

ENROLLMENT, ELIGIBILITY AND DISENROLLMENT

ENROLLMENT

Enrollment in Washington Apple Health Medicaid Programs:

Molina Healthcare 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 Healthcare if they reside within Molina Healthcare's Service Area (please see http://www.molinahealthcare.com/providers/wa/medicaid/contacts/Pages/service_area.aspx for Molina Healthcare's current Service Area). To enroll with Molina Healthcare, 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).

Apple Health will enroll all eligible Members with the health plan of their choice. If the Member does not choose a plan, Apple Health 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 are eligible for Foster Care
- 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

Apple Health Programs: Except for newborns, enrollment with Molina Healthcare is effective on the later of the following:

1. If the enrollment is processed on or before the HCA cut-off date (usually by the second to last business day of the month), the Member is effective the first day of the month following the month in which the enrollment is processed.

Molina Healthcare of Washington, Inc.

2. If the enrollment is processed after the HCA cut-off date for enrollment, the Member will be effective the first day of the second month following the month in which the enrollment is processed.

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 Healthcare a list of assigned Members for the following month. Molina Healthcare sends each new Member a Molina Healthcare Member ID card and welcome letter within 15 days of initial enrollment with Molina Healthcare. The letter includes important information for the new member such as how to access their online handbook and how to contact Molina Healthcare.

Inpatient at time of Enrollment

Apple Health Programs: 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.

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.

Enrollment Exemption Apple Health Programs Only: In some cases, an Apple Health 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

Apple Health Programs:

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 Healthcare places the responsibility for eligibility verification on the Provider of services.

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

- Molina Healthcare Member ID card
- Monthly PCP eligibility listing
- Molina Healthcare Member Services at (800) 869-7165
- Molina Healthcare ePortal website, www.MolinaHealthcare.com / Provider Self Services
- ProviderOne website or eligibility tools

Providers may also use a Medical Eligibility Verification (MEV) service. Molina Healthcare sends eligibility information including PCP assignment to Siemens, Provider Advantage and Emdeon. Some MEV services provide access to online Medicaid Member eligibility data and can be purchased

Molina Healthcare of Washington, Inc.

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 Apple Health 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/medicaid/providerenroll/pages/enroll.aspx#provider>

Eligibility Listing for Apple Health Programs: Molina Healthcare distributes monthly eligibility reports to provide information on Members' enrollment to a PCP. The reports are generated and posted to the ePortal website by the first week of each month to all Providers who contract with Molina Healthcare and practice as PCPs. If a Member arrives at a PCP's office to receive care but does not appear on the current month's eligibility list, the Provider should contact Molina Healthcare's Member Services at (800) 869-7165 to verify eligibility or check eligibility online at the Molina Healthcare ePortal website. A sample of the monthly eligibility list is included for your reference at the end of this section.

Identification Cards for Apple Health Programs: 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 coverage, 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 Healthcare receive an identification card from Molina Healthcare in addition to the Services Card. Molina Healthcare sends an identification card for each family Member covered under the plan. The Molina Healthcare ID card has the name and phone number of the Member's assigned PCP. A sample of the Molina Healthcare ID card and Services Card is included for your reference on page 4 of this section.

Molina Healthcare of Washington, Inc.

Members are reminded to carry both ID cards (Molina Healthcare ID card and Services Card) 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.

Member: THIS IS A REALLY LONG NAME OF A MEMBER 2			
Identification #: 00000002	Date of Birth: 09/04/1964	Client ID: PIC2	
Program: HO (Healthy Options)			
PCP Name: This is a really long PCP name to test for wrapping of the PCP name 2		PCP Eff: 09/06/2004	
PCP Phone: (002) 002-0002		Auth: (002) 002-AUTH	
PCP Location: 2 MAIN ST			
Member Services: (800) 869-7165			
Remit claims to: REMIT2			
24-Hour Nurse Advice Line (888) 275-8750		RxBIN: BIN2	
PCGGRP2		RxPCN: PCN2	
		RxGRP: RxGroup2	



DISENROLLMENT

For Apple Health Programs

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 Healthcare of all terminations. Neither the Provider nor Molina Healthcare 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 Healthcare.

Molina Healthcare 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 30 working days of receipt of request. Molina Healthcare 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 Healthcare 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 Healthcare's 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 Healthcare 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 Healthcare's notice to the Member must include the following:
 - a) The Member's right to use Molina Healthcare'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 for any reason, other than incarceration, at any time during the month is entitled to receive covered services at Molina Healthcare'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 Healthcare on the date of admission, Molina Healthcare 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.

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

Molina Healthcare of Washington, Inc.

not eligible for Apple Health Family (AHFAM), Apple Health with Premium (AHPREM), Apple Health Foster Care (AHFC) or Apple Health Adult (AHA) ,

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

AHFAM, AHPREM or AHFC newborns 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 Healthcare. Molina Healthcare 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

For Apple Health Programs:

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

An Apple Health 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 her 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 Healthcare Members have the right to choose their own PCP. If the Member does not choose a PCP, Molina Healthcare 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

Molina Healthcare of Washington, Inc.

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 Healthcare that month.
 - The Member has not received services from any other Provider, including the emergency room (ER).
2. If a Member calls to change the PCP and has been with Molina Healthcare 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 Healthcare'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.

These changes must be requested through the Provider Services Department.

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 Healthcare or one of the capitated medical groups/IPAs.
- Molina Healthcare 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 Healthcare 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 standard policies established by the PCP. Reasons for dismissal must be documented by the PCP and may include:

Molina Healthcare of Washington, Inc.

- Repeated “No-Shows” for scheduled appointments
- Inappropriate behavior
- Refusal to follow medical advice

The Member must receive written notification from the PCP explaining in detail the reasons for dismissal from the practice. A copy of the notice should be faxed to Member Services at (800) 816-3778. Molina Healthcare will contact the Member and assist in selecting a new PCP. The current PCP must provide emergency care to the Member for 30 days during this transition period.