



Cigna to transfer its Texas Medicaid & MMP business to Molina Healthcare, Inc. Frequently asked questions for providers Updated: November 2021

Cigna has entered into an agreement to transfer its Texas Medicaid & Medicare-Medicaid plan (MMP) business to Molina Healthcare, Inc. (Molina). Through its locally operated health plans, Molina provides managed health care services to approximately four million members under the Medicaid and Medicare programs and through the state insurance marketplaces.

The transfer has received regulatory approval and Cigna's Texas Medicaid & MMP members will be assigned to Molina effective January 1, 2022.

Frequently Asked Questions

1. When will the transfer be final?

The transition will be effective January 1, 2022.

2. How will providers benefit from this transfer?

Providers who contract with Molina will be able to continue caring for their patients who currently have Cigna STAR+PLUS Medicaid & CarePlan MMP products.

3. What should providers do if they want to contract with Molina?

They should email their request to the Molina Contracting Department at MHTContractRequest@MolinaHealthcare.com.

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

No. There will be no changes to other contracts providers may have with Cigna (e.g., commercial, Medicare Advantage).

5. What action should be taken with existing/active authorizations from Cigna?

No action is required. Molina will honor existing Cigna authorizations for continuity of care, and it will process authorizations with the exact services and units (e.g., personal assistance services [PAS], day activity and health services [DAHS], and long-term services and supports [LTSS]) approved prior to January 1, 2022. A new authorization number will be assigned by Molina.

Note: Behavioral health services that continue beyond January 1, 2022 must be authorized by Molina.

For authorization inquiries after January 1, 2022, contact Molina at 855.322.4080.

6. What is the process for providers who are required to use Electronic Visit Verification?

If you are a provider who is required to use Electronic Visit Verification (EVV):

- Cigna authorization numbers will not be changing and should be used for services provided in 2021.
- Providers will not need to request a new Molina authorization for open authorizations currently on file with Cigna. The authorization number will remain the same, with the addition of a CIG prefix.
- Authorization numbers will be available via the Molina Provider Portal.
- Molina will issue updated authorizations to allow for entry into the EVV systems for services provided in 2022.

To avoid EVV visit transaction rejections at the EVV Aggregator, and EVV claim mismatches and denials, you must:

1. Log in to the Molina provider portal to view the updated authorization(s).
2. Log in to your EVV system and create new authorization(s).



- 3. Log in to your EVV Portal to confirm that visits for these services have been accepted at the Aggregator before submitting a claim.
- 4. Submit claims to Texas Medicaid Healthcare Partnership (TMHP) using the appropriate authorization for the claims matching process to occur. Use the Cigna authorization number for claims submitted for services provided in 2021. Use the Molina authorization number for claims submitted for services provided beginning in 2022. The claim will be forwarded to the appropriate MCO for final processing.

7. Who should providers contact for assistance adding authorizations into the EVV system?

Contact your EVV vendor for assistance adding authorizations into the EVV system:

- DataLogic/Vesta: **844.880.2400** or info@vestaevv.com
- First Data/Authenticare: **877.829.2002** or AuthentiCareTXSupport@firstdata.com
- Molina Provider Services: **855.322.4080** or mhtxevv@molinahealthcare.com

8. How will claims be processed during this transfer?

Please refer to the chart below.

Claim description	Submit claim to
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, 2021	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

9. How should claims be submitted when inpatient dates overlap (example: hospital inpatient stay from December 29, 2021 through January 5, 2022)?

When submitting an inpatient claim for overlapping dates of service, the entire hospital inpatient stay should be billed to Cigna when the start date is on or before December 31, 2021.

Claims for ancillary charges associated with an inpatient stay must be split billed to the appropriate payer. Claims for ancillary services provided on or before December 31, 2021 should be billed to Cigna. Claims for ancillary services provided on or after January 1, 2022 should be billed to the new payer. Using the example, claims for ancillary services provided on December 29, 2021 – December 31, 2021 would be billed to Cigna. Claims for ancillary services provided on January 1, 2022 – January 5, 2022 would be billed to Molina.

10. How will Cigna process claim run-out for services rendered prior to January 1, 2022?

Cigna will continue to process claims following timely filing guidelines based on HHSC Uniform Managed Care Manual, Chapter 2.11, Section XI.

11. 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.

12. Who should providers contact for assistance with claims, claim denials, or member continuity of care after January 1, 2022?

Cigna Medicaid Provider Services can be reached at **877.653.0331** through December 31, 2022.



13. Will providers still be able to access Cigna's HSCconnect provider portal and STAR+PLUS & MMP websites for information regarding their patients with Medicaid coverage?

Yes. This information will be accessible on the HSCconnect provider portal and STAR+PLUS & MMP websites for six months after the transition date.

14. Will affected members have to choose a new plan?

No. Members will not have to choose a new plan.

15. When will Cigna notify affected members?

Cigna mailed a written notice to affected members on October 26, 2021.