



# Important Information about Balance Billing

As a Molina Dual Options STAR+PLUS Medicare Medicaid Plan (MMP) member you do not have to pay for services that are covered by your health plan. As part of the MMP program your providers have agreed to accept Molina Dual Options STAR+PLUS MMP payment as payment in full.

Deductibles, coinsurance, or copayments are known as cost sharing amounts. If you get a bill for a deductible, coinsurance or copayment amount this is called balance billing. **Please be advised that it is unlawful for providers to “balance bill” any patient who is a member of Molina Dual Options STAR+PLUS MMP for any covered services.**

There are times when you will have to pay for a service in full, please see below.

## When do you have to pay?

If you do not follow our plan rules you may have to pay the full cost of the service yourself.

Here are **some examples** of plan rules you must follow:

- The care or medications you get must be medically necessary;
- The care or medications you get must be covered by the plan;
- If you get care from a provider who does not work with the health plan and the services are not urgent or emergent, you must get approval from the plan or your doctor.

If we decide that you are responsible to pay for a service because you did not follow plan rules, we will send you a denial letter. The letter will explain why we denied the service. If you do not agree, the letter will tell you how to appeal the denial.

In these examples the provider is allowed to bill you in full for the services we denied. **This is not considered “balance billing”.**

Please call our Member Services to find out more about our plan rules, or the difference between balance billing and a denied claim. Member Services days and hours of operation are listed below.

## Are you being Balance Billed?

If you think you are being balance billed call Member Services at (866) 856-8699. TTY/TDD users should call: 711. We are open Monday – Friday, 8 a.m. to 8 p.m, local time. Please have the bill ready when you call.

Molina Dual Options STAR+PLUS Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.



Molina Healthcare of Texas (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
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (866) 856-8699; TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

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 complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (562) 499-0610.

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.



## English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-856-8699 (TTY: 711).

## Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-856-8699 (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 1-866-856-8699 (TTY : 711).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-856-8699 (TTY: 711).

## French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-856-8699 (ATS : 711).

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-856-8699 (TTY: 711).

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-856-8699 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-856-8699 (TTY: 711) 번으로 전화해 주십시오.

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-856-8699 (телетайп: 711).

## Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-856-8699 (رقم هاتف الصم

والبكم: 711).

## Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-856-8699 (TTY: 711) पर कॉल करें।

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-856-8699 (TTY: 711).

## Portugués

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-856-8699 (TTY: 711).

## French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-856-8699 (TTY: 711).

## Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-856-8699 (TTY: 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。1-866-856-8699 (TTY: 711) ) まで、お電話にてご連絡ください。

## Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-856-8699 (TTY: 711) تماس بگیرید.

## Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-856-8699 (TTY: 711).

## Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ ເສັ້ນຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-856-8699 (TTY: 711).

## Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-856-8699 (TTY: 711)