



Welcome and thank you for choosing Molina Healthcare as your health care plan. Molina Healthcare is a Michigan Medicaid Health Plan. We hold a certificate of authority issued by the State of Michigan as a Health Maintenance Organization (HMO). We know how important your health is to you. We will do all that we can to help you and your family with your health care needs.

This book explains how to get the services that you may need. If you need this book in a language other than English or in a different format because of special needs, please contact our Member Services Department at 1-888-898-7969.

Please call our Member Services Department at 1-888-898-7969 for any information or to tell us about any concerns you may have.

Molina Healthcare contracts with independent doctors who will take care of you. You can get a list of Molina Healthcare doctors by going to our website at www.molinahealthcare.com. You can contact Molina Healthcare's Member Services Department to get a paper list of doctors. Your Primary Care Provider (PCP) will also arrange any care you need from other doctors. Please call your PCP to make an appointment as soon as possible.

Just as a reminder, please let us know if you change your telephone number or address. Call Member Services between 8:00 AM and 6:00 PM, Monday through Friday, at 1-888-898-7969.

Thank you for choosing Molina Healthcare!

Molina Healthcare	
Member Services	1-888-898-7969
Comprehensive Care (Comp-care)	
Mental Health Services	1-800-435-5348
Molina Healthcare Transportation	1-888-898-7969
March Vision Care	1-888-493-4070
Medicaid Hotline	1-800-642-3195
Michigan ENROLLS	1-888-367-6557
or if calling from an internet based telephone service.....	1-800-975-7630
Michigan Relay Service	1-800-649-3777

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Member Services Section

Member Services Department

Molina Healthcare provides you with a direct line to Member Services, who will answer your questions about plan benefits and help you with any concerns you may have about our services.

You may contact Member Services by:

- visiting Member Services at the Molina Healthcare office,
- calling the Member Services Department at 1-888-898-7969 during normal business hours, Monday through Friday, from 8 a.m. until 6 p.m., or
- visiting our website at www.molinahealthcare.com

If you are non-English speaking and need interpretive services we have Spanish and Arabic speaking Member Service Representatives to serve you. All other languages are assisted by the use of our language line at 1-800-752-6096. If you are hearing impaired please use Michigan Relay at **1-800-649-3777** to speak with a Member Service Representative. If you need written materials in a language other than English or require materials in a different format because of special needs, please contact Member Services at 1-888-898-7969.

Member Self Services Available Online

Molina Healthcare offers members online help with routine service requests. This on-line service will let you change your PCP, update your address, request an ID card or member handbook. You can use our website 24 hours a day, 7 days a week. You can get to this service through your internet at www.molinahealthcare.com. Click on Member Self Services and follow the instructions.

Changing Information

It is important that we are able to get in touch with you. If you change your name, address, telephone number or if your family size changes, please call the Member Services Department at 1-888- 898-7969 or you can get to this service through your internet at www.molinahealthcare.com. Click on Member Self Services and follow the instructions. Also, let your local Department of Human Services (DHS) Worker know of all changes.

Membership ID Card

When you become a member of Molina Healthcare, you will get a Member ID card. You will need to carry this card and your Medicaid mihealth card with you at all times. You must show your Molina Healthcare ID card when getting care from your doctor, getting your prescriptions filled or using the hospital emergency room.

Your card will have your name and ID number on it as well as your PCP name and number. New ID cards will be sent to you when you change doctors or when you call because your card was lost or stolen.

All family members will have their own ID card. Only the person on the card may use it for service. You may be asked to show a picture ID when using your Molina Healthcare ID card. This is to make sure no one else is using your card.

Membership and Coverage of Newborns

Once your child is born, your child will become a member of Molina Healthcare. It is important that you tell your DHS worker and Molina Healthcare about your child's birth as soon as possible.

Please call Member Services at 1-888-898-7969. We will make sure that:

- Your baby gets enrolled into Molina Healthcare
- Your baby's doctor is listed on the Molina Healthcare ID card

Member Out-of-Pocket Cost

Molina Healthcare will pay for all covered services. There are no co-payments, deductibles or any other out-of-pocket cost to you. Members should not sign any agreements to pay for services.

You will be required to pay for services if you ask for and get services that are not covered by Medicaid.

If you receive a bill for any covered service, please mail it directly to us:

Molina Healthcare of Michigan
Member Services Department
100 W. Big Beaver Road
Suite 600
Troy, Michigan 48084-5209

Disenrollment

Molina Healthcare may ask that you be disenrolled from its membership. Here are some reasons that you may be disenrolled from Molina Healthcare:

- Abusive, threatening and/or violent behavior towards doctors and their staff or Molina Healthcare's staff,
- Abusive use of the emergency room for routine care, or
- Letting someone else use your member ID card.

Provider Information Section

Your Primary Care Provider (PCP)

To get started, you must choose a PCP. PCPs are doctors, nurse practitioners, or physician assistants who give care in Family Practice, Pediatrics, or Internal Medicine. Your PCP is responsible for providing your day-to-day health care. Your PCP may also send you for care to specialists, other health care providers and hospitals. You will find a

list of PCPs for you to choose from on Molina Healthcare's website at www.molinahealthcare.com. You may request a paper copy of our list of PCPs. If you do not choose a PCP we will select one for you.

Molina Healthcare and your PCP care about the health of you and your children. Your PCP can help you avoid problems by:

- finding medical, dental and other problems early,
- treating problems before they become serious, and
- providing education about your health.

If you have a chronic health condition like diabetes or end stage renal disease, you may be able to have a specialist take care of you as your PCP. Call us and we will help you.

Changing Your PCP

You may change your PCP. If your health or safety is in danger, you will be given another PCP right away. If you wish to change PCPs, please call Member Services at 1-888-898-7969 and we will help you pick a new PCP or you can get to this service through your internet at www.molinahealthcare.com. Click on Member Self Services and follow the instructions.

You can pick a new PCP at any time. Requests that you make will take effect by the 1st day of the next month.

Nurse Advice Line (NAL)

If you have questions about your health or about getting care during an emergency, Molina Healthcare offers a Nurse Advice Line (NAL) to help you. The Nurse Advice Line is available 24 hours a day, 365 days a year. You can reach the Nurse Advice Line by calling Member Services at 1-888-898-7969, or you can call the line toll free direct at 1-888-275-8750 (English), or 1-866-648-3537 (Spanish).

Questions About Your Health After Hours

For non-emergency care after normal business hours, please call your PCP who will provide instructions for getting the care you need. If you cannot reach your PCP, our 24 hour Nurse Advice Line will assist you.

Routine and Specialty Care Services

Your PCP will help you get your health care services.

- Call your PCP for an appointment.
- If you cannot keep your appointment, call and cancel the appointment as soon as possible.
- Bring your Medicaid mihealth card and your Molina Healthcare ID card with you.
- Please *be* on time.

You can get specialty care from a participating provider including routine OB/GYN and pediatric care without a referral from your PCP. Tell your PCP when you get care from another doctor. You can check Molina Healthcare's website at www.molinahealthcare.com for a list of specialists and other health care providers. You may request a paper copy of our list of specialists and other health care providers.

Hospital Services

All hospital services except emergency services must be approved and/or arranged by your PCP or Molina Healthcare except as otherwise stated in this handbook.

Complex Case Management Program

The Complex Case Management Program is a voluntary program for members with difficult health problems. The program allows you to talk with a nurse about your health problems. The nurse can help you learn more about your health problems and teach you how to better manage them. Our nurses can help with all types of health problems. We also have special programs for conditions such as:

- Asthma
- Chronic Obstructive Lung Disease
- Congestive Heart Failure
- Coronary Artery Disease
- End Stage Renal Disease
- High Risk Obstetrics
- Organ Transplant
- Pediatrics
- Skilled Nursing Facility and Rehabilitation

Our nurses will work with your doctor to make sure you get the care you need. We also have a Social Worker to help with your medical and mental health needs. If you would like more information about the program, please call us at 1-866-449-6828 Ext. 151317. If you are hearing impaired, please call Michigan Relay at 1-800-649-3777.

Provider Information and Payment

You can request information about our providers, such as license information, how providers are paid by the plan, qualifications, and what services need prior approval. This information will be given upon request. Please call Member Services at 1-888-898-7969 if you have questions.

Molina Healthcare does not prevent our providers from:

- Speaking on behalf of you, the member,
- Discussing treatment and services,
- Discussing payment arrangements between the doctor and the plan.

You may feel free to ask our plan if we have special arrangements with our panel doctors that can affect the use of referrals and other services that you may need. We want you to know that your health is our main concern. We do not pay our providers or encourage

them in any way to withhold or deny medical care or services. A decision about your health care is based on medical needs.

Call Member Services at 1-888-898-7969 if you have any questions.

Molina Healthcare and providers cannot refuse to give medical care on the basis of pre-existing health conditions, color, creed, age, national origin, handicap, sex, sexual preference, or cost of medical treatment.

New Medical Technology

Molina Healthcare looks at new services and new uses for benefits you have now. Molina Healthcare reviews all the studies done to see if services should be added to your benefit package. Molina Healthcare reviews the type of services listed below at least once a year:

- Medical services
- Behavioral health services
- Medicines
- Equipment

Emergency & Out of Area Services Section

How to Obtain Emergency Care

Molina Healthcare will cover all emergency services without prior approval in cases where a person, acting reasonably, would believe that they have an emergency.

You should get emergency care when you have severe pain or a serious illness or injury that will cause a lifetime disability or death if not treated at once.

Examples of emergency conditions are:

- Chest pains or heart attack
- Choking or breathing problems
- A lot of bleeding
- Poisoning
- Broken bones

If you can, call your PCP or Member Services at 1-888-898-7969, 24 hours a day. They can help you get the care you need. If you cannot call your PCP or Molina Healthcare, call 911 or go to the nearest hospital emergency room for emergency care.

ALWAYS CARRY YOUR MOLINA HEALTHCARE ID CARD AND MEDICAID MIHEALTH CARD WITH YOU AND SHOW THEM WHEN YOU GO TO THE EMERGENCY ROOM.

NEVER GET ROUTINE CARE THROUGH AN EMERGENCY ROOM.

Out of State / Out of Area

If you are out of town and have a medical emergency or need urgent care, go to the nearest urgent care center or emergency room for care. The hospital or urgent care center may call Molina Healthcare. Remember to follow-up with your PCP after any emergency room or urgent care visits.

Children's Services Section

What is EPSDT?

Early and Periodic Screening, Diagnosis, and Treatment or (EPSDT -Well Child Exams) are provided for your child at ages:

- As a newborn
- 3 – 5 days
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Yearly visits beginning at age 3

During the EPSDT exam the doctor will check:

- The overall health of your child to see if he or she is growing well
- Ears and eyes
- Diet
- Need for immunizations/shots
- Lab tests (if needed)
- Blood lead screening

Well Child Care and Shots

Many health problems begin during childhood. It is important to identify these problems and begin treatment as soon as possible. Call your PCP or Member Services at 1-888-898-7969 for help.

One of the most important steps you can take is to see that your children get the proper shots. We are concerned about your health and the health of your children. Please see that your children get their immunization shots on time. Call your PCP for an immunization schedule and information about EPSDT.

Child and Adolescent Health Care Program Health Centers

As a member of Molina Healthcare you may choose to get services from a child and adolescent health care program health center without prior authorization or approval. Molina Healthcare will pay for services you get from these programs. You will need to let the center know that you have Molina Healthcare.

Women's Health Section

Women Preventive Services

Women may see any Molina Healthcare OB/GYN for well woman care without a referral from their PCP.

- Women age 40 or over should have a mammogram to screen for breast cancer once every year.
- Women should have a pap smear every year to screen for cervical cancer.
- Young women, ages 16 – 25, who are sexually active should have a Chlamydia test every year to screen for this sexually transmitted disease (STD).

Women's Health and Cancer Rights Act – Women's health benefits include breast reconstruction services if elected after a mastectomy.

Family Planning Services

Family Planning Services are covered. These services include:

- Counseling to help you to decide when to have children,
- Helping you decide how many children to have,
- Providing information and prescriptions for birth control. For example, condoms and birth control pills.
- Treatment for sexually transmitted diseases (STD).

You do not need a referral to receive family planning services. You can receive family planning services from any doctor or clinic.

Prenatal & Maternity Care

Early care is important to the health of pregnant women and their babies.

- If you think you are pregnant, please call your doctor for an appointment. It is important to start prenatal care in the first 12 weeks of pregnancy.
- You can get routine maternity care services **without** a referral from your PCP or OB/GYN doctor.
- If you need help finding a doctor, call Member Services at 1-888-898-7969.
- If you need help making a doctor's appointment, call the M.O.M. Nurse at 1-888-898-7969 ext. 155428.
- See your doctor throughout your pregnancy.
- Make sure you go to all of your visits when your PCP or OB/GYN tells you to. Do not miss any doctor visits.
- Make sure you go to your doctor right after you have your baby for follow-up care (3-6 weeks after your baby is born).
- Along with prenatal, postpartum and maternity care we offer information on diet, exercise and other important health care services.

Moms of Molina (M.O.M.) Program

If you are pregnant, Molina Healthcare has a FREE program just for you and your baby. It is called **the M.O.M. Program**. You and your growing baby are important to us. We want you to have a healthy pregnancy and healthy baby.

Molina Healthcare has a special nurse coordinator to work with you and your doctors to make sure you and your baby get the care you need. All Molina Healthcare mothers-to-be, including teens and high risk, will receive information about the importance of prenatal care and free support services.

We can:

- help you find a doctor for you and your new baby
- help you set up doctor visits during your pregnancy and after your baby is born
- help you get a ride to your doctor visits
- help you stay healthy
- help you with special needs while you are pregnant
- help you find counseling services, and childbirth and parenting classes
- help you find information for getting baby items: food, housing, clothes and give you information about what to expect while you are pregnant
- keep in touch with you and your doctor

It is good to get early and regular prenatal care and to keep all your visits with your doctor even if this isn't your first baby. Call the M.O.M. Nurse at 1-888-898-7969 ext. 155428.

Maternal and Infant Health Program (MIHP) Services

The Maternal and Infant Health Program is a **Medicaid covered benefit** that helps pregnant members and infants get the proper food, support, and transportation for all health services. It will also help you to understand the importance of getting prenatal care, well childcare, and immunizations when they are scheduled. If you need help to get these support services, please call the M.O.M. Nurse at 1-888-898-7969 ext. 155428.

Women, Infant & Children Services Program (WIC)

Women, Infants and Children (WIC) Program offers pregnant women and young children FREE food and other services. You do not need to ask your PCP to get services from WIC. Call our Member Services Department at 1-888-898-7969 to find out where and how to get WIC Services.

Covered Services Section

Summary of Covered Services

Molina Healthcare will provide or arrange for the following services at no cost to you:

- Blood lead testing for members under age 21,
- Certified nurse midwife services,

- Certified pediatric and family nurse practitioner services,
- Chiropractic services for members under age 21,
- Durable medical equipment,
- Emergency services,
- End stage renal disease services,
- Family planning services,
- Health education,
- Hearing aids for members under age 21,
- Hearing and speech services,
- Home health services,
- Hospice services,
- Immunizations (shots),
- Inpatient and outpatient hospital services,
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility), up to 45 days,
- Interpretive services for non-English speaking members and oral interpretive services for the hearing impaired,
- Laboratory services, x-ray and imaging services,
- Medically necessary weight reduction services,
- Outpatient mental health services up to 20 visits per calendar year,
- Out of State services (authorized by the Plan),
- Outreach services , including pregnancy and well child care,
- Parenting and birthing classes,
- Pharmacy services,
- Podiatry (foot care) services,
- Prosthetics and Orthotics,
- Practitioners services,
- Restorative or rehabilitative services (in a place of service other than a nursing facility)
- Therapies, (speech, language, physical, occupational) excluding services provided to persons with developmental disabilities which are billed through Community Mental Health Services Program providers or Intermediate School Districts,
- Tobacco cessation program including pharmaceutical and behavioral support
- Treatment for communicable diseases, including sexually transmitted diseases (STD)HIV/AIDS, tuberculosis and vaccine preventable diseases; treatment may be received from a local health department without prior health authorization,
- Transplant services,
- Transportation, including Ambulance and other emergency medical transportation,
- Vision services for members under age 21; for Members 21 years and older, vision services related to eye trauma, eye disease and low-vision services will be covered and
- Well child/EPSTD/ for members under age 21.

Please call our Member Services Department at 1-888-898-7969 if you have questions about covered or non-covered health care services. You can also call if you have questions on how to get covered services.

Non-Emergency Transportation

Molina Healthcare will provide transportation to covered services. Transportation is provided when you have no other means to get to your doctor appointments, x-rays, lab tests, pharmacy, medical supplies or other medical care.

Call Molina Healthcare at 1-888-898-7469. Press 2 then press 3. It is important to call 4 days in advance of your appointment, to schedule transportation. Have your Molina Healthcare ID card handy.

Emergency Transportation

Molina Healthcare will also cover emergency transportation to the hospital. You should call 911 when you have an emergency and need immediate transportation.

Prescription Drugs

If you are a new Molina Healthcare member, please call Member Services at 1-888-898-7969 if you need help with any of your medications. Prescriptions are provided at no cost to you when they are filled at approved pharmacies. Covered prescriptions and over the counter drugs are listed on the drug list. You may request a drug list by calling Member Services at 1-888-898-7969. The list of pharmacies and approved drug list is on the Molina Healthcare website at www.molinahealthcare.com.

Some drugs ordered by your doctor may require prior approval. Prior approval drugs are in gray on the drug list. Sometimes you may experience small delays in getting your prescriptions filled. This is because we have requested additional information from your doctor which we need to approve your medication. Your doctor may request a prescription drug prior approval by faxing a drug prior approval form to 1-888-373-3059. Please remind your doctor when your medication requires a prior approval.

If a drug does not appear in the drug list your doctor may request a review by the Pharmacist, by faxing a drug prior approval form to 1-888-373-3059.

Drugs that are not covered by Molina Healthcare but are covered by Medicaid are subject to Medicaid co-pays.

Eye Care

March Vision Care provides routine eye exams and other vision services for members under age 21. Call March Vision at 1-888-493-4070 to make an eye appointment or ask questions about glasses. Members 21 years and older, vision services related to eye trauma, eye disease and low-vision services will be covered. Low-vision services

includes low-vision eyeglasses, contact lenses, optical devices and other related low-vision supplies and services.

Mental Health

Molina Healthcare covers 20 outpatient visits for mental health services. Molina Healthcare has a contract with Comprehensive Behavioral Care, Inc. (Comp-Care). Comp-Care provides covered service for mental health. You can call 1-800-435-5348 to get help. You do not need a referral from your PCP to get mental health service. If you have a serious mental health illness, you may be referred to the Community Mental Health Services Program in your county. You can call Molina Healthcare's Member Services Department for help locating a mental health service program.

Substance Abuse

You may have a substance abuse problem if:

- Anyone has ever told you that you should cut down on your drinking.
- Your drinking or behavior annoys people.
- You feel guilty about drinking or taking drugs.
- You ever had a drink first thing in the morning to steady your nerves or get rid of a hangover.

Please get help, call Comp-Care at 1-888-435-5348 or Molina Healthcare's Member Services Department at 1-888-898-7969 for more information on how to get these services.

Durable Medical Equipment

Molina Healthcare covers medically necessary medical equipment. For information, call your PCP or Member Services at 1-888-898-7969.

Hospice Services

Hospice is a covered program that provides end of life care. For information on hospice care, call your PCP or Member Services at 1-888-898-7969.

Health Education

Free classes, CDs and written materials are available through our Member Education Program on subjects such as:

- Asthma
- High blood pressure
- Pre-natal care
- Diabetes
- Birth control
- Immunization shots and well child care
- Diet and weight control

Call Member Services at 1-888-898-7969 for more information.

Federally Qualified Health Centers (FQHCs)

You may choose to get services from a Federally Qualified Health Centers (FQHC) located in your county. You do not need to ask your PCP to receive FQHC services.

Non-Covered Services Section

Services Not Covered By Molina Healthcare

The following services are not covered by Molina Healthcare, *but may be provided by Medicaid or other programs*:

- Custodial services in a nursing home,
- Dental services,
- Home and Community – Based Waiver Program services,
- Inpatient hospital psychiatric services,
- Intermittent or short-term restorative or rehabilitative services in a nursing facility after 45 days,
- Maternal Infant Health Program services,
- Mental health services in excess of 20 outpatient visits each calendar year,
- Mental health services for enrollees meeting the guidelines under Medicaid policy for serious mental illness or severe emotional disturbance,
- Outpatient partial hospitalization psychiatric care,
- Personal care or home help services,
- Services provided by school district and billed through the Intermediate School District,
- Services, including therapies (speech, language, physical, occupational) provided to persons with developmental disabilities and billed through Community Mental Health Services Program providers or Intermediate School District,
- Substance abuse and detoxification services,
- Transportation for services not covered by Molina Healthcare,
- Traumatic Brain Injury Program services.

If you need help obtaining these services, please contact the Member Service Department at 1-888-898-7969.

Services Not Covered By Medicaid

The following services are not covered by Medicaid:

- Abortions (elective) and related services. Abortions and related services are covered when medically necessary to save the life of the mother, if the pregnancy is a result of rape or incest, treatment is for medical complications occurring as a result of an elective abortion or treatment is for a spontaneous, incomplete, or threatened abortion or for an ectopic pregnancy.
- Chiropractic services for persons age 21 and older
- Hearing aids for persons age 21 and older
- Routine eye exams, eye glasses, contact lenses and other vision supplies and

- services for persons age 21 and older.;
- Services for treatment of infertility;
 - Experimental / investigational drugs, procedures, or equipment; and
 - Cosmetic surgery (elective).

If you have questions about these health care services, please call our Member Services Department at 1-888-898-7969.

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 appeal 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**

Your Rights and Responsibilities Section

Member Rights and Responsibilities

Molina Healthcare staff and providers will comply with all requirements concerning your rights.

Molina Healthcare members have the right to:

- Get information about the health plan, its services, its providers and member rights and responsibilities.
- Be treated with respect with recognition of your dignity and right to privacy.
- Take part in decision making with your doctor about their health care.
- Talk about your treatment options regardless of cost or coverage.
- Get a fair and timely reply to requests for service.
- Voice complaints or appeals about the health plan and the care received.
- Know that your member information will be kept private. It is only used in reports to the state to show that the Plan is following state rules and laws.
- Ask how your doctor is paid.
- To make suggestions regarding the Plan's rights and responsibility policy.

Molina Healthcare members have the responsibility to:

- Provide Molina Healthcare and its providers with the necessary information needed to care for you.
- Know, understand, and follow the terms and conditions of the health plan.
- Seek out information in order to make use of the services.
- Begin and continue a patient-physician relationship.
- Learn about your medical condition and its importance to your health care.

- Take part in decision-making about your health care.
- To follow the plans and instructions for care that you have agreed upon with your doctor.
- Call and make appointments with your provider.
- Call and cancel your appointment as soon as you know you will not be able to keep the appointment.

About Our Members: Protecting Your Privacy

Your privacy is important to us. We take confidentiality very seriously. Molina Healthcare wants to let you know how your health information is shared or used.

Your Protected Health Information (PHI)

PHI stands for these words: protected health information. PHI means health information that includes your name, member number, or other things that can be used to identify you, and that is used or shared by Molina Healthcare.

Why does Molina Healthcare use or share our members' 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 use or share PHI for other purposes as required or permitted by law.

When does Molina Healthcare need your written authorization (approval) to use or share your PHI?

Molina Healthcare needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Molina Healthcare protect your PHI?

Molina Healthcare uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or PHI in a computer. Below are some ways Molina Healthcare protects PHI:

- Molina Healthcare has policies and rules to protect PHI.
- Only Molina Healthcare staff with a need to know PHI may use PHI.

- Molina Healthcare staff is trained on how to protect and secure PHI.
- Molina Healthcare staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Molina Healthcare secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina Healthcare and file a complaint.
- File a complaint with the U.S. Department of Health and Human Services.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our members’ PHI. Our Notice of Privacy is included below and is on our website at www.molinahealthcare.com. You also may get a copy of our Notice of Privacy Practices by calling our Member Services Department.

**NOTICE OF PRIVACY PRACTICES
MOLINA HEALTHCARE OF MICHIGAN**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of Michigan (“Molina” or “we”) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private. We have policies in place to obey the law. The effective date of this notice is March 1, 2007.

PHI stands for these words, *protected health information*. PHI means health information that includes your name, member number or other identifiers, and is used or shared by Molina Healthcare.

Why does Molina Healthcare use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment.

Molina Healthcare may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment.

Molina Healthcare may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations.

Molina Healthcare may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to the following:

- Improving quality
- Actions in health programs to help members with certain conditions (such as asthma)
- Conducting or arranging for medical review
- Legal services, including fraud and abuse programs
- Actions to help us obey laws
- Address member needs, including solving complaints and grievances.

We will share your PHI with other companies (“business associates”) that perform different kinds of activities for our health plan.

We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

When can Molina Healthcare use or share your PHI without getting written authorization (approval) from you?

In addition to treatment, payment and health care operations, the law allows or requires Molina Healthcare to use and share your PHI for several other purposes, including the following:

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

- The information is directly relevant to the family or friend’s involvement with your care or payment for that care; and
- You have either orally agreed to the disclosure or have been given an opportunity to object and have not objected.

Required by law.

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS).

Public Health.

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight.

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research.

Your PHI may be used or shared for research in certain cases, when approved by a privacy or institutional review board.

Legal or Administrative Proceedings.

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement.

Your PHI may be used or shared with police to help find a suspect, witness or missing person.

Health and Safety.

PHI may be shared to prevent a serious threat to public health or safety.

Government Functions.

Your PHI may be shared with the government for special functions, such as national security activities.

Victims of Abuse, Neglect or Domestic Violence.

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation.

Your PHI may be used or shared to obey Workers Compensation laws.

Other Disclosures.

PHI may be shared with funeral directors or coroners to help them to do their jobs.

When does Molina Healthcare need your written authorization (approval) to use or share your PHI?

Molina Healthcare needs your written approval to use or share your PHI for a purpose other than those listed in this notice. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

❖ Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to fill out a form to make your request.

❖ Request Confidential Communications of PHI

You may ask Molina Healthcare to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to fill out a form to make your request.

❖ Review and Copy Your PHI

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Healthcare member. You will need to fill out a form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases, we may deny the request.

❖ Amend Your PHI

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to fill out a form to make your request. You may file a letter disagreeing with us if we deny the request.

❖ Receive an Accounting of PHI Disclosures (Sharing of your PHI)

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure as otherwise permitted or required under applicable law;
- as part of a limited data set for research or public health activities;
- PHI released in the interest of national security or for intelligence purposes;
- to correctional institutions having custody of an inmate; or
- shared prior to April 14, 2003

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You must fill out a form to request a list of PHI disclosures.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Manager of Member Services at 1-888-898-7969.

What can you do if your rights have not been protected?

You may complain to Molina Healthcare and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care will not change in any way.

You may complain to us at:

Molina Healthcare of Michigan
Attention: Manager, Member Services
100 West Big Beaver Road, Suite 600
Troy, MI 48084
Phone: 1-888-898-7969

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health & Human Services
233 N. Michigan Ave. – Suite 240
Chicago, IL 60601
(312) 886-2359; (312) 353-5693 (TDD)
(312) 886-1807 FAX

What are the duties of Molina Healthcare?

Molina Healthcare is required to:

- Keep your PHI private.
- Give you written information such as this on our duties and privacy practices about your PHI.
- Follow the terms of this Notice.

This Notice is Subject to Change

Molina Healthcare reserves the right to change its information practices and terms of this notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, a new notice will be sent to you by US Mail.

Contact Information

If you have any questions, please contact the following office:

Molina Healthcare of Michigan
Manager, Member Services
100 West Big Beaver Road, Suite 600
Troy, MI 48084
Phone: 1-888-898-7969

Advance Directives (Michigan's Durable Power of Attorney for Health Care)

An advance directive is a written advance care-planning document that explains how medical decisions should be made for a patient who is unable to make or express his or her wishes concerning health care.

The durable power of attorney for health care (DPAHC) is the form of advance directive recognized by the Michigan Department of Community Health (1998, Public Act 386). This lets you choose another person to make decisions about your care, custody, and medical treatment if you cannot make these decisions for yourself. This way, your desire to accept or refuse medical treatment is honored when you cannot make that choice yourself.

According to Michigan Law:

- Anyone age 18 or older, and of sound mind, may have a DPAHC for health care in case something happens and you cannot make decisions for yourself.
- This act allows you to select a relative or other person as your patient advocate to make medical treatment decisions for you.
- You may change the person you appoint as your advocate at any time.
- You may write on the form the types of treatment you do and do not want.
- If you write on the form that you want your patient advocate to order doctors to withhold or withdraw life-sustaining treatment in certain situations, the doctors must honor your wishes.
- You should keep a copy of your DPAHC with you at all times.

If you find that your wishes are not followed by a health care provider, or they do not comply with your DPAHC you may file a complaint with:

Bureau of Health Professions (BHP), Grievance & Allegation Division.

PO Box 30670

Lansing, MI 48909-8170

(517) 241-2389 or bhpinfo@michigan.gov

The BHP Grievance & Allegation website is www.michigan.gov/healthlicense (click on “file a complaint”).

For complaints about how your health plan follows your wishes, write or call:

Office of Financial and Insurance Regulation (OFIR)

Toll free at 1-(877)-999-6442 or www.michigan.gov/ofis

Fraud & Abuse Section

Fraud, Waste & Abuse

Molina Healthcare's Fraud, Waste and Abuse Plan benefits Molina, its employees, members, providers, payors 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 all confirmed incidences to the appropriate government agencies. Molina Healthcare takes the appropriate disciplinary action, including but not limited to, termination of employment, termination of provider status, and/or termination of membership.

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 to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR § 455.2)

Here are some ways you can help stop fraud:

- Do not give your Molina Healthcare ID card, Medicaid 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.

If you think fraud has taken place, you can send a letter to:

Michigan Department of Community Health (MDCH)
Attn: Medicaid Integrity Program Section
Capitol Commons Center Building, 400 S. Pine Street, 6th Floor
Lansing, MI 48909
1 (866) 428-0005

You can report potential fraud, waste and abuse without giving us your name by:

- Phone: Toll-free 1 (877) 372-5361 (Molina Healthcare of Michigan hotline)
- Fax: Compliance Director 1 (248) 925-1797
- Mail:

Attention: Compliance Director
(CONFIDENTIAL)

Molina Healthcare of Michigan
100 West Big Beaver, Ste. 600
Troy, MI 48084

Or you can contact by e-mail at: MHMCompliance@Molinahealthcare.com.