Section 2. Eligibility, Enrollment, Disenrollment & Grace Period

Enrollment

Enrollment in Molina Marketplace

The Molina Marketplace is the program which implements the Health Insurance Marketplace as part of the Affordable Care Act. It is administered by the Michigan Department of Health and Human Services.

To enroll with Molina Healthcare, the member, his/her representative, or his/her responsible parent or guardian must follow enrollment process established by MI Enrolls. MI Enrolls will enroll all eligible members with the health plan of their choice.

No eligible member shall be refused enrollment or re-enrollment, have his/her enrollment terminated, or be discriminated against in any way because of his/her health status, pre-existing physical or mental condition, including pregnancy, hospitalization or the need for frequent or high-cost care.

Effective Date of Enrollment

Coverage shall begin as designated by the Marketplace Exchange on the first day of a calendar month. If the enrollment application process is completed by the 15th of the month, the coverage will be effective on the first day of the next month. If enrollment is completed after the 15th of the month, coverage will be effective on the first day of the second month following enrollment.

Newborn Enrollment

When a Molina Healthcare Marketplace Subscriber or their Spouse gives birth, the newborn is automatically covered under the Subscriber's policy with Molina Healthcare for the first 31 days of life. In order for the newborn to continue with Molina Healthcare coverage past this time, the infant must be enrolled through the Marketplace Exchange with Molina Healthcare on or before 60 days from the date of birth.

PCP's are required to notify Molina Healthcare via the Pregnancy Notification Report (included in Appendix B of this manual) immediately after the first prenatal visit and/or positive pregnancy test for any Molina Healthcare member presenting themselves for healthcare services.

Inpatient at time of Enrollment

Regardless of what program or health plan the member is enrolled in at discharge, the program or plan the member is enrolled with on the date of admission shall be responsible for payment of all covered inpatient facility and professional services provided from the date of admission until the date the member is no longer confined to an acute care hospital.

Eligibility Verification

Health Insurance Marketplace Programs

Payment for services rendered is based on enrollment status and coverage selected. The contractual agreement between providers and Molina Healthcare places the responsibility for eligibility verification on the provider of services.

Eligibility Listing for Molina Healthcare Marketplace Programs

Providers who contract with Molina Healthcare may verify a member's eligibility for specific services and/or confirm PCP assignment by checking the following:

- Molina Healthcare Member Services at (888) 898-7969
- Molina Healthcare, Inc.Web Portal website, www.molinahealthcare.com, Provider Services

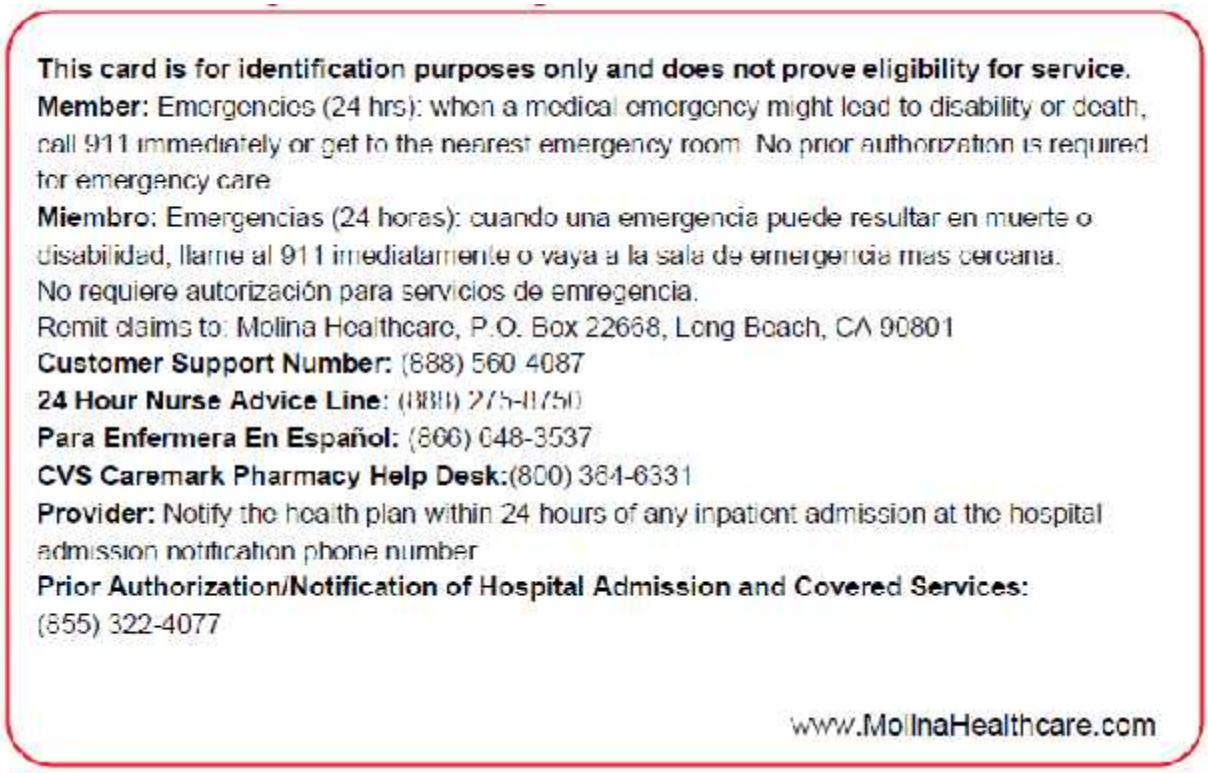
Possession of a Marketplace ID Card does not mean a recipient is eligible for Marketplace services. A provider should verify a recipient's eligibility each time the recipient presents to their office for services.

Identification Cards

Molina Healthcare of Michigan, Inc. Sample Member ID card

Card Front

Card Back


This card is for identification purposes only and does not prove eligibility for service.
Member: Emergencies (24 hrs): when a medical emergency might lead to disability or death, call 911 immediately or get to the nearest emergency room. No prior authorization is required for emergency care
Miembro: Emergencias (24 horas): cuando una emergencia puede resultar en muerte o disabilidad, llame al 911 inmediatamente o vaya a la sala de emergencia mas cercana. No requiere autorización para servicios de emregencia.
Remit claims to: Molina Healthcare, P.O. Box 22668, Long Beach, CA 90801
Customer Support Number: (888) 560 4087
24 Hour Nurse Advice Line: (888) 275-8750
Para Enfermera En Español: (866) 648-3537
CVS Caremark Pharmacy Help Desk:(800) 364-6331
Provider: Notify the health plan within 24 hours of any inpatient admission at the hospital admission notification phone number
Prior Authorization/Notification of Hospital Admission and Covered Services: (855) 322-4077
www.MolinaHealthcare.com

Members are reminded in their Member Handbooks to carry ID cards with them when requesting medical or pharmacy services. It is the provider's responsibility to ensure Molina Healthcare members are eligible for benefits and to verify PCP assignment, prior to rendering services. Unless an emergency condition exists, providers may refuse service if the member cannot produce the proper identification and eligibility cards.

Disenrollment

Voluntary Disenrollment

Members have the right to terminate coverage for any reason at any time. However, beyond the open-enrollment period, if a member elects to terminate coverage with Molina Healthcare Marketplace, they are not eligible to re-enroll with another health plan until the following year's open-enrollment period unless there is a life event, and they qualify for a SEP (Special Enrollment Period) or if they are American Indian or Alaska Native. Members may discontinue Molina coverage by calling Molina Member Services at (888) 898-7969.

Voluntary disenrollment does not preclude members from filing a grievance with Molina Healthcare for incidents occurring during the time they were covered.

Involuntary Disenrollment

Under very limited conditions and in accordance with the Marketplace Exchange guidelines, members may be involuntarily disenrolled from a Molina Healthcare Marketplace program. With proper written documentation and approval by the Michigan Department of Health and Human

Services or its Agent; the following are acceptable reasons for which Molina Healthcare may submit Involuntary Disenrollment requests to MI Enrolls:

- Delinquency of payment, past defined grace period(s)
- Member has moved out of the Service Area
- Member death
- Member's continued enrollment seriously impairs the ability to furnish services to this member or other members
- Member demonstrates a pattern of disruptive or abusive behavior that could be construed as non-compliant and is not caused by a presenting illness (this may not apply to members refusing medical care)
- Member's utilization of services is fraudulent or abusive
- Member ages out of coverage (e.g., dependent child age >26, child-only age >21, CA Catastrophic plan age > 30)

PCP Assignment

Molina Healthcare will offer each member a choice of PCPs. After making a choice, each member will have a single PCP. Molina Healthcare will assign a PCP to those members who did not choose a PCP at the time of Molina Healthcare selection. Molina Healthcare will take into consideration the member's last PCP (if the PCP is known and available in Molina Healthcare's contracted network), closest PCP to the member's home address, ZIP code location, keeping Children/Adolescents within the same family together, age (adults versus Children/Adolescents) and gender (OB/GYN). Molina Healthcare will allow pregnant members to choose the Health Plan's obstetricians as their PCPs to the extent that the obstetrician is willing to participate as a PCP.

PCP Changes

Members can change their PCP at any time. All changes completed by the 25th of the month will be in effect on the first day of the following calendar month. Any changes requested on or after the 26th of the month will be in effect on the first day of the second calendar month.

Grace Period

Definitions:

APTC Member: A member who receives advanced premium tax credits (premium subsidy), which helps to offset the cost of monthly premiums for the member.

Non-APTC Member: A member who is not receiving any advanced premium tax credits, and is therefore solely responsible for the payment of the full monthly premium amount.

Member: An individual, including any dependents, enrolled in Molina Marketplace. This term includes both APTC Members and Non-APTC Members.

Summary:

The Affordable Care Act mandates that all qualified health plans offering insurance through the Health Insurance Marketplace provide a grace period of three (3) consecutive months to APTC

Members who fail to pay their monthly premium by the due date. Molina Marketplace also offers a grace period in accordance with state law to Non-APTC Members who fail to pay their monthly premium by the due date. To qualify for a grace period, the member must have paid at least one full month's premium within the benefit year. The grace period begins on the first day of the first month for which the member's premium has not been paid. The grace period is not a "rolling" period. Once the member enters the grace period, they have until the end of that period to resolve the entire outstanding premium balance; partial payment will not extend the grace period.

Grace Period Timing:

Non-APTC Members

Non-ATPC Members are granted a 30 grace period, during which they may be able to access some or all services covered under their benefit plan. If the *full past-due premium* is not paid by the end of the grace period, the Non-APTC Member will be termed effective on the last day of the month in which payment was received.

APTC Members

APTC Members are granted a three (3) month grace period. During the first month of the grace period claims and authorizations will continue to be processed. Services, authorization requests and claims may be denied or have certain restrictions during the second and third months of the grace period. If the APTC Member's *full past-due premium* is not paid by the end of the third month of the grace period, the APTC Member will be retroactively terminated to the last day of the first month of the grace period.

Service Alerts:

When a member is in the grace period, Molina Healthcare, Inc. ("Molina") will include a service alert on the Web Portal, interactive voice response (IVR) and in the call centers. This alert will provide detailed information about the Member's grace period status, including which month of the grace period that the member is in the grace period (first month vs. second and third) as well as information about how authorizations and claims will be processed during this time. Providers should verify both the eligibility status AND any service alerts when checking a Member's eligibility. For additional information about how authorizations and claims will be processed during this time, please refer to the Member Evidence of Coverage, or contact Molina's Provider Services Department at (888) 898-7969.

Notification:

All Members will be notified upon entering the grace period. Additionally, when an APTC Member enters the grace period, Molina will provide notification to providers who submit claims for services rendered to the APTC Member during the grace period. This notification will advise providers that payment for services rendered during the second and third months of the grace period may be denied if the premium is not *paid in full* prior to the expiration of the third month of the grace period.

Prior Authorizations:

APTC Members

Authorization requests received during the first month of an APTC Member's grace period will be processed according to medical necessity standards. Authorizations received during the second and third month of the APTC Member's grace period will be denied, due to the suspension of coverage. If the APTC Member pays the full premium payment prior to the expiration of the grace period, providers may then seek authorization for services. If the APTC Member did not receive services during the second or third month of the grace period because the prior authorization was denied, the provider must submit a new authorization request for those services. If the APTC Member received services during the second or third month of the grace period without a prior authorization, the provider may request a retro-authorization for those services already rendered. All authorization requests will be reviewed based on medical necessity.

Non-APTC Members

Authorization requests received during a Non-APTC Member's grace period will be processed according to medical necessity standards.

Claims Processing:

APTC Members

First Month of Grace Period: Clean claims received for services rendered during the first month of a grace period will be processed using Molina's standard processes and in accordance with state and federal statutes and regulations and within established turn-around-times.

Second/Third Month of Grace Period: Clean claims received for services rendered during the second and third months of an APTC Member's grace period will be pended until the premium is paid in full. In the event that the APTC Member is terminated for non-payment of the *full premium* prior to the end of the grace period, Molina will deny claims for services rendered in the second and third months of the grace period. Pharmacy claims will be processed based on program drug utilization review and formulary edits; the APTC Member will be charged 100% of the discounted cost for prescriptions filled during the second and third months of the grace period.

Non-APTC Members

Clean claims received for services rendered during the grace period will be processed using Molina's standard processes and in accordance with state and federal statutes and regulations and within established turn-around-times.