

Provider Memorandum

Continuity of Care Reminder: Medicaid

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 plan.

To transition members to a network provider with minimal service disruption, Molina will honor the member's existing service plan, level of care and providers (including out-of-network providers) for the first 90 days after the member's initial effective date with Molina. After the 90-day transition period ends, Molina may transfer services provided by non-contracted providers to a provider within our network.

Continuity of care includes ongoing provider support and technical assistance to Long Term Services and Support (LTSS) providers. All existing Individualized Plan of Cares (IPoCs) and Service Authorizations (SAs) will be honored during the 90-day transition period.

Line of Business: Medicaid

Billing During the Transition Period

Providers should bill Molina during the 90-day transition period 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. 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 continuity of care period ends by contacting LTSSSETI@MolinaHealthcare.com.

Changing to a Network Provider

A member's existing provider may be changed during the 90-day 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 by Medicaid;
- 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.

Questions

Providers with questions regarding authorizations or member care should email Long Term Services and Support, LTSSSETI@MolinaHealthcare.com.

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