

Molina Introduces New Medicare Health Plans

Molina Healthcare of Michigan is pleased to inform you, our valued health care provider partner, that we now offer four 2022 health plans for Medicare beneficiaries.

- **Current! Molina Medicare Complete Care (HMO D-SNP) - \$0 Premium**
- **New! Molina Medicare Complete Care Select (HMO D-SNP) - \$0 to \$31.50 Premium**
- **New! Molina Medicare Choice Care (HMO) - \$0 Premium**
- **Current! Molina MI Health Link (MMP) Integrated Duals Program - \$0 Premium**

Member ID cards for the new plans will be similar to our current Medicare Complete Care cards.

Brief descriptions of the Molina Medicare programs are:

Molina Medicare Complete Care (HMO D-SNP)

- Current program for Full Dual Status; members qualify for both Medicaid & Medicare.
- For provider offices, send the Medicare claim to Molina. If the member has both Molina Medicare and Molina Medicaid, claims are automatically crossed over by Molina for benefits & remittance. No additional action required by your office. Payments appear on separate Medicare and Medicaid Explanations of Payment (EOP).
- If member has Molina Medicare and fee-for-service Medicaid or Medicaid with another plan, providers will submit the secondary claim to Medicaid or the other plan. *In most instances, MDHHS works to ensure the Medicare and Medicaid health plans are the same.*
- All Medicare and Medicaid benefits apply. For example, Medicaid includes dental (Delta Dental), hearing aids (HearUSA) and vision (VSP) benefits.
- Molina may offer additional benefits over and above Medicare & Medicaid, such as over-the-counter medical supplies, fitness center membership, grocery allowance, etc.

Molina Medicare Complete Care Select (HMO D-SNP)

- **Same as above** for Partial Dual Status, except the member or MDHHS contributes to the cost of Medicare for Medical and Part D Deductible. No changes for provider offices to Molina's current Medicare D-SNP program.

Molina Medicare Choice Care (HMO)

- This MAPD HMO program is designed for members who lose or do not yet qualify for Medicaid assistance.
- The program also allows for continuity of care for those who temporarily or permanently lose Medicaid status for financial or other qualification reasons.
- The member may have some cost share on services; however, the premium is zero. Primary Care Providers (PCP) Copay is also \$0.
- The Molina program may offer some additional member benefits above Medicare, such as dental (Delta Dental), hearing aids (HearUSA), vision (VSP), fitness center membership, Flex Card for over-the-counter products, food & produce, etc.
- For provider offices, claims for services are sent to Molina for processing. There are no member copays for PCP visits and other select services; \$30 member copay for specialist visits; and varying member copays for hospital, ER and ambulance. A full list of services and copayments is incorporated in the member Explanation of Coverage (EOC) available to members on the Molina member website.

Molina MI Health Link (MMP) Integrated Duals Program – Wayne and Macomb Counties only

- This program combines Medicaid, Medicare, and Long-Term Services and Supports (LTSS).
- Available to members who qualify for Medicaid and Medicare residing in Wayne and Macomb Counties only.
- No member copayments. Members have Molina Medicare and Molina Medicaid. Providers file one claim to Molina. All payments appear on one Explanation of Payments (EOP).
- All Medicare and Medicaid benefits apply. For example, Medicaid benefits include dental & hearing aids through the Molina network and vision through VSP.
- Additionally, for those who qualify, Long-Term Services and Supports are offered, such as personal care, chore, and home modifications, among others. The Molina LTSS network sends claims for services directly to Molina.
- The Molina MI Health Link (MMP) program includes members who may reside in long term, custodial nursing facilities.
- Molina may offer additional benefits over and above Medicare & Medicaid, over-the-counter medical supplies, fitness center membership, grocery allowance, etc.

For more information on these plans, please contact your Provider Service Representative or contact our Provider Services Department at 947-622-1230 or 947-218-0897 or via email at MHMProviderServicesMailbox@MolinaHealthcare.com.

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