

# Provider Memorandum

## Continuity of Care Reminder: Medicare-Medicaid Plan (MMP)

This memo reminds providers that Molina HealthCare of Illinois (Molina) offers a continuity of care period to members who transition to the Molina plan.

- Members leaving a Medicare fee-for-service or a Medicare Advantage plan and joining a Medicare-Medicaid 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 Medicare-Medicaid plan to different Medicare-Medicaid 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.

**Line of Business:** Medicare-Medicaid Plan (MMP), also called Molina Dual Options

### Billing During the Transition Period

Providers should bill Molina during the 180-day and 90-day transition periods. The authorization box on the Molina claim form should be left blank until a Molina authorization is received. After the transition period ends, all claims should be billed with a valid Molina authorization number.

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.

Providers may contact Molina for assistance with receiving an authorization *after* the transition period ends by contacting [LTSSSETI@MolinaHealthcare.com](mailto:LTSSSETI@MolinaHealthcare.com).

### 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 identify provider performance issues that affect a member's health or welfare; or
- The provider is excluded under state or federal exclusion requirements.

### Becoming a Molina Network Provider

Out-of-network providers with questions about joining the Molina network should email the Provider Network Management Department at [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com).

### Questions

Providers with questions regarding authorizations or member care should email Long Term Services and Support, [LTSSSETI@MolinaHealthcare.com](mailto:LTSSSETI@MolinaHealthcare.com).

### Join Our New Email List

Join Molina's new provider email list! Be the first to receive news and updates about Molina services, delivered automatically to your inbox. Just click here, <https://molinahealthcare.activehosted.com/f/1>, fill out the form and submit to get started.