# Provider Newsletter

## Illinois Edition

First quarter 2025

### In this edition


**1** Molina member identification toolkit

**2** Monthly roster submission for data accuracy

**2** Appointment availability

**3** HFS provider revalidation town halls

**4** Don’t miss out on provider bulletins or education opportunities!

**5** Member access to care standards

**6** Timely access to appointments

**8** CAHPS® survey provider resources


The Provider Newsletter is available to all network providers serving Molina Healthcare of Illinois, Inc. members.

# Molina member identification toolkit

Molina Healthcare of Illinois (Molina) is outlining ways to verify member eligibility. **Important**: A Molina member ID card alone is not sufficient proof of current membership in a Molina health plan.

## What does a Molina member ID card look like?

- Medicaid Provider Manual
- MMP/Duals Manual
- Marketplace Provider Manual
- Medicare Provider Manual

## What methods can I use to verify membership?

- Log into the **Availity Essentials provider portal** and search for the member
- Log into **Medical Electronic Data Interchange (MEDI)** and search for the member
- Contact your dedicated provider relations manager

## How else can I learn?

All Illinois providers are invited to our live provider webinars and town halls on a variety of topics, which take place several times per week. **Click here** to review the webinar schedule. **Note**: Provider Orientation is presented once per month.

# Monthly roster submission for data accuracy

Molina reminds providers that the Department of Healthcare and Family Services (HFS) requires providers to submit monthly rosters to ensure data accuracy.

### Why is this needed?

Accurate, up-to-date rosters are critical in providing timely, appropriate care for your patients/our members, ensuring they have access to the providers and specialists they need. Providers should submit accurate rosters monthly for any change in their practice/facility, including but not limited to:

- Providers being added to the group
- Providers being termed from the group
- Updated service locations
- Updated phone numbers
- Phone numbers for appointment scheduling

Updated rosters should be sent each month to the MHIL Provider Relations team at **MHILProviderNetworkManagement@MolinaHealthcare.com**.

Provider resources and the latest roster spreadsheet are housed on the IAMHP website: **Illinois Association of Medicaid Health Plans**.

# Appointment availability

The state requires specific standards for appointment access, which vary by specialty and line of business. Please refer to the appropriate Provider Manual for access standards, found in the Quality chapter of the respective manuals:

- **Medicaid Provider Manual**
- **MMP/Duals Manual**
- **Marketplace Provider Manual**
- **Medicare Provider Manual**

# HFS provider revalidation town halls

Molina reminds providers that the revalidation process with the Illinois Department of Healthcare and Family Services (HFS) is ongoing. To address questions and concerns and make the revalidation process as smooth as possible, HFS is hosting a monthly series of Revalidation Town Halls. If your facility/practice has not completed the process, you are invited to join one of the live sessions.

### Upcoming revalidation town halls

- March 20, 2025, 3 p.m. – 3:45 p.m.
  Click here to register.
- April 17, 2025, 10 a.m. – 10:45 a.m.
  Click here to register.
- May 15, 2025, 3 p.m. – 3:45 p.m.
  Click here to register.
- June 19, 2025, 10 a.m. – 10:45 a.m.
  Click here to register.
- July 17, 2025, 3 p.m. – 3:45 p.m.
  Click here to register.
- August 21, 2025, 10 a.m. – 10:45 a.m.
  Click here to register.
- September 18, 2025, 3 p.m. – 3:45 p.m.
  Click here to register.
- October 16, 2025, 10 a.m. – 10:45 a.m.
  Click here to register.
- November 20, 2025, 3 p.m. – 3:45 p.m.
  Click here to register.
- December 18, 2025, 10 a.m. – 10:45 a.m.
  Click here to register.

HFS Provider enrollment specialists are standing by to help providers who need assistance with revalidating. They are available to answer questions and troubleshoot issues at **(877) 782-5565**.

For FAQs about revalidation, please click **here**. For step-by-step instructions on how to revalidate, please click **here**.

## Reminders

The Centers for Medicare and Medicaid Services (CMS) requires state Medicaid programs to revalidate all actively enrolled Medicaid providers at least every five years (42 CFR 455.414). This requirement is for all Medicaid providers.

If you have not yet received a revalidation notice via email, please verify that your correct email address(es) are listed in IMPACT.

In accordance with federal regulations, reactivation of your enrollment cannot be retroactive.

Please complete the revalidation process timely to avoid disruptions in patient care.

## Don't miss out on provider bulletins or learning opportunities!

Get automatic updates on processes, codes, live training sessions and more!

Register for provider updates curated exclusively for Molina Healthcare of Illinois providers.

Register now

# Member access to care standards

Molina Healthcare of Illinois 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.

## 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 more detailed explanation of these standards, please refer to the Provider Manuals on the provider website, **Health Care Professionals (MolinaHealthcare.com).**

# Timely access to appointments

## Medicaid

| Medical Appointment Types | Standard |
|---|---|
| Routine preventive care | Within five (5) weeks from the date of request |
| Routine preventive care for infant under 6 months of age | Within two (2) weeks from the date of request |
| Routine, symptomatic, but not deemed serious | Within three (3) weeks from the date of request |
| Routine, symptomatic, not deemed serious, but requires medical attention | Within seven (7) days from the date of request |
| Urgent care | Within 24 hours |
| After-hours care | 24 hours/day 7 days/week availability |
| Specialty care (high volume) | Within three (3) weeks from the date of request (for complaints not deemed serious) |
| Specialty care (high impact) | Within three (3) weeks from the date of request (for complaints not deemed serious) |
| Urgent specialty care | Within 24 hours |
| Initial prenatal visit—first trimester | Within two (2) weeks from the date of request |
| Initial prenatal visit—second trimester | Within one (1) week from the date of request |
| Initial prenatal visit—third trimester | Within three (3) days from the date of request |
| **Behavioral Health Appointment Types** | **Standard** |
| Life-threatening emergency | Immediately |
| Non-life threatening emergency | Within six (6) hours |
| Urgent care | Within 24 hours |
| Initial routine care visit | Within 14 business days |
| Follow-up routine care visit | Within 30 calendar days |

## MMP/Duals

| Medical Appointment Types | Standard |
|---|---|
| Primary Care: Routine and Preventive Care | Within 30 business days |
| Routine Preventive Care for Infant | Within 2 weeks from the date of request |
| Routine, Symptomatic, but Not Deemed Serious | Within 3 weeks from the date of request |
| Primary Care: Services that are not emergency or urgently needed but require medical attention | Within 7 business days |
| Urgently needed services or emergency | Immediately |
| Urgent Care | Within 24 hours |
| After-Hours Care | 24/7 availability |
| Specialty Care (High Volume) | Within 3 weeks from the date of request (for complaints not deemed serious) |
| Specialty Care (High Impact) | Within 3 weeks from the date of request (for complaints not deemed serious) |
| Urgent Specialty Care | Within 24 hours |
| Initial Prenatal Visit—First Trimester | Within 2 weeks from the date of request |
| Initial Prenatal Visit—Second Trimester | Within 1 week from the date of request |
| **Behavioral Health Appointment Types** | **Standard** |
| Life-Threatening Emergency: Urgently needed services or emergency | Immediately |
| Non-Life-Threatening Emergency | Within 6 hours |
| Urgent Care | Within 48 hours |
| Initial Routine Care Visit | Within 10 business days |
| Services that are not emergency or urgently needed but require medical attention | Within 7 business days |
| Follow-Up Routine Care Visit | Within 30 business days |

## Marketplace

| Medical Appointment Types | Standard |
|---|---|
| Routine preventive care | Within 30 calendar days |
| Routine preventive care for infants under 6 months of age | Within 2 weeks |
| Routine, symptomatic, but not deemed serious | Within 7 calendar days |
| Urgent care | Within 24 hours |
| After-hours/emergency care | 24/7 year-round |
| Specialty care (high-volume) | Within 20 to 30 calendar days |
| Specialty care (high-impact) | Within 20 to 30 calendar days |
| Urgent specialty care | Within 24 hours |
| Initial prenatal visit—first trimester | Within 2 weeks |
| Initial prenatal visit—second trimester | Within 1 week |
| Initial prenatal visit—third trimester | Within 3 days |
| **Behavioral Health Appointment Types** | **Standard** |
| Life-threatening emergency | Immediately |
| Non-life-threatening emergency | Within 6 hours |
| Urgent care | Within 48 hours |
| Initial routine care visit | Within 10 business days |
| Follow-up routine care visit | Within 20 calendar days |

## Medicare Advantage

| Medical Appointment Types | Standard |
|---|---|
| Primary Care: Routine and Preventive Care | Within 30 business days |
| Primary Care: Services that are not emergency or urgently needed but require medical attention | Within 7 business days |
| Urgently needed services or emergency | Immediately |
| Urgent Care | Within 24 hours |
| After-Hours Care | 24/7 availability |
| Specialty Care (High Volume) | Within 20–30 calendar days |
| Specialty Care (High Impact) | Within 20–30 calendar days |
| Urgent Specialty Care | Within 24 hours |
| **Behavioral Health Appointment Types** | **Standard** |
| Life-Threatening Emergency: Urgently needed services or emergency | Immediately |
| Non-Life-Threatening Emergency | Within 6 hours |
| Urgent Care | Within 48 hours |
| Services that are not emergency or urgently needed but require medical attention | Within 7 business days |
| Initial Routine Care Visit | Within 7 calendar days |
| Follow-Up Routine Care Visit | Within 30 business days |

# CAHPS® survey provider resources

Molina Healthcare of Illinois is proud to partner with our providers in member care. The Consumer Assessment of Healthcare Providers & Systems (CAHPS®) is a member experience survey conducted by the Centers for Medicare & Medicaid Services (CMS) to gather standardized information on enrollees' experiences with health plans, providers, and services. Also known as the Medicare Experience Survey, it is designed and regulated to ensure consistent comparisons of member experiences across all Medicare plans.

Please consider these tips to enhance the patient experience.

## Care coordination

- Discuss all medications with members at every visit, even if a nurse or MA has already reviewed the medication list with the patient.
- Let patients know when you can see visits or services in their medical records that were not completed by you.
- "I see that you were able to complete your mammogram recently. Nice work!"
- "It looks like Dr. {insert name} continues to manage your {insert condition}, that's wonderful."
- If a patient sees multiple providers, ask if they need help coordinating their care.
- Use After-Visit Summaries (AVS) to highlight important things that happened during the visit (e.g., Discussing all medications).
- Educate patients on how to access their patient portal to see updates on test results and contact practice staff if they have any questions or concerns.
- Encourage staff to schedule Medicare Annual Wellness Visits for patients who have not had an appointment in over a year.

## Getting appointments and care quickly

- Encourage staff to schedule routine visits before patients leave the practice or facility.
- Educate patients about self-service appointment scheduling capabilities.
- Create an Access Plan to help patients get care urgently and after business hours.

## Getting needed care

- Inform patients that Molina can assist with arranging transportation to and from appointments to help patients get care.
- Encourage staff to assist with arranging appointments with in-network specialists before patients leave the practice or facility.
- Ask patients if they have issues obtaining care, testing, or treatment.
- Help patients understand why a referral to a specialist may not be necessary, even though they are asking for one.

### Getting needed prescription medications

- Inform members if their medications require prior authorization.
- Ask patients if they have any concerns about affording medications and inform them about generic alternatives, if applicable.
- Inform patients that Molina can assist with arranging transportation to and from pharmacies to help patients get medications.
- Prescribe 100-day refills to make it easier for patients to get medications and maintain medication adherence, if applicable.

### Rating of health care quality

- Ask patients if there are other topics about their care that they are concerned about.
- Use motivational interviewing and the teach-back method to assist with patient engagement.
- Encourage staff to assess patients' language preferences and interpretation needs before the appointment to ensure resources are available.

### Flu vaccine

- Educate patients on the importance of getting a flu vaccine and myth bust, if necessary.
- Offer flu vaccines at visits or on scheduled group flu vaccine days.
- Document if a patient received the vaccine from outside your office.
- Have a "where and when to get your flu shot" section printed on AVS.

### Provider resources

Additional resources about the CAHPS survey are found on the **Availity Essentials portal**.