

Molina Healthcare of Illinois Provider Orientation

2025 | Presented by Provider Relations Team

Thank you for joining us! We will begin shortly. 😊
Please make sure your mic is muted until Q&A at the end.

Provider Orientation

Housekeeping

- Welcome! Thanks for joining!
- Please make sure your mic is muted until Q&A at the end.
- Questions can also be typed in the chat.
- A PDF version of these slides will be emailed to you afterward.



Molina Healthcare of Illinois Leadership



Matt Wolf
Plan President



Marcee Dostie
Chief Financial Officer



Varsha Chandramouli, M.D., FAAFP
Chief Medical Officer



Tom Rodakowski
VP, Network & Operations



Kris Classen
VP, Government Contracts

Molina Healthcare of Illinois Leadership



Lynsey Robertson
VP, Health Care Services



Lori Lomahan
AVP, Quality Improvement



Kelly Waller
AVP, Compliance



Laurinda Dodgen
AVP, Community Engagement



Dani Brazee
AVP, Community Engagement

Medicaid (HealthChoice Illinois)

HealthChoice Illinois

- HealthChoice Illinois is the state's managed care program for the 3.2 million residents enrolled in Medicaid.
 - The mandatory program provides health care coverage for Medicaid enrollees previously under Family Health Plan (FHP) and Integrated Care Program (ICP).
 - Designed to help members reach health goals and stay well.
 - Individuals who do not select a plan will be automatically assigned.
 - Members also select a primary care provider (PCP) or one will be assigned to them by MCO.
- Molina will coordinate a full range of medical, dental, vision, behavioral health, and pharmacy benefits for members.
- Members can access case management services, health management and disease management programs, a 24-hour nurse advice line, transportation services, and a network of hospitals and specialists.



**HealthChoice
Illinois**

Illinois Department of
Healthcare and Family Services

HealthChoice Illinois

HealthChoice Illinois eligible population includes:

- Families and children eligible for Medicaid through Title XIX or Title XXI.
- Affordable Care Act expansion Medicaid-eligible adults.
- Medicaid-eligible adults with disabilities (not eligible for Medicare).
- Medicaid-eligible older adults (not eligible for Medicare).
- Dual-eligible adults receiving Long-Term Services and Supports (LTSS) in an institutional care setting or through HCBS waiver.
- Children formerly under the care of Department of Children and Family Services (DCFS) who have opted out of DCFS-specific managed care programs.
- Special-needs children (not Medically Fragile Technology Dependent).



HealthChoice Illinois

Excluded populations include:

- Dual-eligible adults enrolled in Medicare-Medicaid (MMP).
- Dual-eligible adults not receiving nursing facility or waiver services.
- Participants who are American Indian/Alaskan Native, unless they voluntarily enroll in MCO.
- Participants only eligible with a spend-down.
- All Presumptive Eligibility categories.
- Participants who are incarcerated in a county jail, Illinois Department of Corrections facility, or federal penal institution.
- Participants in state facility operated as psychiatric hospital (as result of forensic commitment).
- Participants enrolled in partial/limited benefits programs.
- Participants with comprehensive third-party insurance.

Managed Long-Term Services and Supports (MLTSS)

- HealthChoice Illinois also covers Medicaid Long-Term Services and Supports (MLTSS) enrollees who qualify for Medicaid and Medicare, but have **opted out of Medicare-Medicaid Alignment Initiative (MMAI)**.
- MLTSS includes Long-Term Care (LTC) and Home and Community-Based Services (HCBS).
 - LTC is for an individual living in a facility-based care setting (such as nursing home or intermediate-care facility).
 - HCBS provides supportive services in the community so individuals can continue to live in their homes, empowering them to take active role in their health care.
 - Members who are in MLTSS can choose MMAI at any time so that care can be coordinated by one entity.
 - Members may opt in and out on a monthly basis.

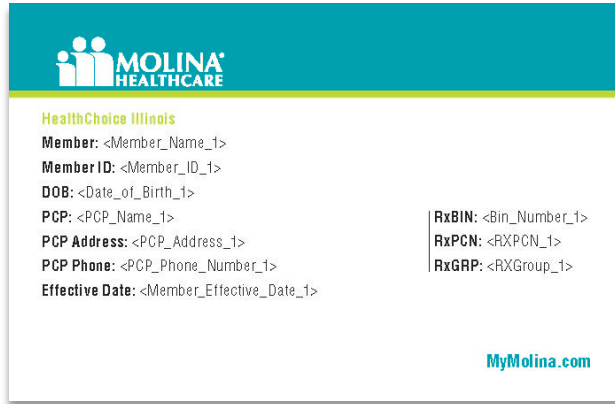


Managed Long-Term Services and Supports (MLTSS)

- Molina offers services to members of the following waiver groups:
 - Persons who are elderly.
 - Persons with physical disabilities.
 - Persons with HIV/AIDS.
 - Persons with brain injury.
 - Persons in a supportive living facility.
- Molina's MLTSS program covers certain Medicaid services, including non-Medicare LTSS, non-Medicare behavioral health, and non-emergency transportation.
- Only non-medical services are covered under MLTSS, such as waiver and non-emergent transportation.
- All medical benefits traditionally covered by Medicare would be submitted to the member's primary payer.

HealthChoice Illinois and HealthChoice Illinois MLTSS Sample Member Identification Card

HealthChoice Illinois



MOLINA HEALTHCARE

HealthChoice Illinois

Member: <Member_Name_1>
Member ID: <Member_ID_1>
DOB: <Date_of_Birth_1>
PCP: <PCP_Name_1>
PCP Address: <PCP_Address_1>
PCP Phone: <PCP_Phone_Number_1>
Effective Date: <Member_Effective_Date_1>

RxBIN: <Bin_Number_1>
RxPCN: <RXPCN_1>
RxGRP: <RXGroup_1>

MyMolina.com

Members: To verify eligibility or change your Primary Care Provider (PCP) visit www.MyMolina.com or call Member Services (855) 687-7861. For those who are hearing impaired, call the Illinois Relay at 7-1-1.

Emergency Services: Call 911 or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your PCP or call our 24-Hour Nurse Advice Line at (888) 275-8750 for English or (866) 648-3537 for Spanish. For those who are hearing impaired, call the Illinois Relay at 7-1-1.

Behavioral Health: 24-Hour Crisis Hotline (888) 275-8750. For Spanish dial (866) 648-3537.

Transportation: To schedule a ride or for day-of ride assist, call (844) 644-6354.

Providers: To verify eligibility, claims status or prior authorization, call (855) 866-5462.

Prior Authorization: Required for all inpatient admissions and selected outpatient services. Call (855) 687-7861 to notify us of an admission.

Pharmacists: For pharmacy questions, call (855) 866-5462.

Dental and Vision: Dental (844) 583-5037, Vision (866) 857-8124

Claim Submission: P.O. Box 540, Long Beach, CA 90801

EDI Submissions: Payor ID 20934

MolinaHealthcare.com/Medicaid

HealthChoice Illinois MLTSS




MOLINA HEALTHCARE

HealthChoice Illinois MLTSS

Member: <Member_FIRST> <Member_LAST>
Member ID: <MemberID>
DOB: <Date_of_Birth_1>
Effective Date: <Member_effective_date_1>

Molina Healthcare does not assign primary care providers to MLTSS Members.

MyMolina.com



Members: To verify eligibility visit www.MyMolina.com or call Member Services (855) 687-7861. For those who are hearing impaired, call the Illinois Relay at 7-1-1.

Emergency Services: Call 911 or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Physician (PCP) or call our Nurse Advice Line at (888) 275-8750 for English or (866) 648-3537 for Spanish. For those who are hearing impaired, call the Illinois Relay at 7-1-1.

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Transportation: To schedule a ride or for day-of ride assist, call (844) 644-6354.

Providers: To verify eligibility, claims status or prior authorization, call (855) 866-5462.

Prior Authorization: Required for all inpatient admissions and selected outpatient services. Call (855) 687-7861 to notify us of an admission.

Claim Submission: P.O. Box 540, Long Beach, CA 90801

EDI Submissions: Payor ID 20934

MolinaHealthcare.com/Medicaid

Medicaid Enrollment

- Eligible individuals may enroll in a HealthChoice Illinois program by contacting Illinois Client Enrollment Services.
- Illinois Client Enrollment Services will:
 - Ensure impartial-choice education.
 - Conduct client enrollment activities, including mailing education/enrollment materials and providing information on each health plan.
 - Assist enrollees with selection of health plan and PCP.
 - Process requests to change health plan.
- Members may visit the Client Enrollment Services website at [EnrollHFS.Illinois.gov](https://enrollHFS.illinois.gov), where they will find:
 - Plan comparison information.
 - Answers to frequently asked questions (FAQ).
 - General information.
- Members may call Client Enrollment Services at (877) 912-8880; TTY, (866) 565-8576.

Medicaid Access to Timely Appointments

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

MMAI (MMP/Duals)

Medicare-Medicaid Program (MMP)

- Molina participates in the Illinois Medicare-Medicaid Alignment Initiative (MMP). Molina also refers to this as Medicare-Medicaid Program (MMP) and Dual Options Program (Duals).
- This program benefits dual-eligible members by providing the convenience of coordinated care with one primary care provider and one ID card.
- As of July 1, 2021, Illinois has expanded the program to all 102 Illinois counties.
- After exhausting all of the member's other primary coverage benefits, providers may submit claims to Molina Medicare.
 - Under MMP, Molina processes both the Medicare and Medicaid benefits.



Medicare-Medicaid Program (MMP)

Medicare/Medicaid 80/20 Split:

- MMP **Medicare** prices a claim at the Medicare/contracted rate, pays 80% of that rate, and leaves 20% after deductible is met.
- MMP **Medicaid** prices the claim at the Medicaid/calculated rate. MMP **Medicaid** does a COB calculation:

Payment as Medicaid Primary – What Primary Medicare Paid = COB Amount

- MMP **Medicaid** then pays the lesser of two amounts: the calculated COB amount **or** the 20% left over from the MMP **Medicare** claim.



Medicare-Medicaid Program (MMP)

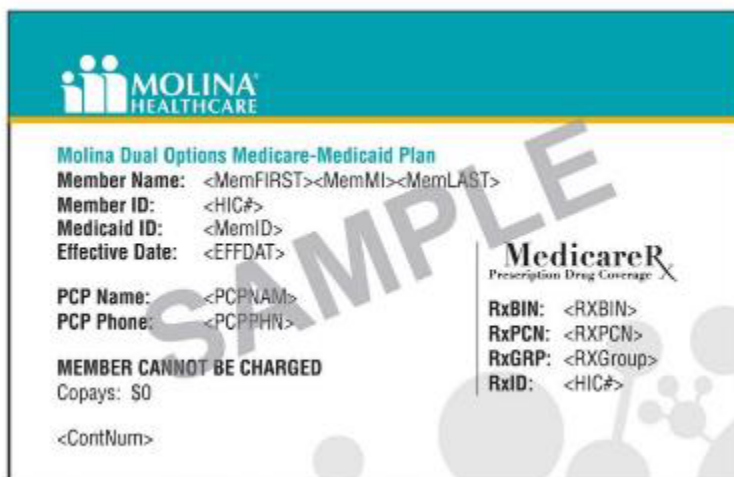
Balance Billing:

- Balance billing is **not allowed**.
- Per federal law, Members who are dually eligible for Medicare and Medicaid shall **not** be held liable for Medicare Part A and B cost-sharing.
- The provider is responsible for verifying eligibility and obtaining approval for those services that require Prior Authorization.
- Under **no circumstance** shall a Member be liable to the provider for any sums that are the legal obligation of Molina.

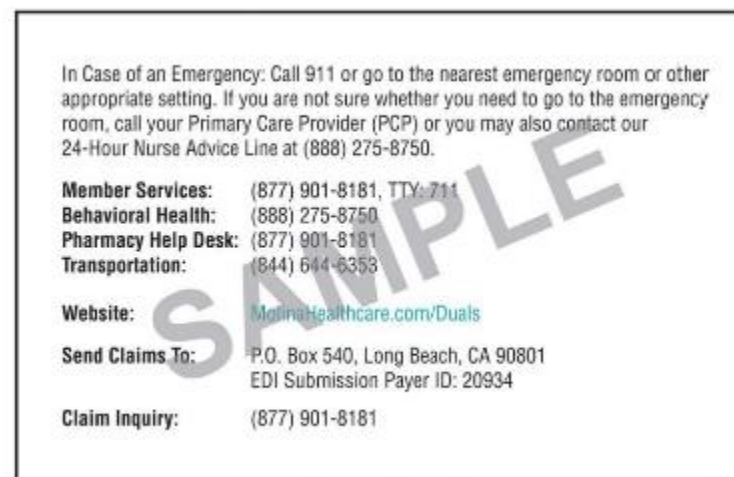


Medicare-Medicaid Program (MMP) Sample Member Identification Card

Front



Back

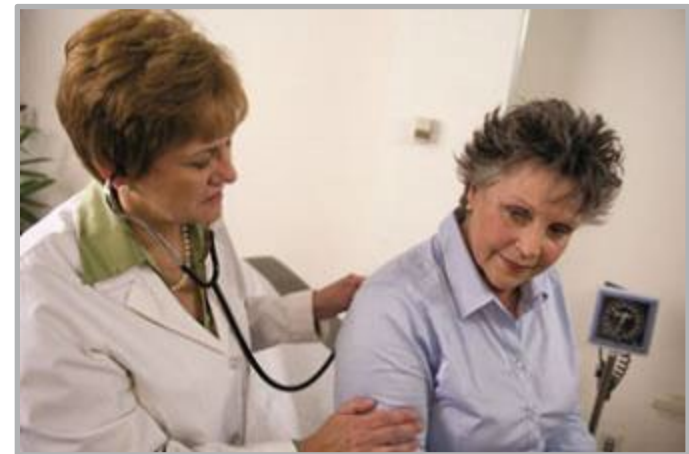


MMP Enrollment

- Eligible individuals may enroll in a Duals program by contacting Illinois Client Enrollment Services and opting in.
- Illinois Client Enrollment Services will:
 - Ensure impartial-choice education.
 - Conduct client enrollment activities, including mailing education/enrollment materials and providing information on each health plan.
 - Assist enrollees with selection of health plan and PCP.
 - Process requests to change health plan.
- Members may visit the Client Enrollment Services website at EnrollHFS.Illinois.gov, where they will find:
 - Plan comparison information.
 - Answers to frequently asked questions (FAQ).
 - General information.
- Members may call Client Enrollment Services at (877) 912-8880; TTY, (866) 565-8576.

PCP Changes

- Members can change their PCP at any time.
- New PCP will take effect on the first day of the month following the date of the member's request.
- PCP assignment does **not** affect claims payment within the Molina network.
- Members cannot be turned away from an in-network provider with an open panel because the PCP is not listed on the member's ID card.
- PCP-to-PCP referrals are **not** necessary.



Transition of Care

- Non-contracted providers can continue to see Molina Medicaid or MMP members without prior authorization for the first 90 days following member's effective date with Molina. The provider **must**:
 - Be active in Illinois Medicaid Program Advanced Cloud Technology (IMPACT).
 - Have a service plan from previous MCO/HFS.
 - Allow for continuity of care.



Simplified Credentialing Process

- Registering with the HFS online provider enrollment program (IMPACT) is the only requirement to begin a relationship with Molina.
- Once the application is approved by HFS, the provider is considered credentialed with Molina.
- Two important features:
 1. Process applies to Medicaid and MMP.
 2. Although providers will be credentialed through IMPACT, they must complete and submit the IAMHP Universal Roster to the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthCare.com.
- **Credentialing alone does not mean a provider and health plan will be doing business together.**
- Provider and plans must still enter into contractual relationships and satisfy all necessary operational requirements.

Provider Effective Date

A provider's effective date as a participating provider under the HealthChoice Illinois program is noted as the following.

Molina will load a provider's effective date at the later of:

- The execution date of the contract between Molina and the provider.
- The date the provider submits to Molina a complete and accurate IAMHP roster form for the provider in the format approved by HFS.
- The provider's effective date contained within HFS provider enrollment subsystem with the IMPACT system.
 - Provider may submit to Molina the IAMHP roster at the same time that the provider submits an enrollment application to HFS through IMPACT.
- Link to the IAMHP universal roster and FAQ: iamhp.org/providers.
- Download Excel file at iamhp.org/providers, scroll down to Universal IAMHP Roster Template on the right.

Provider Effective Date, cont.

Complete rosters submitted any day in the month will be effective back to the first of that month.

Roster Sent	IMPACT Effective Date	Contract Signed	PAR in QNXT
9/10/2018	7/1/2018	7/10/2016	9/1/2018
9/17/2018	7/1/2018	7/10/2016	9/1/2018
9/10/2018	9/5/2018	7/10/2016	9/5/2018
9/10/2018	10/11/2018	7/10/2016	10/11/2018
9/30/2018	7/1/2018	7/10/2016	9/1/2018
9/10/2018	7/1/2018	9/1/2018	9/1/2018

The provider must already be contracted and active in IMPACT. Molina will not load a provider prior to a contract being signed or their IMPACT effective date.

Provider Changes

- Use the Universal IAMHP Roster Template to:
 - Add
 - Terminate
 - Update a provider
 - iamhp.org/providers (scroll to the bottom of the Resources for Providers box to download the roster template)
- This process applies to:
 - “Pay To” information
 - Servicing location
 - Rendering provider



Duals Access to Timely Appointments

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

Covered Services

HealthChoice Illinois Covered Medical Services:

- Alcohol/substance abuse treatment
- Audiology
- Behavioral health
- Chiropractic
- Dental
- Durable and non-durable medical equipment and supplies
- Emergency services
- Family planning
- Home health care
- Hospice
- Hospital inpatient and outpatient
- Immunizations
- Laboratory services
- Mammograms
- Maternity care
- Pharmacy
- Physician services
- Physical, occupational, and speech therapy
- Podiatry
- Preventive services
- Skilled nursing facility
- Transplant services (non-experimental)
- Transportation (emergent and non-emergent)
- Vision services
- Whole blood and blood products
- X-ray services

Visit HFS's website for downloadable fee schedules:

hfs.illinois.gov/medicalproviders/medicaidreimbursement/practitioner

Delegated Vendor Relationships

Transportation Services

- Molina provides non-emergent medical transportation for members.
- **MTM Inc.** is Molina's transportation vendor as of October 1, 2020.
- Transportation can be scheduled on a recurring basis ahead of time:
 - Patients needing service should call **MTM** to schedule a ride.
 - Members should schedule transportation 72 hours in advance of appointments.
 - Rides for hospital discharge require three (3) hours notice.
 - Members can arrange for a ride to the pharmacy:
 - After a medical appointment.
 - With advanced notification at any time.

Medicaid: (844) 644-6354

MMP: (844) 644-6353



Delegated Vendor Relationships (cont.)

Dental Services

- Routine dental services are coordinated through Molina's Dental vendor, **DentaQuest**.
- For medical/surgical services, refer to Molina for direct reimbursement.
- For contact information, dentist locator, oral surgeon locator, or to schedule appointment:
Phone: (800) 508-6780

Vision Services

- **Avesis Vision** provides routine vision services/optical supplies to members.
- For medical/surgical services, refer to Molina for direct reimbursement.
- For contact information, vision provider locator, or to schedule appointment:
Medicaid: (866) 857-8124
MMP: (855) 704-0433
Online: avesis.com

Nurse Advice Line

- Molina provides a Nurse Advice Line, available 24/7 year-round.
- Members can call when they have symptoms or need health information.
- Registered nurses are available to assess medical/behavioral health symptoms and help direct members to care they need.
- The Nurse Advice Line numbers are listed on back of member ID cards.

English: (888) 275-8750

TTY: (866) 735-2929

Spanish: (866) 648-3537

TTY: (866) 833-4703



Pharmacy

- In-network pharmacy list available at [MolinaHealthcare.com](https://www.MolinaHealthcare.com).
- Molina's drug formulary helps manage pharmacy benefit quality:
 - Formulary is cornerstone of a managed care pharmacotherapy program.
 - Created to ensure members receive high-quality, cost-effective, rational drug therapy.
- Medications requiring prior authorization, most injectable medications, or non-formulary medications may be approved when medically necessary and when formulary alternatives are ineffective.
 - Prior Authorization Request Form is available at:
Website: [MolinaHealthcare.com](https://www.MolinaHealthcare.com)
Medicaid Pharmacy: (855) 866-5462
Fax: (855) 365-8112



MLTSS Benefits and Approved Services – Waiver

- Adult day service
- Adult day health transportation
- Automatic medication dispenser
- Environmental accessibility adaptations
- Home delivered meals
- Homemaker
- Personal emergency response system (PERS)
- Respite
- Nurse training
- Family training
- Skilled nursing services RN/LPN
- Specialized medical equipment
- Supported employment
- Personal care services
- Home health aide
- Nursing, intermittent
- Therapies
- Prevocational services
- Placement maintenance counseling
- Medically supervised day care
- Assisted living

Note: HealthChoice Illinois members who are not part of MLTSS may also qualify for waiver benefits

MLTSS Benefits and Approved Services – Non-Waiver

- Behavioral health services
- Custodial long-term care
- Non-emergent transportation



Eligibility, Authorization, and Claims

Verifying Member Eligibility

- Molina offers various tools to verify member eligibility:
 - Providers may use self-service Provider Portal, IVR system, eligibility rosters, or call Provider Services at (855) 866-5462.
- Providers can also verify eligibility/health plan assignment for HFS recipients through Medical Electronic Data Interchange (MEDI).
- It is the provider's responsibility to verify member eligibility before rendering services.
- At no time should a member be denied services because his/her name does not appear on Molina member roster.
- If member does not appear on roster, contact Molina for further verification.

Provider Portal: provider.molinahealthcare.com

Provider Services: (855) 866-5462

MEDI: [MEDI Home](#) | [HFS](#)



Member Cost Sharing – Medicaid

- Molina members never have a co-payment for covered services.
- Providers **may not** balance-bill members for covered services for any reason.
- Molina’s Provider Agreement requires providers to verify eligibility and obtain approval for services that require prior authorization.
- If payment is denied, providers should look solely to Molina for compensation for services rendered.



Member Cost Sharing – MMP

- Molina members **may** have a copayment for covered services.
- Providers **may only** balance-bill members for co-payments/deductibles.
- Molina's Provider Agreement requires providers to verify eligibility and obtain approval for services that require prior authorization.



Referrals and Prior Authorization

- Referrals are made when medically necessary services are beyond scope of PCP's practice.
- Referrals to in-network specialists do not require authorization from Molina.
- Information should be exchanged between PCP and specialist to coordinate care.
- Prior authorization is a request for review to:
 - Create collaborative approach to determine appropriate level of member care.
 - Identify case management and disease management opportunities.
 - Improve coordination of care.
- Requests for services listed in the Prior Authorization Guide are evaluated by licensed nurses and clinicians.
- Services requiring prior authorization can be found at: [MolinaHealthcare.com](https://www.molinahealthcare.com) under the Forms tab.
- Service requests may be submitted via the Provider Portal or faxed:

Provider Portal: provider.molinahealthcare.com

Prior Authorization Fax: (866) 617-4971

Requests for Authorization

- Provide supporting clinical documentation with elective service authorization requests. Information required generally includes:
 - Current patient history (up to six months) related to requested services.
 - Physical examination that addresses the problem.
 - Lab or radiology results to support request (including MRI, CT, lab, or X-ray).
 - PCP or specialist progress notes/consultations.
 - Any information or data specific to request.
- Molina will process routine requests within **four days** of initial request.
 - Urgent requests are processed within **48** hours.
 - If more information is required, Molina will pend the case and notify the provider.
- Providers may review Prior Authorization Codification List for HCPCS codes requiring prior authorization:
molinahealthcare.com/providers/il/medicaid/forms/Pages/fuf.aspx

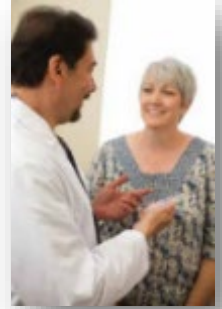
Requesting Prior Authorization

Prior Authorization Request Options:

- Provider Portal: Use the Molina Provider Portal for Prior Authorization submission.
 - Instructions are available on the Portal.
 - This is the faster method.
- Fax: Prior Authorization form can be faxed to Molina at (866) 617-4971.
 - Medical, Behavioral Health, and Pharmacy PA forms are available on the [Frequently Used Forms page \(molinahealthcare.com\)](https://www.molinahealthcare.com).



Request for Authorization



- Providers requesting prior authorization can review criteria used to make the final decision.
 - Providers may speak to the Medical Director who made determination.
 - Molina clinical policies are available for review at:
molinahealthcare.com/providers/il/medicaid/resource/Pages/Molina-Medical-Coverage-Guidelines.aspx
- Upon receipt of prior authorization, Molina will provide a **unique authorization number** (use on claims related to service authorized).
 - This helps ensure that members are receiving right services at right time and in right place.
- The provider should send information to support the member's need for services.
- Prior Authorization (PA) form is available at:
molinahealthcare.com/providers/il/medicaid/forms/Pages/fuf.aspx

Claims Submissions

- Molina is contractually required to process 90% of clean claims within 30 calendar days (99% of clean claims processed within 90 work days).
- **Claims Submission Options:**
 - EDI Clearinghouse–Change Healthcare is Molina’s gateway clearinghouse.
 - Providers may submit claims directly to EDI clearinghouse (Payer ID 20934).
 - Molina Provider Portal–Molina Provider Portal is a free provider tool.
 - Use it to submit corrected claims, void claims, check claims status, and receive claims status notifications.
- **Electronic Funds Transfer (EFT):**
 - Molina partners with Change Healthcare for electronic Funds Transfer (EFT) and Electronic Remittance Advice.
 - Access is free and efficient.
 - Go to changehealthcare.com to register after getting the first Molina check.
 - Call (877) 389-1160 or email WCO.Provider.Registration@changehealthcare.com with questions about registration process.

Provider Disputes and Adjustments

- Providers seeking a redetermination of previously adjudicated claim must request action within 90 days of Molina's original remittance advice date.
- Item(s) being resubmitted should be clearly marked as a redetermination and must include:
 - Claims Dispute Request Form: [Click For Form](#).
 - Item(s) being resubmitted clearly marked as Claim Dispute/Adjustment.
 - Full explanation of payment adjustment requests.
 - Previous claim and remittance advice.
 - Any other documentation to support adjustment.
 - Copy of referral/authorization form (if applicable).
 - Claim number clearly marked on supporting documents.
- Providers should allow 30 days to process the request.

Provider Disputes

Claims Dispute Request Form Submission Options:

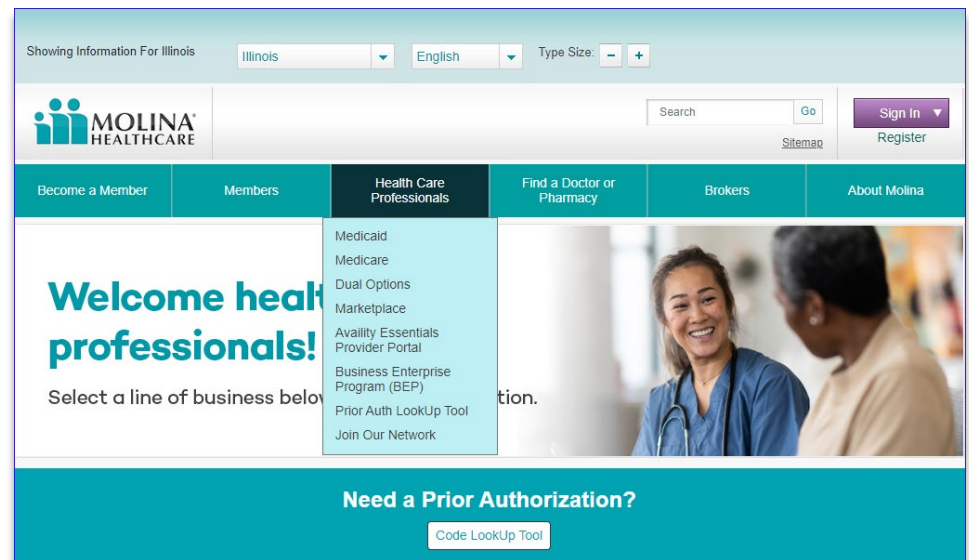
- Molina Provider Portal: Providers are strongly encouraged to use the Provider Portal to submit Claims Dispute Request Forms.
- Fax: Claims Dispute Request Form can be faxed to Molina at (855) 502-4962.
- **Note:** Mailed disputes will be returned to the provider and not processed.



Provider Resources

Online Provider Resources

- Provider manual
- Provider online directories
- Provider portal (Avaality)
- Frequently used forms
- Preventive & clinical care guidelines
- Prior authorization information
- Advance directives
- Model of Care training
- Pharmacy information
- HIPAA
- Fraud, Waste & Abuse information
- Communications & newsletters
- Member rights & responsibilities
- Contact information
- News & updates
- Service area maps



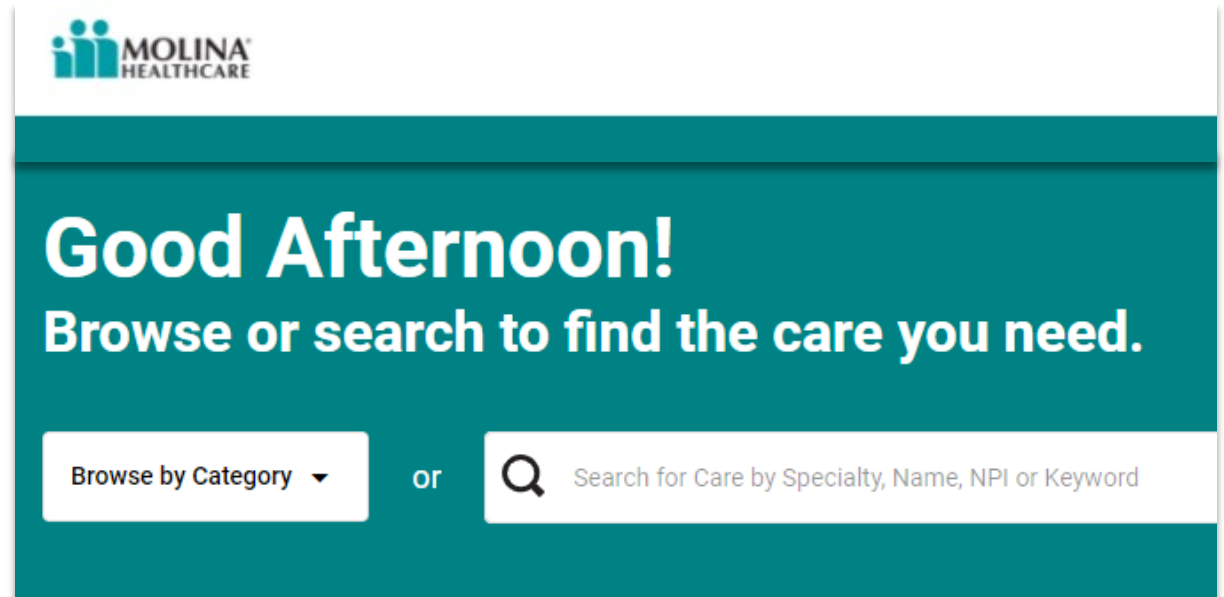
Training Webinars

- Visit MolinaHealthcare.com, Communications tab, Provider Education Series - Webinars.
- Online webinars are held on a variety of topics including:
 - Billing
 - Claims
 - Redetermination



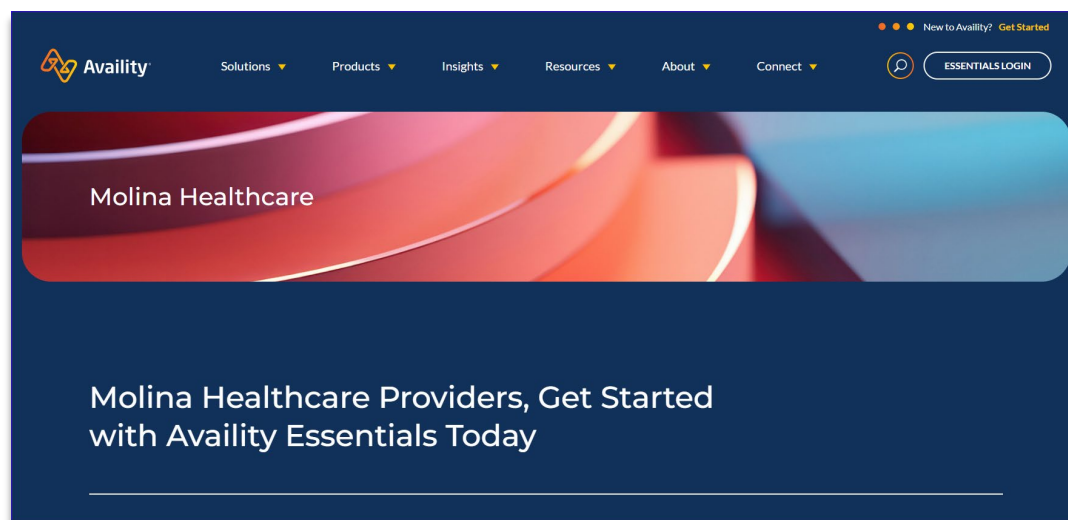
Provider Online Directory (POD)

- To find a provider and to view your own facility, visit MolinaHealthcare.com and select [Provider Online Directory](#).
- To request a provider directory, call Provider Services at **(855) 866-5462**.



Availity Essentials Provider Portal

- Availity Essentials is Molina’s exclusive provider portal. Providers are **strongly encouraged** to register and use the Availity Portal.
- Availity Portal landing page: availity.com/molinahealthcare or via the Molina link: provider.molinahealthcare.com
- Many tasks can be accomplished quickly, easily, and securely, saving you time and money—plus ensuring more timely care for your patients.



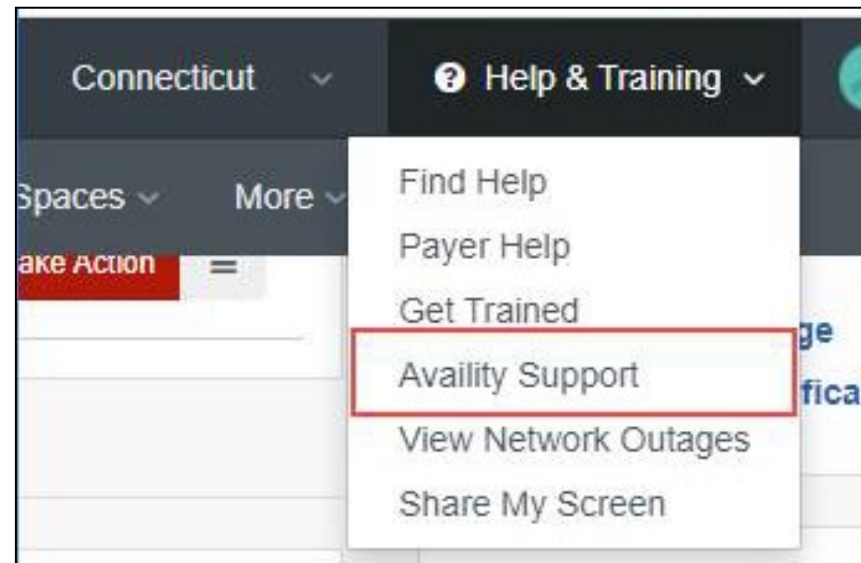
Availity Essentials Provider Portal

- Why register for the Provider Portal?
 - Easy-to-use, no-cost online tool designed to help you care for our members.
- Portal features:
 - Search for member details, including eligibility status and covered benefits.
 - Create, submit, correct, and void claims; submit attachments and receive notifications of status changes.
 - Check current claim status and print claims.
 - Submit disputes online.
 - Create, submit, and print pre-service requests with notifications of status changes.
 - View pre-service request approval status.
 - Track required HEDIS[®] services for members and compare your scores with national benchmarks.
 - View a member's Personal Health Record.
 - Access account information, manage and add users, and update your profile.

Reporting Portal Issues

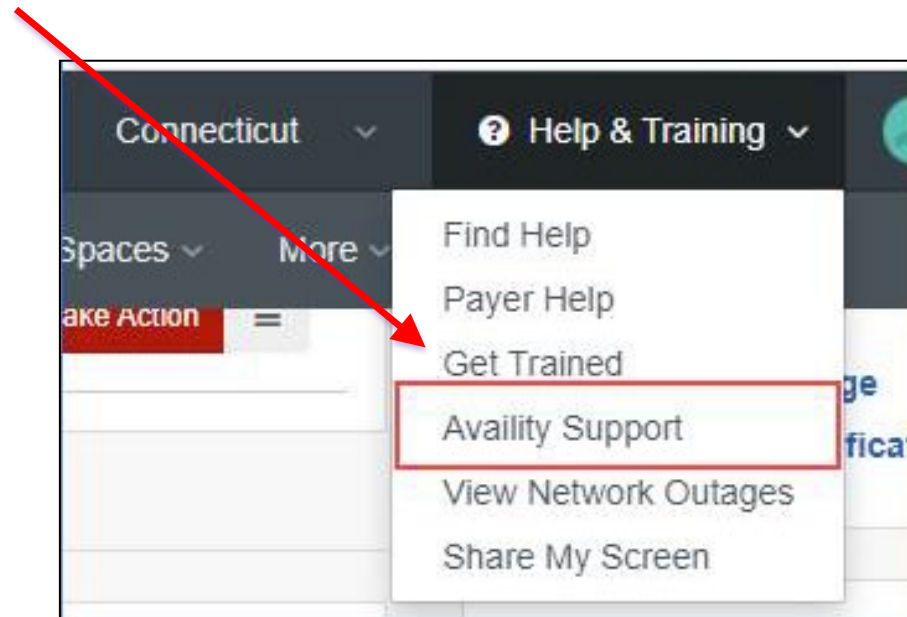
Availity Essentials support:

- Contact Availity Customer Service (ACS) at **(800) 282-4548**.
- Submit an ACS ticket by accessing **Help and Training > Availity Support** within the Availity Essentials Portal.



Training In Availability

- After you register, access **Help and Training > Get Trained** within the Portal.
- Contact Availity Customer Service (ACS) at **(800) 282-4548** for training assistance or with questions.

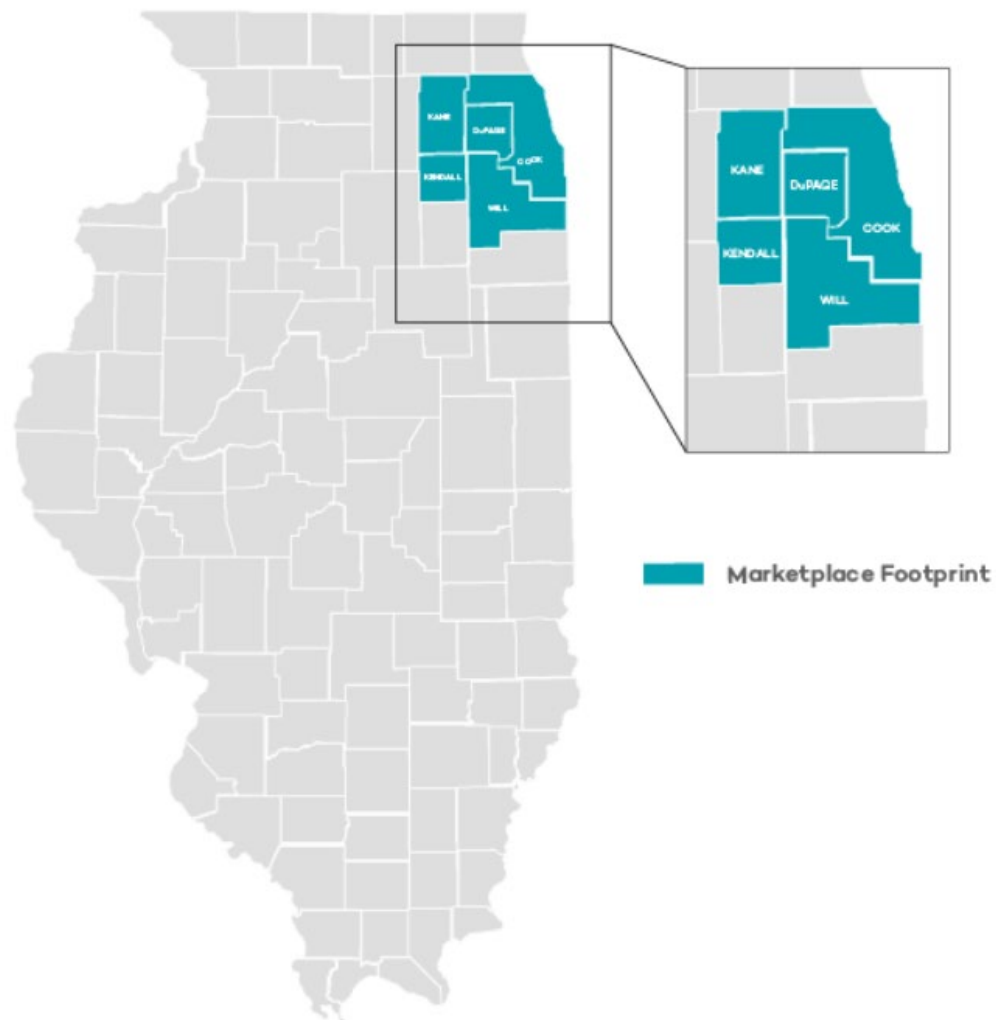


Marketplace

Marketplace

Molina Healthcare of Illinois began offering Marketplace health plans in several key counties on 1/1/2022.

- Cook
- DuPage
- Kane
- Kendall
- Will



Marketplace

- The Molina Marketplace portfolio includes Gold and Silver plans in Illinois. Our focus is on the low-income segment to align with our Medicaid offerings.
- For details about Molina Marketplace line of business:
 - Visit the IL Marketplace website [Providers \(molinamarketplace.com\)](https://molinamarketplace.com).
 - Register for one of our Marketplace webinars.
 - Contact your Provider Relations Manager.

Welcome, Illinois Healthcare Providers

We're glad you're part of the Molina Family

Login

Register



Marketplace Access to Timely Appointments

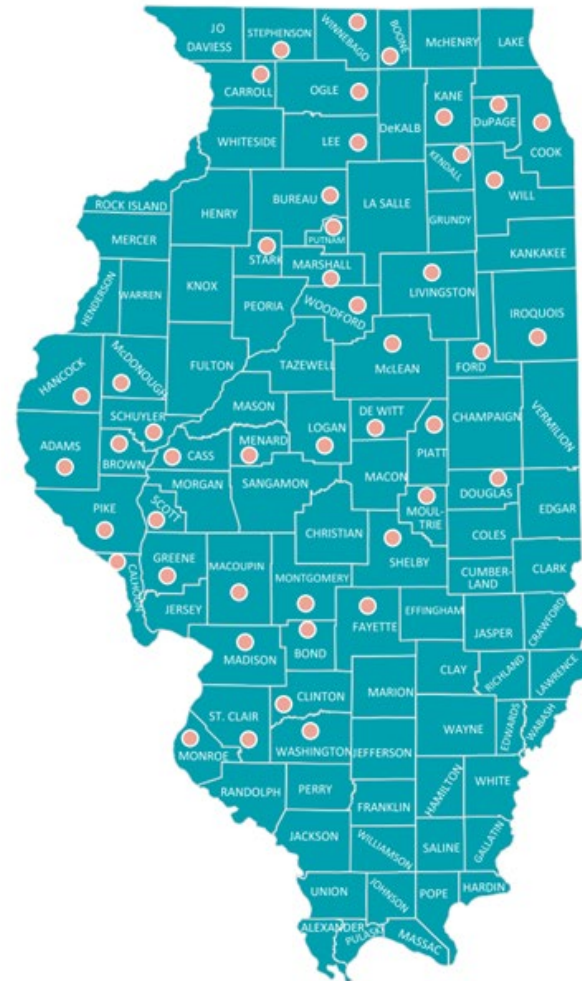
Medical Appointment Types	Standard
Routine preventive care	Within 30 calendar days
Routine preventive care for infants under 6 months of age	Within 2 weeks
Routine, symptomatic, but not deemed serious	Within 7 calendar days
Urgent care	Within 24 hours
After-hours/emergency care	24/7 year-round
Specialty 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

Medicare

Molina Healthcare of Illinois began offering Medicare health plans in several key counties on 1/1/2023.

As of 1/1/2024, we are serving members in 39 additional counties.



Medicare

- For IL, we offer a Medicare Advantage Prescription Drug (MAPD) plan called Molina Medicare Choice Care (an HMO model). Medicare is the federal health insurance program for:
 - People 65 or older
 - Certain younger people with disabilities
 - People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)
- For details about Molina Medicare line of business:
 - Visit the Molina Medicare webpage at molinahealthcare.com/providers/common/medicare/medicare.
 - Register for one of our Medicare webinars.
 - Contact your Provider Relations Manager.



Medicare Access to Timely Appointments

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

Quality Improvement

Quality Improvement

- Quality is a Molina core value, and ensuring members receive right care in right place at right time is everyone's responsibility.
- Molina's Quality Improvement Department maintains key processes and initiatives to ensure measurable improvements are made in member care and service.
- Both clinical and service quality are measured, evaluated, and monitored through:
 - Healthcare Effectiveness Data and Information Set (HEDIS).
 - Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS).
 - Provider satisfaction surveys.
 - Health Outcomes Survey (HOS) for MMAI (Molina Dual Options) Members.
- Additional information about Molina's quality improvement initiatives are available at [MolinaHealthcare.com](https://www.molinahealthcare.com)

Critical Incident Reporting

- All critical incidents and cases of suspected abuse and/or neglect should be reported to the Molina Quality team as follows:
 - Phone: (855) 866-5462**
 - Fax: (855) 556-2074**
 - Email: MHIL-QI@molinahealthcare.com**
- Further, the incident should be reported to the appropriate state agency as follows:
 - Child Abuse: **(800) 252-2873** or TTY **(800) 358-5117**
 - Adult Abuse: **(866) 800-1409** or TTY **(800) 206-1327**
 - Adults in SLF: **(800) 226-0768**
 - Developmentally Disabled Adults: **(800) 368-1463**
 - Adults in Nursing Facilities: **(800) 252-4343**
- If you believe anyone is in immediate danger, **call 911 first**

Contacts

Contact Molina



Important Numbers / Contact Information	
Member Eligibility Verification	(855) 866-5462
Non-Emergent Transportation	(844) 644-6354
Provider Services	(855) 866-5462
Member Services	(855) 687-7861
Main Fax	(630) 571-1220
Prior Authorization Fax	(866) 617-4971
Pharmacy Prior Authorization Fax	(855) 365-8112

Molina Healthcare of Illinois
2001 Butterfield Rd., Suite 750
Downers Grove, IL 60515

Business Hours: 8 a.m. to 5 p.m. Monday through Friday

Helpful Links

- IMPACT Website: illinois.gov/hfs/impact/Pages/default.aspx
- IAMHP Website: iamhp.org/providers
- Molina Website >> News & Updates: molinahealthcare.com/providers/il/medicaid/comm/Pages/newsupdates.aspx
- Molina Marketplace Website: .molinamarketplace.com/marketplace/il/en-us/Providers
- Availity Essentials Portal: availability.com/provider-portal-registration
- Molina Provider Relations team email: MHILProviderNetworkManagement@molinahealthcare.com
- Molina Provider Education Series: molinahealthcare.com/providers/il/medicaid/comm/updatesevents.aspx
- Illinois Provider Email Updates: molinahealthcare.activehosted.com

Your Molina Contacts

- Your **Provider Relations Manager (PRM)** is your liaison to all of Molina's programs and provider services.
- Don't know who your PRM is? Visit our Service Area page and click your provider type for a territory map:

[Service Area for Illinois](#)



The screenshot shows the Molina Healthcare website interface. At the top, there is a navigation bar with links for 'For Molina Members', 'About Molina', and 'Showing information For Illinois'. Below this is the Molina Healthcare logo and a search bar. A secondary navigation menu includes links for 'Home', 'BEP', 'Manual', 'Forms', 'Policies', 'HIPAA', 'EDI ERALEFT', 'Drug Formulary', 'Health Resources', 'Communications', and 'Contact Us'. The main content area is titled 'Service Area of Illinois' and contains the following text:

Molina Healthcare of Illinois provides Medicaid (HealthChoice), MMAI (MMP/Duals), and MLTSS services to all 102 Illinois counties.

Questions? We have answers! Molina has a team of dedicated Provider Network Managers in your area to assist you. Access our Provider Network Manager territory maps by the following provider types:

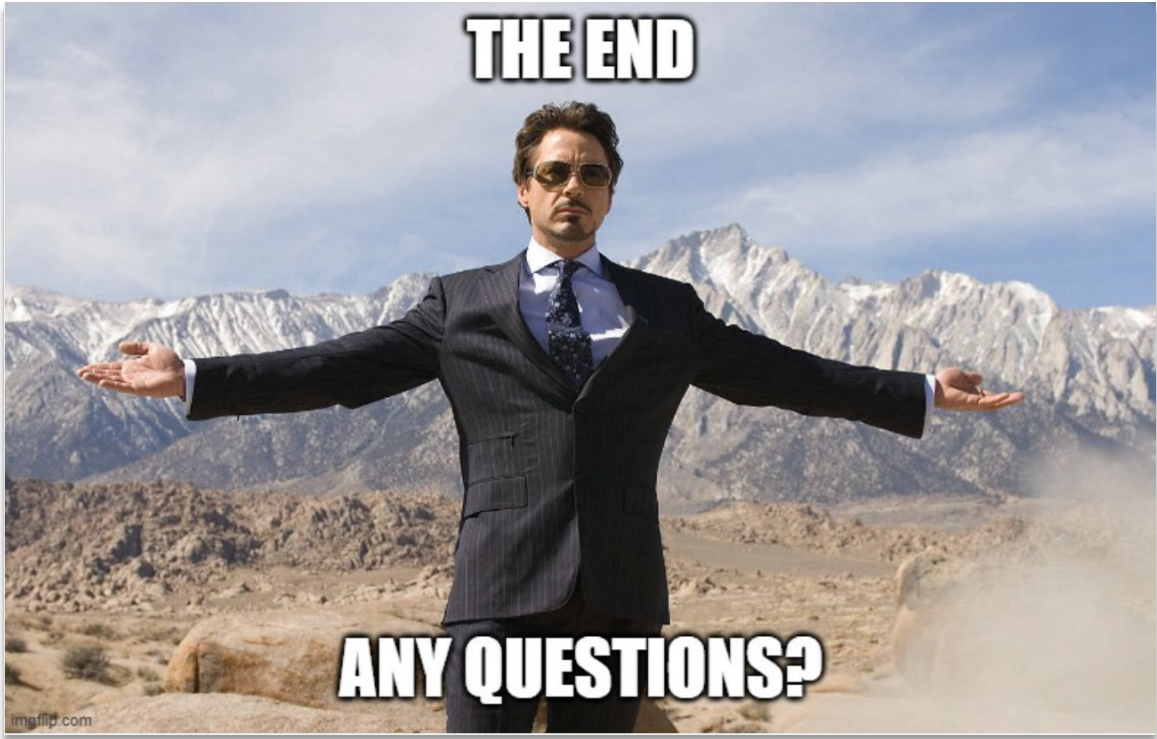
- Hospital providers and affiliated provider groups: [Go To Map](#).
- Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH, and transportation providers: [Go To Map](#).
- FQHCs, RHCs, and ERGs: [Go To Map](#).
- VBC provider contracting: [Go To Map](#).

If you have questions about Value-Based Contracting, contact your Provider Network Manager or Natalie Kasper, Director of Provider Contracts, at Natalie.Kasper@MolinaHealthcare.com or (833) 381-1674 or (262) 271-6525 (Mobile).

- You can always email the team:

MHILProviderNetworkManagement@Molinahealthcare.com

Questions? Answers!



Thanks for Participating!

Please register for email updates curated specifically for Illinois providers:

molinahealthcare.activehosted.com/f/1