

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., FAAFP
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

**Medicaid**

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>

Member Services: (855) 687-6861 (TTY: 711)

Regulatory Agency - HealthCare and Family Services 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/IL

HealthChoice Illinois MLTSS

Front of card

**HealthChoice Illinois MLTSS**

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

Back of card

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.

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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, 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

Illinois Medicare



Service Areas & Products

MAPD Plans:

[Molina Medicare Choice Care \(HMO\) H2715-003-000](#)

Service Area (46): Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Clinton, Cook, De Witt, Douglas, DuPage, Fayette, Ford, Greene, Hancock, Iroquois, Kane, Kendall, Lee, Livingston, Logan, Macoupin, Madison, Marshall, McDonough, McLean, Menard, Monroe, Montgomery, Moultrie, Ogle, Piatt, Pike, Putnam, Scott, Schuyler, Shelby, St. Clair, Stark, Stephenson, Washington, Will, Winnebago, Woodford

D-SNP Plans:

Total D-SNP Service Area (Statewide) see below for Service Area by Plan:

[Molina Medicare Complete Care Plus \(HMO D-SNP\) H3093-001-000](#)

(FIDE) Service Area(24): Boone, Bureau, Carroll, DeKalb, Fulton, Henderson, Henry, Jo Daviess, Knox, La Salle, Lee, Marshall, Mercer, Ogle, Peoria, Putnam, Rock Island, Stark, Stephenson, Tazewell, Warren, Whiteside, Winnebago, Woodford

[Molina Medicare Complete Care Plus \(HMO D-SNP\) H3093-002-000](#)

(FIDE) Service Area(35): Adams, Brown, Calhoun, Cass, Champaign, Christian, Clark, Coles, Cumberland, De Witt, Douglas, Edgar, Ford, Greene, Hancock, Iroquois, Jersey, Livingston, Logan, Macon, Macoupin, Mason, McDonough, McLean, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Schuyler, Scott, Shelby, Vermillion

[Molina Medicare Complete Care Plus \(HMO D-SNP\) H3093-003-000](#)

(FIDE) Service Area (34): Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, Saline, St. Clair, Union, Wabash, Washington, Wayne, White, Williamson

[Molina Medicare Complete Care Plus \(HMO D-SNP\) H3093-004-000](#)

(FIDE) Service Area(1): Cook

[Molina Medicare Complete Care Plus \(HMO D-SNP\) H3093-005-000](#)

(FIDE) Service Area(8): DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will

● 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

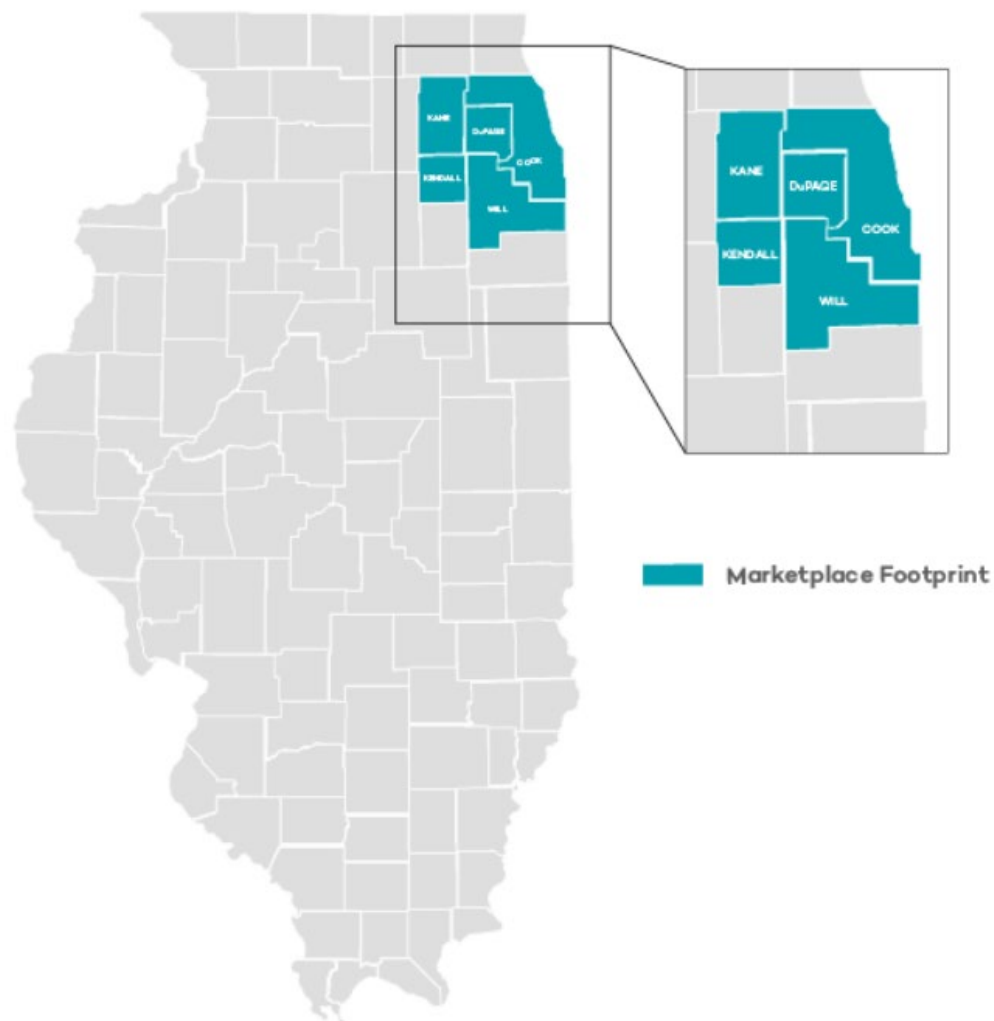
| Medical Appointment Types | Standard |
|--|---|
| Primary Care: Routine and Preventive Care | Within 30 business days |
| Routine Preventive Care for Infant | Within 2 weeks from the date of request |
| Routine, Symptomatic, but Not Deemed Serious | Within 3 weeks from the date of request |
| Primary 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[®] HEALTHCARE | | |
|--|--|--|
| Marketplace | | |
| Subscriber: | | |
| Subscriber ID: | | |
| Plan: | | |
| Dental Coverage: Yes (Delta Dental PPO) | | |
| Funding Type: Fully Insured | | |
| Member: | | |
| Member ID: | | |
| Effective Date: | | |
| <hr/> | | |
| Cost Share | | |
| PCP: | | |
| Specialist: | | |
| Urgent Care: | | |
| ER Visit: | | |
| Pref. Generic Rx: | | |
| Pref. Brand Rx: | | |
| RxBIN: RxPCN: RxGRP: | | |
| HMO Molina Healthcare of Illinois, Inc. | | |
| Deductibles | | |
| 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 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 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

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:
 - 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 Sample Member Identification Card

Front

Back

|  | |
|---|---|
| <p><LOB></p> <p>Member: <MemFIRST> <MemMI> <MemLAST></p> <p>Member #: <MemID></p> <p>PCP: <PCPNAM></p> <p>PCP Tel: <PCPPHN></p> <p>Issue Date: <ISSUDAT></p> <p><ContNum></p> | <p>Medicare</p> <p>MedicareRx Prescription Drug Coverage</p> <p>RxBIN: <RXBIN></p> <p>RxPCN: <RXPCN></p> <p>RxGRP: <RXGROUP></p> <p>RxID: <MemID></p> <p>MyMolina.com</p> |
| <p>[BARCODE FOP]</p> <p>Member Services: <MS No> or TTY at 711 24-Hour Nurse Advice Line in English: <NALNO.EN> or TTY: 711 24-Hour Nurse Advice Line in Spanish: <NALNo.SP></p> <p>Care Connections: <Care Connections> (TTY: 711)</p> <p>Providers/Hospitals: For prior authorization, eligibility and general information, please call Member Services (see above).</p> <p>Submit Claims To:</p> <p>Medical/Hospital: <Claim Address Line 1>, <Claim Address City>, <Claim Address State> <Claim Address Zip> Please call Member Services (see above).</p> <p>Pharmacy: <PharmAddress Line 1>, <Pharm Address Line 2>, <Pharm Address City>, <Pharm Address State> <Pharm Address Zip> 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.
- **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.
- 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 |
|-------------|-----------------------|-----------------|-------------|
| 9/10/2025 | 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 (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

Delegated Vendor Relationships: Supplemental Services

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

As of 1/1/2026

Delegated Vendor Relationships: UM

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

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 under the Forms tab and the PA LookUp Tool.
- Service requests must be submitted via the Provider Portal:
Provider Portal: 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

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 PA 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
 - 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:

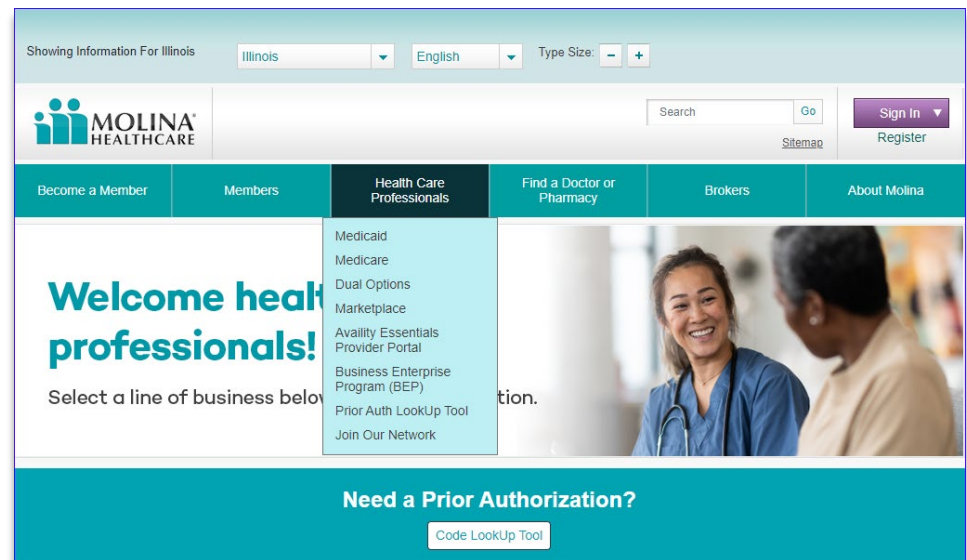
- Molina Provider Portal: Providers are **strongly encouraged** to use the Provider Portal to submit Claims Dispute Request Forms.
- Fax: Claims Dispute Request Form can be faxed to Molina at (855) 502-4962.
- **Note:** Mailed disputes will be returned to the provider and not processed.



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



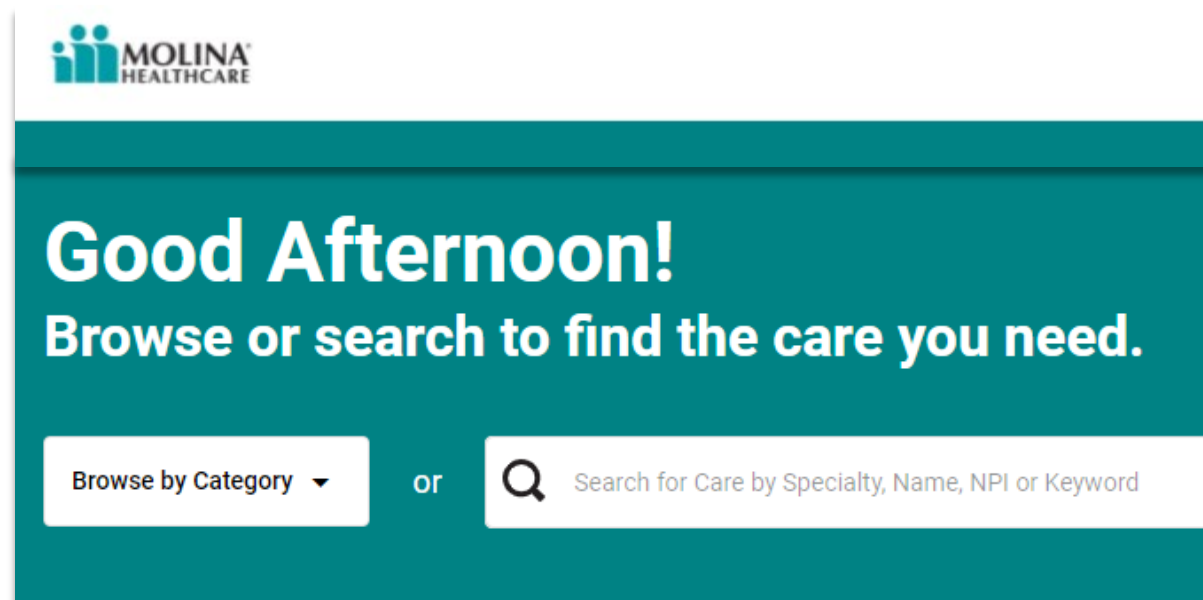
Training Webinars

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



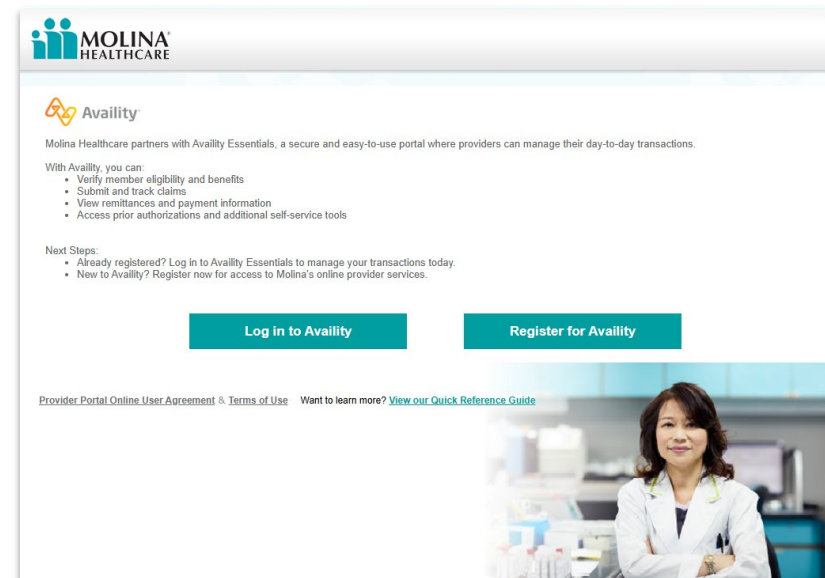
Provider Online Directory (POD)

- 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.

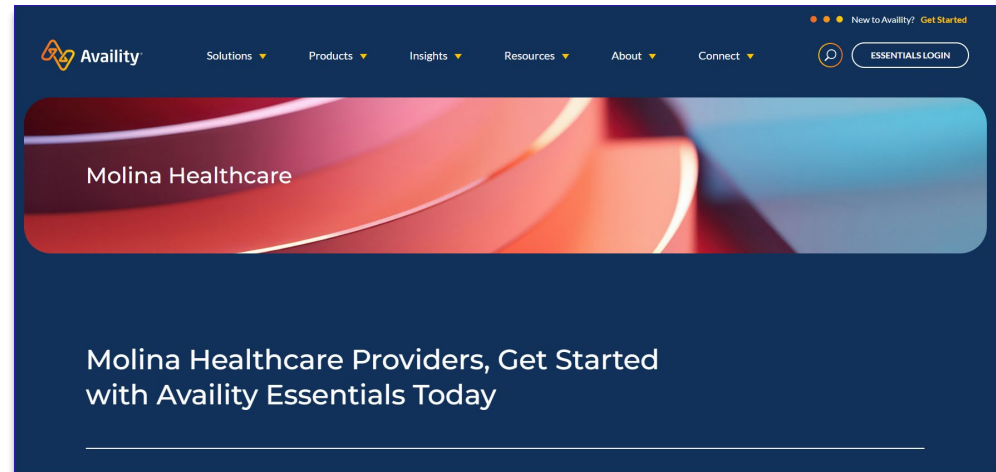


Availity Essentials Provider Portal

- 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.

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**
- 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

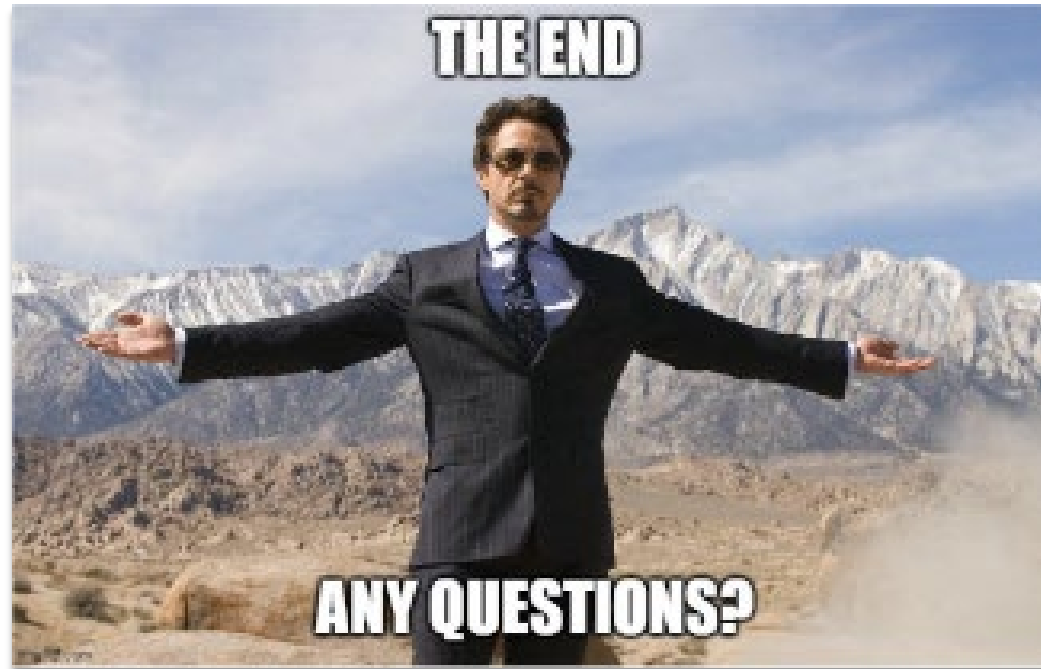


- You can always email the team:
MHILProviderNetworkManagement@Molinahealthcare.com

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](https://molinamarketplace.com/marketplace/il/en-us/Providers)
- Availity Essentials Portal: availity.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

Questions? Answers!



Thank you for being our partner in member care!