

Member Eligibility

Provider Cheat Sheet

Use this Cheat Sheet to assist your office with identifying important information regarding member eligibility. For complete guidelines, refer to our *MSCAN* and *CHIP Provider Manuals* available at: https://www.molinahealthcare.com/providers/ms/medicaid/home.as px. Our websites are best viewed using Google Chrome as the browser.

Ways to Verify Eligibility

Molina provides various tools to verify member eligibility. Providers may use our online self-service Secure Web Portal, the Integrated Voice Response (IVR) system, their Member Eligibility Rosters or speak with a Customer Service Representative at: **(844) 826-4335**

Please Note – At no time should a member be denied services because his/her name does not appear on the PCP's Member Roster. If a member does not appear on the Member Roster the provider should contact the Plan for further verification.

Secure Web Portal: <u>provider.molinahealthcare.com</u>
Customer Service/IVR Automated System: (844) 826-
4335
Medicaid Envision Web Portal: https://www.ms-

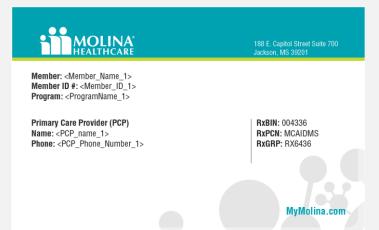
Please visit our website to review this information:

medicaid.com/msenvision/

https://www.molinahealthcare.com/providers/ms/medicaid/home.aspx

Molina Member ID Cards

MSCAN



CHIP

Member: <Member_Name_1>
Member ID #: <Member_ID_1>
Program: <ProgramName_1>

Name: <PCP_name_1>
Phone: <PCP_Phone_Number_1>

Effective Date of Coverage: <Member_effective_date_1>
Copy: Office/ER
Out of Pocket maximum: \$xxxx

MyMolina.com

Back of Cards (MSCAN & CHIP)

EMERGENCY SERVICES: Call 911 or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider (PCP). Follow up with your PCP after all emergency room visits.

MEMBERS

Member Services: (844) 809-8438
24-Hour Nurse Advice Line: (844) 794-3638
24-Hour Behavioral Health Crisis Line: (844) 794-3638
For Dental, Transportation, Vision: (844) 809-8438
For Deaf and Hard of Hearing: TTY/TDD 711

PROVIDERS

Medical Claims: PO BOX 22618 Long Beach, CA 90801

For prior authorization, eligibility, claims or benefits call (844) 826-4335 or visit the Provider Portal at provider.molinahealthcare.com.

MolinaHealthcare.com

Possession of an ID card is not a guarantee of Member eligibility or coverage. Please verify eligibility upon each visit.

Member Copays

MSCAN

There are no copays for MSCAN.

Services limits can be viewed at: https://www.molinahealthcare.com/members/ms/en-us/mem/medicaid/overvw/coverd/benefits.aspx

CHIP

Coverage Plan	Provider Visit	Emergency Room Visit	Copay Maximum
MSCHP 01 (<150% FPL)	\$0	\$0	\$0
MSCHP 02 (151% - 175% FPL)	\$5 per visit	\$15 per visit	\$800 per coverage period
MSCHP 03 (176% - 209% FPL)	\$5 per visit	\$15 per visit	\$950 per coverage period

Services limits can be viewed at:

https://www.molinahealthcare.com/members/ms/enus/mem/chip/overvw/coverd/benefits.aspx

PCP Member Roster

The Member Roster application enables the registered user to view and navigate through a list of Members assigned to a Primary Care Provider (PCP).

The Member Roster may be accessed via our Secure Provider Web Portal.

Secure Web Portal: provider.molinahealthcare.com

Contact Information

Molina Healthcare of MS

188 E. Capitol Street, Suite 700 Jackson, MS 39201

Provider Customer Service: 1-844-826-4335

Website:

https://www.molinahealthcare.com/providers/ms/medicaid/home.aspx

Provider Relations/Provider Services:

MHMSProviderServices@molinahealthcare.com

Fax Numbers

Main Fax	(844) 303-5188
Prior Auth – Inpatient Fax	(844) 207-1622
Prior Auth – All Non-Inpatient Fax	(844) 207-1620
Behavioral Health - Inpatient Fax	(844) 207-1622
Behavioral Health - All Non-Inpatient Fax	(844) 206-4006
Pharmacy Authorizations Fax	(844) 312-6371
Radiology Authorizations Fax	(877) 731-7218
Transplant Authorizations Fax	(877) 813-1206
NICU Authorizations Fax	(844) 207-1622

