

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 Michigan Department of Health and Human Services (MDHHS). 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.

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.

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.

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.

Medicaid Programs

The State of Michigan, through Michigan Department of Health and Human Services (MDHHS) determines eligibility for the Medicaid Programs. Payment for services rendered is based on eligibility and benefit entitlement. The Contractual Agreement between Providers and Molina places the responsibility for eligibility verification on the Provider of services.

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 (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.



Enrollment, Eligibility and Disenrollment

Eligibility Listing for Medicaid Programs

Providers who contract with Molina may verify a Member's eligibility and/or confirm PCP assignment by checking the following: Molina Provider Services at (855) 322-4077
Eligibility can also be verified through the state

Champs Eligibility Inquiry (800) 292-2550
Champs Email ProviderSupport@michigan.gov
Molina Provider Portal <https://provider.MolinaHealthcare.com>

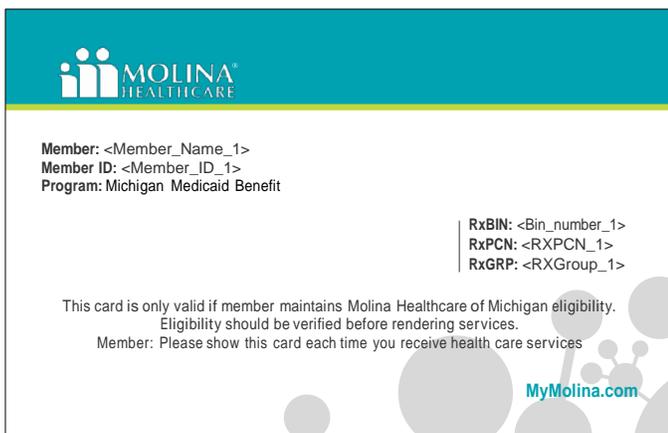
Possession of a Medicaid ID Card does not mean a recipient is eligible for Medicaid services. A member's eligibility may change monthly; A Provider should verify a recipient's eligibility each time the recipient receives services. The verification sources can be used to verify a recipient's enrollment in a managed care plan. The name and telephone number of the managed care plan are given along with other eligibility information. Services provided when a member is not enrolled with Molina Healthcare will not be covered.

Molina Healthcare Identification Cards

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 Members are eligible for benefits and to verify PCP assignment, prior to rendering services. Unless an Emergency Medical Condition exists, Providers may refuse service if the Member cannot produce the proper identification and eligibility 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.

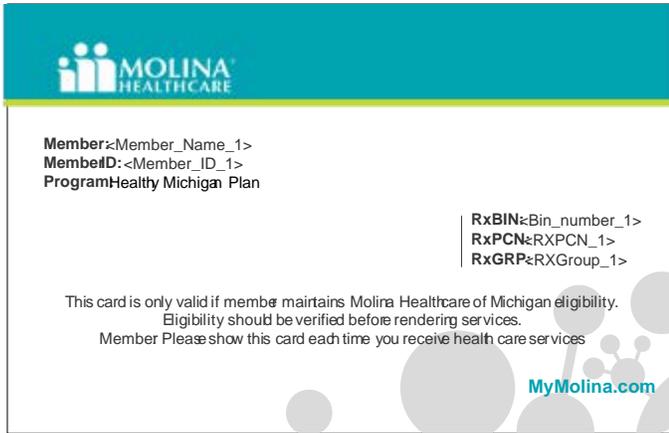
Medicaid ID Cards





Enrollment, Eligibility and Disenrollment

Healthy Michigan Plan ID Cards



To change your PCP, view eligibility information and more, please visit www.MolinaHealthcare.com. Questions? Please call Molina Healthcare Member Services at 1-888-898-7969 / TTY 1-888-665-4629, Monday through Friday, 8:00 am to 5:00 pm.

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

**CVS
 CAREMARK**

Pharmacy Help Desk: (800) 791-6856
*If your card is lost or stolen, please call
 Member Services at (888) 898-7969*

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:

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.

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| WebPortal Eligibility Roster | www.MolinaHealthcare.com |
| Interactive Voice Response (IVR) System | (855) 322-4077 |
| Molina Healthcare Member Services | (855) 322-4077 |



Enrollment, Eligibility and Disenrollment

Member Initiated Transfer Requests

Members desiring to change their Primary Care Physician (PCP) can call Member Services at (888) 898-7969 or complete and submit the Provider Request To Change PCP Form, located at www.molinahealthcare.com under Forms. PCP changes will be effective the date of the call or the date the form is received. A new ID Card is sent to the member when a PCP change is made.

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
84 NE Loop 410 Suite #180
San Antonio, TX 78216
Fax: (855) 714-2414

Providers should use the Provider Request To Change PCP 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.



Enrollment, Eligibility and Disenrollment

Disenrollment

The Michigan Department of Health and Human Services (MDHHS) allows for disenrollment from Medicaid Health Plans via the following Voluntary/Involuntary Disenrollment protocol:

Voluntary Disenrollment

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

Reasons for Involuntary 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 Involuntary 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
84 NE Loop 410 Suite #180
San Antonio, TX 78216
Fax: (855) 714-2414