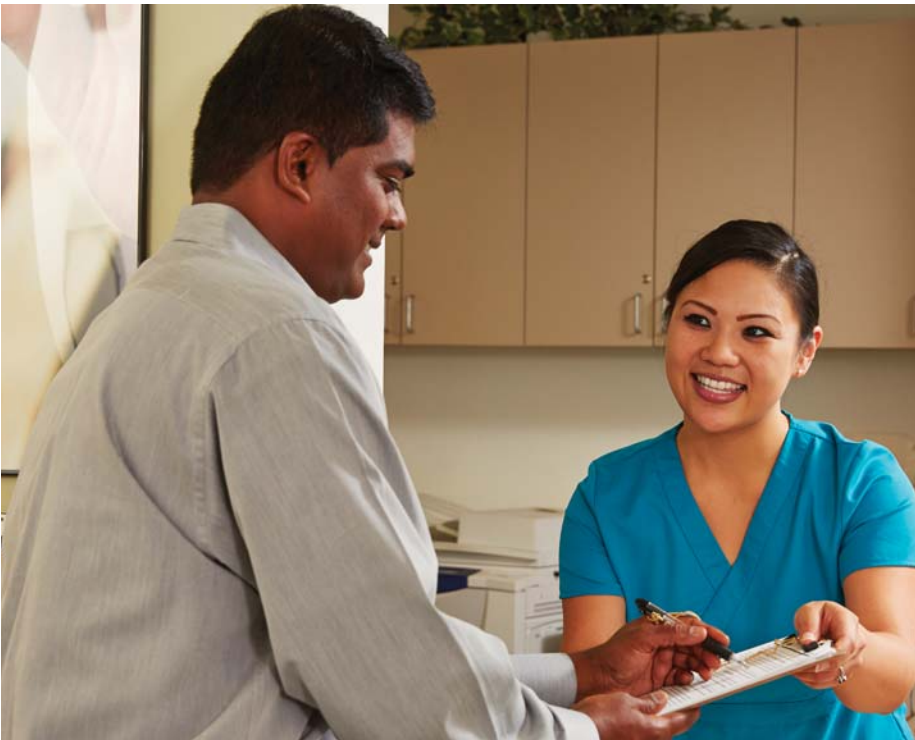


Fall 2019 Health and Wellness Newsletter



Keep Your Healthy Michigan Plan Coverage

Starting January 1, 2020, Michigan law will require some people in Healthy Michigan Plan (HMP) to tell us each month about 80 hours of work or activities like job search. If you don't, you could lose your health care coverage unless you are exempt (excused).

You should have received a letter from MDHHS, letting you know if you are exempt or not exempt. You may qualify for an exemption if you have a medical condition or are disabled, pregnant, or have another reason. If you qualify for an exemption, you will be excused from telling MDHHS each month about work or activities to keep your HMP coverage. If you think you should be exempt because you have a medical condition, or are disabled, pregnant or have another reason, you must fill out and send the "Exemption Form" that you previously received, to MDHHS, by January 31, 2020.

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All newsletters are also available at MolinaHealthcare.com.

To get this information in your preferred language and/or accessible format, please call Member Services. The number is on the back of your Member ID card.

Este boletín informativo también está disponible en español. Por favor, comuníquese con el Departamento de Servicios para Miembros para pedir una copia en español.

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You should send the form to:

MDHHS Special Processing Office
Suite 1405
P.O. Box 30800
Lansing, MI 48909

If you need a copy of the exemption form, please call the Beneficiary HelpLine at (800) 642-3195, TTY: (866) 501-5656.

In December 2019, MDHHS will send you more information about HMP changes. If you are not excused, MDHHS will let you know how to tell them about your work or activities. You may also get another letter in January 2020, telling you if you have an exemption.

The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to children, youth and adults who are eligible for SNAP benefits.

Molina highly encourages you to sign up for SNAP, if you are eligible. If you are enrolled in SNAP, you are automatically excused from reporting work requirements to MDHHS.



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SNAP is also known as the Food Assistance Program (FAP). FAP benefits help low-income individuals or families purchase food.

The amount of FAP benefits is determined by the household's size and income. In determining income, the household's expenses are considered, such as dependent care, shelter, medical and child support payments.

Food assistance and cash (FIP/State Disability Assistance-SDA) benefits are issued electronically with the use of debit card technology. The debit card, known as the "Michigan Bridge card" and a personal identification number (PIN) are used to access the food account at participating retailers.

You must complete an application to apply for FAP benefits. The day the MDHHS office serving the county or district where you live receives your signed application may affect the date your benefits begin. The process is started in one of the following ways:

- Apply online 24 hours a day, seven days a week at <https://www.mibridges.michigan.gov/access>. If the application is filed online after the close of business (such as weekends, holidays, after 5:00 p.m. on business days), the date of application is the following business day.
- An application form is available online at www.michigan.gov/dhs-forms or at an MDHHS office in your area.
 - Bring, mail or fax your assistance application to the MDHHS office in your area. The address and phone number of the office in your area is found in a phone book under the state government section, or online at www.michigan.gov/dhs-countyoffices. When your application is received, MDHHS will schedule a telephone interview. The application should be processed within 7 days if you meet faster service rules or 30 days from the date your signed application is received in the MDHHS office serving the area where you live.

You may be asked to provide various types of documents such as proof of:

- Identity
- Income
- Housing and utility expenses.

MDHHS will send you a list of other documents if needed.

If you have little/no money and/or little/no assets and/or high shelter expenses, you might qualify to have your FAP application processed more quickly. Ask the receptionist for an application filing form or apply online at michigan.gov/mibridges. Complete it, sign and date it, and TURN IT IN TODAY!

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A specialist will look at the information you have provided and tell you whether you qualify for faster service or if you must wait the normal processing time. If you have the right to faster service, you will still have to complete the entire application form and talk with a specialist to see if you qualify for food assistance benefits. You will also need to provide MDHHS with the required documents to verify your statement as soon as possible.

To learn more, go to HealthyMichiganPlan.org. If you still have questions, call the Beneficiary Help Line at (800) 642-3195, TTY: (866) 501-5656. You can call Monday - Friday, 8 a.m. to 7 p.m. EST.

Annual Health Risk Assessment (HRA)

Did you know you could be eligible for a reduction in your health savings contribution? Visit your primary care provider (PCP) and complete your Health Risk Assessment (HRA) on an annual basis and send it to Molina. Your PCP must complete the HRA form with you. Return your HRA to Molina Healthcare of Michigan. Once we receive your HRA form, we will determine which incentive you qualify for. Visit your PCP at least 2 times per year to discuss any current illnesses and chronic conditions. We strongly encourage you to keep your appointments and checkups to help keep you healthy.

Cost Sharing: Some Members who are on the Healthy Michigan Plan will receive a bill for 'cost sharing'. Whether or not you pay cost sharing is dependent on your household income and the information you share with your case worker. If you owe any cost sharing, a bill will be sent to you from the Michigan Department of Health and Human Services. Once you receive this notice, you will have to send a monthly payment in the requested amount in order to receive the incentive. Make timely payments to the MI Health account. Even if you have an outstanding amount, you will not lose your healthcare coverage.

Not all Members will receive a bill. If you do, you may contact Michigan Enrolls to answer any questions you may have. Please call our Member Services department at (888) 898-7969, Monday - Friday, 8 a.m. to 5 p.m., EST (TTY/TDD: 711).

Keep a Healthy Smile

To keep your smile healthy, see your dentist for a checkup every six months. This is true even if you don't think you have a tooth problem or you no longer have your natural teeth. At this visit, your dentist will perform oral health screenings to check for issues such as gum disease, dry mouth or oral cancer. Screenings can help find dental problems early when they are easier to treat. If you do have a dental problem, your dentist can help you manage it to avoid a dental issue in the future. Regular preventive visits to your dentist can help keep you healthy. If you don't already have an appointment with a dentist, schedule one today to keep a healthy smile.

Regular dental exams can:

- Find problems with your teeth and gums before they cause you pain or are costly to treat
- Prevent some problems from happening in the first place
- Spot warning signs of other medical conditions in the mouth that are unrelated to your teeth
- Establish a place to go if you have a dental emergency

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Dental Emergencies

If you have tooth pain, you might think of heading to the Emergency Department, but this may not be the best choice to handle a dental problem. If you have a dental emergency, contact your dentist first. The dentist is the best option to get relief for tooth and mouth issues. Most Emergency Departments do not have the equipment, staff or skill to diagnosis and fix most dental problems.

What you can do to prevent a dental emergency

- Visit your dentist twice a year for check-ups to address any issue before it becomes serious
- Brush your teeth with a fluoride toothpaste twice a day
- Don't use a sharp object to remove anything between your teeth
- Floss daily
- Don't chew hard foods that can crack a tooth
- Don't use tobacco and avoid heavy drinking
- Eat a healthy, well-balanced diet and avoid sugary food
- Wear mouth guards when playing sports

If you are in the Healthy Michigan Plan, you have dental benefits. Dental services are available for adults 19 - 64 years of age by a participating Molina dental provider. Preventative services are provided at no cost. You can call the Molina Healthcare Molina Dental line for help with finding a dentist at (888) 898-7969, Monday – Friday, 8 a.m. to 5 p.m. EST. If you are hearing impaired, please call Molina Healthcare by dialing our TTY line at 711. You may also visit [MolinaHealthcare.com](https://www.MolinaHealthcare.com).



[MolinaHealthcare.com](https://www.MolinaHealthcare.com)

Prevent the Flu

The single best way to prevent seasonal flu is to get a flu shot each year. As a Molina Healthcare Member, you can receive your seasonal flu shot at no cost to you. Many pharmacies offer the flu shot for adult Members. You can also ask your provider.

We want to help you stay healthy. Follow these tips to help prevent the flu:

- Get the flu shot. It's at no cost to you!
- Stay home if you are sick to prevent from spreading the flu to others.
 - The flu shot will not give you the flu!
 - Wash your hands often and cover your mouth when you cough.
 - Call the Member Services number on the back of your ID card for an approved Molina Pharmacy near you.
 - Visit MolinaHealthcare.com and login to MyMolina® for personalized health reminders. (HealthInHand app)

Know your symptoms and how to treat them. Tell your provider if you received your flu shot somewhere else. The flu shot is good for one year. If you have already had your flu shot, there is no need to get another one

Symptoms –

- Fever between 100° & 104° F & chills
- Fatigue & weakness
- Headache, muscle or body aches
- Cough, runny or stuffy nose
- Nausea, diarrhea or vomiting

How to Treat –

Remember: The flu is a virus. Over-the-counter medicines can help to reduce symptoms. Talk to your pharmacist or provider today.

- Get plenty of rest
- Drink plenty of fluids
- Cover up with a warm blanket to calm chills
- Put a humidifier in your room to make breathing easier

For more information about the flu, please call our 24-hour Nurse Advice Line toll free at (888) 275-8750 (English) or (866) 648-3537 (Spanish). (TTY: 711).

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Appointment Guidelines

Molina Healthcare wants to make sure that you are getting needed care in a reasonable amount of time. If applicable, your doctor/dentist's office should make an appointment in this time frame:

Type of Medical Care/Appointment	Length of Time
After Hours Care (Emergency Services)	<ul style="list-style-type: none">Immediately – 24 hours/day, 7 days a week
Urgent Care	<ul style="list-style-type: none">Within 48 hours
Routine Primary Care	<ul style="list-style-type: none">Within 30 business days of the request
Preventive Care Appointment	<ul style="list-style-type: none">Within 30 business days of the request
Non-Urgent Symptomatic Care	<ul style="list-style-type: none">Within 7 business days of the request
Specialty Care	<ul style="list-style-type: none">Within 6 weeks of the request
Acute Specialty Care	<ul style="list-style-type: none">Within 5 business days of the request
Behavioral Health*	<ul style="list-style-type: none">Immediately for life threatening emergency
	<ul style="list-style-type: none">Routine care within 10 business days of the request
	<ul style="list-style-type: none">Non-life threatening emergency within 6 hours of request
	<ul style="list-style-type: none">Urgent Care within 48 hours of request

*Behavioral Health is limited to Covered Services

Type of Dental Care/Appointment	Length of Time
Emergency Dental Services	<ul style="list-style-type: none">Immediately – 24 hours/day, 7 days a week
Urgent Care	<ul style="list-style-type: none">Within 48 hours
Routine Care	<ul style="list-style-type: none">Within 21 business days of the request
Preventive Care	<ul style="list-style-type: none">Within 6 weeks of the request
Initial Appointment	<ul style="list-style-type: none">Within 8 weeks of the request

Before your visit:

1. If you need an interpreter, let the provider's office know at least three business days before the appointment.
2. Write down your main concerns and bring them with you.
3. Bring a list of your medications (prescribed, over-the-counter, vitamins).
4. Be sure to keep your appointment. If you cannot, please call your provider's office to let them know and reschedule.

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At your appointment:

1. Arrive at your provider's office about 15 minutes early. You may need to fill out forms.
2. Make sure to give them your Molina ID card and any other insurance card and update them of any changes to your address or phone number.
3. Please be patient if your provider is running late.
4. Tell your provider your concerns and symptoms as best as you can.
5. Ask the provider what you can do about your concerns.
6. Ask your provider about your treatment options.
7. Make sure the provider answers all your questions before you leave.
8. Your provider may refer you to a specialist or other health care provider. Ask if you will need to make the appointment. Ask for their phone number.

Help for Pregnant Women and Babies

Early prenatal care helps lead to healthy birth outcomes for you and your baby. Be sure to see your OB doctor as soon as you think you are pregnant to get early screenings and proper resources during your pregnancy.

Your OB office may have a group of health care providers that will see you during your pregnancy. Don't be surprised if you see a different doctor at one or more of your visits. This is common in many offices and clinics. Your doctors are committed to making sure you get quality care at all visits. If you have a question about whether or not there is a health care group at your OB office or OB clinic, please ask the staff to explain this at your next visit.

Maternal Infant Health Programs (MIHPs) are available to all pregnant women on Medicaid. The program includes home visits from a nurse to answer questions about your pregnancy and help with resources. If you prefer, the visits can also take place at a location other than your home. A MIHP nurse can also visit you after you have the baby to help with resources, baby items and information on infant care.

Call the Michigan MIHP at (833) 644-6447 for more information on enrolling in MIHP.

Molina Board of Directors

Molina Healthcare is looking for nominations of enrollees to serve on our Board of Directors. Molina Board of Directors' meetings are held four (4) times a year, one meeting each quarter. If you are interested, you can nominate yourself or any willing adult member of Molina Healthcare. Please use the Enrollee Board Member Nomination form included and mail it back to us with your nomination by January 15, 2020. Elections will occur in the Spring Newsletter 2020. Those elected will take part as a Member Director in Molina Board meetings and give ideas on how we can better serve you.

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Member Advisory Council

At Molina Healthcare, we want to serve you better. We value your opinion and would like to invite you to apply for the Molina Member Advisory Council. The Member Advisory Council discusses and recommends ways for Molina to improve its services provided to Molina members. Council members must be at least 21 years old and be current Molina members. The Council will meet once a year in your area. Advisory Council members will be expected to participate in discussions concerning their experiences with Molina services and providers. Molina will use the member's information about their experiences and their suggestions to improve the healthcare services Molina provides to all members. If you would like to apply or would like more information about the Molina Member Advisory Council, please call (888) 898-7969, Monday – Friday, 8 a.m. to 5 p.m., EST (TTY/TDD: 711).

Grievance and Appeals

You can file a grievance with Molina Healthcare. If you are not happy with the health plan, this is called a grievance. You can also file a grievance if you are not happy with one of our providers.

You can submit a grievance by phone or in writing. Molina Healthcare's Appeals & Grievance (AnG) Specialist can help you write your grievance.

If you would like to make a grievance, please call Member Services at (888) 898-7969, Monday- Friday, 8 a.m. to 5 p.m. (TTY: 711). You may also send in a grievance in writing to:

Molina Healthcare of Michigan
Attention: Appeals and Grievance Department
880 West Long Lake Road, Suite 600
Troy, MI 48098-4504

If your grievance is sent in by a representative, but we haven't received your written approval for the representative, we will not begin the grievance until after we receive it. You must inform us of your Authorized Representative in writing by completing the Authorized Representative Designation form. We will make a decision regarding your grievance within 90 calendar days of receipt.

The AnG Specialist will look into your grievance. The AnG Specialist will ask other staff who know about the issue. This may be a nurse or a doctor who knows about the problem (if it is medical). Molina Healthcare will keep a written account of your grievance. It will be confidential (private). Grievances about the care you receive are sent to the Quality Improvement Department. This Department will look into the complaint further.

Appeal Process

There are two kinds of Internal Appeals: Standard Appeal and Expedited (Fast) Appeal. You must first appeal to Molina before you can request an External Appeal.

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Standard Appeal

You can file an appeal if Molina Healthcare denied, suspended, terminated, or reduced a requested service. This is called an adverse benefit determination.

- You have 60 calendar days from the original adverse benefit determination date to file an appeal.
- You have the right to appeal by phone or in writing to the Designated Appeals Reviewer for Molina Healthcare. Molina Healthcare's AnG Specialist can help you write your appeal. An oral or verbal appeal must be followed by a written, signed appeal. If you would like to file an appeal, please call our Member Services Department at (888) 898-7969, Monday- Friday, 8 a.m. to 5 p.m. (TTY: 711).

You may also send in Appeals to fax number (248) 925-1799 or in writing to:

Molina Healthcare of Michigan
Attention: Appeals and Grievance Department
880 West Long Lake Road, Suite 600
Troy, MI 48098-4504

Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want reviewed, such as medical records, doctors' letters, or other information that explains why you need the item or service. Please call your doctor if you need this information.
- You have the right to include an Authorized Representative (anyone you choose, including an attorney) during the appeals process and to attend the Appeals hearing. You must inform us of your Authorized Representative in writing by completing the Authorized Representative Designation form. If your appeal is sent in by a representative, but we haven't received your written approval for the representative, we will not begin the appeal until after we receive it.
- Molina will provide the Member and/or Member's representative the Member's case file upon request, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by Molina in connection with the appeal of the adverse benefit determination. This information will be provided free of charge and well in advance of the resolution timeframe for appeals.
- You can bring any information that you feel will help the Designated Appeals Reviewer make a better decision.
- The AnG Specialist will tell you the time and place the appeal will be held.
- Molina Healthcare will use a Designated Appeals Reviewer who was not involved in the initial decision to review. The Designated Appeals Reviewer is a health care professional who has the appropriate clinical expertise in treating your health problem or disease. A decision will be mailed to you in 30 calendar days from the date that Molina Healthcare received your appeal. Molina Healthcare will communicate to you in a way you will understand.

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- An additional 14 calendar days are allowed to obtain medical records or other important medical information if you request more time, or if Molina can prove that the delay is in your best interest. You will receive written notification of this extension.
- The AnG Specialist will help you in filing written appeals, including interpreter services if required. Interpretation by phone is available for all languages. Hearing-impaired members are instructed to use the MI Relay line at (800) 649-3777 and “non- English” speaking members are helped by our Bi-Lingual Representatives and Language Line services for all languages. Please call Member Services at (888) 898-7969, Monday - Friday, 8 a.m. to 5 p.m. (TTY: 711) for assistance.
- You may also call the Health Insurance Consumer Assistance Program (HICAP) for help. They offer free help with questions, concerns, disputes and complaints.

Health Insurance Consumer Assistance Program (HICAP)
P.O. Box 30220
Lansing, MI 48909
Phone: (877) 999-6442
Web: Michigan.gov/HICAP
Email: DIFS-HICAP@Michigan.gov

- Molina Healthcare will continue your benefits if all of the following apply:
 - The appeal is filed timely. The appeal must be filed:
 1. Within 10 calendar days of Molina Healthcare’s original adverse benefit determination
 2. On or before the intended effective date of the action
 - The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment
 - The services were ordered by an authorized doctor
 - The authorization period has not expired
 - You request continued benefits
- If Molina Healthcare continues or reinstates your benefits while the appeal is pending, the benefits will continue until one of the following occurs:
 - You cancel the appeal
 - You do not request a State Fair Hearing within 10 calendar days from when Molina Healthcare mails an adverse benefit determination
 - A State Fair Hearing decision adverse to you is made
 - The authorization expires or authorization limits are met
 - If Molina Healthcare reverses the adverse action decision or the decision is reversed by the State Fair Hearing, Molina Healthcare must pay for services given while the appeal is pending and authorize or give disputed services as quickly as your health problem requires.
 - You may be required to pay the cost of the services if the denial is supported.
 - Molina Healthcare will let you know of our decision in writing.

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Expedited (Fast) Appeal (Urgent Cases)

If you or your doctor believes that the usual 30 calendar day timeframe for appeals will cause harm to your health, or affect your normal body functions, your appeal may be expedited (fast). You, your Provider or an Authorized Representative may file a fast appeal within 10 calendar days of the date the adverse benefit determination was received. We will give you a verbal decision on a fast appeal within 72 hours. We will follow up in writing in 2 days. You have the right to ask for a copy of the benefit guidelines used to make this decision. You may request a fast appeal with Department of Insurance and Financial Services (DIFS) after you have filed a fast appeal with Molina Healthcare. If Molina Healthcare denies your request for a fast appeal, you may request a fast external review with DIFS within 10 calendar days of the denial.

There are two kinds of External Appeals after your appeal is denied by Molina. You may file an External Review with DIFS and/or a Medicaid State Fair Hearing with MDHHS.

Department of Insurance and Financial Services (DIFS)

You can ask for an external review if you do not get an answer within 30 calendar days from Molina Healthcare. You can also ask for an external review if you are not happy with the result of your appeal. You may appeal in writing to DIFS for an external review. The appeal request should be sent to:

Department of Insurance and Financial Services (DIFS)
Healthcare Appeals Section Office of General Counsel
P.O. Box 30220
Lansing, MI 48909-7720
(877) 999-6442
Fax Number: (517) 284-8848
Online: <https://difs.state.mi.us/Complaints/ExternalReview.aspx>

Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want reviewed, such as medical records, doctors' letters, or other information that explains why you need the item or service. Please call your doctor if you need this information.

You must appeal in writing to DIFS within 127 calendar days after you receive the final answer from Molina Healthcare. Molina Healthcare can explain the external review process to you. We also mail the external review forms to you. DIFS will send your appeal to an Independent Review Organization (IRO) for review. A decision will be mailed to you in 14 calendar days of accepting your appeal.

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You, your Authorized Representative or your doctor can also request a fast appeal decision from DIFS at the same address above within 10 calendar days after receiving a final appeal resolution notice. DIFS will send your appeal to an IRO for review. You will have a decision about your care within 72 hours. During this time period, your benefits will continue.

State Fair Hearing Process with MDHHS

If you have any problems about the care you are getting, you must first request an appeal to Molina. If you are unhappy with Molina's decision, you may directly appeal to the Michigan Department of Health and Human Services (MDHHS) through the Medicaid State Fair Hearing process. This must be done within 120 calendar days of the final appeal resolution notice. Molina Healthcare will include a Hearing Request form with a self-addressed stamped envelope with our decision. Below are the steps for the State's Medicaid Fair Hearing process.

Step 1 Please call Member Services at (888) 898-7969, Monday - Friday, 8 a.m. to 5 p.m. (TTY: 711); or Michigan ENROLLS at (888) 367-6557 (TTY: (888) 263-5897); or Michigan Office of Administrative Hearings and Rules (MOAHR) at (800) 648-3397 to have a Hearing Request form sent to you. You may also call to ask questions about the hearing process.

Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want reviewed, such as medical records, doctors' letters, or other information that explains why you need the item or service. Please call your doctor if you need this information.



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Step 2 Fill out the request form and mail it to the address listed on the form. Molina will help you complete and send in the request form.

Step 3 A hearing will be scheduled. The State will hold a hearing. You may attend the hearing in person or by phone. You will be asked to tell the state why you disagree with our decision. You can ask a friend, relative, advocate, provider, or lawyer to help you.

Step 4 The results will be mailed to you from Michigan Department of Health and Human Services after the hearing is held. The written decision will explain if you have additional appeal rights. If your complaint is taken care of before your hearing date, you must call to ask for a Hearing Request Withdrawal form. You can call (800) 648-3397 to request this form. The address to request this Hearing Request Withdrawal form is:

Michigan Department of Health and Human Services
Michigan Office of Administrative Hearings and Rules
P.O. Box 30763
Lansing, MI 48909
Attn: Hearings/Appeals
(800) 648-3397
<https://courts.michigan.gov/self-help/mahs>

Health Care Fraud, Waste and Abuse

Molina Healthcare of Michigan is focused on ensuring that fraud, waste and abuse does not occur. If you believe fraud, waste and abuse has taken place, you can report it without giving your name.

You can contact Molina anonymously by:

Online: www.MolinaHealthcare.alertline.com
Email: MHMCompliance@MolinaHealthCare.com
Phone: 1-866-606-3889
Fax: 1-248-925-1797
Regular Mail:
Molina Healthcare of Michigan
Attention: Compliance Director
880 West Long Lake Road, Suite 600
Troy, MI 48098-4504

MolinaHealthcare.com

Or you can contact:

Online: www.michigan.gov/fraud

Phone: 1-855-MI-FRAUD (1-855-643-7283)

Regular Mail:

Michigan Department of Health and Human Services (MDHHS)

Office of Inspector General

P.O. Box 30062

Lansing, MI 48909

For more information, please visit <http://www.molinahealthcare.com/members/mi/en-US/mem/medicaid/overview/quality/Pages/fraud.aspx>.

About Our Members: Protecting Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina wants you to know how we use or share your protected health information (PHI). Please visit the following link for a summary of how Molina protects your privacy: https://www.molinahealthcare.com/members/mi/en-US/mem/hipaa/pages/privacy_full.aspx

Our Notice of Privacy Practices gives more information about how we use and share our members' PHI. You may find our full Notice of Privacy Practices on our website at MolinaHealthcare.com. You also may ask for a copy of our Notice of Privacy Practices by calling Member Services. The number is on the back of your Member ID card.

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Your Extended Family.

Non-Discrimination Notification
Molina Healthcare of Michigan
Medicaid

Molina Healthcare of Michigan (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (888) 898-7969.

Hearing Impaired: MI Relay (800) 649-3777 or 711.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (248) 925-1765.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.



PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-898-7969 (TTY: 711).



300 11th Ave E
Sartell, MN 56377



Questions about Your Health?

Call Our 24-Hour Nurse
Advice Line!

English and other languages:

(888) 275-8750

Spanish: **(866) 648-3537**

Your health is our priority!

TTY/TDD users should dial **711**.

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