



ENROLLMENT INFORMATION

Medicaid

Medicaid is a federal program created by Title XIX of the Social Security Act in 1965. The primary objective of the program is to provide essential medical and health services to those who would not otherwise have the financial resources to purchase them. Public and private agencies work together to administer the Medicaid Program.

Recipient eligibility for public assistance is determined by the Family Independence Agency (FIA). Michigan Enrolls is the enrollment broker for Michigan's Medicaid program and provides educational materials about the various health plans available in a member's county.

Michigan Enrolls also helps Medicaid members pick the health plan of their choice. If members do not choose a health plan, Michigan Enrolls will assign the member to a health plan. Michigan Enrolls' phone number is 1-888-367-6557.

Molina Healthcare is notified each month when Medicaid recipients select their Plan. Members will have two cards, a Molina Healthcare identification card and a Michigan Medicaid identification card. The State sends a Medicaid identification card (MICard) to each member. This card contains the member's Medicaid eligibility. Members should present both cards each time they receive a service. Here are some eligibility points:

- Members who lose and then regain Medicaid eligibility within 93 days are automatically reassigned to the Plan and the Primary Care Provider they previously had.
- Newborns are automatically enrolled with the Health Plan the mother was enrolled in on the date of delivery. Parents may choose a different plan for the newborn within the first 90 days of the newborn's eligibility.

Note: The newborn's Michigan Medicaid card may not reflect HMO coverage for 30-60 days.

MiChild

MiChild is a health insurance program for the uninsured children of Michigan's working families. Eligibility is determined by the following criteria:



- Must be a U.S. citizen (some legal immigrants qualify)
- Must live in Michigan, even for a short period of time
- Must be under the age of 19
- Family must meet income requirements
- Children must not have other insurance coverage
- All eligible children will pay a monthly premium of \$10.00 per family

MiChild applicants may submit applications online at www.mdch.state.mi.us/msa/mdch_msa/App.htm. Applicants may also submit applications to participating health maintenance organizations (HMO), local health departments, or the Administrative Contractor at MiChild, P.O. Box 30412, Lansing, MI 48909. MiChild questions should be referred to 1-888-988-6300.





Molina Healthcare Identification Cards

Medicaid ID Card

 <p>Member Services 24 Hour – Toll Free 1-888-898-7969</p> <p>Member Name: MAXIMUS X TEST MEMBER Member ID: 599999999 PCP Name: RICHARD D KUSTASZ PCP Phone: (123) 456 - 7890 Program: 001</p> <p><small>This card is only valid if member maintains Molina Healthcare of Michigan eligibility Eligibility should be verified before rendering services. Member: Please show this card each time you receive health care services.</small></p>	<p>Submit all Medical Claims to: MOLINA HEALTHCARE, INC. PO Box 22668 Long Beach, California 90801</p> <p><i>Pharmacy Benefits are administered by</i></p>  <p>1-800-791-6856</p> <p><i>If your card is lost or stolen or you have questions, please call Member Services at 1-888-898-7969</i></p> <p>www.molinahealthcare.com</p>
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Medicaid Program Code = 001

MiChild ID Card

 <p>Member Services 24 Hour – Toll Free 1-888-898-7969</p> <p>Member Name: MAXIMUS X TEST MEMBER Member ID: 599999999 PCP Name: RICHARD D KUSTASZ PCP Phone: (123) 456 - 7890 Program: 002</p> <p><small>This card is only valid if member maintains Molina Healthcare of Michigan eligibility Eligibility should be verified before rendering services. Member: Please show this card each time you receive health care services.</small></p>	<p>Submit all Medical Claims to: MOLINA HEALTHCARE, INC. PO Box 22668 Long Beach, California 90801</p> <p><i>Pharmacy Benefits are administered by</i></p>  <p>1-800-791-6856</p> <p><i>If your card is lost or stolen or you have questions, please call Member Services at 1-888-898-7969</i></p> <p>www.molinahealthcare.com</p>
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MiChild Program Code = 002



ELIGIBILITY

The following resources may be utilized to determine whether a patient is eligible to receive Molina Healthcare benefits for Medicaid or MICHild:

ePortal Eligibility Roster	www.molinahealthcare.com
Interactive Voice Response (IVR) System	1-888-898-7969, Option 1, 1, then 1
Member Services	1-888-898-7969, Option 1, 1, then 2
MDCH Automated Voice Response System	1-888-696-3510 (fee required)
Web-Denis	www.bcbsm.com

A member's eligibility may change monthly; therefore, it is the provider's responsibility to verify eligibility prior to rendering services. Services provided when a member is not enrolled with Molina Healthcare will not be covered.

Member Initiated Transfer Requests

Members desiring to change their Primary Care Physician (PCP) must call Member Services at 1-888-898-7969. Generally, requests made on/or before the 15th day of the month will be effective the first of the next month. Requests made after the 15th day of the month will be effective the first of the following month.

Example: *Request made October 10, 2008, change effective November 1, 2008*
Request made October 20, 2008 change effective December 1, 2008

Provider Initiated Transfer Requests

There may be times when a PCP requests a member be transferred to a different PCP. If this situation occurs, the current PCP must inform the member in writing of the reason(s) for terminating the current physician/patient relationship and must also inform the member they have thirty (30) days to choose another PCP. The written correspondence must be mailed by certified or registered letter to the member. A copy of the correspondence must be sent to:

Molina Healthcare of Michigan, Inc.
Member Service Department
100 West Big Beaver Road, Suite 600
Troy, Michigan 48084
Fax (248) 925-1765

Providers should use the Molina Healthcare Member Change Information Request Form to notify Member Services of their desire to initiate a member transfer. The form is located in the Forms section of Molina Healthcare's website at www.molinahealthcare.com. A Member Services Representative can assist the member in reviewing the Provider Directory for available PCP choices.

When the PCP believes an immediate transfer is necessary, the PCP should contact Member Services at 1-888-898-7969 for assistance.



DISENROLLMENT

The Michigan Department of Community Health allows for disenrollment from Medicaid Health Plans via the Special Disenrollment process:

Reasons for Special Disenrollment:

- **Urgent/Life-threatening:** Situations that involve physical acts of violence; physical or verbal threats of violence made against providers, staff or the public; or where stalking situations exist.
- **Fraud/Misrepresentation:** Involves alteration or theft of prescriptions or misrepresentation of plan membership allowing another person to receive healthcare services.
- **Other noncompliance situations:** Including failure to follow treatment plan; repeated use or unauthorized use of non-participating providers; no participating provider will see the patient; repeated emergency room use; and those who impede care.

Documentation for Special Disenrollment:

- Detailed documentation is required to support the disenrollment request.
- Incident Report or summary of non-compliance behavior is required from provider office.
- Copy of PCP dismissal letter or correspondence to the member.
- Copy of Police Report and reference number given by Police Department.
- Copy of altered/forged prescription.

Completed forms and documentation should be sent to:

Molina Healthcare of Michigan, Inc.
Attn: Enrollment Services Supervisor
100 West Big Beaver Road; Suite 600
Troy, MI 48084-5209