

Grievance and Appeal Section

Grievance Process

You can file a grievance with Molina Healthcare. If you are not happy with the health plan, this is called a grievance. You can also file a grievance if you are not happy with one of our providers.

You can submit a grievance in person, in writing or by telephone. Molina Healthcare's Appeal and Grievance Coordinator can help you write your grievance. We will make a decision regarding your grievance within 30 days of receipt.

The Coordinator will look into your grievance. The Coordinator will ask other staff who know about the issue. This may be a nurse or a doctor who knows about the problem (if it is medical). Molina Healthcare will keep a written account of your grievance. It will be confidential (private). Grievances about the care you receive are sent to the Quality Improvement Department. This Department will investigate the complaint further.

If you would like to make a grievance, please call our Member Services Department at 1-888-898-7969.

Appeal Process:

You can file an appeal if Molina Healthcare denied, suspended, terminated, or reduced a requested service. This is called an adverse determination.

- You have 90 days from receiving the denial to file an appeal.
- You have the right to appeal in person, in writing, or by telephone to the Appeals Review Committee of Molina Healthcare. Molina Healthcare's Appeal and Grievance Coordinator can help you write your appeal.
- You have the right to include an authorized representative throughout the appeals process and to attend the Appeals Review Committee meeting. You must inform us of your authorized representative in writing.
- You can bring any information that you feel will help the Committee make a better decision.
- The Coordinator will tell you the time and place the appeal will be heard.
- Molina Healthcare will use reviewers who were not involved in the initial decision to review. A decision will be mailed to you in 30 days from the date that Molina Healthcare received your appeal.
- An additional 10 calendar days are allowed to obtain medical records or other pertinent medical information if the member requests the extension, or if the Plan can demonstrate that the delay is in the member's interest.

Expedited Appeal (Urgent Cases)

If you or your doctor believes that the usual 30 day timeframe for appeals will cause harm to your health, or affect your normal body functions, your appeal may be expedited (urgent). Expedited appeals are decided in 72 hours. You have the right to ask for a copy of the benefit guidelines used to make this decision. You may request an expedited appeal with OFIR after you have filed an expedited with Molina Healthcare. If Molina Healthcare denies your request for an expedited appeal, you may request an expedited external review with the Office of Financial and Insurance Regulation (OFIR) within 10 days of the denial.

External Review by the Office of Financial and Insurance Regulation

You can ask for an external review if you do not get an answer within 30 days from Molina Healthcare or you are not happy with the result of your appeal. You may appeal in writing to OFIR for an external review. The appeal request should be sent to:

Office of Financial and Insurance Regulation (OFIR)

Health Plans Division

P.O. Box 30220

Lansing, MI 48909-7720

1-877-999-6442

Fax Number: 1-517-241-4168

You must appeal in writing to OFIR within 60 days after you receive the final answer from Molina Healthcare. Molina Healthcare can explain the external review process to you. We can also mail the external review forms to you. OFIR will send your appeal to an Independent Review Organization (IRO) for review. A decision will be mailed to you in 14 days of accepting your appeal.

You, your authorized representative or your doctor can also request an expedited appeal decision from OFIR at the same address above within 10 days after receiving an adverse determination. OFIR will send your appeal to an IRO for review. You will have a decision about your care within 72 hours.

State Fair Hearing Process

If you have any problems about the care you are getting, you can request a hearing at any time within 90 days of the adverse determination directly with the Michigan Department of Community Health (MDCH). Molina Healthcare will include a hearing request form along with a self addressed stamped envelope. You can file an appeal with Molina Healthcare at the same time. Below are the steps for the State's Medicaid Fair Hearing process.

- Step 1** Call Molina Healthcare's Appeal & Grievance Department at 1-888-898-7969 or Michigan ENROLLS at 1-888-367-6557 or MDCH Administrative Tribunal at 1-877-833-0870 to have a Hearing Request form sent to you. You may also call to ask questions about the hearing process.
- Step 2** Fill out the request form and return it to the address listed on the form.
- Step 3** A hearing will be scheduled.
- Step 4** The results will be mailed to you from MDCH after the hearing is held. If your complaint is taken care of before your hearing date, you must call to ask for a Hearing Request Withdrawal Form. You can call 1-877-833-0870 to request this form. The address to request this Hearing Request Withdrawal form is:

State Office of Administrative Hearings and Rules

for Department of Community Health

Administrative Tribunal

P.O. Box 30763

Lansing, MI 48909