



Molina Healthcare

Instructions: How to File a Molina Medicare Grievance

What is a Grievance?

A grievance is an expression of dissatisfaction, or a complaint. A grievance is different from a request for an organization determination, a coverage determination, or a request for an appeal because grievances do not involve problems related to coverage or payment for care or Part C or D benefits, problems about being discharged from the hospital too soon, and problems about coverage for Skilled Nursing Facility (SNF), Home Health Agency (HHA), or Comprehensive Outpatient Rehabilitation (CORF) services ending too soon. These issues are addressed by following a different procedure.

What types of problems might lead to you filing a grievance?

- Problems with the quality of the medical care you receive, including quality of care during a hospital stay.
- If you feel that you are being encouraged to leave (disenroll from) Molina Healthcare Plan.
- Problems with the Member Service you received.
- Problems with how long you have to spend waiting on the phone, in the waiting room, in a network pharmacy, or in the exam room.
- Problems with getting appointments when you need them, or having to wait a long time for an appointment.
- Disrespectful or rude behavior by doctors, nurses, receptionists, network pharmacists, or other staff.
- Cleanliness or condition of doctor's offices, clinics, network pharmacies, or hospitals.
- If you disagree with our decision not to expedite your request for an expedited coverage determination, organization determination, redetermination, or reconsideration.
- You believe our notices and other written materials are difficult to understand.
- Failure to give you a decision within the required timeframe.
- Failure to forward your case to the independent review entity if we do not give you a decision within the required timeframe.
- Failure by the Plan to provide required notices, or required notices that comply with CMS standards.

If you have one of these types of problems and want to make a complaint, it is called "filing a grievance." In certain cases, you can ask for a "fast grievance," meaning your grievance will be decided within 24 hours.

~~*Molina Medicare Options HMO is a Health Plan with a Medicare Contract.*~~

~~*Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program.*~~

~~*Healthy Advantage HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Other Providers are Available in Our Network.*~~



Filing a grievance with Molina Healthcare

If you have a grievance, you can call [Molina Healthcare Member Services](#) (Please see below table for the member service number corresponding to your state plan). A Molina Healthcare Representative will be available to assist you **Monday through Sunday 8:00 a.m. to 8:00 p.m. local time**. We will try to resolve any grievance that you might have over the phone. If you request a written response to your phone grievance, we will respond in writing to you. If we cannot resolve your grievance over the phone, we have a formal procedure called the Standard Grievance Procedure.

Member Services

Please see your state number listed below:

| | |
|------------------------|---------------------------------|
| California | 1-800-665-0898 (TDD/TTY 711) |
| Florida | 1-866-553-9494 (TTY/TDD 711) |
| Illinois | 1-888-665-1328 (TDD/TTY 711) |
| Michigan | 1-800-665-3072 (TDD/TTY 711) |
| New Mexico | 1-866-440-0127 (TDD/TTY 711) |
| Ohio | 1-866-472-4584 (TDD/TTY 711) |
| Texas | 1-866-440-0012 (TDD/TTY 711) |
| Utah | 1-888-665-1328 (TDD/TTY 711) |
| Utah Healthy Advantage | 1-877-644-0344 (TDD/TTY 711) |
| Washington | 1-800-665-1029 (TDD/TTY 711) |

You may file a standard grievance by:

- Calling Member Services
- Submitting a written grievance by mail to **Molina Healthcare, Attn: Grievance and Appeals, P.O. Box 22816, Long Beach, CA 90801-9977.**
- Submitting a written grievance by fax to **562-499-0610.**
- Filing electronically via the internet at Medicare.AppealsandGrievance@MolinaHealthcare.com.

Forms for filing grievances are also available in your doctor's office. Molina Healthcare will acknowledge receipt of your grievance upon receipt of it. We will conduct a review of your issues. We may request your medical records as part of our review. We will mail you a response to your grievance within thirty days of receiving your grievance.

We must notify you of our decision about your grievance as quickly as your case requires based on your health status, but not later than 30 days after receiving your grievance. We may extend the timeframe by up to 14 days if you request the extension, or if we justify a need for additional information and the delay is in your best interest.

At Molina Healthcare, we strive to earn the trust of those we serve and improve the health of our community. Should you have additional questions, please call Molina Healthcare Member Services at the telephone number listed above.