Welcome to the **Molina Family.**

Member Handbook
Molina Healthcare of Illinois
Family Health Plan

MolinaHealthcare.com

Your Extended Family.

Important Phone Numbers

Member Services
(855) 687-7861
TTY/Illinois Relay Service: 711

24-Hour Nurse Advice Line
English: (888) 275-8750
Español: (866) 648-3537
TTY/Illinois Relay Service: 711

24-Hour Behavioral Health Crisis Line
English: (888) 275-8750
Español: (866) 648-3537
TTY/Illinois Relay Service: 711

Transportation
(855) 369-3719 for reservations
(855) 369-3720 for day-of ride assist
TTY/Illinois Relay Service: 711

Care Coordination
(855) 687-7861
TTY/Illinois Relay Service: 711

Health Management Department
(866) 891-2320
TTY/Illinois Relay Service: 711

About this Handbook

Welcome to Molina Healthcare! We are committed to treating you and your family with respect and getting you the care you need.

You are now a member of Molina Healthcare of Illinois. Molina Healthcare is a health care plan, also known as a Managed Care Organization (MCO), that covers services for those in an Illinois Medical Assistance program. With Molina Healthcare, you get 24-hour health care coverage at no cost to you.

This handbook will tell you about your benefits. Please read it carefully. It explains:

- How to get health care services
- The extra benefits you get as a member of Molina Healthcare
- Contact information so that you know whom to call

If you need this handbook in another language or format, call Member Services. We can provide any of our member materials in another language or format. Tell us what you need, and we will help you.

To learn more, visit our website at www.MolinaHealthcare.com. You can also call Member Services at **(855) 687-7861**. Molina Healthcare staff is available to help you 8 a.m. to 5 p.m. Monday to Friday.

Si usted tiene cualquier problema para leer o comprender esta o cualquier otra información de Molina Healthcare por favor, comuníquese con el Departamento de Servicios para Miembros de Molina Healthcare al (855) 687-7861 para recibir ayuda.

Table of Contents

Introduction ... 6
- Member Services ... 6
- What you'll find on our Website ... 6
- Interpreter and Translation Services ... 7
- MyMolina.com ... 7
- Member Identification (ID) Card ... 7
- Provider Directory ... 8
- 24-Hour Advice Lines ... 8
- New Member Information ... 9
- If You Move ... 9

Medical Care ... 10
- Your Primary Care Provider ... 10
- Getting Medical Services ... 11
- Where to go for Medical Services chart ... 12
- Mental Health Emergency Care ... 14
- Emergency Care ... 14
- Non-Emergency Care and After-Hours ... 15

Health Care Benefits & Services ... 17
- About Covered Services ... 17
- Summary of Benefits Chart ... 17
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Benefit ... 23
- Dental Benefits ... 24
- Vision Benefits ... 24
- Prescription Drugs ... 25
- Pharmacy Coordination Program ... 26
- Medication Therapy Management Program ... 26
- Behavioral Health & Substance Abuse Services ... 26
- Transportation ... 27
- Family Planning ... 28
- Maternity (Obstetric) Care for Pregnant Women ... 28
- Special Health Care Programs ... 28
- Long Term Services and Supports ... 30
- Services Not Covered ... 30

Rights & Responsibilities ... 32

Concerns, Complaints, Appeals and Grievances ... 34

Grievances....34
Appeals....35
Enrollment and Disenrollment....42
Annual Open Enrollment Period....42
Your Medicaid Eligibility and Coverage....42
About ending your Membership....43
Excluded Populations....44
Other Information....45
Quality Care....45
How Molina Healthcare Pays for your Care....46
Abuse, Neglect or Exploitation (Critical Incidents)....46
Fraud and Abuse....47
Advance Directives....48
Summary of Notice of Privacy Practices....49
Definitions....51
First Visit Check List....53
Member Grievance & Appeal Form....54
Authorized Representative Form....54

Introduction

Member Services

If you have any questions, call Molina Healthcare Member Services. Our team of trained staff is here to help answer your questions.

Member Services can help you:

- Understand your benefits
- Update your contact information
- Request a new ID card
- Pick a new a primary care provider (PCP)
- Get a copy of this handbook or any Molina Healthcare print material in another language or format

You can call Member Services at **(855) 687-7861** from 8 a.m. to 5 p.m. Monday to Friday. For the deaf and hard of hearing, please call Illinois Relay Service TTY 711.

Holiday Closures

The Molina Healthcare office is closed on the following days:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day – Open 8:00 a.m. until Noon
- Christmas Day
- New Year's Eve Day – Open 8:00 a.m. until Noon

A holiday that falls on a Saturday is observed on the Friday before. A holiday that falls on a Sunday is observed the Monday after.

Our 24-Hour Nurse Advice Line is available 24 hours a day, seven days a week to answer questions about your health.

What you'll find on our website

Visit our website at www.MolinaHealthcare.com for current information. On our website you can:

- Find a provider, specialist or other in-network facilities near you
- Learn more about your health care benefits
- Get health and wellness information
- View the certificate of coverage
- Read frequently asked questions
- Get a copy of the most recent Member Handbook
- And more

This handbook is also posted at www.MolinaHealthcare.com.

Interpreter and Translation Services

We offer interpreter services, translation and language help if you need them. These services are free. For help, call Member Services. We will help connect you to someone who speaks in your language or in a way you understand.

If you need this, or any of our member materials in another language or format, call Member Services. Tell us what you need, and we will help you.

Si usted tiene cualquier problema para leer o comprender esta o cualquier otra información de Molina Healthcare por favor, comuníquese con el Departamento de Servicios para Miembros de Molina Healthcare al (855) 687-7861 para recibir ayuda.

MyMolina.com

As a Molina Healthcare member, you have access to many online self-services. MyMolina.com is available 24 hours a day, 7 days a week. You can use MyMolina.com to:

- Change your address or phone number
- Find a Molina Healthcare in-network provider
- Change your Primary Care Provider (PCP)
- Print a temporary ID card
- Request a new ID card
- File a complaint

To sign up, visit www.MyMolina.com and click on “Register Now” to create an account.

Member Identification (ID) Card

You should get your Molina Healthcare member ID card in the mail. Keep this card with you at all times. This card replaces your HFS medical card. This card is good for as long as you are a Molina Healthcare member.

Please check your ID card to make sure the information is correct. On the front of your ID card will be:

- Your name
- Your date of birth (DOB)
- Your member identification number (ID#)
- Your primary care provider’s (PCP) name
- Your PCP’s office phone number
- The identifiers for Molina Healthcare’s prescription benefit

On the back of your ID card will be:

- Member Services phone number
- Our 24-hour Nurse Advice Line phone number
- Our transportation services phone number
- Important information for your providers and doctors

If you do not have your ID card yet, call Member Services.

Check to make sure the information and PCP listed on your ID card is correct. If anything listed on your ID card is wrong, visit www.MyMolina.com to update your records. If the PCP on your ID card is not the PCP you are seeing or if you would like to see a different PCP, you can update your PCP at www.MyMolina.com. Visit www.MyMolina.com to print a temporary ID card and request a new ID card. You may also call Member Services

for help. Your PCP must be an in-network provider. Our network providers are listed online in our provider directory. If you lose your ID card, visit www.MyMolina.com to request a new ID card or call Member Services.

Provider Directory

Molina Healthcare's provider directory is on our website. Visit www.MolinaHealthcare.com to find our in-network providers.

- It lists the names, phone numbers and addresses of our in-network providers
- It lists primary care providers, specialists, urgent care centers, federally qualified health centers (FQHCs), community mental health centers (CMHCs), rural health clinics (RHCs), hospitals and other providers in your area
- You can also use it to find a dentist, pharmacy or vision care provider

If you need a printed copy of the provider directory, or need help with picking a provider, call Member Services.

24-Hour Advice Lines

24-Hour Nurse Advice Line

Molina Healthcare's Nurse Advice Line is available 24 hours a day, 7 days a week to answer questions that you have about your health.

For example, you can call:

- If you have a medical question after your health care provider's normal business hours
- When you do not feel well and you aren't sure what to do
- If you have a follow-up question after a medical appointment
- If you are not sure where to go for care

The phone line is staffed by registered nurses. Many of the nurses are fluent in both English and Spanish.

Nurse Advice Line
English: (888) 275-8750
Español: (866) 648-3537
TTY: 711

24-Hour Behavioral Health Crisis Line

If you have a behavioral health crisis, call our Behavioral Health Crisis Line. The phone line is available 24 hours a day, 7 days a week.

Behavioral Health Crisis Line
English: (888) 275-8750
Español: (866) 648-3537
TTY: 711

New Member Information

Transition of Care

In some situations, for a brief time after you enroll, we may allow you to get care from a provider that is not in our provider network at no cost to you. We may also allow you to get your drugs not on our preferred drug list refilled for a brief time after you enroll. This is called transition of care. We may allow this to make sure you get the care you need.

While you were on Medicaid fee-for-service, your provider may have gotten prior authorization for services or prescription drugs. You may already have appointments or health care services scheduled. These appointments may be with a provider that is not in our network. You must call Member Services before you go to these appointments. You must call us before you refill your drugs. If you do not let us know, you may not be able to get the care or may have to pay for the service.

Pregnancy and Newborn Information

We want to make sure you get medical care as soon as you think you are pregnant. If you think you are pregnant, see your PCP. Once you know you are pregnant, your PCP will refer you to an OB/GYN. Refer to the "Maternity Care for Pregnant Woman" section in this handbook to learn more.

You must tell your Illinois Department of Human Services (DHS) caseworker you are pregnant. You must also call Molina Healthcare and tell us you are pregnant.

When you have your newborn baby, call Molina Healthcare and let us know you had your baby. Also tell your DHS caseworker. The DHS caseworker will add your newborn baby to your case and assign the baby a Medicaid ID number. We will be told that your baby has a Medicaid ID number and will send you a member ID card for your baby.

If You Move

If you move, you must update your address. You can change your address online by visiting www.dhs.state.il.us. You may also call the Illinois Department of Human Services (DHS) Help Line at (800) 843-6154 to update your address. Your local DHS office can also help you.

Medical Care

Your Primary Care Provider

Your primary care provider (PCP) is the doctor who will help you with most of your medical needs. Your PCP will give you care, offer advice, and treat you when you are sick. Your PCP will refer you to a specialist or admit you to the hospital if needed. Your PCP helps you when you are sick and can also help you stay healthy.

You may think you do not need a doctor until you are sick. This is not the best time for you to meet your doctor for the first time. Call your doctor to make your first appointment soon. This first visit will help your doctor get to know you and help you stay well. The First Visit Checklist in the back of this handbook will help you be ready for your appointment.

Your PCP's name and phone number is listed on your ID Card. Call Member Services if you need help getting an appointment.

Go to your PCP for:

- Check-ups
- Tests and results
- Shots
- Illnesses
- Specialist visits
- Hospital follow-up visits

If you would like to know more about your PCP or other Molina Healthcare providers, visit www. MolinaHealthcare.com or call Member Services. You can learn more about your provider's professional qualifications, such as:

- Where he or she completed residency
- Board certification status
- The languages your provider speaks

Your Medical Home
Your Medical Home is another name for your PCP. Seeing your PCP regularly helps you to establish a medical home. Seeing your PCP for check-ups helps find problems early. If you need special care, your PCP will help you. Your doctor works with you to keep you and your family healthy for years to come.

Choosing a PCP

You must pick and see a PCP from Molina Healthcare's provider network. If you do not pick a PCP, one is assigned to you. However, we prefer that you pick your own PCP. You are the person who can best make the decision.

Your PCP can be:

- An individual physician
- A physician group
- An advanced practice nurse or advanced practice nurse group trained in family medicine (general practice)
- A specialist or an internal medicine practitioner

You have the right to change your PCP. Refer to our provider directory for a list of our in-network providers. To

learn more, read the Provider Directory section in this handbook. You can also view to our provider directory at www.MolinaHealthcare.com.

You may also call Member Services for help in picking a PCP.

Changing your PCP
You have the right to go to a PCP who meets your needs and who you are comfortable with.

You can change your PCP at www.MyMolina.com. Your PCP must be a network provider. Our in-network providers are listed online in our provider directory at www.MolinaHealthcare.com.

After you make the change online, you can start seeing your new PCP right away. We will send you a new ID card within 10 days that lists the name of your new PCP.

You may also call Member Services for help.

Referrals and Seeing a Specialist
Your PCP will refer you to a specialist if you need one. A referral from your PCP is needed to see a specialist, except if the specialist is a women's health care provider (WHCP). Women may self-refer to a WHCP and have a WHCP in addition to their PCP. Women may change their WHCP at any time.

Sometimes, a specialist may be your PCP. If you and your specialist believe that he or she should be your PCP, you or your specialist must call Member Services. We will send you a new ID card with the specialist provider listed as your PCP.

Getting Medical Services

You must get Molina Healthcare covered services from in-network providers and facilities. We provide you covered services at no cost to you when you go to in-network providers and facilities. For a list of network providers and facilities, view our provider directory. Our provider directory is on our website at www.MolinaHealthcare.com. See the "Health Care Benefits and Services" section to learn more about the services covered by Molina Healthcare.

The only time you can see providers that are not in Molina Healthcare's network is for:

- Emergency services
- Qualified Family Planning
- An out-of-network provider that Molina Healthcare has approved you to see

The provider directory also lists other out-of-network providers you can use to get services.

If you are outside of the Molina Healthcare service area and you need *non-emergency* medical care, the provider must first contact Molina Healthcare to get approval before providing you services. If the services are not approved, Molina Healthcare may not cover the service. That means you may be responsible for paying for the service. Call Member Services if you have any questions.

If you are out of Molina Healthcare's service area, and need *emergency* care, go to the nearest emergency room. You have the right to go to any place that provides emergency services.

Where to go for Medical Services chart

Below is a quick reference chart to help you know where to go for medical services.

Type of Care Needed	Where to Go and Whom to Contact
Emergency care This is when you have a problem so serious it must be treated right away by a doctor. Some examples of emergencies: • Miscarriage or pregnancy with vaginal bleeding • Seizures or convulsions • Bleeding that does not stop • Unconsciousness • Drug overdoses • Heart attacks • Severe burns • Broken bones	Call 911 or go to the nearest emergency room. Call the Poison Control Center at (800) 222-1222. Call your primary care provider (PCP) or Molina Healthcare's 24-Hour Nurse Advice Line if you are not sure where to go for care. Your PCP's phone number is listed on the back of your ID card. Read the "Emergency Care" section in this handbook to learn more.
Urgent Care and Non-emergency Care This is when you need care right away, but you are not in danger of lasting harm or losing your life. Some examples: • Illness or injury • Sore throat or cough • Flu • Migraine or headache • Bladder infection • Ear aches or ear infections • Back pain • Accidents or falls	Call your PCP to make an appointment. You should be able to get an appointment within two days from the date you called. Even if your PCP's office is closed, your PCP will have a 24-hour answering service. Leave a message and someone will call you back. He or she will tell you what to do. You can also go to an urgent care center if you have an urgent need and your PCP cannot see you right away. Our in-network urgent care centers are listed in our provider directory.
Routine Care Some examples: • Annual checkup • Wellness visit • Immunizations (shots) • Physical exam	Call your PCP to make an appointment. You should be able to get an appointment within five weeks from the date you called.
Family Planning and Women's Health Services • Preventive health screenings • Prenatal checkups • Postpartum checkups • Prenatal and postpartum depression • Nutritional assessment & counseling	Call your PCP or OB/GYN to make an appointment. You should be able to get an appointment within five weeks from the date you called.

<table>
<tr><th>Type of Care Needed</th><th>Where to Go and Whom to Contact</th></tr>
<tr><td>Specialist Services and Appointments</td><td>Call your PCP first. A referral from your PCP is needed to see a specialist. You should be able to get an appointment within five weeks.

Read the Your Primary Care Provider section in this handbook to learn more.</td></tr>
<tr><td>Mental Health, Behavioral Health and Substance Abuse Services</td><td>Call or visit any of the following facilities:
Community mental health center
Division of Mental Health (DMH) facility
Division of Alcoholism and Substance Abuse (DASA) facility, or
Illinois Department of Human Services (DHS) facility
You may also call your PCP for a referral or self-refer yourself to an in-network behavioral health provider or facility.

To locate a mental health office near you, visit www.dhs.state.il.us and use the “DHS Office Locator” or call the DHS Help Line at (800) 843-6154.</td></tr>
<tr><td>Child Care
Annual well child exam
Routine immunizations
Routine developmental screenings
Hearing Screenings
Vision Screenings
School physicals</td><td>Call your child’s PCP to make an appointment. You should be able to get an appointment within five weeks from the date you called.

Children can also get immunizations and physicals at school-based clinics and local health departments.</td></tr>
</table>

Mental Health Emergency Care

If you experience a behavioral health crisis, mental health services are available to you.

If you have a mental health crisis, call 911, go to the nearest emergency room (ER) or go to the nearest provider of crisis psychiatric services.

Our Behavioral Health Crisis Line is available 24 hours a day, 7 days a week.

Behavioral Health Crisis Line
English: (888) 275-8750
Español: (866) 648-3537

Emergency Care

An emergency is when you need care right away. Emergency care is provided for a medical problem that you think is so serious it must be treated right away by a doctor. A prior authorization is not required for emergency care.

Here are some examples of emergencies:

- Miscarriage or pregnancy with vaginal bleeding
- Seizures or convulsions
- Bleeding that does not stop
- Unconsciousness
- Drug overdoses
- Heart attacks
- Severe burns
- Broken bones

Emergency Care Coverage

We cover emergency care both in and out of the county where you live. Emergency care is available 24 hours a day, 7 days a week. You do not need a referral to receive emergency care. You do not need prior authorization to get emergency care.

Our provider directory lists places that provide emergency care, including urgent care centers and hospitals. View our provider directory online at www.MolinaHealthcare.com.

What to do if you have an Emergency

If you have an emergency, call 911 or go to the nearest emergency room (ER).

If you are not sure if you need to go to the ER, call your primary care provider (PCP) or our 24-Hour Nurse Advice Line. Your PCP or our registered nurses will give you advice on what to do.

Nurse Advice Line
English: (888) 275-8750
Spanish: (866) 648-3537
TTY for deaf and hard of hearing: 711

If you call 911 or get emergency care, you must tell Molina Healthcare within 24 hours, or as soon as you can. This is so we can coordinate your care and provide you the best possible care. You can have a family member or friend call on your behalf.

After an emergency, call your PCP as soon as you can to let your PCP know about it. You may need to go to your PCP for follow-up care. Follow-up care is not an emergency. You should call your PCP's office to set up an appointment if you need it. You can also call Member Services for help.

How to get Emergency Care

Remember, if you need emergency care:

- Go to the nearest ER or other appropriate setting. Be sure to tell the person you see that you are a member of Molina Healthcare. Bring your ID card. You must show them your ID card.
- If the provider treats you for the emergency, but thinks you need other care to treat the problem that caused your emergency, the provider must call Molina Healthcare.
- After an ER visit, call your PCP to make an appointment for follow-up care. Do not go to the ER for follow-up care.
- If the hospital has you stay, please call Member Services within 24 hours. A family member or friend can call us on your behalf.

Post-stabilization Services

Post-stabilization services are Medicaid-covered services provided after an emergency medical problem is under control. These services may be used to improve or resolve your condition. These services must be provided by an in-network provider or facility.

The provider must notify Molina Healthcare within one business day if you are to get these services. In-network places that provide post-stabilization services are listed in our provider directory. View the provider directory online at www.MolinaHealthcare.com. You can also call Member Services for help.

Non-Emergency Care and After-Hours

Non-emergency care and urgent care is when you need care right away, but you are not in danger of lasting harm or losing your life. Examples of non-emergency care and urgent care are illnesses, injuries, sore throats, flu or ear infections. Other examples are migraines, headaches, bladder infections, back pain and minor accidents and falls.

During normal business hours, call your PCP to ask questions about your care or make an appointment for non-emergent care. Your PCP's phone number is on your ID Card.

If you need care after normal business hours, here are some steps you can take:

1. Call your PCP. Even if your PCP's office is closed, your PCP will have a 24-hour answering service. Leave a message and someone will call you back. He or she will tell you what to do.
2. Call Molina Healthcare's 24-Hour Nurse Advice Line. Our nurses will give you advice on what to do. They are always ready to help and answer your questions.

Nurse Advice Line
English: (888) 275-8750
Spanish: (866) 648-3537
TTY for deaf and hard of hearing: 711

3. If your PCP cannot see you right away or you have an urgent need, you can go to an urgent care center. Urgent care centers are listed in our provider directory. If you visit an urgent care center, call your PCP after your visit to schedule follow-up care.

Health Care Benefits & Services

About Covered Services

Molina Healthcare covers all medically necessary Medicaid-covered services. We cover the services at no cost to you. The Summary of Benefits Chart helps you know which services are covered. Your Certificate of Coverage (CoC) has a complete list of covered services. Visit our website at www.MolinaHealthcare.com for a copy. You may also call Member Services for a printed copy. Some limitations and prior authorization requirements may apply.

About Prior Authorization and Referrals

Most services are available to you without any prior authorization (PA). Some services do require PA. For a PA, a provider must call Molina Healthcare and tell us about the care he or she wants you to receive. Molina Healthcare reviews the request and lets your provider know if the request is authorized before your provider gives you the service. This is done to ensure you get appropriate health care services.

If you have questions about a PA request, call Member Services. Molina Healthcare staff is available to help you 8 a.m. to 5 p.m., Monday through Friday. After business hours, you can leave a message. Your call will be answered the next business day.

Your PCP will refer you to a specialist if you need one. A referral from your PCP is needed to see a specialist, except if the specialist is a women's health care provider (WHCP). Women may self-refer to a WHCP and have a WHCP in addition to their PCP. Women may change their WHCP at any time.

There are times when your primary care provider (PCP) may give you a referral. A referral is a request from a PCP for you to have additional services. To get these additional services, your PCP must refer you. This also ensures your care is coordinated.

Your PCP will submit PAs on your behalf and refer you to specialists when needed. So, it is important for you to develop a good relationship with your provider. This helps to ensure your PCP gives you the best care for your needs.

If in-network providers are not available to give you the services you need, Molina Healthcare will cover Medicaid-covered services in a timely manner from out-of-network providers. Molina Healthcare will do that at no cost to you.

Summary of Benefits Chart

Service	Coverage & Benefit Limitations	Prior Authorization
Advanced Practice Nurse services	Covered benefit	PA is not required
Assistive and augmentative communication devices	Covered benefit	Requires PA
Ambulatory surgery	Covered benefit Some limitations apply	Some ambulatory surgeries require PA

Service	Coverage & Benefit Limitations	Prior Authorization
Blood and blood components and administration	Covered benefit	PA is not required
Chiropractic services	Limited to members 20 years of age and younger for the treatment of the spine by manual manipulation	Requires PA
Dental services (20 years of age and younger)	Dental services, including oral surgery, X-rays, sealants, fillings, crowns (caps), root canals, dentures and extractions (pulling) Cleanings (one every 6 months) Dental exams (one every 6 months) as an additional benefit	Dental general anesthesia requires PA. Other services do not require PA.
Dental services (21 years of age and older)	Dental services, including oral surgery, X-rays, fillings, crowns (caps), root canals, extractions (pulling), dentures and denture repairs. Pregnant women can get extra services. The services include exams, cleanings and deep cleanings. As an additional benefit, members 21 years of age and older get: Cleanings (one every 6 months) Dental exams (one every 6 months)	Dental general anesthesia requires PA. Other services do not require PA.
Emergency dental services	Covered benefit	PA is not required
Diagnostic services (x-ray, lab)	Covered benefit	Select diagnostic services (including CT scans, MRIs, MRAs, PET Scans, and SPECT) require PA
Durable Medical Equipment (DME)	Covered benefit Some limitations apply	Some durable medical equipment items require PA

Service	Coverage & Benefit Limitations	Prior Authorization
Emergency services	Covered benefit See the "Where to go for Medical Services Chart" to learn more on when to use urgent care services	PA is not required
EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) services	Covered for members 20 years of age and younger Excludes shift nursing serving for members in the Medically Fragile and Technology Dependent (MFTD) waiver or Long Term Services and Supports waivers	PA is not required
Family planning services and supplies	Covered benefit Includes yearly exam for females 12 to 55 years of age, which includes a breast exam, pelvic exam and pap smear Includes pregnancy testing Also includes contraceptive-related services, such as the insertion of intrauterine devices (IUDs), and the implantable contraceptive; permanent methods of birth control, including tubal ligation, trans-cervical sterilization, and vasectomy; and contraceptive supplies, such as birth control pills, rings, patches, and emergency contraception	Some family planning services and supplies require PA
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services	Covered benefit	PA is not required
Hearing (audiology) services, including hearing aids	Covered benefit Some limitations apply	Requires PA
Home health services	Covered benefit Also includes nursing care for members 20 years of age and younger who are not in the Medically Fragile and Technology Dependent (MFTD) waiver	Requires PA
Hospice care (care for terminally ill)	Covered benefit	PA is not required
Immunizations (shots)	Covered benefit	PA is not required

Service	Coverage & Benefit Limitations	Prior Authorization
Inpatient hospital services	Covered benefit	Inpatient hospital services (except for emergency admissions) and elective admissions require PA. Notification to Molina Healthcare is required within 24 hours of admission or by the next business day for emergency admissions.
Long Term Services and Supports	Determination of need must be completed specifically for individuals eligible for specific long term services and supports Call Member Services to learn more	Requires PA
Medical supplies	Covered benefit Some limitations apply	Some medical supplies require PA
Mental health and substance abuse services	Covered benefit	PA is not required for outpatient services received at an in-network: • Community mental health center • Division of Mental Health (DMH) facility • Division of Alcoholism and Substance Abuse (DASA) facility, or • Illinois Department of Human Services (DHS) facility Inpatient, partial hospitalization, day treatment, intensive outpatient programs, residential and electroconvulsive therapy (ECT) require PA.

Service	Coverage & Benefit Limitations	Prior Authorization
Nursing facility services	Covered benefit Some limitations apply	Short-term inpatient rehabilitative nursing facility stays require PA
Obstetric (maternity care) and gynecological services	Covered benefit Includes office visits for prenatal, postpartum and newborn care, which includes breast pumps, hospital and delivery services Includes at-risk pregnancy services Women may self-refer to an Obstetrician (OB) or Obstetrician/Gynecologist (OB/GYN) provider	PA is not required
Occupational therapy	Covered benefit	Outpatient services require PA after the initial evaluation. Services provided in the home require PA after the initial evaluation.
Outpatient hospital services	Covered benefit Some limitations apply	Some outpatient services require PA
Physical therapy	Covered benefit	Outpatient services require PA after the initial evaluation. Services provided in the home require PA after the initial evaluation.
Podiatry (foot) services	All podiatry services are covered for members 20 years of age and younger Services for members 21 years of age and older are limited* to those with diabetes, and services are limited to one visit every 60 days *Effective October 1, 2014, podiatry services will be a covered benefit for all members.	PA not required
Post-stabilization services	Covered benefit	Notification from the provider to Molina Healthcare is required

Service	Coverage & Benefit Limitations	Prior Authorization
Prescription drugs, including certain prescribed over-the-counter drugs	Covered benefit 30-day supply of prescription drugs	Select drugs, including injectable drugs and some over-the-counter drugs, require PA
Preventive mammogram (breast) and cervical cancer (pap smear) exams	Covered benefit Women may self-refer	PA is not required
Preventive male cancer screenings	Covered benefit	PA is not required
Primary care provider (PCP) services	Covered benefit	PA is not required
Renal dialysis (kidney disease)	Covered benefit	Notification from the provider to Molina Healthcare is required
Respiratory equipment and supplies	Covered benefit Some limitations apply	Some services require PA
Specialist services	Covered benefit PCP referral required to see all specialists, except women's health care providers	Office visits to see a network specialist do not require PA. Some specialist services require PA.
Speech therapy services	Covered benefit	Outpatient services require PA after the initial evaluation. Services provided in the home require PA after the initial evaluation.
Transplants	Covered benefit Limited to transplant providers certified by state of Illinois	Requires PA
Transportation to covered services, pharmacy trips and WIC office appointments	Covered benefit	Requires PA

Service	Coverage & Benefit Limitations	Prior Authorization
Urgent Care visits	Covered benefit See the "Where to go for Medical Services Chart" to learn more on when to use urgent care services	PA is not required for in-network providers. Out-of-network services require PA.
Vision (optical and optometrist) services, including eyeglasses	One exam per year for all members One pair of eyeglasses (lenses and frames) in a two-year period for all members No restrictions on replacement eyeglasses for members 0 and 20 years of age Members 21 years of age and older are limited to replacement lenses when medically necessary As an additional benefit, Molina Healthcare provides a $40 credit to use toward your eyeglasses benefit (lenses and frames) per year	Requires PA
Yearly well-child exams (EPSDT Services)	Covered benefit	PA is not required
Yearly well-adult exams	Covered benefit	PA is not required

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Benefit

EPSDT stands for early and periodic screening, diagnostic, and treatment. EPSDT covers health care exams, vaccines and more for all children who are 20 years of age and younger and get Medicaid benefits. EPSDT includes exams, immunizations (shots), health education and lab tests. These exams make sure children are healthy and are developing physically and mentally.

Newborn babies need exams at birth, 3-5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one exam per year.

Some of the covered EPSDT benefits include, but are not limited to, at appropriate ages:

- Complete medical exams (with a review of physical and mental health development)
- Comprehensive health history
- Vision and hearing screenings
- Dental exams
- Nutritional assessment
- Height and weight and growth charting
- Comprehensive physical examination, including physical activity assessment and counseling
- Immunizations (shots)
- Laboratory procedures, including lead, diabetes, lipid disorder, osteoporosis, sexually transmitted infections and tuberculosis screenings
- Developmental screening
- Mental health exams

- Social emotional development screening
- Health promotion and anticipatory guidance
- Perinatal depression for mothers of infants
- Treatment of physical, mental, or other problems or conditions found by an exam or screening
- Cancer screenings (cervical, breast, colorectal, prostate and skin)

Screenings and Vaccinations
For a checkup schedule for you and your family, visit our website at www.MolinaHealthcare.com. We have charts on our website that tell you when to get screenings, exams and immunizations.

Dental Benefits

Taking care of your teeth and gums keeps you healthy. You should visit your dentist regularly. Cleanings can help prevent cavities and other problems with your teeth. See our provider directory to find a Molina Healthcare in-network dentist. Access the provider directory at www.MolinaHealthcare.com.

Dental Benefit for members 20 years of age and younger
Molina Healthcare covers one dental exam every six months and one cleaning every six months.

Molina Healthcare covers dental services, including oral surgery, X-rays, sealants, fillings, crowns (caps), root canals, dentures and extractions (pulling), for members 20 years of age and younger.

Dental Benefit for members 21 years of age and older
Molina Healthcare covers dental services, including oral surgery, X-rays, fillings, crowns, root canals, extractions, dentures and denture repairs for members 21 years of age and older.

Pregnant women can get extra services. The services include exams, cleanings and deep cleanings.
Molina Healthcare also covers cleanings every six months and an additional exam as value added benefits. You can exams every six months with Molina Healthcare.

To learn more about your dental benefits, call Member Services.

Vision Benefits

To help keep your eyes healthy, Molina Healthcare covers one eye exam per year for all members. We also cover one pair of eyeglasses (frames and lenses) every two years.

Members 21 years of age and older are limited to replacement eyeglasses when medically necessary. Members 0-20 years of age have no restrictions on replacement eyeglasses.

As an additional benefit, Molina Healthcare provides a $40 credit to use toward your eyeglasses benefit (lenses and frames) per year

Refer to our provider directory to find an eye doctor contracted with Molina Healthcare. Access our provider directory at www.MolinaHealthcare.com.

If you have questions about your vision benefits, please call Member Services.

Prescription Drugs

As a Molina Healthcare member, you get a prescription drug benefit covered at no cost to you. We cover your prescriptions when you get your drugs filled at an in-network pharmacy. While we cover all medically necessary prescription drugs, we use a preferred drug list (PDL). These are the drugs that we prefer that your provider prescribe.

For a copy of our PDL, visit our website at www.MolinaHealthcare.com. You can also call Member Services.

To get the medication you need, you need a prescription from your provider. To fill or refill your prescriptions, take your prescription to a network pharmacy. Show the pharmacy your Molina Healthcare ID card. As long as you use a network pharmacy and your medication is on the PDL or prior authorized, you will not need to pay for your medication.

Molina Healthcare also covers the over-the-counter drugs on our PDL at no cost to you. You will need a prescription from your provider to get the over-the-counter drug covered.

To be sure you are getting the care you need, we may require your provider submit a request to us (a prior authorization). Your provider will need to explain why you need a certain drug or a certain amount of a drug. We must approve the request before you can get the medication. This is called prior authorization (PA). Reasons why we may require PA of a drug include:

- There is a generic or another alternative drug available.
- The drug can be misused or abused.
- There are other drugs that must be tried first.

Some drugs may also have quantity (amount) limits and some drugs are never covered. Some drugs that are never covered are:

- Drugs for weight loss
- Drugs for erectile dysfunction
- Drugs for infertility

If we do not approve a PA request for a drug, we will send you a letter. The letter will explain how to appeal our decision. It will also detail your rights to a state hearing.

We require the use of generic drugs when available. If your provider believes you need a brand name drug, the provider may submit a PA request. Molina Healthcare will determine whether to approve the brand name drug. Remember to fill your prescriptions before you travel out of state.

Our PDL can change. It is important for you and your provider to check the PDL when you need to fill or refill a medication.

Refer to our provider directory to find a Molina Healthcare network pharmacy. Our provider directory is online at www.MolinaHealthcare.com. You can also call Member Services to find a network pharmacy near you. Molina Healthcare will only pay for drugs you get from a network pharmacy.

Pharmacy Coordination Program

Molina Healthcare cares about your health. We want our members to receive quality services and safe medical care. The Pharmacy Coordination Program helps certain members who visit many providers and pharmacies for prescription drugs.

As part of the program, you will pick one pharmacy and one provider. Members enrolled in this program will get a special ID card. The new card will list their provider's name and chosen pharmacy.

To learn more, call Member Services.

Medication Therapy Management Program

We have a Medication Therapy Management Program for members who take many medications. We provide this service to members who need it at no cost.

This program consists of a phone call with a trained Molina Healthcare Pharmacist. The pharmacist can help you:

- Make a list of your medications to show when and how you should take them
- Create goals for taking your medications, and
- Improve your use of medications

To learn more, call Member Services.

Behavioral Health & Substance Abuse Services

Molina Healthcare covers behavioral health services and treatment for substance abuse. You can get services or receive treatment from providers in our network. Your PCP can refer you to a behavioral health provider.

We cover behavioral health services, such as:

- Mental health assessments and/or psychological evaluations
- Medication management
- Case management

We cover treatment for substance abuse, such as:

- Outpatient treatment
- Detoxification
- Residential rehabilitation

Members 20 years of age and younger can also get Mobile Crisis Response Services. These services are similar to those covered through the state of Illinois' Screening, Assessment and Support Services (SASS) program. Any child or youth in a mental health crisis who may need inpatient hospitalization should get a mobile crisis screening. To request a mobile screening for a child or youth in crisis, call our Behavioral Health Crisis Line. It is available 24 hours a day, 7 days a week.

If you need behavioral health or substance abuse services:

- See your PCP for a referral to an in-network behavioral health provider or facility
- Call Member Services to learn more
- Or, you may self-refer directly to an in-network mental health facility , such as a
  - Community Mental Health Center, or
  - In-network Division of Mental Health (DMH), or
  - Division of Alcoholism and Substance Abuse (DASA), or
  - Illinois Department of Human Services (DHS) facilities
- To locate a mental health office near you, visit www.dhs.state.il.us and use the "DHS Office Locator" or call the DHS Help Line at (800) 843-6154

Our network providers and facilities are listed in the provider directory. View our provider directory online at www.MolinaHealthcare.com.

If you have a behavioral health crisis, call our Behavioral Health Crisis Line at (888) 275-8750. Help is available 24 hours a day, 7 days a week.

Transportation

To help you get the care you need, Molina Healthcare can provide you a ride if you need it.

We cover transportation if needed to and from medical appointments, medical equipment providers and WIC offices. We also cover trips to the pharmacy to pick up a prescription right after a medical appointment.

Medical appointments include trips to:

- A PCP or provider visit
- A clinic
- A hospital
- A therapy or behavioral health appointment

To arrange a ride, or if you have questions, call **(855) 369-3719**. Call as soon as possible to schedule your ride, but no later than **72 hours in advance** of your appointment.

To plan your pharmacy stop prior to leaving your provider's office, you can call the Ride Assist Line at **(855) 369-3720**. Ask your doctor to call your prescription in to the pharmacy so it is ready when you get there. Let your transportation driver know you need to stop at the pharmacy. The Ride Assist Line can also help with other questions about your ride the day of your scheduled trip.

Plan ahead!
Molina Healthcare may not be able to schedule your transportation if you do not call at least 72 hours in advance of your appointment.

Family Planning

Molina Healthcare covers family planning services. You may get covered family planning services from any in-network provider. You may self-refer to a women's health care provider.

These services include:

- Physical exam and counseling during a visit
- Diagnosis and treatment for sexually transmitted diseases
- Related laboratory and diagnostic testing (such as mammograms)
- Pregnancy testing and counseling, including infertility counseling
- Birth control medication
- Contraception devices, such as an intra-uterine device (IUD) and the implantable contraceptive
- Permanent methods of birth control, including tubal ligation, trans-cervical sterilization, and vasectomy
- Vaccinations, including Hepatitis B and HPV

Maternity (Obstetric) Care for Pregnant Women

It is very important that pregnant members start care within the first 12 weeks of their pregnancy.

Molina Healthcare covers prenatal and postpartum care (typically six weeks after delivery), including hospital and delivery services. Postpartum depression screening is provided during the first year post delivery.

If you are pregnant or think you are pregnant, you may self-refer to any in-network Obstetrician (OB) or Obstetrician/Gynecologist (OB/GYN) provider. You may also call your Primary Care Provider (PCP) for a referral. It is important to stay with your treating provider throughout your pregnancy, especially during the last month.

We have a special program for our members who are pregnant. Learn more about our Motherhood Matters® program below.

Special Health Care Programs

Motherhood Matters®
Molina Healthcare has a special program for our members who are pregnant. The Motherhood Matters® program:

- Helps you get the services you need for a healthy pregnancy.
- Reminds you when to get prenatal care.
- Reminds you when it's time for your baby to see the doctor.

In addition to the Motherhood Matters® program, pregnant members can earn rewards for keeping certain appointments, including:

- Prenatal visits
- Postpartum visits
- Checkup appointments for your newborn baby

Call Members Services to enroll or learn more.

Care Coordination
Living with health problems and managing them can be hard. Molina Healthcare's care coordination program can help you get the care and medical services you need.

The care coordination program can help you to:

- Make and update care plans to meet your health care needs
- Set up appointments, tests or transportation
- Identify any gaps in your care
- Coordinate your care with your providers
- Understand the benefits and services you get as a Molina Healthcare member
- Connect you to additional assistance and community resources

Those who work in the care coordination program are called case managers. They are also known as care coordinators. All case managers are nurses or social workers.

Care coordination is especially helpful if you have difficulty controlling a medical condition or multiple medical conditions that require extra attention, such as:

- Asthma
- Behavioral and mental health disorders
- Cancer
- Chemical dependency
- Chronic Obstructive Pulmonary Disease (COPD)

- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- High blood pressure
- High-risk pregnancy
- Kidney disease
- Sickle cell anemia
- Terminal illness

To learn more about our care coordination program, call Member Services.

Health Management Programs
If you are living with a chronic health illness or behavioral health illness, Molina Healthcare has Health Management Programs that can help. The programs are free. They provide learning materials, advice and care tips. We enroll you into a program(s) if you have certain health conditions. As part of these programs, a case manager will contact you. The case manager will work with you and your doctor to give you the right care and advice.

Your provider may also refer you to a program. To self-refer to a program, call us. You must meet the requirements to be in a program. It is your choice to be in a program. You can ask to be removed from a program at any time.

Call our Health Management Department at (866) 891-2320 to learn more about the programs. We can also tell you if you are already in one of the programs.

Weight Management Program
Our weight control program is designed to help adults and children manage their weight. As part of the program, you and your family will learn about healthy eating and exercise.

To learn more or to enroll, call our Health Management Department at (866) 472-9483.

Smoking Cessation Program
If you are ready to quit smoking, we have a program to help you quit. Our Free and Clear® smoking cessation program is available at no cost to you. With the program, you will get:

- Free one-on-one counseling
- Free educational materials and information
- A toll-free quit line to call anytime for help
- Appropriate stop-smoking aids, such as nicotine replacement therapy, based on what you and your provider decide is right for you

Quitting smoking has many benefits. It lowers your risk for diseases and death caused by smoking and improves your health. Call our Health Management Department at (866) 472-9483 to learn more and enroll.

Long Term Services and Supports

Long Term Services and Supports are available for people who qualify. The Illinois Department of Human Services (DHS) qualifies seniors and people with disabilities who meet certain criteria. These are also known as waivers. Call Member Services if you are a member in a waiver.

Services Not Covered

Molina Healthcare does not pay for services or supplies received by a member who does not follow the directions in this handbook. Molina Healthcare does not pay for the following services, which are not covered by Illinois Medicaid:

- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- Acupuncture and biofeedback services
- All services or supplies that are not medically necessary
- Comfort items in the hospital (e.g., TV or phone)
- Diagnostic and therapeutic procedures related to infertility or sterility
- Inpatient hospital custodial care
- Paternity testing
- Medical and surgical services that are provided solely for cosmetic purposes
- Services for the treatment of obesity, unless determined medically necessary
- Services to find cause of death (autopsy)
- Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure
- Services provided in a State Operated Facility/SODC
- Services that are provided through a Local Education Agency (LEA)
- Services funded through the Juvenile Rehabilitation Services Medicaid Matching Fund
- Services that are provided by a non-Affiliated Provider and not authorized by Molina Healthcare, unless it is specifically required that such services be Covered Services
- Services and procedures that are experimental or investigational in nature, including drugs and equipment, not covered by Medicaid
- Services that are provided without a required referral or prior authorization as set forth in the Provider Manual

This may not be a complete list of the services that are not covered by Medicaid or Molina Healthcare. For questions or to learn more, call Member Services.

Rights & Responsibilities

Molina Healthcare staff complies with all Federal and State laws that pertain to your rights. We ensure our staff and in-network providers take your rights into account when providing you services. You have the right to exercise your rights and responsibilities.

As a Molina Healthcare member, you have the following rights:

- To receive all the services that Molina Healthcare must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information will be kept private.
- To be given information about your health. This information may also be available to someone who you have legally allowed to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To be able to take part in decisions about your health care unless it is not in your best interest.
- To get information on any medical care treatment, given in a way that you can follow.
- To be sure that others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in Federal regulations.
- To ask, and get a copy of your medical records, and to be able to ask that the record be changed/corrected if needed.
- To be able to say yes or no to having any information about you given out unless Molina Healthcare has to by law.
- To be able to say no to treatment or therapy. If you say no, the provider or Molina Healthcare must talk to you about what could happen and they must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing.
- To be able to get all Molina Healthcare written member information from Molina Healthcare:
  - At no cost to you
  - In the prevalent non-English languages of members in Molina Healthcare's service area
  - In other ways, to help with the special needs of members who may have trouble reading the information for any reason
- To be able to get help free of charge from Molina Healthcare and its providers if you do not speak English or need help in understanding information.
- To be able to get help with sign language if you are hearing impaired.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will).
- To file any complaint about not following your advance directives with the Illinois Department of Healthcare and Family Services (HFS).
- To change your Primary Care Provider (PCP) to another PCP on Molina Healthcare's panel at least monthly. Molina Healthcare must send you something in writing that says who the new PCP is and the date the change began.
- To be free to carry out your rights and know that Molina Healthcare, its providers or HFS will not hold this against you.
- To know that Molina Healthcare must follow all federal and state laws and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- If you are a female, to be able to go to a women's health provider on Molina Healthcare's panel for covered women's health services.

- To be able to get a second opinion from a qualified provider on Molina Healthcare's plan. If a qualified provider is not able to see you, Molina Healthcare must set up a visit with a provider not on our panel. These services are available at no cost to you.
- To get information about Molina Healthcare from us.
- To contact the United States Department of Health and Human Services Office of Civil Rights and/or the Illinois Department of Human Services Bureau of Customer Support Services with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status, or need for health services.
- To receive information about Molina Healthcare, covered benefits and the providers contracted to provide services.
- To get information on available treatment options and alternatives, regardless of cost or benefit coverage, in a way that is easy to understand
- To receive information about your member rights and responsibilities.
- To make recommendations about Molina Healthcare's member rights and responsibilities policies.

As a Molina Healthcare member, you have the following responsibilities:

- Always carry your Molina Healthcare ID card and do not let anyone else use your ID card.
- Keep appointments and be on time.
- If you require transportation, call Molina Healthcare at least 72 hours in advance whenever possible.
- Call your provider 72 hours in advance if you are going to be late or if you cannot keep your appointment.
- Share important information with Molina Healthcare and your providers so that they can give you appropriate care.
- Understand your health conditions and be active in decisions about your health care, including the right to refuse treatment
- Work with your provider to develop treatment goals and follow the care plan that you and your provider have developed.
- Ask questions if you do not understand your benefits.
- Call Molina Healthcare within 24 hours of a visit to the emergency department or an unexpected stay in the hospital.
- Inform Molina Healthcare if you would like to change your PCP. Molina Healthcare will verify that the PCP you select is contracted with Molina Healthcare and is accepting new patients.
- Inform Molina Healthcare and your county caseworker if you change your name, address or telephone number or if you have any changes that could affect your eligibility.
- Let Molina Healthcare and your health care provider know if you or any of the members of your family have other health insurance coverage.
- Report any fraud or wrongdoing to Molina Healthcare or the proper authorities.

Concerns, Complaints, Appeals and Grievances

Molina Healthcare may not discriminate on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, veteran status, ancestry, health status, or need for health services in the receipt of health services. If you think you have not been treated fairly, please call Member Services.

How to Let Molina Healthcare Know if you are Unhappy or Do Not Agree with a Decision We Made
If you are unhappy with anything about Molina Healthcare or its providers, you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you want to speak for you such as a family member or provider, can contact us.

If you want someone to speak for you, you will need to let us know this. You must agree to this in writing. Send us a letter telling us that you want someone else to represent you and that he or she will file an appeal for you.

To contact us you can:

- Call Member Services at **(855) 687-7861** (TTY/Illinois Relay Service 711).
- Fill out the Member Grievance and Appeal Request Form in the back of the member handbook.
- Call Member Services to request that they mail you a form.
- Visit our website at www.MolinaHealthcare.com.
- Write a letter telling us what you are unhappy about. Be sure to include your first and last name, your member ID number on front of your Molina Healthcare member ID card, your address and your telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain what you are unhappy about.

Mail the form or your letter to:

Molina Healthcare of Illinois
Attn: Appeals and Grievances Department
1520 Kensington Road, Suite 212
Oak Brook, IL 60523

Grievances

We want you to be happy with services you get from Molina Healthcare and our providers. If you are not happy, you can file a grievance or appeal.

A grievance is a complaint about any matter other than a denied, reduced or terminated service or item.

Molina Healthcare takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, you should let us know right away. Molina Healthcare has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

These are examples of when you might want to file a grievance:

- Your provider or a Molina Healthcare staff member did not respect your rights
- You had trouble getting an appointment with your provider in an appropriate amount of time
- You were unhappy with the quality of care or treatment you received
- Your provider or a Molina Healthcare staff member was rude to you
- Your provider or a Molina Healthcare staff member was insensitive to your cultural needs or other special needs you may have

You can file your grievance on the phone by:

- Calling Member Services at **(855) 687-7861** (TTY/Illinois Relay Service 711)
- Filling out the Member Grievance and Appeal Request Form in the back of the member handbook and mailing it to us. The form is also available on our website and by calling Member Services.
- You can also file your grievance by writing a letter. Then, send your letter via mail or fax. In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number.

Molina Healthcare of Illinois
Attn: Appeals and Grievances Department
1520 Kensington Road, Suite 212
Oak Brook, IL 60523

Fax: (630) 571-1220

You can ask us to help you file your grievance by calling Member Services at **(855) 687-7861**

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Illinois Relay at 711.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be "your representative." If you decide to have someone represent you or act for you, inform Molina Healthcare in writing the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, it will go to our Grievance Committee. We may contact you for more information. The Grievance Committee will make a recommendation within sixty (60) calendar days from the date you filed your grievance. You will get a letter from Molina Healthcare with our resolution.

Appeals

Molina Healthcare will send you a letter in writing, called a Notice of Action letter, if we make a decision to:

- Deny a request to cover a service for you
- Reduce, suspend or stop services before you receive all of the services that were approved, or
- Deny payment for a service you received that is not covered by Molina Healthcare

You may not agree with a decision or an action made by Molina Healthcare about your services or an item you requested. If you do not agree, you may contact us to submit an appeal. An appeal is a way for you to ask for a review of our actions. You may appeal within **sixty (60) calendar days** of the date on our Notice of Action letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than **ten (10) calendar days** from the date on our Notice of Action letter. The list below includes examples of when you might want to file an appeal:

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped , you will get a Notice of Action letter from us. This letter will tell you the following:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it and when you may have to pay for the services

Here are two ways to file an appeal.

1. Call Member Services at **(855) 687-7861**. If you file an appeal over the phone, you must follow it with a written signed appeal request.
2. Mail or fax your written appeal request to:

Molina Healthcare of Illinois
Attn: Appeals and Grievances Department
1520 Kensington Road, Suite 212
Oak Brook, IL 60523

Fax: (630) 571-1220

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your appeal. If you are hearing impaired, call the Illinois Relay at 711.

Can someone help with the appeal process?
You have several options for assistance. You may:

- Ask someone you know to assist in representing you. This could be your PCP or a family member, for example.
- Choose to be represented by a legal professional.
- If you are in the Disabilities Waiver, Traumatic Brain Injury Waiver, or HIV/AIDS Waiver, you may also contact CAP (Client Assistance Program) to request their assistance at (800) 641-3929 or for hearing impaired, TTY at (888) 460-5111.

To appoint someone to represent you, either:

1. Send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information, or
2. Fill out the Authorized Representative Appeals Form. Call us for a copy of the form. It's also in the back of this handbook.

Appeal Process
We will send you an acknowledgement letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce or stop the medical service.

Molina Healthcare will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. Molina Healthcare may request an extension up to fourteen (14) more calendar days to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension, if you need more time to obtain additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If Molina Healthcare's decision agrees with the Notice of Action, you may have to pay for the cost of the services you got during the appeal review. If Molina Healthcare's decision does not agree with the Notice of Action, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed
- You have the option to see your appeal file
- You have the option to be there when Molina Healthcare reviews your appeal

How can you expedite your Appeal?
If you or your provider believes our standard timeframe of fifteen (15) business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Action letter, information about your case and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

How can you withdraw an Appeal?
You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request.

Molina Healthcare will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Molina Healthcare at **(855) 687-7861**.

What happens next?
After you receive the Molina Healthcare appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within **thirty (30) calendar days** of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

State Fair Hearing
If you choose, you may ask for a State Fair Hearing Appeal within **thirty (30) calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **ten (10) calendar days** of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

At the State Fair Hearing, just like during the Molina Healthcare Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you.

You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out, if you wish.

- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:

Illinois Department of Healthcare and Family Services
Bureau of Administrative Hearings
401 S. Clinton Street, 6th Floor
Chicago, IL 60607

Fax: (312) 793-2005

Or you may call (855) 418-4421
For hearing impaired, TTY at (800) 526-5812

- If you want to file a State Fair Hearing Appeal related to Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services or HIV/AIDS Waiver services, send your request in writing to:

Illinois Department of
Human Services
Bureau of Hearings
401 S Clinton Street, 6th Floor
Chicago, IL 60607

Fax: (312) 793-8573

Or you may call (800) 435-0774
For hearing impaired, TTY at (877) 734-7429

State Fair Hearing Process
The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully.

At least three (3) business days before the hearing, you will receive information from Molina Healthcare. This will include all evidence we will present at the hearing. This will also be sent to the Impartial Hearing Officer. You must provide all the evidence you will present at the hearing to Molina Healthcare and the Impartial Hearing Officer at least three (3) business days before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you will use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.
You have the right to bring a friend or relative to any appeal hearing. If you need special help for a disability or for English translation please call **(855) 687-7861**.

If you need help with:
- Filing an appeal,
- Requesting a fair hearing, or
- Learning more about your rights,

You can talk to a Member Advocate. Call Member Services at **(855) 687-7861** for help.

Continuance or Postponement
You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.

Failure to Appear at the Hearing
Your appeal will be dismissed if you, or your authorized representative, do not appear at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled, if you let us know within **ten (10) calendar days** from the date you received the Dismissal Notice, if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

If your request to reset your hearing is denied, you will receive a letter in the mail informing you of the denial.

The State Fair Hearing Decision
A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. This Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of such review may be as short as thirty-five (35) days from the date of this letter. If you have questions, please call the Hearing Office.

External Review (for medical services only)
Within **thirty (30) calendar days** after the date on the Molina Healthcare appeal Decision Notice, you may choose to ask for a review by someone outside of Molina Healthcare. This is called an external review. The outside reviewer must meet the following requirements:

- Board certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

External Review is not available for appeals related to services received through the Persons with Disabilities Waiver, Traumatic Brain Injury Waiver or HIV/AIDS Waiver.

Your letter must ask for an external review of that action and should be sent to:

Molina Healthcare of Illinois
Attn: Appeals and Grievances Department
1520 Kensington Road, Suite 212
Oak Brook, IL 60523

Fax: (630) 571-1220

What Happens Next?

- We will review your request to see if it meets the qualifications for external review. We have five (5) business days to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.
- You have five (5) business days from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and Molina Healthcare a letter with their decision within five (5) calendar days of receiving all the information they need to complete their review.

Expedited External Review

If the normal timeframe for an external review could jeopardize your life or your health, you or your representative can ask for an **expedited external review.** You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll-free at **(855) 687-7861**. To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

Molina Healthcare of Illinois
Attn: Appeals and Grievances Department
1520 Kensington Road, Suite 212
Oak Brook, IL 60523

What happens next?

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
- We will also send the necessary information to the external reviewer so they can begin their review.
- As quickly as your health condition requires, but no more than two (2) business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and Molina Healthcare know what their decision is verbally. They will also follow up with a letter to you and/or your representative and Molina Healthcare with the decision within forty-eight (48) hours.

Enrollment and Disenrollment

Annual Open Enrollment Period

After one year of enrollment, you can change your health plan if you want to. You don't have to do anything if you want to stay with Molina Healthcare.

At least 90 days before your anniversary date of enrollment, you will get a letter from Illinois Client Enrollment Services (ICES). The letter will state you can choose another health plan if you want. The letter will include the dates you can make changes and steps on how to change. After you get the letter, you will have 60 days to make a change. This 60-day period is called "Open Enrollment." Open Enrollment occurs every year regardless of the plan you have joined.

If you want to change your health plan, follow the steps in the letter you get from ICES. If you do not want to change, you do not need to do anything. You will continue to be a member of Molina Healthcare.

If you wish to change your health plan, please review your options, especially if you wish to keep your doctors. Each plan has its own list of doctors and hospitals. You should see each plan's benefits and rules to help you make a decision. To learn more about your options, call ICES at (877) 912-8880. To learn more about Molina Healthcare, call Member Services.

Your Medicaid Eligibility and Coverage

How to Keep your Medicaid

Once a year, the Illinois Department of Healthcare and Family Services (HFS) looks at your medical case to make sure you meet the criteria to get medical benefits.

It is important to respond to requests for information from HFS. You can lose your Medicaid if:

- You miss an appointment.
- You do not give HFS information they request.

If this would happen, HFS would tell Molina Healthcare to stop your membership. That means you would lose your health care coverage.

Automatic Renewal of MCO Membership

If you lose your Medicaid eligibility but it is started again within 60 days, you will automatically become a Molina Healthcare member again.

Accidental Injury or Illness

If you see a doctor for a problem caused by someone else or a business, you must call Member Services. Another insurer might have to pay the health care bills.

Some examples of accidental injury or illness are:

- Car accidents
- Dog bites
- A fall in a store

When you call Member Services, we will need:

- The name of the person at fault.
- The name of the person's insurance company.
- The name(s) of any attorneys involved.

About ending your Membership

You may ask to end your membership with us in special cases. Some reasons you may disenroll include, but are not limited to:

1. You move out of our service area
2. We do not provide the covered service that you seek
3. You need related covered services done at the same time and we do not make them available, and your doctor decides that getting the services separately would be too risky
4. Other reasons, including, but not limited to, poor quality of care, lack of access to covered services and lack of access to providers experienced in dealing with your health care needs

You can ask to disenroll at any time by calling Illinois Client Enrollment Services at (877) 912-8880. ICES will make the decision on whether you can disenroll. You will get a letter in the mail with their decision. In some areas of the state it is mandatory to be part of a managed care plan. You might have to choose another health plan. If your request to disenroll is denied, you may file an appeal.

Can Molina Healthcare End My Membership?

Molina Healthcare may ask HFS or ICES to end your membership for certain reasons. They must approve the request for your membership to end.

Reasons that Molina Healthcare can ask to end your membership are:

- Fraud or misuse of your Molina Healthcare member ID card
- Disruptive or uncooperative behavior that affects Molina Healthcare's ability to provide services to you or others
- You no longer live in Molina Healthcare's service area

Things to Keep in Mind If You End Your Membership

If you have followed any of the above steps to end your membership, remember:

- Keep going to Molina Healthcare doctors and using other services until the day you are a member of your new health plan or back on regular Medicaid
- If you chose a new health plan and have not received a member ID card before the first day of the month when you are a member of the new plan, call the plan's Member Services
- If your new plan can't to help you, call ICES at (877) 912-8880

Call your new plan if you have doctor visits planned and make sure your doctors are in their network. If you have surgery, blood tests or X-rays scheduled, or are pregnant, call your new plan as soon as you can.

Excluded Populations

The following individuals are excluded from this program based on their Medicaid eligibility, including:

- Participants eligible for Medicare Part A or enrolled in Medicare Part B
- Participants in the Medicaid Spenddown program
- All presumptive eligibility (temporary benefits) categories
- Limited eligibility programs
- Participants with high-level private health insurance (also known as Third Party Liability insurance)

- Illinois Department of Children and Family Services foster children
- Children whose case is coordinated by the Division of Specialized Care for Children

If any of the above rules apply to you, you should not be part of this program.

If you are part of one of the following populations, you may **voluntarily enroll**. You may, but don't have to pick a health plan.

- American Indians or Alaskan Natives
- Children less than 19 years old who receive Supplemental Security Income
- Children less than 19 years old who are eligible for services under Medicaid Program under Article III of Public Aid Code (305 ILCS 5/3-1 et. seq).

To learn more, call Illinois Client Enrollment Services at (877) 912-8880.

Other InformatiOn

Quality Care

Molina Healthcare wants to give you and your family the best care. To help us do this, we have a Quality Improvement Program. Each year, we set goals to improve our services. We want to ensure your health care needs are being met. We also want you to be happy with the services you get from Molina Healthcare and our network providers. We do many studies all year to improve our services. This process is called "quality improvement."

You may call Member Services if you:

- Want to learn more about what we are doing to improve
- Have ideas for how we can improve
- Want to ask about the dimensions of quality we measure

Your Feedback is Important to us

We make every effort to give you and your family the best care. Your happiness with Molina Healthcare is important to us. You may get a survey in the mail or by phone asking questions about how happy or unhappy you are with the services you are getting. Please take the time to respond. We value your opinion. It will help us to improve the service we give you. We welcome your ideas on how to serve you better. If you have ideas, call Member Services and tell us what you think.

Advisory Committees

We value your opinion. That is why we ask our members to participate in our advisory committees. We hold meetings four times a year in our service area.

Molina Healthcare has two advisory committees:

- Enrollee Advisory Committee, a committee that includes Molina Healthcare members
- Bridge2Access Advisory Committee, a committee of community stakeholders

For a little of your time, you can help us better serve you. To learn more, call Member Services.

Evaluation of New Health Care Treatments

We look at new types of services to include as part of your benefits. And we look at new ways to provide those services. We also look at new studies to see if they are safe and should part of your benefits.

Molina Healthcare reviews the type of services listed below at least once a year:

- Medical services
- Mental health services
- Medicines
- Equipment

If we deny a new device, protocol, procedure or therapy not covered by Medicaid, you or your doctor can ask for our policies. To learn more, call Member Services.

How Molina Healthcare Pays for your Care

As a Molina Healthcare member, you do not pay for Molina Healthcare covered and approved medical services you get. That means you do not have any co-payments or other charges.

Molina Healthcare contracts with providers in several different ways to cover your care. Molina Healthcare does not reward providers or employees for denying medical coverage or services. Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage.

You can call Member Services to get information such as:

- The structure and operation of Molina Healthcare
- How we pay our providers

If you have any ideas for changes, please call Member Services.

Your health care coverage is subject to change based on regulatory mandates. Molina Healthcare will notify you of any changes as they occur.

What if I get a Bill?

As a Molina Healthcare member, you do not have to pay for medical care. If you get a statement from a provider, see if it says you owe money. This may also be listed as "patient responsibility." If the bill shows that you must pay a fee or it asks you to sign an agreement to pay for services, call Member Services right away.

If the letter does not say you owe money, this means you got a statement, not a bill. This may also be listed as "explanation of benefits." The statement tells you that Molina Healthcare was billed for the services you got. These statements may say "this is not a bill" at the top of the page. You do not need to do anything. You are not being asked to pay anything. The provider is not billing you for the services. You may keep the statement for your records. If you did not see your doctor for the services listed in the statement, please call and report this to Member Services right away.

You can also report this to Molina Healthcare's Compliance department by phone, email or online.

Confidential Compliance Hotline: (866) 606-3889
Email: MHILCompliance@MolinaHealthcare.com
Online: https://molinahealthcare.Alertline.com

See the Fraud and Abuse section in this handbook for more information about reporting fraud and abuse.

Abuse, Neglect or Exploitation (Critical Incidents)

Critical incidents are serious or traumatic events that cause or can cause physical or mental harm. They can be an instance of abuse, neglect or exploitation. If you find yourself in an event like this, call us right away. You can call Member Services or our Compliance department.

Confidential Compliance Hotline: (866) 606-3889
Email: MHILCompliance@MolinaHealthcare.com
Online: https://molinahealthcare.Alertline.com

Here are some examples of critical incidents that should be reported:

- Alleged fraud or misuse of funds
- Sexual or physical assault
- Serious injury, such as a burn, cut or puncture wound, bruising or fall
- Denial of medication, food or other physical assistance
- Neglect by a care giver
- Physical isolation or confinement
- Accidental or intentional fire
- Behavioral incidents
- Verbal threats
- Property damage
- Criminal activity
- Vehicle accident
- Physical altercation
- Nursing facility placement

You may also call one of these agencies. All reports are confidential and can be anonymous.

Nursing Home Hotline – (800) 252-4343
Illinois Department of Public Health Nursing Home Hotline is for reporting complaints regarding hospitals, nursing facilities, and home health agencies and the care or lack of care of the patients.

Office of the Inspector General – (800) 368-1463
The Illinois Department of Human Services Office of Inspector General Hotline is to report allegations of abuse, neglect, or exploitation for people 18 to 59 years old.

Adult Protective Services Hotline – (866) 800-1409
To report abuse, neglect, or exploitation of individuals 18 to 59 years of age with a disability or people 60 years of age and older, call Adult Protective Services Hotline.

Supportive Living Facility (SLF) Complaint Hotline – (800) 226-0768
The Illinois Department of Healthcare and Family Services' Hotline is to report abuse, neglect, or exploitation for people living in Supportive Living Facilities (SLF).

Fraud and Abuse

Fraud, waste and abuse are major problems. They can make taxes go up. They can cause issues in quality. Molina Healthcare works with state and federal offices to detect, prevent and stop these crimes. By law, we have to report these crimes. And we will take action. We may fire an employee or remove a doctor from our network. Cases are sent to government offices and police for investigation.

Here are examples of health care fraud and abuse:

- A provider prescribes more services than needed, such as additional:
  - Appointments
  - Treatments
  - Prescriptions
- You are billed for services that you did not receive
- Another person uses your member ID card.
- Another person sells your prescription drugs.
- Changing the information on a prescription.

You have the right to report your concerns to Molina Healthcare. Contact us to report the incident. You may call or write to us. Include a detailed message, your name and phone number to reach you. You can also make a report anonymously. That means you do not have to leave your name if you do not wish to do so.

Molina Healthcare Confidential Compliance Hotline: (866) 606-3889
Email: MHILCompliance@MolinaHealthcare.com
Online: https://MolinaHealthcare.Alertline.com

Molina Healthcare of Illinois
Attn: Compliance Officer
1520 Kensington Road, Suite 212
Oak Brook, IL 60523

You can also help stop fraud. Here are some ways you can help stop fraud:

- Only give your member ID card or Medicaid ID number to a health care provider or pharmacy. Only give them your ID card when you are getting health care services or prescription drugs. You should not give your ID card to anyone else.
- Never let anyone borrow your ID card.
- Never sign a blank insurance form.
- Be careful about giving out your Social Security number.

Advance Directives

You have the right to make decisions about the health care you get now and in the future. You can make decisions now about the care you want to get if you become too ill to speak for yourself.

Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life. Under Illinois law, you have the right to accept or refuse medical care.

You can state your medical care wishes in writing while you are healthy and able to choose. An advance directive is a written statement about how you want medical decisions made when you can no longer make them. Federal law requires that you be told of your right to make an advance directive when you are admitted to a health care facility. It also must ask you if you have put your wishes in writing.

No one can make you complete an advance directive. You decide if you want to have an advance directive. Anyone 18 years of age or older who is of sound mind and can make his or her own decisions can have an advance directive. You do not need a lawyer to fill out an advance directive. Still, you may decide you want to talk with a lawyer.

Talk to your provider to get an advance directive form. You can also call Member Services for an advance directive form.

The form will tell your family, providers and those who need to know how you want to be cared for during an illness or medical emergency. The form will tell how you want to be cared for even when you can no longer speak for yourself. After you complete the form, it will be put in your medical file. You can end or change the advance directive at any time. You just need to talk to your provider. If you have any questions, Member Services is here to help you.

Summary of Notice of Privacy Practices

Protecting your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina uses and shares your information to provide you with health benefits. We want to let you know how your information is used or shared.

Your Protected Health Information

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

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

Molina 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 protect your PHI?

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

- Molina has policies and rules to protect PHI.
- Molina limits who may see PHI. Only Molina staff with a need to know PHI may use it.
- Molina staff is trained on how to protect and secure PHI.
- Molina staff must agree in writing to follow the rules and policies that protect and secure PHI
- Molina secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What must Molina do by law?

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

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

- Call or write Molina and complain.
- Complain to the Department of Health and Human Services.

We will not hold anything against you. Your action would not change your care in any way.

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 Practices is enclosed in the new member welcome kit you got in the mail when you became a member. It is also our website at www.MolinaHealthcare.com. You may also get a copy of our Notice of Privacy Practices by calling Member Services.

Definitions

Abuse –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

Advance Directive – A written statement about how you want to be cared for when you can no longer make decisions yourself

Appeal – A formal request you make to Molina Healthcare to review a decision or action

Authorization – See prior authorization

Case manager – A Molina Healthcare employee who works with the member and providers to create a care plan based on the member's health needs and ensures the member gets all necessary services

Care plan – An individualized member-centered, goal-orientated, written plan of care that ensures the member gets all needed health care, medical, medically-related, behavioral and covered services in a timely manner

Covered Services – The health care services, benefits, supplies and other services you get as a Molina Healthcare member at no cost to you when provided by network providers

Emergency – A medical problem that you think is so serious that it must be treated right away by a provider

Emergency Care – Services provided by a provider that evaluate, treat or stabilize an emergency medical condition

Fraud – 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

Grievance – A complaint about Molina Healthcare, health care provider or any matter other than a denied, reduced or terminated service or item

In-Network Provider – A provider who is contracted with Molina Healthcare to provide covered services to members

Medical Home – See Primary Care Provider

Member – A person who is eligible for Medicaid and is enrolled in the Molina Healthcare plan

Molina Healthcare – A Managed Care Organization licensed by the State of Illinois to provide medical, hospital and other covered services to members

Notice of Action – A letter sent to you about a decision or action made by Molina Healthcare about your health care services or an item you or your provider requested

Post-Stabilization – Covered services that you get after emergency medical problem is under control to improve or resolve your condition

Preventive Health Care – Health care focused on early detection and treatment of health problems and the prevention of disease or illness

Primary Care Provider (PCP) – A network provider that you picked to provide care for most of your medical needs; also known as your medical home

Prior Authorization (or prior approval) – The process a provider must follow to get approval before a service can be given or a prescription be prescribed to a member

Provider – A medical practitioner, including doctors, or facility that provides medical care

Provider Directory – The list of all of the network providers contracted with Molina Healthcare. It lists the names, phone numbers and addresses of our network providers. It lists primary care providers, dentists, vision care providers, specialists, urgent care centers, hospitals, pharmacies and other facilities. View the provider directory online at www.MolinaHealthcare.com.

Referral – When your PCP sends you to see another provider, such as a specialist, for care

Service Area – The geographic area where Molina Healthcare covers services

Specialist – A provider who focuses on a particular type of health care

Waste – Health care spending that can be eliminated without reducing the quality of care. Quality Waste includes, overuse, underuse, and ineffective use. Inefficiency Waste includes redundancy, delays, and unnecessary process complexity. For example: the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, however the outcome of poor or inefficient billing methods (e.g. coding) causes unnecessary costs to the Medicaid/Medicare programs.

Women's Health Care Provider (WHCP) – A doctor, nurse practitioner or provider whose specialty is obstetrics, gynecology or family practice; female members usually use WHCP services as and if needed

First Visit Check List

Now that you have picked a PCP, be sure to schedule a check-up soon, even if you're not sick. During the visit, you will have a chance to get to know your PCP and to ask questions that will help you develop a good relationship.

Here are some things you should do to before your first appointment:

- ☐ Make a list of the medications that you are currently taking.
- ☐ Make a list of any allergies that you have.
- ☐ If you have not been feeling well, make a list of your symptoms and take it to your appointment.
- ☐ Make a list of anything you would like to discuss with your PCP.
- ☐ Allow time to arrive at your appointment a few minutes early so that you have time to check in at the reception desk.
- ☐ Remember to take your Molina ID card with you to your appointment.

During the appointment, be sure to ask your PCP:

- ☐ How long should I expect to wait for a regular appointment?
- ☐ Can I be seen on the same day if the need is urgent?
- ☐ Who should I call if I have problems after hours? Remember, Molina's Nurse Advice Line is open 24 hours a day, 7 days a week to answer your health care questions when your PCP is not available.
- ☐ What should I do if I need to see a specialist?
- ☐ What should I do if I have to cancel an appointment?
- ☐ What if I think of a question after I leave the office?
- ☐ When do I need to return for another visit?

Date: ______________________________

Time: ______________________________

Notes: ______________________________

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Call us at (855) 687-7861 if you need help making an appointment.

Molina Healthcare

Member Grievance/Appeal Request Form

Instructions for filing a grievance/appeal:

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit. (Do Not Send Originals)
3. If you have someone else submit on your behalf, you must give your consent below.
4. You may submit the completed form through one of the following ways:
   a. Send to the address listed below,
   b. Fax to the fax number below, or
   c. Present your information in person. To do this, call us at the number listed below.
5. We will send a written acknowledgement letter of your request. It will be mailed to you within three (3) working days after the request is received.

Member's name: ____________________ Today's date: ____________________

Name of person requesting grievance/appeal, if other than the Member: ____________________

Relationship to the Member: ____________________

Member's ID #: ____________________

Daytime telephone #: ____________________

Specific issue(s): ____________________

____

____

____

(Please state all details relating to your request including names, dates and places. Attach another sheet of paper to this form if more space is needed)

By signing below, you agree that the information provided is true and correct. If someone else is completing this form for you, you are giving written consent for the person named above to submit on your behalf.

Member's Signature: ____________________ Date: ____________________

If you would like help with your request, we can help. We can help you in the language you speak or if you need other special support for hearing or seeing. You can call, write or fax us at:

Molina Healthcare of Illinois
Attn: Grievance & Appeal Dept.
1520 Kensington Dr., Suite 212
Oak Brook, IL 60523

Member Services: (855) 687-7861
Fax Number: (855) 502-5128

MHIL-0100

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Molina Healthcare of Illinois

Authorized Representative Designation

To have someone else act on your behalf on an appeal or grievance, complete and return this form. The person listed will be accepted as your authorized representative. We are unable to speak with anyone on your behalf unless this form is completed, signed, and returned to us.

Molina Healthcare
Attention: Appeals & Grievance Coordinator
1520 Kensington Road, Suite 212
Oak Brook, IL 60523
Fax: (855) 502-5128

Member Information

Member Name: ____________________ Date of Birth: ____________________

Member ID Number (on your Molina Healthcare ID card): ____________________

Address: ____________________

City: __________ State: __________ ZIP Code: __________

Phone Number: ____________________

Authorized Representative Information

I (the member) hereby authorize the following person to act on my behalf in the filing and processing of my appeal with Molina Healthcare:

Name of Authorized Representative: ____________________

Address: ____________________

City: __________ State: __________ ZIP Code: __________

Phone Number: ____________________ Alternative Phone Number: ____________________

Relationship: ❑ Parent ❑ Guardian ❑ Conservator ❑ Other: ____________________

Briefly describe the service and date(s) (if applicable) for which the Authorized Representative will be acting on your behalf:

Member Signature

Print Member Name:	Date:
Signature of Member:	Date:

Authorized Representative Signature

Print Name of Authorized Representative:	Date:
Signature of Authorized Representative:	Date:

Please note you may revoke this authorization at any time.

If you have any questions, please call Molina Healthcare Member Services at **(855) 687-7861** or TTY 711.

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1520 Kensington Road - Suite 212
Oak Brook, IL 60523

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