

MHIL Provider Memo

Molina Healthcare of Illinois, Inc. | September 27, 2024

Regulatory Standards of Member Access to Care

Molina Healthcare of Illinois (Molina) is proud to partner with our providers in member care. In addition to providing appropriate and high-quality medical services, we would like to remind you about access to your facilities, member wait times, and other regulated standards.

Appointment access

Per state and federal regulations, providers are required to grant appointments to Molina members within specific time frames. These time frames may vary by line of business. Please refer to Molina's Provider Manuals for the appropriate time frames.

- [Medicaid](#), page 106
- [MMP/Dual Options](#), page 42
- [Marketplace \(Exchange\)](#), page 68
- [Medicare \(MAPD\)](#), page 62

Office wait time

For scheduled appointments, the wait time in offices until seen by a Primary Care Provider (PCP) should not exceed 60 minutes from the appointment time. All PCPs are required to monitor waiting times and adhere to this standard.

After hours

Providers must have backup/on-call coverage after hours or during the provider's absence. Molina requires providers to maintain a 24-hour telephone service seven days per week and have a published after-hours telephone number (e.g., an answering service). The service or recorded message should instruct members experiencing an emergency to hang up and call 911 or go immediately to the nearest Emergency Room. Voicemail alone after hours is not acceptable.

Women's health

Molina allows members to seek obstetric and gynecologic care from an in-network obstetrician or gynecologist, or directly from a participating PCP designated as providing these services. Gynecologic services must be provided when requested, regardless of the member's gender status.

Accessibility

The provider's facilities, equipment, personnel, and services must be at the level and quality necessary to perform duties and responsibilities to meet all applicable legal requirements, including the accessibility requirements of the Americans with Disabilities Act (ADA). This includes but is not limited to ease of entry into the building, accessibility of space within the office site, and ease of access for physically disabled patients.

Rosters play a role

Maintaining an accurate and current Provider Directory is a state and federal regulatory requirement, as well as an NCQA-required element. Invalid information can negatively impact member access to care, member PCP assignments, and referrals. Additionally, current information is critical for timely and accurate claims processing.

Provider Manuals

For a higher level of detail on these standards, please reference the Provider Manuals located on the provider website. Click the line of business to access the appropriate Provider Manual:

- [Medicaid](#)
- [MMP/Dual Options](#)
- [Marketplace \(Exchange\)](#)
- [Medicare \(MAPD\)](#)

Questions?

We're here to help! Contact the Quality team at quality-healthcampaigns@molinahealthcare.com with questions. To help identify your dedicated provider relations manager, visit our [Service Area page](#) at MolinaHealthcare.com.

Provider portal alert

Providers no longer have direct access to the Molina Legacy Provider Portal. Ensure that you and your staff have access to streamlined claims management, authorizations, eligibility/benefit verification, and more. Get started with the [Availity Essentials Portal](#) today!

Get critical updates

Receive news and updates about Molina services and plan requirements delivered straight to your inbox! [Click here](#) to receive updates curated for Molina's Illinois providers.

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.