

## **Section 2. Enrollment, Eligibility and Disenrollment**

### **Enrollment**

#### **Enrollment in Medicaid Programs**

The Utah Medicaid Program is the program which implements Title XIX of the Social Security Act (Medicaid). It is administered by the Department of Workforce Services. Department of Workforce Services or its agent takes applications and determines the eligibility of individuals and families for Utah Medicaid and CHIP.

Only Medicaid and CHIP recipients who are included in the eligible populations and living in counties with authorized Health Plans are eligible to enroll and receive services from Molina Healthcare. Molina Healthcare of Utah, Inc. participates in Medicaid and CHIP.

To enroll with Molina Healthcare, the member, his/her representative, or his/her responsible parent or guardian must complete and submit an application to the Department of Workforce Services. The application can be completed in the office, by mail, or by fax. Department of Workforce Services can be contacted at:

Website: [jobs.utah.gov](http://jobs.utah.gov)  
Toll Free: 1-866-435-7414

Department of Workforce Services will enroll all eligible members with the health plan of their choice. If the member does not choose a plan, the Utah Medicaid Program will assign the member and his/her family to a plan that services the area where the member resides.

**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 Department of Workforce Services on the first day of a calendar month. Enrollment cannot be effective until member selects or is assigned to a CMO Plan (Care Management Organization). If CMO Plan is selected/assigned on or before the 24<sup>th</sup> day of the month, enrollment will be effective on the first day of the first month following plan selection/assignment. If CMO Plan selection/assignment occurs on or after the 25<sup>th</sup> of the month, enrollment will be effective on the first day of the second (2<sup>nd</sup>) month following assignment. Provided continued eligibility is maintained, all members will be enrolled in a CMO Plan for a period of twelve (12) months. This consecutive Enrollment period will commence on the first (1<sup>st</sup>) day of Enrollment or upon the date the notice is sent, whichever is later. Department of Workforce Services or its Agent will automatically enroll a member into the CMO plan in which he/she was most recently enrolled if the member had a temporary loss of eligibility of less than ninety (90) days. In this circumstance, the consecutive enrollment period will continue as though there has been no break in eligibility, keeping the original twelve (12) month period.

## **Newborn Enrollment**

Molina contacts expectant members sixty (60) days prior to the expected delivery date to encourage the mother to choose a CMO plan and a PCP for her newborn. When a Molina member gives birth, if no CMO plan has been selected by the Mother at the time of birth, the newborn will automatically be enrolled with Molina Healthcare. The Mother will be notified of the auto-assignment and will have ninety (90) days from the date of assignment to change plans. Coverage will be retroactive to the time 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 of any 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**

### **Medicaid Programs**

The State of Utah, through the Department of Workforce Services determines eligibility for the Medicaid Programs. 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.

## Eligibility Listing for Medicaid Programs

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


- Molina Healthcare Member Services at (888)483-0760,
- Eligibility can also be verified through the state department of Workforce Services, bureau of eligibility policy.
- Molina Healthcare, Inc. Web Portal website, [www.molinahealthcare.com](http://www.molinahealthcare.com), Provider Services

**Possession of a Medicaid ID Card does not mean a recipient is eligible for Medicaid services. 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.**

## Identification Cards

Molina Healthcare of Utah, Inc. Sample Member ID card

### Card Front

Member: <b>ANDRE T TEST</b> Identification #: <b>944755555</b> Effective Date: <b>Oct 2 2008</b>	 <b>MOLINA HEALTHCARE</b> Molina Healthcare of Florida 8300 NW 33rd St, Suite 400 Doral, FL 33122
PCP Name: <b>MOLINA PROVIDER</b> PCP Phone: <b>(305) 320-6128</b>	
Member Services: <b>1-866-472-4585</b> Hours: 8:00 am to 7:00 pm M-F	TTY: <b>1-800-955-8771</b> Bin # 610473
24 Hour Nurse Advice Line English: <b>1-888-275-8750</b> Spanish: <b>1-866-648-3537</b> TTY: <b>1-866-735-2922</b>	

### Card Back

**EMERGENCY SERVICES :** Call 911 if you can. Or you can go to the nearest emergency room (ER). Call your Primary Care Provider (PCP) if you are not sure you need to go to the ER. Or call our 24-Hour Molina Healthcare Nurse Advice Line at 1-888-275-8750, 1-866-648-3537 (Español) or 1-866-735-2922 (TTY). Call your PCP after your ER visits.

**Referrals:** You must be referred by your PCP for all care except in the case of an emergency situation.

**PRACTITIONER/PROVIDERS/HOSPITALS:** For prior approval, post stabilization, eligibility, or benefit information call 1-866-472-4585

**Hospital Admission:** Approval must be obtained by the hospital prior to all non-emergency admissions. Call 1-866-472-4585

**Pharmacists:** For RX processing questions, call 1-800-791-6856

**Behavioral Health Services:** 1-800-327-6803

**Claims Submission:** MHE, PO Box 22812, Long Beach CA 90801  
EDI Claims: Emdeon Payer # 51062 or call 1-866-472-4585.

[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 request to change plans for any reason within the first 90 days of enrollment and at the end of each 12 month enrollment period thereafter. Members may request to change plans for cause at any time. Circumstances that constitute cause for disenrollment include the member moving out of the Service Area, Molina does not provide covered services Member seeks based on moral or religious objections, member needs services that are not available within the Molina network, member's eligibility changes, or other reasons per 42 CFR 438.56(d)(2). Members can change plans by calling Molina Member Services at 1-(888) 483-0760. Molina will provide assistance to members requesting to disenroll from the Molina plan, and will refer the member to Department of Workforce Services or its agent for disenrollment determination.

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 Bureau of Eligibility Policy guidelines, members may be involuntarily disenrolled from a managed care program. With proper written documentation and approval by Utah Medicaid or its Agent; the following are acceptable reasons for which Molina Healthcare may submit Involuntary Disenrollment requests to the Department of Workforce Services:

- 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
- Member's utilization of services is fraudulent or abusive
- Member is placed in a long-term care nursing facility, State institution, or intermediate care facility for the developmentally disabled
- Member's Medicaid eligibility category changes, or member otherwise becomes ineligible to participate in Medicaid or CHIP.

## **PCP Dismissal**

A PCP may request the dismissal of a member from his/her practice based on member behavior. Reasons for dismissal must be documented by the PCP and may include:

- A member who continues not to comply with a recommended plan of health care. Such requests must be submitted at least sixty (60) calendar days prior to the requested effective date.
- A member whose behavior is disruptive, unruly, abusive or uncooperative to the extent that his or her assignment to the provider seriously impairs the provider's ability to furnish services to either the member or other members.

This Section does not apply if the member's behavior is attributable to a physical or behavioral condition.

## **Missed Appointments**

The provider will document and follow up on appointments missed and/or canceled by the member. Providers should notify Molina Healthcare when a member misses two consecutive appointments. 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.

A member may only be considered for an involuntary disenrollment after the member has had at least one (1) verbal warning and at least one (1) written warning of the full implications of his or her failure of actions. The member must receive written notification in fifth (5<sup>th</sup>) grade reading level from the PCP explaining in detail the reasons for dismissal from the practice. Action related to request for involuntary disenrollment conditions must be clearly documented by providers in the member's records and submitted to Molina Healthcare. The documentation must include attempts to bring the member into compliance. A member's failure to comply with a written corrective action plan must be documented. For any action to be taken, it is mandatory that copies of all supporting documentation from the member's file are submitted with the request. Molina Healthcare will contact the member to educate the member in the consequences of behavior that is disruptive, unruly, abusive or uncooperative and/or assist the member in selecting a new PCP. The current PCP must provide emergency care to the member until the member is transitioned to a new PCP. Utah Medicaid is the final approving authority for all disenrollment requests.

## **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 assign all members that are reinstated after a

temporary loss of eligibility of 60 days or less to the PCP who was treating them prior to loss of eligibility, unless the member specifically requests another PCP, the PCP no longer participates in Molina Healthcare or is at capacity, or the member has changed geographic areas.

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. Molina Healthcare shall assign a pediatrician or other appropriate PCP to all pregnant members for the care of their newborn babies no later than the beginning of the last trimester of gestation. If Molina Healthcare was not aware that the member was pregnant until she presented for delivery, it will assign a pediatrician or a PCP to the newborn baby within one (1) business day after notification of birth. Providers shall advise all members of the members' responsibility to notify Molina Healthcare and Utah Medicaid of their pregnancies and the births of their babies.

### **PCP Changes**

A member may change the PCP at any time with the change being effective no later than 31 days 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 on or before the 15th of the month, the member will be effective with the new PCP on the first day of the next month.
2. If a member calls to change the PCP after the 15<sup>th</sup> of the month, the change will go into effect 30 days after the date the change was requested.
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.