

Provider Memorandum

Important Information Regarding Dual Eligible Beneficiaries Enrolled in Medicaid Managed Long Term Services and Supports (MLTSS)

Molina Healthcare of Illinois (Molina) wants to support its providers with helpful information regarding Managed Long Term Services and Supports (MLTSS). The MLTSS program became effective with Molina on January 1, 2018, as part of HealthChoice Illinois and expanded state-wide on July 1, 2019.

Molina is encouraging providers to use this communication to help them identify dual-eligible beneficiaries covered under HealthChoice Illinois MLTSS. This communication will also help providers learn how to bill for services. Depending on the service provided and each enrollee’s program, providers must bill either the HealthChoice Illinois MLTSS managed care organization (MCO), Medicare or Medicaid Fee-For-Service (FFS).

Eligibility

Dual-eligible enrollees are individuals who qualify for full Medicare and full Medicaid benefits. MLTSS enrollees are those individuals who have dual eligibility but have opted out of the Medicare Medicaid Program (MMP). These individuals reside in a nursing facility or are on one of the following Home and Community Based Services (HCBS) waivers:

- Supportive Living Facilities
- Persons with Disabilities
- Persons with HIV or AIDS
- Persons with Traumatic Brain Injury
- Persons who are Elderly

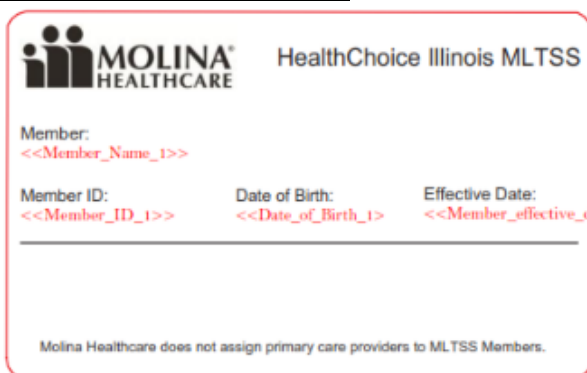
How to Identify MLTSS Coverage

Providers may use Molina’s Provider Portal and the state’s Medical Electronic Data Interchange (MEDI) system to review eligibility status and MCO designation for their patients to aid in submitting claims to the appropriate payer. In MEDI, HealthChoice Illinois MLTSS MCO enrollees are identified with an Exclusion Code of “6” and a “Special Information” message underneath the “End Date” and “City – State – Zip” line with the following message:


“Medicare is primary payer. Medicaid MCO covers LTC, HCBS waiver services (excluding DD waivers), non- Medicare behavioral health, and non-emergency transportation. Medicaid FFS covers Medicare crossovers and other services not covered by Medicare or the MCO.”

You can also identify MLTSS coverage from the ID card as shown below.

HealthChoice Illinois MLTSS MCO



HealthChoice Illinois

		HealthChoice Illinois
Member: <<Member_Name_1>>		
Member ID: <<Member_ID_1>>	Date of Birth: <<Date_of_Birth_1>>	Effective Date: <<Member_effective_date>>
Primary Care Provider: <<PCP_name_1>>		
PCP Address: <<PCP_Address_1>> <<TBD (for city,state,zip)>>		
Primary Care Provider Phone: <<PCP_Phone_Number_1>>		
RX Bin#: <<Bin_number_1>> RX PCN#: <<RxPCN_1>> RX Group: <<RxGroup1>>		

Members:
To verify eligibility or change your Primary Care Provider (PCP) visit www.MyMolina.com or call Member Services (855) 687-7861. For hearing impaired, call the Illinois Relay at 7-1-1.

Emergency Services: Call 911 or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your PCP or call our 24-Hour Nurse Advice Line at (888) 275-8750 for English or (866) 648-3537 for Spanish. For hearing impaired, call the Illinois Relay at 7-1-1.

Behavioral Health: 24-Hour Crisis Hotline (888) 275-8750. For Spanish dial (866) 648-3537.

Transportation: To schedule a ride or for day-of ride assist, call (844) 644-6354.

Providers: To verify eligibility, claims status or prior authorization, call (855) 866-4562.

Prior Authorization: Required for all inpatient admissions and selected outpatient services. Call (855) 687-7861 to notify us of an admission.

Pharmacists: For pharmacy questions, call (855) 866-5462.

Dental: For any dental services, call Avesis Dental at (866) 857-8124.

Claim Submission: P.O. Box 540, Long Beach, CA 90801

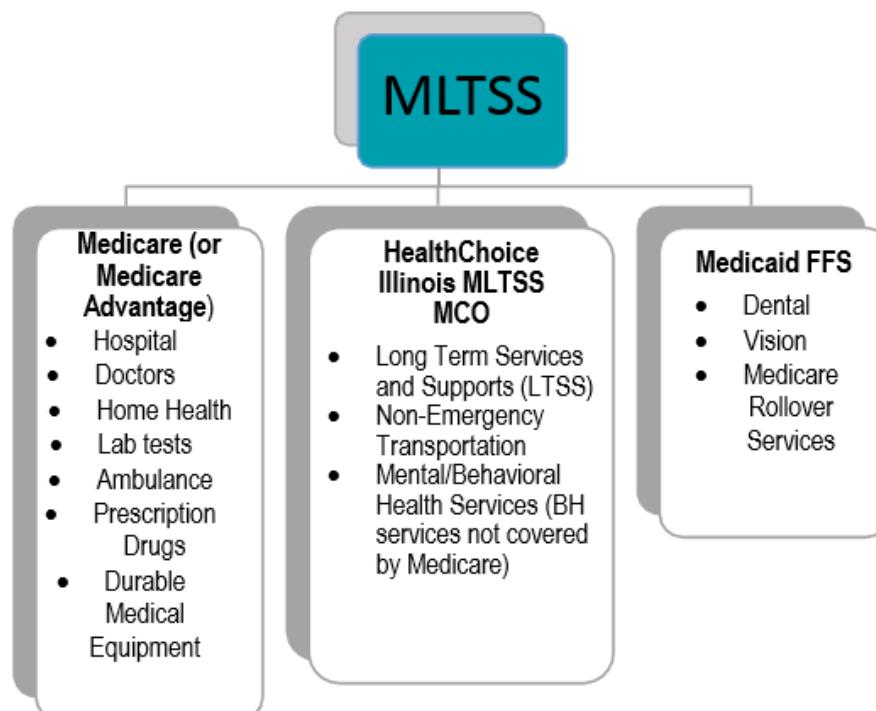
EDI Submissions: Payor ID 20934

www.MyMolina.com

Know Who to Bill (Medicare, Medicaid FFS, or the Medicaid MCO)

Medicare remains the primary payer for dual-eligible beneficiaries enrolled in HealthChoice Illinois MLTSS. Please use the following helpful tips when submitting claims:

- Medicare-covered services must be billed to the patient's Medicare carrier.
- Non-Medicare covered long-term-care services, home and community-based waiver services, non-Medicare behavioral health services, and non-emergency transportation services must be billed to the Medicaid MLTSS MCO.
- All other non-Medicare covered services covered by Medicaid (e.g., non-Medicare Durable Medical Equipment, prescription drugs, inpatient hospital, dental services, vision services, Medicare rollover services, etc.) should be billed to Medicaid FFS unless they are covered as part of a long-term-care facility per diem.
- Claims questions or appeals should be sent to the entity responsible for covering the service (Medicare, HealthChoice Illinois MLTSS MCO or the Medicaid FFS).



Questions

Providers with questions may contact their provider network managers or email the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com.

Providers who need help identifying their assigned provider network manager may visit Molina's [Service Area page](#).

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