Welcome to **Molina Healthcare.**

Your Extended Family.

MolinaHealthcare.com

MOLINA® HEALTHCARE

Your Extended Family.

Florida Member Handbook

MMA

Thank you for choosing Molina Healthcare!

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

The most current version of the handbook is available at **MolinaHealthcare.com**

In this handbook you will find helpful information about:

Your Membership (pg 06)

- Member ID card
- Quick reference
- Phone numbers

Your Doctor (pg 10)

- Find your doctor
- Schedule your first visit
- Molina doctors and hospitals

Your Benefits (pg 14)

- Medical services
- Covered drugs
- Vision and dental

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- Health programs
- Local resources
- Transportation
- HealthinHand Smart Phone App
- Virtual Care

Your Policy (pg 22)

- Coverage
- Billing
- Rights and responsibilities

NOTE: If you have any problem reading or understanding this or any Molina Healthcare information, call Member Services at ((866) 472-4585 or (800) 955-8771 (TTY/TDD)). We can explain in English or in your primary language. We may have it printed in other languages. You may ask for it in braille, large print, or audio. If you are hearing or sight impaired, special help can be provided.

Esta información está disponible gratuitamente en otros idiomas. Favor de comunicarse con nuestro Departamento de Servicios para Miembros al (866) 472-4585, de lunes a viernes, de la 8:00 a.m. a 7:00 p.m.

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

1. Review your Welcome Kit

You should have received your Molina Healthcare ID card. This card replaces your Medicaid card. There is one for you and one for every member of your family. Please keep it with you at all times. If you haven't received your ID card yet, visit **MyMolina.com** or call Member Services.

2. Register for MyMolina.com and download the Molina HealthinHand smart phone app

Signing up is easy. Visit **MyMolina.com** to change your Primary Care Provider (PCP), view service history, request a new ID card and more. Connect from any device, any time!

3. Talk about your health

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

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** or call Member Services. Call your doctor within the next 90 days to schedule your first visit.

5. Get to know your benefits

With Molina you have health coverage and free extras. We offer free transportation and health education. And people dedicated to your care.

Your Membership

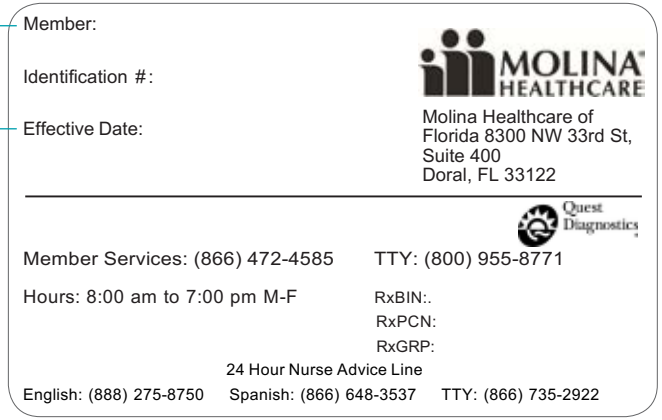
ID Card

There is one ID for each member.

Your name

The date you started with Molina

The date you will need to recertify your benefits Mark your calendar!



You need your ID card to:

- See your doctor, specialist or other provider
- Go to an emergency room
- Go to urgent care
- Go to a hospital
- Get medical supplies and/or prescriptions
- Have medical tests

Quick Reference

Need	Emergency	Online Access	Getting Care

		- Find or change your doctor
		- Update your contact information
		- Request an ID card
		- Get health care reminders
		- Track office visits
			- Urgent Care
			  - Minor illnesses
			  - Minor injuries
			- Physicals and checkups
			- Preventive care
			- Immunizations (shots)

Action	Call 911	Go to **MyMolina.com** and sign up Find a provider at: **providersearch.molinahealthcare.com**	**Call Your Doctor:** Name and Phone **Urgent Care Centers** Find a provider or urgent care center **providersearch.molinahealthcare.com** 24-Hour Nurse Advice Line **(888) 275-8750 (English)** **(866) 648-3537 (Spanish)** **TTY 1-866-735-2922** Virtual Care (Video Pediatric Urgent Care by Phone) **Molinahealthcare.com/FLVirtualcare**

Your Plan Details

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

Member Services
(866) 472-4585
Monday through Friday,
8:00 a.m. – 7:00 p.m.

To schedule a ride to an appointment
(800) 856-9994

Changes/Life Events

- Change of address
- Moved out of service area
- Become pregnant

Department of Children and Family
(866) 762-2237

Social Security Administration
(800) 772-1213

Member Services
(866) 472-4585

Your Doctor

Find Your Doctor

Your Primary Care Provider (PCP) knows you well and takes care of all your medical needs. It's important to have a doctor who makes you feel comfortable. It's easy to choose one with our Provider Directory, a list of doctors. You can pick one for you and another for others in your family, or one who sees all of you. To find a doctor go to MolinaHealthcare.com or download the HealthinHand smart phone app.

Schedule your first visit within 90 days to get to know your doctor. Call Molina Healthcare at (866) 472-4585 if you need help making an appointment or finding a doctor.

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

Schedule Your First Visit

Visit your doctor within 90 days of signing up. Learn more about your health. And let your doctor know more about you. It's important that enrollees under the age of 21 get their health assessment, preventative care, and screenings.

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 assist you. An interpreter can help you talk to your provider, pharmacist, or other medical service providers. We offer this service at no cost to you. An interpreter can help you:

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

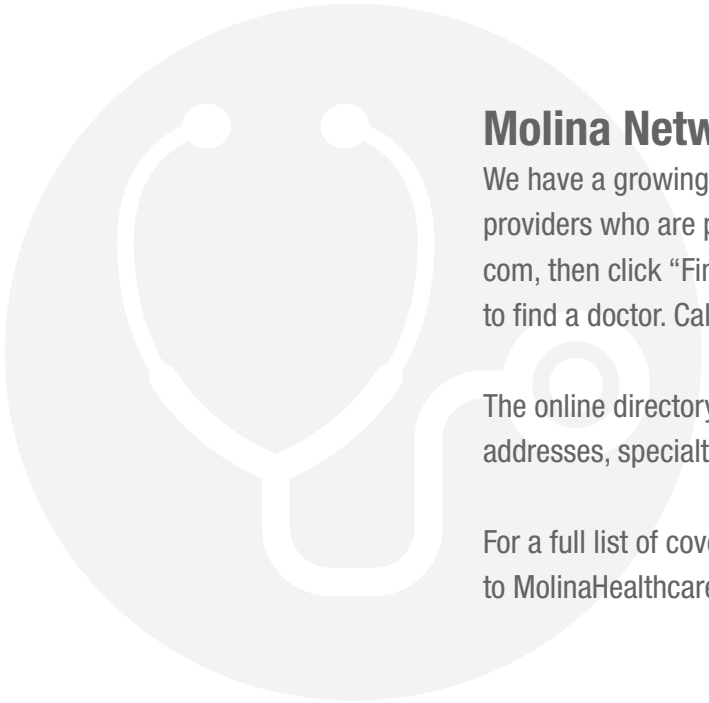
If you need an interpreter, call the Member Services Department. The number is on the back of your member ID card. You can also ask your provider's staff to call the Member Services Department for you. They will help you get an interpreter to assist you during your appointment.

You must see a doctor that is part of Molina.

If for any reason you want to change your primary doctor, go to **MyMolina.com**. You can also call Member Services.

Remember, you can call the Nurse Advice Line at any time. Our nurses can help if you need urgent care.

Your Benefits



Molina Network

We have a growing family of doctors and hospitals. And they are ready to serve you. Visit providers who are part of Molina. The provider directory can be found at molinahealthcare.com, then click “Find a Doctor or Pharmacy”. You can also use the Molina Health in Hand app to find a doctor. Call Member Services if you need a printed copy of this list.

The online directory contains provider information such as names, telephone numbers, addresses, specialties, and professional qualifications.

For a full list of covered services, and to see which services require prior approval, please go to MolinaHealthcare.com.

Vision and Dental

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

Molina covers regular dentist visits, checkups and cleanings.

Your dental benefits are covered through DentaQuest. If you need dental services, you must go to any dentist who accepts DentaQuest. To find the nearest dentist in your area, you may call DentaQuest at (888) 696-9541, Monday – Friday from 8:00AM – 7:00PM.

Please check your Molina Healthcare Provider Directory to find optometrists or physicians that can provide you with these services. The provider directory can be found at molinahealthcare.com, then click “Find a Doctor or Pharmacy”. You can also use the Molina Health in Hand app to find a doctor.

Also, Molina covers unlimited eye exams and eyeglasses (if medically necessary), as well as:

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

Your vision benefits are brought to you by iCare Health Solutions.

Covered Drugs

Molina Healthcare covers all your medically necessary medications.

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

Most generic drugs are included in the list. You can find a list of the preferred drugs at MyMolina.com or MolinaHealthcare.com.

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

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

You can also view the PDL at http://ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

Your Extras

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 HealthInHand app

Manage your health anytime, anywhere! You can view your ID card, find a doctor, link to Virtual Care (Video Pediatric Urgent Care from your Phone), and access a wealth of health education information. Download the app today.

Virtual Care (Video Pediatric Urgent Care from your Phone)

As a Molina member, you can get urgent care for your child, no matter when you need it or where you are. Just use your phone, tablet or computer for an online visit. **To sign up:** Visit nemourscareconnect.com, Download the free Nemours CareConnect app or Use Molina's HealthinHand app

Health Education and Incentives Programs

Live well and stay healthy! Our free programs help you control your weight, stop smoking or get help with alcohol and substance abuse. You get learning materials, care tips and more. We also have programs for expectant mothers. If you have asthma, diabetes, heart problems or any other chronic illness, one of our nurses or Care Managers will contact you. You can also earn rewards by completing all your preventative care services. We will help remind you of your well visits. We can also help schedule your preventive care visits. You can also sign up on MyMolina.com, our secure member portal, or call the Health Management Department at 866-472-9483.

Pregnancy Rewards

Are you going to have a baby? Molina Healthcare wants you to have a healthy pregnancy and baby. You could earn gift rewards with our program, Pregnancy Rewards! It is easy. Sign up at MyMolina.com, our secure portal, or call (866) 472-4585. Molina will send you a packet in the mail.

You will lose access to earned rewards if you are voluntarily disenrolled from Molina or lose Medicaid eligibility for more than one-hundred eighty (180) days.

Transportation

We provide transportation. So you don't have to miss your next visit.

If you must travel to receive services, Molina will always help you. Additionally, for each member, Molina provides unlimited round-trip visits-- for covered, medically necessary services each calendar year. Members can use this benefit to visit any Molina Healthcare provider.

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

If you need transportation, please call Secure Transportation at (877) 775-7340 from 8:00AM – 7:00PM Monday – Friday, at a minimum of 24 hours in advance of your scheduled doctor's appointment. (Insert language about special transportation needs (wheelchair, stretcher, etc) – may need extra time).

Care Management

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

- Asthma
- Behavioral health disorders
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- High blood pressure
- High-risk pregnancy

Community Resources

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

Local resources, health events and community organizations are available to you. They provide great programs and convenient services. Best of all, most of them are free or at low cost to you.

- Call 211. This is a free and confidential service that will help you find local resources. Available 24/7
- Department of Health
- Women, Infant, Children (WIC)

My Policy Details

Appointment Guidelines

Your doctor's office should make appointments in this time frame:

Appointment Type	When you should get the appointment
Urgent Care	Within one (1) day
Sick Care	Within one (1) week
Well Care	Within one (1) month

Important Phone Numbers

Agency for Health Care Administration Medicaid Helpline: (877) 254-1055 or toll-free at (800) 953-0555

Agency for Health Care Administration Facilities Complaint Line: (888) 419-3456

Florida's Aging and Disability Resource Center: Elder Helpline: (800)-96ELDER (35337) You can also visit the website at http://www.agingcarefl.org

What If I Have a Baby?

As soon as you think you are pregnant, see your Primary Care Physician (PCP). If you are pregnant, your PCP will want you to see an OB/GYN. This is important. You don't need a referral to see an OB/GYN. If you need help finding one, call Member Services at (866) 472-4585. We can help you arrange prenatal care. Or if you want to avoid pregnancy, ask about family planning options.

You must also let a Department of Children and Families (DCF) caseworker and Molina Healthcare know that you are pregnant and when you have the baby. Molina will work with DCF to get a Medicaid ID number for your baby. If you have not selected a PCP for you baby, Molina Healthcare will assign your baby a PCP. If you would like to change your baby's PCP you can call Member Services.

Questions? Call Member Services.

Approval Process

Prior Approval (PA) is a required for some services. Your PCP will know which services need this. Molina Healthcare's medical staff and your doctor review the need for this care before services are given. They make sure it's right for your condition. For a list of covered services that require prior authorization, visit MolinaHealthcare.com or call Member Services.

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

Concurrent Review:
This means Molina reviews your care as you are getting it.

Retrospective Review:
This means Molina reviews your medical records after you have got your care

Case Management:

A Case manager is a trained nurse that works with you and your doctor. The case manager helps you get the care you need.

Molina gets approval requests. We take care of requests in fourteen (14) calendar days. If it's a rushed request it will take seventy-two (72) hours. If it's denied, a letter will be sent to you and your doctor. You might not be happy with the denial. Your letter will let you know how to appeal. You or someone you approve can appeal. You may want to know why we approved or denied a request. If so, call Member Services. You can call them at 1-866-472-4585 or 1-800-955-8771 for TTY/TDD. We will send you info on how decisions are made. We will tell you about how the approvals work. You can also talk to a Medical staff. You can call Member Services for this request.

Covered Services

Covered Services	
Ambulance transportation	Emergency transportation covered. PA (Prior Approval) is required when going from one hospital to another.
Art therapy	Unlimited visits; subject to PA.
Assistive Care Services	PA is required.
Behavioral Health Services	PA is required.
Chiropractic (back) services	One new patient visit plus 23 established patient visits per year or 24 established patient visits per year
Dental services	Routine services do not require PA. Dental services other than routine care may require PA.
Dermatology services	No referral needed. PA is not required.
Diabetes Supplies and Education	PA is not required.
Dialysis - Free Standing	PA is not required. *Notification only
Durable Medical Equipment (DME)	Some durable medical equipment items require PA.

Covered Services	
Emergency services	PA is not required.
Family Planning Services	PA is not required. You may receive these services from any participating Medicaid provider.
Flu Vaccine	Once a year for adults 21 and over. Offered at participating CVS Pharmacy.
Hearing Services	PA is required.
Home Delivered Meals	PA is required. Meal services are for after inpatient hospital stay and are covered up to 7 days.
Home Health Care Services	PA is required.
Hospice care (care for terminally ill, e.g., cancer patients)	PA is not required.
Imaging Services	Some services require a PA.
Immunizations (Shots)	PA is not required. Covered for children under the age of 21.

Covered Services	
Inpatient hospital services	PA is required.
Maturity Services: Prenatal and Postpartum	PA required for select services. Services covered for a participating Birth Center and Licensed Midwife
Medically Related Lodging and Food	Used when medically necessary services are more than 150 miles away and an overnight stay is required. PA is required.
Nutritional Counseling	Unlimited visits; subject to PA.
Nursing Facility Services	PA is required. Services covered to enrollees under the age of eighteen (18) years old.
Outpatient Hospital Services	Some outpatient services require a PA.

Covered Services	
Over-the-Counter Pharmacy	Maximum amount of $25.00 per month, per household. Valid through any Navarro, Select CVS, CVS y Mas Pharmacy, or by calling (866) 625-6733. No PA is required.
Pet therapy	Unlimited visits; subject to PA.
Physician Home Visits	Unlimited visits; subject to PA.
Pneumonia Vaccine	Covered for adults over 21 and at any participating CVS Pharmacy. PA is not required.
Podiatry (foot) services	Office visits for examination and plan of care do not require PA. In-office podiatry procedures and services may require PA.
Prescription drugs	Select drugs, including injectable, require PA.
Preventive mammogram (breast) and cervical cancer (pap smear) exams	PA is not required.

Covered Services	
Primary Care Visits	PA is not required. Services covered by your PCP, Rural Health Clinic, County Health Department, and Federal Qualified Health Centers.
Prosthetics & Orthotics	PA is required.
Renal dialysis (kidney disease)	PA is not required.
Shingles Vaccine	Covered for adults over 21 at any participating CVS Pharmacy. PA is not required.
Sterilization	PA is required.
Therapy Services: Occupational, Physical, Respiratory, and Speech	PA is required
Transplants	PA is required. Must be medically necessary. Pre and post care covered, donor services are NOT covered.
Vision (optical) services, including eyeglasses	PA is not required.

Covered Services	
Well-child exams for children under the age of 21	PA is not required.
Yearly Well-Adult Exams	PA is not required.

You may want to know services that are NOT covered under your plan but are covered with "regular" Medicaid. You may need help on how to get these services. You can call Molina's Member Services.

For information about "in-lieu services" please call Molina Member Services.

Services Not Covered

Molina Healthcare will not pay for services or supplies received without following the directions in this handbook. Some non-covered services:

- Acupuncture
- Infertility services for men or women
- Obesity treatment unless medically necessary
- Plastic or cosmetic surgery that is not medically necessary

This is not a complete list. If you have a question about if a service is covered, call Member Services at (866) 472-4585. Molina Healthcare must provide all medically necessary services for its members who are under age 21. This is the law. This is true even if Molina Healthcare does not cover a service or the service has a limit. As long as your child's services are medically necessary, services have:

- No dollar limits; or
- No time limits, like hourly or daily limits

Your provider may need to ask Molina Healthcare for approval before giving your child the service. Call (866) 472-4585 if you want to know how to ask for these services.

Second Opinions

You or your doctors have the right to ask for a second opinion. You can do so by calling Member Services at (866) 472-4585 or (800) 955-8771 (TTY/TDD).

You might want a second opinion if:

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

You will not have to pay for the services. We will help you find a doctor. If we can't find a doctor that is part of Molina, we will find a doctor for you.

How to Get Specialty Care and Referrals

If your PCP thinks you need to be seen by a specialist, he or she will refer you to one. Talk with your PCP to be sure you know how referrals work. If you think a specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist. There are some treatments and services that your PCP must ask Molina Healthcare to approve before you can get them. That is called a "pre-authorization." Your PCP will be able to tell you what services require this approval.

If we do not have a specialist in Molina Healthcare who can give you the care you need, we will get you the care you need from a specialist outside Molina Healthcare. Getting a referral from your PCP ensures your health care is coordinated and all your providers know your health care goals and plans.

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

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

You must see a provider that is part of Molina. An approval is required if you need to see a doctor that is not part of Molina. Call your PCP. They will help you get the approval. If you don't get an approval, you will have to pay for these services. To get services, you must be in a Molina service area and see a doctor that is part of Molina. Our service area includes the following regions and counties: Region 1 (Escambia, Okaloosa, Santa Rosa and Walton counties), Region 4 (Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties), Region 6 (Hardee, Highlands, Hillsborough, Manatee and Polk counties), Region 7 (Brevard, Orange, Osceola and Seminole counties), Region 8 (Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota counties), Region 9 (Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties), and Region 11 (Miami-Dade and Monroe counties).

If you are outside of the Molina Healthcare service area and you need non-emergency medical care, the provider must first contact Molina Healthcare Member Services at (866) 472-4585 or (800) 955-8771 (TTY/TDD) to get approval before providing any services. It is important to remember that you must receive services covered by Molina Healthcare from facilities and/or providers on Molina Healthcare's panel.

What is an Emergency?

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

You might need care after you leave the ER. If you do, don't go to the ER for follow up care. If you need help seeing a doctor, call Member Services.

Molina Healthcare has a 24-Hour Nurse Advice Line which can also help you understand and get the medical care you need. It's (888) 275-8750 for English and (866) 648-3537 for Spanish. If you don't have an emergency, don't go to the ER. Call your PCP. If you need non-emergent care after normal business hours, you can also visit an Urgent Care Center. You can find Urgent Care Centers in the provider directory. If you need help finding one you can call Member Services at (866) 472-4585 or (800) 955-8771 (TTY/TDD). You may also visit our website at MolinaHealthcare.com.

What is Post-Stabilization?

These are services you get after ER care. These services keep your condition stable. You do not need approval for these services. After your 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.

Covered Drugs

To be sure you are getting the care you need, we may require your provider to submit a request to us (a Prior Authorization). Your provider will need to explain why you need a certain drug or a certain amount of a drug. We must approve the PA request before you can get the medication. Reasons why we may require PA of a drug include:

- There is a generic or another alternative drug available
- The drug can be misused or abused
- The drug is listed in the formulary but not found on the preferred drug list (PDL)
- There are other drugs that must be tried first

Some drugs may also have quantity (amount) limits and some drugs are never covered. Some drugs that are never covered are:

- Drugs for weight loss
- Drugs for erectile dysfunction
- Drugs for infertility

If we do not approve a PA request for a drug, we will send you a letter. The letter will explain how to appeal our decision. It will also detail your rights to a state hearing.

We require the use of generic drugs when available. If your provider believes you need a brand name drug, the provider may submit a PA request. Molina Healthcare will determine whether to approve the brand name drug. Remember to fill your prescriptions before you travel out of state.

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. You can find a list of the preferred drugs at Molinahealthcare.com.

Refer to our provider directory to find an in-network pharmacy. You can find an in-network pharmacy by visiting our website at MolinaHealthcare.com. You can also call Member Services to find a network pharmacy near you.

Molina will not pay for some drugs prescribed to a child under the age of 13, unless a signed consent form from the parent or guardian is received. Your doctor must keep a copy of the form in your child's medical records. You or the doctor will need to give the pharmacy the signed from with a copy of the prescription. The pharmacy will not fill this medicine for your child without the completed form. A new form must be given to the pharmacy with every new prescription. If you have questions about these drugs, ask your doctor.

Access to Behavioral Health

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

- **Region 1 members only** (Escambia, Okaloosa, Santa Rosa, Walton) you can call Access Behavioral Health at (866) 477-6725 24 hours a day, seven days a week
- **All other Counties:** You can contact Beacon Health Options at (855) 371-3945 24 hours a day, 7 days a week

They can help you get the services you need and provide a list of covered services.

What to do if you are having a problem

You might be having any of these feelings:

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

If so, call Access Behavioral Health (Region 1 members only) at (866)477-6725 from 7:00AM – 9:00PM Monday – Friday. All other members, call Beacon Health Options at (855) 371-3945 from 8:00AM – 8:00PM.

Emergency Behavioral Health Services

A behavioral health emergency is a mental health condition that may cause extreme harm to the body or cause death. Some examples of these emergencies are: attempted suicide, danger

to self or others, so much functional harm that the person is not able to carry out actions of daily life, or functional harm that will likely cause death or serious harm to the body.

If you have an emergency, go to the closest hospital emergency room. You can go to any other emergency place right away. You can **CALL 911**. If you go to the ER, let your doctor and Beacon Health 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 number on your ID card
- Call your doctor and follow-up within 24 to 48 hours

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

Behavioral Health Limitations and Exclusions

If you are 21 or older, you are covered for no more than 45 days of medical and behavioral health care per year. Children under the age of 21 are covered for 365 days a year.

The plan covers inpatient substance abuse services for pregnant women and those with complex medical conditions. All other members may obtain substance abuse services through Beacon Health. If you or a family member has a substance abuse problem, you should contact Beacon Health. You can also ask our Behavioral Health staff to help you with a referral. Then Beacon Health will coordinate services with the State Medicaid Program. You may also call Member Services at (866) 472-4585. Inpatient detoxification services are covered for pregnant members only.

How to Access Hospital Services

Inpatient Hospital Services

You must have a Prior Authorization to get hospital services except in the case of an Emergency or Urgent Care Services. However, if you get services in a hospital or you are admitted to the hospital for Emergency or out-of-area Urgent Care Services, your hospital stay will be covered. This happens even if you do not have a Prior Authorization.

Medical/Surgical Services

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

- Room and board, including a private room if medically necessary
- Specialized care and critical care units
- General and special nursing care
- Operating and recover rooms
- Services of participating provider physicians, including consultation and treatment by specialists
- Anesthesia

- Drugs prescribed in accord with our Drug Formulary guidelines (for discharge drugs prescribed when you are released from the hospital, please refer to "Prescription Drugs and Medications")
- Radioactive materials used for therapeutic purposes
- Durable medical equipment and medical supplies
- Imaging, laboratory, and special procedures, including MRI, CT, and PET scans, and ultrasound imaging
- Mastectomies (removal of breast) and lymph node dissections
- Blood, blood products and their administration, blood storage (including the services and supplies of a blood bank)
- Physical, occupational, and speech therapy (including treatment in an organized, multidisciplinary rehabilitation program)
- Respiratory therapy
- Medical social services and discharge planning

Member cost sharing for medical/surgical services including covered prescription drugs, apply to Inpatient Coinsurance Cost Share.

How Does Molina Pay Providers for Your Care?

Molina Healthcare contracts with providers in many ways. Some providers are paid each time they see you and for each procedure they perform.

Other providers receive a flat amount for each month a member is assigned to their care, whether or not they see the member.

Some providers may be offered rewards for offering excellent preventive care and monitoring the use of hospital services.

If you would like to know more about how we pay our providers, call Member Services.

Payment and Bills

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

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.

Evaluating New Technology

Molina Healthcare is always looking for ways to improve your care. Molina Healthcare reviews research studies to see if services should be added to your benefits. At least once a year, these types of services are reviewed:

- Medical services
- Behavioral health services
- Medicines
- Equipment

Questions? Visit MolinaHealthcare.com or call Member Services.

Quality of Care

Molina wants you and your family to get the best care possible. To give it to you, we have a Quality Improvement (QI) Program. One way we put this program to work is by reviewing a member survey. This survey is sent to many of you each year. Your answers tell us if you are happy with your care. For any areas where we can improve, we take steps to give you better care.

To learn more about this program, call Member Services. You can find out what we are doing to improve, ask about our Quality Performance Measures, and get info about Quality Enhancements.

Disease Management Programs

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

- The "Breathe with Ease" asthma program is for children and adults who are active Molina members. You must be at least 2 years of age to be part of the program. You and /or your child will learn how to control asthma and work with your provider.
- The "Healthy Living with Diabetes" program is for members 18 years and over. You will learn about diabetes self-care.
- The "Chronic Obstructive Pulmonary Disease" (COPD) program is for members who have emphysema and chronic bronchitis.
- The "Heart-Healthy Cardiovascular" program is for members 18 years and older who have one or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure.
- The "HIV/AIDS Care Coordination Program" centers on your needs and the coordination of your treatment plan with your doctor.

A Care Manager/Nurse will teach you about your disease. He or she will help manage your care with your PCP. He or she will also give you other resources. You may be put in these programs because of your medical or pharmacy claims. You or your doctor can also ask to enroll you. It's your choice to be in these programs.

You can choose to leave the program at any time. For more info about our programs, call Member Services. You can also visit our website at MolinaHealthcare.com.

Eligibility and Enrollment

Enrollment Period:

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

Open Enrollment:
If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called "open enrollment." You do not have to change Managed Care Plans. If you choose to change plans during open enrollment, you will begin in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay in the same plan, you will be locked into that plan for the next 12 months. Every year, you may change Managed Care Plans during your 60 day open enrollment period.

MediKids:
MediKids is a Florida KidCare Program. Administered by the Agency for Health Care Administration, the program offers low-cost health insurance coverage for children ages 1 through 4. For parent(s) or guardian(s) of MediKids enrollees - Please visit http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare for additional coverage information.

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

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

1. The enrollee does not live in a region where the Managed Care Plan is authorized to provide services, as indicated in FMMIS.
2. The provider is no longer with the Managed Care Plan.
3. The enrollee is excluded from enrollment.
4. A substantiated marketing or community outreach violation has occurred.
5. The enrollee is prevented from participating in the development of his/her treatment plan/plan of care.
6. The enrollee has an active relationship with a provider who is not on the Managed Care Plan's panel, but is on the panel of another Managed Care Plan. "Active relationship" is defined as having received services from the provider within the six months preceding the disenrollment request.
7. The enrollee is in the wrong Managed Care Plan as determined by the Agency.
8. The Managed Care Plan no longer participates in the region.
9. The state has imposed intermediate sanctions upon the Managed Care Plan, as specified in 42 CFR 438.702(a) (3).
10. The enrollee needs related services to be performed concurrently, but not all related services are available within the Managed Care Plan network, or the enrollee's PCP has determined that receiving the

services separately would subject the enrollee to unnecessary risk.

11. The Managed Care Plan does not, because of moral or religious objections, cover the service the enrollee seeks.
12. The enrollee missed open enrollment due to a temporary loss of eligibility.
13. Other reasons per 42 CFR 438.56(d) (2) and s.409.969 (2), F.S., including, but not limited to: poor quality of care; lack of access to services covered under the Contract; inordinate or inappropriate changes of PCPs; service access impairments due to significant changes in the geographic location of services; an unreasonable delay or denial of service; lack of access to providers experienced in dealing with the enrollee's health care needs; or fraudulent enrollment.

Some Medicaid recipients may change Managed Care Plans whenever they choose, for any reason. To find out if you may change plans, call the Enrollment Broker at (877)711-3662.

Non-Discrimination

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

If you think you have been treated fairly please call Daniel Barzmen at (866) 606-3889, or TTY, 711.
Mailing address:
Civil Rights Coordinator 200 Oceangate
Long Beach, CA 90802
Email address: civil.rights@molinahealthcare.com.

Complaints, Grievance and Appeals

Filing a Complaint, Grievance or Appeal

If you are unhappy with anything about Molina Healthcare or its providers, contact us as soon as possible. This includes if you do not agree with a decision we have made. We want to know if you're unhappy so that we can help. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you need to let us know. Call Member Services at (866) 472-4585, Monday to Friday, from 8:00 a.m. to 7:00 p.m. or TTY/TDD at (800) 955-8771.

You may file a grievance or an appeal on behalf of a member under the age of 18 without written consent if you belong to the member's assistance group.

Ways to contact Molina:

- Call Member Services
- Fill out the Grievance/Appeal Form in your member handbook or online at Molinahealthcare.com
- Write a letter telling us what you are unhappy about. Be sure to include:
  - Your first and last name
  - Your signature

- The date
- Your Molina ID number (on the front of your member ID card)
- Your address
- You telephone number
- Any information that helps explain your problem

Mail the Grievance/Appeal Form or your letter to:

Molina Healthcare of Florida
Attention: Grievance & Appeals Department
P.O. Box 521838
Miami, FL 33152
Or fax the Grievance/Appeal Form or your letter to:
(877) 508-5748

Molina Healthcare will send you a written response 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 Healthcare

We will also send you a written response if we:

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

If you do not agree with the decision, you can contact us within 60 calendar days to ask that we change it. This is called an appeal. The 60 calendar day period begins on the day after the mailing date on the letter. Unless we tell you a different date, we will give you an answer to your appeal in writing within 30 calendar days from the date you contacted us. You may call us if you need more time to send new info. We will give you fourteen (14) more days. If we need more time, we will ask for your approval. A letter will be mailed to you within five (5) days.

If we have made a decision to reduce, suspend or stop services before you receive all of the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

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

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

If you contact us because you are unhappy with something about Molina Healthcare or one of our providers, this is called a grievance. You can file your grievance at any time. Molina Healthcare will give you an answer to your grievance by mail within 90 calendar days.

Subscriber Assistance Program (SAP)

You can ask for a review from the SAP if you are not happy with an appeal decision. You have the panel review your case. You can do this after you completed Molina's grievance and appeals process. You have one (1) year from the final appeal decision to submit to SAP for review. The SAP will not consider a Grievance or Appeal heard at a Medicaid Fair Hearing. If you wish to request a SAP please contact:

Agency for Health Care Administration Subscriber Assistance Program Building 3, MS #45
2727 Mahan Drive,
Tallahassee, Florida 32308
(850) 412-4502 or (888) 419-3456 (toll-free)

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

State Fair Hearing

You have the right to ask for a Medicaid Fair Hearing. Medicaid Fair Hearings are not available for MediKids recipients. You may request a Medicaid Hearing by contacting the Office of Appeals Hearings at:
Agency of Health Care Administration
Medicaid Hearing Unit
Box 60127
Fort Meyers, FL 33906
(877) 254-1055 (toll-free)
(239) 338-2642 (fax)
MedicaidHearingUnit@ahca.myflorida.com

You, your doctor, or someone else, with your written approval, may call or write to ask for a hearing. You must ask for a hearing in (120) days or less from the final decision. You must first finish the Molina grievance or Appeal process. If you have your case reviewed at a Medicaid Fair Hearing, you give up the right to the review by the Subscriber Assistance Program.

You will receive a letter from the hearing officer. The letter will tell you know the date and time of the hearing. The letter tells you how to get ready for the hearing. You may have the meeting by phone or in person. You have the chance to explain why you asked for the service.

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

Molina Healthcare
Member Grievance/Appeal Request Form
Please Print

Member's name:_____Today's date: _____

Name of person requesting grievance, if other than the Member: _____

Relationship to the Member: _____

Member's ID #: _____ Daytime telephone: _____

Specific issue(s):_____

_____

_____

(Attach another sheet of paper to this form if you need more space)

Member's Signature: _____ Date: _____

If you would like assistance with your request, we can help. You can call or write to us at:

Toll free: (866) 472-4585
Molina Healthcare of Florida
Attn: Grievance & Appeal Department
8300 NW 33rd Street, Suite 400
Miami, FL 33122
Fax Number: (866) 422-6445

Rights and Responsibilities

These right and responsibilities are posted in doctors' offices. They are also posted at MolinaHealthcare.com.

Your Rights

- To be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- To a prompt and reasonable response to questions and requests.
- To know who is providing medical services and who is responsible for his or her care.
- To know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- To know what rules and regulations apply to his or her conduct.
- To be given by health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To be able to take part in decisions about your health care. To have an open discussion about your medically necessary treatment options for your conditions, regardless of cost or benefit.
- To be free from any form of restraint or seclusion used as means of coercion discipline convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
- To request and receive a copy of his or her medical records, and request that they be amended or corrected.
- To be furnished health care services in accordance with federal and state regulations.
- To refuse any treatment, except as otherwise provided by law.
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- If you are eligible for Medicare, to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- To receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- To receive a copy of reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- To impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- To receive information about Molina Healthcare, its services, its practitioners and providers and members' right and responsibilities.

- To make recommendations about Molina Healthcare's member rights and responsibilities policies.
- To voice complaints or appeals about the organization or the care it provides.
- To express grievance regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency listed below.

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

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

Your Responsibilities

- For providing to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his or her health.
- For reporting unexpected changes in your condition to the health care provider.
- For reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- To follow the care plan that you have agreed on with your provider.
- For keeping appointments and, when he or she is unable to do so for any reason, to notify the health care provider or healthcare facility.
- For his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- For assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- For following health care facility rules and regulations affecting patient care and conduct.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Advance Directives

Adults 18 years of age or older have the right to make choices about their medical care in case of terminal illness or emergency. This means you can choose to get medical care or not to get medical care. For times when you are too sick to make decisions about medical care, there is an Advance Directive. It is a form or letter that explains the care you want if you can't speak for yourself. It also names someone you trust to make choices for you.

Your provider has Advance Directive forms in his or her office. Please fill out the form to tell your family, providers and those who need to know the care you want during an illness or medical emergency. The completed form will be put in your medical file. You can end or change the Advance Directive at any time. You just need to communicate your wish to do so.

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

Molina will let you know of State law changes no more than ninety (90) days after the change starts. If you want to know more about this, call Member Services. We will help you.

If you would like to file a complaint about non-compliance of the Advance Directive laws and regulations you can call Member Services or the State Complaint Hotline at (888) 419-3456

Fraud, Waste and Abuse

Fraud, Waste and Abuse

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

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

To report suspected Medicaid fraud, abuse, neglect, or exploitation contact Molina Healthcare Alert Line toll- free at (866) 606-3889 or complete a report form online at MolinaHealthcare.alertline.com. Or you may contact the Statewide Abuse Hotline at (800) 96ABUSE or call (800) 962-2873.

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline at (888) 419-3456

or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at: https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx

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

Definitions:

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

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

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

Here are some ways you can help stop fraud:

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

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 has more details about how we use and share our members' PHI is available on our website at MolinaHealthcare.com.

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