



Welcome and thank you for choosing Molina Healthcare as your health care plan. Molina Healthcare is a Michigan MICHild 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 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 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, and MICHild at 1-888-988-6300.

Thank you for choosing Molina Healthcare!

Member Service Section

Member Services Department 4
Member Self Services Available Online 4
Changing Your Personal Information..... 4
Membership ID Card..... 5
Member Out-of-Pocket Cost 5
Disenrollment 5

Provider Information Section

Your Primary Care Provider (PCP) 6
Changing Your PCP 6
Nurse Advice Line (NAL) 6
Questions About Your Health After Hours 7
Routine and Specialty Care Services 7
Hospital Services 7
Complex Case Management Program 7
Provider Information and Payment 8
New Medical Technology 8

Emergency & Out of Area Services Section

How to Obtain Emergency Care 9
Out of State / Out of Area..... 9

Children’s Services Section

What is EPSDT?..... 10
Well Child Care and Shots 10
Child and Adolescent Health Centers and Tribal Health Centers 10

Special Programs and Services

Female Preventive Services..... 11
Family Planning Services 11
Prenatal & Maternity Care 11
Moms of Molina (M.O.M.) Program 12

Covered Services Section

What is Covered By Molina Healthcare? 12
Doctor Office Visits 13

Urgent Care Services	13
Ambulance Services	14
Acupuncture	14
Chiropractic Care.....	14
Durable Medical Equipment (DME) and Supplies	14
Diagnostic Services, Treatment and Surgical Care	14
Federally Qualified Health Centers (FQHCs)	14
Hearing Care	15
Health Education	15
Oral Surgery	15
Prenatal and Post-Partum Services	16
Prescription Drugs	16
Prosthetic and Orthotics	16
Skilled Nursing Facility	16
Therapy Services.....	17
Transplant Services	17
Vision Care	17

Non-Covered Services Section

Services Not Covered by Molina Healthcare	17
Services Not Covered by MICHild or Molina Healthcare	17

Grievance and Appeal Section

Grievance Process	18
Appeal Process	18
Expedited Appeal (Urgent Cases).....	19
External Review by the Office of Financial and Insurance Regulation	19

Your Rights and Responsibilities Section

Member Rights and Responsibilities	20
About Our Members: Protecting Your Privacy.....	21
Notice of Privacy Practices	22
Advance Directives.....	27

Fraud & Abuse Section

How Can I Help Stop Health Care Fraud & Abuse?	28
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Member Services Section

Member Services Department

Molina Healthcare provides you with a toll free direct line to our Member Services at 1-888-898-7969. Member Services will answer your questions about plan benefits and help you with any concerns you may have about our services, including:

- General Information
- Change of address or phone number
- Changing doctors
- Claim information
- Wellness information
- Requesting an identification (ID) card
- Benefit information
- PCP address and phone number
- Filing a grievance or appeal
- Enrollment or disenrollment questions.

You may contact Member Services by:

- visiting the Member Services Department at the Molina Healthcare office at 100 W. Big Beaver Rd., Ste. 600, Troy, MI 48084,
- 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 the internet at www.molinahealthcare.com. Click on Member Self Services and follow the instructions.

Changing Your Personal Information

It is important that we are able to get in touch with you. If you change your name, address or telephone number, please call the Member Services Department at 1-888-898-7969 or you can get to this service through the internet at www.molinahealthcare.com. Click on Member Self Services and follow the instructions.

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 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 department.

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

All eligible children 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.

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 may be required to pay for services if you ask for and get services that are not covered by MICHild.

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

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 we may request that you 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 Molina Healthcare 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, and 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 list of PCPs. If you do not choose a PCP, we will select one for you.

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

- finding medical, dental and other health problems early,
- treating health 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 your PCP, 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 the 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 24hour 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 Molina Healthcare ID card with you.
- Please **be** on time.

You can get specialist office visits including routine OB/GYN and pediatric care from a Molina Healthcare provider without a referral from your PCP. Other medical services, equipment, and supplies may require authorization by Molina Healthcare. You may contact Member Services at 1-888-898-7969 to find out which services require authorization.

Tell your PCP when you receive 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 child's health problems. The nurse can help you learn more about your child's 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 including:

- 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 child’s doctor to make sure your child gets the care he/she needs. We also have a Social Worker to help with your child’s 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 authorization. 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 your behalf, the member,
- Discussing treatment and services,
- Discussing payment arrangements between the provider 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. Decisions about your health care are based on medical needs.

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

Molina Healthcare and its 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 seek 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 or bleeding that will not stop
- 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 WITH YOU AND SHOW IT WHEN YOU GO TO THE EMERGENCY ROOM.

NEVER GET ROUTINE CARE THROUGH AN EMERGENCY ROOM.

Out of State / Out of Area Services

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 **P**eriodic **S**creening, **D**iagnosis, and **T**reatment 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 may check:

- The overall health of your child to see if he or she is growing well
- Height, weight and body mass index (BMI)
- Blood pressure
- Ears and eyes
- Diet
- Need for immunizations/shots
- Lab tests
- Blood lead screening
- Dental screening, referral and fluoride varnish treatments
- Developmental and behavioral assessment
- Health education

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 child's 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 child gets the proper shots and is checked for blood lead poisoning. We are concerned about your health and the health of your child. Please see that your child gets the immunization shots and blood lead screening on time. Call your child's PCP for an immunization schedule and information about well child care.

Child and Adolescent Health Centers and Tribal Health Centers

As a member of Molina Healthcare, you may choose to get services from a child and adolescent health care program health center or Tribal Health Centers 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 your child has Molina Healthcare.

Special Programs and Services

Female Preventive Services

Members may see any Molina Healthcare OB/GYN without a referral from their PCP.

- Female members who are sexually active should have a pap smear every year to screen for cervical cancer.
- Female members, ages 16 and older, who are sexually active should have a Chlamydia test every year to screen for this sexually transmitted disease (STD).

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

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

Covered Services Section

What is covered by Molina Healthcare?

Molina Healthcare covers the following MICHild benefits:

- Ambulance Services
- Acupuncture Therapy
- Blood Lead Testing
- Chiropractic Care
- Durable Medical Equipment
- Emergency Services
- Family Planning Services
- Health Education
- Hearing Care

- Hemodialysis and Peritoneal Services
- Home Health Care – 120 days per calendar year
- Hospice Care
- Immunizations
- Inpatient and Outpatient Hospital Services
- Lab, X-ray and Other Imaging Services
- Limited Oral Surgery
- Out of Area Emergency or Authorized Services
- Pharmacy Services
- Physician and Other Professional Provider Services, Medical/Surgical Supplies and Services
- Prosthetic and Orthotic Appliances
- Second Surgical Opinion
- Skilled Nursing Facility Services – 120 days per admission
- Therapies (Physical, Speech, Occupational)
- Transplants (Organ and Tissue)
- Vision Care
- Weight Loss Counseling
- Well Child Care/EPSTD

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.

A description of some of the MICHild benefits covered by Molina Healthcare are listed below. Refer to your Certificate of Coverage for detailed benefits, limits and exclusions on MICHild benefits.

Doctor Office Visits

PCP and specialist office visits are covered by Molina Healthcare. Your doctor may provide well child care, annual physical exams, or evaluation and treatment of illnesses.

Urgent Care Services

Urgent care centers are able to treat minor injuries and illnesses when your doctor's office is closed. Examples of conditions in which urgent care treatment is appropriate:

- sore throat
- back pain
- headache
- cold
- minor injury

Call Member Services or visit our website at www.molinahealthcare.com to find an urgent care center close to you.

Ambulance Services

Molina Healthcare will cover emergency transportation to or from the hospital, skilled nursing facility or home. You should call 911 when you have an emergency and need immediate transportation to a hospital.

Acupuncture

Benefits include up to 20 visits in a calendar year when performed by a physician.

Chiropractic Care

Benefits include initial office exam, manipulations, x-rays for back or spine, and first aid treatment of musculoskeletal injury. Coverage is limited to 24 visits per calendar year.

Durable Medical Equipment (DME) and Supplies

Benefits include certain medical supplies and equipment. Your PCP or Molina Healthcare can help arrange this for you. The equipment and supplies must be medically necessary to be covered.

Diagnostic Services, Treatment and Surgical Care

These services may require authorization from Molina Healthcare. Benefits include:

- X-rays
- CT scans
- MRI/MRA
- Lab work
- Surgery
- Chemotherapy
- Radiation therapy
- Hemodialysis and peritoneal services
- Abortions (when determined to be medically necessary to save the life of the mother, or in the case of rape or incest)

Federally Qualified Health Centers (FQHCs)

You may choose to get services from a FQHC located in your county. You do not need to ask your PCP to receive FQHC services.

Hearing Care

Hearing Care is covered for the following services and supplies payable once in every 36 consecutive months:

- Audiometric examination to measure hearing ability, including tests for air conduction, bone conduction, speech reception, and speech discrimination
- Hearing aid evaluation tests to determine what type of hearing aid(s) should be prescribed to compensate for loss of hearing
- Hearing aids including in-the-ear, behind-the-ear, and on-the-body designs, and binaural aids purchased together
- Dispensing fees for the normal services required in the fitting of a hearing aid
- Hearing aid conformity tests to evaluate the performance of a hearing aid and its conformity to the original prescription after the aid has been fitted

Hearing care benefits are not payable for hearing aid repairs or for the replacement of parts (including batteries and ear molds). Benefits are also not payable for the replacement of lost or broken hearing aids unless the 36 month coverage limitation does not apply.

Health Education

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

- Asthma
- 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.

Oral Surgery

Limited to the following:

- the treatment of a jaw fracture, dislocation, or wound
- the treatment of cysts, tumors, or other disease tissues
- other incision or excision procedures on the gums and tissues of the mouth when not performed in connection with tooth repair or extraction

- the alteration of the jaw, jaw joints, or bite relationships by a cutting procedure when appliance therapy alone cannot result in functional improvement
- charges for office visits related to the above procedures.

Prenatal and Post-Partum Services

Prenatal care is an important part of a healthy pregnancy. Doctor visits for pregnancy care and diagnostic services are covered. Routine prenatal and post-partum care does not require a referral or authorization. Post-partum stays at a hospital are will be covered consistent with the minimal hospital stay standard required by law.

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 may also be found 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. Your doctor may request a prescription drug prior approval by faxing a drug prior approval form to 1-888-373-3059. Sometimes you may experience a delay in getting your prescriptions filled. This is because Molina Healthcare may have requested additional information from your doctor. 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.

Prosthetic and Orthotics

Benefits include certain prosthetic and orthotic appliances. The benefit includes orthopedic shoe inserts when prescribed by a physician. Your PCP or Molina Healthcare can help arrange this for you. Prosthetic and orthotic appliances must be medically necessary to be covered.

Skilled Nursing Facility

This benefit provides up to 120 days per admission of care in a skilled nursing facility. The benefit renews 90 days after discharge.

Therapy Services

Up to 60 combined visits for physical, occupational and speech therapy are covered a calendar year.

Transplant Services

Molina Healthcare can help coordinate the care for transplants and related care. If you need a transplant, call the Member Services Department at 1-888-898-7969.

Vision Care

March Vision Care provides routine eye exams, glasses and other vision services. Call March Vision at 1-888-493-4070 to make an eye appointment or ask questions about vision services.

Non-Covered Services Section

Services Not Covered By Molina Healthcare

The following services are not covered by Molina Healthcare, *but are covered by MICHild or other programs, call MICHild at 1-888-988-6300 or Member Services at 1-888-898-7969 for information:*

- Routine dental services,
- Mental Health services including prescriptions written by the Community Mental Health Services Program. Mental health services are covered through community mental health agencies.
- Substance Abuse Drugs and Services through Coordinating Agencies with the Community Mental Health Services Program.
- Services provided by the school district and billed through the Intermediate School District.

Services Not Covered By MICHild or Molina Healthcare

The following services are not covered by MICHild or Molina Healthcare:

- Abortions (elective) and related services. Abortions and related services are covered when medically necessary to save the life of the mother or if the pregnancy is a result of rape or incest
- Services for treatment of infertility
- Non-emergency transportation services, except as otherwise stated

- in this handbook or the certificate of coverage.
- Experimental / investigational drugs, procedures, or equipment
 - 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. The grievance process is available for members who have a complaint that cannot be resolved during the initial contact with the Plan and is not a matter subject to an appeal. You have 90 days from the event to file a grievance with the plan.

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 your 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. The 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 calendar 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.
- Benefits may continue pending resolution of the Appeal. You may be required to pay the cost of the services if the denial is upheld.
- You have a right to ask for the benefit guidelines used to make this decision.
- An additional 10 calendar days are allowed to obtain medical records or other pertinent medical information if Molina Healthcare 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 days 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 may file an expedited appeal with the Office of Financial and Insurance Regulation (OFIR) at the same time. You may request an expedited appeal with OFIR immediately after you have filed an expedited appeal with Molina Healthcare. If Molina Healthcare denies your request for an expedited appeal, you may request an expedited external review with 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 calendar days from Molina Healthcare or if 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 calendar 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 calendar 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.

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 the doctor about your or your child's 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 to 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 may also 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 Healthcare" 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 healthcare 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/ofir

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 MICHild 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 MICHild 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, MICHild 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.

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.