

## **Complaints, Grievances and Appeals Process**

Molina Healthcare Members or Member's Authorized Representatives have the right to file a Grievance and submit an Appeal through a formal process. All Complaints, Grievances and Appeals may be submitted to Molina Healthcare for resolution or filed with DHS.

### **Complaints**

Molina Healthcare has a simplified process whereby Members can register Complaints which are logged and recorded by Molina Healthcare. These Complaints are resolved without the filing of a formal Appeal or Grievance.

The resolution of a Member Complaint does not preclude the Member from access to review of a formal Appeal or Grievance.

Complaints can be made by contacting Molina Healthcare Member Services at 888-999-2404. If the initial Complaint is received via phone call, the call is logged in the call tracking system by the Member Services Representative (MSR). The MSR either handles the situation or refers the caller to the appropriate department or person who can better resolve his/her particular situation. Members are informed during the call of the procedure to follow if they wish to file a formal Appeal or Grievance. They must submit it in writing. Callers are also offered the assistance of the Member Advocate or the Member Inquiry and Resolution Coordinator if they need help writing their letter.

### **Grievances and Appeals**

All Grievances and Appeals, whether oral or written, are documented and logged by the Member Services Department in all appropriate systems. Members are notified of their Grievance and Appeals rights and the different levels of Grievances and Appeals through various general communications including, but not limited to, the Member Handbook, Member newsletters and Molina Healthcare's website: [www.molinahealthcare.com](http://www.molinahealthcare.com).

Members may identify an individual, including an attorney or provider, to serve as an Authorized Representative to act on their behalf at any stage during the Grievance and Appeals process. If under applicable law, a person has authority to act on behalf of a Member in making a decision related to health care or is a legal representative of the Member, Molina Healthcare of Wisconsin, Inc. will treat such person as an Authorized Representative.

Molina Healthcare will not take any punitive actions against any provider who represents a Member with regard to a filed Grievance or Appeal.

When needed, Members are given reasonable assistance in completing forms and taking other procedural steps, including translation services for Members with limited English proficiency or other limitations, e.g., hearing impaired, requiring communication support.

Members will continue receiving any and all benefits during the Grievance and Appeals process unless they have previously dis-enrolled.

Subcontractors may resolve some Complaints, but communication to the Member related to Grievances and Appeals must involve Molina Healthcare's Appeals and Grievances Department.

## **Grievance Process**

If a Member is unhappy with the service from Molina Healthcare or providers contracted with Molina Healthcare, he/she may file a Grievance by contacting Member Services toll-free at 888-999-2404. Members can also write to Molina Healthcare at:

Molina Healthcare of Wisconsin, Inc.  
Attn: Grievances/Complaints Dept.  
2400 S. 102<sup>nd</sup> Street  
West Allis, WI 53227

or

via fax: 414-847-1778.

Molina Healthcare of Wisconsin, Inc. has an organized Grievance process to ensure thorough, appropriate and timely resolution to Members' Grievances and to aggregate and trend reasons for Grievances in order to take action to reduce future occurrence. Grievance documentation will include the following factors:

- The substance of the Grievance and actions taken.
- The investigation of the substance of the Grievance, including any aspects of clinical care involved.
- The outcome/resolution.
- The documentation of notification to the Member of the disposition of the Grievance and the right to appeal, as appropriate.

Written acknowledgement of a Grievance received is sent to the Member or his/her Authorized Representative within ten (10) days of receipt. A resolution letter is sent within thirty (30) days of initially receiving the Grievance unless the Member is notified in writing of the need for an additional fourteen (14) day extension, along with the reason for the delay. The Member is notified of his/her right to request a hearing at Molina Healthcare and that the Member may attend or send representation for him/her to the hearing. The Member is also notified that interpretation would be provided free of charge should he/she decide to exercise this option.

In the case of an Expedited Grievance, a determination is made and the Member is notified within two (2) business days.

## **Appeals**

Appeals may be submitted by Members (or their Authorized Representative) or by providers (PCPs or other providers rendering care).

## **Proposed Actions**

When Members and providers are notified of Molina Healthcare's proposed Action in connection to a requested health care service or Claim for service, they are also notified of the following:

- The proposed Action Molina Healthcare has taken or intends to take.
- The reasons for the Action.
- Their right to appeal the decision.
- The process by which the Appeals process is initiated.
- The Molina Healthcare Member Services phone number where more information regarding the Appeals process can be obtained.
- The circumstances under which an expedited review is available and how to request it.
- The Member's right to have benefits continue pending resolution of the Appeal with Molina Healthcare, or with the State Fair Hearing, how to request the continuation of benefits, and the circumstances under which the Member may be required to pay for these benefits.

Notifications of proposed Actions are mailed to Members as expeditiously as reasonably possible.

## **Appeals Process**

An Appeal may be filed by a Member, Member's Authorized Representative or a provider. The Member or Authorized Representative must be a party to all Appeals.

Appeals may be oral or written. Oral Appeals must be followed by a written request, except when a provider requests an Expedited Appeal. Written requests should be submitted to:

Molina Healthcare of Wisconsin, Inc.  
Attn: Provider Appeals Dept.  
P.O. Box 270208  
West Allis, WI 53227

or

Via Fax: 414-847-1778  
Via email: MWIAppeals@Molinahealthcare.com

Written acknowledgement of an Appeal received is sent to the Member or his/her Authorized Representative within ten (10) days of receipt. A resolution letter is sent within thirty (30) days of initially receiving the Appeal unless the Member is notified in writing of the need for an additional fourteen (14) day extension, along with the reason for the delay. The Member is notified of his/her right to request a hearing at Molina Healthcare and that the Member may attend or send representation for him/her to the hearing. The Member is also notified that interpretation would be provided free of charge should he/she decide to exercise this option.

In the case of Expedited Appeals, a determination is made and the Member is notified within two (2) business days.

## **Adverse Action**

Notifications of Adverse Actions will be sent to the Member in his/her primary language and will include the following information:

- The results and date of the Adverse Action.
- The right to request a State Fair Hearing within forty-five (45) days of the determination, and information on how to do so.
- The Member's right to continue benefits if a State Fair Hearing is requested and how to do so.
- Information on the circumstances under which the Member may be liable for the cost of continued benefits.

If the appealing party is dissatisfied with the outcome of an Appeal, A State Fair Hearing may be requested.

## **State Fair Hearings**

Members who are not satisfied with Molina Healthcare's final resolution of any Appeal may further appeal the decision to the State by requesting a State Fair Hearing. Requests for a hearing must be made in writing within forty-five (45) days from the date the notice of Adverse Action is mailed. Written requests should be submitted to the DHS at the following location:

Department of Administration  
Division of Hearings and Appeals  
P.O. Box 7875  
Madison, WI 53707-7875

Molina Healthcare will make available any records or witnesses for State Fair Hearings at no expense to the Member/provider.