

### 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 (FIA). 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 1-888-367-6557.

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 (called MIHealth card). The State sends a Medicaid identification card (MIHealth) to each member. This card contains information on 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 60 days are automatically reassigned to Molina Healthcare 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 MIHealth 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 <a href="www.health4mi.com">www.health4mi.com</a>. 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 1-888-988-6300.

### Healthy Michigan Plan

The Healthy Michigan Plan is the name of the Governor Snyder's initiative to extend Medicaid eligibility to more Michigan residents will be effective April 1, 2014. Healthy Michigan Plan members may select Molina Healthcare for coverage. To enroll, residents must be:

- Between the ages of 19 and 64
- Not currently eligible for Medicaid;
- · Not eligible for or enrolled in Medicare; and,
- 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 patients. Those patients will have copays – health plans are responsible for collection.

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

- Complete a health risk appraisal
- Within 60 days of enrollment, schedule and 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 Michigan.gov/healthymichiganplan.

### **Dual Eligibles**

As of November 1, 2011, the Department of Community Health allowed beneficiaries dually eligible for Medicaid and Medicare to enroll into 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 Community Health Provider Manual Section 2.6.

#### Molina Healthcare Identification Cards

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

#### Medicaid ID Cards



Member Services 24 Hour- Toll Free 1-888-898-7969

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.

Submit all Medical Claims to: MOLINA HEALTHCARE, INC. P.O. Box 22668

Long Beach, California 90801 Pharmacy Benefits are administered by



(800) 791-6856

If your card is lost or stolen, please call Member Services at (888) 898-7969

www.molinahealthcare.com

### Medicaid Program Code = MA

#### HEALTHY MICHIGAN PLAN ID CARDS



Member Services 24 Hour-Toll Free 1-888-898-7969

Member Name: MAXIMUS X TEST MEMBER

Member ID: 599999999

PCP Name: RICHARD D KUSTASZ

PCP Phone: (123) 456 - 7890

Program: HMP

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.

Submit all Medical Claims to: MOLINA HEALTHCARE, INC. P.O. Box 22668 Long Beach, California 90801 Pharmacy Benefits are administered by



(800) 791-6856

If your card is lost or stolen, please call Member Services at (888) 898-7969

www.molinahealthcare.com

Healthy Michigan Program Code =

### MIChild ID Cards



Member Services 24 Hour– Toll Free 1-888-898-7969

Member Name: MAXIMUS X TEST MEMBER

Member ID: 599999999

PCP Name: RICHARD D KUSTASZ

PCP Phone: (123) 456 - 7890

Program: MIC

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.

Submit all Medical Claims to: MOLINA HEALTHCARE, INC. PO. Box 22668 Long Beach, California 90801 Pharmacy Benefits are administered by



If your card is lost or stolen, please call Member Services at (888) 898-7969

www.molinahealthcare.com

MIChild Program Code = MIC

#### **ELIGIBILITY**

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

Please refer to the Medicaid Provider Manual Directory Appendix at <a href="http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf">http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf</a> for information on eligibility verification through Medicaid.

WebPortal Eligibility Roster Interactive Voice Response (IVR) System Molina Healthcare Member Services Champs Eligibility Inquiry Champs WebPortal www.molinahealthcare.com 1-888-898-7969, Option 1, 1, then 1 1-888-898-7969, Option 1, 1, then 2 1-888-643-2408 https://sso.state.mi.us

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, 2010, change effective November 1, 2010 Request made October 20, 2010 change effective December 1, 2010

### **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 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 <a href="https://www.molinahealthcare.com">www.molinahealthcare.com</a>. 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 Actions Inconsistent with Plan Membership: Examples include, but are not limited to, the repeated use of non-Contractor providers without referral or when in-network providers are available; discharge from multiple practices of available Contractor's network providers; inappropriate use of prescription medication or drug seeking behaviors including inappropriate use of emergency room facilities for drug-seeking purposes.

### Documentation for Special Disenrollment:

- Detailed documentation is required 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.

Completed forms and documentation should be sent to:

Molina Healthcare Attn: Enrollment Services Supervisor 100 West Big Beaver Road; Suite 600 Troy, MI 48084-5209 Fax: 248-925-1767