

# Molina Healthcare of Illinois Provider Orientation

2026 | Presented by Provider Relations

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!
- No AI recording or note-taking is permitted.
- 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



Kris Classen  
Plan President



Marcee Dostie  
Chief Financial Officer



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



Tom Rodakowski  
VP, Network & Operations



Dajae Robinson  
AVP, Government Contracts

## Molina Healthcare of Illinois Leadership



Lynsey Robertson  
VP, Health Care Services



Lori Lomahan  
AVP, Quality Improvement



Kelly Waller  
AVP, Compliance



Dani Brazee  
AVP, Community Engagement

# Medicaid (HealthChoice Illinois)

## HealthChoice Illinois (Medicaid)

- HealthChoice Illinois is the state's managed care program for the 3.1 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 (Medicaid)

### 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 (Medicaid)

### Excluded populations include:

- Dual-eligible adults enrolled in a D-SNP.
- 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 a state facility operated as a psychiatric hospital (as the result of a 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 FIDE D-SNP**.
- 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

	
<b>HealthChoice Illinois</b>	
<b>Member:</b> <Member_Name_1>	
<b>Member ID:</b> <Member_ID_1>	
<b>DOB:</b> <Date_of_Birth_1>	
<b>PCP:</b> <PCP_Name_1>	
<b>PCP Address:</b> <PCP_Address_1>	
<b>PCP Phone:</b> <PCP_Phone_Number_1>	
<b>Effective Date:</b> <Member_Effective_Date_1>	
<b>RxBIN:</b> <Bin_Number_1>	
<b>RxPCN:</b> <RXPCN_1>	
<b>RxGRP:</b> <RXGroup_1>	
<a href="http://MyMolina.com">MyMolina.com</a>	

<p><b>Members:</b> To verify eligibility or change your Primary Care Provider (PCP) visit <a href="http://www.MyMolina.com">www.MyMolina.com</a> or call Member Services (855) 687-7861. For those who are hearing impaired, call the Illinois Relay at 7-1-1.</p> <p><b>Emergency Services:</b> 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 (866) 275-8750 for English or (866) 648-3537 for Spanish. For those who are hearing impaired, call the Illinois Relay at 7-1-1.</p> <p><b>Behavioral Health:</b> 24-Hour Crisis Hotline (888) 275-8750. For Spanish dial (866) 648-3537.</p> <p><b>Transportation:</b> To schedule a ride or for day-of ride assist, call (844) 644-6354.</p> <p><b>Providers:</b> To verify eligibility, claims status or prior authorization, call (855) 866-5462.</p> <p><b>Prior Authorization:</b> Required for all inpatient admissions and selected outpatient services. Call (855) 687-7861 to notify us of an admission.</p> <p><b>Pharmacists:</b> For pharmacy questions, call (855) 866-5462.</p> <p><b>Dental and Vision:</b> Dental (844) 583-5037, Vision (866) 857-8124.</p> <p><b>Claim Submission:</b> P.O. Box 540, Long Beach, CA 90801</p> <p><b>EDI Submissions:</b> Payor ID 20934</p>	<p><a href="http://MolinaHealthcare.com/Member">MolinaHealthcare.com/Member</a></p>
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## HealthChoice Illinois MLTSS

<b>Front of card</b>	
	
<b>HealthChoice Illinois MLTSS</b>	
<b>Member:</b> <Member_Name_1>	
<b>Member ID:</b> <Member_ID_1>	
<b>DOB:</b> <Date_of_Birth_1>	
<b>PCP:</b> <PCP_Name_1>	
<b>PCP Address:</b> <PCP_Address_1>	
<b>PCP Phone:</b> <PCP_Phone_Number_1>	
<b>Effective Date:</b> <Member_Effective_Date_1>	
<b>RxBIN:</b> <Bin_Number_1>	
<b>RxPCN:</b> <RXPCN_1>	
<b>RxGRP:</b> <RXGroup_1>	
<a href="http://MyMolina.com">MyMolina.com</a>	

<b>Back of card</b>	
<p><b>Members:</b> To verify eligibility or change your Primary Care Provider (PCP) visit <a href="http://www.MyMolina.com">www.MyMolina.com</a> or call Member Services (855) 687-7861. For those who are hearing impaired, call the Illinois Relay at 7-1-1.</p> <p><b>Emergency Services:</b> 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.</p> <p><b>Behavioral Health:</b> 24-Hour Crisis Hotline (888) 275-8750. For Spanish dial (866) 648-3537.</p> <p><b>Transportation:</b> To schedule a ride or for day-of ride assist, call (844) 644-6354.</p> <p><b>Providers:</b> To verify eligibility, claims status or prior authorization, call (855) 866-5462.</p> <p><b>Prior Authorization:</b> Required for all inpatient admissions and selected outpatient services. Call (855) 687-7861 to notify us of an admission.</p> <p><b>Pharmacists:</b> For pharmacy questions, call (855) 866-5462.</p> <p><b>Dental and Vision:</b> Dental (844) 583-5037, Vision (866) 857-8124.</p> <p><b>Claim Submission:</b> P.O. Box 540, Long Beach, CA 90801</p> <p><b>EDI Submissions:</b> Payor ID 20934</p>	
<p><a href="http://MolinaHealthcare.com/Member">MolinaHealthcare.com/Member</a></p>	

## 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 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**

## 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.



## Medicaid Timely Access to 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

# FIDE D-SNP



## FIDE D-SNP (Dual-Eligible Special Needs Plan)

- Molina was awarded a FIDE D-SNP (Dual-Eligible Special Needs Plan) for 2026 and beyond. When members enroll on Medicare.gov, they will see the plan listed as “Molina Medicare Complete Care Plus (HMO D-SNP).”
- This program benefits dual-eligible members by providing the convenience of coordinated care with one primary care provider and one ID card.
- After exhausting all of the member’s other coverage benefits, providers may submit claims to Molina Medicare.



## Eligibility

- Members who are eligible for the D-SNP program are as follows:
  - The member must be receiving full Medicaid benefits
  - The member must be age 21 and older at the time of enrollment
  - The member must be entitled to Medicare Part A (hospital), enrolled in Part B (medical), and eligible for a Part D plan (full-benefit dually eligible beneficiaries as of the effective date of coverage under the D-SNP
  - The member must live in the service area
  - The member must be a United States citizen or lawfully present

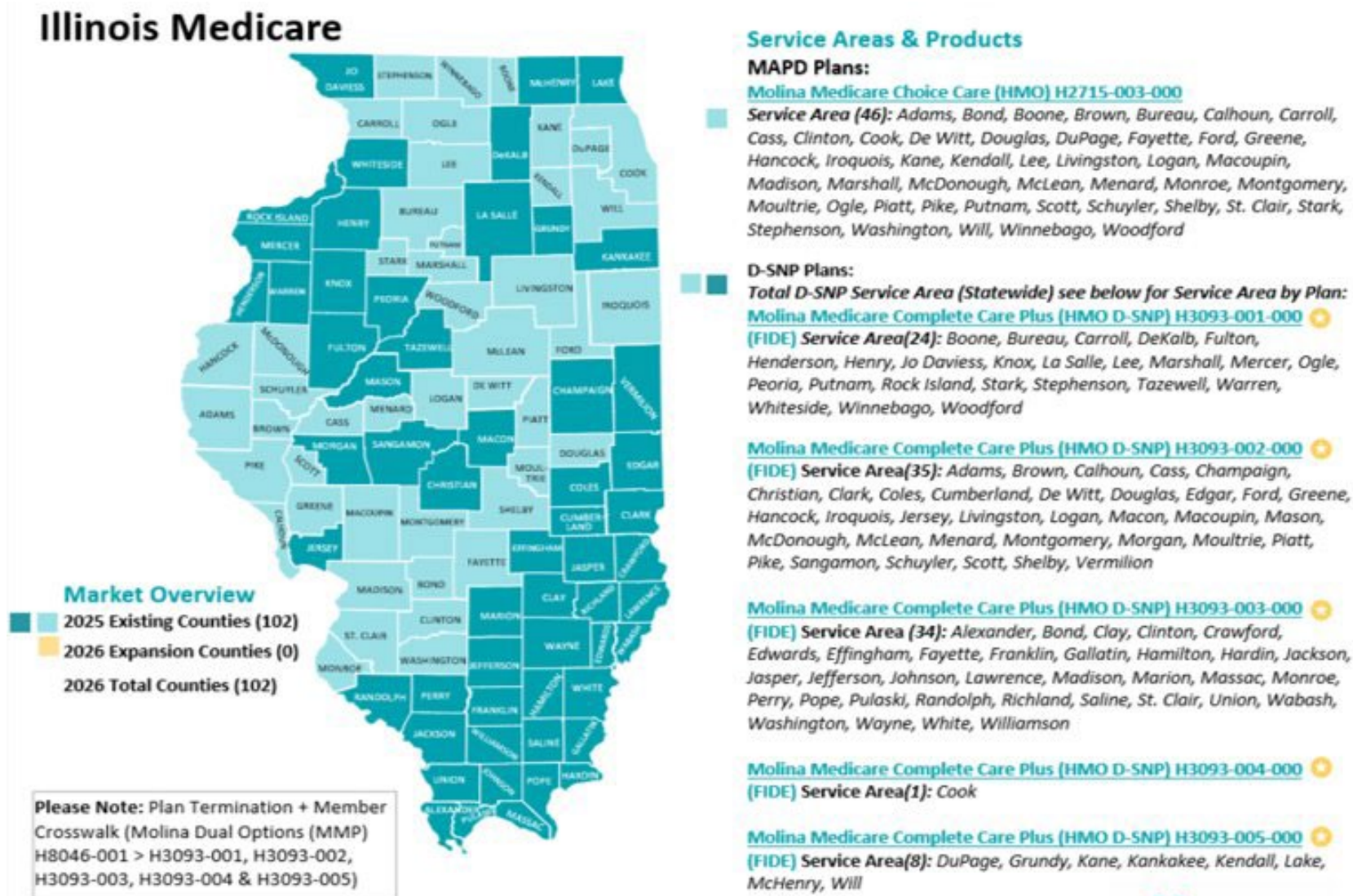


## Eligibility for MLTSS

- MLTSS members are eligible to enroll in the D-SNP.
- MLTSS will remain under the HealthChoice program for 2026 but will move to the D-SNP contract beginning 1/1/2027.
- The state will no longer passively enroll members in a dual-eligible plan as it did for MMP. It will now be up to the member to take action and enroll.



# Medicare Advantage and FIDE D-SNP



● New Plan



## Covered Services

Service Category	Included in Illinois D-SNP
Medicare A, B, D	Yes (Hospital, Medical, Prescription)
Medicaid Coverage	Full integration—includes LTSS (1/1/2027), behavioral health, etc.
Supplemental Benefits	Dental, vision, transportation, OTC, etc.
Social Support Services	SDOH addressing programs, provider collaboration
Care Coordination	Yes—enhanced navigation, discharge planning, continuity

## Medicare-Medicaid 80/20 Split

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

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

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



## 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.





## Member Cost Sharing – D-SNP

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






# Credentialing

- **Medicare**
  - Must complete Molina's internal credentialing process
  - Submit a credentialing application via CAQH Proview
    - The attestation must be signed within 120 days
  - Grant Molina access to view CAQH profile
  - Providers will be notified of initial credentialing decision via letter or email within two (2) weeks of the decision
  - Must be contracted and credentialed to join the DSNP network
    - or must be part of a delegated group that has met all requirements for delegated credentialing
- **Medicaid**
  - Enroll in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system
  - Enrollment serves as Illinois' Medicaid managed care uniform credentialing and recredentialing process

## D-SNP Sample Member Identification Card

Front



**Molina Medicare Complete Care Plus is a HMO D-SNP plan that contracts with both Medicare and Illinois Medicaid.**

**Member Name:** <MemFIRST> <MemMI> <MemLAST>  
**Member ID:** <MemID>  
**Effective Date:** <EFFDAT>  
**PCP Name:** <PCPNAM>  
**PCP Phone:** <PCPPHN>

**MEMBER CANNOT BE CHARGED**  
**Copays: PCP/Specialist: \$0 ER: \$0**

<ContNum>

**MedicareRx**  
Prescription Drug Coverage

**RxBIN:** <RXBIN>  
**RxPCN:** <RXPCN>  
**RxGRP:** <RXGROUP>  
**RxID:** <MemID>

Back



In Case of an Emergency, 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 Provider (PCP) or you may also contact our 24-Hour Nurse Advice Line at <NALNOEN>

**Member Services:** <MS No> (TTY: 711)  
**Care Connections (In-home & telehealth visits):** <Care Connections> (TTY: 711)  
**Behavioral Health:** <NALNOEN>  
*If you are in crisis, please contact 988 or go to the nearest emergency room.*  
**Pharmacy Help Desk:** <MS No>  
**Transportation:** (844) 644-6353  
**Website:** MolinaHealthcare.com/Medicare  
**Submit Claims To:** P.O. Box 540, Long Beach, CA 90801  
EDI Submission Payer ID: 20934  
**Claims Inquiry:** <MS No>

## D-SNP Timely Access to Appointments

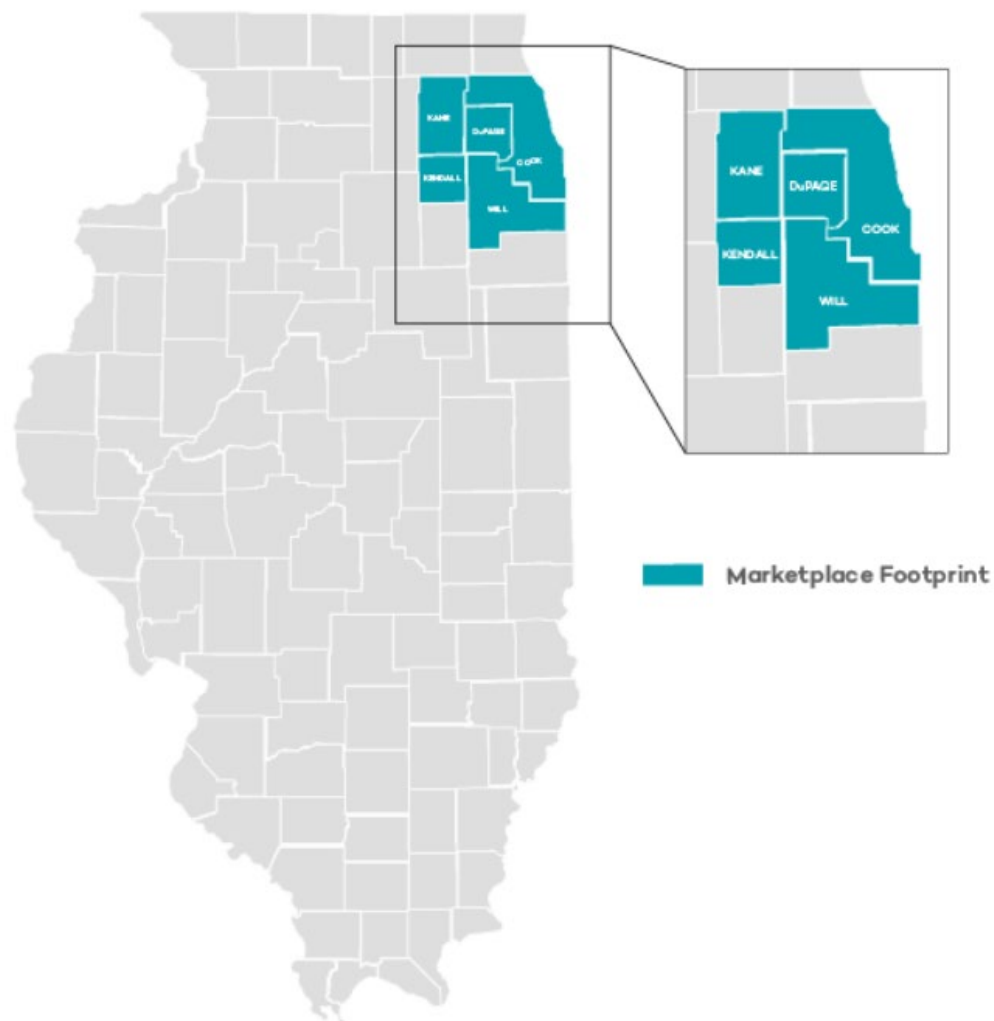
Medical Appointment Types	Standard
Primary Care: Routine and Preventive Care	Within 30 business days
Routine Preventive Care for Infant	Within 2 weeks from the date of request
Routine, Symptomatic, but Not Deemed Serious	Within 3 weeks from the date of request
Primary Care: Services that are not emergency 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

# 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:
  - 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 Sample Member Identification Card


Front

Back

MOLINA <sup>®</sup> HEALTHCARE		Marketplace	
<b>Subscriber:</b> <b>Subscriber ID:</b> <b>Plan:</b> <b>Dental Coverage:</b> Yes (Delta Dental PPO) <b>Funding Type:</b> Fully Insured		<b>Member:</b> <b>Member ID:</b> <b>Effective Date:</b>	
<b>Cost Share</b> PCP: Specialist: Urgent Care: ER Visit: Pref. Generic Rx: Pref. Brand Rx: RxBIN:      RxPCN:      RxGRP: HMO      Molina Healthcare of Illinois, Inc.		<b>Deductibles</b> Medical Indv/Fam Deductible: RX Indv/Fam Deductible: Annual Out of Pocket Maximum (OOPM): Indv/Fam OOPM: No Referrals Required	

**Member Numbers**  
**Member Services:** (888) 858-2150  
**TTY/TTD:** 711  
**24/7 Nurse Advice:** (888) 275-8750  
**24/7 Línea de Consejos de Enfermeras:** (866) 648-3537  
**Billing and Payments:** (800) 772-5327  
**Pediatric Dental Member Services:** (855) 230-5530  
**Dental Customer Service:** (800) 772-5327  
Cost Shares are a summary only.  
Visit [MyMolina.com](http://MyMolina.com) for plan details.  
**Notice:** Covered Services must be received from Participating Providers. Refer to your Agreement for exceptions. **For providers:** For eligibility/benefits, contact the numbers above.  
[MyMolina.com](http://MyMolina.com) This card is for identification purposes only and does not prove eligibility for service.

**Provider Numbers**  
**CVS Caremark Help desk:** (888) 407-6425  
**Prior Authorization/Notification of Hospital Admission:** (855) 866-5462  
**Medical Claims:**  
Molina Healthcare  
PO BOX 540  
Long Beach, CA 90801  
**Inpatient Admissions:** Provider to notify plan within 24 hours of admission.



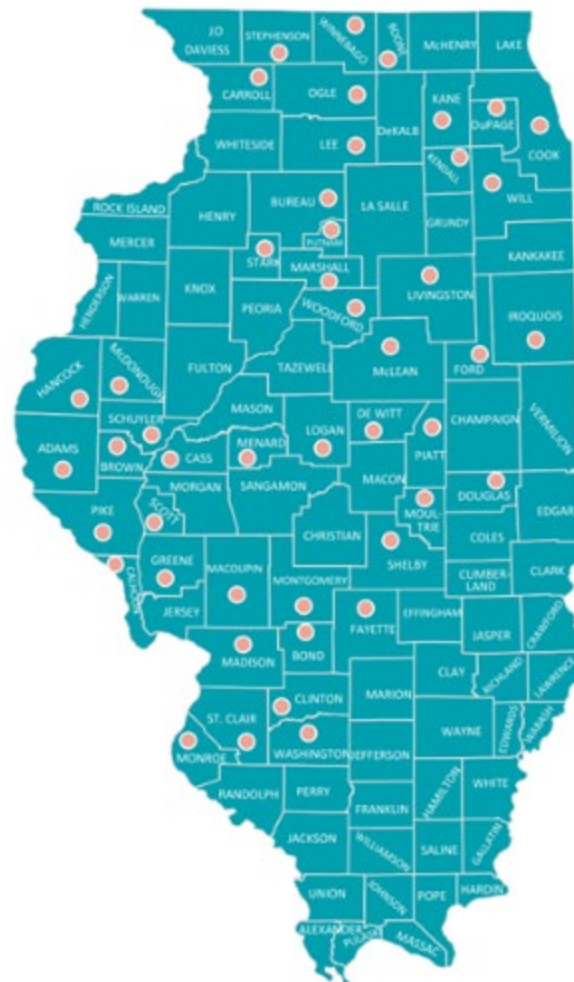
# Marketplace Timely Access to Appointments

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 Advantage

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:
  - Visit the Molina Medicare webpage at [molinahealthcare.com/providers/common/medicare/medicare](https://molinahealthcare.com/providers/common/medicare/medicare).
  - Register for one of our Medicare webinars.
  - Contact your Provider Relations Manager.



## Medicare Sample Member Identification Card

Front

Back

	
<p>&lt;LOB&gt;</p> <p><b>Member:</b> &lt;MemFIRST&gt; &lt;MemMI&gt; &lt;MemLAST&gt;</p> <p><b>Member #:</b> &lt;MemID&gt;</p> <p><b>PCP:</b> &lt;PCPNAM&gt;</p> <p><b>PCP Tel:</b> &lt;PCPPHN&gt;</p> <p><b>Issue Date:</b> &lt;ISSUDAT&gt;</p> <p>&lt;ContNum&gt;</p>	<p><b>Medicare</b></p> <p><b>MedicareRx</b> Prescription Drug Coverage</p> <p><b>RxBIN:</b> &lt;RXBIN&gt;</p> <p><b>RxPCN:</b> &lt;RXPCN&gt;</p> <p><b>RxGRP:</b> &lt;RXGROUP&gt;</p> <p><b>RxID:</b> &lt;MemID&gt;</p> <p><b>MyMolina.com</b></p>
<p>[ <b>BARCODE FOP</b> ]</p> <p><b>Member Services:</b> &lt;MS No&gt; or TTY at 711 24-Hour Nurse Advice Line in English: &lt;NALNO.EN&gt; or TTY: 711 24-Hour Nurse Advice Line in Spanish: &lt;NALNo.SP&gt;</p> <p><b>Care Connections:</b> &lt;Care Connections&gt; (TTY: 711)</p> <p><b>Providers/Hospitals:</b> For prior authorization, eligibility and general information, please call Member Services (see above).</p> <p><b>Submit Claims To:</b></p> <p><b>Medical/Hospital:</b> &lt;Claim Address Line 1&gt;, &lt;Claim Address City&gt;, &lt;Claim Address State&gt; &lt;Claim Address Zip&gt; Please call Member Services (see above).</p> <p><b>Pharmacy:</b> &lt;PharmAddress Line 1&gt;, &lt;Pharm Address Line 2&gt;, &lt;Pharm Address City&gt;, &lt;Pharm Address State&gt; &lt;Pharm Address Zip&gt; Please call Member Services (see above).</p>	

# Medicare Timely Access to 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

# General Information

## 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.





## Medicaid Credentialing

- In accordance with 42 CFR 438.214, enrollment in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system constitutes Illinois' Medicaid managed care uniform credentialing and recredentialing process.
- Molina must verify that network Providers that render services for which Medicaid is the primary payer are enrolled in IMPACT.
- Once the application is approved by HFS, the provider is considered credentialed with Molina.
- Although providers will be credentialed through IMPACT, they must complete and submit the IAMHP Universal Roster to Molina Provider Relations at [MHILProviderNetworkManagement@MolinaHealthCare.com](mailto: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.

## D-SNP Credentialing

- **Medicare**
- Must complete Molina's internal credentialing process
- Submit a credentialing application via CAQH Proview
- The attestation must be signed within 120 days
- Grant Molina access to view CAQH profile
- Providers will be notified of initial credentialing decision via letter or email within two(2) weeks of the decision
- Must be contracted and credentialed to join the D-SNP network
- or must be part of a delegated group that has met all requirements for delegated credentialing
- **Medicaid**
- Enroll in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system
- Enrollment serves as Illinois' Medicaid managed care uniform credentialing and recredentialing process

## Medicare Advantage Credentialing

- Molina will credential providers in accordance with NCQA credentialing standards as well as applicable HFS, DHS, IDoA, Illinois Department of Insurance, and federal requirements, including those set forth at 42 CFR 422.204.
- Recredentialing shall occur every three (3) years. At recredentialing and on a continuing basis, Molina will verify minimum credentialing requirements and monitor member complaints and appeals, quality of care and quality of service events, and medical record review.

## 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](http://iamhp.org/providers).
- Download Excel file at [iamhp.org/providers](http://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
9/10/2025	7/1/2025	7/10/2025	9/1/2025
9/17/2025	7/1/2025	7/10/2025	9/1/2025
9/10/2025	9/5/2025	7/10/2025	9/5/2025
9/10/2025	10/11/2025	7/10/2025	10/11/2025
9/30/2025	7/1/2025	7/10/2025	9/1/2025
9/10/2025	7/1/2025	9/1/2025	9/1/2025

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](https://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



# 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](https://hfs.illinois.gov/medicalproviders/medicaidreimbursement/practitioner)



## Delegated Vendor Relationships: Supplemental Services

	Dental	Vision	Non-Emergent Transportation
<b>Medicaid</b>	SKYGEN Dental networkdevelopment@skygenusa.com	Avēsis Vision (866) 857-8124	MTM (844) 644-6354
<b>D-SNP</b>	SKYGEN Dental networkdevelopment@skygenusa.com	VSP Vision (800) 742-6907	MTM (844) 644-6353
<b>Marketplace</b>	Delta Dental (630) 718-4990 pr@deltadentalil.com	VSP Vision (800) 742-6907	n/a
<b>Medicare</b>	n/a	n/a	n/a

As of 1/1/2026

## Delegated Vendor Relationships: UM

	Oncology and Cardiology (Adults)	Chronic Kidney	NICU
<b>Medicaid</b>	Evolut (New Century Health or NCH) (888) 999-7713	Healthmap (877) 546-7004	ProgenyHealth (888) 832-2006
<b>D-SNP</b>	Evolut (New Century Health or NCH) (888) 999-7713	Healthmap (877) 546-7004	n/a
<b>Marketplace</b>	Evolut (New Century Health or NCH) (888) 999-7713	Healthmap (877) 546-7004	ProgenyHealth (888) 832-2006
<b>Medicare</b>	Evolut (New Century Health or NCH) (888) 999-7713	Healthmap (877) 546-7004	n/a

As of 1/1/2026

## 24-Hour 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 the care they need.
- The nurses are not a substitute for 911 nor do they provide diagnoses.
- The Nurse Advice Line numbers are listed on the back of member ID cards.



## 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 – 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](http://provider.molinahealthcare.com)

**Provider Services:** (855) 866-5462

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



## 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 the PCP and specialist to coordinate care.
- Prior Authorization is required for many services and 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://MolinaHealthcare.com) under the Forms tab and the PA LookUp Tool.
- Service requests must be submitted via the Provider Portal:  
**Provider Portal:** [provider.molinahealthcare.com](https://provider.molinahealthcare.com)



## Requests for Authorization

- Provide supporting clinical documentation with **all** 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 the request (including MRI, CT, lab, or X-ray).
  - PCP or specialist progress notes/consultations.
  - Any information or data specific to the 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](https://molinahealthcare.com/providers/il/medicaid/forms/Pages/fuf.aspx)

## Prior Authorization Requirements

- Molina is transitioning to **digital-only prior auth requests** on 2/1/2026. As of this date, providers can no longer fax authorization requests (except for Pharmacy).
- The fax numbers will be disabled, so providers should begin using digital methods **immediately** to avoid disruption in care.
- Use the Availity Essentials Provider Portal for Prior Authorization submission.
  - **Portal:** [provider.molinahealthcare.com](https://provider.molinahealthcare.com)
  - Instructions are available on the Portal.
  - Clinical documentation is required when requesting prior auth.
- Providers are strongly encouraged to begin digital-only PA requests immediately.

## Request for Authorization

- Providers requesting authorization can review the criteria used to make the final decision.
  - Providers may speak with the Medical Director who made the determination.
  - Molina clinical policies are available for review at: [Molina Clinical Policy](#)
- Upon receipt of a PA request, Molina will provide a **unique authorization number**
  - Use the number on claims related to service authorized.
- The provider **must** include clinical information to support the member's need for services.



## Claims Submissions

- Molina is contractually required to process 90% of clean claims within 30 calendar days (99% of clean claims processed within 90 workdays).
- **Claims Submission Options:**
  - Availity Essentials Provider Portal—a no-cost provider tool.
    - Submit corrected claims, void claims, check claims status, use the Digital Correspondence Hub, and much more.
  - EDI Clearinghouse—The SSI Group is Molina’s gateway clearinghouse.
    - Providers may submit claims directly to this or most any clearinghouse (Payer ID 20934).
- **Electronic Funds Transfer (EFT):**
  - Molina partners with the SSI Group for electronic Funds Transfer (EFT) and Electronic Remittance Advice.
  - Access is free and efficient.
  - Payments are made via ECHO and are made by Virtual Card unless the provider opts out.

## Provider Appeals/Disputes and Adjustments

- Providers seeking an appeal for a 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 an appeal/dispute 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 an 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:

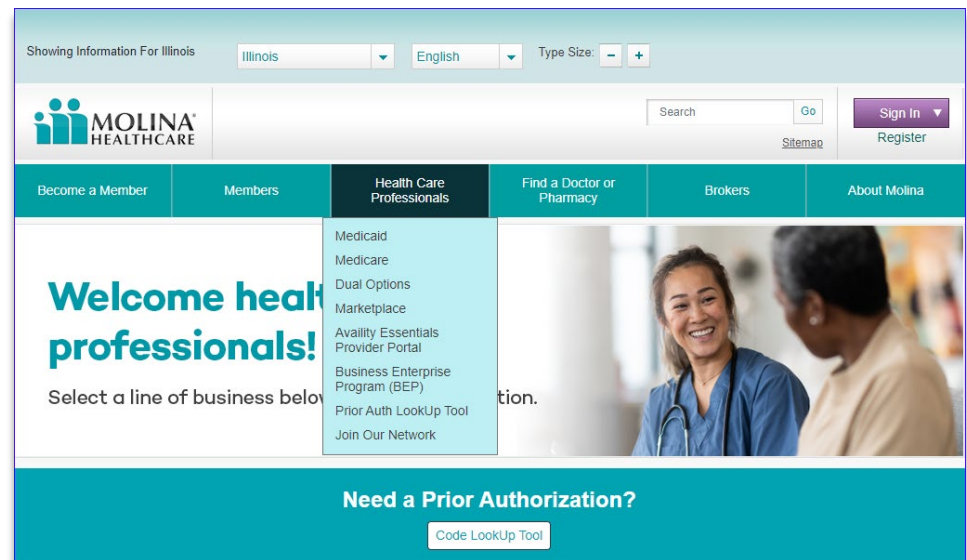
- Molina Provider Portal: Providers are **strongly encouraged** to use the Provider Portal to submit Claims Dispute Request Forms.
- Fax: Claims Dispute Request Form can be faxed to Molina at (855) 502-4962.
- **Note:** Mailed disputes will be returned to the provider and not processed.



# Provider Resources

## Online Provider Resources

- Provider manual
- Provider online directories
- Provider portal (Availity)
- 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





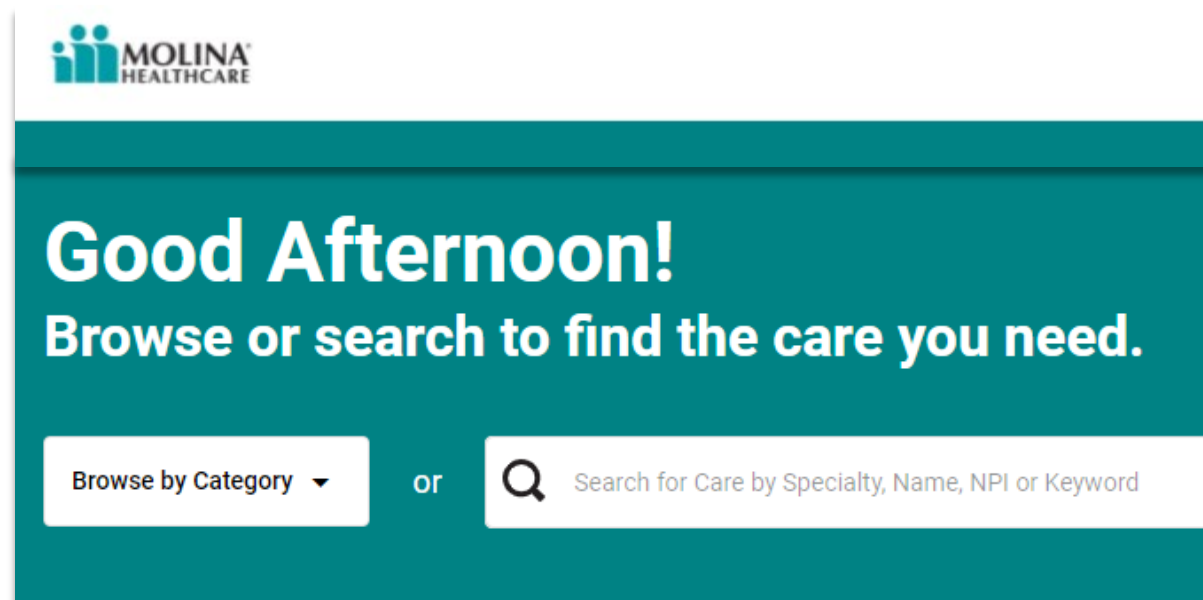
## Training Webinars

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



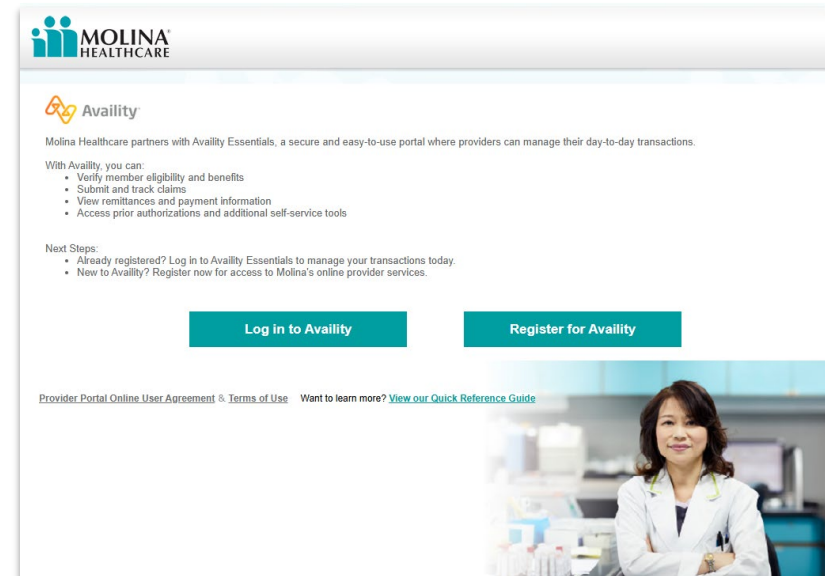
## Provider Online Directory (POD)

- To find a provider and to view your own facility, visit [MolinaHealthcare.com](https://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](https://availity.com/molinahealthcare) or via the Molina link: [provider.molinahealthcare.com](https://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.

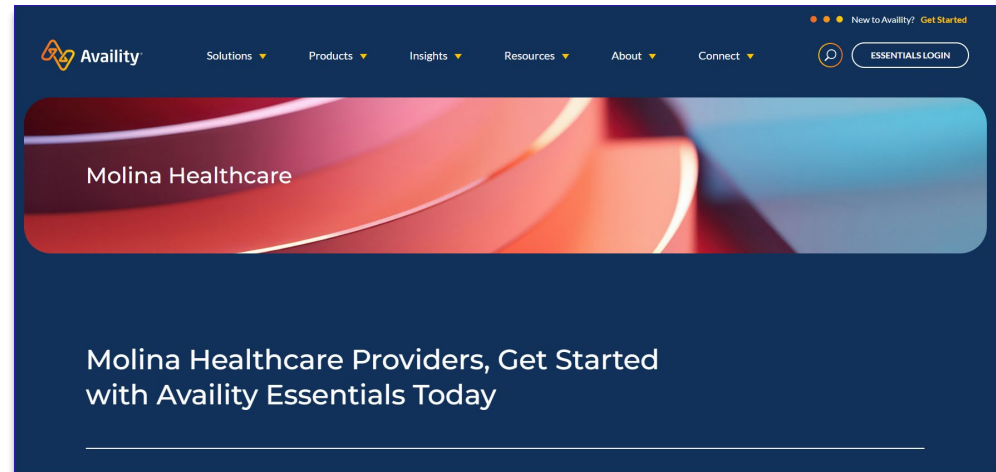


## Availity Essentials Provider Portal

- 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<sup>®</sup> 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.

## Training In Availity

- After you register, access **Help and Training > Get Trained** within the Portal.
- Contact Availity Customer Service at **(800) 282-4548** for training assistance or with questions.
- Providers are strongly encouraged to take the Molina-specific training available in the Availity Learning Center, among other topics.



## Reporting Portal Issues

### Availity Essentials support:

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



# Provider Manuals

## Manuals

- Each of our Plans in Illinois has its own Provider Manual.
- They are available on the public website as PDF files.
- Every Manual is thoroughly reviewed and updated for each Plan year.
- The Manuals may also be updated throughout the year as needed.
- Providers are strongly encouraged to familiarize themselves with the Molina Provider Manuals.
  - [Medicaid](#)
  - [FIDE D-SNP](#)
  - [Marketplace \(Exchange\)](#)
  - [Medicare \(MAPD\)](#)





# 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](mailto: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	
Member Eligibility Verification	(855) 866-5462
Provider Services	(855) 866-5462
Member Services	(855) 687-7861
Pharmacy Prior Authorization Fax	(855) 365-8112

### **Molina Healthcare of Illinois, Inc.**

2001 Butterfield Rd., Suite 750

Downers Grove, IL 60515

Business Hours:

8 a.m. to 5 p.m. Monday through Friday

# Your Molina Contacts

- Your dedicated **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

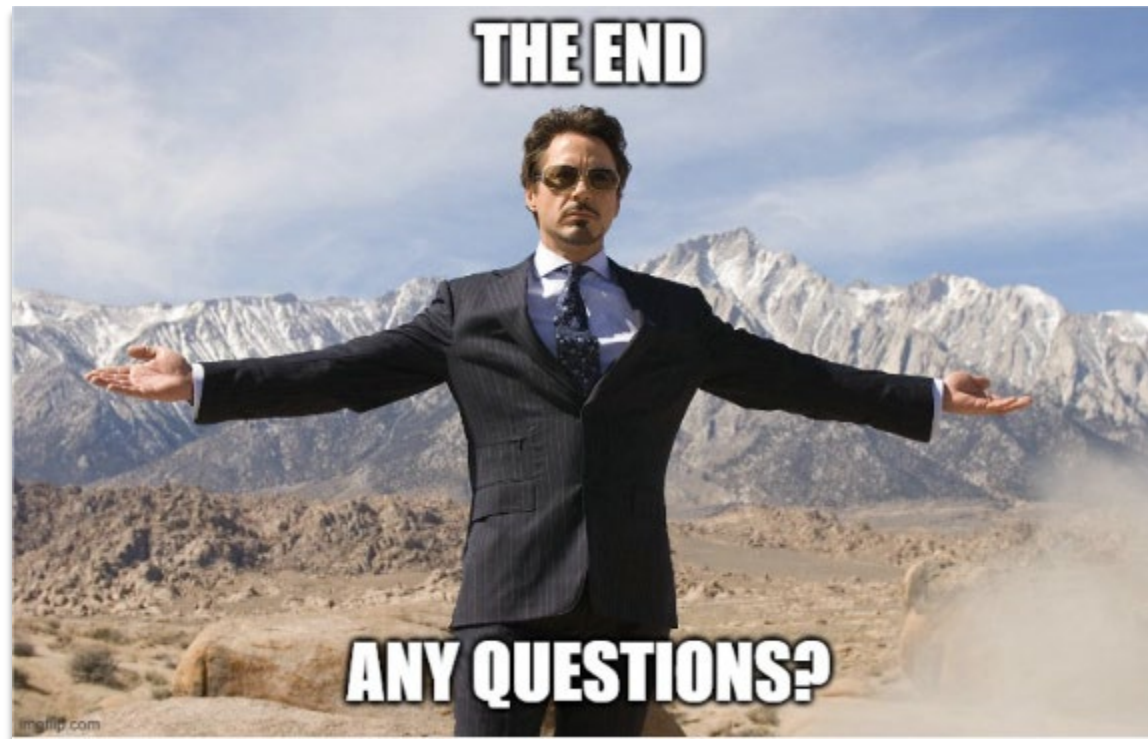


- You can always email the team:  
[MHILProviderNetworkManagement@Molinahealthcare.com](mailto:MHILProviderNetworkManagement@Molinahealthcare.com)

## Helpful Links

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

# Questions? Answers!





# Thanks for Participating!

Please register for email updates curated  
specifically for Illinois providers:

[molinahealthcare.activehosted.com/f/1](https://molinahealthcare.activehosted.com/f/1)