

Magellan Complete Care Segment Acquisition by Molina Healthcare
MCC Provider FAQs
Version 1 – June 12, 2020

MCC and Molina are committed to making this transition as smooth as possible. We value our relationship with you and will update you as we know more. In the meantime, MCC will continue to provide the quality and compassionate service we are known for. Thank you.

Q: What is happening with MCC? Is it going away?

A: Pending Regulatory approvals MCC is being acquired by Molina Healthcare, a company that also has Medicaid, Medicare, and Health Insurance Marketplace Exchange health plans and programs in certain states.

Q: Is the MCC name changing?

A: The MCC names are not changing at this time. You will be notified well in advance of any name changes.

Q: Are any benefits changing? (Regular and/or enhanced)

A: Nothing is changing at this time. In accordance with our provider and state contracts, we will notify you of any changes well in advance of their implementation.

Q: Is the network changing?

A: Nothing is changing at this time. In accordance with our provider and state contracts, we will notify you of any changes well in advance of their implementation.

Q: Are authorization/pre-approval rules changing?

A: Nothing is changing at this time. In accordance with our provider and state contracts, we will notify you of any changes well in advance of their implementation.

Q: What about the changes to rules based on COVID-19?

A: We will continue to follow all CMS and state guidelines that have been modified/put in place as a response to COVID-19, including things like removal of sequestration 2% for Medicare payments.

Q: Are any processes, websites/portals or other systems changing?

A: Nothing is changing at this time. In accordance with our provider and state contracts, we will notify you of any changes well in advance of their implementation.

Q: Will I get a new provider relations/purchasing representative?

A: Until further notice, you will continue to work with your current MCC contacts. We value our relationship with you and are committed to continuing to provide the same level of service and care we are known for.

Q: Who do I call/where can I go to get updates?

A: We will notify you in advance of any changes. We also have a full list of FAQs on our health plan website at: MCCofAZ.com

Q: Does anything change in the services you provide for me or our members?

A: Nothing is changing right now. Our focus remains on providing you and our members the quality service you and they have come to expect from us. If something is going to change, we will notify you in advance, per our contracts with you and the state.

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Q: Is the provider manual changing? Do I need to get a new one? Can I get a copy of Molina’s provider manual?

A: Nothing is changing at this time. You do not need to get a new provider manual; you can always access the latest version on our health plan website. We are still operating as MCC until the transaction closes, so please continue to use the MCC provider manuals. As in the past, if there are any changes to the provider manual, you will be promptly notified. We will send you a copy of Molina’s provider manual at the appropriate time.

Q: Will MCC extend timely filing waivers to allow providers to adjust to new codes/new claims set up?

A: We do not have this information at this time. When it becomes available, we will inform you in plenty of time to take the necessary actions.

Q: Will my contract and/or reimbursement rates change? Will I have to sign a new contract with Molina?

A: Nothing is changing right now, and we cannot say if contracts, rates and/or paper will change in the future. If something is going to change, we will notify you in advance per our contracts with you and the state.

Q: I have existing authorizations from MCC. Are they still valid?

A: All existing authorizations are valid, and new authorizations will be valid as we progress through the transaction. Any changes in authorization status, processes, etc., will be communicated to you in advance. Until then, it is business as usual.

Q: What happens to claims that are still pending when the transaction closes?

A: Those claims will continue to be worked as they are today, and you will continue to receive payments and EOPs as you do today for all claims with a date of service on or prior to the closing date.

Q: When will the transaction close?

A: We anticipate the transaction will close some time in the first quarter of 2021.

Q: What will happen to my MCC patients/customers?

A: Nothing new is happening right now. Your members have the same benefits and need to follow the same program guidelines until further notice.

Q: Will my members’ care managers remain the same?

A: At this time, our members’ care managers are not changing due to the acquisition announcement. As with any care management team, employees may choose to leave at any time, but no active changes will be made.

Q: I have a contract with Magellan Health/Healthcare/Rx Management that also applies to MCC. What’s going to happen to those? Will I have to do a new contract?

A: Your contract remains the same. Should any changes be required, they will be communicated pursuant to the terms of your Agreement.

CLAIMS

Q: Where do I send claims now and after the transaction closes?

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A: Until further notice, please continue to submit claims in the same manner you currently do. If the claims submission processes changes, we will inform you in sufficient time for setup.

Q: I am in the middle of being credentialed/re-credentialed. Has that stopped?

A: All credentialing and re-credentialing activities are continuing, and there has been no change to the process. If something changes, our credentialing team will reach out to you.

Q: When can I get access to the Molina provider portal and other systems?

A: We do not have that information at this time; however, until further notice, you will continue to use the systems you currently use to conduct business with us. If any changes are planned, we will notify you in sufficient time for setup.

Q: Will I be able to see my claims that are dated prior to closing on the Molina portal?

A: We do not have this information at this time. When it becomes available, we will inform you in plenty of time to take the necessary actions.

Q: How will any outstanding balances prior to closing be addressed?

A: We do not have this information at this time. When it becomes available, we will inform you in plenty of time to take the necessary actions.

Q: Will the claims payment turnaround time change?

A: We do not have this information at this time. When it becomes available, we will inform you in plenty of time to take the necessary actions.

Q: Will my EFT registration remain the same? Or do I have to switch/re-enroll?

A: We do not have this information at this time. When it becomes available, we will inform you in plenty of time to take the necessary actions.

Q: Will Molina honor the same CPT codes as MCC?

A: We do not have this information at this time. When it becomes available, we will inform you in plenty of time to take the necessary actions.

AUTHORIZATIONS AND REFERRALS

Q: How do I find out status of my referrals and authorizations?

A: Please continue the same referral and authorization processes you currently use. We will notify you if any of these processes change.

Q: Can I submit referrals on MCC forms, or do I need to use Molina referral forms?

A: Please continue to use the same referral forms and processes you currently do. We will notify you if any of these processes change.

Q: When will I get new authorizations?

A: As we get closer to close, we will communicate details about outstanding authorizations. Until then, all authorizations and referrals are still valid under their original conditions.

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Q: Will I get a new authorization letter with a new authorization number for services after closing?

A: As we get closer to close, we will communicate details about outstanding authorizations. Until then, all authorizations and referrals are still valid under their original conditions.

Q: Where does Molina have Medicaid and Medicare health plans?

A: Molina has the following managed care health plans and products as follows:

- California: Medi-Cal, Medicare Special Needs Plan (HMO SNP), Dual Medicare-Medicaid Plan (MMP) and Covered California (Exchange)
- Florida: Medicaid, Medicare Special Needs Plan (HMO SNP) and Health Insurance Marketplace (Exchange)
- Idaho: Medicaid Plus (IMPlus) for people with Medicaid and Medicare, Medicare Advantage (HMO) and Medicare Special Needs Plan (HMO-SNP)
- Illinois: Medicaid, Managed Long-Term Services and Supports, Dual Options Medicaid and Medicare-Medicaid Plan (MMP)
- Michigan: Medicaid, Healthy Michigan, Medicare Special Needs Plan (HMO-SNP), Dual Options Medicare-Medicaid Plan (MMP) and Health Insurance Marketplace (Exchange)
- Mississippi: Medicaid, CHIP and Health Insurance Marketplace (Exchange)
- New Mexico: Medicare Special Needs Plan (HMO SNP) and Health Insurance Marketplace (Exchange)
- New York: Medicaid, Molina Healthcare PLUS (HARP), Child Health Plus and Essential Plan
- Ohio: Medicaid, Medicare Special Needs Plan (HMO-SNP), Dual Options Medicare-Medicaid Plan (MMP) and Health Insurance Marketplace (Exchange)
- Puerto Rico: ASES
- South Carolina: Medicaid, Medicare Special Needs Plan (HMO-SNP), Dual Options Medicare-Medicaid Plan (MMP) and Health Insurance Marketplace (Exchange)
- Texas: STAR Medicaid, Dual Options STAR+PLUS Medicare-Medicaid Plan (MMP), Medicare Special Needs Plan (HMO-SNP), CHIP and Health Insurance Marketplace (Exchange)
- Utah: Medicaid, CHIP, Medicare (HMO), Medicare Special Needs Plan (HMO-SNP) and Health Insurance Marketplace (Exchange)
- Washington: Medicaid, Medicare Special Needs Plan (HMO-SNP) and Marketplace Qualified Health Plans (QHP) (Exchange)
- Wisconsin: Medicaid, Medicare Special Needs Plan (HMO-SNP) and Health Insurance Marketplace (Exchange)