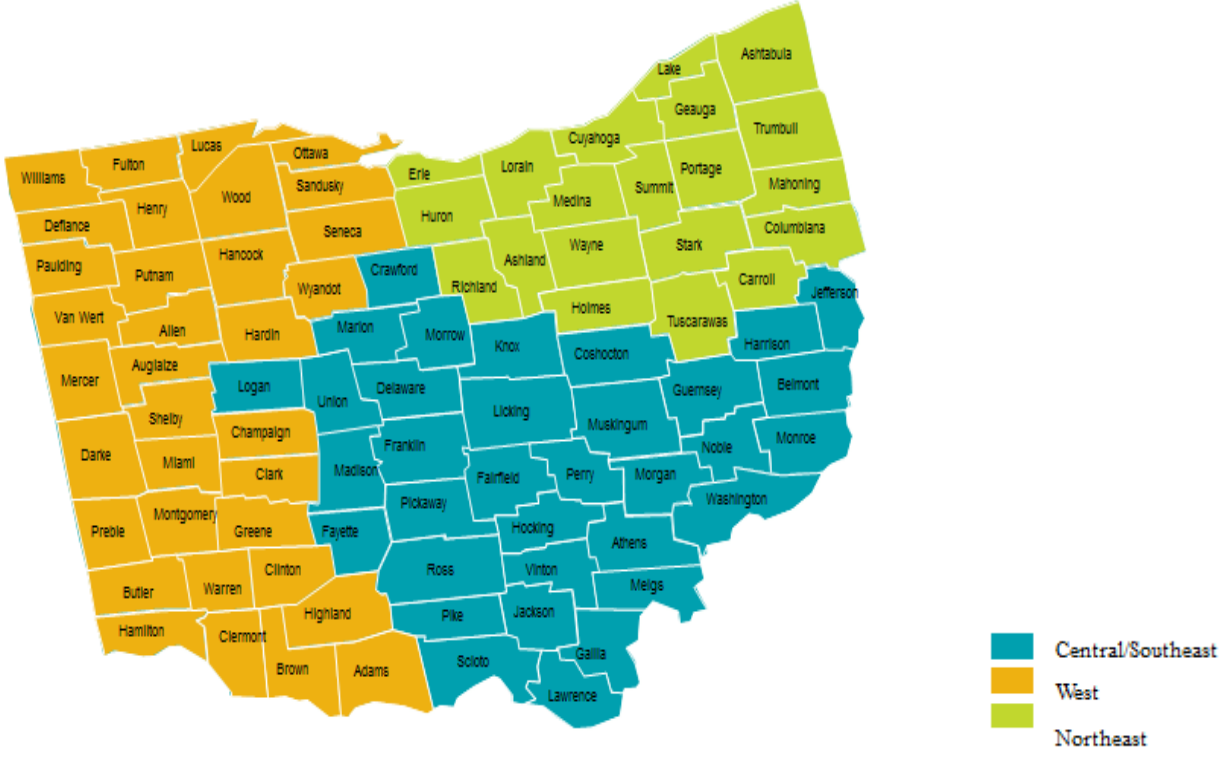
ELIGIBILITY, ENROLLMENT & DISENROLLMENT

Medicaid is funded by both the federal government and the State of Ohio and is administered by the Ohio Department of Medicaid (ODM).

ODM contracts with managed care plans (MCPs) to provide health care to Ohio Medicaid consumers. Molina Healthcare is contracted with ODM to serve the Medicaid population across Ohio.



A person must qualify for Medicaid benefits before they can enroll with an MCP. Each County Department of Job and Family Services (CDJFS) accepts applications and makes eligibility determinations. Applications are accepted online, in person, and by mail.

To qualify for Medicaid, a person must meet basic requirements:

- Be a U.S. citizen or meet Medicaid citizenship requirements
- Be an Ohio resident
- Have or get a social security number
- Meet financial requirements

Ohio has Medicaid programs for three different populations:

Covered Families and Children (CFC) *Healthy Families* • Children up to age 19 • Pregnant women • Families with children under age 19	**Aged, Blind or Disabled (ABD)** • Age 65 or older, or • Legally blind, or • Disabled (as classified by the Social Security Administration)	**Adult Extension (AEP)** • Adults between the ages of 19 to 64, who are between 0 – 138%* of the Federal Poverty Level (FPL) and; • Are not eligible under another category of Medicaid. • Parents who are between 91-138% of the Federal Poverty Level are now eligible

Medicaid Managed Care is mandatory in the state of Ohio for all but a few exempt populations.* Medicaid consumers are notified that they are required to choose an MCP when they receive their eligibility notice from ODM.

- To enroll in the MCP of their choice, consumers must call the state's Medicaid Consumer Hotline or visit the Medicaid Consumer Hotline at http://www.ohiomh.com/AvailablePlans.aspx.
- Consumers who do not make a selection will be automatically enrolled in an MCP.
- Consumers may change their MCP for any reason within the first three months of their initial selection.
- After the first three months, consumers must wait until the Open Enrollment Period to change MCPs.
- After a consumer is determined to be eligible for benefits, but before the consumer selects an MCP, the consumers can use their fee-for-service medical card to obtain health care services covered by Ohio Medicaid.

MEMBER ID CARDS

Molina Healthcare members receive a Molina Healthcare identification (ID) card at the time of enrollment. The member's assigned primary care provider (PCP), ID number and other important information are listed on the ID card. The member is asked to present his/her ID card to the provider at the time of service.

VERIFYING ELIGIBILITY

In addition to checking the member ID card, it is important to verify eligibility. To determine if a patient is eligible to receive Molina Healthcare benefits:

1. Check your current eligibility roster, or
2. Log on to www.MolinaHealthcare.com and log into the Web Portal, or
3. Call Member Services at (800) 642-4168 (TTY (800) 750-0750), or 711
4. Medicaid providers can call the ODM Interactive Voice Response System 24 hours a day, seven days a week to confirm eligibility for MCP or Fee-for-Service Medicaid consumers. Providers must have a PIN number to access this information.

It is the responsibility of the providers to check eligibility. If the patient is not currently eligible or assigned to Molina Healthcare at the time of service, the claim will be denied. **To minimize claims payment issues, it is strongly recommended that eligibility be verified at every encounter prior to rendering the service.**

NEWBORN COVERAGE

ODM

Newborns of women who are Molina Healthcare members and are enrolled in the CFC or Adult Extension lines of business at the time of delivery are enrolled in Molina Healthcare until the end of the month in which they are 1 year old. Molina Healthcare notifies both CDJFS and ODM of the birth and sends reminders to enroll the newborn in Medicaid. A letter is also sent to the mother to obtain the newborn's name and desired PCP.

PCP ASSIGNMENT

Molina Healthcare members are encouraged to choose their own PCP upon enrollment. If the member or his/her designated representative does not choose a PCP, one will be assigned to the member based on reasonable proximity to the home address.

PCP CHANGES

If for any reason the member wants to change PCPs, they must call Member Services to ask for the change. PCP changes are permitted every 30 days, if needed. If Molina Healthcare assigned the member to the PCP and the member calls within the first month of membership with Molina Healthcare, the change will be effective the day of the call. All other PCP changes are effective the first day of the following month. New ID cards are sent to members when a PCP change is made.

MEMBER DISENROLLMENT

Members may end their membership in Molina Healthcare by contacting the Ohio Department of Medicaid (ODM) at (800) 324-8680 (TTY (800) 292-3572). Generally, if the member calls before the last 10 days of the month, their Molina Healthcare membership will end the first day of the next month. If the call is made in the last 10 days of the month, the membership will not end until the first day of the following month. ODM will send the member a notice in the mail to inform them of the day membership ends. The member must continue to use Molina Healthcare providers until the date of disenrollment.

Members may request a Just Cause termination at any time. ODM will review the request to end membership for Just Cause and decide if it meets Just Cause criteria.

Molina Healthcare may ask ODM to end a member's enrollment. ODM must approve the request before the enrollment can be ended. The reasons that Molina Healthcare can ask to terminate membership include:

- Fraud or misuse of the member's Molina Healthcare ID card.
- Disruptive or uncooperative behavior to the extent that it affects Molina Healthcare's ability to provide services to the member or other members.

*** MCP Exclusions**

MCP membership is not required for certain Ohio Medicaid consumers.

Children under 19 years of age have the option to be a member of a managed care plan if they are:

- Eligible for Supplemental Security Income (SSI) under Title XVI;
- Receiving foster care or adoption assistance under Title IV-E;
- In foster care or an out of home placement; or
- Receiving services through the Ohio Department of Health's Bureau for Children with Medical
- Handicaps (BCMH).

Aged, Blind or Disabled (ABD) individuals are not permitted to join an MCP if they are:

- Dually eligible under both the Medicaid and Medicare programs;
- Institutionalized;
- Eligible for Medicaid by spending down their income or resources to a level that meets the Medicaid program's financial requirements; or
- Receiving Medicaid Waiver services.