ENROLLMENT, ELIGIBILITY AND DISENROLLMENT

ENROLLMENT

Enrollment in Washington Apple Health, Apple Health Integrated Managed Care (IMC) Medicaid Programs and Behavioral Health Services Only (BHSO)

Molina Members are enrolled in a managed care health plan after the Health Care Authority (HCA) determines a Member is eligible for medical assistance through Apple Health Medicaid. Members may enroll with Molina if they reside within Molina's Service Area (please see http://www.molinahealthcare.com/providers/wa/medicaid/contacts/Pages/service_area.aspx for Molina's current Service Area). To enroll with Molina, the Member, his/her representative or his/her responsible parent/ guardian must complete and application online at www.wahealthplanfinder.org or call the Customer Support Center at (855)WAFINDER (855-923-4633) or (855) 627-9604 (TTY).

HCA will enroll all eligible Members with the health plan of their choice. If the Member does not choose a plan, HCA will assign the Member and his/her family to a plan that services the area where the Member resides. The following groups of Members, eligible for medical assistance, must enroll in a managed care plan:

- Members receiving Medicaid under the Social Security Act (SSA) provisions for coverage of families receiving Temporary Assistance for Needy Families (TANF)
- Members who are not eligible for cash assistance but remain eligible for Medicaid
- Children from birth through 18 years of age eligible for Medicaid under expanded pediatric coverage provisions of the SSA ("H" Children)
- Pregnant women eligible for Medicaid under expanded maternity coverage provisions of the SSA ("S" Women)
- Members who meet the SSA definition of blind or meet the SSA definition of persons with disabilities and are not eligible for Medicare

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.

Effective Date of Enrollment

Earlier Enrollment allows clients to be enrolled into a plan the same month they become eligible for Medicaid, as opposed to waiting until the next month to be enrolled. Earlier enrollment applies to clients who are new to Medicaid or who have had a break in eligibility and are recertified for Medicaid services. The client will be retro effective to the first of the month they were determined eligible for Medicaid. The current month enrollment is intended to allow the client continuous enrollment in managed care from the date of enrollment. When a member changes from one health plan to the next the change will always be effective the first of the following month.

HCA notifies eligible Members of their rights and responsibilities as plan Members and sends them a booklet at the time of initial eligibility determination. Before the end of each month, HCA sends Molina a list of assigned Members for the following month. Molina sends each new Member a Molina Member ID card and welcome letter within 15 days of initial enrollment with Molina. The

letter includes important information for the new member such as how to access their online handbook and how to contact Molina.

Inpatient at time of Enrollment

Regardless of what program or health plan the Member is enrolled in at discharge (Medicaid Fee-for-Service (FFS) or an Apple Health plan), the program or plan the enrollee 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 enrollee is no longer confined to an acute care hospital or Skilled Nursing Facility or eligibility to receive Medicaid services ends.

For newborns born while their mother is hospitalized, the party responsible for the payment of covered services for the mother's hospitalization shall be responsible for payment of all covered inpatient facility and professional services provided to the newborn from the date of admission until the date the newborn is no longer confined to an acute care hospital, unless their mother is receiving FFS A newborn whose mother is receiving services when the baby is born will be enrolled on an Apple Health plan according to Earlier Enrollment rules.

When a newborn is placed in foster care, the newborns will remain enrolled with the Apple Health plan for the month of birth. The newborn will be enrolled with the Apple Health Foster Care (AHFC) program effective the first of the month following placement of the newborn.
Enrollment Exemption: In some cases, a Member may request exemption from enrollment in a plan. Each request for exemption is reviewed by HCA pursuant to Washington Administration Code (WAC) 182-538-130.

ELIGIBILITY VERIFICATION

Eligibility is determined on a monthly basis. 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.

Providers who contract with Molina may verify a Member's eligibility and/or confirm PCP assignment by checking the following:

- Molina Healthcare Member ID card
- Monthly PCP eligibility listing located on the Molina Provider WebPortal
- Molina Healthcare Member Services at (800) 869-7165
- Molina Healthcare WebPortal at www.MolinaHealthcare.com / Provider Self Services
- ProviderOne website

Providers may also use a Medical Eligibility Verification (MEV) service. Molina sends eligibility information including PCP assignment to Provider Advantage and Change Health. Some MEV services provide access to online Medicaid Member eligibility data and can be purchased through approved HCA vendors. MEV services provide eligibility information for billing purposes, such as:

- Eligibility status
- Plan enrollment and plan name
- Medicare enrollment
- Availability of other insurance
- Program restriction information

HCA updates the MEV vendor list as new vendors develop MEV services. For more information and a current list of HCA vendors, please call (800) 562-3022.

Providers can also access eligibility information for Members free of charge using the ProviderOne online service. In order to access eligibility on the website you must register online and complete an application. Online enrollment information can be found at: http://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/enroll-provider

Eligibility Listing: Eligibility reports are available for viewing at any time on the secure Provider WebPortal. The report includes information regarding members assigned to the PCP's at that clinic location. The eligibility reports are refreshed hourly. You can also verify a Members PCP assignment by looking up the individual member in the WebPortal. You may also call Molina's Member Services Department at (800) 869-7165 to verify eligibility.

Identification Cards: An individual determined to be eligible for medical assistance is issued a ProviderOne Services Card by HCA. It is issued once upon enrollment. Providers must use the ProviderOne Client ID on the card to verify eligibility either through the ProviderOne website at https://www.waproviderone.org/ or via a Services Card swipe card reader. Providers must check Member eligibility at each visit and should make note of the following information:

- Eligibility dates (be sure to check for the current month and year)
- The ProviderOne Client ID number
- Other specific information (e.g. Medicare, Apple Health, IMC, BHSO, etc.)

Medical assistance program coverage is not transferable**.** If you suspect a Member has presented a ProviderOne (Services Card) belonging to someone else, you should request to see a photo ID or another form of identification. To report suspected Member fraud, call the Medicaid Fraud Hotline at (800) 562-6906. **Do not accept a Services Card that appears to have been altered.**

All Members enrolled with Molina receive an identification card from Molina in addition to the Services Card. Molina sends an identification card for each family Member covered under the plan. The Molina ID card has the name and phone number of the Member's assigned PCP.

Members are reminded to carry both ID cards (Molina ID card and Services Card) 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 condition exists, Providers may refuse service if the Member cannot produce the proper identification and eligibility cards.

Please see section 16, Sample ID cards to review the ID cards issued to members assigned to Molina.

DISENROLLMENT

Voluntary Disenrollment: Members may request termination of enrollment from the health plan by submitting a written request to HCA or by calling the toll-free enrollment number at (800) 562-3022. Requests for termination of enrollment may be made in order for the Member to enroll with another health plan, or disenroll from managed care completely. Members whose enrollment is terminated will be prospectively disenrolled. HCA notifies Molina of all terminations. Neither the Provider nor Molina may request voluntary disenrollment on behalf of a Member.

Involuntary Disenrollment: When a Member becomes ineligible for enrollment due to a change in eligibility status, or if the Member has comparable coverage, HCA will disenroll the Member and notify Molina.

Molina may request the involuntary termination of a Member for cause by sending a written notice to HCA. HCA will approve/disapprove the request for termination within thirty (30) working days of receipt of request. Molina must continue to provide medical services to the Member until they are disenrolled. HCA will not disenroll a Member based solely on an adverse change in the Member's health status or the cost of his/her health care needs. HCA may involuntarily terminate the Member's enrollment when Molina has substantiated all of the following in writing:

- The Member's behavior is inconsistent with Molina Healthcare's rules and regulations, such as:
- Intentional misconduct
- Purposely putting the safety of members, Molina Healthcare staff or providers at risk
- Refusing to follow procedures or treatment recommended by provider and determined by Molina Medical Director to be essential to member's health and safety
- Molina Healthcare has provided a clinically appropriate evaluation to determine whether there is a treatable condition contributing to the Member's behavior and such evaluation either finds no treatable condition to be contributing or, after evaluation and treatment, the Member's behavior continues to prevent the Provider from safely or prudently providing medical care to the Member.
- The Member received written notice from Molina of its intent to request disenrollment, unless the requirement for notification has been waived by HCA because the Member's conduct presents the threat of imminent harm to others. Molina's notice to the Member must include the following:
    a) The Member's right to use Molina's appeal process to review the request to terminate the enrollment
    b) The Member's right to use the HCA hearing process

A Member whose enrollment is terminated at any time during the month is entitled to receive covered services at Molina's expense through the end of that month. If the Member is inpatient at an acute care hospital at the time of disenrollment, and the Member was enrolled with Molina on the date of admission, Molina and its contracted medical groups/IPAs shall be responsible for all inpatient facility and professional services from the date of admission through the date of discharge from the hospital unless eligibility to receive Medicaid services ends.

SUPPLEMENTAL SECURITY INCOME (SSI)

SSI is a federal income supplement program funded by general tax revenues. It is designed to help aged, blind and disabled people who have little or no income and provides cash to meet basic needs for food, clothing and shelter. Members who are eligible for SSI receive medical care through Medicaid FFS and Apple Health Blind Disabled (AHBD) (only non-dual blind and disabled Members), but are not eligible for Apple Health Family (AHFAM), Apple Health with Premium (AHPREM) or Apple Health Adult (AHA).

When identified by case managers, Molina assists Members in pursuing SSI approvals. Until SSI is approved for the Member, Molina and its contracted medical groups/IPAs are financially responsible for all costs associated with medical management of the Member.

AHFAM, AHPREM and AHA adults who are determined to be SSI eligible due to being blind or disabled will prospectively change eligibility categories to AHBD (blind disabled) and will continue coverage through their designated health plan. Adults determined to be SSI eligible due to being aged will be dis-enrolled prospectively and HCA will not recoup any premiums from Molina. Molina and its contracted medical groups/IPAs will be responsible for providing services until the effective date of disenrollment.

If terminated, disenrollment processed on or before the HCA cut-off date, will occur the first day of the month following the month in which the termination is processed by HCA. If the termination is processed after the HCA cut-off date, disenrollment will occur the first day of the second month following the month in which the termination is processed by HCA.

MATERNITY & NEWBORN COVERAGE

Obstetrical (OB) care is covered for all Apple Health and IMC members

An Apple Health and IMC newborn is automatically covered through the end of the month in which the 21st day of life falls. Continued coverage is contingent upon the mother reporting the newborn to their Community Service Office (CSO) or logging into her Healthplanfinder account. If eligible, the newborn will receive a Services Card. If the baby is not reported, medical coverage ends at the end of the month in which the 21st day of life falls, unless the baby is in the hospital in which case coverage ends at discharge. If the mother changes health plans within the initial three months of life, the newborn's coverage will follow the mother's.

PCP ASSIGNMENT

Molina Members have the right to choose their own PCP. If the Member does not choose a PCP, Molina will assign one to the Member based on reasonable proximity to the Member's home and prior assignments. Newborns are assigned to the mother's PCP through the first full month of coverage following discharge from the hospital. Newborns enrolled in a Molina Healthcare plan may receive services from any Molina Healthcare contracted PCP during the first sixty days after birth.

If a Member would like to know about a PCP's medical training, board certification, or other qualifications, the Member can call Member Services. This includes PCPs, specialists, hospitals and other Providers.

PCP Changes: A Member can change their PCP at any time with the change being effective no later than the beginning of the month following the Member's request for the change. If the Member is receiving inpatient hospital services at the time of the request, the change will be effective the first of the month following discharge from the hospital. The guidelines are as follows:

1. If a Member calls to make a PCP change prior to the 15th of the month, the Member will be allowed to retroactively change their PCP to be effective the first of the current month, provided:
    - The Member is new to Molina that month.
2. If a Member calls to change the PCP and has been with Molina for over 15 days, the PCP change will be made prospectively to the first of the next month.

3. If the Member was assigned to the incorrect PCP due to Molina's error, the Member can retroactively change the PCP, effective the first of the current month.

There are two instances in which a PCP can request a change on behalf of the Member and the change can be made retroactive to the first of the month. They are:

1. The Member lives outside their PCP's service area.
2. The Member is assigned to a closed panel PCP because the Member chose the PCP on their Medicaid enrollment form.

NEWBORN PCP ASSIGNMENT

- Newborns will be assigned to the mother's PCP through the first full month of coverage following discharge from the hospital.
- The mother may select a different PCP for her newborn effective the first full calendar month after discharge from the hospital by notifying Member Services.
- While assigned to the mother's PCP, the newborn may see the chosen PCP as long as the PCP is participating with Molina or one of the capitated medical groups/IPAs.
- Molina and its capitated medical groups/IPAs will be responsible for paying the PCP services provided during this time period.

Financial Responsibility and Medical Management Authority: If the mother's PCP is part of a contracted medical group/IPA, that group/IPA will be financially responsible for covered services and has the authority to medically manage the newborn until the end of the first full calendar month of coverage after discharge from the hospital. If a hospitalized newborn loses eligibility, the contracted medical group/IPA or Molina is responsible for coverage until the newborn is discharged from the acute care facility. A transfer from one acute care facility to another is not considered a discharge.

PCP Dismissal

A PCP may dismiss a Member from his/her practice based on the following reasons. The issues must be documented by the PCP:

- Repeated "No-Shows" for scheduled appointments
- Inappropriate behavior

This Section does not apply if the member's behavior is resulting from his or her special needs, except when his or her continued assignment to the PCP seriously impairs the PCP's ability to furnish services to either the individual member or other members. The Member must receive written notification from the PCP explaining in detail the reasons for dismissal from the practice. The provider may use the approved "PCP Member Dismissal Letter Template" located on the Molina website at www.Molinahealthcare.com under the forms section. The PCP may use their own dismissal letter after approval by Molina. A copy of the dismissal letter should be faxed to Member Services at (800) 816-3778. Molina will contact the Member and assist in selecting a new PCP. The current PCP must provide emergency care to the Member for thirty (30) days during this transition period.

PCP Panel Closure – "New Members"

If a PCP determines that they are unable to accommodate "new" Members he or she can elect to close his or her panel. Molina must receive 30 days advance notice from the provider. Once the panel is closed, no new Members will be assigned to the PCP with the following exceptions:

- Family Members of existing Members will continue to be assigned;
- Members who were previously assigned to the PCP prior to a loss of eligibility will continue to be "reconnected" to the PCP.
- Members not currently assigned to you, but you have provided services 2 or more times in a 12 month period. The system will be automatically re-assign the member to you based on claims data.

Written correspondence is required and must include the reason and the effective date of the closure. If the panel will not be closed indefinitely, correspondence should also include the re-open date. If a reopen date for the panel is not known, a letter will need to be submitted when the office is ready to reopen the panel to new patients.

PCP Panel Closure – "New & Previously Assigned Members"

In the event a PCP determines they are unable to serve not only New Members, but also Members who have been previously assigned, the PCP must close his or her panel by providing immediate written notice to Molina.

Molina will identify those Members for potential re-assignment to an alternate PCP using the following objective criteria:

- Members were assigned to the PCP within the last 1- 6 months
- Member has never been seen by the PCP and does not have a scheduled appointment
- Member is not a Family Member of a member being actively seen by the PCP

The Member must receive written notification from the PCP explaining in detail the reasons for dismissal from the practice. The provider may use the approved "PCP Member Dismissal Letter Template" located on the Molina website at www.Molinahealthcare.com under the forms section. The PCP may use their own dismissal letter after approval by Molina. A copy of the dismissal letter should be faxed to Member Services at (800) 816-3778. Molina will contact the Member and assist in selecting a new PCP. The current PCP must provide emergency care to the Member for thirty (30) days during this transition period.