Welcome to the **Molina Family.**

Member Handbook
Molina Healthcare of Illinois
Integrated Care Program

MolinaHealthcare.com

MOLINA® HEALTHCARE
Your Extended Family.

Table of Contents

Important Phone Numbers

Member Services
(855) 766-5462
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)766-5462
TTY/Illinois Relay Service: 711

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

Welcome to Molina Healthcare!

You are now a Member of Molina Healthcare of Illinois (Molina). Molina Healthcare is a health care plan, also known as a Managed Care Organization (MCO), which provides services to Seniors and Persons with Disabilities (SPD) Medicaid consumers under the Integrated Care Program. We are committed to treating you and your family with respect and getting you the care you need.

This handbook is your guide to your benefits. Please read it carefully, as it explains:

- The process for getting health care services
- Important information on the extra benefits that are available to you as a Member
- Contact information so that you know whom to call

Language Help

This Member handbook is also printed in Spanish. The English and Spanish versions are on our website at www.MolinaHealthcare.com. You may call Member Services to request a printed copy of this handbook in Spanish at no cost to you. For Members who are hearing impaired, call the Illinois Relay Service at 711 for help at no cost to you.

If you have any problems in reading or understanding this or any other Molina Healthcare information, please call Member Services at (855) 766-5462 or TTY 711 for help. We can explain the information orally, in English or in your primary language, or print it in your primary language or in certain ways. These services are free.

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) 766-5462 para recibir ayuda.

Interpretive Services

We offer interpretive services, translation and language help if you need them. These services are free and available through our Member Services at (855) 766-5462. We will help connect you to someone who speaks your language or in a way you may understand. For Members who are hearing impaired, call the Illinois Relay Service at 711 for free help.

Member Services Department

If you have any questions, call Molina Healthcare Member Services. For example, Member Services representatives can help you:

- Understand your benefits
- Update your contact information
- Request a new ID card
- Schedule transportation
- Pick a Primary Care Provider (PCP)

You can contact Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711) from 8 a.m. to 5 p.m., Monday through Friday.

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

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

This handbook is also posted at www.MolinaHealthcare.com. You may request printed copies of information on our website by calling Member Services at (855) 766-5462 or TTY 711.

MyMolina.com

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

- Change your address or phone number
- Find a Molina Healthcare network provider
- Change your Primary Care Provider (PCP)
- Request a new ID card.
- Your ID card can be printed at home, if necessary
- File a complaint

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

The Molina Healthcare office is closed on the following days:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day – Open 8 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.

Identification (ID) Cards

When you became a Member, you should have received a Molina Healthcare Member ID card in the mail. This card replaces your HFS medical card. This card is good for as long as you are a Molina Healthcare Member. You will not receive a new card each month as you did with the HFS medical card.

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

- Your name
- Your date of birth (DOB)
- Your Molina Healthcare Member identification number (ID#)
- Your Primary Care Provider's (PCP) name
- Your PCP office phone number
- The identifiers for Molina Healthcare's prescription benefit

On the back of your ID card will be:

- Member Services phone number
- Molina Healthcare's 24-hour Nurse Advice Line toll-free number
- Important information for your providers and doctors

Always Keep Your ID Card With You

You will need your ID card each time you get medical services. This means you need your Molina Healthcare ID card when you:

- See your Primary Care Provider (PCP)
- See a specialist or other provider
- Go to an emergency department
- Go to an urgent care facility
- Go to a hospital for any reason
- Get medical supplies
- Get a prescription
- Have medical tests

If you have not received your ID card yet, call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711).

If any of the information on the ID card is wrong or you lose your ID card, visit www.MyMolina.com to update your information, print a temporary ID card or request a new ID card. You may also call Member Services.

Check to make sure the Primary Care Provider (PCP) listed on your ID card is correct. If the PCP on your ID card is not the PCP you are seeing, visit www.MyMolina.com to change your PCP. You may also call Member Services. The representative will make sure that your provider is a network provider and will send you an updated ID card. If you would like to see a different PCP than the one listed on your ID card visit www.MyMolina.com or call Member Services for help selecting a network provider.

Provider Directory

Molina Healthcare's provider directory is online at www.MolinaHealthcare.com.

- It lists the names, phone numbers and addresses of our network Primary Care Providers (PCP)
- It lists specialists, urgent care centers, hospitals and other providers in your area.
- You can also use it to find a dentist, pharmacy or vision care provider.

If you need a printed copy of the provider directory, or if you would like help with picking a provider, call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711).

New Member Information

Transition of Care

If you were on Medicaid fee-for-service the month before you became a Molina Healthcare Member and have health care services already prior authorized or scheduled, it is important to call Member Services today or as soon as possible. In certain situations, for 90 days after you enroll, we may allow you to get care from a provider that is not a Molina Healthcare network provider. This is called transition of care. We may allow this transition-of-care period to ensure you get the care you need.

We may also allow you to continue to receive services that were authorized by Medicaid fee-for-service. However, you must call Molina Healthcare before you receive the care. If you do not call us, you may not be able to receive the care or the claim may not be paid. For example, call Member Services at (855) 766-5462 or TTY 711 if you have the following services already authorized or scheduled:

- Organ, bone marrow, or hematopoietic stem cell transplant
- Third trimester prenatal (pregnancy) care, including delivery
- Inpatient/outpatient surgery
- Appointment with a primary or specialty provider
- Chemotherapy or radiation treatments
- Treatment following discharge from the hospital in the last 30 days
- Non-routine dental or vision care (for example, braces or surgery)
- Medical equipment
- Services you receive at home, including home health, therapies, and nursing

After you enroll, Molina Healthcare will tell you if any of your current medications require prior authorization (PA) that did not require authorization when they were paid by Medicaid fee-for-service. It is very important that you look at the information we provide and contact Member Services if you have any questions. You can visit www.MolinaHealthcare.com to find out if your medication(s) require prior authorization. You may need to ask your prescribing provider's office to submit a prior authorization request to us if it is needed. If your medication(s) requires prior authorization, you cannot get the medication(s) until your provider submits a request to Molina Healthcare and it is approved.

Waiver Programs

The Illinois Department of Human Services (DHS) has waiver services available for Members who qualify. DHS performs an assessment, called a Determination of Need (DON), to see if a Member qualifies for waiver services. If a Member qualifies for waiver services, the Member will be able to get additional home and community-based

services. These services help Members live independently. Molina Healthcare covers the waiver services in addition to your medical health care benefits.

Members who qualify will get a Waiver Program Handbook (Long Term Services and Supports) with more information in their new Member welcome packet. The Waiver Program Handbook is also posted on www.MolinaHealthcare.com.

24-Hour Advice Lines

Nurse Advice Line

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

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

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

Molina Healthcare's 24-Hour Nurse Advice Line
English: (888) 275-8750
Español: (866) 648-3537
TTY: (866) 735-2929

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

Molina Healthcare's 24-Hour Behavioral Crisis Line
English: (888) 275-8750
Español: (866) 648-3537
TTY: (866) 735-2929

Your Medical Home

One of the most important steps in taking care of your health is establishing a medical home. When you choose a Primary Care Provider (PCP), you are choosing a medical home.

Your PCP is the doctor who will help you with most of your medical needs. Your PCP will give you care, offer advice, and refer you to a specialist when necessary. You have the right to pick a PCP who meets your needs and who you are comfortable with. When you do this, you can develop a lasting relationship that will create a health care partnership for years to come.

Choosing a Primary Care Provider (PCP)

Each Molina Healthcare Member must pick a Primary Care Provider (PCP) from Molina Healthcare's provider

network. Your PCP is your personal doctor. If you do not pick a PCP, one is assigned to you. Refer to our provider directory for a list of our network providers. Access the provider directory at www.MolinaHealthcare.com.

Your PCP can be:
- An individual provider
- A provider group
- An advanced practice nurse or advanced practice nurse group trained in family medicine (general practice)
- A specialist or an internal medicine practitioner

Your PCP will work with you to direct your health care. Your PCP will treat you for most of your routine health care needs. If needed, your PCP will send you to other doctors (specialists) or admit you to the hospital. A referral from your PCP is needed to see a specialist, except if the specialist is a Women's Health Care Provider (WHCP). Women may self-refer to a WHCP and have a WHCP in addition to your PCP. Women may change their WHCP at any time.

Sometimes, a specialist may be your PCP. If you and your specialist believe that he or she should be your PCP, you or your specialist must call Molina Healthcare Member Services. Our Member Services will assist you in requesting the PCP change. If it is approved, we will send you a new ID card with the specialist provider listed as your PCP.

The *How to Pick a PCP Checklist* on the back cover of this handbook can help you pick a PCP. You may also call Member Services for help in picking a PCP. The PCPs contracted with Molina Healthcare are listed in the provider directory. Access the provider directory online at www.MolinaHealthcare.com or can be access through your My Molina account.

If you do not pick a PCP, Molina Healthcare will pick one for you. When we pick your PCP for you, we will take your home address and the language you speak into consideration. However, we prefer you pick your own PCP. You are the person who can best make the decision.

Once you have a PCP, schedule a checkup soon, even if you are not sick. During the appointment, you will have a chance to get to know your PCP and to ask questions that will help you develop a good relationship. The *First Visit Checklist* attached to the back cover of this handbook will help you prepare for your appointment.

You can reach your PCP by calling the PCP's office. Your PCP's name and telephone number are printed on your Molina Healthcare ID card.

If you would like to know more about your PCP or other Molina Healthcare providers, visit www.MolinaHealthcare.com or call Member Services at (855) 766-5462 or TTY 711. You can get information about your provider's professional qualifications, such as:
- The medical school he or she attended
- Where he or she completed residency
- Board certification status
- The languages your provider speaks

You can use the Internet to view the provider directory online. Did you know the Internet is free at most public libraries? If you need help learning to use the Internet, ask your librarian. If you would like printed copies of any of the information you see on Molina Healthcare's website, please call Member Services at (855) 766-5462 or TTY 711. The information is available in English and can be provided in your primary language on request.

Changing Your PCP

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

If for any reason you want to change your PCP, you may change your PCP online at www.MyMolina.com or by calling Member Services. Your PCP must be a network provider. Our in-network providers are listed online in our provider directory at www.MolinaHealthcare.com.

After you make the change online or by calling Member Services, your new PCP will be effective within 30 days. Molina Healthcare will send you a new ID card to let you know that your PCP has been changed and the date you can start seeing the new PCP. Our network PCPs are listed in our provider directory. You may see our provider directory online at www.MolinaHealthcare.com. If you would like help to choose a provider, call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711).

Getting Medical Services

Remember you must receive services covered by Molina Healthcare from in-network facilities and providers. See pages 16-20 for information on services covered by Molina Healthcare. The only time you can use providers that are not on Molina Healthcare's network is for:

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

Molina Healthcare network providers are listed in our provider directory. Access the provider directory at www.MolinaHealthcare.com. The provider directory also lists other non-panel providers you can use to receive services.

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

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

Emergency Services

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

Some examples of when emergency services are needed include:

- Miscarriage/pregnancy with vaginal bleeding
- Seizures or convulsions
- Unusual or excessive bleeding
- Unconsciousness
- Overdose
- Poisoning

- Severe burns
- Broken bones
- Chest pain
- Difficulty breathing

If you are not sure if you need to go to the emergency room, call your Primary Care Provider (PCP) or Molina Healthcare's 24-Hour Nurse Advice Line at (888) 275-8750. For Spanish, call (866) 648-3537. For Members who are hearing impaired, call TTY at (866) 735-2929 or Illinois Relay Service at 711. Your PCP or our registered nurses can give you advice on what you should do.

We cover emergency care both in and out of our service area. Emergency care is available 24 hours a day, 7 days a week. You do not need a referral to receive emergency care. You do not have to contact Molina Healthcare for prior authorization to get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. For a list of places providing emergency care, view our provider directory online at www.MolinaHealthcare.com or call Member Services.

Remember, if you need emergency services:
- Go to the nearest hospital emergency room or other appropriate setting. Be sure to tell them that you are a Member of Molina Healthcare, and show them your ID card.
- If the provider who is treating you for an emergency takes care of your emergency, but thinks you need other medical care to treat the problem that caused your emergency, the provider must call Molina Healthcare.
- After an emergency room visit, contact your PCP to make an appointment for follow-up care. Do not go to the emergency room for follow-up care.
- If the hospital has you stay, please make sure that Molina Healthcare is called within 24 hours.

Post-stabilization services are Medicaid-covered services provided after an emergency medical problem is under control. These services may be used to improve or resolve your condition. They may be provided in a hospital or office setting. For a list of places providing post-stabilization services, view our provider directory online at www.MolinaHealthcare.com or call Member Services at (855) 766-5462 or TTY 711.

If you have called 911 or accessed emergency care, you must notify Molina Healthcare **WITHIN 24 HOURS,** or as soon as reasonably possible, so your care can be coordinated. You can also have a family member or friend call on your behalf.

Mental Health Emergency Care

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

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

Here are some examples of mental health emergencies:
- Suicide attempt
- Thoughts of suicide
- Thoughts or actions of harming another person

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

Behavioral Health Crisis Line
English: (888) 275-8750
Español: (866) 648-3537
TTY for Members who are hearing impaired: 711

After-Hours or Non-Emergency Care

Non-emergency care and urgent care is when you need care right away, but you are not in danger of lasting harm or losing your life. Examples of non-emergency care and urgent care are:

- Illnesses
- Injuries
- Dore throats
- Flu
- Ear infections
- Migraines
- Headaches
- Bladder infections
- Back pain
- Minor accidents and falls

During normal business hours, you may call your provider's office to schedule an appointment or ask questions about your care. Your PCP's phone number is on your ID card. Sometimes your provider's office is closed. Or your provider cannot see you right away. Here are steps you can take to stop your injury or illness from getting worse:

1. Call your PCP for advice. Even if your provider's office is closed, the office has someone available 24 hours a day, 7 days a week who will let you know what to do.
2. If you cannot reach your provider's office, call Molina Healthcare's 24-Hour Nurse Advice Line at (888) 275-8750. For Spanish, call (866) 648-3537. Nurses are always available to answer your questions.
3. Go to a network urgent care center. Network urgent care centers are listed in the provider directory. You do not need permission from a provider to go to an urgent care center. If you visit an urgent care center, always call your PCP after your visit to schedule follow-up care.

Call your dedicated case manager as soon as possible so he or she can help you coordinate your care and assist with any needed follow up.

Where to Go For Medical Services

Quick Reference Chart

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

Type of Care Needed	Where to Go and Whom to Contact
Emergency care **Emergencies may involve, but are not limited to:** • **Miscarriage/pregnancy with vaginal bleeding** • **Seizures or convulsions** • **Unusual or excessive bleeding** • **Unconsciousness** • **Overdose / Poisoning** • **Severe burns** • **Broken bones** • **Chest pain** • **Difficulty breathing**	Call 911 if it is available in your area or go to the nearest emergency department. 911 is the local emergency telephone system available 24-hours a day, 7 days a week. Call the Poison Control Center at (800) 222-1222.
Urgent care and non-emergency treatment **When you need care right away, but you are not in danger of lasting harm or losing your life** **For an illness or injury, such as a sore throat, the flu or a headache**	Call your PCP to request an appointment. You can expect an appointment within two days of the date you called. Even if your PCP's office is closed, your PCP will have an answering service available 24 hours a day, 7 days a week. Leave a message and someone will call you back and tell you what to do. You can also go to an urgent care center if you have an urgent need and your provider cannot see you right away. For urgent care centers near you, visit our provider directory online at www.MolinaHealthcare.com.
Routine Care **Such as an annual checkup, physical exam, wellness visit or immunizations**	Call your PCP to request an appointment. You can expect an appointment within five weeks of the date you called.
Family Planning and Women's Health Services	You do not need a referral to receive Women's Health or Family Planning Services. You can go directly to your PCP, a Women's Health Care Provider (WHCP) listed in the provider directory, Certified Nurse Midwife, or Qualified Family Planning Provider to receive these services. You can expect an appointment within five weeks of the date you called.
Specialist appointments	Call your PCP first. Your provider will give you a referral if needed. You should get an appointment within eight weeks of the date you called.

Type of Care Needed	Where to Go and Whom to Contact
Behavioral Health, Mental Health and Substance Abuse Services	Access our provider directory online at www.MolinaHealthcare.com to find a network provider near you. Or call Member Services at (855) 766-5462 to locate a provider. Outpatient behavioral health services do not require prior authorization. Call or visit any of the following facilities: • Community mental health center • Division of Mental Health (DMH) facility • Division of Alcoholism and Substance Abuse (DASA) facility, or • Illinois Department of Human Services (DHS) facility You may also call your PCP for a referral or self-refer yourself to an in-network behavioral health provider or facility. To locate a mental health office near you, visit www.dhs.state.il.us and use the "DHS Office Locator" or call the DHS Help Line at (800) 843-6154.

Care Coordination Program

Molina Healthcare's care coordination program can help you get the care and medical services you need. The professionals who work in the care coordination program are called case managers, also known as care coordinators. All case managers are nurses or social workers. As a Molina Healthcare Member, you will have a dedicated case manager to assist you.

To help you, we will need to learn more about you. Soon after you become a Molina Healthcare Member, we will call you to get you know you. We will ask you questions about your health and lifestyle. This is called a health assessment. The assessment will help us determine how care coordination can assist you. We will complete a health assessment as often as needed, but at least once a year.

Your case manager will work with your providers, other health care professionals and support staff to create and update your care plan. Your care plan is a written plan that details needed medical and other services to manage your health care needs. These professionals make up your integrated care team. The integrated care team will help everything run smoothly by bringing together the health care and additional assistance services you need to manage your health. Several times a year, your case manager will contact you. He or she will review your care plan and make sure you are getting the care you need. We will work with you either face-to-face or by telephone.

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

- Asthma
- Behavioral and mental health disorders
- Cancer
- Chemical dependency
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)

- Diabetes
- High blood pressure
- High-risk pregnancy
- Kidney disease
- Sickle cell anemia
- Terminal illness

To be connected to your case manager, call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711) and a representative will be able to connect you.

If you do not want to be in the care coordination program, call Member Services and tell us you do not want to be part of the program.

Notify Molina Healthcare if you learn that you are pregnant so that you get all of the information and support that you will need for a healthy pregnancy.

Covered Services by Molina Healthcare

Molina Healthcare covers all medically necessary Medicaid-covered services. The services covered by Molina Healthcare are covered at no cost to you. The summary of benefits chart helps you know which services are covered. Some limitations and prior authorization requirements may apply.

Molina Healthcare wants you to get the care you need. Sometimes your provider may need to ask us to approve the service before you receive the service (prior authorization), while you are receiving services (concurrent) or after you have got the service (post-service). We will work with your provider to decide if you need the services. We call this process Utilization Management (UM). We make choices about your care based on medical need and your benefits. We do not reward providers or others to deny coverage for services you need. We do not pay extra money to providers or our UM staff to make choices that result in giving less care.

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

If you have questions about a PA request, call Member Services at (855) 766-5462 or TTY 711. Molina Healthcare staff is available to help you between 8 a.m. and 5 p.m., Monday through Friday. After business hours, you can leave a message. Your call will be returned the next business day.

There are other times when your Primary Care Provider (PCP) may give you a referral. A referral is a request from a PCP for you to see a specialist. A specialist is a provider who focuses on a particular kind of health care. To receive care from a specialist, your PCP must refer you. This also ensures your care is coordinated.

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

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

Summary of Benefits Chart

Molina Healthcare covers medically-necessary Medicaid-covered services. This chart is a complete list of services Molina Healthcare covers. It also helps you know services that require prior authorization (PA). If you have any questions, call Member Services at (855) 766-5462 or TTY 711

Service	Coverage & Benefit Limitations	Prior Authorization (PA)
Advanced Practice Nurse services	Covered benefit	PA is not required for in-network providers
Ambulatory surgery (e.g. outpatient surgery)	Covered benefit	Some ambulatory surgeries require PA.
Chiropractic services	Limited to Members 19 and 20 years of age for the treatment of the spine by manual manipulation. Not covered for Members 21 and over	PA is not required
Dental services	Dental services, including oral surgery, X-rays, sealants, fillings, crowns (caps), root canals, dentures and extractions (pulling), for Members 19 and 20 years of age. Dental exams (1 per year for Members 19 and 20 years of age). One cleaning every six (6) months for Members 19 and 20 years of age. Dental services for adults (ages 21 and older) include limited exams, comprehensive exams (1 per lifetime), dentures, extractions (pulling), restorations and sedation. One cleaning per calendar year for Members 21 years of age and older. Pregnant women are eligible for periodic exams, cleanings, and deep cleanings. Practice visits for individuals with developmental disabilities and serious illness. Some limitations apply	PA is required
Emergency dental services	Covered benefit	PA is not required

Service	Coverage & Benefit Limitations	Prior Authorization (PA)
Diagnostic services (x-ray, lab)	Covered benefit	Selected Diagnostic services (including CT scans, MRIs, MRAs, PET Scans, and SPECT, genetic testing) require PA. Lab services no PA required
Durable Medical Equipment (DME)	Covered benefit	Some durable medical equipment items require PA.
Emergency services	Covered benefit See the "Where to go for Medical Services Chart" to learn more on when to use urgent care services	PA is not required.
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)() services	Covered for Members 19 and 20 years of age. Excludes shift nursing serving for Members in the Medically Fragile and Technology Dependent (MFTD) waiver or Long Term Services and Supports waivers	PA is not required
Family planning services and supplies	Covered benefits include: • Yearly exam for females 12 to 55 years of age, which includes a breast exam, pelvic exam and pap smear • Pregnancy testing • Contraceptive-related services, such as the insertion of intrauterine devices (IUDs) and the implantable contraceptive; permanent methods of birth control, including tubal ligation, trans-cervical sterilization, and vasectomy • Contraceptive supplies, such as birth control pills, rings, patches and emergency contraception	PA is not required.
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) services	Covered benefit	PA is not required
Hearing (audiology) services, including hearing aids	Covered benefit Some limitation may apply	PA is not required
Home health services	Covered benefit	PA is required after initial evaluation plus six (6) visits
Hospice care (care for terminally ill)	Covered benefit	PA is not required

Service	Coverage & Benefit Limitations	Prior Authorization (PA)
Inpatient hospital services	Covered benefit	Inpatient hospital services (except for emergency admissions) and elective admissions require PA. Notification to Molina Healthcare is required within 24 hours of admission or by the next business day for emergency admissions.
Long Term Services and Supports (Waiver Services)	Determination of need must be completed for individuals eligible for waiver programs. Refer to the Waiver Program Handbook for coverage information.	PA is required
Medical supplies	Covered benefit Some limitations apply	Some medical supplies require PA.
Mental health and substance abuse services	Covered benefit	PA is not required for outpatient services received at an in-network: • Community Mental Health Center • Division of Mental Health (DMH) facility • Division of Alcoholism and Substance Abuse (DASA) facility, or • Illinois Department of Human Services (DHS) facility PA is required for the following Mental Health, Alcohol and Chemical dependency services: • Inpatient, Residential Treatment • Electroconvulsive Therapy (ECT) • Applied Behavioral Analysis (ABA), treatment of Autism Spectrum Disorder (ASD)
Nursing facility services	Covered benefit Also covered for Members ages 19 and 20 who are not in the Medically Fragile Technology Dependent (MFTD) Waiver, with the purpose of transitioning the Member from a hospital to the home or other appropriate setting.	Short-term inpatient rehabilitative nursing facility stays require PA.

Service	Coverage & Benefit Limitations	Prior Authorization (PA)
Obstetrical (maternity care: prenatal and postpartum including at-risk pregnancy services) and gynecological services.	Covered benefit Women may self-refer to an Obstetrician (OB) or Obstetrician/ Gynecologist (OB/GYN)provider Practice visits for individuals with developmental disabilities and serious illness. Includes at-risk pregnancy services Includes office visits for prenatal, postpartum and newborn care, which includes breast pumps, hospital and delivery services	PA is not required.
Outpatient hospital services	Covered benefit Some Limitations apply	Some outpatient services require PA.
Physical and occupational therapy	Covered benefit	PA is not required
Podiatry (foot) services	Covered benefit	PA is not required
Post-stabilization services	Covered benefit	PA is not required
Practice Visits	Covered benefit for enrollees with Special Needs	PA is not required
Prescription drugs, including certain prescribed over-the-counter drugs	Covered benefit	Selected drugs, including injectables and some over-the-counter drugs, require PA.
Preventive mammogram (breast) and cervical cancer (pap smear) exams.	Covered benefit Women may self-refer	PA is not required.
Preventive male cancer screenings	Covered benefit	PA is not required
Primary Care Provider (PCP) services	Covered benefit	PA is not required.
Renal dialysis (kidney disease)	Covered benefit	Notification is not required
Respiratory equipment and supplies	Covered benefit Some limitations apply	Requires PA for some equipment and supplies
Specialist services	Covered benefit	Office visits to see an in--network specialist do not require PA.
Speech therapy services	Covered benefit	Requires PA after initial evaluation and six (6) visits within outpatient and/or home setting.
Transplants	Covered benefit Limited to transplant providers certified by state of Illinois	Requires PA

Service	Coverage & Benefit Limitations	Prior Authorization (PA)
Transportation to covered services, pharmacy trips and WIC office appointments	Covered benefit	Requires PA Air or ground ambulance transportation for non-emergencies requires PA.
Vision (optical and optometrist) services, including eyeglasses	One (1) exam per year One (1) pair of glasses in a two-year period No restrictions on replacement glasses for Members 19 and 20 years of age Members 21 years of age and older are limited to replacement lenses when medically necessary	PA is not required
Yearly well-adult exams	Covered benefit	PA is not required.

Dental Benefits

Taking care of your teeth and gums keeps you healthy. Visiting your dentist regularly helps prevent cavities and other problems with your teeth. Refer to our provider directory to find a Molina Healthcare network dentist. Access the provider directory at www.MolinaHealthcare.com.

Molina Healthcare covers dental services, including oral surgeons, x-rays, sealants, fillings, crowns (caps), root canals, dentures and extractions (pulling), for Members 19 and 20 years of age. Molina Healthcare covers one dental exam per year and one cleaning every six months for Members 19 and 20 years of age.

Adults (age 21 and older) are eligible for limited exams, comprehensive exams (1 per lifetime), extractions (pulling), restorations, dentures and sedation. As an additional benefit, Molina Healthcare covers one cleaning per year for Members 21 years of age and older.

Pregnant women are eligible for periodic exams, cleanings and deep cleanings.

We also cover practice visits to the dentist for individuals with developmental disabilities and serious illness.

Some limitations apply for your dental benefits. Please call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711) to learn more about your dental benefits.

Vision Benefits

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

Members 21 years of age and older are limited to replacement eyeglasses when medically necessary. Members 19 and 20 years of age have no restrictions on replacement eyeglasses.

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

If you have any questions about your vision benefits, please call Member Services at (855) 766-5462 (TTY/ Illinois Relay Service 711).

Prescription Drugs

Molina Healthcare covers your prescriptions when you get them filled at a Molina Healthcare network pharmacy. While Molina Healthcare covers all medically necessary Medicaid-covered medications, we use a Preferred Drug List (PDL). These are the drugs that we prefer that your provider prescribe.

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

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

To be sure you are getting the care you need; we may request that your provider submit information to us (a prior authorization request). They will be asked to explain why a specific medication and/or a certain amount of a medication is needed. We must approve the request before you can get the medication. Reasons why we may prior authorize a drug include:

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

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

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

If we do not approve a prior authorization (PA) request for a medication, we will send you information on how you can appeal our decision and your right to a state hearing.

When you become a Molina Healthcare Member, we will tell you if any of your current medications require PA that did not require authorization when they were paid by Medicaid fee-for-service. It is very important that you look at the information we provide and contact Member Services if you have any questions. You can visit www.MolinaHealthcare.com to find out if your medication(s) require prior authorization. You may need to ask your prescribing provider's office to submit a prior authorization request to us if it is needed. If your medication(s) requires prior authorization, you cannot get the medication(s) until your provider submits a request to Molina Healthcare and it is approved.

Molina Healthcare requires the use of generic drugs if they are available. If your provider believes you need a brand name drug, the provider may submit a PA request to Molina Healthcare. Molina Healthcare will review the request and determine whether to approve the brand name medication. If you plan to travel out-of-state, be sure to fill your prescriptions before you leave.

For a list of our PDL, which includes the list of covered over-the-counter drugs, and the list of medication that require prior authorization,

- Visit our website at www.MolinaHealthcare.com
- Call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711)

Our PDL and list of medications that require prior authorization can change. Thus, it is important for you and your provider to check this list when you need to fill or refill a medication.

Refer to our provider directory to find a Molina Healthcare network pharmacy. Access our provider directory online at www.MolinaHealthcare.com. You can also call Member Services for help in finding a network pharmacy near you. Remember, Molina Healthcare will only pay for prescriptions you get from a Molina Healthcare pharmacy network.

Pharmacy Coordination Program

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

As part of the program, you will pick one pharmacy and one provider. To learn more, call Member Services at (855) 766-5462 or TTY 711.

Medication Therapy Management Program

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

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

- Make a list of your medications to show when and how you should take them
- Check to see you are taking the best medications for you and
- Improve your use of medications

To learn more, call Member Services at (855) 766-5462 or TTY 711.

Behavioral Health & Substance Abuse Services

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

We cover behavioral health services, such as:

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

We cover treatment for substance abuse, such as:

- Outpatient treatment
- Detoxification
- Psychiatric evaluation services
- Day treatment

If you need behavioral health or substance abuse services:

- See your PCP for a referral
- Call Member Services for information at (855) 766-5462 (TTY/Illinois Relay Service 711)
- Or, you may self-refer directly to an in-network mental health facility , such as a
  - Community Mental Health Center, or
  - Division of Mental Health (DMH), or
  - Division of Alcoholism and Substance Abuse (DASA), or
  - Illinois Department of Human Services (DHS) facilities
- To locate a mental health office near you, visit www.dhs.state.il.us and use the "DHS Office Locator" or call the DHS Help Line at (800) 843-6154

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

If you have a behavioral health crisis, call our Behavioral Health Crisis Line at (888) 275-8750, TTY 711. Help is available 24 hours a day, 7 days a week.

Transportation

If you need transportation to and from your doctor's office to receive covered health care services, Molina Healthcare can provide transportation if deemed necessary. This transportation benefit is for Medicaid-covered services. Medical appointments include trips to:

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

To arrange transportation, or if you have questions, please call **(844) 644-6354, TTY 711**. Please call as soon as possible to schedule your transportation, but no later than **72 hours in advance** of your appointment.

Molina Healthcare also covers trips to the pharmacy to pick up a prescription right after a medical appointment. If you need to ask for a ride to the pharmacy before you leave your provider visit or if you have questions, call (844) 644- 6354, TTY 711 for day-of-ride assist. Ask your doctor to call your prescription in to the pharmacy so that it is ready when you get there. Let your transportation driver know you need to stop at the pharmacy.

Plan ahead!

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

Disease Management Programs

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

- You can also be referred to a program through a self-referral or a provider.

- You must meet certain requirements to be in the programs.
- It is your choice to be in a program and you can ask to be removed from a program at any time.

Please call our Health Management Department at (866) 891-2320, TTY 711 to learn more about the programs. You can also find out if you are already enrolled in one. You can also ask for a referral or ask to be removed from a program.

Motherhood Matters℠

Molina Healthcare has a special program for our Members who are pregnant. The Motherhood Matters program:
- Helps you get the education and services you need for a healthy pregnancy.
- Reminds you when to get prenatal care.
- Reminds you when it's time for your baby to see the doctor.

Contact Members Services to enroll. You will receive a Motherhood Matters packet that has helpful tips and information about getting care for you and your baby.

Pregnancy Rewards

In addition to the Motherhood Matters® program, pregnant Members can earn rewards for keeping certain appointments, including:
- Prenatal visits
- Postpartum visits
- Checkup appointments for your newborn baby

Call Members Services at (855) 766-5462, TTY 711 to enroll or learn more.

SafeLink Phone Program

The Lifeline Program is a national service that provides free cellphones and service to those who qualify. Molina Healthcare has partnered with TracFone to offer the SafeLink Phone Program. In addition to the free phone and monthly service, Molina Members get the following benefits from SafeLink:
- A phone pre-programmed with Molina Healthcare Member Services number
- Unlimited free calls to Molina Healthcare
- Unlimited free text messaging
- Health education messages

Call Member Services at (855) 766-5462, TTY 711 to enroll or learn more.

Services Not Covered

by Molina Healthcare or Illinois Medicaid

Molina Healthcare does not pay for services or supplies received by a Member who does not follow the directions in this handbook. Molina Healthcare does not pay for the following services, which are not covered by Medicaid:
- Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
- Acupuncture and biofeedback services

- All services or supplies that are not medically necessary
- Comfort items in the hospital (e.g., TV or phone)
- Experimental services and procedures, including drugs and equipment, not covered by Medicaid
- Diagnostic and therapeutic procedures related to infertility or sterility
- Inpatient hospital custodial care
- Paternity testing
- Medical and surgical services that are provided solely for cosmetic purposes
- Services for the treatment of obesity, unless determined medically necessary
- Services to find cause of death (autopsy)
- Voluntary sterilization if under 21 years of age or legally incapable of consenting to the procedure
- Services that are provided in a State Facility operated as a psychiatric hospital as a result of a forensic commitment
- Services that are provided through a Local Education Agency (LEA)
- Services that are provided by a non-Affiliated Provider and not authorized by Molina, unless it is specifically required that such services be Covered Services
- Services that are provided without a required Referral or prior authorization as set forth in the Provider Handbook

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

Quality Care

Molina Healthcare wants you to receive the best quality of care. We have a Quality Improvement (QI) program to ensure you get quality care. Each year, we set goals to improve our services. We want to ensure your health care needs are being met. We also want you to be happy with the services you get from Molina Healthcare and our network providers. We do many studies during the year to find areas for improvement and take steps to bring you higher quality care and better service. This process is called "quality improvement."

The process also includes planning, starting, watching and reporting on programs. We do this to be sure that your safety and health needs are being met. Some of these programs include:

- Mailing reminders to women that explain the need for pap tests, Chlamydia screenings and mammograms
- Postcards/phone calls reminding Members to receive and follow their care plans for various conditions and health concerns: diabetes, asthma, and smoking cessation
- Member satisfaction surveys on the health care and services that you have received
- Investigating complaints about quality of care or services

Your Feedback is Important to us

Molina Healthcare makes every effort to give you and your family the best care. Your satisfaction with Molina Healthcare is very important to us. You may receive a survey in the mail or by telephone asking questions about how happy or unhappy you are with the services you are getting. Please take the time to respond. We value your opinion. It will help us improve the service we provide.

Molina Healthcare welcomes suggestions on how to serve you better. If you have suggestions, please call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711).

Advisory Committees

Molina Healthcare values your opinion! That is why we ask our Members to participate in advisory committees. We hold meetings four times a year in our service area region.

Molina Healthcare has two advisory committees:
- Enrollee Advisory Committee
- Community Stakeholder Committee, a committee for community-based organizations, providers and Member advocates

For a little of your time, you can help us better serve you. For more information, call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711).

Evaluating New Health Care Treatments

Molina Healthcare is always looking for ways to take better care of our Members. That is why Molina Healthcare has a process to look at new medical technology, drugs, and devices as possible added benefits. Our Medical Directors find new medical procedures, treatment, drugs and devices when they become available. They present research information to Molina Healthcare's Utilization Management Committee. Providers review the technology. The providers then suggest whether it can be added as a new treatment for Molina Healthcare Members.

If Molina Healthcare denies coverage for any device, protocol, procedure or other therapy that is a new technology and is not a Medicaid-covered service, you or your provider can ask for information on Molina Healthcare's coverage protocols and procedures. For more information, please call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711).

How Molina Healthcare Pays for Your Care

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

Molina Healthcare contracts with providers in several different ways.
- Molina Healthcare network providers are paid on a fee-for-service basis. This means they are paid each time they see you, or for each procedure they perform
- Some providers who are paid a flat amount for each month that a Member is assigned to their care, whether the Member sees the provider or not
- Some providers may be offered incentives for giving good preventive care
- Some providers may be offered incentives for monitoring the use of hospital services
- Molina Healthcare does not reward providers or employees for denying medical coverage or services
- Molina Healthcare does not provide financial incentives for utilization management decisions that could result in denials or underutilization
- Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage

You can contact Molina Healthcare to get information such as:
- The structure and operation of Molina Healthcare
- How we pay our providers

If you have any ideas for changes, please call Member Services at (855) 766-5462 (TTY/Illinois Relay Service 711).

Your health coverage is subject to change or be modified by government regulatory agencies. Molina Healthcare will notify you of any changes as they occur.

What If I Get a Bill?

Molina Healthcare Members do not have to pay co-payments or other charges for medical care. If you get a statement from a provider, check to see if it says you owe any money. This may also be listed as "patient responsibility."

If the statement shows that you are responsible for any charges or it asks you to sign an agreement to pay for services, call Member Services right away.

You can also report this to the Molina Healthcare Compliance department by phone, email or online.
Confidential Compliance Hotline: (866) 606-3889, TTY 711
Email: MHILCompliance@MolinaHealthcare.com
Online: https://molinahealthcare.Alertline.com

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

If the letter does not say you owe money, this means you got a statement, not a bill. The statement is showing you that Molina Healthcare was billed for the services you got. These statements usually note at the top of the page that "this is not a bill." You do not need to do anything. You may keep the statement for your records. The provider is not billing you for the services. If you did not see your doctor for the services listed in the statement, please call and report this to Member Services at (855) 766-5462, TTY 711 right away.

Your Rights as a Molina Healthcare Member

Did you know that as a Member of Molina Healthcare, you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Molina Healthcare ensure that you get the covered services and care that you need. You have the right to:

- Receive the facts about Molina Healthcare, our services, our practitioners, and providers who contract with us to provide services, and Member rights and responsibilities.
- Have privacy and be treated with respect and dignity.
- Help make decisions about your health care. You may refuse treatment.
- Request and receive a copy of your medical records.
- Request a change or correction to your medical records.
- Discuss your treatment options with your doctor or other health care provider in a way you understand them. Cost or benefit coverage does not matter.
- Voice any complaints or send in appeals about Molina Healthcare or the care you were given.
- Use your Member rights without fear of negative results.
- Receive the Members' rights and responsibilities each year.
- Suggest changes to Molina Healthcare's Member rights and responsibilities policy.

You also have the responsibility to:

- Give, if possible, all facts that Molina Healthcare and our practitioners and providers need to care for you.
- Know your health problems and take part in making mutually agreed upon treatment goals as much as possible.
- Follow the treatment plan instructions for the care you agree to with your practitioner.

- Keep appointments and be on time. If you're going to be late or cannot keep an appointment, call your provider.

Please visit our website at www.MolinaHealthcare.com at for a complete list of Member rights and responsibilities.

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. Talk to another provider or out-of-network provider. This service is at no cost to you.

If you have additional questions about your rights and responsibilities, call Member Services at **(855) 766-5462** from 8 a.m. to 5 p.m., Monday through Friday. For Members who are hearing impaired, please call the Illinois Relay Service at 711. Our representatives are committed to treating you with respect and getting you the help you need.

Concerns, Complaints, Appeals and Grievances

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

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.

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) 766-5462, TTY 711. 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. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your Member ID number. You can ask us to help you file your grievance by calling Member Services at (855) 766-5462, TTY 711.

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. An Authorized Representative Designation Form is included in this handbook. It is also available online at www.MolinaHealthcare.com or by calling Member Services at (855) 766-5462, TTY 711.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information. The Appeals and Grievance department will provide a resolution or recommendation within ninety (90) calendar days from the date you filed your grievance. You will also get a letter from Molina Healthcare with our resolution.

Appeals

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 Notice of Action form. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than **ten (10) calendar days** from the date on our Notice of Action 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

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

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

Here are two ways to file an appeal.

1. Call Member Services at (855) 766-5462, TTY 711. If you file an appeal over the phone, you must follow it with a written signed appeal request.
2. Mail or fax your written appeal request to:

Molina Healthcare of Illinois
Attn: Appeals & Grievances
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 include this request 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.
- If you are in the Disabilities Waiver, Traumatic Brain Injury Waiver, or HIV/AIDS Waiver, you may also contact CAP (Client Assistance Program) to request their assistance at (800) 641-3929 (Voice) or (888) 460-5111 for TTY.

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.

Appeal Process

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

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

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

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

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

Things to keep in mind during the appeal process:

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

How can you expedite your Appeal?

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

How can you withdraw an Appeal?

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

Molina Healthcare will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Molina Healthcare at (855) 766-5462 or TTY 711.

What happens next?

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

State Fair Hearing

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

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

Or you may call (800) 435-0774, TTY: (877) 734-7429

Email: DHS.HSPAppeals@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. 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. 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 the 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
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 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) 766-5462, TTY 711. 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
1520 Kensington Road Suite 212
Oak Brook, IL 60523
Fax: (855) 502-5128

What happens next?

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

your representative and Molina Healthcare know what their decision is verbally. They will also follow up with a letter to you and/or your representative and Molina Healthcare with the decision within forty-eight (48) hours.

Your Medicaid Eligibility and Coverage

Annual Open Enrollment Period

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

At least 90 days before your anniversary date of enrollment, you will get a letter from Illinois Client Enrollment Services (ICES). The letter will say you can pick another health plan if you want. The letter will include the dates you can make the change and instructions on how to change. After you get the letter, you will have 60 days to make a change. This 60-day period is called "open enrollment." Open Enrollment occurs every year regardless of the plan you have joined. To learn more about your health plan choices, please contact ICES at (877) 912-8880 or visit www.EnrollHFS.Illinois.gov.

If you want to change your health plan, follow the instructions in the letter you receive from ICES. If you do not want to change, you do not need to do anything. Your membership with Molina Healthcare will continue.

Loss of Coverage and Reinstatement

Loss of Medicaid Eligibility

It is important to respond to requests for information from the Illinois Department of Healthcare and Family Services (HFS). You can lose your Medicaid eligibility if:

- You miss an appointment
- You do not give HFS information as requested

If this would happen, HFS would tell Molina Healthcare to stop your membership as a Medicaid Member. That means you would no longer be covered by Molina Healthcare.

Loss of Insurance Notice (Certificate of Creditable Coverage)

Any time you lose health insurance, you should receive a notice. This notice is called a Certificate of Creditable Coverage. It is from your old insurance company. The notice says that you no longer have insurance. It is important that you keep a copy of this notice. You might be asked to provide a copy of this notice.

Automatic Renewal of MCO Membership

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

Accidental Injury or Illness Coverage

If you have to see a doctor for a problem that was caused by another person or business, you must call Member Services at (855) 766-5462, TTY 711. Another insurance company might have to pay the medical bill.

Some examples of accidental injury or illness are:

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

When you call Member Services, we will need:
- The name of the person at fault.
- The name of the person's insurance company.
- The name(s) of any attorneys involved.

Protecting Your Privacy

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

Your Protected Health Information

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

Why does Molina use or share our Members' PHI?
- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes as required or permitted by law

When does Molina need your written authorization (approval) to use or share your PHI?
Molina needs your written approval to use or share your PHI for purposes not listed above.

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

How does Molina protect your PHI?
Molina uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or in a computer. Below are some ways Molina protects PHI:
- Molina has policies and rules to protect PHI.
- Molina limits who may see PHI. Only Molina staff with a need to know PHI may use it.
- Molina staff is trained on how to protect and secure PHI.
- Molina staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Molina secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

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

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

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

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

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our Members' PHI. Our Notice of Privacy Practices is in the following section of this document. It is on our web site at www.MolinaHealthcare.com. You may also get a copy of our Notice of Privacy Practices by calling our Member Services Department at (855) 766-5462, TTY 711.

Notice of Privacy Practices
Molina Healthcare of Illinois

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

Molina Healthcare of Illinois (**"Molina Healthcare", "Molina", "we"** or **"our"**) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is September 23, 2013.

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

Why does Molina use or share your PHI?

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

For Treatment

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

For Payment

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

For Health Care Operations

Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve

Member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:
- Improving quality;
- Actions in health programs to help Members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Address Member needs, including solving complaints and grievances.

We will share your PHI with other companies (**"business associates"**) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments.

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

When can Molina use or share your PHI without getting written authorization (approval) from you?
The law allows or requires Molina to use and share your PHI for several other purposes including the following:

Required by law
We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

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

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

Research
Your PHI may be used or shared for research in certain cases.

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

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

Health and Safety
Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions
Your PHI may be shared with the government for special functions.

Victims of Abuse, Neglect or Domestic Violence
Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

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

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

When does Molina need your written authorization (approval) to use or share your PHI?
Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?
You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**
  You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.

- **Request Confidential Communications of PHI**
  You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.

- **Review and Copy Your PHI**
  You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request.

  Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.

- **Amend Your PHI**
  You may ask that we amend (change) your PHI. This involves only those records kept by us about you as **a** Member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**
  You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:
  - For treatment, payment or health care operations;
  - To persons about their own PHI;
  - Sharing done with your authorization;
  - Incident to a use or disclosure otherwise permitted or required under applicable law;
  - PHI released in the interest of national security or for intelligence purposes; or
  - As part of a limited data set in accordance with applicable law.

  We will charge a reasonable fee for each list if you ask for this list more than once in a 12- month period. You will need to make your request in writing. You may use Molina's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services Department at (855) 766-5462, TTY 711.

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

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

You may file a complaint with us at:

Molina Healthcare of Illinois
Member Services
1520 Kensington Rd., Suite 212
Oak Brook, IL 60523
(855) 766-5462, TTY 711
Fax: (855) 502-5128

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

Office for Civil Rights
U.S. Department of Health & Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(800) 368-1019; (800) 537-7697 (TDD);
(202) 619-3818 (FAX)

What are the duties of Molina?

Molina is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

This Notice is Subject to Change

Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our Members then covered by Molina.

Contact Information

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

Molina Healthcare of Illinois
Member Services
1520 Kensington Rd., Suite 212
Oak Brook, IL 60523
(855) 766-5462, TTY 711

Membership Termination

Sometimes there may be a special reason that you need to end your health plan membership. Before you can ask for a membership termination you must first call your Managed Care Organization and give them a chance to resolve the issue. If they cannot resolve the issue, you can ask for a termination at any time if you have one of the following reasons:

1. You move and your current MCO is not available where you now live and you must receive non-emergency medical care in your new area before your MCO membership ends.
2. The MCO does not, for moral or religious objections, cover a medical service that you need.
3. Your doctor has said that some of the medical services you need must be received at the same time, and all the services aren't available on your MCO's panel.
4. You have concerns that you are not receiving quality care, and the services you need are not available from another provider on your MCO's panel.
5. Lack of access to Medicaid-covered services or lack of access to providers that are experienced in dealing with your special health care needs.
6. The PCP that you chose is no longer on your MCO's panel, and he/she was the only PCP on your MCO's panel that spoke your language and was located within a reasonable distance from you. Another health plan has a PCP on their panel that speaks your language that is located within a reasonable distance from you and will accept you as a patient.
7. Other-if staying as a Member in your current health plan is harmful to you and not in your best interest.

You may ask to end your membership by calling the Illinois Department of Healthcare and Family Services (HFS) at (800) 435-0074 (TTY/Illinois Relay Service 711) or Illinois Client Enrollment Services at (877) 912-8880 (TTY/Illinois Relay Service 711). HFS/ICES will review your request to end your membership and decide if you meet disenrollment cause. You will receive a letter in the mail to tell you if HFS/ICES will end your membership and the date it ends. If you live in a mandatory enrollment area, you will have to choose another Managed Care Organization to receive your health care unless HFS/ICES tells you differently. If your disenrollment request is denied, HFS/ICES will send you information that explains your state hearing right for appealing the decision.

Ending Your MCO Membership

As a member of a Managed Care Organization, you have the right to choose to end your membership at certain times during the year. You can choose to end your membership during the first three months of your membership or during the annual open enrollment period for your area. Illinois Department of Healthcare and Family Services (HFS) at (800) 435-0074 (TTY/Illinois Relay Service 711) or Illinois Client Enrollment Services at (877) 912-8880 (TTY/Illinois Relay Service 711) will send you something in the mail to let you know when your annual open enrollment month will be. If you live in a mandatory enrollment area you will have to choose another Managed Care Origination to receive your health care.

If you want to end your membership during the first three months of your membership or open enrollment period for your area, you can call the Illinois Department of Healthcare and Family Services (HFS) at (800) 435-0074 (TTY/Illinois Relay Service 711) or Illinois Client Enrollment Services at (877) 912-8880 (TTY/Illinois Relay Service 711). Most of the time, if you call before the last 10 days of the month, your membership will end the first day of the next month. If you call after this time, your membership will not end until the first day of the following month. If you chose another Managed Care Organization, your new plan will send you information in the mail before your membership start date.

Choosing a New Plan

After the initial enrollment period, once each twelve months, each enrollee shall have a 60-day period in which to change the MCO in which the enrollee is enrolled. If you are thinking about ending your membership to change to another health plan, you should learn about your choices, especially if you want to keep your current doctors. Remember, each health plan has its own list of doctors and hospitals that it will allow you to use. Each health plan also has written information which explains the benefits it offers and the rules that it has. The 60-day Open Enrollment Period for each Enrolled Member shall begin ninety (90) calendar days prior to the Member's Anniversary Date. No later than ninety-five (95) calendar days prior to the Member's Anniversary Date, the ICES sends notice to each enrolled Member about their opportunity to change MCOs and the 60-day deadline for doing so. If the Member selects a different MCO during the Open Enrollment Period, enrollment in the new MCO will be effective on the Enrollee's Anniversary Date. Enrollees who make no selection will continue to be enrolled with the same MCO. Enrollees may not change their MCO at any time other than the during Open Enrollment period.

To learn more about your health plan choices, please contact ICES at (877) 912-8880, TTY 711 from 8 a.m. to 7 p.m., Monday to Friday or 9 a.m. to 3 p.m., Saturday, or visit www.EnrollHFS.Illinois.gov.

Exclusions – Individuals that are not permitted to join an MCO

Seniors and Persons with Disabilities (SPD) individuals are not permitted to join an MCO if they are:

- Individuals 18 years of age or younger
- Participants eligible for Medicare Part A, or enrolled in Medicare Part B
- American Indians and/or Natives of Alaska (may voluntarily enroll)
- Participants of Spenddown
- All Presumptive Eligibility (temporary benefits) Categories
- Participants in the Illinois Breast and Cervical Cancer Program or
- Participants with high-level private health insurance (also known as Third Party Liability or TPL)

If you believe that you meet any of the above criteria and should not be a Member of a Managed Care Organization, or are a member of a federally recognized Indian tribe and do not want to be a Member, you must call the Illinois Department of Healthcare and Family Services (HFS) at 1-800-435-0074 (TTY/Illinois Relay Service 711) or Illinois Client Enrollment Services at (877) 912-8880 (TTY/Illinois Relay Service 711). If you meet the above criteria, your MCO membership will be ended.

Can Molina Healthcare End My Membership?

Molina Healthcare may ask the Illinois Department of Healthcare and Family Services (HFS) or Illinois Client Enrollment Services to end your membership for certain reasons. HFS/ICEB must okay the request before your membership can be ended.

The reasons that Molina Healthcare can ask to end your membership are:

- For fraud or misuse of your Molina Healthcare Member ID card.
- For disruptive or uncooperative behavior to the extent that it affects the MCO's ability to provide services to you or other Members.
- Inability to furnish Covered Services to the Enrollee's special needs and/or to other Enrollees.
- The Member no longer resides in the Contracted area

Things to Keep in Mind If You End Your Membership

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

- Continue to use Molina Healthcare doctors and other providers until the day you are a Member of your new health plan or back on regular Medicaid.
- If you chose a new health plan and have not received a Member ID card before the first day of the month when you are a Member of the new plan, call the plan's Member Services. If they are unable to help you, call the Illinois Department of Healthcare and Family Services (HFS) at (800) 435-0074 (TTY/Illinois Relay Service 711)
- If you were allowed to return to regular Medicaid and you have not received a new Medicaid card, call your county caseworker.
- If you have chosen a new health plan and have any medical visits scheduled, please call your new plan to be sure that these providers are on the new plan's list of providers and any needed paperwork is done. Some examples of when you should call your new plan include: when you have an appointment to see a new provider, a surgery, blood test or x-ray scheduled and especially if you are pregnant.
- If you were allowed to return to regular Medicaid and have any medical visits scheduled, please call the providers to be sure that they will take the regular Medicaid card.

Fraud and Abuse

Molina Healthcare seeks to uphold the highest ethical standards for the provision of health care benefits and services to its Members and supports the efforts of federal and state authorities to prevent fraud and abuse. Molina Healthcare investigates all suspected cases of fraud and abuse and promptly reports all confirmed incidences to the appropriate government agencies.

Here are a few examples of health care fraud and abuse:

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

You have the right to report your concerns to Molina Healthcare and/or the Illinois Department of Healthcare and Family Services. When reporting suspected incidents, please leave a detailed message including the names and phone numbers of the parties involved. You do not have to leave your name if you do not wish to do so.

Molina Healthcare of Illinois, Inc.
Confidential Compliance Hotline: (866) 606-3889, TTY 711
Email: MHILCompliance@MolinaHealthcare.com
Online: https://molinahealthcare.Alertline.com

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

Advance Directives

Using advance directives to state your wishes about your medical care

Many people today worry about the medical care they would get if they became too sick to make their wishes known. Some people may not want to spend months or years on life support. Others may want every step taken to lengthen life.

This section explains your rights under Illinois law to accept or refuse medical care. It will help you choose your own medical care. This section also explains how you can state your wishes about the care you would want if you could not choose for yourself. This section does not contain legal advice, but will help you understand your rights under the law.

For legal advice, you may want to talk to a lawyer. For information about free legal services, call the Illinois State Bar Association at (800) 252-8908, 8:30 a.m. to 4:30 p.m. Monday through Friday.

Your right to choose your medical care

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

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.

No one can make you complete an advance directive. You decide if you want to have an advance directive.

Talk to your health care provider to get an advance directive form. You may also call Member Services if you have any questions about how to get one of the forms. A lawyer could also help you.

What kinds of advance directives are there?

Under Illinois law, there are four types of advance directives you can use. You can fill out a form to complete an advance directive. You can use a Living Will, a Mental Health Treatment Preference Declaration, a Health Care Power of Attorney or a Do Not Resuscitate (DNR) Order.

What if I'm too sick to decide? What if I can't make my wishes known?

Most people can make their wishes about their medical care known to their providers, but some people become too sick to tell their providers about the type of care they want. Under Illinois law, you have the right to fill out a form while you're able to act for yourself. The form tells your providers what you want done if you can't make your wishes known.

If I don't have an advance directive, who chooses my medical care when I can't?

If you do not have an advance directive, Illinois law allows your next-of-kin to choose your medical care if you are expected to die and can't act for yourself. If you are in a coma that is not expected to end, your next-of-kin could decide to stop or not use life support after 12 months. Your next-of-kin may be able to decide to stop or not use artificially supplied food and water also (see below).

Living Will

A Living Will states how much you want to use life-support methods to lengthen your life. It takes effect only when you are:

- In a coma that is not expected to end, or
- Beyond medical help, with no hope of getting better and can't make your wishes known, or
- Expected to die and can't make your wishes known.

You can choose what you would want if you were too sick to make your wishes known. You can state when you would or would not want food and water supplied artificially. The people giving you medical care must do what you say in your Living Will. A Living Will gives them the right to follow your wishes. Only you can change or cancel your Living Will. You can do so at any time.

Do-Not-Resuscitate Order

You may also ask your doctor about a Do-Not-Resuscitate order (DNR order). A DNR order means that cardiopulmonary resuscitation (CPR) will not be started if your heart stops. You and your doctor may decide together that your doctor should write a DNR order into your medical chart. If you have an accident, such as choking on food, the DNR order still allows health care workers to give you the Heimlich maneuver or take other appropriate action.

Health Care Power of Attorney

A Health Care Power of Attorney lets you choose someone to make health care decisions for you if you cannot. Is it is different from other types of powers of attorney. You can use a standard form or write your own health care power of attorney. You may give the person you choose specific directions about the health care you do or do not want. The person you choose must follow your wishes. The person you choose cannot be your doctor or other health care provider. You should have someone else witness your power of attorney. You can cancel your power of attorney by telling someone or by canceling it in writing. If you want to change your power of attorney, you must do so in writing.

What is the difference between a Durable Power of Attorney for medical care and a Living Will?
Your Living Will states the type of medical care you want if you can't make your wishes known. A Living Will only states your wishes about the use of life-support methods.

Your Health Care Power of Attorney lets you choose someone to carry out your wishes for medical care when you can't act for yourself. A Health Care Power of Attorney does not supersede a Living Will.

Mental Health Treatment Preference Declaration

A Mental Health Treatment Preference Declaration gives more specific attention to mental health care. The declaration can set forth certain wishes regarding treatment. You can write your wishes or choose someone to make your mental health decisions for you. In the declaration, you may choose someone to make decisions about mental health treatment if you are incapable. The person can indicate medication and treatment preferences, and preferences concerning admission or retention in a facility. The person must do what you say in your declaration unless a court orders differently or an emergency threatens your life or health.

Other Matters to Think About

You should talk to your family, your provider, or any agent or attorney-in-fact that you appoint about your

decision to make an advance directive. If they know what health care you want, they will find it easier to follow your wishes. If you change your mind and cancel your advance directive, tell your family, your doctor, or any agent or person you appoint in your advance directive. No facility, doctor, or insurer can make you execute an advance directive. It is entirely your decision. If a facility, doctor, or insurer objects to following your advance directive, he or she must tell you and offer you help in finding alternative care.

After you complete an advance directive, give copies to your provider and health care facility to put into your medical record. Give one to a trusted family member or friend. If you have chosen someone in a Health Care Power of Attorney, give that person a copy. Put a copy with your personal papers. You may want to give one to your lawyer or clergy person. Be sure to tell your family or friends about what you have done. Don't just put these forms away and forget about them.

Organ and Tissue Donation

You can choose whether you would like your organs and tissues to be donated to others in the event of your death. By making your choice known, you can ensure that your wishes will be carried out immediately. Your families and loved ones will not have the burden of making this decision at an already difficult time.

Some examples of organs and tissues that can be donated are:

- Heart
- Lungs
- Liver
- Kidneys
- Pancreas
- Skin
- Bone
- Ligaments
- Veins
- Eyes

There are two ways to register to become an organ and tissue donor:

1. You can state your wishes for organ and/or tissue donation when you obtain or renew your Illinois Driver License or State ID card.
2. You can complete the Donor Registry Enrollment Form that is attached to the Illinois Living Will Form, and return it to the Illinois Department of Motor Vehicles.

Definitions

Abuse – Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program or in reimbursement for services that are not or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

Advance Directives – Written instructions relating to the provision of health care when an adult is incapacitated, such as a Living Will, a Durable Power of Attorney for Medical Care, a Declaration for Mental Health Treatment, or a Do Not Resuscitate Order.

Appeal – A formal request for Molina Healthcare to review a decision or action.

Authorization – An approval for a service.

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

Care plan – An individualized Member-centered, goal-orientated, written plan of care that assures the Members receives all needed health care, medical, medically-related, behavioral and covered services in a timely manner.

Covered Services – Services and supplies covered by Molina Healthcare.

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

Emergency Services – Services provided by a qualified provider that is needed to evaluate, treat, or stabilize an emergency medical condition.

Fraud – Intentional deception or misrepresentation by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person.

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

Medical Home – Having one provider who will help you with most of your medical needs.

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

Molina Healthcare – A Managed Care Organization licensed by the State of Illinois to provide prepaid medical and hospital services to Medicaid eligible consumers.

Network/Contracted Provider – A provider who has entered into a contract with Molina Healthcare to provide covered services to Members.

Post-Stabilization – Medicaid-covered services that you receive after emergency medical care.

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

Primary Care Provider (PCP) – A Molina Healthcare contracted provider that you have chosen to be your personal provider. Your PCP helps you with most of your medical needs.

Prior Authorization – The process for any service that needs an authorization from Molina Healthcare before it can take place.

Provider Directory – A list of all of the network providers contracted with Molina Healthcare. Access our provider directory online at www.MolinaHealthcare.com.

Referral – A request from a PCP for his or her patient to see another provider for care.

Service Area – The geographic area where Molina Healthcare provides services.

Services – Services necessary for the diagnosis or treatment of disease, illness, or injury, without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort.

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

Women's Health Care Provider (WHCP) – A doctor, nurse practitioner or provider whose specialty is obstetrics, gynecology or family practice. WHCP services are typically opted for by a female Member as and when needed.

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How to Pick a PCP Checklist

A Primary Care Provider (PCP) is the health care provider who will help you with most of your medical needs. Your PCP will give you care, offer advice, and refer you to a specialist when necessary. It is important that you find a PCP who meets your needs. The following checklist will help you when you are picking a PCP.

- ☐ Look in Molina Healthcare's Provider Directory to find a list of contracted PCPs. Access the Provider Directory online at www.MolinaHealthcare.com. If you need help, call Molina Healthcare Member Services at **(855) 766-5462**, TTY/Illinois Relay Service 711.
- ☐ Is the PCP's office located in an area that is convenient for you?
- ☐ Does the PCP have office hours that are convenient for you and your family? This is especially important if you have family members who work or attend school.
- ☐ Your PCP's gender may be important to you. Would you prefer to see a male or female PCP?
- ☐ Do you or your family members speak a language other than English? Check to see if there is a PCP available who speaks your language.

Picking a PCP is important. When you find a good PCP, you can develop a lasting relationship that will ensure a health care partnership for years to come.

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First Visit Check List

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

Here are some things you should do to get ready for your first appointment:

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

During the appointment, be sure to ask your PCP:

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

Date: _____

Time: _____

Notes: _____

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Molina Healthcare

Member Grievance/Appeal Request Form

Instructions for filing a grievance/appeal:

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

Member's name: _____Today's date: _____

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

Relationship to the Member: _____

Member's ID #: _____ _____

Daytime telephone #: _____

Specific issue(s): _____

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

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

Member's Signature: _____Date: _____

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

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

Member Services: (855) 766-5462
Fax Number: (855) 502-5128

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www.MolinaHealthcare.com

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Molina Healthcare of Illinois

Authorized Representative Designation

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

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

Member Information

Member Name: _____ Date of Birth: _____

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____

Authorized Representative Information

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

Name of Authorized Representative: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Alternative Phone Number: _____

Relationship: ❑ Parent ❑ Guardian ❑ Conservator ❑ Other: _____

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

Member Signature

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

Authorized Representative Signature

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

Please note you may revoke this authorization at any time.

If you have any questions, please call Molina Healthcare Member Services at **(855) 766-5462** or TTY 711.

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1520 Kensington Road Suite 212
Oak Brook, IL 60523

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