



# HealthChoice Illinois MLTSS

## Molina Healthcare of Illinois Member Handbook

Effective Date: December 8, 2021

Member Services: (855) 687-7861

TTY/TDD: 711



# Welcome to the Molina Healthcare of Illinois Family!

## Intro to Plan:

Welcome to Molina Healthcare HealthChoice Illinois MLTSS! We are committed to treating you with respect and are committed to getting you the care you need.

You are now a Member of Molina Healthcare. 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 who to call

If you need this handbook in Spanish or another prevalent language or format, call Member Services. We can provide 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](http://www.MolinaHealthcare.com). You can also call Member Services at **(855) 687-7861, TTY 711**. Molina Healthcare staff is available to help you 8 a.m. to 5 p.m. Monday through 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.*

## **Important Phone Numbers & Contacts:**

Visit us on our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) for current information.

### **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**

(844) 644-6354 for reservations and day of ride assist

TTY/Illinois Relay Service: 711

### **Care Coordination**

(855) 687-7861

TTY/Illinois Relay Service: 711

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# Member Services:

Welcome to Molina Healthcare!

If you have questions, call Molina Healthcare Member Services. Our Member Services Department is ready to help you get the most from your health plan.

Member Services can help you:

- Understand your benefits
- Update your contact information
- Request a new ID card
- 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 through Friday. For those who are deaf or 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
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day – Open 8 a.m. until Noon
- Christmas Day
- New Year's Eve Day – Open 8 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 at, English (888) 275-8750, Español (866) 648-3537, TTY 711, 24 hours a day, seven days a week to answer questions about your health. Nurses are here to help you decide if you need to go to the emergency room, urgent care. They can help answer questions on your benefits after hours.

## What you'll find on our website

Visit our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) for current information. On our website you can:

- Find a provider or other in-network facilities near you
- Learn more about your benefits
- View the certificate of coverage and description 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](http://www.MolinaHealthcare.com).

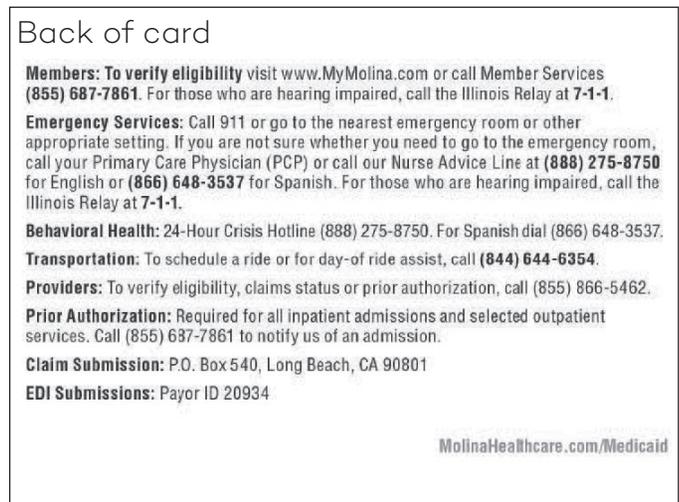
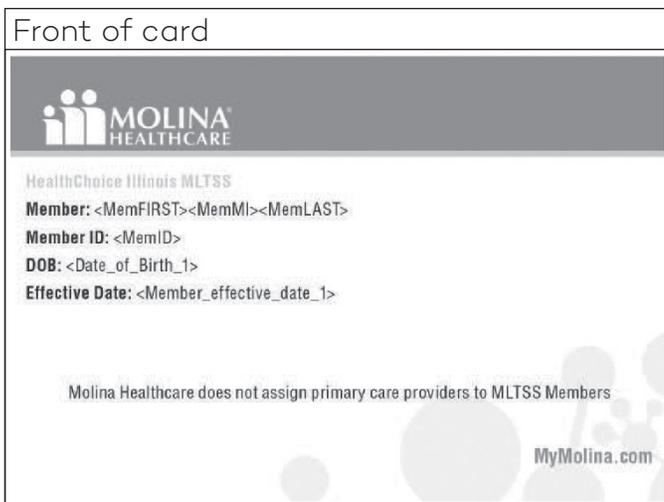
Please call Member Services at (855) 687-7861, Monday through Friday, 8 a.m. to 5 p.m.

# Member Identification (ID) Card:

You will 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. It has important phone numbers. You will need to show it when you get services.

## Information on you Member ID card:

- Your name
- Your date of birth (DOB)
- Plan Name
- State Medicaid ID #
- Effective Date
- Member Services #
- 24 hour Nurse Hot Line
- Behavioral health #
- Dental #
- Transportation #
- Name & Address of MCO
- Claim Submission P.O. Box 540, Long Beach, CA, 90801



Check to make sure the information on your card is correct. If anything on your card is wrong, visit [www.MyMolina.com](http://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 at [www.MyMolina.com](http://www.MyMolina.com). Visit [www.MyMolina.com](http://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 do not have your Member ID card yet, call Member Services.

## Open Enrollment:

Once each year, you can change health plans during a specific time called “Open Enrollment”. Client Enrollment Services (CES) will send you an open enrollment letter approximately 60 days prior to your anniversary date. Your anniversary date is one year from your health plan start date. You will have 60 days during your open enrollment to make a one plan switch by calling CES at 1(877) 912-8880. After the 60 days has ended, whether a plan switch was made or not, you will be locked in for 12 months. If you have questions about your enrollment or disenrollment with Molina Healthcare please contact the Client Enrollment Service (CES) at (877) 912-8880.

## Provider Network:

Molina offers a large provider network to help you get the care and services you need. Molina’s provider directory can help you find in-network providers. The provider directory lists the names, phone numbers and addresses of our in-network providers. Molina’s provider directory is on our website. Visit [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) to find our in-network providers. If you need a printed copy of the directory, or need help with picking a provider, call Member Services at (855) 687-7861.

## Scheduling Appointments:

It is very important that you keep appointments you make for covered services. Please call your provider at least a day before your appointment if you cannot keep an appointment. If you need help, please contact Members Services at (855) 687-7861, Monday through Friday, 8 a.m. to 5 p.m.

## Covered Services:

Molina Healthcare covers select outpatient mental/behavioral health services and non-emergency transportation. To see a list of covered services please view our Summary of Benefits Chart. The Description of Coverage has a complete list of covered services. Visit our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) for a copy.

You may also call Member Services at (855) 687-7861 for a printed copy. Some limitations and prior authorization requirements may apply.

## Managed Long Term Support & Services (MLTSS)

### Covered Services:

#### MLTSS Covered Services include:

- Mental health services like: Group and Individual Therapy, Counseling, Community Treatment, Medication Monitoring and more
- Alcohol and substance use services like: Group and Individual therapy, Counseling, Rehabilitation, Methadone services, Medication Monitoring and more
- Some transportation services to appointments
- Long Term Care services in skilled and intermediate facilities

# Covered Home and Community Based Services (Waiver clients only):

Here is a list of some of the medical services and benefits that Molina Healthcare covers Members who are in a Home and Community Based service waiver.

## **Department on Aging (DoA),** *Persons who are Elderly:*

- Adult Day service;
- Adult Day service Transportation;
- Homemaker;
- Personal Emergency Response System (PERS);

## **Department of Rehabilitative Services (DRS),** *Persons with Disabilities, HIV/AIDS:*

- Adult Day service;
- Adult Day service Transportation
- Environmental Accessibility Adaptations-Home;
- Home Health Aide;
- Nursing Intermittent;
- Skilled Nursing (RN and LPN);
- Occupational Therapy;
- Home Health Aide;
- Physical Therapy;
- Speech Therapy;
- Homemaker;
- Home Delivered Meals;
- Personal Assistant;
- Personal Emergency Response System (PERS);
- Respite;
- Specialized Medical Equipment and Supplies;

## **Department of Rehabilitative Services (DRS),** *Persons with Brain Injury:*

- Adult Day service;
- Adult Day service Transportation;
- Environmental accessibility Adaptations-Home;
- Supported Employment;
- Home Health Aide;
- Nursing, Intermittent;
- Skilled Nursing (RN and LPN);
- Occupational Therapy;
- Physical Therapy;

- Speech Therapy;
- Prevocational Services;
- Habilitation-Day;
- Homemaker;
- Home Delivered Meals;
- Personal Assistant;
- Personal Emergency Response System (PERS);
- Respite;
- Specialized Medical Equipment and Supplies;
- Behavioral Services (M.A. and PH.D.)

### **HealthCare and Family Services (HFS), *Supportive Living***

- Assisted Living

### **Limited Covered Services:**

- Health plan may provider sterilization services only as allowed by State and federal law.
- If Health plan provides a hysterectomy, Health plan shall complete HFS Form 1977 and file the completed form in the Enrollee's medical record.

### **Non-Covered Services:**

Here is a list of some of the medical services and benefits that Molina Healthcare does not cover:

- Services that are experimental or investigational in nature;
- Services that are provided by a non-Network Provider and not authorized by your health plan
- Services that are provided without a required referral or required prior authorization;
- Elective cosmetic surgery
- Infertility care
- Any service that is not medically necessary
- Services provided through local education agencies
- Early Intervention Services, including Care Management
- Services funded through the Juvenile Rehabilitation Services Matching Fund
- Services such as assisted suicide

For additional information on services, please contact Member Services at (855) 687-7861, Monday through Friday, 8 a.m. to 5 p.m., or visit [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

### **Transportation Services:**

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

To arrange a ride, or if you have questions call (844) 644-6354, TTY 711. Call as soon as possible to schedule your ride, but no later than 72 hours before your appointment.

Molina Healthcare may not be able to schedule your transportation if you do not call at least 72 hours before your appointment.

## Cost Sharing:

This plan contains no cost sharing obligations.

## Care Coordination:

Living with health problems can be hard. Molina Healthcare has case managers to help you. Case managers are medical or behavioral health professionals.

The care coordination program can help you to:

- Make and update care plans to meet your health care needs
- Help set up appointments for covered mental health and behavioral health services
- Identify any gaps in your care
- Help coordinate your care with your providers for Long Term Care
- Understand the benefits and services you get as a Molina Healthcare Member through the Home and Community Based Waiver Services program

To learn more about Molina Healthcare's care coordination program, call Member Services at (855) 687-7861.

## 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. An advance directive is a written decision you make about your health care in the future in case you are so sick you can't make a decision at that time. In Illinois there are four types of advance directives:

- **Healthcare Power of Attorney** - This lets you pick someone to make your health care decisions if you are too sick to decide for yourself.
- **Living Will** - This tells your doctor and other providers what type of care you want if you are terminally ill which means you will not get better.
- **Mental health Preference** - This lets you decide if you want to receive some types of mental health treatments that might be able to help you.
- **Do Not Resuscitate (DNR) order** - This tells your family and all your doctors and other providers what you want to do in case your heart or breathing stops.

You can get more information on advance directives from your health plan or your doctor. If you are admitted to the hospital they might ask you if you have one. You do not have to have one. You do not have to have one to get your medical care but most hospitals encourage you to have one. You can choose to have any one or more of these advance directives if you want and you can cancel or change it at any time.

- 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.
- Once you have received and filled out your advance directive forms and properly signed them, keep them in a safe place and provide copies to your PCP and family members.
- 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. They can be reached at (855) 687-7861, Monday through Friday, 8 a.m. to 5 p.m.

## Grievance & Appeals:

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.

### Grievances

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.

If the grievant is a customer of the Vocational Rehabilitation (VR) program, the grievant may have the right to the assistance of the DHS-ORS Client Assistance Program (CAP) in the preparation, presentation and representation of the matters to be heard.

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. You can also file your grievance in writing via mail or fax at:

Molina Healthcare of Illinois  
Attn: Grievance and Appeals Dept.  
1520 Kensington Road, Suite 212  
Oak Brook, IL 60523  
Fax: (855) 502-5128

In the grievance letter, give us as much information as you can. 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. 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 work to resolve your grievance right away. If we cannot, we may contact you for more information.

## Appeals

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get a “Adverse Benefit Determination” 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

You may not agree with a decision or an action made by Molina Healthcare about your services or an item you requested. 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 Adverse Benefit Determination form. If you want your services to stay the same while you appeal, you must say so when you appeal. You must file your appeal no later than **ten (10) calendar days** from the date on our Adverse Benefit Determination form. 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

### 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  
1520 Kensington Road, Suite 212  
Oak Brook, IL 60523  
Fax: (855) 502-5128

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

### **Can someone help you 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 primary care provider or a family member, for example.
- Choose to be represented by a legal professional.

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. You may find this form on our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

### **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 Adverse Benefit Determination, 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 Adverse Benefit Determination, 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 Adverse Benefit Determination 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 your request meets expedited criteria and 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 **one hundred-twenty (120) 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. To appoint someone to represent you, send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information.

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.
- Visit <https://abe.illinois.gov/abe/access/appeals> to set up an ABE Appeals Account and submit a State Fair Health Appeal online. This will allow you to track and manage your appeal online, viewing important dates and notices related to the State Fair Hearing and submitting documentation.

- 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  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602  
Fax: (312) 793-2005  
Email: [HFS.FairHearings@illinois.gov](mailto:HFS.FairHearings@illinois.gov)

Or you may call (855) 418-4421, TTY: (800) 526-5812

- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:

Illinois Department of Human Services  
Bureau of Hearings  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602  
Fax: (312) 793-8573  
Email: [DHS.HSPApeals@illinois.gov](mailto:DHS.HSPApeals@illinois.gov)

Or you may call (800) 435-0774, TTY: (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. If you set up an account at <http://abe.illinois.gov/abe/access/appeals> you can access all letters related to your State Fair Hearing process through your ABE Appeals Account. You can also upload documents and view appointments.

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.

## 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 we deny your request to reset your hearing, you will receive a letter in the mail informing you of our 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. The Decision will also be available online through your ABE Appeals Account. 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 Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/Aids Waiver; or the Home Services Program.

## **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: (855) 502-5128

## 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 acknowledgment 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 time frame 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 the 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.

## Rights & Responsibilities:

### Your rights:

- Be treated with respect and dignity at all times.
- Have your personal health information and medical records kept private except where allowed by law.

- Be protected from discrimination.
- Receive information from Molina Healthcare in other languages or formats such as with an interpreter or Braille.
- Receive information on available treatment options and alternatives
- Receive information necessary to be involved in making decisions about your healthcare treatment and choices.
- Refuse treatment and be told what may happen to your health if you do.
- Receive a copy of your medical records and in some cases request that they be amended or corrected.
- Choose your own primary care provider. You can change your PCP at any time.
- File a complaint (sometimes called a grievance), or appeal without fear of mistreatment or backlash of any kind.
- Request and receive in a reasonable amount of time, information about your health plan, its providers and policies.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

### **Your responsibilities:**

- Treat your provider and the office staff with courtesy and respect.
- Carry your Molina Healthcare ID card with you when you go to your appointments.
- Keep your appointments and be on time for them.
- If you cannot keep your appointments cancel them in advance.
- Follow the instructions and treatment plan you get from your doctor.
- Tell your health plan and your caseworker if your address or phone number changes.
- Read your member handbook so you know what services are covered and if there are any special rules.

### **Fraud, Waste and Abuse:**

If you suspect cases of fraud, waste, or abuse, you must report it by contacting the Molina Healthcare AlertLine. AlertLine is an external telephone and web based reporting system hosted by NAVEX Global, a leading provider of compliance and ethics hotline services. AlertLine telephone and web based reporting is available 24 hours a day, 7 days a week, 365 days a year. When you make a report, you can choose to remain confidential or anonymous. If you choose to call AlertLine, a trained professional at NAVEX Global will note your concerns and provide them to the Molina Healthcare Compliance Department for follow-up. If you elect to use the web-based reporting process, you will be asked a series of questions concluding with the submission of your report. Reports to AlertLine can be made from anywhere within the United States with telephone or internet access.

Molina Healthcare AlertLine can be reached toll free at 1(866) 606-3889, TTY 711 or you may use the service's website to make a report at any time at

**<https://molinahealthcare.alertline.com>.**

You may also report cases of fraud, waste or abuse to Molina Healthcare of Illinois Compliance Department. You have the right to have your concerns reported anonymously without fear of retaliation.

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

### **How to report abuse, neglect, exploitation and other critical incidents:**

Fraud, Waste and Abuse, in addition to Neglect are all incidents that need to be reported. Fraud occurs when someone receives benefits or payments they are not entitled to. Some other examples of fraud are:

- To use someone else's ID card or let them use yours.
- A provider billing for services that you did not receive.

Abuse is when someone causes physical or mental harm or injury. Here are some examples of abuse:

- Physical abuse is when you are harmed such as slapped, punched, pushed or threatened with a weapon.
- Mental abuse is when someone uses threatening words at you, tries to control your social activity, or keep you isolated.
- Financial abuse is when someone uses your money, personal checks or credit cards without your permission.
- Sexual abuse is when someone is touching you inappropriately and without your permission.

Neglect occurs when someone decides to hold the basic necessities of life such as food, clothing, shelter or medical care.

If you believe you are a victim you should report this right away. You can call member services at (855) 687-7861. You may also call one of the following 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).

Suspected fraud and abuse may also be reported directly to the State at:

Illinois State Police  
Medicaid Fraud Control Unit  
8151 W. 183rd Street, Suite F  
Tinley Park, Illinois 60477

## 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 [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

## Definitions:

**Appeal** means a request for your health plan to review a decision again.

**Co-payment** means a fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Emergency Medical Condition** means an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Emergency Services** means the evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

**Excluded Services** means health care services that your health insurance or plan doesn't pay for or cover.

**Grievance** means a complaint that you communicate to your health plan.

**Habilitation Services and Devices** means services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

**Home Health Care** means health care services a person receives at home.

**Hospice Services** means services to provide comfort and support for persons in the last stages of a terminal illness and their families.

**Hospitalization** means care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Hospital Outpatient Care** means care in a hospital that usually doesn't require an overnight stay.

**Medically Necessary** means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

**Out of Network** means providing a beneficiary with the option to access plan services outside of the plan's contracted network of providers. In some cases, a beneficiary's out-of-pocket costs may be higher for an out-of-network benefit.

**Prior Authorization** means a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It is sometimes called pre-authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

**Rehabilitation Services and Devices** means health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**Skilled Nursing Care** means nursing services provided within the scope of the Illinois Nurse Practice Act (225 ILCS 65/50-1 et seq.) by registered nurses, licensed practical nurses, or vocational nurses licensed to practice in the State.

**Specialist** means a physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

**Urgent Care** means care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.





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.





## Authorization for the Use and Disclosure of Protected Health Information

Name of Member: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Member Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**I hereby authorize the use or disclosure of my protected health information as described below.**

1. Name of persons/organizations authorized to make the requested use or disclosure of protected health information:

\_\_\_\_\_  
Molina Healthcare  
\_\_\_\_\_

2. Name of persons/organizations authorized to receive the protected health information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Specific description of protected health information that may be used/disclosed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The protected health information will be used/disclosed for the following purpose(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The person/organization authorized to use/disclose the protected health information will receive compensation for doing so. Yes \_\_\_ No X

6. I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment, payment for or coverage of services, or ability to obtain treatment, except as provided under numbers 7 and 8 on this form.

7. Molina Healthcare may condition the provision of research related treatment on my provision of an authorization for the use or disclosure of PHI for such research.

8. If the purpose of this authorization is to disclose health information to another party based on health care that is provided solely to obtain such information, and I refuse to sign this authorization, Molina Healthcare reserves the right to deny that health care.
9. I understand that I have a right to receive a copy of this authorization, if requested by me.
10. I understand that I may revoke this authorization at any time by notifying Molina Healthcare in writing, except to the extent that:
  - a) action has been taken in reliance on this authorization; or
  - b) if this authorization is obtained as a condition of obtaining health care coverage, other law provides the health plan with the right to contest a claim under the benefits or coverage under the plan.
11. I understand that the information I authorize a person or entity to receive may be no longer protected by federal law and regulations.
12. This authorization expires on the following date or event\* \_\_\_\_\_  
*\*If no expiration date or event is specified above, this authorization will expire 12 months from the date signed below.*

\_\_\_\_\_  
 Signature of Member or Member's Personal Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Member or Member's Personal Representative

\_\_\_\_\_  
 Relationship to Member or Representative's Authority to act for the Member, if applicable

***A copy of this signed form will be provided to the member, if the authorization was sought by Molina Healthcare***

Molina Healthcare of Illinois (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Molina provides free aids and services to people with disabilities to communicate effectively with us, such as.

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need services, contact the Civil Rights Coordinator. If you believe that Molina has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802  
Email: [Civil.Rights@MolinaHealthcare.com](mailto:Civil.Rights@MolinaHealthcare.com)

You can file a grievance in person or by mail or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available 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  
(800) 368-1019, (800) 537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English	<b>ATTENTION:</b> If you speak English, language assistance services, free of charge, are available to you. Call 1-855-687-7861 (TTY: 711).
Spanish	<b>ATENCIÓN:</b> si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-687-7861 (TTY: 711).
Polish	<b>UWAGA:</b> Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-687-7861 (TTY: 711).
Chinese	<b>注意:</b> 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-687-7861 (TTY: 711)。
Korean	<b>주의:</b> 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-7861 (TTY: 711) 번으로 전화해 주십시오.
Tagalog	<b>PAUNAWA:</b> Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-687-7861 (TTY: 711).
Arabic	<b>ملحوظة:</b> إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-687-7861 (رقم هاتف الصم والبكم: 711).
Russian	<b>ВНИМАНИЕ:</b> Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-687-7861 (телетайп: 711).
Gujarati	<b>સુચના:</b> જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષ સહાય સેવાઓ તમારા માટે ઉપલબ્ છે. ફોન કરો 1-855-687-7861 (TTY: 711).
Urdu	<b>خبردار:</b> اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1855-687-7861 (TTY: 711).
Vietnamese	<b>CHÚ Ý:</b> Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-687-7861 (TTY: 711).
Italian	<b>ATTENZIONE:</b> In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-687-7861 (TTY: 711).
Hindi	<b>ध्यान दें:</b> यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-687-7891 (TTY: 711) पर कॉल करें।
French	<b>ATTENTION :</b> Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-687-7861 (TTY : 711).
Greek	<b>ΠΡΟΣΟΧΗ:</b> Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-687-7861 (TTY: 711).
German	<b>ACHTUNG:</b> Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-687-7861 (TTY: 711).



