MI Provider FAQs

Dear Provider Partner,

As you know, the new Medicaid contract will start 10/1/2024. In the process of the rebid, some health plans will be exiting certain regions of the state and patients/members will need to choose a new health plan if they are enrolled in a plan that is exiting their region. Molina Healthcare of Michigan, Inc. wants to ensure success for our providers and members in this process, and wants to share information about the rebid process based on questions we have received from our provider network.

1. When will the new Medicaid contract start and how long is the contract?

The new Medicaid contract starts on 10/1/2024 and is for 5 years. There is an option for the state to extend the contract for up to 3 years after the initial 5 year period.

2. What regions will Molina be maintaining for Medicaid starting 10/1/2024?

Molina will maintain a presence in regions 2, 3, 4, 5, 6, and 10. If you have members that will need to find a new health plan, we are happy to engage any new members.

Below is a list of the health plans that will be in each region as of 10/1/2024. See state map of Michigan Prosperity regions at the end of this FAQ.

Region	Health Plans in Region Starting 10/1/2024
1	Upper Peninsula Health Plan
2	**Molina,** Blue Cross Complete, McLaren, Priority Health Choice
3	**Molina,** Blue Cross Complete, McLaren, Priority Health Choice
4	**Molina,** Blue Cross Complete, McLaren, Meridian, Priority Health Choice, United Healthcare
5	**Molina,** Blue Cross Complete, McLaren, Meridian
6	**Molina,** Blue Cross Complete, HAP Care Source, McLaren, Meridian, United Healthcare
7	Aetna Better Health, HAP Care Source, McLaren, United Healthcare
8	Aetna Better Health, McLaren, Meridian, United Healthcare
9	Aetna Better Health, Blue Cross Complete, HAP Care Source, McLaren, Meridian, United Healthcare
10	**Molina,** Aetna Better Health, Blue Cross Complete, HAP Care Source, McLaren, Meridian, Priority Health Choice, United Healthcare

3. What regions will Molina be exiting starting 10/1/2024?

Molina will be exiting regions 7, 8, and 9 for Medicaid as of 10/1/2024. Above is a list of the health plans that will be in each region as of 10/1/2024.

4. **How will the patients/members be notified if they have to choose a new health plan as of 10/1/2024?**

   MDHHS will be notifying all enrollees who will have to choose a new health plan in late August through the beginning of September. The patients/members will need to choose a new health plan by 9/17/2024.

5. **What if a patient/member does not choose a new health plan by the date that they need to choose?**

   The member will either be auto assigned to a new health plan, or they will engage with Medicaid FFS depending on the member enrollment.

6. **How does a new practice contract with Molina if needed?**

   If a new provider wants to contract with Molina they can start the process by visiting **molinahealthcare.com/providers/mi/medicaid/home.aspx** and following the *Join our Network* steps.

7. **If a patient/member moves to a new health plan, will the provider still receive the quality/value-based payments for that patient/member from Molina?**

   Quality performance, including performance for value-based payments, is based on attributed membership at the end of the calendar year. Providers will receive any eligible quality or value-based payments based on member attribution at the end of the calendar year.

8. **What if a patient/member is currently pregnant. Will they have to switch health plans during their pregnancy?**

   Yes, if the health plan the patient/member is aligned with is exiting the region, the member will need to align with a new health plan. The member will be notified of the process and need to choose a new health plan by 9/17/2024.

   The patient/member can continue to see the same Obstetric provider through the remainder of their pregnancy and postpartum period in order to support continuity of care regardless of the need to change health plans.

9. **If a patient/member received a prior authorization from their initial health plan and switch to Molina starting 10/1/2024, will Molina honor the prior authorization from the other health plan or will the provider and patient/member need to start the process of PA over again?**

   For enrollees who transition to a new health plan, the new health plan is required to honor prior authorizations for 90 days for surgeries, dialysis, chemotherapy, radiation, organ, bone marrow, and hematopoietic stem cell transplants.

   To assure appropriate coverage, providers should submit the prior authorization approval from the prior health plan to Molina so that we can process the procedure as authorized.

10. Is a member allowed to keep their primary care or specialty care provider if they are not contracted with their new health plan?

The member can request continuity of care coverage that will allow them to see their non-contracted primary care or specialty care provider for 90 days. This would give the primary care provider time to become contracted with the new health plan. The member will have had to have seen the primary care provider in the prior 6 months or a specialty provider in the prior 12 months to qualify.

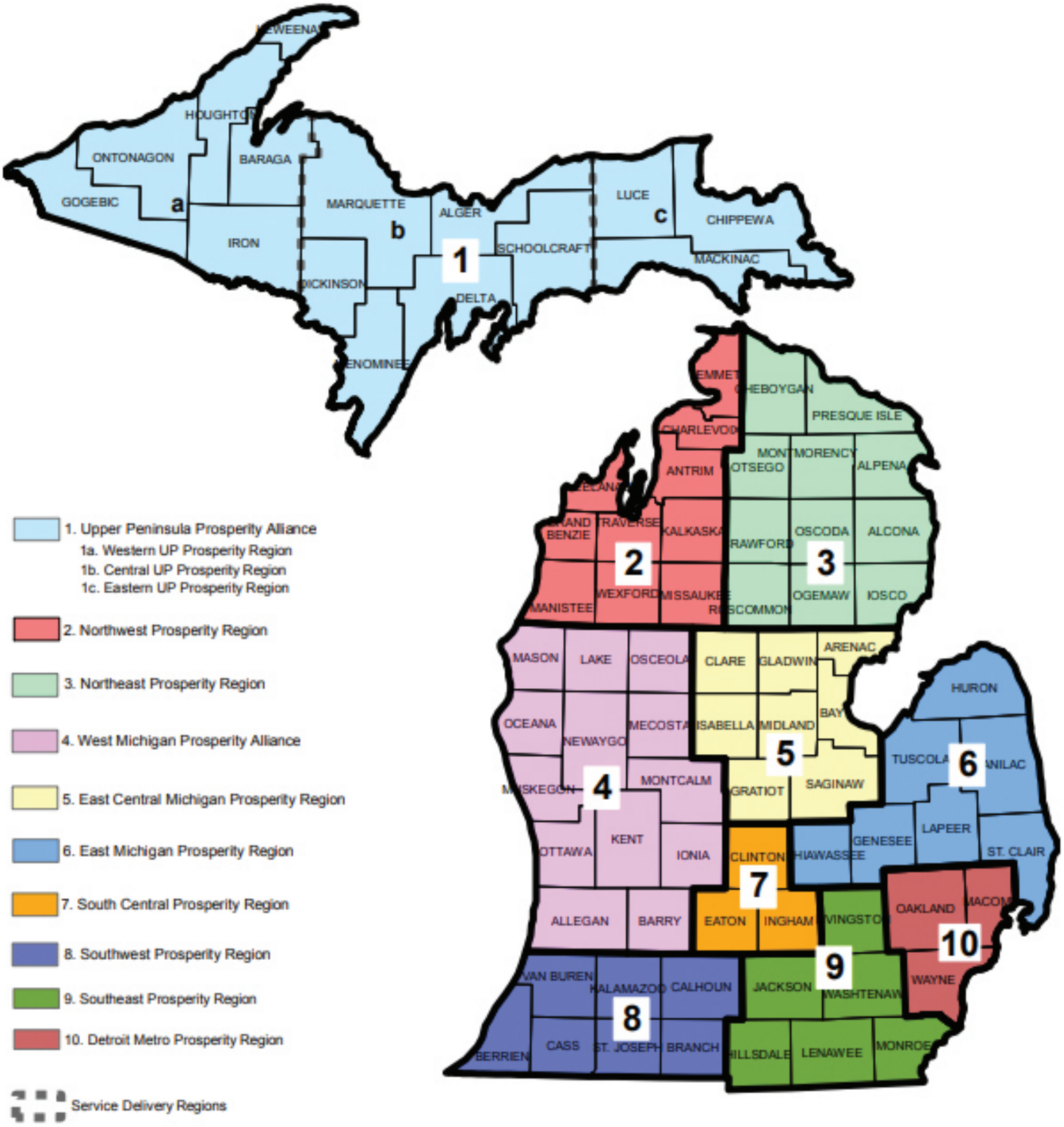
For more details about continuity of care in transitions or to apply, visit **MolinaHealthcare.com/members/mi/en-us/mem/medicaid/overvw/care/transition-of-care.aspx**

11. If a patient has a prescription that was covered by their previous health plan, will it be covered by the new health plan?

All Medicaid Health Plans in Michigan cover the same medications through a Common Formulary which includes a Single Preferred Drug List for all Medicaid enrollees. Medicaid Health Plans in Michigan all abide by the same requirements established by MDHHS.

For drugs that have a prior authorization requirement the health plan is required to provide a transition supply for the member as the member establishes care with their new health plan and new processes.

State of Michigan Prosperity Regions



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