Provider Newsletter

For Molina Healthcare of Illinois, Inc. providers

Third quarter 2025

In this issue

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

Benefits of submitting claims electronically

Molina Healthcare, Inc. reminds our providers that submitting claims electronically through clearinghouses or the **Availity Essentials portal** offers many advantages. These include:

- Improved Health Insurance Portability and Accountability Act (HIPAA) compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Elimination of mail delays

How to submit electronic data interchange (EDI) claims

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, SSI Group, or use a clearinghouse of your choice, so long as that clearinghouse establishes a connection with SSI Group. Molina offers additional options for electronic claims submissions. If you do not have a clearinghouse, log in to the **Availity portal** for more information.

Update provider data accuracy and validation

Providers must ensure Molina has accurate practice and business information. Accurate information allows us to better support and serve our members and providers.

Molina must maintain an accurate and current Provider Directory in accordance with state and federal regulatory requirements and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals to specialists. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with Molina at least once every 90 days for correctness and completeness.

Failure to do so may result in your REMOVAL from the Molina Provider Directory.

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Phone, fax and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

Delegated and other providers that typically submit rosters must submit a complete roster that includes the above information to Molina.

All other providers must log into their Council for Affordable Quality Healthcare (CAQH) account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Molina.

If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their provider relations manager for assistance.

Additionally, per the terms specified in your Provider Agreement with Molina, providers must notify Molina of any changes, as soon as possible, but at least 30 calendar days in advance, of any changes in any provider information on file with Molina. Changes include, but are not limited to:

- Change in office location(s)/address, office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Departure of a provider (within an existing clinic/practice)
- Change in provider or practice name, Tax ID and/or NPI
- Opening or closing your practice to new patients (PCPs only)
- Change in specialty(ies)
- Change in any other information that may impact members' access to care

National Plan and Provider Enumeration System review for data accuracy

Your NPI data in the National Provider Identifier (NPI) must be reviewed to ensure accuracy. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields, including provider name, mailing address, phone and fax numbers and specialty. You should also include all addresses where you practice and actively see patients, and where a patient can call and make an appointment. Do **not** include addresses where you do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you must confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare fee-for-service.

If you have any questions about NPPES, visit **NPPES.CMS.HHS.gov**.

Cultural competency resources for providers and office staff

Let's partner to achieve health equity! Training modules and resources on cultural competency are available to review when communicating with and serving diverse patient populations. This information helps you and your staff understand and address disparities to improve health care and outcomes. As our provider partner, assisting you is one of our highest priorities. We look forward to supporting your efforts so all our members have the same opportunity to attain their highest level of health.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care** established by the Office of Minority Health. We also comply with regulatory and accreditation standards focused on health equity.

Building culturally competent health care: Resources for providers and staff

Cultural competency can positively impact a patient's health care experiences and outcomes. Cultural competency training modules and resources are available to providers and office staff. You can access the resources through **Availity**.

Cultural competency educational resources include:

- Cultural competency, including culturally and linguistically appropriate services (CLAS)
- Language access services, including effective communication strategies
- Health equity and disparities
- Social determinants of health
- Federal requirements, including the Affordable Care Act and the Americans with Disabilities Act

These resources also provide helpful tips and recommendations for effectively supporting unique subpopulations and communities, including racially, ethnically, culturally and linguistically diverse communities, LGBTQIA+ individuals, older adults, people with disabilities and immigrants/refugees.

The training modules last five to 10 minutes. Depending on the topic of interest, you may participate in all or just one module. Upon completing the training, please submit the provider attestation form available through **Availity**. Please contact your provider relations manager if you have any questions.

To access these resources, log in to Availity and navigate to Molina Healthcare under Payer Spaces. Select the Resources tab and then the Culturally and Linguistically Appropriate Services Provider Training Resources/ Disability Resources and Links.

Cultural competency resources for providers and office staff (continued)

Americans with Disabilities Act (ADA) resources: Provider education series

A series of provider education materials related to disabilities is also available to providers and office staff on Molina's website. To review the materials, please log in to **Availity**.

Disability educational resources include:

- Overview of the Americans with Disabilities Act (ADA), including frequently asked questions for health care providers
- Information for members who are blind or have low vision, including how to request alternate formats
- Guidance on service animals and related accommodations
- Tips for communicating with people with disabilities and older adults

Please contact your provider relations manager if you have any questions.

Molina's language access services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve health care quality for patients who speak a language other than English. Molina ensures effective communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that receive federal funds. A member cannot be refused services due to language needs. Molina provides the following services directly to members at no cost, when needed:

- Written materials in other formats, such as large print, audio, accessible electronic formats and braille
- Written materials translated into languages other than English
- Interpreter services, including American Sign Language
- Relay service **(TTY: 711)**
- 24-hour Nurse Advice Line
- Bilingual staff

In many cases, Molina will also cover the cost of an interpreter for our members' medical appointments. Molina members and providers are instructed to call Member and Provider Services to schedule interpreter services or to connect to a telephonic interpreter.

Molina's materials are always written simply in plain language and at required reading levels.

You can access resources and materials on cultural competency, disability-related services and language access services by logging in to Availity or visiting the Molina website. If using **Availity**, you must first log in and navigate to Molina Healthcare under **Payer Spaces**, then select the **Resources** tab to view the available resources.

If you have questions about Molina's language access services or cultural competency resources, contact your provider relations manager or visit the Availity portal.

Helping members in their language

Our health plan members speak many different languages.

As of late 2024, the majority of language translation requests for Medicaid members were for Spanish, accounting for 84% of the total. This was followed by 2% each for Arabic, Russian and Chinese dialects, and 1% each for Ukrainian, Haitian Creole, French, Polish, Vietnamese and Swahili.

Among Medicare members, 68% of the language translation requests were for Spanish, followed by 9% for Chinese dialects, 3% each for Arabic, Polish, Vietnamese and Russian, and 1% each for Hindi, Korean, Malayalam and Ukrainian.

For Marketplace members, 82% of language translation requests were for Spanish, followed by 4% for Chinese dialects, 3% for Vietnamese, 2% each for Arabic and Russian, 1% each for Urdu, Gujarati, Hindi and French, and 0.4% for Swahili.

Providers may request interpreters for members whose primary language is other than English by calling Molina's Contact Center toll-free at **(855) 687-7861**.

Provider Manuals

Provider Manuals are customarily updated annually but may be updated more frequently as needed. Click the line of business to access the appropriate Provider Manual:

- **Medicaid**
- **MMP/Dual Options**
- **Marketplace (Exchange)**
- **Medicare (MAPD)**

Clinical policies

Molina's clinical policies (MCPs) are located at **MolinaClinicalPolicy.com**. Providers, medical directors and internal reviewers use these policies to determine medical necessity. The Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.

Some policies, including many Medicaid Pharmacy policies, are specific to Molina Healthcare of Illinois. These are located in the **Molina Medical Coverage Guidelines**.

Transition from MMP/Dual Options to D-SNP

The Centers for Medicare & Medicaid Services (CMS) has partnered with the Department of Healthcare and Family Services (HFS) to provide a more coordinated, person-centered care experience for low-income seniors and people with disabilities who are Medicare-Medicaid enrollees. These individuals are often called "dual eligibles" and currently receive health care through the Medicare Medicaid Alignment Initiative (MMAI) Demonstration Program. In accordance with CMS direction, the Dual Demonstration Project will end on December 31, 2025.

What does this mean for your patients/our members?

On January 1, 2026, the Medicare-Medicaid plan (MMP) in Illinois will transition to an integrated Dual Eligible Special Needs Plan (D-SNP). Molina will transition to this new integrated D-SNP model in all 102 counties where we currently operate the MMP/Duals Plan.

What does this mean for providers?

An integrated D-SNP plan continues to simplify billing, care coordination and communication by allowing both coverages to be administered by a single MCO, similar to the MMP model we operate today.

Providers must:

- Ensure they are in-network with the integrated D-SNP Plan's Medicare and Medicaid lines of business. Contact your dedicated provider relations manager to verify.
- Help patients through the transition, especially those who may not understand the need to choose a new plan. Training materials are being developed and will be distributed to providers.

Molina will continue to offer a service coordination team to ensure the integration of members' medical, behavioral health, long-term services and support (LTSS) and social needs in the integrated D-SNP model.

For any new members joining our health plan, Molina will also offer continuity of care to ensure that our members can continue to see their current providers for up to 90 days during their transition.

More information about the integrated D-SNP plan will be distributed in the next few months. Providers can contact their dedicated provider relations manager or email **MHILProviderNetworkManagement@MolinaHealthcare.com** for more information.

HFS hosts town halls as provider revalidations continue

Molina reminds providers to stay connected to Medicaid! When your revalidation cycle begins, submit your revalidations to the Illinois Department of Healthcare and Family Services (HFS). The Federal Centers for Medicare & Medicaid Services (CMS) requires all actively enrolled providers to revalidate (renew their Medicaid provider agreement) at least every five years (**42 CFR 455.414**).

If you have not already, you will receive a revalidation email notification 90 calendar days before your Illinois Medicaid enrollment end date and a second notice 30 calendar days before the revalidation cycle end date. HFS will use the three email addresses listed in IMPACT for each practice/facility.

What if I need help?

Providers may visit the **IMPACT website** or call the Help Desk at **(877) 782-5565**. Providers are also invited and encouraged to attend one of the HFS Provider Revalidation Town Halls:

- September 18, 2025, 3–3:45 p.m. **Click here to register**
- October 16, 2025, 10–10:45 a.m. **Click here to register**
- November 20, 2025, 3–3:45 p.m. **Click here to register**
- December 18, 2025, 10–10:45 a.m. **Click here to register**

See what you missed recently!

Molina Healthcare of Illinois (Molina) reminds providers of recent news pertinent to your practice/facility. Pro tip: Register for Illinois provider updates so you don't miss any bulletins! **Click here** to register for Illinois provider updates so you don't miss any bulletins!

- **Transitioning to multi-payer Availity authorization tool**—Start streamlining your auth process
- **ProgenyHealth for Marketplace NICU**—Changes in notification and more
- **HFS provider revalidation town halls**—Register now
- **PA requirements for out-of-network providers**—No retro auths issued
- **CME sessions to help providers address public health issues**—Arm yourself to battle opioid use
- **Monthly memo roundup: Recap of August provider news**—See what you missed last month
- **Peruse our many LIVE provider webinars**—Learn something new or have a refresher

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

Let’s explore a partnership event in your community!

You can partner with Molina in *your* community! **Contact us** to contribute goods or services, or to provide a venue.