

A fax bulletin from Molina Healthcare of Michigan (MHM) November 16, 2020

Molina 2020 MMP Provider Manual Update

As a valuable partner in Molina Healthcare's provider network, Molina strives to keep open lines of communication, provide important updates. The 2020 MMP Provider Manual Section 15 Member Grievances and Appeals has been updated with the following information.

Grievances

Should a Member present a grievance to a Provider, the Provider must relay the grievance to Molina for proper processing. Please call the Molina Member Service department, Monday through Friday 8:00 a.m. to 8:00 p.m., toll free at (855) 735-5604 or 711 for persons with hearing impairments (TTY/TDD).

Member Consent – Medicaid Covered Service Request Following Medicaid specific guidelines, any appeal would require written consent from the Member for the appeal to be processed, this includes a Provider acting on behalf of the Member. This also applies to any filed grievance or request for a State fair hearing, on behalf of the Member

What to include with the Appeal

Members should include their name, address, contact information, Member ID number, reason for appealing and any evidence the Member wishes to attach. Member's may send in supporting medical records, documentations, or other information that explains why Molina should provide service.

If you are in disagreement with our Appeal decision, specific only to Medicaid services, you may request a State Fair Hearing with the Member's written consent. You must ask for a Fair Hearing within 120 calendar days after the mailing date on the Notice of Appeal Decision. To request a Michigan Medicaid Fair Hearing, you must follow the directions on the Notice of Appeal Decision. The Notice of Appeal Decision also includes instructions that should be reviewed. If you have any questions, please call Molina's Duals Options Member Services toll free at (855) 735-5604, Monday through Friday from 8:00 a.m. to 8:00 p.m., or 711 for persons with hearing impairments (TTY/TDD).

What happens next?

MOAHR will schedule a hearing. The written Notice of Hearing sent to the Member will list the date and time of the hearing. Most hearings are held by telephone, with the option of an in-person hearing. The Member will receive a written decision within 90 calendar days from the date the hearing. The written decision will explain additional appeal rights.

If the standard timeframe for review would jeopardize the Member's life or health your request may be able to qualify for an expedited (fast) Fair Hearing. The request must be in writing and clearly state that you are asking for a fast Fair Hearing on the Member's behalf with the Member's written consent. The request can be mailed or faxed to MOAHR. If the request qualifies for an expedited Fair Hearing, MOAHR must render a decision within 72 hours. However, if MOAHR needs to gather more information, it can take up to 14 more calendar days. If you have any questions about the Fair Hearings process, including the expedited (fast) Fair Hearing, you can call MOAHR at 1-800-648-3397.

If you have additional questions, please contact your Provider Service Representative at 248.729.0905 or email MHMProviderServicesMailbox@MolinaHealthcare.com

Thank you for your commitment to Molina members!