Molina Healthcare of Illinois

Provider Program Overview

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Molina Healthcare of Illinois

Molina Healthcare of Illinois (Molina) is a mission-driven health care company committed to providing the highest quality care to low-income individuals and their families, meeting the medical, psychological, and social needs of each member, and strengthening the communities in which we serve. This commitment is supported by our:

- Holistic, community-based approach designed to better meet the needs of our members.
- Exclusive focus on government programs.

Why Molina?

We remove barriers to providing government-sponsored care.

- **Ease of Doing Business**—Streamlined claim processing expertise and leading technologies for faster, more accurate and predictable reimbursements.
- **Cost Efficiency**—Molina operates with one of the lowest administrative costs in the industry.
- **Customized Support**—Molina offers customer service programs, patient advocacy services, and health education programs to help you understand the complexities of serving low-income patients.
- **Improved Productivity and Continuity of Care**—Multilingual nurse advice line to provide patients with access to immediate answers and serve as a virtual triage for network physicians.

> **Molina Facts**
>
> - Molina Healthcare of Illinois is accredited/rated by National Committee for Quality Assurance (**NCQA**), as are most Molina health plans.
> - Molina's membership is 4.8 million members nationwide as of September 30, 2021.
> - Molina health plans operate in 19 states as of January 1, 2022.

Corporate Social Responsibility

Molina is committed to community service and has established a vibrant corporate social responsibility initiative to support the communities we serve. The Molina Helping Hands volunteer program provides volunteer opportunities to employees, and Molina's Community Champions Awards recognize and affirm the contributions of everyday community heroes across the country.

We are constantly identifying grassroots organizations in the communities we serve and making donations that have lasting impact.

Cultural and Linguistic Expertise

Molina offers the following services to help providers overcome any cultural or linguistic barriers. We also offer:

- Interpreter services available on a 24-hour basis.
- Cultural Competency and Disability Sensitivity Training.
- Cultural and linguistic resources, including low-literacy materials, translated documents, and accessible formats (e.g., Braille, audio, or large fonts).

> **Molina Healthcare of Illinois Leadership**
>
> - Matthew Wolf, Plan President
> - Kelly Waller, AVP Compliance
> - Raymond Zastrow, M.D., Chief Medical Officer
> - Vijay Parthasarathy, Regional CFO
> - Tom Rodakowski, VP Network and Operations
> - David Vinkler, VP Government Contracts
> - Kris Classen, VP Health Care Services
> - Lynsey Robertson, AVP Health Care Services
> - Laurinda Dodgen, AVP Community Engagement

Fraud, Waste, and Abuse

Molina seeks to uphold the highest ethical standards for the provision of health care services to its members. We support the efforts of federal and state authorities in their enforcement of prohibitions of fraudulent practices by providers or other entities dealing with the provision of health care services. More information on Molina policies on fraud, abuse and compliance is available online at MolinaHealthcare.com.

The Provider Relationship

Contracted providers are an essential part of delivering quality care to our members. Molina values our provider partnerships and supports the doctor/patient relationship our members share with you.

Each provider has a dedicated Provider Network Manager (PNM). Your PNM will handle both the contracting and provider servicing. No hand-offs or bouncing from person to person for assistance. As our partner, superior customer service and provider relations are our highest priorities. We welcome your feedback and look forward to assisting you in your efforts to provide quality care.

If you have questions, please contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit Molina's Service Area page molinahealthcare.com/providers/il/medicaid/contacts/servicearea.aspx.

Contract Options

- **Fee-for-Service:** Molina's base agreement pays providers a percentage of the Illinois Department of Healthcare and Family Service (HFS) Medicaid provider fee schedule for Medicaid services. For both the Marketplace and Medicare-Medicaid Program (MMP) services, a percentage of the Centers for Medicare & Medicaid Services (CMS) fee schedule.

- **Shared Savings:** Once membership reaches a certain threshold, Molina has designed a variety of Value-Based Reimbursement (VBR) arrangements tailored to specific primary and/or specialty types, risk tolerance, and the amount of control providers have over referral patterns.

We'll work with you to assess current performance and make recommendations to fit your organization's prerequisites.

Medical Assistance Program (MAP) Enrollment Requirements

Molina contracted providers must be registered and in good standing with the HFS Medical Assistance Program (MAP) to render services to Molina members and qualify for reimbursement. Providers in Molina's network will be identified as credentialed if they are registered through the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system.

Where We Operate

Molina Healthcare of Illinois offers two Medicaid health programs and a Medicare-Medicaid Plan for dual-eligible beneficiaries. These plans are statewide.

HealthChoice Illinois

The Molina HealthChoice Illinois plan offers free medical coverage to seniors and people with disabilities, children, pregnant women, families, and adults who qualify for Illinois Medicaid. The program was previously known as Family Health Plan and Integrated Care Program.

HealthChoice Illinois MLTSS

The HealthChoice Illinois Managed Long-Term Support and Services (MLTSS) plan provides waiver and other services to individuals who qualify for both Medicare and Medicaid, but who are not part of the Medicare-Medicaid Program (MMP).

Molina Dual Options (MMP)

The Medicare-Medicaid Plan (MMP) in Illinois, Molina Dual Options, provides coordinated medical care to seniors and persons with disabilities who receive both Medicare and Medicaid.
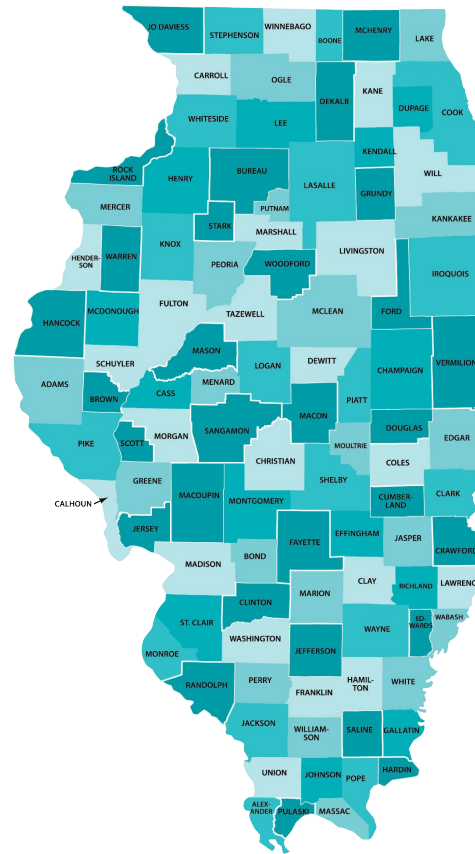
Molina Healthcare of Illinois entered the health insurance Marketplace on January 1, 2022. This plan covers members in Cook, DuPage, Kane, and Will Counties.

Molina Marketplace

Our Gold and Silver plans allow our Medicaid members to stay with their providers as they transition between Medicaid and the Marketplace. Additionally, they remove financial barriers to quality care and keep members' out-of-pocket expenses to a minimum.
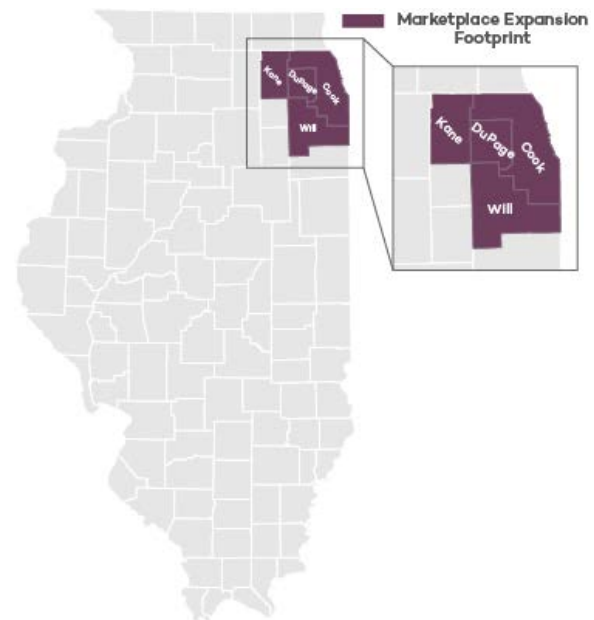
Product Overview

Molina offers the following health programs in Illinois:

1. HealthChoice Illinois.
2. HealthChoice Illinois Managed Long Term Services and Supports (MLTSS).
3. Medicare-Medicaid Plan (MMP), also known as the Dual Plan.
4. Marketplace, also known as Health Care Exchange.

HealthChoice Illinois

HealthChoice Illinois is the state's Medicaid managed-care program that serves the estimated 3.1 million Medicaid enrollees in Illinois.

Eligibility

Who's Eligible

- Children birth to 19 years of age (All Kids).

- Parents or guardians of children 18 years of age or younger (Family Care).

- Pregnant women and newborns (Moms & Babies).

- Adults ages 19 to 64 newly eligible for Medicaid through the Affordable Care Act.

HealthChoice Illinois also covers MLTSS enrollees who qualify for Medicaid and Medicare but are not part of the Medicare-Medicaid Program.

Who's Ineligible

- Individuals with comprehensive third-party liability insurance.

- Individuals who qualify for Medicare.

- Individuals with an HFS spend-down.

- Individuals with presumptive eligibility programs.

- Individuals with limited eligibility programs.

- Department of Children and Family Services (DCFS) foster children.

- Children whose care is coordinated by the Division of Specialized Care for Children.

> HealthChoice Illinois covers:
> - Medicaid enrollees previously under the Family Health Plan (FHP) and Integrated Care Program (ICP) programs.
> - Enrollees previously covered under Illinois Health Connect and Medicaid Fee-for-Service.

HealthChoice Illinois Benefits

HealthChoice Illinois	
$0 co-payments for doctor and specialist visits.	Vision care, including a $40 credit for a pair of eyeglasses, if members choose frames outside of the approved options (lenses and frames).
$0 co-payments for hospital and urgent care.	Dental care for adults, including one cleaning and one exam every six months and one X-ray once per year.
$0 co-payments for prescription and some over-the counter drugs.	Transportation to the pharmacy, medical equipment provider, and Women, Infants, and Children (WIC) food assistance sites.

HealthChoice Managed Long-Term Services and Supports (MLTSS)
MLTSS includes both Long-Term Care (LTC) and Home and Community-Based Services (HCBS):

- **Long-Term Care** is for people living in a facility-based care setting, such as a nursing home or intermediate care facility.
- **Home and Community-Based Services** provide supportive services in the community so individuals can continue to live in their home and take an active role in their health care.

These programs serve individuals who are older adults, people with intellectual and/or developmental disabilities, or people with physical disabilities.

Coordination with Medicare
Medicare remains the primary payer of Medicare-covered services for MLTSS enrollees.

Crossover claims and other federally approved Medicaid services not covered by Medicare are **not** covered MLTSS Services and will be billed to fee-for-service. Under the MLTSS program, Molina is responsible for MLTSS services, transportation, and some behavioral health services. Under this program, providers will bill Medicare for hospital, doctor, home health, lab test, ambulance, prescriptions drugs, and durable medical equipment.

Eligibility
The state of Illinois determines eligibility for the waiver service program by performing a Determination of Need (DON) analysis. Eligible members are placed in a specific waiver program that defines covered alternate services. All waiver services are coordinated through Molina's medical management program. Molina offers services to members of the following waiver programs:

- Persons who are elderly.
- Persons with disabilities.
- Persons with HIV/AIDS.
- Persons with brain injury.
- Persons living in supportive-living facilities.
- Medically fragile technology dependent.

MLTSS Benefits

MLTSS Benefits and Approved Services	
Adult day service	Personal care services (individual provider)
Adult day health transportation	Home health aide
Day habilitation	Nursing, intermittent
Environmental accessibility adaptations	Therapies
Homemaker	Prevocational services
Personal Emergency Response System (PERS)	Placement maintenance counseling
Respite	Medically supervised day care
Skilled nursing services RN/LPN	Nurse training
Specialized medical equipment and supplies	Assisted living (supportive living)
Supported employment	Behavioral health services (M.A. and Ph.D.)

MLTSS members will receive care management and be assigned a care coordinator from the Molina Plan. The care management team for MLTSS will include, at a minimum, the member and/or their authorized representative, care coordinator, and primary care provider (PCP).

Medicare-Medicaid Plan—Molina Dual Options

The Medicare-Medicaid Plan (MMP) project in Illinois provides coordinated medical care to seniors and persons with a disability who receive both Medicare and Medicaid.

Molina's MMP plan known as Molina Dual Options is a cost-effective program removing fragmentation in care, promoting care coordination and improving beneficiary health.

Eligibility
Who's Eligible
Individuals eligible for Molina Dual Options must be:

- Residing in the service area.
- 21 years of age or older.
- Entitled to Medicare Parts A and B, and enrolled in Medicare Parts B and D.
- Eligible for full Medicaid benefits through HFS.
- Enrolled in the HFS Seniors, Persons with Disabilities category of assistance, often called Aid to the Aged, Blind, and Disabled (AABD) in Illinois.

Who's Ineligible
The excluded populations for Molina Dual Options are beneficiaries who are younger than 21 and have:

- HFS spend-down coverage through the Illinois Breast and Cervical Cancer program.
- Developmental disabilities and get developmental disability services in an institutional setting or through a home and community-based waiver program.
- Partial benefits.
- Comprehensive third-party liability insurance.

MMP enrollment is voluntary in the central Illinois region. Beneficiaries have the right to select an MMP health plan. Dual-eligible beneficiaries may opt out of MMP. Enrollees may change health plans once every 30 days.

Medicare-Medicaid Plan Benefits

Molina Dual Options Value-Added Member Benefits	
$0 co-payments for doctor office visits and health screenings.	Durable medical equipment (DME).
$0 co-payments for emergency room visits and hospital stays.	Transportation for medical appointments or pharmacy.
Dental services up to two cleanings per year.	Prescription drug coverage.
Eye care yearly credit of $125 toward eyeglasses (lenses/frames) or contact lenses.	$0 co-payments for: • Tier 1: Generic drugs • Tier 2: Brand drugs • Tier 3: Non-Medicare Rx/OTC Drugs
$20 monthly allowance for over-the-counter (OTC) medications and supplies.	

Marketplace Plan—Molina Marketplace

The Molina Marketplace Plan in Illinois provides a selection of quality, affordable plans for qualifying persons and those transitioning from Medicaid to a commercial health plan.

Molina's Marketplace products include multiple plan options at the Silver and Gold levels with varying deductibles and out-of-pocket expenses. Routine vision services are also available.

Eligibility
Who's Eligible
Individuals and families eligible for Molina Marketplace plans must:

- Reside in the service area (refer to page 5).
- Must be a U.S. citizen or national (or be lawfully present).
- Not be incarcerated.
- Meet all eligibility requirements established by the Marketplace.
- Meet premium payment requirements.

Who's Ineligible
The excluded populations for Molina Marketplace are:

- Those covered by Medicare or Medicaid.
- Non-U.S. citizens.
- Persons who are incarcerated.
- Those who do not meet all eligibility requirements established by the Marketplace.
- Those who do not meet premium payment requirements.

Marketplace enrollment is voluntary. Members have the right to select a Silver or Gold health plan. Enrollees may change health plans during open enrollment annually, or in the case of a significant life change such as the birth of a child.

Marketplace Plan Benefits

Molina Marketplace Value-Added Member Benefits	
Constant Care Silver (multiple plans)	**Confident Care Gold (two plans)**
Options to select deductibles and copayments to fit any budget.	Optional vision benefits
Optional vision benefits.	Prescription drug coverage.
Prescription drug coverage.	

Other Services

Pharmacy

Prescription drugs are covered by Molina. The drug formulary and a list of in-network pharmacies are available online at MolinaHealthcare.com or by contacting Molina at:

  Phone (855) 866-5462
  Fax (855) 365-8112

The Molina drug formulary was created to help manage the quality of the pharmacy benefits of our members. The formulary is the cornerstone for a progressive program of managed care pharmacotherapy, and was created to ensure that our members receive high-quality, cost-effective, rational drug therapy.

Medications requiring prior authorization, most injectable medications, or medications not included on the formulary may be approved when medically necessary and when formulary alternatives have demonstrated ineffectiveness. The Prior Authorization Request form is available on our website under Frequently Used Forms.

Delegated Vendor Relationships

Molina partners with many companies to help members get the care and extra services they need.

Transportation Services

Molina provides non-emergent medical transportation for its members through MTM Transportation.
- Patients in need of transportation should contact MTM to arrange service
- Members must call 72 hours (three business days) in advance of appointments to schedule transportation.
- Rides for hospital discharge should be reserved two hours in advance.
- Molina will cover trips to the pharmacy.
- Contact information or to schedule transportation:
  - HealthChoice Illinois: (844) 644-6354
  - MMP (844) 644-6353
  - Schedule rides for members: (855) 740-3105
  - [mtm-inc.net](mtm-inc.net)

Dental Services

Routine dental services are coordinated through Molina's dental vendor, Avēsis. Does not apply to Marketplace line of business.
- Contact information, dentist and oral surgeon locator or to schedule an appointment:
  - Medicaid (866) 857-8124
  - MMP (855) 704-0433
  - avesis.com

Vision Services

Avēsis Vision provides routine vision services and optical supplies to Molina members. All medical services are covered and reimbursed directly by Molina.
- Contact information, to locate an optometrist or schedule an appointment:
  - Medicaid (866) 857-8124
  - MMP (855) 704-0433
  - avesis.com

Participating in Molina's Network

Molina's large and growing network of contracted providers helps ensure the highest level of access for members. Molina's network includes:

HealthChoice Illinois	MMP
215 Hospitals	172 Hospitals
30,530 Primary Care Providers (PCP)	24,388 PCPs
94,652 Specialists	75,577 Specialists
7,683 Women's Health Care Practitioner (WHCP)	5,478 WHCPs
13,886 Behavioral Health Practitioners	12,337 Behavioral Health Practitioners
683 Federally Quality Health Centers (FQHC)/ Rural Health Clinics (RHC)	589 FQHCs/RHCs

Provider network data as of December 31, 2021.

Illinois Medicaid Program Advanced Cloud Technology (IMPACT)

Contracted providers in Molina's network will be identified as credentialed as long as they are registered and listed as such through the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system. Although providers will be credentialed through IMPACT, they are required to provide specific information requested by Molina that is not included in the credentialing process.

Verifying Member Eligibility

Molina offers various tools to verify member eligibility, including our online self-service Provider Portal, Medical Electronic Data Interchange (MEDI) system, Integrated Voice Response (IVR) system, eligibility rosters, and Provider Network Managers.

A member should never be denied services because his/her name does not appear on the eligibility roster. If this occurs, contact Molina for further verification or visit the Illinois MEDI system.

- Molina's Provider Portal: availity.com/molinahealthcare
- Molina Provider Network Management team: (855) 866-5462

Enrollment

Eligible individuals may enroll in Molina by contacting Illinois Client Enrollment Services at enrollhfs.illinois.gov or by calling (877) 912-8880.

The Illinois Client Enrollment Broker will:

- Ensure impartial choice education.
- Conduct all client enrollment activities, including mailing education and enrollment materials, and providing information on each health plan.
- Assist enrollees with the selection of a health plan and primary care provider (PCP) in an unbiased manner.
- Process requests to change health plans.

Member Cost Sharing

Molina Medicaid and MMP members do not have a co-payment for covered services. Providers **may not** balance bill members for any reason.

> Molina Medicaid and MMP members never have a copayment for covered services.

Molina Marketplace members may have a co-payment and/or a deductible. Providers are responsible for verifying member coverage.

Quality Improvement Program

Molina emphasizes a personalized health care approach that places providers in the pivotal role of:

- Managing health care to increase quality.

- Improving outcomes.

- Assisting members as they move through the managed care system.

Molina is responsible for coordinating the provision of accessible, appropriate and high-quality health care services for all of its members throughout the continuum of care.

To achieve the highest levels of quality, Molina offers annual Quality Improvement (QI) Programs. These provide the structure and key processes that enable us to carry out our commitment to ongoing improvement of care and service, and improvement of members' health. The QI Program is an ever-evolving one that is responsive to the changing needs of our members and the standards established by the medical community, and regulatory and accrediting bodies. The Quality team has designed programs that help providers help our members.

Pay-for-Performance (P4P) Program

As a top-performing Medicaid Managed Care Organization in Illinois, we know our success is rooted in our strong relationships with the provider community. We offer a robust pay-for-performance program to acknowledge those relationships and to reward high-quality care for our shared members. If you choose to participate, you will earn a per-member, per-month bonus payout based on your completion of services tied to key HEDIS® metrics, such as follow-up visits in the days following inpatient admission or emergency room visit for mental illness, annual well visits, childhood immunizations, and postpartum care.

Through our 2020 program, we were proud to award top-performing provider groups up to $450,000 for their successes in closing member care gaps; each of those dollars represents a collaborative effort to improve member lives. We hope not only to repeat that success but to build upon it.

Click to Learn More.

Behavioral Health Provider Bonus Program

Providers who participate in this program are eligible for cash bonuses for Follow-Up After Hospitalization for Mental Illness (FUH) and Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET).

FUH—Discharged members (6+ years) who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner.

IET—Adolescent (13+ years) and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received treatment.

Click here for details.

Referrals and Prior Authorization

Referrals

Referrals are made when medically necessary services are beyond the scope of the PCP's practice. Referrals to in-network specialists do not require an authorization from Molina.

Prior Authorization

Prior authorization is a request for prospective review. It is required for services provided by most out-of-network providers. A provider agreement with Molina of Illinois would require your office to verify eligibility and obtain approval for services that require prior authorization.

A list of services and procedures requiring prior authorization is available upon request, in our provider manual, and on our website at MolinaHealthcare.com/Providers.

Submit prior authorization requests via:

- **Molina's Availity Provider Portal**: availity.com/molinahealthcare

- **Fax**: (866) 617-4971.

- **Phone**: Prior authorizations can be initiated by contacting Molina's Health Care Services Department at (855) 866-5462. It may be necessary to submit additional documentation before the authorization can be processed.

Authorization Requests

Prior Authorizations Pre-Service Review Guide
HealthChoice Prior Authorization Times Memo
Medical Prior Authorization Request Form
Medicare-Medicaid Plans Prior Authorization Updated Process Memo 2017
PHP vs. IOP Authorization Memo
Pharmacy Prior Authorization Procedure Memo 2020
Pharmacy Prior Authorization Form
Behavior Health Prior Authorization Form
Prior Authorization Codification List - 2022 - Q1

> Molina's **Prior Authorization LookUp Tool** and **PA Codification Matrix** are available online 24/7. Providers can quickly and easily determine whether prior auth is needed, leading to better, more timely care for the member.

Prior Authorization

Pre-Authorization requests for the following specialized clinical services should be sent via the Provider Portal or to dedicated fax numbers:

Imaging
- Imaging and Special Tests
  - Advanced Imaging (MRI, CT, PET, Select Ultrasounds)
  - Cardiac Imaging

    • Provider Portal (preferred method)
    • Medicaid and MMP Fax: (877) 731-7218

Additional Services
- Radiation Therapy
- Sleep Covered Services and Related Equipment
- Genetic Counseling and Testing

    • Provider Portal (preferred method)
    • Medicaid Fax: (877) 731-7218
    • MMP Fax: (844) 251-1451

Claims and Funds Transfer

Claims Submission

Molina requires that providers submit claims electronically. Electronic claims processing enables Molina to process more than 90 percent of claims within 30 calendar days, and 100 percent of claims within 90 calendar days.

Molina providers have two options for submitting claims electronically:
1. **EDI Clearinghouse—**Change Healthcare is Molina's gateway clearinghouse. Change Healthcare is contracted with hundreds of other clearinghouses. Providers may submit claims directly to their EDI clearinghouse for submission. When submitting EDI Claims to Molina, use **payer ID 20934**.
   - To enroll for EDI, providers must first select a clearinghouse. For details, please refer to molinahealthcare.com/providers/common/medicaid/ediera/edi/Pages/chinfo.aspx.
2. **Molina's Provider Portal—**Molina's Provider Portal is available to providers at no cost. The online provider tool offers easy submission of attachments. Providers also may submit corrected claims, void claims, check claims status and receive notifications regarding claims status.
   Molina is in the midst of a long-term transition to the Availity Provider Portal.
   - **Molina's Provider Portal**: availity.com/molinahealthcare

Claims Reporting

At Molina, we want to be fully transparent with our providers on regarding claims activity. Qualified provider groups can work with their Molina Provider Network Manager to receive detailed level claims reports, including month-over-month denial trends, payment reports, and other details to help you manage your business.

Electronic Funds Transfer

Electronic funds transfer (EFT) automatically transfers payments to your account. This allows providers to receive payments more quickly and reduces paperwork. Providers will also automatically receive Electronic Remittance Advice (ERA). EFT/ERA services can help providers search for historical ERAs by claim number, as well as view, print or download a PDF version of the ERA. Providers may sign up for EFT by visiting molinahealthcare.com/providers/common/medicaid/ediera/era/Pages/enrollERAEFT.aspx**.**

Enrollment

- To enroll in electronic claims submission through the Molina Provider Portal, please visit availity.com/molinahealthcare.
- To enroll in EFT, visit molinahealthcare.com/providers/common/medicaid/ediera/era/Pages/enrollERAEFT.aspx.

Online Provider Resources

Provider Website

Molina's website, MolinaHealthcare.com, gives providers access to valuable information and resources including:

- Provider manual
- Provider online directory
- Provider Portal
- Frequently used forms
- Preventive and clinical care guidelines
- Prior authorization information
- Pharmacy information
- Billing webinars
- Advance directives

- HIPAA
- Fraud, waste, and abuse information
- Member rights and responsibilities
- Critical communications
- Newsletters
- Contact information
- News & updates
- Service area maps
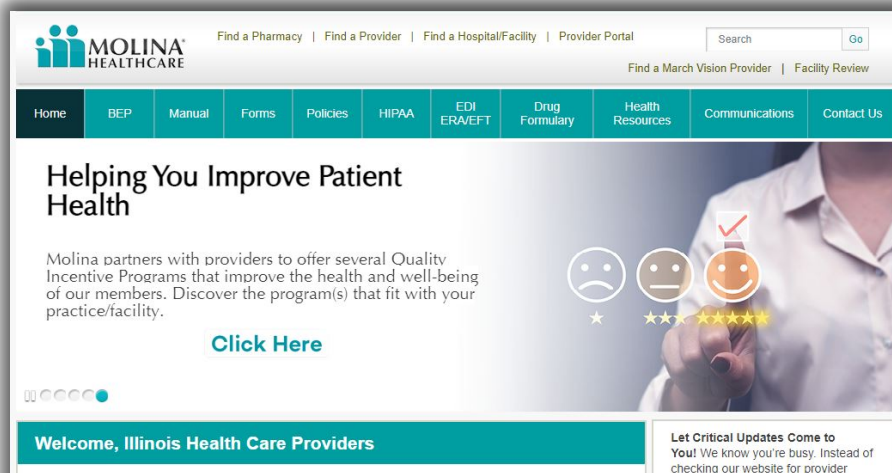
Prior Auth LookUp Tool

Molina has included a convenient way to see if prior authorization is needed for outpatient services: [The Prior Authorization LookUp Tool](). Powered by Pega, this tool is for outpatient services only. All elective in-patient admissions to acute hospitals, Skilled Nursing Facilities (SNF), rehabilitation facilities, or Long-Term Acute Care Hospitals (LTACH) require prior authorization. All Medicaid LTSS services require prior authorization regardless of code.

No PA is required for office visits at participating (PAR) network providers. All non-par providers require authorization regardless of services provided or codes submitted, except for Emergency Services.

Whenever you are unsure whether prior authorization is needed, please refer to the PA Codification Matrix found on the website or submit a PA request form.

Prior Authorization LookUp Tool ⟳

THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.

We attempt to provide the most current and accurate information on this PA LookUp Tool. Prior Authorization is not a guarantee of payment for services. Payment is dependent on member eligibility at the time of service, benefit coverage and limitations, provider agreements, and submission of accurate claims. If there is still a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA request form.

This LookUp tool is for Out-Patient services only. All Elective In-Patient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization. All Medicaid LTSS services require prior authorization regardless of code.

No PA is required for office visits at Participating (PAR) Network Providers. All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services.

Molina Pharmacy Services completes Utilization Management for Healthcare Administered Drugs.

State	Line of Business	CPT / HCPCS Code	
Select...	Select...		**Lookup**

This tool does not make benefit coverage determinations.

The Prior Authorization LookUp Tool is located on the Molina provider home page: molinahealthcare.com/members/il/en-us/health-care-professionals/home.aspx

Subscribe to Molina Provider Emails

We know you're busy and may not have time to check our website for critical provider updates. So, let the critical updates come to you.

Sign up for Molina's Provider emails and get the latest provider news delivered automatically to your inbox. Sign up here: molinahealthcare.activehosted.com/f/1

MOLINA® HEALTHCARE

Subscribe for Email Updates

Sign up to receive email updates from Molina Healthcare of Illinois about billing requirements, authorization changes, quality improvement initiatives, training and other important information.

Email*
[Type your email]

First Name
[Type your first name]

Last Name
[Type your last name]

Organization
[Type your organization]

Title
[Type your title]

Phone
[Type your phone number]

Please verify your request*

[ ] I'm not a robot   reCAPTCHA
                       Privacy - Terms

[Submit]

Marketing by
ActiveCampaign ⟩

Molina Provider Portal

Our comprehensive provider portal offers a wide range of self-service tools designed to meet your needs 24/7: availity.com/molinahealthcare.

Provider Portal Highlights	
Search for member details, including eligibility status, covered benefits, and missed services information.	Track required HEDIS® services for members and compare your HEDIS scores with national benchmarks.
Create, submit, correct, and void claims; submit attachments; and receive notifications of status changes.	View member personal health record.
Submit prior authorization requests.	Send secure email messages to the member's Care Management team (available for MMP/Dual members only).
Check on current claim status and print your claims.	Submit claim disputes and appeals, and view status of those submissions.
Create, submit, view, and print service requests with notification of status changes.	Access account information, manage and add users, and update your profile.
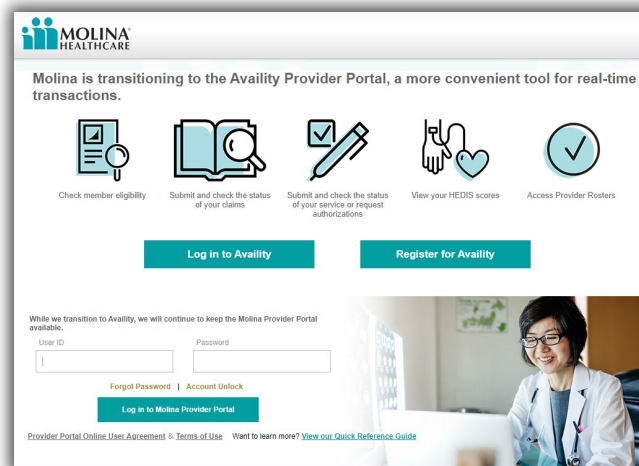
Availity Provider Portal

Molina Healthcare is in the midst of transitioning to the Availity Provider Portal: availity.com/molinahealthcare.

Molina Healthcare Providers, Welcome to Availity Essentials (formerly known as Availity Provider Portal)