Health Plans

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.

Beneficiary eligibility for public assistance is determined by the Department of Human Services (DHS). Michigan Enrolls is the enrollment broker for Michigan’s Medicaid and MIChild programs and provides educational materials about the various health plans available in a member’s county.

Michigan Enrolls also helps Medicaid beneficiaries 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 (888) 367-6557.

Molina Healthcare is notified each month when Medicaid beneficiaries select our Plan. Members will have two cards, a Molina Healthcare identification card and a Michigan Medicaid identification card. The State sends a Medicaid identification card to each member. This card contains information on the member’s Medicaid eligibility. Members should present both cards each time they receive a service. Following are some important eligibility points:

- Members who lose and then regain Medicaid eligibility within 60 days are automatically reassigned to Molina Healthcare and the previously assigned Primary Care Provider.
- 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 eligibility in the Michigan Department of Health and Human Services CHAMPS system 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
Enrollment, Eligibility and Disenrollment

- 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.health4mi.com. Applicants may also submit applications to local health departments, or the Administrative Contractor at MIChild, P.O. Box 30412, Lansing, MI 48909. MIChild questions should be referred to (888) 988-6300.

Healthy Michigan Plan

The Healthy Michigan Plan is the name of Governor Snyder’s initiative to extend Medicaid eligibility to more Michigan residents and became effective April 1, 2014. Healthy Michigan Plan members may select Molina Healthcare for coverage. To enroll, residents must meet all of the following criteria:

- Between the ages of 19 and 64
- Not currently eligible for Medicaid
- Not eligible for, or enrolled in Medicare
- Earning up to 133 percent of the federal poverty level (about $15,000 for a single person and $34,000 for a family of four)

Physicians are not responsible for collecting copays from Healthy Michigan Plan members enrolled in a managed care plan. The health plans are responsible for collection of the member copay.

To help ensure member accountability for healthy behavior and to engage members in their own health care, Healthy Michigan Plan members will be required to do ALL of the following:

- Complete a health risk assessment (HRA)
- Within 60 days of enrollment, schedule a visit with a primary care physician
- Visit a primary care physician within 150 days of enrollment

For more information on the Healthy Michigan Plan, please visit:

www.michigan.gov/healthymiplan
Dual Eligibles

As of November 1, 2011, the Department of Community Health allowed beneficiaries dually eligible for Medicaid and Medicare to enroll in Medicaid health plans. Molina Healthcare offers a Medicare Advantage Dual Eligible Special Needs Plan product called Molina Medicare Options Plus (MMOP). MMOP is available in Wayne, Oakland, Macomb, Genesee, Kent, Saginaw, and Montcalm Counties.

Molina Healthcare will follow the Medicare eligibility guidelines described in the Michigan Department of Health and Human Services Provider Manual Section 2.6.

Molina Healthcare Identification Cards

Molina Healthcare identification cards identify which program (Medicaid and Healthy Michigan) the member is enrolled in. This information is located in the program field.

Medicaid ID Cards

Member Name: MAXIMUS X TEST MEMBER  
Member ID: 599999999  
PCP Name: RICHARD D KUSTASZ  
PCP Phone: (123) 456 - 7890  
Program: MA

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. Molina Healthcare does not charge copays for covered services.

Medicaid Program Code = MA
Healthy Michigan Plan ID Cards

Member Name: MAXIMUS X TEST MEMBER
Member ID: 599999999
PCP Name: RICHARD D KUSTASZ
PCP Phone: (123) 156 - 7890
Program: HMP

This card is only valid if the member maintains Molina Healthcare of Michigan eligibility. Eligibility must be verified before rendering services.

Member name and ID card must be presented to receive health care services.

Molina Healthcare does not charge co-pays for covered services.

Healthy Michigan Program Code = HMP

Submit all Medical Claims to:
MOLINA HEALTHCARE, INC.
P.O. Box 22668
Long Beach, California 90801
Pharmacy Benefits are administered by:
CAREMARK
(800) 791-6856

If your card is lost or stolen, please call Member Services at (888) 698-7969.
www.molinahealthcare.com
Eligibility

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


Interactive Voice Response (IVR) System (888) 898-7969
Molina Healthcare Member Services (888) 898-7969
Champs Eligibility Inquiry (800) 292-2550
Champs WebPortal https://ProviderSupport@michigan.gov

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 (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, 2016, change effective November 1, 2016
Request made October 20, 2016, change effective December 1, 2016

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
Attn: Enrollment Accounting Manager
880 West Long Lake Rd., Suite 600
Troy, Michigan 48098
Fax: (877) 816-4528
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 (888) 898-7969 for assistance.

Disenrollment

The Michigan Department of Health and Human Services allows for disenrollment from Medicaid Health Plans via the following Special Disenrollment protocol:

Reasons for Special Disenrollment

- Violent/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

Documentation for Special Disenrollment

- Detailed documentation to support the disenrollment request
- Incident Report or summary of member actions 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

Please see Beneficiary Monitoring Program (in Case Management section) for members that have committed fraud, misrepresentation and/or other actions inconsistent with plan membership.

Completed forms and documentation should be sent to:

Molina Healthcare
Attn: Enrollment Accounting Manager
880 West Long Lake Rd., Suite 600
Troy, MI 48098
Fax: (877) 816-4528