

Provider Memorandum

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

Molina Healthcare of Illinois (Molina) seeks to support providers with helpful information regarding Managed Long Term Services and Supports (MLTSS), a program that became effective with Molina on January 1st 2018, as part of HealthChoice Illinois.

Providers are encouraged to use this guide for identifying dual-eligible beneficiaries covered under HealthChoice Illinois MLTSS and learning 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, are not participating in the Medicare Medicaid Program (MMP), 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 Brain Injury
- Persons who are Elderly

How to Identify MLTSS Coverage

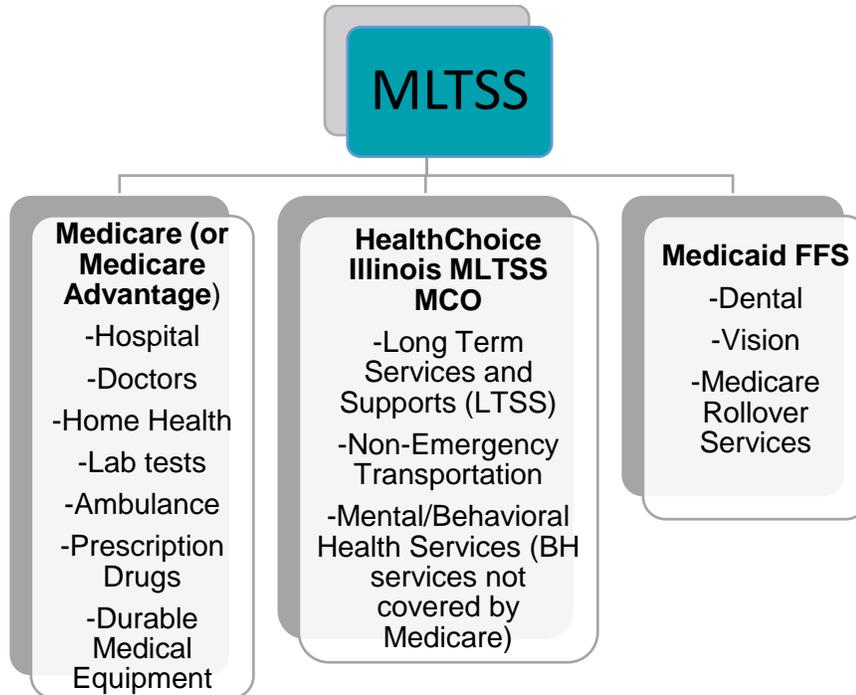
Providers may utilize Molina's Provider Portal and the state's Medical Electronic Data Interchange (MEDI) system to review eligibility status and MCO designation for their patients to aid in submitting claims to the appropriate payer. In MEDI, HealthChoice Illinois MLTSS enrollees are identified with 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."

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, Medicaid FFS, or the HealthChoice Illinois MLTSS MCO).



Providers who have questions may call their Provider Network Managers or the Provider Network Management Department at (630) 203-3965. Providers can also email Molina with inquiries at IllinoisProviders@MolinaHealthcare.com.