

Cigna Medicaid and Medicare-Medicaid Plan Members to Transfer to Molina Healthcare, Inc.

Effective January 1, 2022, Cigna will no longer participate in the Texas STAR+PLUS Medicaid Managed Care Program or the Texas Medicare-Medicaid Dual Eligible Program. Current Cigna members in these programs will become Molina STAR+PLUS and Medicare-Medicaid STAR+PLUS Plan members starting January 1, 2022.

Members are not required to do anything during this transition. Their benefits will automatically transfer with them on January 1, 2022.

- **STAR+PLUS Members** will receive the core health care and prescription drug coverage offered under Texas Medicaid. They will receive the value-added services offered by Molina. These value-added services may be different than the value-added services offered by Cigna.
- **Medicare-Medicaid STAR+PLUS Plan Members** will continue to receive the health care and prescription drug coverage outlined in the Explanation of Coverage or Annual Notice of Change developed by Cigna for 2022.
- Molina will honor authorizations for any ongoing services until the services are complete or a new care plan is developed. Authorizations will be available in the Molina Provider Portal.
- Most health care providers currently serving Cigna members are already contracted with Molina. If you are not currently contracted with Molina for the Medicaid or MMP lines of business, please contact the Molina Contracting Department by emailing MHTContractRequest@MolinaHealthcare.com.

Additional information is provided in the following frequently asked questions document. If you have questions, please contact Provider Services by emailing MHTXProviderServices@MolinaHealthcare.com or by calling (855) 322-4080, Monday through Friday, 8 a.m. – 5 p.m., central time.

Cigna-Molina Healthcare Transition Frequently Asked Questions

1. When will the transfer be final?

The transfer will be finalized and become effective January 1, 2022. Until then, Cigna will continue to operate their business as usual.

2. How will providers benefit from this transfer?

We believe it will enable providers to continue caring for their patients who currently have Cigna STAR+PLUS & Medicare-Medicaid Plans.

3. Will a provider’s existing contract with Molina remain the same?

Yes, if you are already a participating provider with Molina, your contract will remain the same

4. Will there be changes to contracts providers may have with other Cigna lines of businesses?

No. There will be no changes to any other contracts (e.g., commercial, Medicare Advantage).

5. What is the claims run-out period?

Please refer to the chart below.

Claim description	
Date of service on or prior to December 31, 2021	Cigna
Date of service on or after January 1, 2022	Molina
Hospital inpatient stay that starts on or prior to December 31,	Cigna
Hospital inpatient stay that starts on or after January 1, 2022	Molina
All other expenses incurred on or prior to December 31, 2021	Cigna
All other expenses incurred on or after January 1, 2022	Molina

6. Will I need to request new authorization from Molina for services that will take place after 1/1/2022?

No, Molina will honor authorizations for any ongoing services to avoid disruptions in care until the approved authorization runs out or a new care plan is developed with the member. Authorization numbers will remain the same, with the addition of a CIG prefix to the current authorization number issued by Cigna. Should you need to confirm an authorization number, it will be available to you via Molina’s Provider Portal.

Behavioral Health services that will continue beyond January 1, 2022 will need to be authorized by Molina. Providers should contact Molina Provider Services at 855.322.4080.

7. When should providers start sending prior authorization requests to Molina?

They should start submitting prior authorization requests to Molina starting on January 1, 2022. Cigna is responsible for prior authorization requests through December 31, 2021.

8. Will Molina assume Plan of Treatment (Cigna Care Plans)?

Yes. Molina will assume Cigna Care Plans.

9. What is the appeal process for claims with dates of service prior to the transfer?

Providers should send appeals to Cigna for claims service dates on or prior to December 31, 2021, and to Molina for claims service dates on or after January 1, 2022.

10. What will happen to the provider's rep and/or how can they get help once the transition is complete?

Any providers who are new to Molina's network will get assigned a Provider Services Representative. Your Provider Service Representative will reach out to you upon completion of the Contracting Process and will be able to answer your questions and help resolve any issues you may have. Providers can contact their provider services representative directly or contact Molina's Provider Services team by emailing MHTXProviderServices@MolinaHealthcare.com or by calling (855) 322-4080, Monday – Friday, 8 a.m. to 5 p.m., central time.

11. What benefits do patients get as a Molina member?

- For MMP - There will be no change in benefits. Molina will offer the same benefits offered by Cigna.
- For STAR+PLUS - Molina provides all of the same core Medicaid benefits available through Cigna. There will be no changes to members' core Medicaid benefits once they transition from Cigna to Molina occurs. These benefits include, but are not limited to, no-cost doctor visits, mental health care, medication, and hospital care. Molina also offers additional benefits, called Value-Added Services, to its members at no cost. Molina's Value-Added Services are different from the Value-Added Services offered by Cigna. Once members fully transition to Molina, they will no longer have access to the Value-Added Services offered by Cigna. Molina's Value-Added Services include virtual care, extra dental and vision benefits, health education programs, incentives for visiting your doctor, a 24-hour nurse advice line and more.

12. What tools does Molina have to support its providers?

- Molina offers an easy-to-use, self-service provider portal. Molina's provider portal allows providers 24/7 access to important Molina information and the ability to:
 - Verify member eligibility
 - Submit professional and institutional claims
 - Submit and check status of prior authorization requests
 - Check claim status
 - Correct or void claims
 - Access online Provider Manual
- Find forms, training materials and announcements
- View HEDIS profile (available for PCPs) and more.
- Molina also has a dedicated Provider Services Team that partners with our network providers in providing quality care to Molina members. Each network provider is assigned an individual who offers open communication channels and faster turnaround times for issues or concerns. Provider Services Representatives can also assist providers with:
 - Registering for and navigating Molina's provider portal
 - Signing up for EFT and ERA
 - Staying up to date on Molina policies, procedures, billing changes and new initiatives
 - Claims issues
 - Getting involved in Community events in your area, and more.

13. What tools does Molina have to support its members?

- Molina offers several tools to support its members. Members can download the Molina Mobile app to their smartphone to get 24/7 access to important information about their health plan. With the Molina Mobile app, members can easily see their ID card, print a copy of their ID card, or sent it to a provider. Members can also search for new doctors, change their primary care provider, view their benefits at a glance and check their eligibility all from their smartphone.
- If a member prefers to use a computer, they can access Molina's desktop portal by visiting MyMolina.com. The desktop portal offers the same features as Molina's Mobile app.
- Members can also call Molina's 24-hour nurse advice line for answers to medical questions, any time – day or night.