

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.

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 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 1-888-988-6300.



Enrollment, Eligibility & Disenrollment Information

Dual Eligibles

Starting **November 1, 2011**, the Department of Community Health will allow 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.




Enrollment, Eligibility & Disenrollment Information

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 Card



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: 001

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.

Submit all Medical Claims to:
MOLINA HEALTHCARE, INC.
PO Box 22668
Long Beach, California 90801

Pharmacy Benefits are administered by




1-800-791-6856

*If your card is lost or stolen or you have questions,
please call Member Services at 1-888-898-7969*

www.molinahealthcare.com

Medicaid Program Code = 001

MiChild ID Card



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: 002

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.

Submit all Medical Claims to:
MOLINA HEALTHCARE, INC.
PO Box 22668
Long Beach, California 90801

Pharmacy Benefits are administered by



1-800-791-6856

*If your card is lost or stolen or you have questions,
please call Member Services at 1-888-898-7969*

www.molinahealthcare.com

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.

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

WebPortal Eligibility Roster	www.molinahealthcare.com
Interactive Voice Response (IVR) System	1-888-898-7969, Option 1, 1, then 1
Molina Healthcare Member Services	1-888-898-7969, Option 1, 1, then 2
Champs Eligibility Inquiry	1-888-643-2408
Champs Webportal	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 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 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