treat you for most of your routine health care needs
- Review your tests and results
- Prescribe medications
- Refer you to other doctors (specialists)
- Admit you to the hospital if needed

## Interpreter Services

If you need to speak in your own language, we can get an interpreter to talk to you. An interpreter can help you:

- Make an appointment
- File a grievance or appeal
- Learn about the benefits of your health plan

This service is provided at no cost to you. If you need an interpreter, call Member Services.

If you need help speaking to your provider in your own language, call your provider's office. They can get an interpreter to help you talk to your provider.

You must see a doctor that is part of Molina.

If you want to change your primary doctor, go to [MyMolina.com](https://www.mymolina.com) or use the Molina mobile app. You can also call Member Services. If we deny your request to change your PCP or specialist, we will send you a letter to explain the reason.

If you change your doctor, Molina will send you a new ID card.

**Remember,** you can call the Nurse Advice Line or Behavioral Health Services Hotline at any time. Our nurses can help if you need urgent care.

Adult members can get virtual care from telehealth over the phone, video, or mobile app. See page XX to learn more.

# **Your Benefits**



## **Molina Network**

We have a growing family of doctors and hospitals ready to serve you. Visit providers who are part of Molina.

You can find a list of these providers at [MolinaHealthcare.com/ProviderSearch](https://MolinaHealthcare.com/ProviderSearch). The online directory contains provider information such as names, telephone numbers, addresses, specialties and professional qualifications.

Call Member Services if you need a printed copy of this list.

To learn more, go to page XX in the Policy section.

## **Vision and Dental**

We are here to take care of the whole you, including your teeth, gums and eyes.

Molina covers eye exams for all members. Molina also covers one pair of eyeglasses (frames and lenses) per year.

Molina covers dental cleanings and exams once every 6 months.

Please check our Provider Directory at [MolinaHealthcare.com/ProviderSearch](https://MolinaHealthcare.com/ProviderSearch) or on the mobile app to find optometrists or physicians that can provide you with these services.

To learn more, go to page XX for dental and page XX for vision information in the Policy section.

## **Covered Drugs**

Molina covers your medically necessary medications.

We use a preferred drug list (PDL). These are the drugs we prefer your doctor prescribes.

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

We are on your side. Your doctor will work with us to decide which drugs are the best for you.

To learn more, go to page XX in the Policy section.

## **Mental Health and Substance Use Disorder Treatment**

Mental health and substance use disorder treatment services include:

- Medical Services
- Medication-Assisted Treatment for Addiction
- Office Administered Medications
- Psychological Testing
- Behavioral Health Day Treatment
- Substance Use Disorder Treatment Services to include Peer Recovery Support, Partial Hospitalization, and Residential Treatment
- Therapeutic Behavioral Service
- Psychosocial Rehabilitation
- Community Psychiatric Support Services
- Assertive Community Treatment
- Intensive Home Based Treatment.

If you need mental health and/or substance use disorder treatment services, call Member Services or our 24-Hour Behavioral Health Services Hotline.

# **Your Extras**

## Amazon Prime

You get free Amazon Prime for 90 days that includes fast, free shipping of over 100 million items. Get healthy food and everyday items delivered right to your door. Plus, there are deals and discounts just for Prime members, like streaming movies, TV shows and music.

After the first 90 days, you can continue your Amazon Prime membership for a reduced price of just \$5.99 per month.

Members must be 18 years or older and have a valid credit or debit card to be eligible for Amazon Prime.

## Healthy Rewards

You can earn gift cards for getting preventive health care. These include:

Service	Age	Amount
Diabetes – annual yearly diabetic retinal eye exam and HbA1c lab work	18-75 (diabetics)	\$50 gift card each (\$100 max)
Mammogram - annual screen	50-74 (female)	\$25 gift card
Cervical cancer - pap test	21-64 (female)	\$25 gift card
Chlamydia – annual screen	16-24 (female)	\$25 gift card
PCP follow-up visit within 7 days of an inpatient stay	All	\$50 gift card
Adult care – annual preventive visit	18 and older	\$25 gift card
Well Child – complete up to 6 visits on time within a 15 month period	1-3	\$10 visit (\$60 max)
Dental care - annual preventive visit	All	\$50 gift card
Prenatal care – visit within first trimester or 42 days of enrollment in Molina	12 and older	Car or booster seat
Postpartum – attend visit 21-56 days after birth of baby	12 and older	\$25 gift card

Call [Member Services](#) today to enroll in Healthy Rewards!

## Vision

Molina covers eye exams for all members. Molina also covers one pair of eyeglasses (frames and lenses) per year. Plus, you can get an extra \$100 credit to use toward your glasses or contact lenses just for being a Molina member!

## Weight Watchers

Eligible members receive up to 13 weeks of Weight Watchers – a \$40 value! This service includes support from Weight Watchers coaches online 24/7 and an easy-to-use app you can use to track your food, activity and weight.

You must be approved by Molina to get this service. You can be referred by your doctor, or call Member Services to ask to be enrolled.

## **Free Phone and Data**

Molina partners with Safelink Wireless to offer our members an enhanced Federal Lifeline program. If eligible, you may choose to receive a smartphone from Safelink or bring your own. You get:

- 350 minutes, Unlimited Texts and 1 GB of data each month
- Calls to Molina Member Services do not count against your monthly minutes

Visit [Safelink.com](https://www.safelink.com) or call (XXX) XXX-XXXX to find out if you're eligible.

## **GED Testing**

Members 18 years and older get a voucher for free, authorized GED testing centers. Passing the GED test gives you a Certificate of High School Equivalency. It can help you find more and better paying job opportunities! Once you pass the exam, we will give you a \$50 gift card

## **School/Sports Physicals**

Members 6-18 years old can get one free physical per year for school or sports.

## **Breathe with Ease Asthma Program**

If you or your child has asthma, join the 3-month Breathe with Ease Program to get support and health education. After the program, you will get a free allergy-free pillowcase and mattress cover. Plus, children ages 6-18 who have been prescribed an inhaler will get a second inhaler at no additional cost.

## **Respite Care**

If you are a caregiver, Molina provides respite care to allow you self-care time to recharge and rejuvenate.

Molina provides a member's regular caregiver an opportunity to address their own needs by paying for an alternative caregiver to attend to a member's needs or sending the member to a facility or day program for a partial or full day. The member or their caregiver coordinates with the Molina care coordinator who authorizes the service and may assist the member/caregiver to schedule the service.

## **CVS Discount Card**

Members can get a card for a 20% discount on thousands of regularly priced CVS pharmacy brand health-related items, such as pain relievers, cough and cold items, stomach remedies, allergy, vitamins, first aid, and baby care.

# Your Policy

## **New Member Information**

### **Important Information for New Members**

You are now a member of a health care plan. A health care plan is also called a managed care organization (MCO). Molina provides health care services to Kentucky residents who are eligible. Eligible residents include individuals with low income, pregnant women, infants, and children, older adults, and individuals with disabilities.

If you were on Medicaid fee-for-service the month before you became a Molina member and have health care services already approved and/or scheduled, it is important that you call Member Services right away (today or as soon as possible). In some situations for a certain amount of time after you enroll, we may allow you to get care from a provider that is not a Molina network provider.

After you enroll, Molina will tell you if any of your current medications need prior authorization that did not require authorization when they were paid by Medicaid fee-for-service. It is very important that you look at the information Molina provides and contact Molina Member Services if you have any questions.

You can also look on the Molina website **MolinaHealthcare.com** to find out if your medication(s) require prior authorization. You may need to follow up with the prescriber's office to submit a prior authorization request. If your medication(s) needs prior authorization, you cannot get the medication(s) until your provider submits a request to Molina and it is approved.

Molina may not discriminate on the basis of race, color, religion, gender, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services in the receipt of health services.

### **Identification (ID) Cards**

Always keep your ID card(s) with you.

You will need your ID card each time you get medical services. This means that you need your Molina 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

If you lost your ID card, register for **MyMolina.com** today. You can request a new ID card and update your information. You can even print a temporary ID card to use while

we send you a new one. Or, call your Molina Member Services as soon as possible at (XXX) XXX-XXXX (TTY for the hearing impaired (XXX) XXX-XXXX or 711) if:

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

Check the Primary Care Provider (PCP) listed on your ID card to be sure it is right. If the PCP on your ID card is not the PCP you are seeing, update your information at **MyMolina.com** or call Member Services. We will send you an updated ID card.

## **How to Contact Molina**

### **Member Services**

Molina Member Services is here to answer any questions you have about your membership with Molina. Member Services representatives can help you:

- Understand your covered benefits and co-payments
- Update your contact information
- Request a new ID card
- Pick or change your Primary Care Provider (PCP)
- Find a network provider or pharmacy near you
- Check if prior approval is needed for a service or drug
- Find prenatal resources if you are pregnant
- Make an appointment with your PCP, OB/GYN or other providers
- Start prenatal and/or infant well visits
- Get information in your primary language
- File a grievance about your plan, provider, or discrimination

You can call Member Services at (XXX) XXX-XXXX (TTY (XXX) XXX-XXXX or 711) from 7 a.m. to 7 p.m., Eastern Time, Monday through Friday. You can also learn more about your Molina benefits online at [MolinaHealthcare.com](http://MolinaHealthcare.com).

### **Mail Us!**

Mail to:

Molina Healthcare  
312 S. Fourth St., Suite 700  
Louisville, KY 40202

Our hours:

Monday through Friday  
7 a.m. to 7 p.m., Eastern Time



The Molina office is closed on the state holidays:

- New Year's Day
- Martin Luther King Jr. Holiday
- Good Friday
- Memorial Day Holiday
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

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

### **Molina One-Stop Help Centers**

You can walk in to one of our six regional help centers! We're ready to help:

- Answer questions about your benefits, covered services and prescription drugs
- Find a doctor or change your PCP
- Walk through how to use our MyMolina online portal and mobile app
- Find food, housing, utility or other community assistance
- Sign up for GED classes and testing at no cost to you
- Write your resume and fill out job applications
- Set up a private room where you can have a virtual visit with a doctor

#### **Louisville**

<Address>  
<Phone Number>  
<Days/Hours of  
Operation>

#### **Bowling Green**

<Address>  
<Phone Number>  
<Days/Hours of  
Operation>

#### **Lexington**

<Address>  
<Phone Number>  
<Days/Hours of  
Operation>

#### **Covington**

<Address>  
<Phone Number>  
<Days/Hours of  
Operation>

#### **Hazard**

<Address>  
<Phone Number>  
<Days/Hours of  
Operation>

#### **Owensville**

<Address>  
<Phone Number>  
<Days/Hours of  
Operation>

## Community Resources

We are part of your community and we work hard to make it healthier.

Local resources, health events and community organizations are available to you. They provide great programs and convenient services. Best of all, most of them are no or low cost to you.

- Call 211. This is a free and confidential service that will help you find local resources. Available 24/7.
- City or County Health Department
- Find Help Now KY at FindHelpNowKY.org or 1-833-8KY-HELP. This is a free service where you can search for an addiction treatment facility.
- Women, Infants, Children (WIC)
- Benefit Bank at [www.thebenefitbank.com](http://www.thebenefitbank.com)

Find more resources near you with our Community Resource Guide. Visit **MolinaHealthcare.com**, log on to the mobile app or call Member Services for a printed copy of the Guide.

## MyMolina.com: Manage your health plan online

Connect to our secure portal from any device, wherever you are. Change your doctor, update your contact info, request a new ID card and much more. To sign up, visit **MyMolina.com**.

## Molina mobile app for iPhone and Android

Manage your health care anytime, anywhere with the Molina mobile app. Sign into the app using your My Molina user ID and password. With the Molina mobile app, you can view your Member ID card, find a doctor or facility nearby, call the 24-hour Nurse Advice Line or 24-Hour Behavioral Health Services Hotline, and more.

Pregnant or new parents can get personalized information based on your due date throughout pregnancy, plus a to-do checklist designed by experts.

Download the Molina mobile app on the iPhone App Store or Google Play at no cost.

## Tell Us What You Think!

Molina wants to know if our members are happy with the care we give. Every year, we choose certain areas of care and services to review for quality. This means we review these areas to see how well we're doing. We may also review how well our providers are doing in those same areas. This process is called "quality improvement."

We use a measurement tool called the Healthcare Effectiveness Data and Information Set (HEDIS®) to measure the quality of our care. HEDIS® is a widely used way to measure quality for health care in the U.S.

We also use member surveys to hear what our members think of our plan. If you get a survey in the mail that asks for your feedback on your health plan and doctors, please be sure to take it. Your answers help us learn how to serve you better.

If you want to know about the quality of our care call Member Services. The number is on the back of your ID card. You can visit **MolinaHealthcare.com** or log on to the mobile app.

You can also call us with comments on how we're doing or how we can improve. You do not need to file a grievance or appeal to talk to us about a problem.

## **24-Hour Nurse Advice Line**

It's not always easy to know how to treat a health problem. You can call Molina's 24-Hour Nurse Advice Line at any time, 7 days a week. Our registered nurses will help you understand and manage your health and wellness.

The Nurse Advice Line can help you:

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

Our registered nurses are always ready to answer questions about:

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

Call with your questions day or night:

English: (888) 275-8750

Español: (866) 648-3537

TTY: 711

## **24-Hour Behavioral Health Services Hotline**

You can call the Behavioral Health Services Hotline if you need help right away or are not sure what to do for:

- Sadness that does not get better
- Feeling hopeless or helpless
- Feeling worthless
- Guilt
- Difficulty sleeping
- Poor appetite or weight loss
- Loss of interest
- Substance abuse

If you have an emergency that may cause harm or death to you or others, go to the nearest hospital emergency room. You can also call 911.

Call with your questions day or night:

English: (XXX) XXX-XXXX

Español: (XXX) XXX-XXXX

TTY: 711

## **Medicaid Eligibility**

### **Renew Your Medicaid Eligibility Every Year**

You need to renew your Medicaid eligibility every year with the Kentucky Department for Community Based Services (DCBS) to find out if you still qualify for Medicaid benefits. If you do not renew your Medicaid eligibility, you could lose your Medicaid benefits.

Here are some resources that can help:

- Call or visit your local DCBS office to complete an interview. You can call (855) 306-8959. They are your best resource because they are the ones who determine if you still qualify.
- Visit Benefind at [benefind.ky.gov](http://benefind.ky.gov).
- Mail your application to:  
DCBS Family Support  
P.O. Box 2104  
Frankfort, KY 40602
- Fax your application to (502) 573-2007.

If you have questions or need help renewing your eligibility, call Member Services. The number is on the back of your ID card.

## Tell Us If Your Information Changes

If you are pregnant or if there is a change to your contact information, you must call Member Services right away.

You must report changes to the Department for Community Based Services (DCBS) within 30 days of the change. If you do not tell the DCBS when your information changes, you may lose your Medicaid benefits.

You must tell the DCBS if the information listed below changes:

- Mailing or home address
- Contact information
- Income, including changes to work hours, pay rate, and gain or loss of a job
- Household size, including marriage, divorce, pregnancy, and birth
- Health coverage such as job-related insurance
- Immigration status
- Status of being in jail or in prison
- Federal income tax return, such as a change in dependents

You can report the change to DCBS in one of four ways:

- Visit your local DCBS office. To find a DCBS office, visit [https://prdweb.chfs.ky.gov/Office\\_Phone/index.aspx](https://prdweb.chfs.ky.gov/Office_Phone/index.aspx).
- Submit a written change. Mail it to:  
Department for Community Based Services  
P.O. Box 2104  
Frankfort, KY 40601
- Call the DCBS at (855) 306-8959.
- Use the online Self Service Portal at [www.benefind.ky.gov](http://www.benefind.ky.gov).

## Appointment Guidelines

Type of Care Needed	Where To Go and Whom To Call	How Long You May Wait to Get Care
<p><b>Emergency</b> These are medical problems you think are so serious they must be treated right away. For more information, go to page XX.</p>	<p><b>Call 911</b> or go to the nearest emergency department. 911 is the local emergency telephone system available 24 hours a day, 7 days a week.</p> <p><b>Poison Control Center (800) 222-1222</b></p>	<p>You should receive emergency care <b>immediately.</b></p>
<p><b>Urgent Care and Non-emergency</b> This is when you need care right away, but you are not in danger of lasting harm or losing your life. For more information, go to page XX.</p>	<p>Call your PCP to request an appointment.</p> <p>If your PCP is not available, you can call our 24-Hour Nurse Advice Line or 24-Hour Behavioral Services Hotline. You can talk to a nurse, anytime.</p> <p>View the Provider Directory or call Member Services to find a network urgent care center or drop-in health clinic near you.</p>	<p>You should receive care within <b>48 hours of your request.</b></p>
<p><b>Routine care</b> such as a physical exam, well visit or immunizations.</p>	<p>Call your PCP to request an appointment.</p>	<p>You should receive care within <b>30 days of your request.</b></p>
<p><b>Dental, vision, lab, and radiology services</b></p>		<p>For routine services, you should receive care within <b>30 days of your request.</b></p> <p>For urgent care, you should receive care within <b>48 hours of your request.</b></p>

<p><b>Family planning and women's health services</b></p> <ul style="list-style-type: none"> <li>- Health screenings</li> <li>- Prenatal care</li> <li>- Postpartum care</li> <li>- Family planning methods (birth control pills, patch, ring, IUD, injections, implants)</li> <li>- Supplies (condom, foam, film, diaphragm, cap)</li> <li>- Treatment for sexually transmitted infections (STIs)</li> </ul>	<p>You do not need a referral to receive women's health or family planning services. You can go directly to your PCP, an OB/GYN listed in the Provider Directory, Certified Nurse Midwife, or Qualified Family Planning Provider.</p>	<p>For family planning, you should receive care within <b>30 days of your request</b>. If you are under 18 years of age, you should receive care <b>within 10 days</b>.</p>
<p><b>Specialist appointments</b> For more information, go to page XX.</p>	<p>Think about asking your PCP first. Although it's not required, your PCP may give you a referral to a specialist.</p>	<p>You should receive care within <b>30 days of your request</b>.</p>
<p><b>Mental health and substance use disorder treatment services</b> For more information, go to page XX.</p>	<p>Call a Community Mental Health Center or other in-network facility. If you need help finding a behavioral health facility or provider near you, call Member Services.</p>	<p>You should receive urgent care within <b>48 hours of your request</b>.</p> <p>You should receive routine care within <b>30 days of your request</b>.</p>

## Pregnancy Care

If you think you are pregnant, see your PCP as soon as possible. Your PCP will want you to see an OB/GYN. You don't need a referral to see an OB/GYN. You can find an OB/GYN in the Provider Directory at **MolinaHealthcare.com/ProviderSearch**. Make an appointment as soon as you know you're pregnant.

After your baby is born, it is important to have a postpartum exam to make sure your body is recovering. Make an appointment with your OB/GYN 4-6 weeks after your baby is born. If you had a C-section or any problems while giving birth, you should have your postpartum exam sooner.

If you have questions or need help getting pregnancy care or scheduling an appointment with a doctor, call Member Services.

You can earn rewards just for seeing your doctor! Learn more about our Healthy Rewards program on page XX.

## **Newborn Care**

Let Molina and the Department for Community Based Services (DCBS) know when your baby is born. Your newborn baby will automatically be enrolled in Molina for 60 days if eligible for enrollment. If you have any questions about your new baby's enrollment, call Member Services.

## **Family Planning & Women's Health Services**

You do not need a referral to receive women's health or family planning services. You can go directly to your PCP, an OB/GYN listed in the Provider Directory, Certified Nurse Midwife, or Qualified Family Planning Provider.

Family planning and women's health services include:

- Health screenings
- Family planning methods (birth control pills, patch, ring, IUD, injections, implants)
- Supplies (condom, foam, film, diaphragm, cap)
- Treatment for sexually transmitted infections (STIs)
- Exam and medical treatment
- Lab and diagnostic tests

## **Prior Authorization (PA)**

There are some treatments and services that your provider must ask Molina to approve before you can get them. This is called a prior authorization, or PA.

Most services are available to you without PA. However, some services do require it.

If a service requires PA, Molina's medical staff and your doctor review the medical need of your care before the service is given. They will make sure it is appropriate for your specific condition. If Molina does not approve a service or item, you or your provider can ask for an appeal. See page XX for more information.

For a list of covered services that do and do not require PA, refer to the covered services chart on the next page. You may also visit **MolinaHealthcare.com** or call Member Services.

When our plan makes changes to the list of services that need PA, we will post an update online at **www.MolinaHealthcare.com**.



## Services Covered by Molina

As a Molina member, you get all medically-necessary Medicaid-covered services. Medically necessary means you need the services to prevent, diagnose, or treat a medical condition.

The following list of covered services tells you which services need prior approval (PA) and which do not. Not all services that need prior approval are included in this list. For more information, or if you have questions, call Member Services.

<b>Covered Services</b>	
<b>Services covered by our plan</b>	<b>Limitations and exceptions</b>
Ambulance transportation	PA is not required for emergency transportation.
Certified nurse midwife services	PA is not required.
Certified nurse practitioner services	PA is not required.
Chiropractic (back) services <ul style="list-style-type: none"> <li>• Diagnostic x-rays</li> <li>• Adjustments of the spine to correct alignment</li> </ul>	PA is not required.
Dental services <ul style="list-style-type: none"> <li>• Routine cleaning and exam once every 6 months</li> <li>• Routine x-rays</li> <li>• Removal of impacted wisdom teeth and emergency tooth re-implantation for adults</li> <li>• Dentures, partial plates and braces</li> </ul>	Routine services and oral surgery services and evaluations by orthodontists and prosthodontists do not require PA. Other dental services require PA.
Diagnostic services (x-ray, lab)	Selected diagnostic services (including CT Scans, MRIs, MRAs, PET Scans and SPECT) require PA.  PA is not required for ultrasounds.

<p>Durable medical equipment (DME) The equipment you need for certain medical conditions is covered, such as:</p> <ul style="list-style-type: none"> <li>• Wheelchairs</li> <li>• Oxygen equipment</li> <li>• Canes, crutches and walkers</li> </ul>	<p>Some DME items require PA.</p>
<p>Emergency services An emergency is a medical problem you think is so serious that it must be treated right away by a doctor. Emergency services are always covered. To learn more, see page X.</p>	<p>PA is not required.</p>
<p>Family planning services and supplies</p> <ul style="list-style-type: none"> <li>• Exam and medical treatment</li> <li>• Lab and diagnostic tests</li> <li>• Family planning methods (birth control pills, patch, ring, IUD, injections, implants)</li> <li>• Supplies (condom, foam, film, diaphragm, cap)</li> <li>• Treatment for sexually transmitted infections (STIs)</li> </ul>	<p>PA is not required.</p>
<p>Federally Qualified Health Center or Rural Health Clinic services</p> <ul style="list-style-type: none"> <li>• Office visits for primary care and specialists services</li> <li>• Physical therapy services</li> <li>• Speech pathology and audiology services</li> <li>• Dental services</li> <li>• Podiatry services</li> <li>• Vision services</li> <li>• Chiropractic services</li> <li>• Transportation services</li> <li>• Behavioral health services</li> </ul>	<p>PA is not required.</p>
<p>Free-standing birth center services at a free-standing birth center You can call Member Services to see if there are any qualified centers in your area.</p>	<p>PA is not required.</p>

<p>Home health services</p> <ul style="list-style-type: none"> <li>• Home health aide and/or nursing services</li> <li>• Physical therapy, occupational therapy, and speech therapy</li> <li>• Private duty nursing</li> <li>• Home infusion therapy</li> <li>• Medical and social services</li> <li>• Medical equipment and supplies</li> </ul>	<p>PA is required after the initial evaluation plus the first 6 visits.</p>
<p>Hospice care (care for terminally ill, e.g., cancer patients) While you are receiving hospice care, Molina Healthcare will also cover:</p> <ul style="list-style-type: none"> <li>• Drugs to treat symptoms and pain</li> <li>• Short-term respite care</li> <li>• Home care</li> <li>• Nursing facility care</li> </ul>	<p>PA is not required.</p>
<p>Inpatient hospital services</p> <ul style="list-style-type: none"> <li>• Semi-private room, or private room if medically necessary</li> <li>• Meals, including special diets</li> <li>• General and special nursing care</li> <li>• Costs of special care units, such as intensive care</li> <li>• Drugs and medications prescribed in accord with our Preferred Drug List</li> <li>• Lab tests</li> <li>• X-rays</li> <li>• Needed surgical and medical supplies, including anesthesia</li> <li>• Physical, occupational and speech therapy</li> <li>• Operating and recovery room services</li> <li>• Inpatient substance abuse services</li> </ul>	<p>Inpatient hospital services (except for emergency admissions) and elective admissions, including pregnancy delivery services, and all inpatient surgeries, require PA. Notification to Molina is required within 24 hours of admission or by the next business day for emergency admissions.</p>
<p>Medical supplies</p>	<p>Some medical supplies require PA.</p>

<p>Mental health and substance use disorder treatment services</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Crisis intervention</li> <li>• Counseling and psychotherapy</li> <li>• Psychiatric medication management</li> <li>• Medication assisted treatment for addiction</li> <li>• Methadone administration</li> </ul>	<p>PA is not required to begin getting services at a Community Mental Health Center or other network providers.</p> <p>PA is only required for intensive services such as partial hospitalization or to receive services beyond the annual Medicaid limits for psychology or community behavioral health services. Contact your provider or Molina Healthcare for more information.</p>
<p>Non-emergency ambulance stretcher services</p> <ul style="list-style-type: none"> <li>• Transportation to and from needed medical visits is covered if your provider says you must be moved by stretcher and you cannot ride in a car.</li> </ul>	<p>PA is required.</p>
<p>Nursing facility services</p> <ul style="list-style-type: none"> <li>• A semi-private room, or a private room if medically-necessary</li> <li>• Meals, including special diets</li> <li>• Nursing services</li> <li>• Physical, occupation and speech therapy</li> <li>• Drugs you get as part of your plan of care</li> <li>• Medical and surgical supplies</li> <li>• Lab tests</li> <li>• X-rays</li> <li>• Equipment, such as wheelchairs</li> </ul> <p>Nursing facility stays are covered unless DCBS determines that you will return to fee-for-service. If you are in need of nursing services, call Member Services for information on available providers.</p>	<p>Nursing facility services require PA.</p>

<p>Obstetrical (maternity care - prenatal and postpartum including at-risk pregnancy services) and gynecological services</p> <ul style="list-style-type: none"> <li>• Prenatal care</li> <li>• Postpartum care</li> <li>• At-risk pregnancy care management</li> <li>• Pelvic exam and pap test</li> </ul>	<p>PA is not required.</p>
<p>Outpatient hospital services</p> <ul style="list-style-type: none"> <li>• Services in an emergency department or outpatient clinic</li> <li>• Outpatient surgery</li> <li>• Chemotherapy</li> <li>• Lab and diagnostic tests</li> <li>• Behavioral health care</li> <li>• X-rays</li> <li>• Medical supplies, such as splints and casts</li> </ul>	<p>Some outpatient services require PA.</p>
<p>Physical and occupational therapy</p>	<p>In an outpatient setting, you can have 30 visits in each 12-month period for any physical and occupational therapy services without PA. PA is required to get services after 30 visits in a 12-month period.</p>
<p>Podiatry (foot) services</p> <ul style="list-style-type: none"> <li>• Diagnosis of injuries and diseases of the foot</li> <li>• Surgical treatment</li> <li>• Routine foot care</li> </ul>	<p>Some podiatry services require PA.</p>
<p>Prescription drugs, including certain prescribed over-the-counter drugs Your provider will write a prescription for any drugs you need. You must fill the prescription at a network pharmacy. See the Prescription Drugs section on page XX of your Member Handbook to learn more.</p>	<p>Selected drugs, including injectables and some over-the-counter drugs, require PA.</p>
<p>Preventive mammogram (breast) and cervical cancer (pap smear) exams</p>	<p>PA is not required.</p>

<p>Primary care provider services Your PCP will provide all routine care services, such as:</p> <ul style="list-style-type: none"> <li>• Yearly well exams</li> <li>• EPSDT</li> <li>• Preventive screenings</li> <li>• Immunizations</li> <li>• Colds/flu</li> <li>• Sore throat</li> <li>• Earache</li> <li>• Rash</li> <li>• Joint pain</li> <li>• Pregnancy tests</li> </ul>	<p>PA is not required.</p>
<p>Renal dialysis (kidney disease)</p> <ul style="list-style-type: none"> <li>• Inpatient and outpatient dialysis treatments</li> <li>• Home dialysis supplies</li> </ul>	<p>PA is not required.</p>
<p>Screening and counseling for obesity</p>	<p>PA is not required. Screening and counseling for obesity requires a referral by a provider.</p>
<p>Shots (immunizations)</p> <ul style="list-style-type: none"> <li>• Vaccines for children under age 21</li> <li>• Flu shots</li> <li>• Hepatitis B vaccine</li> </ul>	<p>PA is not required.</p>
<p>Specialist services Consultation, diagnosis and treatment by specialist provider</p>	<p>Office visits to see a specialist do not require PA. Some specialist services do require PA.</p>
<p>Speech and hearing services, including hearing aids</p> <ul style="list-style-type: none"> <li>• Hearing and balance tests</li> <li>• Hearing aids, batteries and accessories</li> <li>• Speech therapy</li> </ul>	<p>In an outpatient and home setting, you can have 30 visits in each 12-month period for any combination of speech and audiology therapy services without PA. PA is required to get services after 30 visits in a 12-month period. Some hearing aids may require PA.</p>

<p>Vision (optical) services, including eyeglasses</p> <ul style="list-style-type: none"> <li>• One eye exam every 12 months</li> <li>• Replacement frames and lenses every 12 months due to normal wear and tear or when medically necessary.</li> <li>• Expanded selection of frames to choose from at no cost to you</li> </ul>	<p>PA is not required, except for contact lenses.</p>
<p>Well-child (EPSDT) exams for children under the age of 21 Checkups, immunizations and other services for children under age 21. See page XX to learn more.</p>	<p>PA is not required.</p>
<p>Yearly well-adult exams</p>	<p>PA is not required.</p>

## Well-Child Care

### Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT services are a federal benefit for children who are eligible for Medicaid or the Kentucky Children’s Health Insurance Program (KCHIP). The EPSDT program covers medical exams, immunizations (shots), health education and laboratory tests for children under the age of 21 years.

These important exams make sure children are healthy. They also make sure children are developing physically and mentally. Mothers should have prenatal exams. Children should have exams:

- At birth
- At 3-5 days of age
- At 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age
- Once every year between ages 3 and 20

The EPSDT program may cover additional medical, vision, dental, hearing, nutritional, developmental, and behavioral health services. It may also cover other care to treat physical, behavioral or other problems or conditions found by an exam. Some of the tests and treatment services may require prior approval.

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

- Preventive check-ups for Medicaid members under age 21
- Screenings like:

- Medical exams (physical and development screenings)
- Vision exams
- Hearing exams
- Developmental exams
- Lead testing
- Laboratory tests (age and gender appropriate exams)
- Immunizations (shots)
- Medically necessary follow up care to treat health problems or issues found during a screening. This could include, but is not limited to, services such as:
  - Visits with a primary care provider, specialist, dentist, optometrist and other Molina providers to diagnose and treat problems or issues
  - Inpatient or outpatient hospital care
  - Clinic visits
  - Prescription drugs
- Health education

It is very important to get preventive checkups and screenings so your doctors can find any health problems early and treat them before the problem gets more serious.

Remember: Some services may require a referral from your PCP or prior authorization by Molina. Also, for some EPSDT items or services, your provider may request prior approval for Molina to cover things that have limits or are not covered for members over age 20. Please see page(s) <XX> to see what services require a referral and/or prior approval.

You can get EPSDT services by calling your PCP and/or dental provider and making an appointment.

If you have any questions, or need help, call Member Services. We can help you:

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

Member Services can also help you get a referral for Women, Infants, and Children (WIC) and other community services like food and help with utilities.

## **Long Term Care Services**

If you are admitted to a nursing facility for long-term care, Molina will help you. If you need long-term care services for more than 30 days, we will work with the Cabinet for Health and Family Services to disenroll you from managed care. We will make sure you get the services you need.



## Co-Pays

A co-pay is an amount of money you may have to pay when you get some health care services. If you get a service that needs a co-pay, you pay the provider at the time of the service. You will never pay co-pays for routine preventive services or care you get in an emergency.

There is a limit on the amount of co-pays you will have to pay. You will not have to pay more than 5 percent of your household's income each quarter of the year.

We keep track of the co-pays you pay. After you reach the co-pay limit, you do not need to pay co-pays for the rest of the quarter. If you paid a co-pay after you have reached the co-pay limit, your doctor will refund the co-pay to you.

The first quarter is January to March. The second is April to June. The third is July to September. The fourth is October to December.

The chart below lists services that require a co-pay. Some services and items do not follow these co-pay rules. For a full list of services and items that require a co-pay and the co-pay amount, visit [MolinaHealthcare.com/KYCopays](http://MolinaHealthcare.com/KYCopays).

<b>Service or Item</b>	<b>Co-Pay</b>
Generic drug	\$1
Brand-name drug (when a generic version is not available)	\$1
Brand-name drug (when a generic version is available)	\$4
Specialist visits	\$3
Dental services	\$3
Vision services	\$3
Physician services	\$3
Chiropractic services	\$3
Inpatient hospital services (hospital or mental health and substance use disorder treatment)	\$50
Outpatient hospital services	\$4
Outpatient surgery	\$4
Therapy services (physical, speech, occupational)	\$3
Laboratory, diagnostic, or x-ray services	\$3
Emergency room visit for a non-emergency service	\$8
Durable medical equipment (DME)	\$4

Certain members are not required to pay co-pays, including:

- Children in foster care
- Children enrolled in Medicaid
- Pregnant women (includes 60-day period after pregnancy ends)
- Members who have reached the co-pay limit for the quarter
- Members who are receiving hospice care

## **Services Not Covered by Molina**

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

- Any lab service performed by a provider without current certification from the Clinical Laboratory Improvement Amendment (CLIA)
- Cosmetic procedures or services performed solely to improve appearance
- Hysterectomy procedures, if performed only to prevent pregnancy (sterilize) or for hygiene reasons
- Medical or surgical treatment of infertility (reversal of sterilization, in vitro fertilization)
- Induced abortion and miscarriage performed out-of-compliance with federal and Kentucky laws and judicial opinions
- Paternity testing
- Personal services or comfort items
- Post mortem services
- Services, including but not limited to drugs, that are investigational, mainly for research or experimental
- Sex change services
- Sterilization of a member who is mentally incompetent or institutionalized
- Services provided in other countries, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services
- Services or supplies that are more than allowed by federal or state laws, judicial opinions, and the Kentucky Medicaid program
- Services that a member is not required to pay and no one else is legally responsible to pay

## Second Opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion from another provider. This includes second opinions related to surgery and complex or chronic conditions. If the provider you talk to is an out-of-network provider, prior approval is needed. This service is at no cost to you. Call Member Services to learn how to get a second opinion.

## Your Provider Network

You must get services covered by Molina from facilities and/or providers in Molina's network. The only time you can use providers that are not on Molina's panel is for:

- Emergency care
- Qualified Family Planning services
- An out-of-network provider that Molina has approved you to see

## Choosing a Primary Care Provider (PCP)

Each member of Molina must choose a primary care provider (PCP) from Molina's Provider Directory. Your PCP is an individual physician, physician group practice, advanced practice registered nurse, physician assistant, family medicine (general practice), internal medicine, or pediatrics.

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

Your PCP will work with you to direct your health care. Your PCP will do your check-ups and shots. Your PCP will also treat you for most of your routine health care needs. If needed, your PCP will send you to other doctors or admit you to the hospital.

You can change your PCP at any time. Call Member Services or log on to MyMolina.com or the mobile app.

## Provider Directory

The Provider Directory lists all of our network providers you can use to receive services.

Three ways to view the Provider Directory

1. Log on to **MyMolina.com**. If you don't have a user name, you must register first.
2. Visit **MolinaHealthcare.com/ProviderSearch** to search the online Provider Directory.
3. Download Molina's mobile app to search the online Provider Directory.

You can request a printed Provider Directory by calling Member Services.

You can also visit our website at [MolinaHealthcare.com/ProviderSearch](https://MolinaHealthcare.com/ProviderSearch) to view up to date provider network information. Or, you can call Member Services at (XXX) XXX-XXXX (TTY (XXX) XXX-XXXX or 711).

## **Changing Your PCP**

If for any reason you want to change your PCP, you must first call Member Services to ask for the change. Or, you can log on to MyMolina.com or use the mobile app to change your PCP. You can find a PCP using our online Provider Directory at any time. You can change your PCP as often as you like.

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

A PCP may choose not to see you if he or she is not able to meet your health care needs. If this happens, you can choose a new PCP. We can also assign you a new one.

For the names of PCPs in Molina, you may look in the Provider Directory on our website at [MolinaHealthcare.com/ProviderSearch](https://MolinaHealthcare.com/ProviderSearch), on the mobile app, or you can call Member Services at (XXX) XXX-XXXX (TTY for the hearing impaired: (XXX) XXX-XXXX or 711) for help.

## **Specialty Care and Referrals**

If you need special care that your PCP cannot give, he or she will refer you to a specialist. Getting a referral from your PCP is not required, but it ensures all your providers know your health care goals and plans.

Ask your PCP if you don't know how referrals work. If you think a specialist does not meet your needs, ask your PCP for help.

If we do not have a specialist in Molina's network who can give you the care you need, we will help you get care from a specialist outside of Molina's network.

## **If You Need to See an Out-of-Network Doctor**

You must see a provider that is part of Molina's network. You must be in the Molina service area and see a doctor that is part of Molina's network to get services.

Providers that are not in Molina's network are called "out-of-network" providers. You must get an approval to get services from an out-of-network provider. Call your PCP to get an approval. If you don't get an approval, you will have to pay for these services.

## **Getting Care Outside the Molina Service Area**

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

## **Emergency Services**

### **What is an Emergency?**

Emergency services are services for a medical problem you think is so serious that it must be treated right away by a doctor. We cover care for emergencies both in and out of the county where you live. Some examples of when emergency services are needed include:

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

### **How to Get Emergency Care**

An emergency needs to be taken care of right away. You do not have to contact Molina for an okay before you get emergency services. If you have an emergency, call 911 or go to the NEAREST emergency room (ER) or other appropriate setting. You can get care 24 hours a day, 7 days a week.

Remember, if you need emergency services:

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

- If the ER doctor says that you don't have to stay but you still stay, you may have to pay.
- If the hospital has you stay, please make sure Molina is called within 24 hours.

If you are not sure whether you need to go to the emergency room, call your primary care provider. If your PCP is not available, call the Molina 24-Hour Nurse Advice Line or 24-Hour Behavioral Health Services Hotline. Your PCP or one of our registered nurses can give you advice on what you should do.

If you don't have an emergency, you do not need to go to the ER. Call your PCP. If you need non-emergency care after normal business hours, you can also visit an urgent care center or walk-in clinic.

You can find these facilities in the Provider Directory. If you need help finding one, you can call Member Services at **(XXX) XXX-XXXX** (TTY (XXX) XXX-XXXX or 711). You may also visit our website at [MolinaHealthcare.com/ProviderSearch](http://MolinaHealthcare.com/ProviderSearch) or log on to the mobile app.

### **Post-Stabilization Care**

These are services you get after ER care. These services keep your condition stable. You do not 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 for help.

You may have received care from out-of-network providers during your emergency. If you did, we will try to get network providers to take over your care as soon as possible.

### **After-Hours Care and Urgent Care**

Urgent care is when you need care right away, but you are not in danger of lasting harm or losing your life. Some examples include:

- Illness or injury
- Sore throat or cough
- Flu
- Migraine or headache
- Ear aches or ear infections
- Minor accidents or falls

If you need urgent care, call your PCP to ask for an appointment.

There may be times when your provider cannot see you right away. There may not be an appointment available or the office may be closed. When you need care after your provider's office is closed, this is called after-hours care.

If you need after-hours care, there are some steps you can take to stop your injury or illness from getting worse.

1. Call your PCP for advice. If you can't get an appointment, ask your PCP what to do next. Even if your provider's office is closed, someone may answer the phone. You can also leave a message.
2. If you cannot reach your provider's office, Molina offers other options to get care:
  - You can call Molina's 24-Hour Nurse Advice Line or 24-Hour Behavioral Health Services Hotline. Nurses are always available to answer questions about your health.
3. Go to a network drop-in clinic or a network urgent care center listed in the Provider Directory. After you visit an urgent care center, always call your PCP to schedule follow-up care.

## **Prescriptions (Drugs)**

Molina covers all medically necessary Medicaid-covered medications. We use a preferred drug list (PDL) that lists the drugs we prefer your doctor prescribe to you. Your doctor must prescribe generic drugs when available.

If your doctor believes you need a brand name drug, he or she may submit a prior authorization request. Molina will decide whether to approve the brand name drug.

The PDL can change. It is important for you and your provider to check the PDL when you need to fill or refill a medication.

Some medications need prior authorization. This means your doctor must explain why the specific drug and/or a certain amount of the drug is needed. Molina must approve this request before you can get the medication. We may require authorization if:

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

Some drugs may also have quantity limits and some drugs are never covered, such as drugs for weight loss.

If we do not approve a prior authorization request, we will send you information on how you can appeal our decision.

You can call Member Services to ask for information on our PDL. You can also ask about medications that need prior authorization. You can also look on our website at [MolinaHealthcare.com](http://MolinaHealthcare.com).

You can find a network pharmacy near you by visiting **MolinaHealthcare.com/ProviderSearch**, logging on to the mobile app, or by calling Member Services. Remember to fill your prescriptions before you travel out of state.

## **Lock-In Program**

We want to make sure you get safe, quality health care services. Our Lock-In Program helps some members who need help managing their health care needs. You may be locked in to a certain provider or a pharmacy.

If you are selected for the lock-in program, we will send you a letter explaining the reason. If you disagree, you must reply within 10 days with information explaining why you do not believe you should be locked-in to one particular provider or pharmacy. If we do not receive a response from you within 10 days, we will assign you to a particular provider and/or pharmacy. You can also appeal the decision. See page <<#>> for information on how to appeal.

## **Mental Health and Substance Use Disorder Treatment Services**

Mental health and substance use disorder treatment services are available through the plan. These services include:

- Medical Services
- Medication-Assisted Treatment for Addiction
- Office Administered Medications
- Psychological Testing
- Mental Health Day Treatment
- Substance Use Disorder Treatment Services to include Peer Recovery Support, Partial Hospitalization, and Residential Treatment
- Therapeutic Behavioral Service
- Psychosocial Rehabilitation
- Community Psychiatric Support Services
- Assertive Community Treatment
- Intensive Home Based Treatment.

If you need mental health and/or substance use disorder treatment services, call Member Services or our 24-Hour Behavioral Health Services Hotline.

You can visit the Provider Directory at [MolinaHealthcare.com/ProviderSearch](https://MolinaHealthcare.com/ProviderSearch) or on the mobile app to find a doctor. You can see a doctor that is part of our network. You don't need a referral to see a doctor. You can pick or change your doctor at any time. If you have a Care Manager, he or she can help you get the services you need and provide a list of covered services.



## **What to do if you are having a problem**

Call Member Services if you need help or are not sure what to do for:

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

## **Emergency Behavioral Health Services**

A behavioral health emergency is a mental health condition that may cause extreme harm or death. A behavioral health emergency might include:

- Injuring yourself by accident or on purpose
- Considering hurting yourself or others
- Unusual behavior that keeps you from carrying out daily life

If you have an emergency, go to the closest emergency room or call 911 right away. If you go to the emergency room, let your primary care provider (PCP) know as soon as you can.

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 24-Hour Behavioral Health Services Hotline
- Call Member Services
- Call your doctor and follow-up within 24 to 48 hours

## **Hospital Services**

### **Inpatient Hospital Services**

You must have prior approval to get hospital services except in the case of an emergency or urgent care services.

If you get services in a hospital or you are admitted to the hospital for emergency or urgent care services outside of Molina's coverage area, your hospital stay will be covered. This happens even if you do not have prior approval.

## **Medical/Surgical Services**

You can find the inpatient services we cover in the Covered Services list on page <XX>. We also cover the following inpatient services in a network hospital or rehabilitation facility, when the services are generally and customarily provided by acute care general hospitals or rehabilitation facilities inside our service area:

- Anesthesia
- Blood, blood products and their administration, blood storage (including the services and supplies of a blood bank)
- Mastectomies (removal of breast) and lymph node dissections
- Medical social services and discharge planning
- Radioactive materials used for therapeutic purposes
- Respiratory therapy

## **Transportation Services**

### **Emergency Transportation**

Molina covers ambulance rides when you have an emergency. If you have an emergency, call 911. You can call an ambulance if you do not have 911 in your area. For more information about Emergency Services, see page <XX>.

### **Non-Emergency Transportation**

Kentucky Medicaid will cover non-emergency transportation to and from covered medical services covered by Medicaid.

If you need a ride, call the transportation broker in your county. Call 72 hours before the time you need the ride.

If you use a wheelchair or have other special transportation needs, you can choose a transportation company that meets your needs. Contact your transportation broker to see what special transportation companies are available.

For a list of transportation brokers and how to contact them, visit

**<https://transportation.ky.gov/TransportationDelivery/Pages/Human-Services-Transportation.aspx>** or call Kentucky Medicaid at (XXX) XXX-XXXX. A representative will be able to help you Monday through Friday from X a.m. to X p.m.

For more information about transportation services covered by Kentucky Medicaid, call **(888) 941-7433**.

## Care Management Population Health Services

Molina offers care management services to children and adults. Our program can help you manage health care conditions, like:

- Asthma
- Behavioral health disorders
- Cancer
- Chemical dependency
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CAD)
- Developmental disabilities
- Diabetes
- High blood pressure
- Obesity
- Pain management
- Pregnancy

Our care management program can also help you with:

- Housing
- Food
- Utilities
- Safety in or around your home
- Tobacco use

If you have certain health conditions or need access to social resources, Molina may recommend care management services to you. You and your provider can also call Member Services if you think care management services could help you.

The professionals who work in the care management program are called Care Managers. All Care Managers are nurses or social workers and are part of a team made up of many different health care professionals and support staff.

A member of our care management team will call you to decide if care management can help you with your medical needs. He or she will ask questions to learn more about your health and lifestyle.

Once you are enrolled in care management, a Care Manager will work with you one-on-one. Your Care Manager will contact you by phone to learn about your health condition. He or she will talk about your health management priorities and help you set goals to improve your health. Your Care Manager will work with you on the steps to take to meet those goals.

A member of your care management team can also meet with you face-to-face several times a year. Your Care Manager will work directly with your PCP and other providers to

help coordinate your care. Your Care Manager will give you information on local resources that may also be able to help you. He or she can also help arrange transportation to your appointments.

To learn more, call Member Services. A representative will be able to connect you with a Care Manager.

## **Stop Smoking Program**

Molina's stop smoking program is for members who are ready to quit smoking. This program is available at no cost to you. You get:

- One-on-one counseling
- Educational materials
- A toll-free quit line to call at any time for help between scheduled calls at X-XXX-XXX-XXXX
- Appropriate stop-smoking aids, such as nicotine replacement therapy, based on what you and your provider decide is right for you

## **If you get a bill from a provider**

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

If the statement does not list any patient responsibility, this means you have a statement, not a bill. The provider is just telling you that your insurance company has been billed for those services. These statements say at the top of the page that "this is not a bill." If you did not receive the services listed in the statement, please call Member Services right away. You may have to pay for services that are not covered. You may also have to pay for services from providers who are not part of our network. If the services were an emergency, you don't have to pay. If you need help, call Member Services.

## **Rights & Responsibilities**

These rights and responsibilities are posted at [MolinaHealthcare.com](http://MolinaHealthcare.com).

### **Your Membership Rights**

The Contractor's written policies and procedures that are designed to protect the rights of Enrollees, in accordance with federal and state law, shall include, without limitation, the right to:

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

- Timely access to care that does not have any communication or physical access barriers.
- Timely referral and access to medically indicated Specialty Care.
- To receive all information and services that Molina must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your health care unless it is not in your best interest.
- To get information on any medical care treatment, given in a way that you can follow.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To ask, and get, a copy of your medical records, and to be able to ask that the record be changed/ corrected if needed.
- To be able to say yes or no to having any information about you given out unless Molina has to by law.
- To be able to say no to treatment or therapy. If you say no, the doctor or Molina must talk to you about what could happen and they must put a note in your medical record about it.
- To be able to file a grievance, appeal, or state hearing. See page <XX> of this handbook for information.
- To be able to get all Molina written member information from Molina :
  - at no cost to you;
  - in the prevalent non-English languages of members in Molina's service area;
  - in other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help free of charge from Molina and its providers if you do not speak English or need help in understanding information.
- To be able to get help with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will). See page <<#>> which explains about advance directives.

- To file any complaint about not following your advance directive with the Kentucky Cabinet for Health and Family Services.
- To change your primary care provider (PCP) to another PCP in Molina's network at any time (unless you are in the lock in program). Molina must send you something in writing that says who the new PCP is by the date of the change.
- To be free to carry out your rights and know that Molina's providers or the Department for Medicaid Services will not hold this against you.
- To know that the MCO must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- If you are a female, to be able to go to a woman's health provider on Molina's panel for covered woman's health services.
- To be able to get a second opinion from a qualified provider on Molina's panel. If a qualified provider is not able to see you, Molina must set up a visit with a provider not on our panel.
- To get information about Molina from us.
- Any American Indian enrolled with Molina eligible to receive services from a participating I/T/U provider or an I/T/U PCP shall be allowed to receive services from that provider if part of Molina's Network.
- To contact the Kentucky Department for Medicaid Services and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

**The Department for Medicaid Services (DMS)**

275 E. Main St. 6EC  
Frankfort, KY 40621

Email: [MS.Services@ky.gov](mailto:MS.Services@ky.gov)

Phone: (800) 635-2570

Fax: (502) 564-3852

**Office for Civil Rights**

United States Department of Health and Human Services

233 N. Michigan Ave. – Suite 240

Chicago, Illinois 60601

Ph: (312) 886-2359, TTY/TDD: (312) 353-5693

## **Member Responsibilities**

The Contractor shall also have policies addressing the responsibility of each Enrollee to:

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

- Become informed about Enrollee rights.
- Abide by the Contractor's and Department's policies and procedures.
- Always carry your Molina ID card. Do not let anyone else use your ID card.
- Keep appointments. Be on time.
- Call your provider 24 hours in advance if you will be late or if you cannot keep your appointment.
- Share health information (to the extent possible) with Molina and your providers. Do this so you get the right care.
- Understand your health conditions (to the degree possible). Be active in decisions about your health care.
- Work with your provider to develop treatment goals. Follow the care plan that you and your provider have developed.
- Ask questions if you do not understand your benefits.
- Call Molina within 24 hours of a visit to the emergency department or an unexpected stay in the hospital.
- Tell Molina if you would like to change your PCP. Molina will make sure the PCP you pick is in our network and taking new patients.
- Tell Molina and your county caseworker if you change your name, address or telephone number.
- Also, tell us if you have any changes that could affect your Medicaid eligibility.
- Let Molina and your health care providers know if you or any of the members of your family have other health insurance coverage.
- Report any fraud or wrongdoing to Molina or the proper authorities.

## **Member Privacy**

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

Why does Molina use or share your Protected Health Information (PHI)?

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

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

## **Fraud, Waste and Abuse**

Molina'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 takes the prevention, detection, and investigation of fraud, waste and abuse seriously, and complies with state and federal laws. Molina investigates all suspected cases of fraud, waste and abuse and promptly reports to government agencies when appropriate. Molina 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's AlertLine at: Toll free, (866) 606-3889

Or

Complete a report form online at <https://www.Molinahealthcare.alertline.com>.

## **Advance Directives**

### **You Have the Right: Using Advance Directives to State Your Wishes about Your Medical Care**

People often worry about the medical care they would get if they became too sick to make their wishes known.

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

You can state your medical care wishes in writing while you are healthy and able to choose. Your health care facility must explain your right to state your wishes about medical care. It also must ask you if you have put your wishes in writing.

This document explains your rights under Kentucky law to accept or refuse medical care. The document also explains how you can state your wishes about the care you would want if you could not choose for yourself.

This document does not contain legal advice, but will help you understand your rights under the law.



### **What are my rights to choose my medical care?**

You have the right to choose your own medical care. If you do not want a certain type of care, you have the right to tell your doctor you do not want it.

### **What if I am too sick to decide? What if I cannot make my wishes known?**

Most people can make their wishes about their medical care known to their doctors. But some people become too sick to tell their doctors about the type of care they want. Under Kentucky law, you have the right to fill out a form while you are able to act for yourself. The form tells your doctors what you want done if you can't make your wishes known.

### **What kinds of forms are there?**

There are four different forms, or advance directives, you can use: a Living Will, a Do Not Resuscitate (DNR) Order, a Health Care Power of Attorney (also known as a Durable Power of Attorney for Health Care) and a Declaration for Mental Health Treatment. You fill out an advance directive while you are able to act for yourself. The advance directive lets your doctor and others know your wishes about medical care.

### **Do I have to fill out an advance directive before I get medical care?**

No. No one can make you fill out an advance directive. You decide if you want to fill one out.

### **Who can fill out an advance directive?**

Anyone 18 years old or older who is of sound mind and can make his or her own decisions can fill one out.

### **Do I need a lawyer?**

No, you do not need a lawyer to fill out an advance directive.

### **Do the people giving me medical care have to follow my wishes?**

Yes, if your wishes follow state law. However, a person giving you medical care may not be able to follow your wishes because they go against his or her conscience. If so, they will help you find someone else who will follow your wishes.

## **Living Will**

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

» in a coma that is not expected to end,

- OR -

» beyond medical help with no hope of getting better and can't make your wishes known,

- OR -

» expected to die and are not able to make your wishes known.

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

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

### **Do Not Resuscitate Order**

A Do Not Resuscitate (DNR) Order is an order written by a doctor or, under certain circumstances, a certified nurse practitioner or clinical nurse specialist, that instructs health care providers not to do cardiopulmonary resuscitation (CPR). In Kentucky, there are two types of DNR Orders: (1) DNR Comfort Care, and (2) DNR Comfort Care – Arrest. You should talk to your doctor about DNR options.

### **Health Care Power of Attorney**

A Health Care Power of Attorney is different from other types of powers of attorney. This document talks only about a Health Care Power of Attorney, not about other types of powers of attorney.

A Health Care Power of Attorney allows you to choose someone to carry out your wishes for your medical care. The person acts for you if you cannot act for yourself. This could be for a short time period or for a long time period.

### **Who should I choose?**

You can choose any adult relative or friend whom you trust to act for you when you cannot act for yourself.

Be sure to talk with the person about what you want. Then write down what medical care you do or do not want. You should also talk to your doctor about what you want. The person you choose must follow your wishes.

When does my Health Care Power of Attorney take effect? The form takes effect only when you can't choose your care for yourself. The form allows your relative or friend to stop life support only in the following circumstances:

» if you are in a coma that is not expected to end,

- OR -

» if you are expected to die.

### **Declaration for Mental Health Treatment**

A Declaration for Mental Health Treatment gives more specific attention to mental health care. It allows you, while capable, to appoint a representative to make decisions

on your behalf when you lack the capacity to make a decision. In addition, the declaration can set forth certain wishes regarding treatment.

For example, you can indicate medication and treatment preferences, and preferences concerning admission/ retention in a facility.

### **What is the difference between a Health Care Power of Attorney and a Living Will?**

Your Living Will explains, in writing, your wishes about the use of life-support methods if you are unable to make your wishes known. Your Health Care Power of Attorney lets you choose someone to carry out your wishes for medical care when you cannot act for yourself.

### **If I have a Health Care Power of Attorney, do I need a Living Will, too?**

You may want both. Each addresses different parts of your medical care.

### **Can I change my advance directives?**

Yes, you can change your advance directives whenever you want. It is a good idea to look over your advance directives from time to time to make sure they still say what you want and that they cover all areas.

### **If I don't have an advance directive, who chooses my medical care when I can't?**

Kentucky law allows your next-of-kin to choose your medical care if you are expected to die and cannot act for yourself.

### **What do I do with my forms after filling them out?**

You should give copies to your doctor and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Health Care Power of Attorney, give that person a copy. Put a copy with your personal papers.

You may want to give one to your lawyer or clergy person. Be sure to tell your family or friends about what you have done. Do not just put these forms away and forget about them.

## **Grievances and Appeals**

### **Filing a Grievance or Appeal**

If you are unhappy with anything about Molina or our providers, you should tell us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know. We need your written consent for someone else to file a grievance or appeal on your behalf.

To contact us, you can:

- Call Member Services at (XXX) XXX-XXXX, TTY/TDD: 711 or (XXX) XXX-XXXX, or
- Call Member Services to request they mail you a form, or
- Visit our website at MolinaHealthcare.com, or
- Write a letter telling us what you are unhappy about. Be sure to include:
  - Your first and last name
  - The member ID number from the front of your Molina member ID card
  - Your mailing address and telephone number
  - Any information that helps explain your problem

Mail your letter to:

Appeals and Grievances Department  
Molina Healthcare  
312 S. Fourth St., Suite 700  
Louisville, KY 40202

We will not take any negative action against you or your provider for filing a grievance or appeal.

### **Filing a Grievance (Complaint)**

If you file a grievance (complaint) with us, we will send you a letter within 5 working days from the day we receive your grievance. We will let you know we received it. We will then review the grievance and send you a letter within 30 calendar days to tell you our decision.

If you or Molina need more time to make a decision, we may add 14 calendar days to the review time. We will send you a letter that tells you why we need more time. If you think we need more time to make a decision on your appeal or grievance, you can also ask us to take up to 14 calendar days.

If you are not happy with the decision we make about your grievance, you may file an appeal.

### **Filing an Appeal**

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

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

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

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

If you are unhappy with a decision or action that Molina has taken, you or your representative can file an appeal. You must file your appeal within 60 calendar days of the mailing date on the letter. If we have made a decision to reduce, suspend or stop services before you get all of the services that were approved, your letter will tell you how you can keep getting the services if you choose and when you may have to pay for the services.

If you call us to tell us about your appeal, you will also need to send us a written appeal (unless you are requesting an expedited appeal). We can send you a form to fill out, or you can send us a letter. You must send us a written, signed appeal within 10 calendar days of your phone call.

We will send you a letter within 5 working days from the day we receive your appeal. We will let you know we received it and the date we will review your appeal. Unless we tell you a different date, we must give you an answer to your appeal in writing within 30 calendar days from the date you contacted us.

If you or your provider feel that waiting 30 calendar days could seriously harm your health, you can ask for an expedited (fast) appeal. You or your provider must call us to ask for an expedited appeal. Molina will make a decision within 72 hours of the request, or as soon as the health condition requires.

If we do not change our decision or action as a result of your appeal, we will notify you of your right to ask for a state fair hearing. You may only ask for a state fair hearing after you have gone through Molina's appeal process.

## **State Fair Hearings**

A State Fair Hearing is a meeting with you or your authorized representative, someone from Molina, and a hearing officer from the Kentucky Cabinet for Health and Family Services.

In the hearing, you will explain why you think Molina did not make the right decision. Molina will explain the reasons for making our decision. The hearing officer will listen and then decide who is right based on the rules and the information given.

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

- We do not change our decision or action as a result of your appeal
- A decision is made to propose enrollment or continue enrollment in the Lock-In Program
- A decision is made to deny your request to change your Lock-In provider.

If you want a hearing, you or your authorized representative must ask for a hearing within 120 calendar days. The 120 calendar day period begins on the day after the mailing date on the hearing form. For more information, see page <XX>.

To ask for a hearing from the Kentucky Department for Medicaid Services, send a letter to:

**Department for Medicaid Services**

Division of Program Quality and Outcomes  
275 East Main Street, 6C-C  
Frankfort, Kentucky 40621-0001

You may only request a state hearing after you have gone through Molina's appeal process.

The hearing officer will mail you the recommended decision within 60 days of your first request for a hearing. The Kentucky Department for Medicaid Services will make a final decision within 90 days of the hearing officer's recommended decision.

If your health condition meets the criteria for an expedited (fast) decision, the decision will be issued within 72 hours of the request, or as soon as your health condition requires. Expedited decisions are for situations when making the decision within the standard time frame could seriously risk your life or health.

**Continuation of Benefits During the Appeal or State Fair Hearing Process**

You can ask that we continue your medical coverage during the appeal and/or State Fair Hearing process. To do this, all of the following must be met:

1. You or your representative must ask to continue your benefits.
2. Your appeal request must be filed within 10 calendar days of the date on our original decision letter.
3. The appeal or hearing must involve our decision to stop, suspend or reduce an approved service.
4. An authorized provider must have ordered the service.
5. The time period of the original approval of the service must not have ended.

If the appeal or hearing decision is not decided in your favor, you may have to pay for the services you received during the review or hearing process.

**Office of the Ombudsman**

The Office of the Ombudsman is part of the Cabinet for Health and Family Services.

The Office of the Ombudsman makes sure that people who use public services are treated fairly. You can contact the Office:

- Online: Visit <https://chfs.ky.gov/agencies/os/omb/Pages/default.aspx>
- By phone: Call (800) 372-2973 or TTY (800) 627-4702
- By mail:  
The Office of the Ombudsman  
Cabinet for Health and Family Services  
275 E. Main St., 1E-B  
Frankfort, KY 40621

## **Managed Care Organization (MCO) Membership**

### **Ending Your MCO Membership**

As a member of a managed care organization, you have the right to choose to end your membership at certain times during the year. You can choose to end your membership during the first three months of your membership or during the annual open enrollment month for your area.

If you want to end your membership, call the Kentucky Department for Community Based Services (DCBS).

You can choose to end your membership after the first three months of your membership if you have cause. You may have cause if:

- Your PCP is no longer in our network
- You cannot access a qualified provider to give you care for a medical condition
- You cannot access covered services
- You experience poor quality of care

To ask to end your membership, you must send a written letter to the Kentucky Department for Medicaid Services (DMS). You must tell the DMS the reason you want to end your membership. Send your letter to: Cabinet for Health and Family Services  
Department for Medicaid Services  
275 East Main St., 6 EC  
Frankfort, KY 40621

### **Reasons Why Your Membership May End**

There are some reasons your membership may end without asking.

- You are no longer eligible for Medicaid
- You move out of the Molina service area
- You go to prison

- You enter a waiver program
- You go into a long-term care nursing facility for more than 31 days
- For fraud or for misuse of your Molina ID card
- For disruptive or uncooperative behavior to the extent that it affects the MCO's ability to provide services to you or other members

### **Accidental Injury or Illness (Subrogation)**

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

### **Other Health Insurance (Coordination of Benefits)**

If you or anyone in your family has health insurance with another company, it is very important that you call Member Services and your local Department for Community Based Services (DCBS) about the insurance. For example, if you work and have health insurance. Or, if your children have health insurance through their other parent. Call Member Services to tell us. It is also important to call Member Services and your local DCBS if you have lost health insurance that you had previously reported. Not giving us this information can cause problems with getting care and with bills.

### **Loss of Insurance Notice**

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

### **Looking at What's New**

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

- Medical services
- Behavioral health services
- Medicines
- Equipment



## Definitions

**Advance Directives** – Written health care instructions for when an adult is not able to make his or her medical wishes known. This includes:

- Living Will
- Durable Power of Attorney for Medical Care
- Declaration for Mental Health Treatment
- Do Not Resuscitate Order

**Appeal** – A request for Molina to review a decision or action we made to deny, stop or reduce a health care service.

**Behavioral Health** – A term used for any mental health and/or substance use conditions.

**Co-pay** – An amount of money you may have to pay for some services, drugs or items.

**Covered Services** – Services and supplies covered by Molina.

**Department for Community Based Services (DCBS)** – The state agency in charge of Medicaid. The DCBS decides who is eligible for Medicaid.

**Emergency Medical Condition** – A medical problem you think is so serious it must be treated right away by a provider. For example, a miscarriage or difficulty breathing.

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

**Fraud, Waste and Abuse** –

- **Fraud:** An unfair or unlawful act that is done on purpose to illegally get something of worth.
- **Waste:** Practices that lead to unneeded cost and lower quality of care.
- **Abuse:** Provider and member practices that lead to unneeded cost to the Medicaid and/or Medicare programs. It may also lead to payment for services that do not meet professionally recognized standards for health care.

**Generic Drug** – A prescription drug that is approved by the government to use in place of a brand name drug. A generic drug has the same active ingredients as a brand name drug. It is usually cheaper. It works just as well as the brand name drug.

**Grievance** – A complaint about Molina, a service or a health care provider.

**Lock-In Program** – If you are enrolled in the Lock-In Program, you will be limited to using one pharmacy or one provider, except in emergency situations.

**Managed Care Organization (MCO)** – A health plan licensed by the state of Kentucky to provide prepaid medical and hospital services to Medicaid eligible consumers.

**Medicaid** – A government program. It uses federal, state and local funds. It provides medical insurance for people of all ages within certain income limits.

**Medically Necessary** – The services needed to prevent, diagnose or treat your medical condition or stay at your current health status. This includes care that keeps you from going into a hospital or nursing home. It also means the services, supplies or drugs meet accepted standards of medical practice or are needed under Medicaid coverage rules.

**Member** – A person who is eligible for Medicaid and who is enrolled in Molina.

**Member Services** – A department in our plan. Member Services answers questions about your plan, benefits and concerns.

**Molina** – A managed care organization licensed by the state of Kentucky to provide prepaid medical and hospital services to Medicaid eligible consumers.

**Network Pharmacy** – A pharmacy (drug store) that fills prescriptions for our members. They have agreed to work with our plan. In most cases, your prescriptions are covered only if they are filled at a network pharmacy.

**Network Provider** – Providers that serve our members. We also call them “panel providers.” They must be licensed or certified by Medicaid. They agree to work with our plan. They will not charge our members an extra amount. While you are a member of our plan, you must use network providers to get covered services.

**Out-of-Network** – Any provider or pharmacy that provides services in your area but has not agreed to work with our plan.

**Post-Stabilization** – Follow-up care you need after getting care for an emergency. This follow-up care makes sure you get better.

**Preferred Drug List (PDL)** – A list of prescription drugs covered by the plan. The plan picks the drugs on this list with the help of doctors and pharmacists. The Drug List tells you if there are any rules you need to follow to get your drugs. The Drug List is sometimes called a “formulary.”

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

**Primary Care Provider (PCP)** – A Molina network provider you have chosen to be your personal provider. Your PCP helps you with most of your medical needs.

**Prior Approval** – Approval from our plan. It is needed before you can get certain services or drugs. This is also called “prior authorization.”

**Provider** – The word we use for doctors, nurses and other people who give you services and care. It also includes hospitals, home health agencies, clinics and other

places that give you health services, medical equipment, and long-term services and supports.

**Provider Directory** – A list of all the providers in the Molina network. We call them network providers.

**Referral** – A request from a PCP for his or her patient to see another provider for care. You do not need a referral to see a provider.

**Service Area** – The geographic area where Molina provides services.

**Specialist** – A doctor who provides health care for a specific disease or part of the body.

**Urgent Care** – Care you get for a sudden illness, injury or condition. This care is not for an emergency, but is still needed right away. You can get this care from out-of-network providers when network providers are not available or you cannot get to them. It is also called “non-emergency care.”

**Virtual Care** – Care you get online, by mobile app, or over the phone. You can get virtual care when you need care now for non-emergency medical problems. You do not need to schedule an appointment to visit with a telehealth doctor. See page XX to learn more.

DRAFT



DRAFT





Molina Healthcare  
312 S. Fourth St, Suite 700  
Louisville, KY 40202

