Welcome to Molina Healthcare.

Your Extended Family.

MolinaHealthcare.com





Molina Healthcare of Wisconsin (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
 - o Skilled sign language interpreters
 - o 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
 - o Written material translated in your language
 - o Material that is simply written in plain language

If you need these services, contact Molina Member Services at 1 (888) 999-2404, TTY: 1 (800) 947-3529.

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 1 (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 1 (414) 831-2886.

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 1 (800) 537-7697.

Interpreter Services

Molina Healthcare of Wisconsin, Inc.

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

If you need these services, all of which are free of charge to you; or you need help to translate or understand this, contact Molina Healthcare at 1 (888) 999-2404, TTY: 711

English

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-888-999-2404 (TTY: 711).

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-888-999-2404 (TTY: 711).

Hmong

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-888-999-2404 (TTY: 711).

Chinese Mandarin

注意:如果您说中文,您可获得免费的语言协助服务.请致电1-888-999-2404 (TTY 文字电话: 711).

Somali

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa laguu heli karaa iyagoo bilaash ah. Wac 1-888-999-2404 (TTY: 711).

Laotian

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍ ເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍເສຍຄ່າ. ໂທ 1-888-999-2404 (TTY: 711).

Russian

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-888-999-2404 (TTY: 711).

Burmese

ကျေးဇူးပြု၍ နားဆင်ပါ - သင်သည် မြန်မာစကားပြောသူဖြစ်ပါက၊ သင့်အတွက် အခမဲ့ဖြင့် ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ ရရှိနိုင်သည်။ 1-888-999-2404 (TTY: 711) တွင် ဖုန်းခေါ်ဆိုပါ။

Arabic

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 711 (هاتف نصى: 711).

Serbo-Croatian

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-888-999-2404 (telefon za gluhe: 711).

Welcome to Molina Healthcare!

When you show your ForwardHealth ID card and are asked —"what insurance do you have"— the answer is Molina Healthcare. Molina works with you so you can receive your health benefits.

As a member of Molina, you should get all your health care from doctors and hospitals in the Molina Provider Network.

See Molina's Medicaid Provider Directory for a list of these providers or use the Molina Online Provider Directory found at MolinaHealthcare.com. Those providers accepting new patients are marked in the Medicaid Provider Directory. You may also call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

The most current version of the handbook is available at MolinaHealthcare.com

In this handbook you will find helpful information about:

Your Membership (pg 06)

- Using Your ID Card
- Quick Reference

Your Doctor (pg 10)

- Find your Doctor
- Schedule your First Visit
- Interpreter Services

Your Benefits (pg 14)

- No Co-payment
- Home Healthcare/Personal Care Worker Services
- Molina Network
- Vision Services
- Dental Services
- · No-Cost Cell Phone
- Covered Drugs

Your Extras (pg 18)

- MyMolina.com
- Health Education and Incentive Programs
- · Molina Mobile App
- Transportation
- · Care Management
- Community Resources

Your Policy (pg 22)

- Coverage
- Billing
- · Rights and Responsibilities

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



1. Review your Molina materials. Always open mail you receive from Molina and the State.

You should have received your ForwardHealth ID card and a Molina Healthcare ID Card. There is one for you and one for every member of your family. Please keep them with you at all times.



2. Register for MyMolina

Signing up is easy. Go to **MyMolina.com** and log in with your ForwardHealth ID. Then you can change your Primary Care Provider (PCP), view service history and more. Connect from any device, any time!



3. Talk about your health

We'll call you for a short interview about your health. It will help us identify how to give you the best possible care. It is important you let Molina and the state know if your contact info ever changes.



4. Get to know your PCP

PCP stands for Primary Care Provider. This is your personal doctor. To choose or change your doctor, go to MyMolina.com or call Molina Services. Call your doctor within the next 90 days to schedule your first visit.



5. Get to know your benefits

With Molina you have health coverage and free extras. We offer health education and have people dedicated to your care.

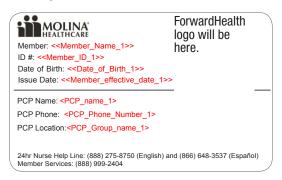
Your Membership

Using Your ForwardHealth ID Card

There is one ForwardHealth ID for each member.

Your ForwardHealth ID card is the card you will use to get your BadgerCare Plus or Medicaid SSI benefits. Your ForwardHealth card is different from your Molina Healthcare card. Always carry your ForwardHealth ID card with you and show it every time you go to the doctor or hospital. You must also show it every time you get a prescription filled. You may have problems getting health care or prescriptions if you do not have your ForwardHealth ID card with you. Also bring any other health insurance cards you may have. This includes your ID card from Molina or other service providers.

Your Molina ID card lists your primary care doctor's name and gives you important telephone numbers. Molina suggests you carry it with your ForwardHealth ID card.





You need your ID card to:



See your doctor, specialist or other provider





Go to an emergency room



Get medical supplies and/or prescriptions



Go to urgent care



Have medical tests

Need

Quick Reference

Online Access

- Find or change your doctor
- Update your contact information
- Get health care reminders
- Track office visits
- Order a new ID Card

Go to MyMolina.com and sign up

Find a provider at:

MolinaHealthcare.com/ProviderSearch

Getting Care

- Urgent Care
 - Minor illnesses
 - Minor injuries
- Physicals and checkups
- Preventive care
- Immunizations (shots)

Call Your Doctor: Name and Phone

Urgent Care Centers Find a provider or urgent care center MolinaHealthcare.com/ProviderSearch

24-Hour Nurse Advice Line

1 (888) 275-8750 (English)

1 (866) 648-3537 (Español)

TTY: 711

A nurse is available 24 hours a day, 7 days a week.

Your Plan Details

- Questions about your plan
- Questions about programs or services
- ID card issues
- Language services
- Transportation
- Help with your visits
 - Prenatal care
 - Well-Child visits with PCP or OB/GYN

Changes/Life Events

- Coverage
- Contact Info
- Marriage
- Divorce

Emergency

- Choking
- Convulsions
- Prolonged or repeated seizures
- Serious broken bones
- Severe burns
- Severe pain
- Severe or unusual bleeding
- Suspected heart attack
- Suspected poisoning
- Suspected stroke
- Trouble breathing
- Unconsciousness

Molina Member Services

1 (888) 999-2404, TTY/TDD: 711

Monday through Friday,

8 a.m. – 5 p.m.

To schedule a ride to an appointment, call the Department of Health Services.

1 (866) 907-1493

Molina Member Services

1 (888) 999-2404, TTY/TDD: 711

Department of Health Services

1 (800) 362-3002

Social Security Administration

1 (800) 772-1213

Call 911

Your Doctor

Find Your Doctor

Your Primary Care Provider (PCP) knows you and takes care of all your medical needs. It's important to have a doctor who makes you feel comfortable. It's easy to choose one with Molina's Provider Directory. The directory lists all doctors that are in the Molina Medicaid Provider Network. These are the doctors you must use as a Molina member. You can pick a doctor for you and another for other Molina members in your family. You can also select a doctor who will see all members of your family.

Schedule your first visit to get to know your doctor. Call Molina Healthcare at 1 (888) 999-2404, TTY/TDD: 711. A representative can help make an appointment or find a doctor for you. You can also use the Molina Online Provider Directory at MolinaHealthcare.com/ProviderSearch.

If you do not choose a doctor, Molina will do it for you. Molina will choose a doctor based on your address, preferred language and doctors your family has seen in the past.

For more information on choosing a doctor, see **How to Choose a Primary Care Provider** on page 23.

Schedule Your First Visit

Visit your doctor within 90 days of enrolling with Molina Healthcare. Learn more about your health and let your doctor know more about you.

Your doctor will:

- Treat you for most of your routine health care needs
- Review your tests and results
- Prescribe medications
- Refer you to other doctors (specialists)
- Admit you to the hospital if needed

Interpreter Services

If you need to speak in your own language, we can get an interpreter to speak with you. They can also help you speak with your doctor or provider. An interpreter can help you:

- Make an appointment
- Talk with your doctor or nurse
- · Get emergency care
- File a grievance or appeal
- Get information about taking medicine
- Follow up about a Molina prior authorization you need for a service
- · With sign language

This is a free service. If you need an interpreter, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

You must see a doctor that is part of the Molina Medicaid Provider Network.

If for any reason you want to change your primary doctor, go to MyMolina.com. You can also call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.



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

Your Benefits

No Co-payment

Medicaid members have no co-payment for Molina covered medically necessary services. For more information about co-payments for other services under BadgerCare Plus and Medicaid SSI, see Co-payments on page 32.

Home Healthcare/Personal Care Worker Services

Molina covers medically necessary home healthcare and personal care worker services. Please note that all Medicaid HMOs require a prior authorization from your provider for Home Healthcare and Personal Care Worker Services.

For a **full list of covered services**, and to see which services require a Molina prior authorization, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

Molina Network

We have a growing family of doctors and hospitals who are ready to serve you. Visit providers who are part of the Molina Medicaid Provider Network. You can find a list of these providers at MolinaHealthcare.com/ProviderSearch. Call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711, if you need a printed copy of this list.

The Molina Online Directory contains provider information such as names, telephone numbers, addresses, specialties and professional qualifications.

For more information, see **How to Choose a Primary Care Provider** on page 23.



Vision Services

We are here to take care of the whole you, including your eyes.

Molina covers vision services, including eyeglasses, but some limitations apply. For details, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

Dental Services

As a member of Molina Healthcare, you have the right to a routine dental appointment within 90 days of your request. For details, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

Molina provides all covered dental services for BadgerCare Plus and Medicaid SSI members in the following counties:

Milwaukee

Kenosha

Racine

Ozaukee

Washington

Waukesha

For more information, see **Dental Services**, **Dental Emergencies** on page 28.

No-Cost Cell Phone

For information on how to get a no-cost cell phone, call Molina Member Services at 1 (888) 999-2404.

Get a phone to use 24/7. Talk up to 350 minutes every month. As a Molina member, you also get unlimited texts. You can even get doctor visit reminders and health tips sent to you. Free Call/No Minutes charged to your phone when you call Molina Member Services: 1 (888) 999-2404, TTY/TDD: 711.

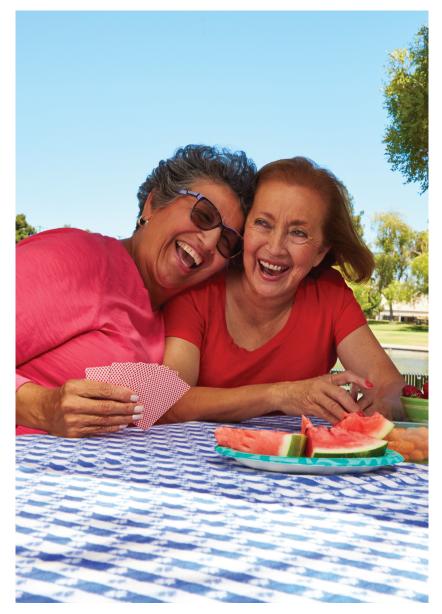
Covered Drugs

You may get a prescription from a doctor, specialist or dentist in the Molina Medicaid Provider Network. You can get covered prescriptions and certain over-the-counter items at any pharmacy that will accept your ForwardHealth ID card.

You may have co-payments or limits on covered medications. If you cannot afford your co-payments, you can still get your prescriptions.

Show your ForwardHealth ID card to the pharmacy when you get your prescriptions filled.

For more information about medications, call ForwardHealth Member Services at 1 (800) 362-3002. You can also review **Pharmacy Benefits and Supplies** on page 27.



Your Extras

Manage your Health Plan Online with MyMolina.com

Connect to our secure portal from any device, wherever you are. Change your doctor, update your contact information, request a new ID card and much more. To sign up, visit MyMolina.com.

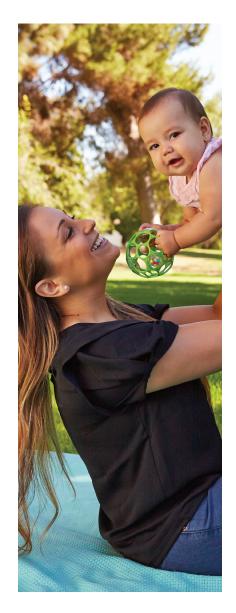
Health Education and Incentive Programs

Live well and stay healthy! Our free programs help you control your weight, stop smoking or get help with chronic diseases. You get learning materials, care tips and more. Molina also has programs for expectant mothers. If you have asthma, diabetes, heart problems or any other chronic illness, one of our nurses or Care Managers will contact you. You can also sign up on MyMolina.com, or call Molina Health Management at 1 (866) 891-2320, TTY/TDD: 711.

Molina Mobile App

Manage your health care anytime, anywhere. Members can sign into the app using their MyMolina User ID and password to access our secure features, including:

- View your electronic Molina Member ID Card
- Find a doctor or facility near you with Doctor Finder
- Use the 24-Hour Nurse Advice Line to get the care you need.



Transportation

Transportation is available to you so you don't miss your doctor's appointments.

Non-Emergency Medical Transportation (NEMT) is available through the Department of Health Services NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to receive a ride. Nonemergency medical transportation can include rides using:

- Public transportation, such as a city bus
- Non-emergency ambulances
- Specialized medical vehicles
- Other types of vehicles, depending on a member's medical and transportation needs.

If you use your own private vehicle for rides to and from your covered health care appointments, you may be eligible for mileage reimbursement.

You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at 1 (866) 907-1493, TTY/TDD: 711, between 7 a.m.- 6 p.m., Monday through Friday. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less. For more information see Transportation Services on page 30.





Care Management

Molina has a team of nurses and social workers ready to serve you. They are called Care Managers. Care Managers are helpful and can give you extra attention for certain conditions. Here are some of the conditions:

- Asthma
- Behavioral health disorders
- Chronic Obstructive Pulmonary Disease (COPD)

- Diabetes
- High blood pressure
- High-risk pregnancy

Community Resources

Molina is part of your community and works to connect you to the services you need.

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

- Call 2-1-1 to reach IMPACT 2-1-1. This is a free and confidential service that will help you find local resources, including nonprofit and government services. Available 24/7, every day of the year.
- Department of Health Services 1 (608) 266-1865
- Mental Health America-Wisconsin at 1 (414) 276-3122 or toll-free at 1 (866) 948-6483.

Your Policy

Appointment Guidelines

IMPORTANT: Molina is responsible for providing all medically necessary covered services under BadgerCare Plus and Medicaid SSI. Your doctor's office should give you an appointment for the listed visits in this time frame:

Appointment Type	When you should get the appointment
Urgent Care	Within 24 hours
Routine or non-urgent care	Within 30 calendar days
Well-Child preventive care	Within 30 calendar days
Adult preventive care	Within 30 calendar days
Specialist	Within 21 calendar days
Dental child	Twice a year
Dental adult	Once per year

HealthCheck/Annual Wellness Check

HealthCheck is a program for members younger than 21 years old. The program covers complete health checkups, including treatment for health problems found during the checkup.

These checkups are important. Doctors need to see those members younger than 21 years old for regular checkups, not just when they are sick.

HealthCheck has three goals for those younger than 21 years old:

- 1. To find and treat health problems
- 2. To increase awareness of special health services
- 3. To make them eligible for health care not otherwise covered

The HealthCheck checkup includes:

- Age-appropriate immunizations (shots)
- Blood and urine lab tests (including blood lead level testing when age appropriate)
- Dental screening and dentist referrals, starting with 1-year-old members
- Health and developmental history
- Hearing screening
- Physical exam
- · Vision screening

To schedule a HealthCheck exam, or for more information, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

If you need a ride to or from a HealthCheck appointment, call the Department of Health Services (DHS) Non-Emergency Medical Transportation (NEMT) manager at 1 (866) 907-1493, or TTY/TDD: 711, to schedule a ride.

How to Choose a Primary Care Provider (PCP)

It is important to choose a Primary Care Provider (PCP) to manage all your health care. You can choose one from the list of doctors accepting new patients, as marked in the Molina Medicaid Provider Directory. HMO doctors are sensitive to the needs of many cultures. Visit **MyMolina.com** to choose your PCP, or call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711, for help.

When you need care, call your PCP first. Your PCP will help you decide if you need to see another doctor or specialist. Remember, you must get approval from your primary care physician before you see another doctor. Women may choose a women's health specialist, such as an Obstetrician or Gynecologist (OB/GYN), nurse midwife, or licensed midwife, without a referral in addition to choosing their primary care physician.

Transtions of Care

If you have moved from ForwardHealth or a BadgerCare Plus HMO to a new BadgerCare Plus HMO, then you have the right to:

- Continue to see your current providers and access your current services for up to 90 days. Please call your HMO upon enrollment to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will be given a choice of participating providers to make a new choice.
- Receive services that would pose a serious health risk or hospitalization if you did not receive them.

How to Get Specialty Care and Referrals

If you need care that your PCP cannot give, he or she will refer you to a specialist who can. Talk with your PCP to be sure you know how referrals work. If you think a specialist

does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist. There are some treatments and services that your PCP must ask Molina Healthcare to approve before you can get them. That is called a "prior authorization." Your PCP will be able to tell you what services require this approval.

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

For members requesting care from a specialist outside the Molina Medicaid Provider Network, your PCP or the specialist you are seeing needs to request prior authorization of specialty care or services from Molina Healthcare via fax or phone call.

This request for prior authorization must be done before any treatments or tests take place. If a request for specialty care is denied by Molina Healthcare, Molina will send you a letter within three days of the denial. You or your PCP can appeal our decision. If Molina refers you to a provider outside the Molina Medicaid Provider Network, you are not responsible for any of the costs. Molina Healthcare will pay for these services.

If You Need to See a Doctor that is not Part of Molina

If a provider in the Molina Medicaid Provider Network is unable to provide you with necessary and covered services. Molina Healthcare must cover the needed services through an out-of-network provider. The cost to you should be no greater than it would be if the provider were in the Molina Medicaid Provider Network. This must be done in a timely manner for as long as the Molina Medicaid Provider Network is unable to provide the service.

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. It is important to remember that vou must receive services covered by Molina Healthcare from facilities and/or providers in the Molina Medicaid Provider Network.

Accessing the care you need What is an Emergency?

An emergency needs to be taken care of right away. A prior authorization is not required for emergency services.

If you need emergency care, try to go to a provider in the Molina Medicaid Provider Network for help. If your condition cannot wait, go to the nearest provider (hospital, doctor, or clinic). If the emergency is severe and you're unable to get to the nearest provider, call 911 or your local police or fire department emergency services.

If you must go to a hospital or doctor that is not in the Molina Medicaid Provider Network, tell Molina Healthcare what happened as soon as you can. Call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

Remember, hospital emergency rooms are for true emergencies only.

Unless you have a true emergency, call your doctor or Molina's 24-Hour Nurse Advice Line number at 1 (888) 275-8750, (English); or 1 (866) 648-3537, (Español), TTY/TDD: 711. Your PCP or advice nurse can talk to you about your medical problem. We will tell you where you can get care.

The following chart offers a quick reference to help you learn where to go for medical services

Type of care needed		Where to go and
		whom to call
Emergencies may involve, but are		Call 911 if it is
not limited to:		available in your
•	Miscarriage/pregnancy with	area or go to the
	vaginal bleeding	nearest emergency
•	Prolonged or repeated seizures	department.
•	Convulsions	911 is the local
•	Severe or unusual or excessive	emergency
	bleeding	telephone system
•	Unconsciousness	available 24 hours
•	Overdose	a day, 7 days a
•	Poisoning	week.
•	Severe burns	
•	Chest pain	Poison Control
•	Trouble breathing	Center
•	Choking	1 (800) 222-1222
•	Serious broken bones	
•	Severe pain	
•	Suspected heart attack	
•	Suspected stroke	

What is Post-Stabilization?

These are services you get after emergency room (ER) care. These services keep your condition stable. You do not need approval for these services. After your visit to the ER, you should call your doctor as soon as you can. Your doctor will help you get any follow-up care you need. You can also call Molina Member Services for help.

Urgent Care

Urgent care is care you need sooner than a routine doctor's visit, but it is not emergency care. Urgent care is available during extended office hours. Do not go to a hospital emergency room for urgent care unless your doctor tells you to go there.

Some examples are:

- Bruises
- Minor burns
- Minor cuts
- Most broken bones
- · Most drug reactions
- Bleeding that is not severe
- Sprains

You must get urgent care from doctors in the Molina Medicaid Provider Network, unless you get Molina's approval to see a a provider that is not in the Molina Medicaid Provider Network. Do not go to a hospital emergency room for urgent care unless you get prior authorization from Molina Healthcare first. If you need urgent care, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

How to Get Medical Care When You Are Away From Home

Follow these rules if you need medical care but are too far away from home to go to your regular primary care physician or clinic:

- For true emergencies, go to the nearest hospital, clinic, or doctor. Call Molina Member Services at
 1 (888) 999-2404, TTY/TDD: 711, as soon as you can to tell us what happened.
- For urgent or routine care away from home, you must get prior authorization from Molina to go to a different doctor, clinic, or hospital. This includes children who are spending time away from home with a parent or relative.
- Call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711 for approval to go to a different doctor, clinic, or hospital

Pharmacy Benefits and Supplies

Pharmacy benefits and disposable medical supplies (supplied by pharmacies) provided to Medicaid members are not provided by Molina. These services are handled by the state through Fee For Service (FFS). Your prescriptions and certain over-the-counter items are provided by the state, not the Molina Healthcare Health Plan.

You may get a prescription from a doctor, specialist, or dentist in the Molina Medicaid Provider Network. You can get covered prescriptions and certain over-the-counter items at any pharmacy that will accept your ForwardHealth ID card.

You may have co-payments or limits on covered medications. If you cannot afford your co-payments, you can still get your prescriptions. You can fill your prescription at any pharmacy that is a provider for BadgerCare Plus and Medicaid SSI.

Please show your ForwardHealth ID card to the pharmacy when you get your prescriptions, filled. If you have questions regarding prescriptions, call the Wisconsin Medicaid Member services at 1 (800) 362-3002.

Mental Health and/or Substance Abuse Services

Molina Healthcare provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call Molina Member Services for information. If you need immediate help, call our 24-Hour Nurse Advice Line at 1 (888) 275-8750, which is open seven days a week.

All services provided by Molina Healthcare are private.

How to Access Hospital Services

Inpatient Hospital Services

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

Medical/Surgical Services

We cover the following inpatient services in a participating provider hospital or rehabilitation facility, when the services are generally and customarily provided by acute care general hospitals or rehabilitation facilities inside our service area:

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

Other Insurance Coverage

If you have other insurance in addition to Molina Healthcare, you must tell your doctor or other provider. Your doctor or other health care provider must bill your other insurance before billing Molina Healthcare. If your doctor does not accept your other insurance, call the HMO Enrollment Specialist at 1 (800) 291-2002. The HMO Enrollment Specialist can tell you how to use both insurance plans.

Dental Services

Molina and BadgerCare Plus provide all covered dental services. You must go to a dentist that is in the Molina Medicaid Provider Network. See the Provider Directory or call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711, for the names of our dentists.

As a member of Molina Healthcare, you have the right to a routine dental appointment within 90 days. Call Molina Member Services at 1 (888) 999-2404, TTY/TTD: 711 for assistance.

Molina Healthcare provides covered dental services for BadgerCare Plus and Medicaid SSI in the following counties: Milwaukee, Kenosha, Ozaukee, Racine, Washington and Waukesha.

If you live outside these areas, dental services are a covered benefit under BadgerCare Plus. You may get covered dental services from a Medicaid-enrolled provider

who accepts your ForwardHealth ID card. To find a Medicaid-enrolled provider:

- 1. Go to www.forwardhealth.wi.gov
- 2. Click on the Members link or icon in the middle section of the page
- 3. Scroll down and click on the Resources tab
- 4. Click on the Find a Provider link
- 5. Under Program, select BadgerCare Plus

You can also call ForwardHealth Member Services at 1 (800) 362-3002.

Dental Emergency

If you have a dental emergency, you have the right to obtain treatment within 24 hours of your request. A dental emergency is a need for immediate dental services to treat severe dental pain, swelling, fever, infection, or injury to the teeth.

If you are experiencing a dental emergency and already have a dentist:

- Call the dentist's office.
- Tell the dentist's office that you or your child is having a dental emergency.
- Tell the dentist's office the symptoms that explain what is happening. This may be something like a severe toothache or swollen face.
- Call NEMT (non-emergency medical transportation) at 1 (866) 907-1493, if you need help with getting a ride to or from your dental appointment.

If you do not currently have a dentist who is with the Molina Medicaid Provider Network:

- Call Molina Healthcare at 1 (888) 999-2404 to tell us that you or your child is having a dental emergency. We can help you get dental services.
- If you need a ride to the dentist's office, call NEMT (non-emergency medical transportation) at 1 (866) 907-1493.

You have a right to get treatment for your dental emergency within 24 hours after receipt of your request.

Chiropractic Services

Chiropractic services are a covered benefit under BadgerCare Plus and Medicaid SSI. You may get covered chiropractic services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

- 1. Go to www.forwardhealth.wi.gov
- 2. Click on the Members link or icon in the middle section of the page
- 3. Scroll down and click on the Resources tab.
- 4. Click on the Find a Provider link
- 5. Under Program, select BadgerCare Plus

Or, you can call ForwardHealth Member Services at 1 (800) 362-3002.

Autism Treatment Services

Behavioral treatment services are a covered benefit under BadgerCare Plus. You may get covered autism treatment services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

- 1. Go to www.forwardhealth.wi.gov
- 2. Click on the Members link or icon in the middle section of the page
- 3. Scroll down and click on the Resources tab
- 4. Click on the Find a Provider link
- 5. Under Program, select BadgerCare Plus

Or, you can call ForwardHealth Member Services at 1 (800) 362-3002.

Transportation Services

Non-Emergency Medical Transportation is available through the Department of Health Services NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to receive a ride. Non-emergency medical transportation can include rides using:

- Public transportation, such as a city bus
- Non-emergency ambulances
- Specialized medical vehicles
- Other types of vehicles, depending on a member's medical and transportation needs.

Additionally, if you use your own private vehicle for rides to and from your covered health care appointments, you may be eligible for mileage reimbursement. Transportation by special medical vehicle (SMV) for those in wheelchairs is covered. If another person is required to go and assist the member during transit, that person's costs may be covered. Call 1 (866) 907-1493 if you need this service.

You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at 1 (866) 907-1493, TTY/TDD: 711), between 7 a.m. to 6 p.m., Monday—Friday.

You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

If you have regularly scheduled appointments three or more times a week, talk with your doctor. Your doctor can work with the transportation provider to schedule your regularly reoccurring rides.

Ambulance

Molina Healthcare covers ambulance service for emergency care. We may also cover this service at other times, but you must have prior authorization for all non-emergency ambulance trips. Call Molina Member Services for prior authorization. After hours, call the Molina 24-Hour Nurse Advice Line at 1 (888) 275-8750. Always call 911 in the case of emergency.

Care Evaluation/Health Needs Assessment (SSI Managed Care Only)

As a member of Molina Healthcare, you may be asked to talk with a trained Molina staff member about your health care needs. This will happen within 60 days of you being enrolled with Molina Healthcare. During the call, your medical history and the care you need will be discussed. It is important Molina staff talk to you so you can get the care and services you need. If you have questions or you would like to contact Molina Healthcare directly, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

Family Planning Services

We provide private family planning services to all members, including minors. If you do not want to talk to your primary care physician about family planning, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711. We will help you choose a Molina family planning doctor who isn't your primary care physician.

We encourage you to get family planning services from a doctor in the Molina Medicaid Provider Network so that we can better coordinate all your health care. However, you can also go to any family planning clinic that will accept your ForwardHealth ID card—even if the clinic is not in the Molina Medicaid Provider Network.

Care During Pregnancy and Delivery

If you become pregnant, let Molina Healthcare and your county Income Maintenance (IM) agency know right away. We want you to get the extra care you need. **You do not have co-payments when you are pregnant.**

You must have your baby at a hospital that is in the Molina Medicaid Provider Network. Talk to your Molina Medicaid in-network doctor to make sure you know which hospital to go to when you have your baby. Do not go out of the area to have your baby unless you have a Molina prior authorization. Your Molina Medicaid in-network doctor knows your history and is the best doctor to help you.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. We want you to have a healthy birth and a good birth experience, so it may not be a good time to travel.

Approval Process

Most services are available to you without prior authorization. However, some services do require prior authorization. Prior authorization (PA) is a request for service from your doctor. Molina Healthcare's medical staff and your doctor review the medical need of your care before services are given. This way, they can make sure it is appropriate for your specific condition.

For a list of covered services that do and do not require prior authorization, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

Co-payments

Under BadgerCare Plus and Medicaid SSI, Molina and its providers and subcontractors may bill you small service fees, called co-payments. The following members do not have to pay co-payments:

- Nursing home residents
- Pregnant women
- Members younger than 19 years old who are members of a federally recognized tribe
- Members younger than 19 years old with incomes at or below 100 percent of the federal poverty level.

Please review the following chart to learn more about potential co-payments.

Molina Healthcare co-pay sheet			
	BadgerCare Plus	Medicaid SSI	
Disposable Medical Supplies (DMS)	No co-pay for supplies covered by HMO. Some DMS items not covered by HMOs, so copays may apply for certain people and/or for certain services if paid under FFS.	No co-pay for supplies covered by HMO. Some DMS items not covered by HMOs, so co-pays may apply for certain people and/or for certain services if paid under FFS.	

Molina Healthcare co-pay sheet			
	BadgerCare Plus	Medicaid SSI	
Durable Medical Equipment, Orthotics, Prosthesis	No co-pay	No co-pay	
Home Health Services	No co-pay	No co-pay	
Personal Care Worker (PCW) Services	No co-pay	No co-pay	
Hospice Services	No co-pay	No co-pay	
Home IV Therapy	No co-pay	No co-pay	
Pharmacy Prescription Drugs	You may have co-payments or limits on covered medications. If you cannot afford your co-payments, you can still get your prescriptions.	You may have co-payments or limits on covered medications. If you cannot afford your co-payments, you can still get your prescriptions.	
Prenatal Services, including PNCC	No co-pay	No co-pay	
Private Duty Nursing	No co-pay	No co-pay	

Molina Healthcare co-pay sheet				
	BadgerCare Plus	Medicaid SSI		
PT, OT, ST therapy services – facility bill from home health agency	No co-pay	No co-pay		
PT, OT, ST therapy services – facility bill from outpatient hospital	No co-pay	No co-pay		
PT, OT, ST therapy services – professional bill	No co-pay	No co-pay		
Rehabilitation Inpatient or Outpatient	No co-pay	No co-pay		
Respiratory Therapy	No co-pay	No co-pay		
Skilled Nursing Facility (SNF)	No co-pay	No co-pay		
Urgent Care Services	No co-pay	No co-pay		

Molina Healthcare co-pay sheet			
	BadgerCare Plus	Medicaid SSI	
Dental Services	No co-pay. Dental is only covered through Molina Healthcare in Milwaukee, Kenosha, Ozaukee, Racine, Washington and Waukesha counties.	No co-pay. Dental is only covered through Molina Healthcare in Milwaukee, Kenosha, Ozaukee, Racine, Washington and Waukesha counties.	
Mental Health AODA Services	No co-pay	No co-pay	
Vision Routine & Hardware	No co-pay	No co-pay	

Services Not Covered

Molina Healthcare will not pay for services or supplies received without following the directions in this handbook. Some examples of non-covered services include:

- Acupuncture
- Plastic or cosmetic surgery that is not medically necessary
- Surrogacy

This is not a complete list of the services that are not

covered by BadgerCare Plus and/or Medicaid SSI. To see a full list of services not covered, you can view the State Enrollment and Benefits Handbook at http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf.

If you have a question about whether a service is covered, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

Getting a second medical opinion

If you do not agree with your provider's plan of care for you, you have the right to a second opinion. That means you can talk to another provider or out-of-network provider. This service is at no cost to you if you see a provider in the Molina Medicaid Provider Network or get a prior authorization from Molina. To see an out of network provider, talk to your doctor, or call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711, for more information

How Does Molina Pay Providers for Your Care?

Molina Healthcare contracts with providers in many ways. Some providers in the Molina Medicaid Provider Network are paid on a fee-for-service basis. This means they are paid each time they see you and for each procedure they perform. Other providers are paid a flat amount for each month a member is assigned to their care, whether or not they see the member.

Some providers may be offered rewards for offering excellent preventive care and monitoring the use of hospital services. Molina Healthcare does not reward providers or employees for denying medical coverage or services. Molina Healthcare also does not give bonuses to providers to give you less care. For more information about how providers are paid, call Molina Member Services.

When You May be Billed For Services Covered and Non-covered Services

Under BadgerCare Plus, Medicaid SSI, Children Come First and Wraparound Milwaukee, you do not have to pay for covered services other than required co-payments. The amount of your co-pay cannot be greater than it would have been in fee-for-service.

To help ensure that you are not billed for services, you must see a provider in the Molina Medicaid Provider Network. The only exception is for emergencies. If you are willing to accept financial responsibility and make a written payment plan with your provider, you may ask for non-covered services. Providers may bill you up to their usual and customary charges for non-covered services.

If you get a bill for a service you did not agree to, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

Medical Services Received Outside Wisconsin

If you travel outside of Wisconsin and need emergency care, health care providers in the area where you travel can treat you and send the bill to Molina Healthcare. You may be responsible for part of the bill for emergency services provided outside Wisconsin.

Molina Healthcare does not cover any services, including emergency services, provided outside the United States, Canada and Mexico. If you need emergency services while in Canada or Mexico, Molina Healthcare will cover the service only if the doctor or hospital's bank is in the United States.

Other services may be covered with Molina approval, if the provider has a United States bank. Call Molina Healthcare if you receive any emergency services outside the United States.

If you get a bill for services, call Molina Member Services at 1 (888) 999-2404, TTY/TTD: 711, right away.

Looking at What's New

Molina looks at new types of services, and we look at new ways to provide those services. Molina reviews new studies to see if new services are proven to be safe for possible added benefits. Molina Healthcare reviews the type of services listed below at least once a year:

- Medical services
- Mental health services
- Medicines
- Equipment

Eligibility and Enrollment If You Move

If you are planning to move, contact your current Income Maintenance (IM) agency. If you move to a different county, you must also contact the IM agency in your new county to update your eligibility for BadgerCare Plus or Medicaid SSI.

If you move out of the Molina Healthcare service area, call the HMO Enrollment Specialist at 1 (800) 291-2002. The HMO Enrollment Specialist will help you choose a new HMO that serves your new area.

HMO Exemptions

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you are not required to join an HMO to get your health care benefits. Most exemptions are granted for only a short period of time, primarily to allow you to complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment, call the HMO Enrollment Specialist at 1 (800) 291-2002 for more information.

Filing a Grievance or Appeal Grievances

A grievance is any complaint about Molina or health care provider that is not related to a denial, limitation, reduction, or delay in your benefits. Grievance topics include things like the quality of services you were provided, rudeness from a provider or an employee, and not respecting your rights as a member.

Molina would like to know if you ever have a grievance about your care at Molina Healthcare of Wisconsin. Please call Molina's Member Advocate at 1 (800) 999-2404. TTY/TDD: 711, and ask for your Member Advocate, or write to us at the following address if you have a grievance:

Molina Healthcare of Wisconsin PO Box 242480 Milwaukee, WI 53224-9931

If you want to talk to someone outside Molina Healthcare of Wisconsin about the problem, call the HMO Enrollment Specialist at 1 (800) 291-2002. The HMO Enrollment Specialist may be able to help you solve the problem or write a formal grievance to Molina Healthcare of Wisconsin or to the BadgerCare Plus and/or Medicaid SSI programs.

If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1 (800) 928-8778 for help with grievances.

The address to file a grievance with the BadgerCare Plus and Medicaid SSI, programs is:

BadgerCare Plus and Medicaid SSI Managed Care Ombuds PO Box 6470 Madison, WI 53716-0470 Phone Number: 1 (800) 760-0001 You may file a grievance at any time. You will not be treated differently from other members because you file a complaint or grievance. Your health care benefits will not be affected.

Appeals

You have the right to appeal if you believe your benefits are wrongly denied, limited, reduced, delayed, or stopped by Molina Healthcare of Wisconsin. Your authorized representative or your provider may request an appeal for you if you have given them consent to do so. When requesting an appeal, you must appeal to Molina Healthcare of Wisconsin first. The request for an appeal must be made no more than 60 days after you receive notice of services being denied, limited, reduced, delayed or stopped.

If you need help writing a request for an appeal, call the Molina Healthcare of Wisconsin Advocate at 1 (888) 999-2404, TTY/TDD: 711, and ask for your Wisconsin Member Advocate; the BadgerCare Plus and Medicaid SSI Ombuds at 1 (800) 760-0001; or the HMO Enrollment Specialist at 1 (800) 291-2002.

If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1 (800) 928-8778 for help with your appeal.

Your next level appeal rights

If you disagree with Molina Healthcare of Wisconsin's decision about your appeal, you may request a fair hearing with the Wisconsin Division of Hearing and Appeals.

The request for a fair hearing must be made no more than 90 days after Molina Healthcare of Wisconsin makes a decision about your appeal.

If you want a fair hearing, send a written request to:

Department of Administration Division of Hearings and Appeals PO Box 7875 Madison, WI 53707-7875

The hearing will be held with an administrative law judge in the county where you live. You have the right to be represented at the hearing, and you can bring a friend for support. If you need a special arrangement for a disability or for language translation, call 1 (608) 266-3096 (voice) or 1 (608) 264-9853 (hearing impaired).

If you need help writing a request for a fair hearing, call either the BadgerCare Plus and Medicaid SSI Ombuds at 1 (800) 760-0001 or the HMO Enrollment Specialist at 1 (800) 291-2002. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1 (800) 928-8778 for help.

You will not be treated differently from other members because you request a fair hearing. Your health care benefits will not be affected

You may request to have the disputed services continued while the Molina Healthcare of Wisconsin appeal and State fair hearing process are occurring. The request to continue services must happen within 10 days of receiving the notice that services were denied or changed, or before the effective date of the denial or change in benefits. You may need to pay for the cost of services if the hearing decision is not in your favor.

Completing an Advance Directive, Living Will, or Power Of Attorney for Health Care

You have the right to make decisions about your medical care. You have the right to accept or refuse medical or surgical treatment. You have the right to plan and direct the types of health care you may get in the future if you become unable to express your wishes.

You can let your doctor know about your wishes by completing an advance directive, living will, or power of attorney for health care. Contact your doctor for more information.

You have the right to file a grievance with the DHS Division of Quality Assurance if your advance directive, living will, or power of attorney wishes are not followed. You may request help in filing a grievance.

What is the difference between a Durable Power of Attorney for medical care and a Living Will?

Your Living Will explains, in writing, the type of medical care you would want if you could not make your wishes known. Your Durable Power of Attorney lets you choose someone to carry out your wishes for medical care when you cannot act for yourself.

If I have a Durable Power of Attorney for medical care, do I need a Living Will too?

You may want both. Each addresses different parts of your medical care. A Living Will makes your wishes known directly to your providers, but states only your wishes about the use of life-support methods.

A Durable Power of Attorney for medical care allows a person you choose to carry out your wishes for all of your medical care when you cannot act for yourself. A Durable Power of Attorney for medical care does not supersede a Living Will.

Can I Change my Advance Directive?

Yes, you can change your advance directive whenever you want. It is a good idea to look over your advance directives from time to time. Make sure they still say what you want and that they cover all areas.

Right to Medical Records

You have the right to ask for copies of your medical records from your provider(s). Molina can help you get copies of these records. Call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711, for help. Note: You may have to pay to get a copy of your medical records. You may correct inaccurate information in your medical records if your doctor agrees to the correction.

HMO Moral or Religious Objection

The HMO will inform members of any covered Medicaid benefits which are not available through the HMO because of an objection on moral or religious grounds. Molina will inform members about how to access those services through the State.

Right to Change HMO

You have the right to change your HMO in the first 90 days of coverage. After 90 days, you are required to remain with Molina for an additional nine months.

Getting Help When You Have Questions or Problems

Member Advocate

Molina Healthcare has a Member Advocate to help you get the care you need. You should contact your Member Advocate for help with any questions about getting health care and solving any problems you may have getting health care from Molina. You can reach your Member Advocate at 1 (888) 999-2404, TTY/TDD: 711, and ask to speak to your Member Advocate

External Advocate (for Medicaid SSI Only)

If you have problems getting health care services while you are enrolled with Molina Healthcare for Medicaid SSI, call the SSI External Advocate at 1 (800) 708-3034.

Enrollment Specialist

To get information about what managed care is and other managed care choice counseling, you can call the state's HMO Enrollment Specialist at 1 (800) 291-2002.

State of Wisconsin HMO Ombuds Program

The state has designated Ombuds (people who provide neutral, confidential and informal assistance) who can help you with any questions or problems you may have as a Molina member. The Ombuds can tell you how to get the care you need from Molina. The Ombuds can also help you solve problems or complaints you may have about the HMO program or Molina. Call 1 (800) 760-0001, to talk to an Ombuds.

Know your rights

Your civil rights

Molina Healthcare provides covered services to all eligible members regardless of the following:

- Age
- Color
- Disability
- National origin
- Race
- Sex

All medically necessary covered services are available and will be provided in the same manner to all members. All persons or organizations connected with Molina Healthcare that refer or recommend members for services shall do so in the same manner for all members.

Knowing about physician incentive plan

You have the right to ask if we have special financial arrangements with our physicians that can affect referrals and other services you might need. To get this information, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711, and request information about our physician payment arrangements.

Knowing Provider Credentials

You have the right to information about our providers that includes the provider's education, board certification and recertification. To get this information, call Molina Member Services at 1 (888) 999-2404, TTY/TDD: 711.

Your Member Rights When You Join Molina Healthcare

Did you know when you join 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 you need. You have the right to:

- Receive the facts about Molina Healthcare, our services, and providers who contract with us to provide services.
- Be treated with respect and dignity.
- Have your privacy protected.
- Make decisions about your health care. You may refuse treatment.
- Request and receive a copy of your medical records or request an amendment or correction.

- Openly discuss your treatment options in a way you understand them, no matter what the cost or benefit coverage.
- Voice any complaints or appeals about Molina Healthcare or the care you were given.
- Receive the members' rights and responsibilities at least yearly.
- You may switch HMOs without cause during the first 90 days of Molina Healthcare enrollment.
- Suggest changes to this policy.
- You have the right to switch HMOs, without cause, if the State imposes sanctions or temporary management on Molina Healthcare.
- You have the right to receive information from Molina Healthcare, regarding any significant changes with Molina Healthcare at least 30 days before the effective date of the change.
- You have the right to an interpreter with you on the phone during any BadgerCare Plus and/or Medicaid SSI covered service.
- Be free from any form of restraint or seclusion used as a means of force, control, ease or reprisal.
- Get information about your treatment options, including the right to receive a second opinion.
- Get the information provided in the member handbook in another language or another format.
- Receive health care services as provided for in federal and state law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, seven (7) days a week.

- You have the right to be free to exercise your rights without adverse treatment by Molina and its network providers.
- Make recommendations about Molina's member rights and responsibilities policy.

You have the right to disenroll from Molina if:

- You move out of the Molina service area.
- Molina does not, for moral or religious objections, cover a service you want.
- You need a related service performed at the same time, not all related services are available within the provider network, and your PCP or another provider determines that receiving the services separately could put you at unnecessary risk.
- Other reasons, including poor quality of care, lack of access to services covered under the contract, or lack of access to providers experienced in dealing with your care needs.

You also have the responsibility to:

- Give, if possible, all facts that Molina Healthcare and the providers need to care for you.
- Know your health problems and take part in making agreed upon treatment goals as much as possible.
- Follow the care plan instructions for care you agree to with your provider.
- Keep appointments and be on time. If you are going to be late or cannot keep an appointment, call your provider.

Fraud, Waste and Abuse

If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to www.reportfraud.wisconsin.gov.

Molina Healthcare's Fraud, Waste and Abuse Plan benefits Molina, its employees, members, providers, payers and regulators by increasing efficiency, reducing waste, and improving the quality of services. Molina Healthcare takes the prevention, detection, and investigation of fraud, waste and abuse seriously, and complies with state and federal laws.

Molina Healthcare investigates all suspected cases of fraud, waste and abuse and promptly reports to government agencies when appropriate. Molina Healthcare takes the appropriate disciplinary action, including but not limited to, termination of employment, termination of provider status, and/or termination of membership.

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

To report suspected Medicaid fraud, contact the Molina Healthcare AlertLine at: Toll free, 1 (866) 606-3889

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Complete a report form online at: www.molinahealthcare.alertline.com

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Department of Health Services Public Assistance Fraud Unit Attention: DHS Fraud Prevention Investigation PO Box 309

Madison, WI 53701-0309

Phone: 1 (877) 865-3432, Fax: 1 (608) 261-7792

Definitions:

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

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

"Waste" means health care spending that can be eliminated without reducing the quality of care. Quality Waste includes, overuse, underuse, and ineffective use. Inefficiency Waste includes redundancy, delays, and unnecessary process complexity.

For example: the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, however the outcome of poor or inefficient billing methods (e.g. coding) causes unnecessary costs to the Medicaid/Medicare programs.

Here are some ways you can help stop fraud:

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

Member Privacy

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

Why does Molina use or share your Protected Health Information (PHI)?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care

- To run our health plan
- To share PHI as required or permitted by law.

This is only a summary. Our Notice of Privacy Practices gives more information about how we use and share our members' PHI. You may find Molina's Notice of Privacy Practices on our website at MolinaHealthcare.com.

Definitions

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

Authorization – An approval for a service.

Covered Services – Services and supplies covered by Molina Healthcare.

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

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

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

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

Preventive Health Care – Health care focused on finding and treating health problems and to prevent 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 approval from Molina Healthcare before it can take place.

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

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.

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

Your Policy





PO Box 242480 Milwaukee, WI 53224-9931







