



## Enrollment, Eligibility and Disenrollment

### Enrollment in Michigan

The Michigan Marketplace is the program which implements the Health Insurance Marketplace as part of the Affordable Care Act. It is administered by the Department of Insurance and Financial Services.

To enroll with Molina Healthcare, the member, his/her representative, or his/her responsible parent or guardian must follow enrollment process established by Michigan's program. The Department of Insurance and Financial Services will enroll all eligible members with the health plan of their choice.

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

Coverage shall begin as designated by the Marketplace Exchange on the first day of a calendar month. If the enrollment application process is completed by the 15<sup>th</sup> of the month, the coverage will be effective on the first day of the next month. If enrollment is completed after the 15<sup>th</sup> of the month, coverage will be effective on the first day of the second month following enrollment.

### Newborn Enrollment

When a Molina Healthcare Marketplace Subscriber or their Spouse gives birth, the newborn is automatically covered under the Subscriber's policy with Molina Healthcare for the first 31 days of life. In order for the newborn to continue with Molina Healthcare coverage past this time, the infant must be enrolled through the Marketplace Exchange with Molina Healthcare on or before 60 days from the date of birth.

PCP's are required to notify Molina Healthcare via the Pregnancy Notification Report (included in Appendix B of this manual) immediately after the first prenatal visit and/or positive pregnancy test for any Molina Healthcare member presenting themselves for healthcare services.

### 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.





## Eligibility Verification

### Health Insurance Marketplace Programs

Payment for services rendered is based on enrollment status and coverage selected. The contractual agreement between providers and Molina Healthcare places the responsibility for eligibility verification on the provider of services.

### Eligibility Listing for Molina Healthcare Marketplace Programs

Providers who contract with Molina Healthcare may verify a member's eligibility for specific services and/or confirm PCP assignment by checking the following:

- Molina Healthcare Member Services at 866-898-7969
- Molina Healthcare, Inc., Web Portal website, [www.molinahealthcare.com](http://www.molinahealthcare.com)
- Provider Services

*Possession of a Marketplace ID Card does not mean a recipient is eligible for Marketplace services. A provider should verify a recipient's eligibility each time the recipient presents to their office for services.*

### Identification Cards

Molina Healthcare of Michigan, Inc. Sample Member ID card

#### Sample Member ID Cards:

##### MI Marketplace-MI Marketplace

<b>Molina Marketplace</b>			
ID #:			
Member:			
DOB:		Plan: Molina Silver 150 Plan	
Subscriber Name:			
Subscriber ID:			
Provider:			
Provider Phone:			
Provider Group:			
<b>Medical Cost Share</b>		<b>Prescription Drugs</b>	
Primary Care: \$15		Rx Deductible: Not Applicable	
Specialist Visits: \$40		Generic Drugs: \$8	
Urgent Care: \$30		Preferred Brand Drugs: \$20	
ER Visit: \$150		Non-Preferred Brand Drugs: 25%	
		Specialty Drugs: 25%	
Molina Healthcare of Michigan, Inc. Rx Bin: 004336 Rx PCN: ADV Rx Group: Rx0847			

##### MI Marketplace-MI Marketplace

<b>Molina Marketplace</b>			
ID #:			
Member:			
DOB:		Plan: Molina Silver 150 Plan	
Subscriber Name:			
Subscriber ID:			
Provider:			
Provider Phone:			
Provider Group:			
<b>Medical Cost Share</b>		<b>Prescription Drugs</b>	
Primary Care: \$15		Rx Deductible: Not Applicable	
Specialist Visits: \$40		Generic Drugs: \$8	
Urgent Care: \$30		Preferred Brand Drugs: \$20	
ER Visit: \$150		Non-Preferred Brand Drugs: 25%	
		Specialty Drugs: 25%	
Molina Healthcare of Michigan, Inc. Rx Bin: 004336 Rx PCN: ADV Rx Group: Rx0847			

This card is for identification purposes only and does not prove eligibility for service. Member: Emergencies (24 hrs): when a medical emergency might lead to disability or death, call 911 immediately or get to the nearest emergency room. No prior authorization is required for emergency care.

Miembro: Emergencias (24 horas): cuando una emergencia puede resultar en muerte o discapacidad, llame al 911 inmediatamente o vaya a la sala de emergencia mas cercana. No requiere autorización para servicios de emergencia.

Remit claims to: Molina Healthcare, P.O. Box 22668, Long Beach, CA 90801  
 Customer Support Number: (888) 560-4087  
 24 Hour Nurse Advice Line: (888) 275-8750  
 Para Enfermera En Español: (866) 648-3537  
 CVS Caremark Pharmacy Help Desk: (800) 364-6331  
 Provider: Notify the health plan within 24 hours of any inpatient admission at the hospital admission notification phone number.  
 Prior Authorization/Notification of Hospital Admission and Covered Services: (855) 322-4077

[www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)

##### MI Marketplace-MI Marketplace

<b>Molina Marketplace</b>			
ID #:			
Member:			
DOB:		Plan: Molina Silver 100 Plan	
Subscriber Name:			
Subscriber ID:			
Provider:			
Provider Phone:			
Provider Group:			
<b>Medical Cost Share</b>		<b>Prescription Drugs</b>	
Primary Care: Not Applicable		Rx Deductible: Not Applicable	
Specialist Visits: \$10		Generic Drugs: \$3	
Urgent Care: \$15		Preferred Brand Drugs: \$8	
ER Visit: \$100		Non-Preferred Brand Drugs: 10%	
		Specialty Drugs: \$10%	
Molina Healthcare of Michigan, Inc. Rx Bin: 004336 Rx PCN: ADV Rx Group: Rx0847			

##### MI Marketplace-MI Marketplace

<b>Molina Marketplace</b>			
ID #:			
Member:			
DOB:		Plan: Molina Silver 100 Plan	
Subscriber Name:			
Subscriber ID:			
Provider:			
Provider Phone:			
Provider Group:			
<b>Medical Cost Share</b>		<b>Prescription Drugs</b>	
Primary Care: Not Applicable		Rx Deductible: Not Applicable	
Specialist Visits: \$10		Generic Drugs: \$3	
Urgent Care: \$15		Preferred Brand Drugs: \$8	
ER Visit: \$100		Non-Preferred Brand Drugs: 10%	
		Specialty Drugs: \$10%	
Molina Healthcare of Michigan, Inc. Rx Bin: 004336 Rx PCN: ADV Rx Group: Rx0847			

This card is for identification purposes only and does not prove eligibility for service. Member: Emergencies (24 hrs): when a medical emergency might lead to disability or death, call 911 immediately or get to the nearest emergency room. No prior authorization is required for emergency care.

Miembro: Emergencias (24 horas): cuando una emergencia puede resultar en muerte o discapacidad, llame al 911 inmediatamente o vaya a la sala de emergencia mas cercana. No requiere autorización para servicios de emergencia.

Remit claims to: Molina Healthcare, P.O. Box 22668, Long Beach, CA 90801  
 Customer Support Number: (888) 560-4087  
 24 Hour Nurse Advice Line: (888) 275-8750  
 Para Enfermera En Español: (866) 648-3537  
 CVS Caremark Pharmacy Help Desk: (800) 364-6331  
 Provider: Notify the health plan within 24 hours of any inpatient admission at the hospital admission notification phone number.  
 Prior Authorization/Notification of Hospital Admission and Covered Services: (855) 322-4077

[www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)





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 Healthcare 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.

## **Disenrollment**

### **Voluntary Disenrollment**

Members have the right to terminate coverage for any reason at any time. However, beyond the open-enrollment period, if a member elects to terminate coverage with Molina Healthcare Marketplace, they are not eligible to re-enroll with another health plan until the following year's open-enrollment period unless there is a life event, and they qualify for a SEP (Special Enrollment Period) or if they are American Indian or Alaska Native. Members may discontinue Molina coverage by calling Molina Member Services at 1-(866) 898-7969.

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

### **Involuntary Disenrollment**

Under very limited conditions and in accordance with the Marketplace Exchange guidelines, members may be involuntarily disenrolled from a Molina Healthcare Marketplace program. With proper written documentation and approval by the Department of Insurance and Financial Services or its Agent; the following are acceptable reasons for which Molina Healthcare may submit Involuntary Disenrollment requests to the Department of Insurance and Financial Services:

- Delinquency of payment, past defined grace period(s)
- Member has moved out of the Service Area
- Member death
- Member's continued enrollment seriously impairs the ability to furnish services to this member or other members
- Member demonstrates a pattern of disruptive or abusive behavior that could be construed as non-compliant and is not caused by a presenting illness (this may not apply to members refusing medical care)
- Member's utilization of services is fraudulent or abusive

### **Missed Appointments**

The provider will document appointments missed and/or canceled by the member. Members who miss three consecutive appointments within a six-month period may be considered for disenrollment from a provider's panel. Such a request must be submitted at least sixty (60) calendar days prior to the requested effective date. The provider





agrees not to charge a member for missed appointments.

### **PCP Assignment**

Molina Healthcare will offer each member a choice of PCPs. After making a choice, each member will have a single PCP. Molina Healthcare will assign a PCP to those members who did not choose a PCP at the time of Molina Healthcare selection. Molina Healthcare will take into consideration the member's last PCP (if the PCP is known and available in Molina Healthcare's contracted network), closest PCP to the member's home address, ZIP code location, keeping Children/Adolescents within the same family together, age (adults versus Children/Adolescents) and gender (OB/GYN). Molina Healthcare will allow pregnant members to choose the Health Plan's obstetricians as their PCPs to the extent that the obstetrician is willing to participate as a PCP.

### **PCP Changes**

Members can change their PCP at any time. All changes completed by the 25<sup>th</sup> of the month will be in effect on the first day of the following calendar month. Any changes requested on or after the 26th of the month will be in effect on the first day of the second calendar month.

