

Welcome to Molina Healthcare.

Your Extended Family.

Idaho Medicaid Plus Member Handbook

2026



How to reach us

Department/Program	Services	Phone Number
Member Services	Molina Member Services can: <ul style="list-style-type: none"> • Answer questions about your health plan and services. • Tell you where to get care. • Offer interpreter services if you don't speak English. • Provide information in other languages and formats. 	Member Services (844) 809-8445 (TTY/TDD: 711) Monday-Friday 8 a.m.-8 p.m. Mountain Time
24-Hour Nurse Advice Line	Registered nurses can answer your health questions any time.	24-Hour Nurse Advice Line (888) 275-8750 for Spanish: (866) 648-3537 (TTY/TDD: 711)
Care Coordination	With this program, case managers assess your health conditions and review benefits and resources. It can make it easier for you to manage your health. Member Services can help you understand how to use these programs. You can opt out of the programs anytime.	Member Services (844) 809-8445 (TTY/TDD: 711) Monday-Friday 8 a.m.-8 p.m. Mountain Time

Introduction

Welcome and thank you for choosing Molina Healthcare of Idaho Medicaid Plus. Your health is important to us. We will do all we can to help you with your health care needs. This handbook explains the services we cover.

Molina Healthcare of Idaho Medicaid Plus is a health plan with an Idaho Medicaid Plus contract. Enrollment in Molina Idaho Medicaid Plus depends on contract renewal and your eligibility for Medicaid benefits.

Molina Idaho Medicaid Plus is available to full-benefit dual-eligible beneficiaries who are at least 21 years of age, live in the service area, and receive medical assistance from Medicare and Idaho Medicaid.

If the benefits in this handbook change, we will notify you 30 calendar days before the changes begin.

If you have any problem reading or understanding this or any Molina Healthcare information, call Member Services at (844) 809-8445 (TTY/TDD: 711). We can explain in English or in your primary language. We may have it printed in other languages. You may ask for it in braille, large print, or audio. If you are hearing or sight impaired, help can be provided.

Si tiene algún problema para leer o entender esta o cualquier información de Molina Healthcare, llame a Servicios para Miembros al (844) 809-8445 (TTY/TDD: 711). Podemos explicar en inglés o en su idioma principal. Es posible que lo tengamos impreso en otros idiomas. Puede solicitarlo en braille, letra grande o audio. Si tiene problemas de audición o de visión, se le puede proporcionar ayuda.

Contents

How to reach us	1
Introduction.....	2
Health care is a journey and you are on the right path.....	5
Review your welcome kit.....	5
Words to know.....	5
Get the My Molina Mobile App and My Molina Member Portal.....	7
Member rights & responsibilities.....	8
Your membership.....	10
Identification card (ID card).....	10
Your primary care provider.....	10
Specialty care providers.....	11
Getting care.....	11
Access to care.....	11
Getting care in the right place	11
Primary care office.....	11
Urgent care clinic.....	11
Emergency room (ER).....	11
Scheduling care.....	12
Interpreter services.....	12
Need help getting to health care appointments?.....	12
Post-stabilization.....	12
Your benefits.....	12
Molina provider network.....	12
If you need to see a doctor that is not part of Molina.....	12
Second opinions.....	13
Medicaid covered benefits chart.....	13
How to access hospital services.....	15
Medical/surgical services.....	15
Covered drugs.....	16
What are “network pharmacies?”	16
How to get specialty care and referrals	16

Your policy.....17

- Member materials.....17
- Appointment guidelines17
- Coordination of benefits17
- How does Molina pay providers for your care?18
- Payment and bills18
- Looking at what’s new18

Your extras.....18

- Health education programs18
- Care management.....19
- Community resources19

Grievance and appeals.....19

- Filing a grievance or appeal19
- State fair hearing.....20

Eligibility and enrollment.....20

- Medicare Medicaid Coordinated Plan (MMCP).....21

Advance directives21

Fraud, waste and abuse.....23

Member privacy.....24

- Notice of nondiscrimination and language access25
- Civil rights complaint/grievance form.....28

Health care is a journey and you are on the right path

Review your welcome kit

You should receive your welcome kit and Molina Healthcare member identification (ID) card.

There is a card for you and all other covered members of your family. Please keep it with you and present it to your provider (doctor) at time of service. If you haven't received your ID card yet, you can download it on the My Molina app or on the My Molina member portal. You may also call Member Services and ask for an ID card to be sent to you.

Words to know

Action – Anytime Molina decides to:

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

Or if we fail to:

- Provide timely service as outlined in our appointment guidelines
- Act within the timeframes for resolution and notification of grievances and appeals

Appeal – A formal request for Molina to review an action.

Assertive Community Treatment (ACT) –

ACT is a client-centered, recovery-oriented mental health service delivery model. Providing support for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs.

Authorization – An approval for a service.

Care coordinator or care specialist – The person who serves as your single point of contact to assist in getting you services you may need.

Centers for Medicare & Medicaid Services (CMS) –

The federal agency that administers Medicare and Medicaid.

Cost sharing – Cost sharing refers to money that a member must pay when services or drugs are received. You might also hear terms like deductible, copayment or coinsurance instead of cost sharing. Your Medicaid benefit level determines. Please contact Member Services at (844) 809-8445 if you have questions about cost sharing.

There is no cost sharing or premiums for Tribal members

Covered drugs – Prescription drugs covered by Molina. You may find these on the list of covered drugs, also called a formulary or drug list.

Covered services – Services and supplies covered by Molina.

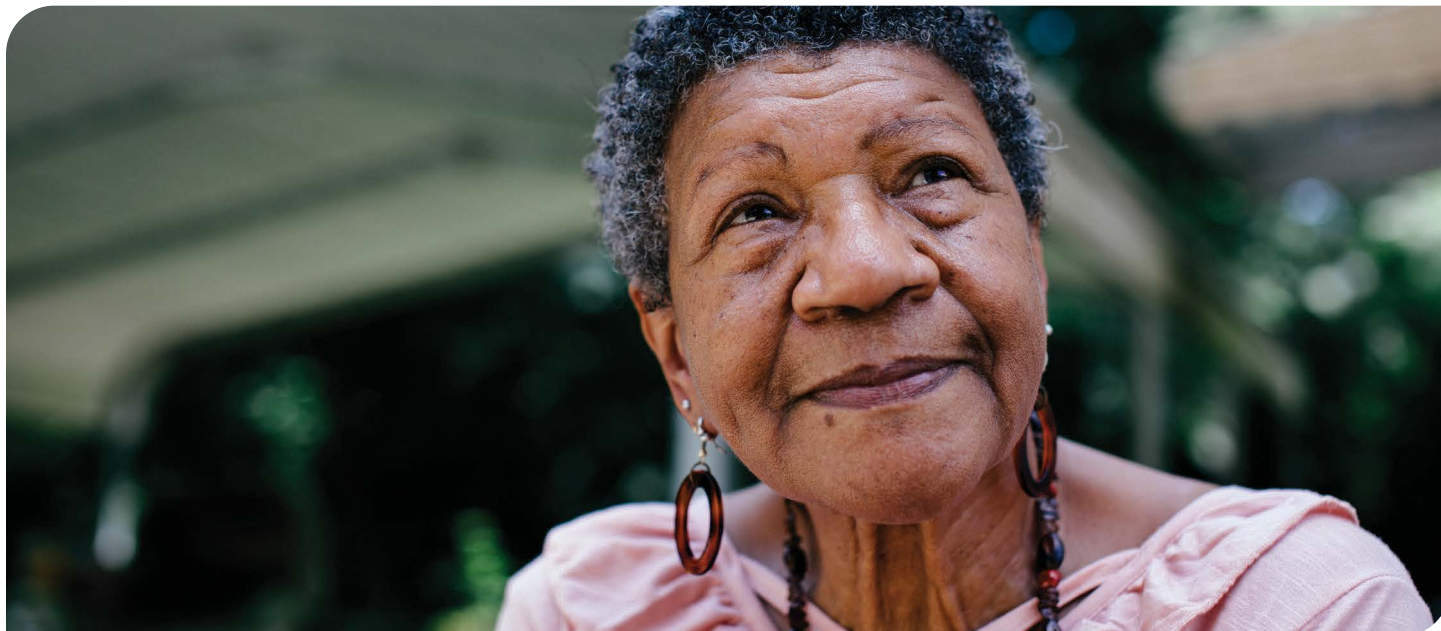
Custodial care – Custodial care is personal care provided in a nursing home, hospice or another place when you do not need skilled medical care or skilled nursing care

Disenrollment – The process of ending your membership in our plan. You can ask to leave the Molina Idaho Medicaid Plus plan during the open enrollment period. Outside of the open enrollment period, the Idaho Department of Health and Welfare will determine when your request can be processed.

Dual-eligible – Someone who qualifies for full Medicare and Medicaid benefits

Durable Medical Equipment (DME) – Medical devices and equipment that are for long time use. This may include wheelchairs, walkers and hospital beds. They are not like medical supplies that can only be used once.

Emergency medical condition – An illness or injury that needs care right now. This can be bleeding that won't stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working right. A mental health condition is an emergency if you feel out of control or like hurting yourself.



Emergency medical transportation – Taking an ambulance to the hospital for care. Emergency medical technicians (EMT) give you care during the ride or flight. This happens if you call 911 and need care right away.

Emergency services – Care you get during a medical crisis. These services help make you stable when you have a serious condition.

Enhanced Medicaid – The Medicaid Enhanced plan is for participants with disabilities or special health needs.

Fee-for-service – The Idaho Medicaid payment model and service delivery system.

Grievance – A complaint about Molina or a health care provider.

Habilitation services and devices – Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include physical therapy or occupational therapy.

Home and community-based care – Supportive services needed to live at home, in a residential assisted living facility (RALF), or certified family home (CFH), instead of living in an institution such as a nursing home or an intermediate care facility (ICF/ID). Consumer-direction or self-direction options are available to members.

Hospital inpatient and outpatient care – Hospital inpatient care is treatment provided when a patient is admitted to the hospital.

Outpatient care is any procedure or treatment that does not require a patient to stay overnight.

Medicaid – A state and federal program that helps with health care costs and other social needs like home and community-based services.

Medically necessary – Services and supplies that your provider says are needed to prevent, diagnose, or treat a condition or its symptoms.

Medicare – A federal health insurance program for people 65 years of age or older. It is also for certain younger people with disabilities and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Member or enrollee – A person who is eligible for Medicaid and who is enrolled in the Molina Medicaid Plus plan.

Network provider or participating provider – A provider that contracts with Molina.

Non-network (non-participating) provider or out-of-network provider – A provider that does not have a contract with Molina.



Personal care services (PCS) – Provides in home, hands on services to help people stay in their own homes and communities rather than live in institutional settings, such as nursing homes.

Post-stabilization care services – Covered services related to an emergency medical condition which are provided after the patient is stabilized.

Pregnancy and family planning-related services – Covered services that include family planning, counseling, and/or prescriptions used to prevent pregnancy.

Preventive health care – Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Primary care provider (PCP) – A provider that you have chosen to be your personal doctor. Your PCP helps you with most of your medical needs.

Prior authorization – The process for approving any product or service from Molina before it can take place.

Provider directory – A list of all the providers contracted with Molina.

Transition of care – coordination of care activities including discharge/transition planning, timely follow-up with a provider, medication review/reconciliation, and coordination of support services

Transportation – If you have a medical appointment but you don't have a car, cannot operate a car or no one is available to take you, you can request a ride from MTM at (877) 503-1261. You need to call at least 48 hours before your appointment.

Urgent care – Medical care for an illness or injury that needs prompt attention but not in need of emergency care. It could be for serious pain, to keep you from feeling worse, or to avoid losing function in part of your body.

Get the My Molina Mobile App and My Molina Member Portal
[My Molina Mobile](#) and [MyMolina.com](#)

Whether you prefer a desktop portal or mobile app, Molina's got you covered 24/7.

Download the My Molina mobile app. It can help you manage your Idaho Medicaid Plus plan.

The free My Molina mobile app is an easy way to see your benefits from your phone. You can find doctors, see and print your member ID card, view claims and more.

Download the My Molina mobile app today from the Apple App Store or Google Play Store. You can also scan the QR code on this page using your smart phone.



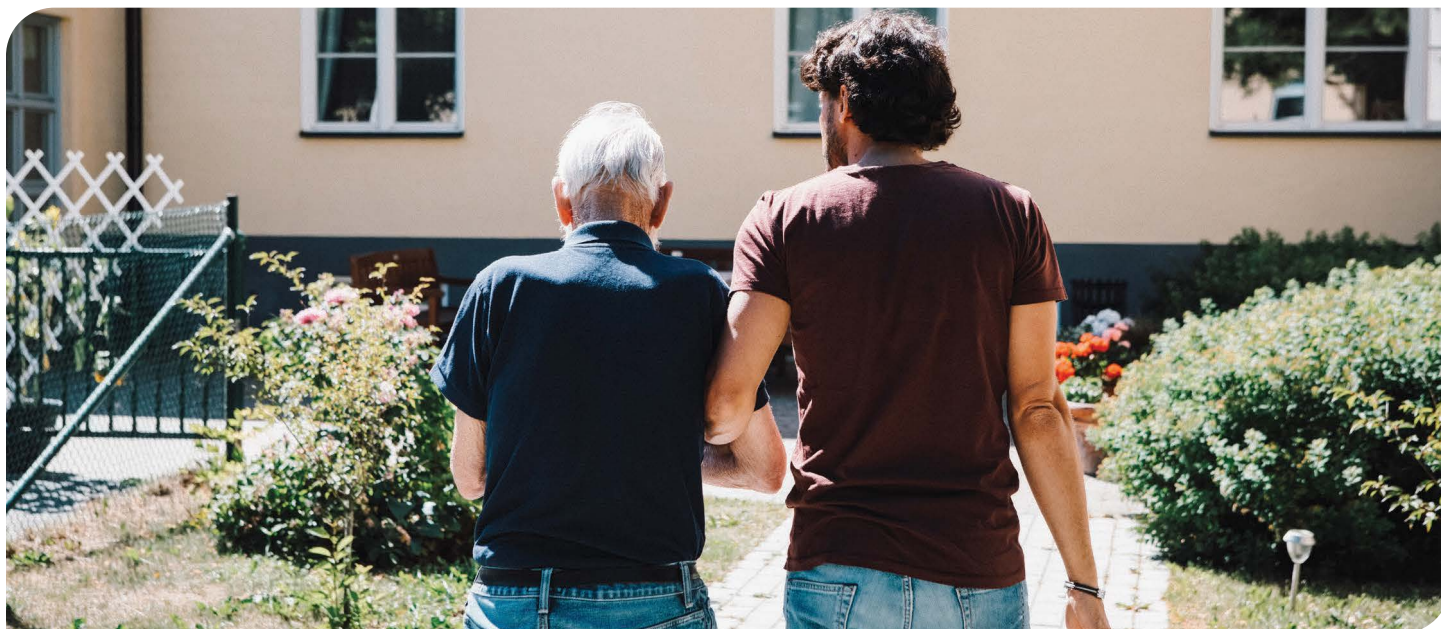
Prefer a desktop portal? Visit [MyMolina.com](https://www.molinahc.com)

To sign up, just follow the instructions.

Member rights & responsibilities

As a member, you have the right to:

- Be treated with respect and recognition of your dignity by everyone who works with Molina.
- Get information about Molina, our providers, and our services. This includes how Molina pays your providers for your medical care, our organizational structure, policies and procedures, practice guidelines, provider incentives and how to recommend changes.
- Be informed about your health. If you have an illness, you have the right to candid discussion regarding treatment options, regardless of cost or benefit coverage. Members have the right to have all questions about their health answered.
- Make decisions about your health care, or what is called self-direction of services. You have the right to get full information from your providers when you receive medical care. Your providers must explain your medical condition and your treatment choices in a way that you can understand.
- Help make decisions about your health care. You have the right to refuse medical treatment.
- Privacy. Molina keeps your medical records private and is subject to State and Federal laws.
- Request and receive a copy of your medical records and request that they be amended or corrected.
- See your medical record, including the results of your wellness assessment. You also have the right to get a copy of and/or correct your medical record where legally okay. Subject to state and federal laws.
- Complain about Molina or their care. You can call, fax, email or write to Molina's Member Services.
- Appeal Molina's decisions. You have the right to have someone speak for you during your grievance. You have the right to ask Molina for help when filing your appeal or grievance.
- Ask for a state fair hearing by contacting APS@dhw.idaho.gov. You also have the right to get information on how to get an expedited state fair hearing quickly.
- Disenroll from Molina (leave the Molina Health Plan).
- Ask for a second opinion about a health condition at no cost to the member.
- Instructions on accessing Carved-Out Services that are available under Medicaid FFS.
- Access Carved-Out Services, which are services not covered by Molina, but by Idaho Medicaid. Please contact the state at (833) 814-8568 or your Case Manager at (844) 809-8445 and they can assist.
- Ask for someone outside Molina to look into therapies that are experimental or being done as part of exploration.
- Decide in advance how you want to be cared for in case of a life-threatening illness or injury.
- Receive interpreter services on a 24-hour basis, at no cost, to help you talk with your doctor or us if you prefer to speak a language other than English.



- Not be asked to bring a minor, friend, or family member with you to act as your interpreter.
- Get information about Molina, your providers, or your health in the language you prefer.
- Ask for and get materials in other formats such as larger size print, audio, and braille upon request and in a timely fashion appropriate for the format being requested and in accordance with state laws. You may request printed copies of all content posted on our website.
- Receive instructions on how you can view online or request a copy of Molina's nonproprietary clinical and administrative policies and procedures.
- Receive a copy of Molina's list of approved drugs (drug formulary) on request.
- Submit a grievance if you did not get medically needed medications after an emergency visit at one of Molina's contracted hospitals.
- Access family planning services, Federally Qualified Health Centers, Indian Health Facilities, sexually transmitted disease services, and emergency services, outside of Molina's network according to federal laws. You do not need to get Molina's approval first.
- Get minor consent services.
- Not be treated poorly by Molina or your doctors for acting on any of these rights.
- Make recommendations regarding the organization's member rights and responsibilities policies.
- Be free from controls or isolation used to pressure, punish or seek revenge.
- File a grievance or complaint if you believe your language needs were not met by the plan.

Member Responsibilities

As a member, you have the responsibility to:

- Learn and ask about your health benefits. If you have a question about your benefits, call (844) 809-8445.
- Give information to your provider or Molina when needed.
- Be active in decisions about your health care.
- Follow the care plans and instructions for care that you have agreed on with your doctor(s).
- Build and keep a strong patient-doctor relationship. You have the responsibility to cooperate with your doctor and staff, keep appointments, and be on time. If you

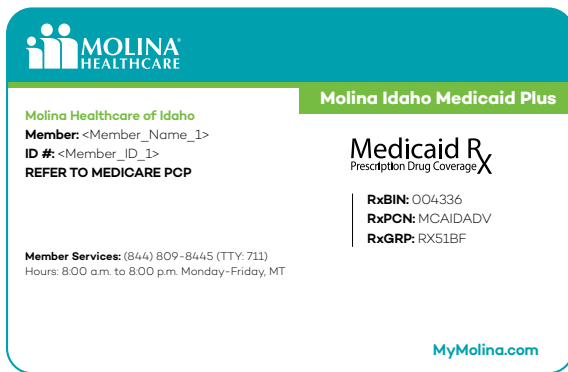
are going to be late or cannot keep your appointment, you should call your doctor's office.

- Provide your medical ID card when getting medical care. You have the responsibility to not give your card to others and let Molina or the state know about any fraud or wrongdoing.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals as you are able.

Your membership

Identification card (ID card)

There is one for every member.



You need your ID card to:

- See your doctor, specialist or other provider
- Go to a hospital
- Go to an emergency room
- Get medical supplies and/or prescriptions
- Go to urgent care
- Have medical tests

Your primary care provider

Your primary care provider (PCP) is a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates, or helps you access a range of health care services.

The relationship between you and your PCP is a very important one. They should be someone you seek for most of your health care needs. They know you well and understand your medical history.

Your PCP is chosen through your primary Medicare insurance provider.



Specialty care providers

A specialist is a doctor, or other health care provider, who treats special health conditions; for example, a cardiologist is a heart specialist.

If you think you need to see a specialist, call your PCP or main medical, dental, mental health or substance use provider. Your PCP is there to support you and will work with you to figure out which special services you need and refer you to a specialist, if needed.

In most cases, you must see a specialist who is in network. However, sometimes, you may need or want to seek care or advice outside of our network due to location or service availability, this is called an “out-of-network” provider. In this case, you will need to work with your primary health insurance for authorization for coverage.

It is not uncommon for Idaho participants to need to cross state lines to access some services.

Getting care

Access to care

Access to quality health care services is important. It helps you stay healthy and prevent disease. At Molina, we provide coverage and health services in a timely manner at a location near you. We also make sure you have access to health care services in other areas in the event a local provider can't meet your medical needs.

Getting care in the right place

Primary care office

Why primary care?

- Regular check-ups
- Immunizations (shots)
- Prescriptions
- Normal aches and pains
- On-going treatment care (such as asthma)
- Mental health services

Call your PCP to make an appointment.

Call your PCP with your urgent health questions, however urgent care clinics can help

after normal office hours, and even if you are away from home. If you have an emergency, call 911.

Urgent care clinic

Why urgent care?

Urgent problems usually need care within 24 hours. If you are not sure a problem is urgent, call your doctor or an urgent care clinic. You may also call our 24-hour Nurse Advice Line at (888) 275-8750. To find an urgent care center, call Member Services at (844) 809-8445 or visit MolinaProviderDirectory.com/ID to find one near you.

Here are some examples of things that require urgent care:

- Common cold, flu symptoms or a sore throat
- Earache or toothache
- Back strain
- Migraine headaches
- Cut or scrape
- Stomach ache

Emergency room (ER)

Why go to the ER?

An emergency is a medical condition that needs to be treated right away. An emergency is when you think your life is in danger, a body part is hurt badly, or you are in great pain.

Emergencies can include:

- Chest pains
- Broken bones
- Major bleeding that won't stop
- Problems breathing
- Mental health crisis
- Other symptoms where you feel that your life is at risk

In an emergency, call 911 or go to the nearest emergency room. There is no prior authorization needed to get emergency care. You may use any hospital or other medical facility to obtain emergency care.

Scheduling care

Interpreter services

If you need to speak in your own language, we can assist you. An interpreter can help you talk to your provider, pharmacist, or other medical service providers. We offer this service at no cost to you. An interpreter can help you:

- Make an appointment
- Talk with your provider
- File a complaint, grievance, or appeal
- Learn about the benefits of your health plan

If you need an interpreter, call Member Services. The number is also on the back of your member ID card and in this handbook. You can also ask your provider's staff to call Member Services for you. They will help you get an interpreter to assist you during your appointment.

Remember, you can call the 24-hour Nurse Advice Line at any time. Our nurses can help if you need urgent care.

Need help getting to health care appointments?

Worried about how to get to your appointment? Call Medical Transportation Management (MTM), it is a Non-Emergent Medical Transportation (NEMT) program included in your benefits that provides free trips to health care appointments that we cover. Depending on your needs, you may get help paying for gas, tickets to ride public transportation, or private rides in a taxi or wheelchair accessible vehicle. These benefits are available to you every day of the week and may also be used for medically necessary travel and lodging outside of the area. You can call and book same day appointments, but when possible, we ask that you call two or more business days before your appointment.

Medical Transportation Management (MTM) Inc.

You call MTM at (877) 503-1261
TTY: (888) 561-8747 Monday-Friday
8 a.m.-6 p.m. to schedule transportation.

Post-stabilization

Post-stabilization care happens when you are admitted into the hospital from the ER. This care is covered. If you're admitted from the ER, there is no copay. This care includes tests and treatment until you are stable, or they find out what is wrong with you. Your plan covers this type of care whether you go to a hospital on the plan or not. Once your condition is stable you may be asked to transfer to a hospital on the plan. This way you get the most benefits your plan has to offer. The doctor will treat you at a hospital not contracted with Molina until a doctor who is on your plan can take over your care. Remember: You have the right to use any hospital or other setting for emergency care. Prior approval is not required. Emergency benefits are not limited based on your symptoms or what the practitioner says is wrong. Also, benefits are not reduced because the hospital did not get in touch with your PCP.

Your benefits

Molina provider network

We have a growing family of doctors and hospitals. And they are ready to serve you. Visit providers who are part of Molina.

You can find a list of these providers at MolinaProviderDirectory.com/ID. Call Member Services if you need a printed copy of this list.

The online directory contains provider information such as names, telephone numbers, addresses, specialties and professional qualifications.

For a full list of covered services, and to see which services require prior approval, please refer to page 13.

If you need to see a doctor that is not part of Molina

If a Molina provider is unable to provide you with necessary and covered services, Molina must cover the services through an out-of-network provider. During your first 90 days with Molina you can continue receiving services from your current providers for services you

already have in place, even if they are not in the Molina network. Your provider will need to join our network if you wish to continue receiving services from them after 90 days. Molina can help you find another provider if your current one does not contract with us.

Your PCP or the specialist you are seeing needs to request prior approval of specialty care or services from Molina via fax or phone call. This request for prior approval must be done before any treatments or tests take place. If a request for specialty care is denied by Molina, we will send you a letter within three days of the denial. You or your PCP can appeal our decision. If your PCP or Molina refers you to a provider outside our network, you are not responsible for any of the costs. Molina will pay for these services.

Usually, we decide about approving a service within 14 calendar days after we receive the request.

Medicaid covered benefits chart

Benefits	Services you may need
Medicaid Services	Behavioral health case management services
	Care coordination
	Community-based outpatient behavioral health services*
	Durable medical equipment and related supplies*
	Emergency care
	Family planning services
	Hospice care
	Inpatient hospital services
	Inpatient psychiatric services*
	Medicaid drug list
	Medical equipment, supplies and devices, prosthetic devices
	Nursing facility services*
	Nutrition services
	Other practitioner services*
Outpatient diagnostic tests and therapeutic services and supplies*	

Sometimes you or your doctor might think it is important to decide quickly about approving the service. If so, we will try to decide within three working days. We will notify your doctor about our decision. If the request for service is not approved by Molina, we will send you a letter. You may also visit [MolinaHealthcare.com](https://www.molinahealthcare.com) or call Member Services with questions.

If you need information on how and where to obtain counseling or referral services not covered by the health plan due to moral or religious objections, please contact IDHW at (833) 814-8568.

Second opinions

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. The right to talk to another provider. This service is at no cost to you. Call Member Services to learn how to get a second opinion.

Benefits	Services you may need
Medicaid Services	Outpatient hospital services*
	Outpatient mental health care
	Outpatient rehabilitation services*
	Outpatient substance abuse services
	Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory centers*
	Personal care services*
	Prescribed drugs
	Prevention and health assistance benefits
	Specific pregnancy-related services
	Transition management
	Vision services

*May require prior authorization (approval)

Idaho Medicaid Aged & Disabled Waiver services benefits chart (not all members qualify for these services).

Benefits	Services you may need
For our members on the A&D waiver program these services are covered	Adult day health*
	Adult residential care*
	Attendant care*
	Chore services*
	Companion services*
	Consultation*
	Day habilitation*
	Environmental accessibility adaptations*
	Home delivered meals*
	Homemaker services*
	Non-medical transportation*
	Personal emergency response system (PERS) *
	Residential habilitation*
	Respite*
	Skilled nursing*
	Specialized medical equipment and supplies*
Supported employment*	
Transition services*	

*May require prior authorization (approval)

Services provided through the state of Idaho Medicaid program

Services covered by and provided through Idaho Department of Health & Welfare

For information about these services contact IDHW at (877) 456-1233.

- Dental
- Non-emergency transportation
- Developmental disabilities targeted service coordination (TSC)
- Home health agency care
- Intermediate care facility services

All covered services listed above, except family planning and emergency services, must be provided directly by a doctor or provider that is part of the Molina network. You can get most forms of birth control from either a Molina provider or any Medicaid doctor even if they are not participating in Molina's plan.

Emergency care and post-stabilization are covered wherever you receive it, although if you utilize an emergency department for non-emergency services you may be charged additional payments. For non-emergency care, please seek out an urgent care center or schedule an appointment with your primary care provider.

This is not a complete list of the services. To find out if something is covered or to see if you need prior authorization (approval), call Member Services. Call the general Idaho Department of Health and Welfare Medicaid Information Line at (877) 456-1233 for information about services covered by Medicaid but not managed by Molina.

How to access hospital services

Inpatient hospital services require prior authorization. However, if you get services in a hospital or you are admitted to the hospital for emergency or out-of-area urgent care services, your hospital stay will be covered. This happens even if you do not have a prior authorization.

Medical/surgical services

We cover the following inpatient services in a participating provider hospital or rehabilitation facility, when the services are generally and

customarily provided by acute care general hospitals or rehabilitation facilities inside our service area:

- Room and board, including a private room if medically necessary
- Specialized care and critical care units
- General and special nursing care
- Operating and recovery rooms
- Services of participating provider physicians, including consultation and treatment by specialists
- Anesthesia
- Drugs prescribed in accord with our drug formulary guidelines
- Radioactive materials used for therapeutic purposes
- Durable medical equipment and medical supplies
- Imaging, laboratory, and special procedures, including MRI, CT, and PET scans, and ultrasound imaging
- Mastectomies (removal of breast) and lymph node dissections
- Blood, blood products and their administration, blood storage (including the services and supplies of a blood bank)
- Physical, occupational, and speech therapy (including treatment in an organized, multidisciplinary rehabilitation program)
- Respiratory therapy
- Medical social services and discharge planning

Covered drugs

Molina Medicaid Plus covers the following drugs that are not covered by Medicare.

Drugs included in Medicaid Plus coverage:

- Therapeutic vitamins which may include:
- Injectable vitamin B12 (cyanocobalamin and analogues)
- Vitamin K and analogues
- Folic acid
- Oral drugs containing folic acid in combination with Vitamin B12 and/or iron salts, without additional ingredients
- Vitamin D
- Prenatal vitamins for pregnant or lactating women
- Pediatric vitamin-fluoride preparations
- Oral iron salts

Additional covered drug products

Additional drug products will be covered as follows:

- Insulin
- Permethrin
- Over-the-counter products as authorized by applicable Medicaid rules
- Tobacco cessation products
- Lipase inhibitors subject to prior authorization
- Prescription cough and cold symptomatic relief

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

- There is a generic or another alternative drug available
- The drug is covered under Medicare prescription benefit (Part D)

- Medications prescribed in quantities which exceed the Food and Drug Administration (FDA) dosage guidelines
- Medications prescribed outside of the FDA approved indications

Some drugs may also have quantity (amount) limits and some drugs are never covered. You are eligible for a 90 day supply of covered medications. Some drugs that are never covered are drugs:

- For weight loss
- For erectile dysfunction
- For infertility
- Used for cosmetic purposes

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 will determine whether to approve the brand name drug. Remember to fill your prescriptions before you travel out of state.

The Preferred Drug List (PDL) can change.

It is important for you and your provider to check the PDL when you need to fill or refill a medication. You can find a list of the preferred drugs at [MolinaHealthcare.com](https://www.molinahealthcare.com).

Refer to our provider directory to find an in-network pharmacy. You can find an in-network pharmacy by visiting our website. You can also call Member Services to find a network pharmacy near you.

What are “network pharmacies?”

Network pharmacies are all the pharmacies that have agreed to fill covered prescriptions for our plan members.

How to get specialty care and referrals

You do not need a referral to see a Molina specialist. However, you can see a specialist sooner if your personal doctor sends you to one.

If you need care that your PCP cannot give, he or she will refer you to a specialist who can. Talk with your PCP to be sure you know how referrals work. If you think a specialist does not meet your needs, talk to your PCP. There are some treatments and services that your specialist must ask Molina to approve before you can get them. Your PCP or specialist will be able to tell you what services require this approval.

If we do not have a specialist in Molina who can give you the care you need, we will get you the care you need from a specialist outside Molina. Getting a referral from your PCP ensures your health care is coordinated and all your providers know your health care goals and plans.

Your policy

Member materials

This handbook and the provider directory are always available on MolinaHealthcare.com. You can search the provider list by male or female, spoken language, those taking new patients, and more.

Your Molina member identification card is always available on the My Molina mobile app and on the My Molina Member Portal.

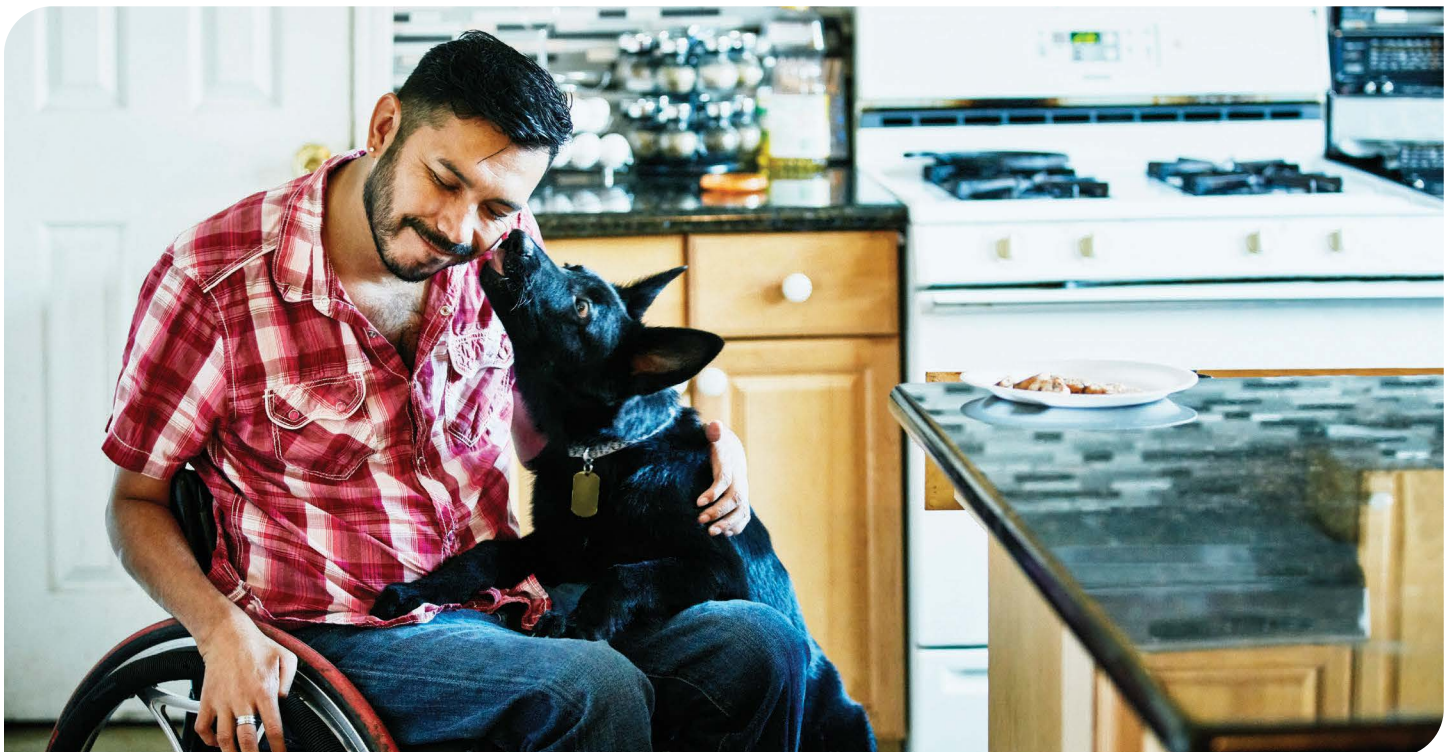
Appointment guidelines

Your doctor's office should make appointments in this time frame:

Appointment Type	When you should get the appointment within
Urgent care	Two days
Routine or non-urgent care	30 days
Adult preventive care	30 days
Specialist	30 days

Coordination of benefits

Your primary insurance is Medicare. Molina Medicaid Plus is your secondary insurance. This means that Medicare will pay for most of your covered services first. Molina may pay for covered Medicaid services that are left, this could include your Medicare coinsurance and deductible. Molina Medicaid Plus covers



all medically necessary Medicaid benefits with more details below.

How does Molina pay providers for your care?

Molina contracts with providers in many ways. Some providers are paid on a fee-for-service basis. This means they are paid each time they see you and for each procedure they perform. Other providers are paid a flat amount for each month a member is assigned to their care, whether they see the member.

Some providers may be offered rewards for offering excellent preventive care and monitoring the use of hospital services.

Molina does not reward providers or employees for denying medical coverage or services.

Molina also does not give bonuses to providers to give you less care. For more information about how providers are paid or if you have questions about provider incentive plans, please call Member Services.

Payment and bills

If you receive a bill for services and have questions, please contact member services at (844) 809-8445.

Balance Billing: A member will not be balanced billed by a provider for the cost of any covered service, which includes any coinsurance, deductibles, financial penalties, or any other amount in full or in part.

You may have to pay for a service you received if you:

- Get a service that is not covered by Molina (or your Medicare plan)
- Get a service that is not pre-approved by Molina (or your Medicare plan)
- Get a non-emergency service from a doctor or hospital that is not a provider with Molina
- Have been assigned a Share of Cost by IDHW Self Reliance
- Ask for and get services during an appeal that are related to your appeal with Molina

or during a Medicaid state fair hearing. You would only have to pay for the care if the appeal or state fair hearing decision is not in your favor.

- Are not covered under Medicaid when you get the care.

Looking at what's new

We look at new types of services, and we look at new ways to provide those services. We review new studies to see if new services are proven to be safe for possible added benefits.

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

- Medical services
- Mental health services
- Medicines
- Equipment

Your extras

Health education programs

Live well and stay healthy! Our free programs help you control your weight, stop smoking or get help with chronic diseases. You get learning materials, care tips and more. We also have programs for expectant mothers. If you have asthma, diabetes, heart problems or any other chronic illness, one of our nurses or care managers will contact you. You can also sign up on [MyMolina.com](https://www.molinahc.com), our secure member portal, or call Member Services.

Molina may offer certain incentive plans, also known as a reward, for participating in certain activities that improve overall health. Please ask your Case Manager for additional details or reach out to our Contact Center.

Make decisions about your healthcare, or what is called self-direction of services. You have the right to get full information from your providers when you receive medical care. Your providers must explain your medical condition and your treatment choices in a way that you can understand. Learn more about the My Voice, My Choice, Idaho's self-direction program.

Care management

Molina's integrated care management team works with those who may have experienced a change in health status, need help navigating a change in care setting, assistance in finding community resources or those who need help navigating the health care system. Care managers and care specialists focus on helping you improve health outcomes providing support with special services and resources based on your individualized needs and preferences that include but are not limited to:

- Home visits
- Health and disease management
 - Diabetes, COPD, behavioral health etc.
- Care setting transitions assistance
- Community-based resources and interventions

Community resources

We are part of your community. And we work hard to make it healthier.

Local resources, health events and community organizations are available to you. They provide great programs and convenient services. Best of all, most of them are free or at low cost to you.

Call 211. This is a free and confidential service that will help you find local resources. Available 24/7.

Grievance and appeals

Filing a grievance or appeal

If you are unhappy with anything about Molina 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, can contact us. If you want someone to speak for you, you will need to let us know this. Molina wants you to contact us so that we can help you.

- You have the right to ask Molina for help when filing your appeal or grievance.
- You, your provider or any other authorized representative can file a grievance on your behalf orally or in writing.

- To contact us you can:
- Call Member Services at (844) 809-8445 (TTY/TDD: 711)
- Access the form by visiting [MolinaHealthcare.com](https://www.molinahealthcare.com)
- Write a letter telling us what you are unhappy about
- Be sure to include:
 - Your first and last name
 - The number from the front of your Molina ID card
 - Your address
 - Your telephone number
- Any information that helps explain your problem

Mail the form or your letter to:

Molina Healthcare of Idaho
 Attn: Appeals and Grievance Team
 7050 S Union Park Center, Ste. 200
 Midvale, UT 84047-4171

Molina will send you something in writing if we:

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

We will also send you something in writing if, by the date we should have, we did not:

- Decide on whether to cover a service requested for you
- Give you an answer to something you told us you were unhappy about

If you do not agree with the action listed in the letter, and you contact us within 60 calendar days to ask that we change our decision, this is called an appeal. You have 60 calendar days from the date of the letter to file an appeal. We can help you fill out the appeal if you would like.

The 60-calendar day period begins on the day after the mailing date on the letter. Unless we tell you a different date, we usually can decide within 30 calendar days after we get the appeal. In some cases, you can ask to keep getting care during the appeal process. If the decision stays the same as the first action we took, you may have to pay for the care. If we have made a decision to reduce, suspend or stop services before you receive all of the services that were approved, your letter will tell you how you can keep receiving the services if you choose, and when you may have to pay for the services.

If you contact us because you are unhappy with something about Molina or one of our providers, this is called a grievance. You, your approved agent, or your doctor may file a grievance. You can call Member Services and tell them about your grievance. You may also mail your grievance to:

Molina Healthcare of Idaho

Attn: Appeals and Grievance Team
7050 S Union Park Center, Ste. 200
Midvale, UT 84047-4171

We will try to decide about your grievance right away. We can often solve the problem over the phone. If not, we will give you a decision within 30 days after we get your grievance. A grievance is an expression of dissatisfaction about any matter other than an action, which would be an appeal. We will call to let you know what we decide. If you sent us your grievance in writing, we will send you a letter. Sometimes we cannot decide within 30 days. In this case, we will ask for 14 more days. We will let you know in writing why we need more time.

State fair hearing

You have the right to ask for a Medicaid state fair hearing. You may request a Medicaid hearing by contacting:

Administrative Procedures Section
Idaho Department of Health and Welfare
450 West State Street 10th Floor
PO Box 83720

Boise, ID 83720-0036

Fax: 208-639-5741

Email: APS@dhw.idaho.gov

You have a right to ask for a state fair hearing after you have exhausted Molina's internal appeal process. You, your agent, or doctor may request a state fair hearing with Medicaid within 120 days of the final Molina appeal resolution letter. Molina's final appeal resolution letter will tell you how to request a hearing.

Your request must include:

- Your name
- Address
- Member number (on your ID card)
- Reason(s) for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

You have the right to ask for and get services during an appeal that are related to your appeal with Molina or during a Medicaid state fair hearing. You would only have to pay for the care if the appeal or state fair hearing decision is not in your favor.

The state will hold a hearing. You may attend the hearing in person or by phone. You'll be asked to tell the state why you disagree with our decision. You can ask a friend, relative, advocate, provider or lawyer to help you. You'll get a written decision within 30 days if you have additional appeal rights. The hearing will give you a final decision. This happens within 30 days or less from the date you asked for the hearing.

The Contested Case Proceedings and Declaratory Rulings administrative rules are available either online at adminrules.idaho.gov or from an IDHW office.

Eligibility and enrollment

Please call the Idaho Department of Health and Welfare (IDHW) about eligibility. They are

open Monday through Friday from 8 a.m.-5 p.m. (except holidays) MT.

Website: healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx. Their number is (877) 456-1233.

Medicare Medicaid Coordinated Plan (MMCP)

What is a Medicare Medicaid Coordinated Plan (MMCP) and why would you want one?

Just like the name implies, Medicare Medicaid Coordinated Plans are for people who qualify for both Medicare and Medicaid. MMCPs simplify your coverage. The Idaho MMCP is a voluntary program that integrates your Medicare and Medicaid coverage into one plan. This makes it easier for you to get the most effective care. MMCPs provide:

- Most Medicaid, Medicare, and prescription benefits through a private carrier like Molina
- Payment of your Medicare premium through Medicaid
- Access to the health plan's provider network
- A single insurance card for your Medicare and Medicaid services (Idaho Medicaid provides a separate Idaho Smiles dental card)

*Developmental disability services, medical transportation and dental are all available through Idaho Medicaid.

With an MMCP, you get a team of health professionals working together to keep you healthy. Your care coordinator (nurse or social worker) works with you and your family, doctors, and caregivers. The team makes sure you get the care you need.

In addition to care coordination, a basic MMCP gives you:

- All medically necessary and preventive services covered under Medicare Part A
- Part B and prescription drug coverage under Part D
- Most services covered by Medicaid

Who qualifies for an MMCP?

MMCP is available for Idaho participants who are:

- Eligible for and enrolled in enhanced Medicaid and Medicare
- At least 21 years old
- Residents in the MMCP service area

Got questions about MMCPs, or want to enroll?

Lean on Molina for answers. Contact us at MolinaHealthcare.com or (844) 861-9231 (TTY/TDD: 711) today.

How do I enroll in Idaho MMCP?

Call Molina Healthcare of Idaho (844) 861-9324

For questions regarding plan change and requirements, please contact Molina Healthcare of Idaho at (844) 809-8445

Advance directives

Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, if you want to, you can:

- Fill out a written form to give someone the legal authority to make medical decisions for you if you ever become unable to make decisions for yourself.
- Give your doctors written instructions about how you want them to handle your medical care if you become unable to make decisions for yourself.

The legal documents that you can use to give your directions in advance in these situations are called "advance directives." There are different types of advance directives and different names for them. Documents called "living will" and "power of attorney for health care" are examples of advance directives.

If you want to use an advance directive to give your instructions, here is what to do:

- Get the form. If you want to have an advance directive, you can get a form from your lawyer, from a social worker, or from some office supply stores. You can sometimes get advance directive forms from organizations that give people information about Medicare. You can also contact Member Services to ask for the forms.
- Fill it out and sign it. Regardless of where you get this form, keep in mind that it is a legal document. You should consider having a lawyer help you prepare it.
- Give copies to appropriate people. You should give a copy of the form to your doctor and to the person you name on the form as the one to make decisions for you if you can't. You may want to give copies to close friends or family members as well. Be sure to keep a copy at home.

If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, take a copy with you to the hospital.

- If you are admitted to the hospital, they will ask you whether you have signed an advance directive form and whether you have it with you.
- If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

Remember, it is your choice whether you want to fill out an advance directive (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether you have signed an advance directive.

What if your instructions are not followed?

If you have signed an advance directive, and you believe that a doctor or hospital did not follow the instructions in it, you may file a complaint with Idaho's Division of Licensing and Certification (i.e., State Survey Agency).

Advance directives in the State of Idaho

Molina complies with applicable Federal and State laws that pertain to member rights and ensures its staff and affiliated providers take those rights into account when providing services to our members.

People in the state of Idaho can execute a living will and durable power of attorney for health care. A living will sets forth your instructions for dealing with life sustaining medical procedures in the event you are unable to decide for yourself. A living will directs your family and medical staff on whether to continue, withhold, or withdraw life-sustaining systems, such as tube feeding for hydration (water) and nutrition (food), if you are incapable of expressing this yourself due to an incurable and terminal condition or persistent vegetative state.

A durable power of attorney for health care allows you to appoint a person to make all decisions regarding your health care, including choices regarding health care providers and medical treatment, if you are not able to make them yourself for any reason.

You should not execute an advance directive without having first thought about end of life issues, considered your personal values, and discussed your end of life wishes with your family, physicians, attorney, and clergy. Any fields that you leave blank from your executed Advance Directive will be interpreted as intention and does not invalidate your form.

Idaho law provides for the preparation of a Physician Orders for Scope of Treatment (POST) form, which is appropriate in cases where a patient has an incurable or irreversible injury, disease, illness or condition, or is in a persistent vegetative state. It is like a do not resuscitate order, but broader. It must be obtained from, and signed by, your health care provider. If there is a conflict between the instructions included in an individual's POST and their living will and durable power of attorney for health care, the orders of the POST will be followed. We suggest you

speak to your health care provider if you are interested in obtaining this form.

For Idaho state statutes regarding advance directives, the Medical Consent and Natural Death Act, please visit the following websites: legislature.idaho.gov/statutesrules/idstat/title39/t39ch45/sect39-4510/ and legislature.idaho.gov/statutesrules/idstat/Title39/T39CH45/

If the state of Idaho makes any changes to the advance directive laws, Molina will provide updates within 90 days of the law going into effect. Molina is not required to implement an advance directive if, as a matter of conscience, Molina cannot implement an advance directive and State law allows any health care provider or any agent of the provider to conscientiously object.

For complaints regarding health care professionals:

Idaho Department of Health and Welfare
 P.O. Box 83720
 Boise, Idaho 83720-0036
 Phone: (208) 334-5754 (TTY/TDD: 711)

For complaints regarding health care facilities and hospitals:

Idaho Department of Health and Welfare
 Bureau of Facility Standards
 P.O. Box 83720
 Boise, Idaho 83720-0036
 Phone: (208) 334-6626, Option 4
 (TTY/TDD: 711)

Fraud, waste and abuse

Molina’s Fraud, Waste and Abuse Plan benefits Molina, its employees, members, providers, payers and regulators by increasing efficiency, reducing waste, and improving the quality of services. Molina takes the prevention, detection, and investigation of fraud, waste and abuse seriously, and complies with state and federal laws. Molina investigates all suspected cases of fraud, waste and abuse and promptly reports to government agencies when appropriate.

Molina takes the appropriate disciplinary action, including but not limited to, termination of employment, termination of provider status, and/or termination of membership.

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

For confidential reporting

Suspected member or provider fraud, waste, or abuse	Molina Healthcare Alert Line: (866) 606-3889 Online.secure.ethicspoint.com/domain/media/en/gui/75190/ Molina Healthcare of Idaho Attn: Compliance Officer 7050 S Union Park Center Ste. 200 Midvale UT 84047-4171
Suspected provider fraud, waste, or abuse	Medicaid Fraud Line: (208) 334-5754
Reporting elder abuse	Call 211 or adult protection at your local area agency

Fraud, waste and abuse definitions

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. (42 CFR §455.2)

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit for them or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR § 455.2)

Waste means 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. Here are some ways you can help stop fraud:

- Don't give your Molina ID card, Medical ID Card, or ID number to anyone other than a health care provider, a clinic, or hospital, and only when receiving care
- Never let anyone borrow your Molina ID card
- Never sign a blank insurance form
- Be careful about giving out your security number

Member 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. Molina wants to let you know how your information is used or shared.

Why does Molina use or share your Protected Health Information (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 share PHI as required or permitted by law

The above is only a summary. Our Notice of Privacy Practices gives more information about how we use and share our members' PHI. You may find our full Notice of Privacy Practices on our website at MolinaHealthcare.com. Call Member Services at (844) 809-8445 to help you with any questions you may have about the privacy of your health information. They can help you fill out forms that are needed to exercise your privacy rights.

Notice of nondiscrimination and language access

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex. Discrimination on the basis of sex includes sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes.

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters (including qualified sign language interpreters). (2) Written Information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes (1) Qualified oral interpreters. (2) Information translated in your language.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Molina Member Services at 1-844-809-8445 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 6 p.m. MT.

If you think we have failed to provide these services or have discriminated in another way on the basis of age, color, disability, national origin, race, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at: MolinaHealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: Civil.Rights@MolinaHealthcare.com
Website: MolinaHealthcare.AlertLine.com

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

Complaint forms are available here: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-809-8445 (TTY: 711).

Spanish

ATENCIÓN: Si usted habla español, tiene servicios de asistencia lingüística disponibles sin cargo alguno para usted. Llame al Departamento de Servicios para Miembros al 1-844-809-8445 (TTY: 711).

Chinese

收件人: 如果您講韓語,則免費提供語言協助服務。請致電會員服務部,電話: 1-844-809-8445 (TTY: 711).

Serbo-Croatian

PAŽNJA: ako govorite srpsko-hrvatski jezik, dostupne su vam besplatne usluge jezicne pomoci. Nazovite usluge za clanove na broj telefona 1-844-809-8445 (TTY: 711).

Korean

주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 현지 시간으로 월요일부터 금요일까지, 오전 8시부터 오후 8시까지 회원 서비스에 1-844-809-8445 (TTY: 711).

Nepali

सावधानी: यिद तपाईं न पाली बोनुछ भन, भाषा सहयता सवाहस मा तपाईंलाई उपल छन 1-844-809-8445 (TTY: 711)
मा सदस वाहको लाग कल गनहोस् 1

Vietnamese

LUU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho quý vị miễn phí. Gọi cho Dịch Vụ Thành Viên theo số 1-844-809-8445 (TTY: 711).

Arabic

بلع ءاضعلاً تامدخب لاصتلا نكمي أناجم ةيوغلا ةدعاسملا تامدخ كل رفوتتسف ،ةببر علا ةغلا يثدحتم نم تنك
اذإ :هابتنا مقرلا

(TTY: 711) 1-844-239-4913

German

ACHTUNG: Für Deutsch sprechende Personen stehen kostenlose Sprachassistenzsysteme zur Verfügung. Rufen Sie hierzu die Mitgliederbetreuung unter der Rufnummer 1-844-809-8445 (TTY: 711) an.

Tagalog

PAUNAWA: Kung gumagamit ka ng wikang Tagalog, maaari kang humingi ng mga serbisyo ng tulong sa wika nang libre. Tawagan ang Member Services sa 1-844-809-8445 (TTY: 711).

Russian

ВНИМАНИЕ! Если вы говорите по-русски, вам будут предоставлены услуги переводчика бесплатно. Позвоните в отделение обслуживания клиентов по тел.: 1-844-809-8445 (телетайп: 711).

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique sont gratuitement mis à votre disposition. Contactez les services aux membres au 1-844-809-8445 (TTY: 711).

Japanese

注:日本語をお話しになる場合は、無料の言語支援サービスをご利用いただけます。メンバーサービス1-844-809-8445 (TTY: 711)までお電話ください。

Romanian

ATENȚIE: Dacă vorbiți limba română, va stau la dispoziție servicii de asistență lingvistică, în mod gratuit. Apelați serviciile pentru membri la 1-844-809-8445 (TTY: 711).

Bantu

MENYA NEZA: Nimba ukoresha ururimi rw'ikibantu, ubwunganizi bw'urwo rurimi uburonswa ku buntu, . Akura abajejwe ivyo bikorwa kuri 1-844-809-8445 (TTY: 711).

Farsi

الاءضع المتمدخ با ندراد ارق ماش رستسد ددر انگایر رتوص به ی، نابز مکک مڤ بتحص سیراف بانز به گر هرامش قیرط زا 1-844-809-8445 (TTY: 711) تامدخ ،دینک . دیریگب سامت

Civil rights complaint/grievance form

To: CIVIL RIGHTS COORDINATOR	Date:	Time:
From (Last, First M.):	Address:	Telephone No.
FORWARDED VIA: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> AlertLine <input type="checkbox"/> Other		
MOLINA MEMBER: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Member ID Number:		
COMPLAINANT INFORMATION		
Name: (Last, First)		Telephone No.
Address: (No., Street, City, State and Zip)		
Signature:		Date:
How this Complaint/Grievance Was Submitted: <input type="checkbox"/> Walk-In <input type="checkbox"/> Telephone Contact <input type="checkbox"/> Letter <input type="checkbox"/> Other: (Please explain)		
COMPLAINT/GRIEVANCE		
Description of Complaint/Grievance: (Use and attach another page if necessary)		
For Internal Use Only: Received: _____ Investigator (Name, Title): -----		
Substantiated: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Partial		
Forwarded to (Name, Title):		

<p>Dept: _____</p> <p>Resolution Letter: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Date Sent: _____</p>
<p>Signature:</p> <p>Date:</p>

