

# 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 *Marketplace Provider Manual* available at: <https://www.molinamarketplace.com/marketplace/ms/en-us/Providers>. 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: [provider.molinahealthcare.com](https://provider.molinahealthcare.com)
- Customer Service/IVR Automated System: **(844) 826-4335**

Please visit our website to review this information:

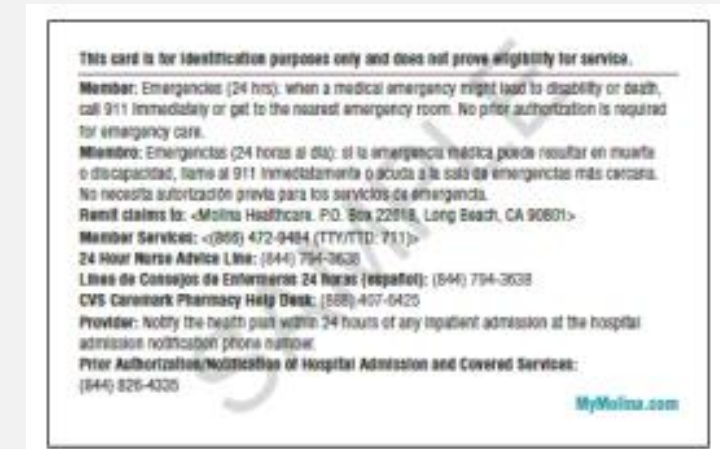
<https://www.molinamarketplace.com/marketplace/ms/en-us/Providers>

## Molina Member ID Cards

### Front of Card



### Back of Card



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 15th of the month, the coverage will be effective on the first day of the next month. If enrollment is completed after the 15th of the month, coverage will be effective on the first day of the second month following enrollment or as determined by the Exchange.

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

## Member Cost Sharing and Benefits

### Link to Benefit Documents

The following web link provides access to the Summary of Benefits and Coverage documents for Molina Marketplace products offered in Mississippi.

<https://www.molinamarketplace.com/marketplace/ms/en-us/MemberForms.aspx>

Cost Sharing is the Deductible, Copayment, or Coinsurance that Members must pay for Covered Services provided under their Molina Marketplace plan. The Cost Sharing amount Members will be required to pay for each type of Covered Service is summarized on the Member's ID card. Additional detail regarding cost sharing listed in the Schedule of Benefits. Cost Sharing applies to all Covered Services except for preventive services included in the Essential Health Benefits (as required by the Affordable Care Act).

Cost Sharing towards Essential Health Benefits may be reduced or eliminated for certain eligible Members, as determined by Marketplace's rules. It is the Provider's responsibility to collect the copayment and other Member Cost Share from the Member to receive full reimbursement for a service. The amount of the copayment and other Cost Sharing will be deducted from the Molina payment for all Claims involving Cost Sharing.

## 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](http://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**

**Main Line Toll Free: (844) 826-4333**

**Member Eligibility Verification: (866) 472-9484**

**Behavioral Health Authorizations: (844) 826-4335**

**Pharmacy Authorizations: (844) 826-4335**

**Radiology/Transplant/NICU Authorizations: (855) 714-2415**

**Website:** <https://www.molinamarketplace.com/marketplace/ms/en-us/Providers>

### Provider Relations/Provider Services:

[MHMSProviderServices@molinahealthcare.com](mailto: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:** (877) 731-7220