

## ***Chapter 4*** ***Member Eligibility***

### **A. Medicaid (STAR and STAR+Plus) Eligibility**

#### ***Medicaid Eligibility Determination by HHSC***

The Texas Department of Human Services is responsible for determining eligibility in the Medicaid program. The following groups are eligible for the STAR program:

- TANF Adults – Individuals age 21 and over who are eligible for Temporary Aid for Needy Families (TANF). This category may include some pregnant women.
- TANF Children – Individuals under the age of 21 who are eligible for the TANF program. This category may include some pregnant women and some children less than one year of age.
- Pregnant Women – pregnant women who are receiving Medical Assistance Only (MAO). Their family income is below 158% of the Federal Poverty Level (FPL).
- Newborn MAO – children under the age one born to Medicaid eligible mothers.
- Expansion Children (MAO) – Children under age one whose family's income is below 185% FPL.
- Expansion Children (MAO) – Children age 1-5 whose family's income is at or below 133% of FPL.
- Federal Mandate Children (MAO) – Children under age 19 born before October 10, 1983 whose family's income is below the TANF limit.
- CHIP under age 19 born before October 1, 1983 with family income below 100% FPL.

#### ***Verifying Medicaid Eligibility***

Providers are responsible for requesting and verifying current eligibility information from the Member by asking the Member to produce the Identification Card issued for the term that services are being rendered. Members should share eligibility information with providers. If clients have lost their identification or forgotten to bring it to appointments, providers may verify their eligibility by contacting Member Services at (866)449-6849 or by logging into the Molina Healthcare Provider Self Service Portal (ePortal) at <https://eportal.molinahealthcare.com/eportal/providers/login.aspx>. (Use of ePortal requires provider registration.)

## **B. CHIP Eligibility**

### ***Who is Eligible?***

If they do not qualify for Medicaid, Children under age 19 whose family's income is below 200% of the federal poverty level are eligible to enroll in the CHIP program. Members are enrolled with the CHIP program for a continuous 12 months, yet they must re-enroll every 12 months. Eligibility is determined by State's Administrative Services contractor. Maximus can be reached by calling 800-645-7164.

### ***Verifying CHIP Member Eligibility***

It is important for Providers to check the Member's eligibility each time he/she presents to the office for consultation. Molina providers may verify a Member's eligibility and/or confirm PCP assignment by contacting TAA at 800-964-2777 or by checking the following:

- Molina Member ID card
- Monthly PCP eligibility listing
- Calling Member Services at (866)449-6849

Molina sends an identification card to each family Member covered under the plan. The Molina Identification Card has the name and phone number of the Member's assigned Primary Care Provider (PCP). A sample of the Molina Identification Card is also included for your reference at the end of this section.

## **C. Continuity of Care**

Molina Members who are involved in an "active course of treatment" have the option to complete that treatment with the practitioner who initiated the care. The lack of a contract with the Provider of a new Member or terminated contracts between Molina and a Provider will not interfere with this option. This option includes the following Members who are:

- have pre-existing conditions
- In the 24th week of pregnancy (STAR only)
- Receiving care for an acute medical condition
- Receiving care for an acute episode of a chronic condition
- Receiving care for a life threatening illness, and
- Receiving care for a disability

For each Member identified in the categories above, Molina will work with the treating Provider on a transition plan over a reasonable period of time. Each case will be individualized to meet the Member's needs.



***What if a member moves?***

If a member moves out of the service area, Molina will continue to cover medically necessary care through the end of the month.

**D. Molina ID Cards**

Attached are examples for member ID cards for the CHIP, STAR, STAR+Plus and STAR+Plus Dual Eligible members:



# CHIP

			
<b>Member/Miembro:</b> <b>C</b>		<b>CHIP TDI</b> <b>E</b>	
<b>Identification #/Num. de identificación:</b>		<b>Date of Birth:</b>	
<b>PCP/Proveedor de Cuidado Primario:</b> <b>F</b>		<b>Co-Pay:</b> <b>I</b> PCP visit Hospital ER Inpatient Outpatient	
<b>PCP Phone/Teléfono del Proveedor de Cuidado Primario:</b>			
<b>Primary Care Physician Effective Date/                  Fecha de Vigencia del Proveedor de Cuidado Primario:</b>			
MMS#	Effective Date:	Issue Date:	
<p><b>B</b> <b>MEMBERS:</b> Call Molina Healthcare Member Services at (866) 449-6840, Monday through Friday between 8:00 a.m. and 5:00 p.m. For language assistance, call the TTY/Texas Relay English at (800) 735-2989, or T11. Spanish at (800) 662-4954, or T11. <b>Emergency Services:</b> Call 911 (if available) or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Physician (PCP) at the number on the front of this card for instructions. You may also contact our 24-Hour Molina Healthcare Nurse Advice Line at (888) 275-8750 (English) or (866) 648-3537 (Spanish). Follow up with your PCP after all emergency room visits.</p> <p><b>G</b> <b>Inpatient Services:</b> You must have a referral from your PCP for all services or care except as noted in your Member Handbook.</p> <p><b>D</b> <b>Behavioral Health Services Hotline:</b> (800) 938-5837. Hearing Impaired Service (800) 955-8770 24 hours/7 days a week Toll-Free.</p> <p><b>MEMBER:</b> Llame a Servicios para Miembros de Molina Healthcare al 1 (866) 449-6840 de lunes a viernes entre 8:00 a.m. y 5:00 p.m. Si tiene dificultades, llame a la línea TTY/Texas Relay en inglés al 1 (800) 735-2989 ó al 711; ó en español al 1 (800) 662-4954 ó al 711.</p> <p><b>Servicios de emergencia:</b> Llame al 911 (si está disponible) o vaya a la sala de emergencias más cercana o a otro lugar apropiado. Si no está seguro si debe ir a la sala de emergencias, llame a su Proveedor de Cuidado Primario (PCP) al número en el frente de esta tarjeta para pedir instrucciones. También puede llamar las 24 horas a la línea de Consejos de Enfermeras de Molina Healthcare al 1 (888) 275-8750 (inglés) o al 1 (866) 648-3537 (español). Hábblele a su PCP después de cada visita a la sala de emergencias para cuestiones de seguimiento.</p> <p><b>Envío a servicios:</b> Necesita que tener un envío a servicios de su PCP para todos los servicios o atención médica excepto como se indica en el Manual para Miembros.</p> <p><b>Línea gratuita de Servicios de Salud Mental y Abuso de Sustancias:</b> 1 (800) 818-5837, servicio para las personas con difícil acceso. 1 (800) 955-8770, para las 24 horas del día, los 7 días de la semana.</p> <p><b>PRACCIÓNEN / PROVEDORES/HOSPITALS:</b> For prior authorizations, post stabilization, eligibility claims or benefit information call (866) 449-6840. <b>Hospital Admissions:</b> Admissions must be obtained by the hospital prior to all non-emergency admissions.</p> <p><b>Prescription Drugs:</b> Call CHIP at 1-866-274-0154.</p> <p><b>Claims Submission:</b> PO Box 22716 Long Beach, CA 90801 <b>H</b></p> <p>www.molinahealthcare.com</p>			

## KEY TO Molina ID CARDS

- A. Molina Healthcare of Texas, Inc. Logo
- B. Molina Healthcare of Texas, Inc. Member Services phone numbers
- C. Patient Information
- D. Behavioral Health Hotline number
- E. Program the Member is enrolled in
- F. PCP Information. This area consists of the PCP's name, phone number and effective date the member was assigned to that PCP.
- G. Information on who to call in an emergency and information on the 24-hour Nurse Advice Line (for Members to get advice on health care from registered nurses).
- H. Name and address to which you must submit your claims.
- I. Some Co-pays/co-insurance and deductibles may apply.

# STAR

Member/Miembro: **C**

Identificación #/Num. de identificación: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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PCP/Proveedor de Cuidado Primario: **F**

PCP Phone/Teléfono del Proveedor de Cuidado Primario: \_\_\_\_\_

Primary Care Physician Effective Date/fecha de Vigencia del Proveedor de Cuidado Primario: \_\_\_\_\_

MMIS# \_\_\_\_\_ Effective Date: \_\_\_\_\_ Issue Date: \_\_\_\_\_

**B** MEMBERS: Call Molina Healthcare Member Services at (866) 449-6849, Monday through Friday between 8:00 a.m. and 5:00 p.m. For hearing impaired, call the TTY/Texas Relay English at (800) 735-2989, or 711. Spanish at (800) 662-4954, or 711.

**G** Emergency Services: Call 911 (if available) or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Physician (PCP) at the number on the front of this card for instructions. You may also contact our 24-Hour Molina Healthcare Nurse Advice Line at (888) 275-8750 (English) or (866) 648-3537 (Spanish). Follow up with your PCP after all emergency care ends.

**D** Behavioral Health Services: For more help, a referral from your PCP for all services or care except as noted in your Member Handbook. Behavioral Health Services Hotline: (800) 818-5837, Hearing Impaired Service: (800) 655-8776, 24 hours 7 days a week Toll-Free.

**MEMBER:** Llame a Servicios para Miembros de Molina Healthcare al 1 (866) 449-6849 de lunes a viernes entre 8:00 am. y 5:00 p.m. Si tiene dificultades audívisas, llame a la línea TTY/Texas Relay en inglés al 1 (800) 735-2989 ó al 711; ó en español al 1 (800) 662-4954 ó al 711.

**Servicios de emergencia:** Llame al 911 (si está disponible) o vaya a la sala de emergencias más cercana o a otro lugar apropiado. Si no está seguro si debe ir a la sala de emergencias, llame a su Proveedor de Cuidado Primario (PCP) al número en el frente de esta tarjeta para poder instrucciones. También puede llamar las 24 horas a la línea de Consejos de Enfermeras de Molina Healthcare al 1 (888) 275-8750 (inglés) o al 1 (866) 648-3537 (español). Hábale a su PCP después de cada visita a la sala de emergencias para cuestionarios de seguimiento.

**Servicio al miembro:** Llame que tener un servicio a servicios de su PCP para todos los servicios o atención médica excepto como se indica en el Manual para Miembros.

**Línea Directa de Servicios de Salud Mental y Abuso de Sustancias:** 1 (800) 818-5837, servicio para las personas con dificultades audívisas, 1 (800) 655-8776, gratis las 24 horas del día, los 7 días de la semana.

**PRÁCTICOHEALTH/PROVIDORES/HOSPITALS:** For prior authorization, post stabilization, eligibility, claims or benefit information call 1(866) 449-6849.

**Hospital Admissions:** Authorization must be obtained by the hospital prior to all non-emergency admissions.



Claves Subscripción: PO Box 32718 Long Beach CA 90801

www.molinahealthcare.com **H**

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- G. Information on who to call in an emergency and information on the 24-hour Nurse Advice Line (for Members to get advice on health care from registered nurses).
- H. Name and address to which you must submit your claims.

## STAR+Plus

STAR+Plus Front of Card		
A	STAR+Plus Front of Card	E
 		
Member/Miembro:		
Identification #/Nom. de identificación:		Date of Birth / Fecha de nacimiento
PCP/Proveedor de Cuidado Primario:		
PCP Phone/Teléfono del Proveedor de Cuidado Primario:		F
Primary Care Physician Effective Date/Fecha de Vigencia del Proveedor de Cuidado Primario:		
MWS#	Effective Date:	Issue Date:



  

STAR+Plus Back of Card	
B	<p><b>MEMBERS:</b> Call Molina Healthcare 24/7 Member Services at (866) 449-6849. For hearing impaired, call the TTY/Texas Relay English at (800) 735-2689, or 711; Spanish at (800) 642-4954, or 711.</p> <p><b>Emergency Services:</b> Call 911 (if available) or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Physician (PCP) at the number on the front of this card for instructions. You may also contact our 24-Hour Molina Healthcare Nurse Advice Line at (888) 275-8750 (English) or (866) 648-3537 (Spanish). Follow up with your PCP after all emergency room visits.</p> <p><b>Service Coordination:</b> 1-866-409-0039</p> <p><b>Referral Services:</b> You must have a referral from your PCP for all services or care except as noted in your Member Handbook.</p> <p><b>Behavioral Health Services Hotline:</b> (800) 818-5337; Hearing Impaired Service (800) 955-8770 24 hours/7 days a week Toll-Free</p> <p><b>MIEMBRO:</b> Llame a Servicios para Miembros de Molina Healthcare al 1 (866) 449-6849, de lunes a viernes entre 8:00 a.m. y 5:00 p.m. Si tiene déficit auditivo, llame a la línea TTY/Texas Relay en inglés al 1 (800) 735-2689 o al 711; ó en español al 1 (800) 662-4954 o al 711.</p> <p><b>Servicios de emergencia:</b> Llame al 911 (si está disponible) o vaya a la sala de emergencias más cercana o a otro lugar apropiado. Si no está seguro si debe ir a la sala de emergencias, llame a su Proveedor de Cuidado Primario (PCP) al número en el frente de esta tarjeta para pedir instrucciones. También puede llamar las 24 horas a la Línea de Consejos de Enfermeras de Molina Healthcare al 1 (888) 275-8750 (inglés) o al 1 (866) 648-3537 (español). Háblele a su PCP después de cada visita a la sala de emergencias para cuestiones de seguimiento.</p> <p><b>Excepciones a servicios:</b> Tiene que tener un envío a servicios de su PCP para todos los servicios o atención médica excepto como se indica en el Manual para Miembros.</p> <p><b>Línea Directa de Servicios de Salud Mental y Abuso de Sustancias:</b> 1 (800) 818-5337; servicios para las personas con déficit auditivo: 1 (800) 955-8770, entre las 24 horas del día, los 7 días de la semana.</p> <p><b>PRACTITIONERS/PROVIDERS/HOSPITALS:</b> For prior authorization, cost stabilization, eligibility, claim or benefit information call (866) 449-6849. <b>Hospital Admissions:</b> Authorization must be obtained by the hospital prior to all non-emergency admissions.</p> <p style="text-align: center;">Inpatient claims: THWP PO Box 200555 Austin, TX 78720-0555                      All other medical claims: Molina P.O. Box 22719, Long Beach, CA 90801  <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a></p>
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## STAR+Plus Dual Eligible (Member also covered by Medicare)

<b>A</b>	<b>STAR+Plus Dual Eligible (Also have Medicare)</b>	
		
<b>Member/Miembro:</b>	<b>C</b>	<b>E</b>
<b>Identification #/Num. de identificación:</b>	<b>Date of Birth/fecha de nacimiento</b>	
<p><b>Long Term Care Benefits Only - Medicare is responsible for primary, acute and behavioral health services; therefore, the PCP's name, address and telephone number are not listed. The member receives only long-term care services through Molina Healthcare.</b></p> <p><b>Solo beneficios de atención a largo plazo: Medicare cubre servicios básicos y agudos de salud mental y abuso de sustancias. Por lo tanto, no se indica el nombre, la dirección ni el teléfono del proveedor de cuidado primario. El miembro recibe solo servicios de atención a largo plazo mediante Molina Healthcare.</b></p>		
<b>MMIS#</b>	<b>Effective Date:</b>	<b>Issue Date:</b>
<b>STAR+Plus Dual Eligible (Back)</b>		
<b>B</b>	<p><b>MEMBERS:</b> Call Molina Healthcare 24/7 Member Services at (866) 449-6849. For hearing impaired, call the TTY/Texas Relay English at (800) 735-2989, or 711; Spanish at (800) 662-4954, or 711.</p>	
<b>G</b>	<p><b>Emergency Services:</b> Call 911 (if available) or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Physician (PCP) or the number on the front of this card for instructions. You may also contact our 24-Hour Molina Healthcare Nurse Advice Line at (866) 275-8750 (English) or (866) 648-3537 (Spanish). Follow up with your PCP after all emergency room visits.</p>	
<b>D</b>	<p><b>Behavioral Health Services:</b> You must have a referral from your PCP for all services or care except as noted in your Member Handbook. Behavioral Health Services Hotline: (800) 818-5337, Hearing Impaired Service: (800) 955-8770, 24 hour/7 days a week Toll-Free</p> <p><b>MIEMBRO:</b> Llame a Servicios para Miembros de Molina Healthcare al 1 (866) 449-6849, de lunes a viernes entre 8:00 a.m. y 5:00 p.m. Si tiene déficit auditivo, llame a la línea TTY/Texas Relay en inglés al 1 (800) 735-2989 o al 711; o en español al 1 (800) 662-4954 al 711.</p> <p><b>Servicios de emergencia:</b> Llame al 911 (si está disponible) o vaya a la sala de emergencias más cercana o a otro lugar apropiado. Si no está seguro si debe ir a la sala de emergencias, llame a su Proveedor de Cuidado Primario (PCP) al número en el frente de esta tarjeta para pedir instrucciones. También puede llamar las 24 horas a la Línea de Consejos de Enfermeras de Molina Healthcare al 1 (866) 275-8750 (inglés) o al 1 (866) 648-3537 (español). Hablele a su PCP después de cada visita a la sala de emergencias para cuestiones de seguimiento.</p> <p><b>Enlaces a servicios:</b> Tiene que tener un envío a servicios de su PCP para todos los servicios o atención médica excepto como se indica en el Manual para Miembros.</p> <p><b>Línea Directa de Servicios de Salud Mental y Abuso de Sustancias:</b> 1 (800) 818-5337; servicios para las personas con déficit auditivo, 1 (800) 955-8770, gratis las 24 horas del día, los 7 días de la semana.</p> <p><b>PRACTITIONERS/PROVIDERS/HOSPITALS:</b> For prior authorization, post stabilization, eligibility, claim or benefit information call (866) 449-6849. Hospital Admissions: Authorization must be obtained by the hospital prior to all non-emergency admissions.</p>	
<b>H</b>	<p><b>Important claims:</b> TMHF PO Box 200555 Austin, TX 78720-0555  <b>All other medical claims:</b> Molina P.O. Box 23719, Long Beach, CA 90801  <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a></p>	

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- G. Information on who to call in an emergency and information on the 24-hour Nurse Advise Line (for Members to get advice on health care from registered nurses).
- H. Name and address to which you must submit your claims.

## E. Eligibility Listing

Molina distributes eligibility reports monthly to provide information on Members' enrollment with a PCP. The reports are generated and mailed by the first week of each month to all participating providers who practice as PCPs. If a Member arrives at a PCP's office to receive care but does not appear on the current month's eligibility list, the Provider should contact Member Services at (866)449-6849 to verify eligibility. A sample of the monthly eligibility list is included for your reference.

### Eligibility List - SAMPLE Molina Healthcare of Texas, Inc.

#### CLINIC/PROVIDER NAME

**Fee For Service**  
**Provider Name**  
**Address**  
**City, State Zip**

Member	SSN/PIC	Gender	Date of Birth	Enroll Eff.	PCP Eff.	Copay	Member Address
<b>Program: CHIP (Children's Health Insurance Program)</b>							
DUCK, DONALD TX 98000	101010101	M	05/28/1998	04/01/2004	05/01/2004		123 MAIN ST, ANYTOWN,
	PATIENT IDENTIFICATION CODE			ENGLISH			PHONE NUMBER
<b>Program: STAR</b>							
MOUSE, MICKEY ANYTOWN, TX 98000	202020202	M	12/03/1981	02/01/2004	02/01/2004		456 MAINT ST,
	PATIENT IDENTIFICATION CODE			ENGLISH			PHONE NUMBER
<b>Total Number of Members:</b>							<b>2</b>