

Provider Memorandum

Continuity of Care and Billing During Transition Period: Medicare-Medicaid Plan (MMP)

This memo reminds providers that Molina Healthcare of Illinois (Molina) offers a continuity of care period to members who transition from another Managed Care Organization (MCO) or fee-for-service plan to the Molina Medicare-Medicaid Plan (MMP), also called Molina Dual Options.

Different conditions apply based on where the member is transitioning from:

- Members leaving a Medicare fee-for-service or a Medicare Advantage plan and joining an MMP plan for the first time receive a 180-day transition period. During this period, members can continue their current course of treatment with their existing provider.
- Members transitioning from one MMP plan to a different MMP plan can continue seeing their current doctor for 90 days after joining the plan if the doctor is not part of Molina's provider network.
- Both the 180-day and 90-day transition periods are applicable to all providers, including Long-Term Services and Support (LTSS). After the transition period ends, Molina may transfer services provided by non-contracted providers to a provider within our network.

Billing During the Transition Period for Members Currently Receiving Waiver Services

Important Note: Effective November 1, 2020, providers **must** notify Molina within 30 days of any current service plans for members who transfer from another Managed Care Organization, Illinois Department on Aging, or Department of Human Services-Division of Rehabilitation Services (MCO/IDoA/DHS-DRS) to Molina.

During the first 30 days of the member's effective date with Molina, providers should bill Molina according to the previous MCO/IDoA/DHS-DRS service plan. The authorization box on the Molina claim form should be left blank until a Molina authorization is received.

Once Molina is notified by the provider, an authorization will be completed. The provider **must** include the Molina authorization number on claims filed after the 30 days following the member's effective date with Molina.

If you have not received an authorization from Molina within 30 days after the member's effective date, contact the Molina Case Management team at LTSSSETI@MolinaHealthcare.com.

During the transition period, a Molina case manager will complete an assessment with the member and determine if any changes to the existing service plan need to be made. Once the case manager completes this assessment, a Molina authorization and updated service plan will be forwarded to the assigned provider.

Changing to a Network Provider

A member's existing provider may be changed during the transition period only in the following circumstances:

- The member requests a change.
- The provider chooses to discontinue providing services to a member as currently allowed.
- Molina or Illinois Healthcare and Family Services (HFS) identifies provider performance issues that affect a member's health or welfare.
- The provider is excluded under state or federal exclusion requirements.

Questions?

Providers who have questions, concerns, or would like additional training—including how to use the Molina Provider Portal—may contact their Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com.

For help identifying your Provider Network Manager, visit [Molina's Service Area](#) page at MolinaHealthcare.com.

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Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.