

SPRING 2023

Health and Wellness Newsletter



Renewing Your Medical Benefits



Get ready to renew your Medicaid! Medicaid customers have not had to renew their Medicaid coverage since the Covid-19 pandemic began. Medicaid pays for healthcare, like doctor visits, prescription medicine, and urgent emergency services.

Now Illinois is starting renewals again to see if people are still eligible. Everybody's renewal date is different, so it is critical that you get ready to renew.

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All newsletters are also available at [MolinaHealthcare.com](https://www.molinahealthcare.com).

To get this information in your preferred language and/or accessible format, please call Member Services. The number is on the back of your Member ID card.

Este boletín informativo también está disponible en español. Por favor, comuníquese con el Departamento de Servicios para Miembros para pedir una copia en español.

Don't risk losing your Medicaid! Here is what you need to do:

Click Manage My Case at abe.illinois.gov to:

- Verify your mailing address under “contact us.”
- Find your due date (also called redetermination date) in your “benefit details”.

Watch your mail and complete your renewal right away.

If you are no longer eligible for Medicaid, connect to coverage at work or through the official Affordable Care Act marketplace for Illinois, GetCoveredIllinois.gov.

Get ready to renew your Medicaid! Click Manage My Case at abe.illinois.gov or call **1-800-843-6154**.

Scam Alert – March 28, 2023

Beware of scams. Illinois will never ask you for money to renew or apply for Medicaid. Report scams to the fraud report website or the Medicaid fraud hotline at 1-844-453-7283/1-844-ILFRAUD.

Opt-in to Receive Electronic Communications

Would you like an easy way to get updates on your health plan and reminders for your preventive services that keep you healthy? Opt-in to receive text messages and/or emails from Molina! **To opt-in contact Member Services or you can opt-in through the Molina Member Portal.**



See Your Provider for a Yearly Check-up

Molina wants you to stay up to date with your preventive health screenings. Getting your annual wellness exam is the first step in knowing what other health screenings you may need. You may be due for screenings such as breast cancer and cancer screenings. Visit your provider even if you feel healthy. Talk to your doctor about what health screenings you may need.



Prescription Drugs Explained



As a Molina Healthcare Member, you get certain prescription drugs covered at no cost to you. You can also get certain over the counter drugs covered at no cost to you if you have a prescription from your provider.

There is a Preferred Drug List (PDL) which shows which drugs are covered. For a copy of our PDL, visit our website at [MolinaHealthcare.com](https://www.molinahealthcare.com). You may also call Member Services. This list can change, so remember to check the PDL when you need to fill or refill a medication.

Prescription drugs must be filled at an in-network Pharmacy. Molina Healthcare will only pay for drugs you get from an in-network pharmacy. Refer to our provider directory to find an in-network pharmacy. Our provider directory is online at [MolinaHealthcare.com](https://www.molinahealthcare.com). You can also call Member Services to find an in-network pharmacy near you.

To have a prescription filled, simply take your prescription and your Molina Healthcare ID card to an in-network pharmacy. If your prescribed medication is listed on the PDL you will receive your medication free of charge.

Some medications need prior approval by Molina Healthcare. These include drugs that are not on the PDL. Your provider will need to fax a completed drug prior authorization form to Molina at **(855) 365-8112** before these drugs will be covered.

If your doctor wants you to receive a drug that is not on the PDL, your doctor also has to send Molina information to show that this drug is medically necessary. Your provider needs to explain why you cannot take one of the preferred drugs on the PDL. A decision will be made after all necessary documents are sent by your provider. Your provider will be informed on the decision.

You and your doctor can find the prior authorization guidelines at [MolinaHealthcare.com](https://www.molinahealthcare.com). Please ask your healthcare provider if you have any questions. Please note that trials of pharmaceutical samples will not be considered for approving a prior authorization request.

If we do not approve a request for a drug, we will send you a letter. The letter will explain why we did not approve the medication and how to appeal our decision. It will explain your rights to a state hearing.

Molina Healthcare of Illinois (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of 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.

Molina provides free aids and services to people with disabilities to communicate effectively with us, such as.

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need services, contact the Civil Rights Coordinator. If you believe that Molina has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802
Email: Civil.Rights@MolinaHealthcare.com

You can file a grievance in person or by mail or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-687-7861 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-687-7861 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-687-7861 (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 1-855-687-7861 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-7861 (TTY: 711) 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-687-7861 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-687-7861 (رقم هاتف الصم والبكم: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-687-7861 (телетайп: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષ સહાય સેવાઓ તમારા માટે ઉપલબ્ છે. ફોન કરો 1-855-687-7861 (TTY: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1855-687-7861 (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 1-855-687-7861 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-687-7861 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-687-7891 (TTY: 711) पर कॉल करें।
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-687-7861 (TTY : 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-687-7861 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-687-7861 (TTY: 711).



Your Extended Family.

Molina Healthcare of Illinois
1520 Kensington Road, Suite 212
Oak Brook, IL 60523

Questions About Your Health?

Call our 24-Hour Nurse Advice Line!

Health issues can come up at night or on the weekend. As a Molina Healthcare member, you can talk to a nurse right away! The Nurse Advice Line is a covered service for Molina Healthcare members. The call is no cost to you.

When should you call Molina Healthcare's 24-Hour Nurse Advice Line?

- You may have a medical question during or after normal business hours.
- You may think of a question after you visit your provider.
- You may be sick and not sure what to do.
- You may be sick or hurt and not sure where to go for care.



Your Health Is Our Priority!

English and other languages:
(888) 275-8750

Spanish:
(866) 648-3537

TTY users should call 711.