

Provider Services Representatives

Molina Healthcare offers the assistance of Provider Services Representatives (PSR) who are available to meet with you at your office on an appointment basis to answer questions, train staff on Molina Healthcare policies and procedures and help you register for the Molina Healthcare Web Portal and provide a short tutorial on how to use it.

PSR: Erin Wilson
Phone: (815) 374-0508

Counties: Ford, Knox, McLean, Peoria, Stark, Tazewell
Email: erin.wilson@MolinaHealthcare.com

PSR: Paul Marti
Phone: (217) 246-4368

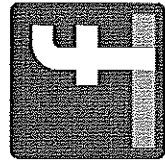
Counties: Champaign, DeWitt, Logan, Menard, Piatt, Sangamon, Vermilion
Email: paul.martijr@MolinaHealthcare.com

PSR: Dawn Webb
Phone: (217) 313-0546

Counties: Christian, Clinton, Macon, Madison, St. Clair
Email: dawn.webb@MolinaHealthcare.com

Provider Services: (855) 866-5462

Connect with us online!



facebook.com/molinahealth



twitter.com/molinahealth



youtube.com/user/MolinaHealthcare

Cultural and Linguistic Expertise

Cultural Competency Training

Molina Healthcare requires that its network providers participate in our health education programs. Our Cultural Competency Training is offered as a quarterly webinar. This online presentation is open to all network providers, office staff and clinical staff. Ask your Provider Services Representative for more information.

Cultural and Linguistic Resources:

- Low-literacy materials
- Translated documents
- Accessible formats (e.g. Braille, audio or large font)
- Linguistic consultations

Cultural and Linguistic Expertise

Molina Healthcare has interpreter services available on a 24-hour basis. Please contact ICP Member Services at (855) 766-5462 or MMAL Member Services at (877) 901-8181 for more information.

The Nurse Advice Line provides access to 24-hour interpretive services. Members may call Molina Healthcare's 24-Hour Nurse Advice Line directly at line (888) 275-8750.

Providers are required to participate in and cooperate with Molina Healthcare's provider education and training efforts as well as member education efforts. Providers are also to comply with all health education, cultural and linguistic, and disability standards, policies and procedures.

Molina Healthcare makes every effort to ensure that our providers are accessible and make accommodations for people with disabilities.

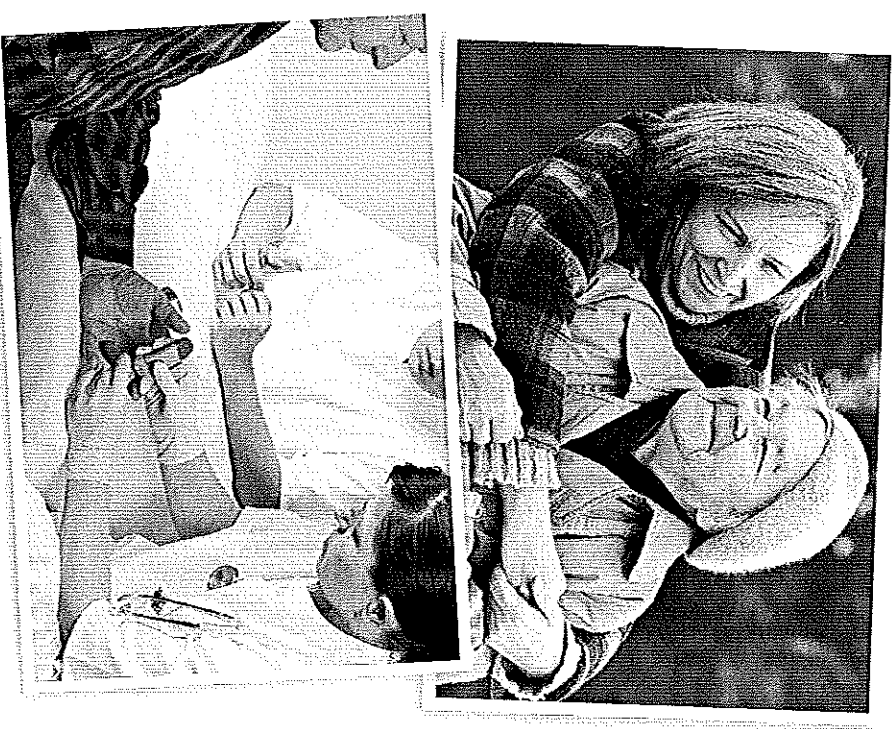
Disability Sensitivity

Planning

Services and supports should be planned and implemented with each member's individual needs, preferences and health care decisions in mind. Members should be given the authority to manage their health care and supports as they wish with as much or as little assistance as they need. All necessary information should be given to members so that they can make the best decision for themselves. Individuals should also have the freedom of choice when it comes to provider selection.

Self-Determination

Self-determination can be defined as the process when individuals with disabilities and their families control decisions about their health care and have a say in what resources are used to support them. Self-determination can foster independent living for members and can also improve quality of life.



Disability Sensitivity

Barriers

By reducing or eliminating barriers to health care access, we can improve the health and quality of life for people with disabilities. Some of the most prevalent barriers for seniors and people with disabilities are:

- Physical Access: Ability to get to, into and through buildings
- Communication Access: Ensuring that a sign language or language interpreter is present
- Medical Equipment Access: Ability to safely transfer onto tables or access equipment
- Attitudinal: Opinions and/or prejudices about a person's quality of life; embracing the idea that disability, chronic conditions and wellness exist simultaneously

Another barrier to accessing health care may be related to out of pocket expenses, utilization management and care coordination. These barriers affect our members more often than others because of limited incomes, high utilization of health care services, limited education and complexities of the system.

Disability Sensitivity Training

Molina Healthcare requires that its network providers participate in health education programs. Our Disability Sensitivity Training is offered as a quarterly webinar. This online presentation is open to all network providers, office staff and clinical staff. Ask your Provider Services Representative for more information.

Disability Sensitivity

Chronic Conditions and Access to Services

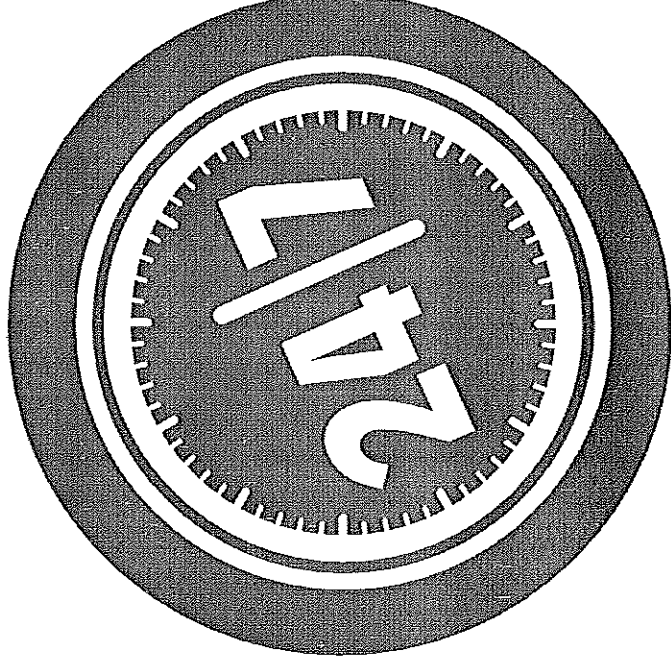
Molina Healthcare members have numerous chronic health conditions that require the coordination and provision of a wide array of health care services. Chronic conditions within this population include, but are not limited to: cardiovascular disease, diabetes, congestive heart failure, osteoarthritis, and mental health disorders. These members can benefit from Molina Healthcare's integrated care management approach. If you identify a member in need of such services, please make the appropriate/timely referral to our case management team. This will also allow us to continue to expand access for this population to not only Primary Care Providers but also Long Term Support Services, mental health providers, community supports and medical specialists. Access must be easy to understand and easy to navigate. This will improve the quality of health for our members.

Americans with Disabilities Act (ADA)

The ADA prohibits discrimination against people with disabilities, including discrimination that may affect: employment, public accommodations (including health care), activities of state and local government, transportation, and telecommunications. The ADA is based on three underlying values: equal opportunity, integration, and full participation. Compliance with the ADA extends, expands, and enhances the experience for all Americans accessing health care and ensures that people with disabilities will receive the same, full, equal health and preventive care that is provided to others.

After Hours Access

All physicians must have back-up coverage after hours or during absence/unavailability. Molina Healthcare requires providers to maintain a 24-hour telephone service, seven days a week. This access may be through an answering service or a recorded message after office hours. The after-hours telephone answering machine and/or answering service must instruct the member as follows: If this is a life-threatening emergency, hang-up and call 911.



Access Standards

Molina Healthcare monitors compliance and conducts ongoing evaluations regarding the availability and accessibility of services to members. Please ensure adherence to these regulatory standards:

APPOINTMENT TYPE	WAIT TIME STANDARDS
Urgent Care	Within 24 hours of the request
Office Wait Time	Should not exceed 30 minutes from appointment time
Primary Care Provider (PCP) or Prenatal Care	
Emergency Care	Immediately
Routine Care (non-urgent)	Within three weeks of the request
Preventive Care	Within five weeks of the request
Prenatal – First Trimester	Within two weeks of request
Second Trimester	Within one week of request
Third Trimester	Within three days of request
Follow-Up Post Discharge	Within seven days of discharge
Specialty Care Provider	
Routine Care (non-urgent)	Within 10 working days of the request
Behavioral Health	
Non-Life Threatening Emergency Care	Within six hours of request
Urgent Care	Within 24 hours of request
Routine Care	Within 10 working days of request

Quality Improvement

Quality is a Molina Healthcare core value and ensuring members receive the right care in the right place at right time is everyone's responsibility. Molina Healthcare's Quality Improvement Department maintains key processes and continuing initiatives to ensure measurable improvements are made in the care and service provided to our members. Clinical and service quality are measured, evaluated and monitored through the following programs:

- Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Health Plan Survey (CAHPS), CMS STARS and other quality measures
- Provider Satisfaction Surveys
- Health Management Programs: Breathe with Ease asthma program, Healthy Living with Diabetes program, Chronic Obstructive Pulmonary Disease program, Heart-Healthy Living Cardiovascular program, Motherhood Matters pregnancy program to support and educate members and to provide special care to those with high risk pregnancy
- Preventive Care and Clinical Practice Guidelines

Additional information about Molina Healthcare's Quality Improvement initiatives is available at www.MolinaHealthcare.com

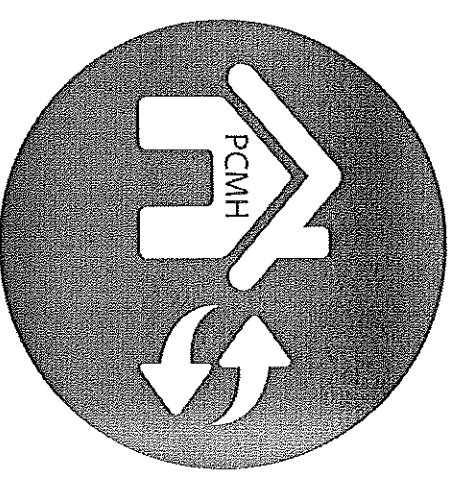
Patient Centered Medical Homes

A Patient Centered Medical Home (PCMH) puts the patient at the center of the health care system. A PCMH provides primary care that is “accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.”

Molina Healthcare of Illinois would like to work with our provider network to build a foundational structure that includes the successful implementation of PCMH fundamental concepts.

The National Committee for Quality Assurance (NCQA) has created an innovative program for improving primary care. A practice can now become a recognized PCMH through the NCQA program. Molina Healthcare has designated five specific markers that can be used by a practice to help build the foundation that is needed to become an NCQA “recognized” PCMH. The markers are:

- Electronic Medical Record (EMR)
- Patient Tracking and Registry Functions, Test Tracking, Referral Tracking
- e-Prescribing
- Access and Communication
- Performance Reporting and Improvement



Quality Improvement



Care Management

All members will have initial and annual health risk assessments and integrated care plans based on identified needs. Members are stratified at an appropriate level of care management based on the assessment, utilization history and current medical and psycho-social-functional needs. Molina Healthcare's Care Management program has three levels:

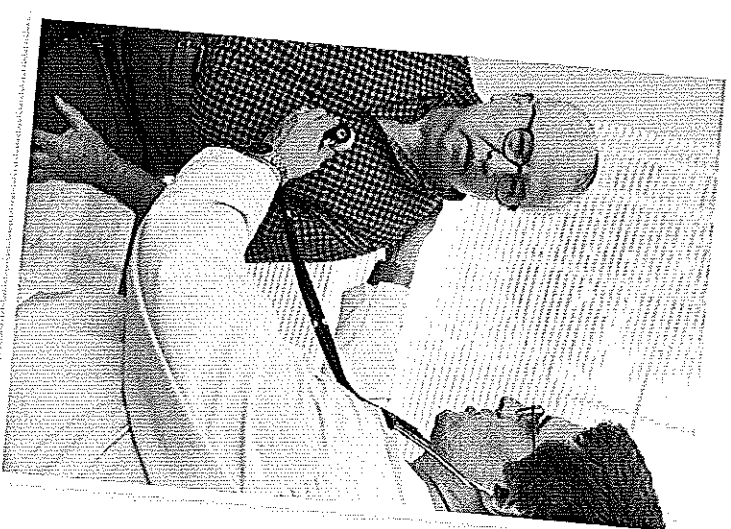
Level 1: Health Management

Level 2: Complex Case Management

Level 3: Imminent Risk Case Management

Based on the level of Care Management needed, outreach is made to the member to determine the best plan to achieve short and long-term goals. Each level of the program has its own specific health assessment used to determine interventions that support member achievement.

The resulting care plan is approved by the member, reviewed by the Interdisciplinary Care Team and maintained and updated by the Case Manager as the member's condition changes. The Case Manager also addresses barriers with the member and/or caregiver, and collaborates with providers to ensure the member is receiving the right care, in the right setting, with the right provider.



Interdisciplinary Care Team

Molina Healthcare's Interdisciplinary Care Team may include:

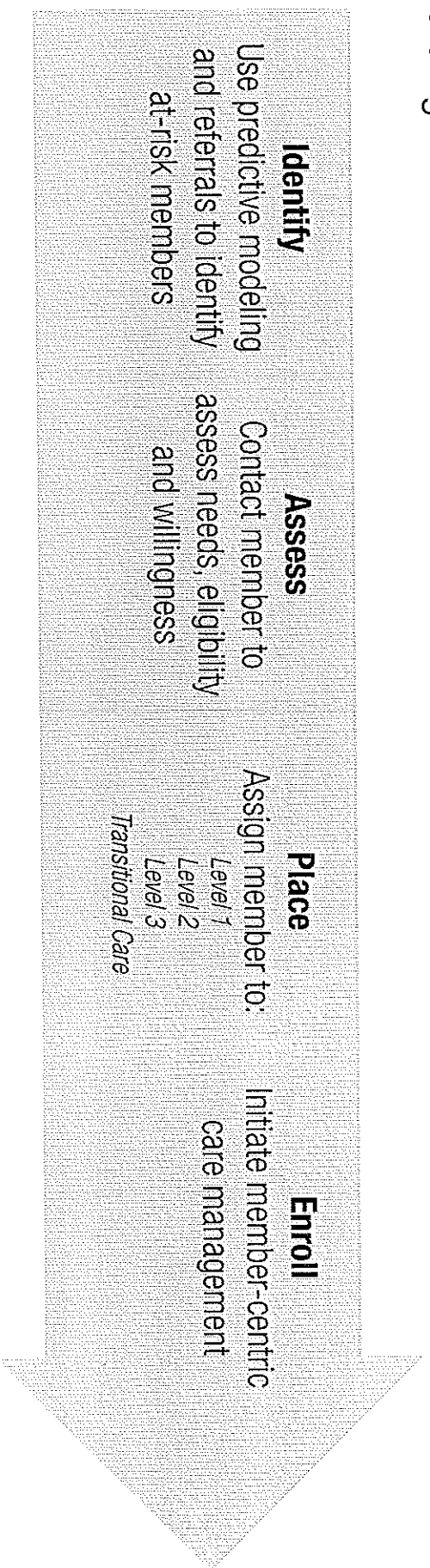
- Registered Nurses (RNs)
- Social Workers
- Case Managers
- Utilization Management Staff
- Molina Healthcare's Medical Director
- Pharmacy Staff
- Member's Primary Care Provider
- Member and/or Designee
- Care Transition Coach
- Service Providers
- Community Health Worker
- Other entity that member selects

Note: Molina Healthcare's care team is built around the member's preferences and decisions are made collaboratively and with respect to member's right to self-direct care. Members have the right to limit or decline to participate in:

- Case management
- The care team and/or approve all care team participants
- Care team meetings or brief telephonic communications

Model of Care

As a network provider, you play a critical role in providing quality services to our members. This includes identifying members in need of services, making appropriate/timely referrals, collaborating with Molina Healthcare case managers on the Individualized Care Plan and Interdisciplinary Care Team meetings, reviewing/responding to patient-specific communication, maintaining appropriate documentation in member's medical record, participating in Model of Care provider training and ensuring that our members receive the right care in the right setting at the right time.



Please call Molina Healthcare when you identify a member who might benefit from such services. For additional Model of Care information, please visit our website at www.MolinaHealthcare.com.

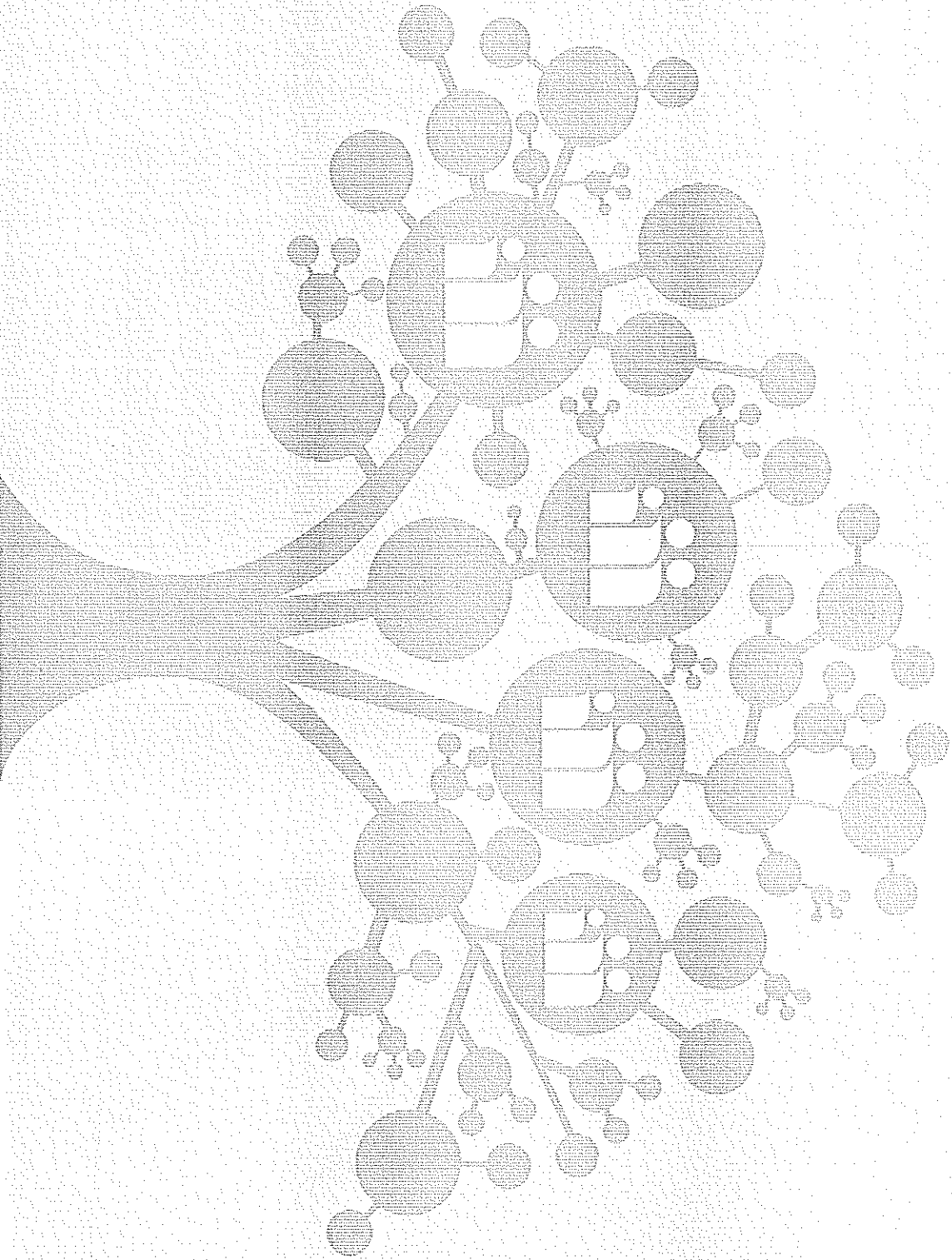
Model of Care

To ensure that members receive high quality care, Molina Healthcare uses an integrated system of care that provides comprehensive services to all members. Molina Healthcare strives for full integration of physical health, behavioral health, long term care services, and social support services. The goal is to eliminate fragmentation of care and provide an individualized plan of care for members.

Molina Healthcare's Care Management program consists of three programmatic levels. This approach emphasizes a high touch, member centric care environment. We focus on activities that support better health outcomes and reduce the need for institutional care.



Model of Care



Web Portal

Molina Healthcare providers are encouraged to register for access to the Molina Healthcare Web Portal, which is a secure website that allows providers to perform many self-service functions 24 hours, seven days a week. Provider office staff can register for clinical, non-clinical or complete access, based on their role at the practice.

Web Portal Highlights

Member eligibility verification and history	Claims status inquiry
View Coordination of Benefits (COB) information	View Nurse Advice Line call reports for members
Update provider profile	View HEDIS® missed service alerts for members
View/Download PCP Member Roster	Status check of authorization requests
Submit online service/prior authorization requests	Submit claims online

Register online at <https://eportal.MolinaHealthcare.com/Provider>

Provider Directory

Molina Healthcare of Illinois providers may request a copy of our Provider Directory from their Provider Services Representative, or providers may also use the Provider On-line Directory (POD) on our website.

To find a provider, visit us at www.MolinaHealthcare.com, select Find a Doctor or Pharmacy, then click

- Find a Provider or
- Find a Hospital or
- Find a Pharmacy

Home Help | FAQ Type Size: -

Find A Provider Oct 16 2013 2:33:34 PM

-Required

Enter Your Location

Search by City or Zip Search By County Address

State* And City* Or Zip Code

Distance Within (miles)

For more accurate results, please use "Search Near Street Address".

Select a Coverage & Provider Type

Coverage* Provider Type*

More Search Options

Program Specialty Name, Language, Gender, Accept New Patients By Hospital/Facility By Medical Group

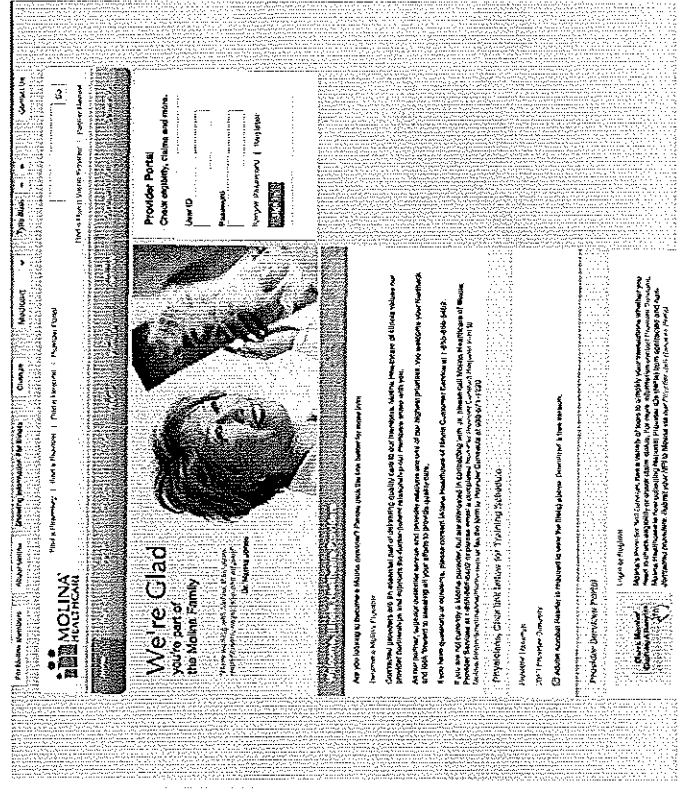
Click Here to Search

State* Last Name* Near Zip Code* Coverage*

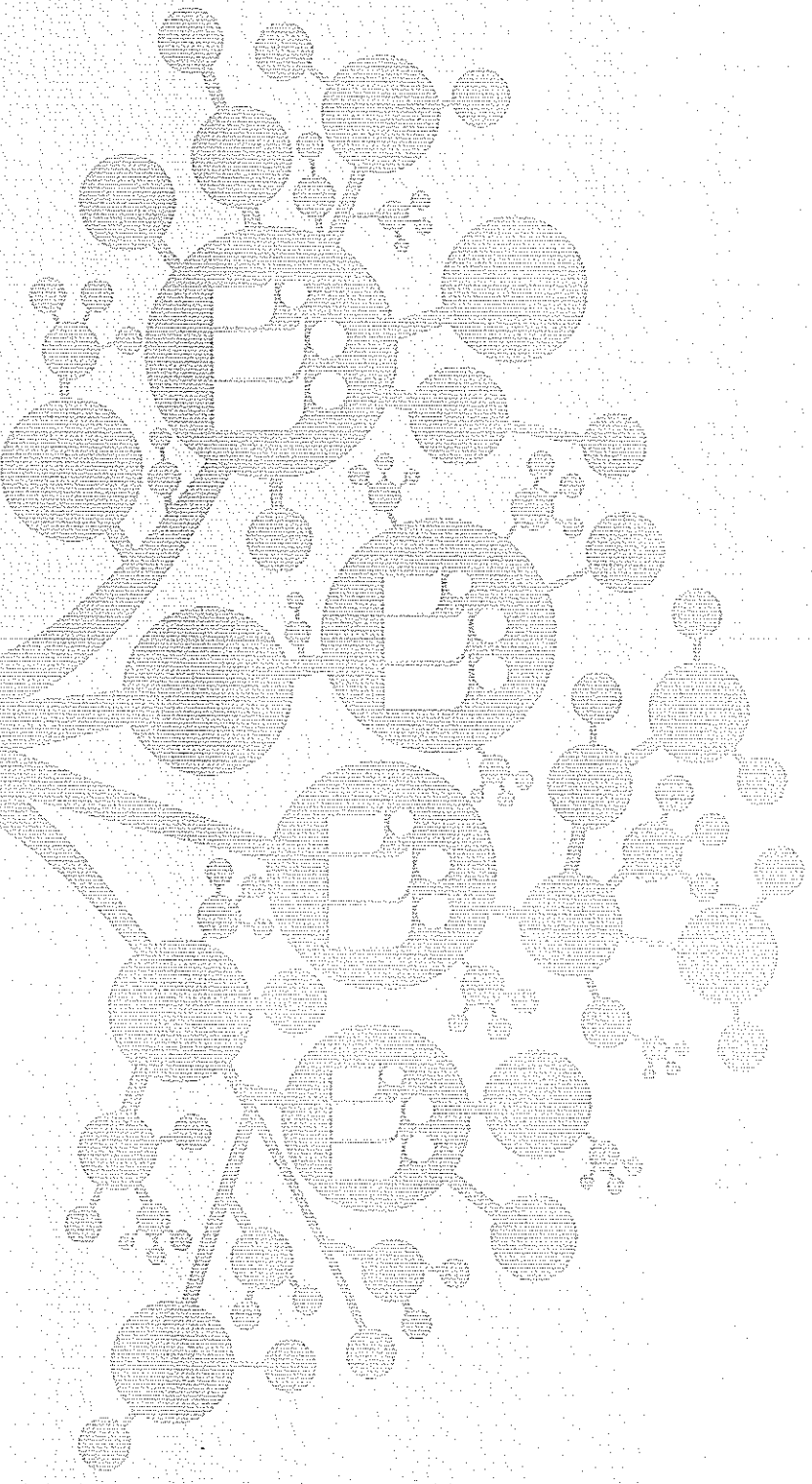
Provider Online Resources

- Provider Manual
- Provider Online Directories
- Web Portal
- Frequently Used Forms
- Preventive & Clinical Care Guidelines
- Prior Authorization Information
- Advanced Directives
- Model of Care Training
- Pharmacy Information
- HIPAA

- Fraud, Waste & Abuse Information
- Communications & Newsletters
- Member Rights & Responsibilities
- Contact Information



Provider Resources



Fraud, Waste & Abuse

Molina Healthcare seeks to uphold the highest ethical standards for the provision of health care services to its members, and supports 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 Healthcare policies on fraud, abuse and compliance is available online at www.MolinaHealthcare.com.

Reporting an Issue

Online: <https://molinahealthcare.Alertline.com>

Email: MHILCompliance@MolinaHealthcare.com

Compliance Hotline: (866) 606-3889

Fax: (630) 571-1220

Mail: Molina Healthcare of Illinois

Attn: Compliance Officer

1520 Kensington Road, Suite 212

Oak Brook, Illinois 60523

Claims Submission

Molina Healthcare processes more than 90% of claims received within 30 calendar days, and 100% of claims are processed within 45 working days. These standards have to be met in order for Molina Healthcare to remain compliant with State requirements and ensure providers are paid in a timely manner.

Claims Submission Options

- Submit claims directly to Molina Healthcare of Illinois (CMS 1500 or UB04 paper/837p or 837i electronic/Web Portal).
- When submitting EDI Claims to Molina Healthcare of Illinois, please use payor ID # 20934.
- Mail paper claims to: Molina Healthcare of Illinois, P.O. Box 540, Long Beach CA 90801
- Clearinghouse (Emdeon)
 - » Emdeon is an outside vendor that is used by Molina Healthcare of Illinois.
 - » Providers can use any clearinghouse of their choosing. Note that fees may apply.

Electronic Funds Transfer (EFT)

- Molina Healthcare has partnered with Alegeus ProviderNet for Electronic Funds Transfer (EFT) and Electronic Remittance Advice. Access is free for participating providers.
- Go to <https://provider.net.adminisource.com> to register after getting first check from Molina Healthcare.
- Call (877) 389-1160 or send an email to WCO.Provider.Registration@alegeus.com if you have questions about the registration process.

Request for Authorization

Providers who request prior authorization can request to review the criteria used to make the final decision. Providers may request to speak to the Medical Director who made the determination. Upon receipt of prior authorization, Molina Healthcare will provide you with a **Molina Healthcare unique authorization number. This authorization number must be used on all claims related to the service authorized.**

Our goal is to ensure our members are receiving the Right Services at the Right Time AND in the Right Place. You can help us meet this goal by sending all appropriate information that supports the member's need for services. Please contact us for any questions/concerns.



Request for Authorization

Authorization requests for elective services should be requested with supporting clinical documentation. Information generally required includes:

- Current (up to six months), adequate patient history related to the requested services
- Physical examination that addresses the problem
- Lab or radiology results to support the request (including previous MRI, CT, lab or x-ray)
- PCP or specialist progress notes or consultations
- Any other information or data specific to the request

Molina Healthcare of Illinois will process all routine requests within 10 days of the initial request. Urgent requests will be processed within 72 hours of the initial request. If we require additional information, we will pend the case and provide written communication to you and the member.

Prior Authorization is *not required* for emergency services.

Referrals and Prior Authorization

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 Healthcare. Information should be exchanged between the PCP and specialist to coordinate care of the patient.

Prior Authorization is a request for prospective review. It is designed to:

- Assist in benefit determination
- Prevent unanticipated denials of coverage
- Create a collaborative approach to determining the appropriate level of care for members
- Identify Case Management and Disease Management opportunities
- Improve coordination of care

Requests for services on the Molina Healthcare Prior Authorization Guide are evaluated by licensed nurses and trained staff that have authority to approve services. A list of services and procedures that require prior authorization is included in your orientation packet, in our Provider Manual and also on our website at www.MolinaHealthcare.com.

Service Request Forms may be called in or faxed to the Health Care Services Department to the numbers listed below, or submitted via our Web Portal.

Web Portal: <https://eportal.MolinaHealthcare.com/Provider>

Health Care Services: (855) 866-5462

Prior Authorization Fax: (866) 617-4971

Member Cost Sharing

- Molina Healthcare members never have a co-payment for covered services, with the exception of Medicare Part D co-payments for prescription drugs.
- Providers may not balance bill members for any reason for covered services. Your Provider Agreement with Molina Healthcare of Illinois requires that your office verify eligibility and obtain approval for those services that require prior authorization. In the event of a denial of payment, providers shall look solely to Molina Healthcare of Illinois for compensation for services rendered.



Verifying Member Eligibility

Molina Healthcare offers various tools to verify member eligibility. Providers may use our online self-service Web Portal, integrated voice response (IVR) system, eligibility rosters or speak with a Provider Services Representative.

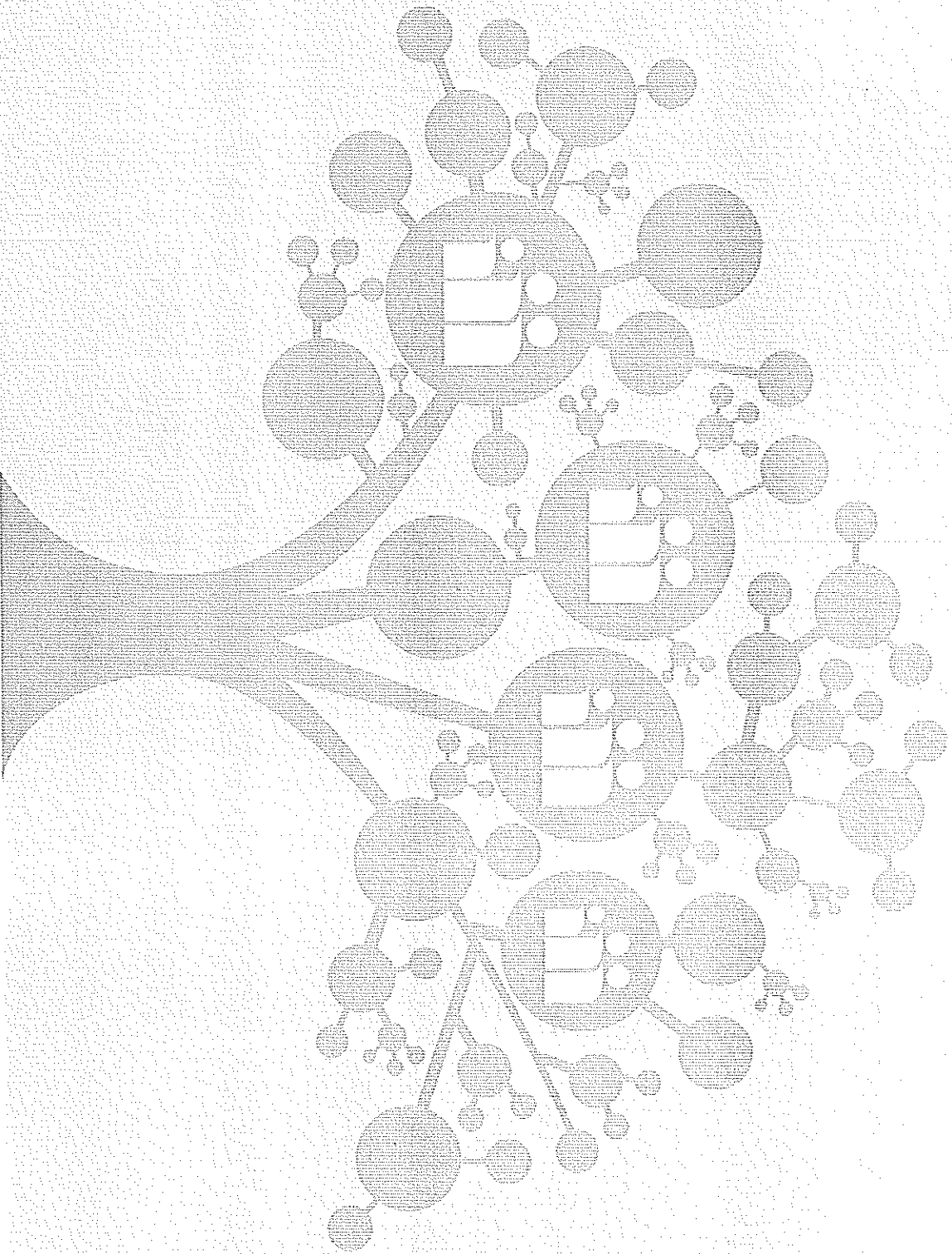
At no time should a member be denied services because his/her name does not appear on the eligibility roster. If a member does not appear on the eligibility roster please contact Molina Healthcare for further verification.



Web Portal: <https://eportal.MolinaHealthcare.com/Provider>

Provider Services: (855) 866-5462

Eligibility, Authorization and Claims



Waiver Services

Service	Waiver			
	Elderly	Disability	HIV/AIDS	Brain Injury
Adult Day Service	√	√	√	√
Adult Day Service Transportation	√	√	√	√
Environmental Modification		√	√	√
Supported Employment				√
Home Health Aide		√	√	√
Nursing, Intermittent		√	√	√
Nursing, Skilled		√	√	√
Occupational Therapy		√	√	√
Physical Therapy		√	√	√
Speech Therapy		√	√	√
Prevocational Services				√
Day Habilitation				√
Homemaker	√	√	√	√
Home Delivered Meals		√	√	√
Emergency Home Response System	√	√	√	√
Respite		√	√	√
Adaptive Equipment		√	√	√
Behavioral Services				√

Illinois LTSS Waivers

Elderly Waiver: The Illinois Department on Aging administers this waiver population for persons age 60 or older, who are otherwise DON eligible for nursing facility.

Supported Living Facilities (SLF) Waiver: The Illinois Department of Healthcare and Family Services (HFS) administers this waiver population for persons ages 65 and older, or persons with disabilities (as determined by the Social Security Administration) age 22 and older; Screened by HFS and found to be in need of nursing facility level of care and SLF is appropriate to meet needs of the individual; Be without a primary or secondary diagnosis of developmental disability or serious and persistent mental illness; Income equal to or greater than current SSI and contribute all but \$90 toward lodging, meals, and services. Food stamp benefits may be used toward meal costs.

Persons with Disabilities Waiver: The Department of Rehabilitative Services (DRS) administers this waiver population for persons (age 0-59) with disabilities (those 60 or older, who began services before age 60, may choose to remain in this waiver). Have a severe disability which is expected to last for at least 12 months or for the duration of life; Persons otherwise DON eligible for nursing facility.

Traumatic Brain Injury (TBI) Waiver: DRS administers this waiver population for persons of any age with brain injury; Have functional limitations directly resulting from an acquired brain injury; Includes traumatic brain injury, infection (encephalitis, meningitis), anoxia, stroke, aneurysm, electrical injury, malignant or benign, neoplasm of the brain, and toxic encephalopathy; Have a severe disability which is expected to last for at least 12 months or for the duration of life; Persons otherwise DON eligible for nursing facility.

Persons with HIV/AIDS Waiver: DRS administers this waiver population for persons of any age diagnosed with HIV or AIDS. Molina waiver eligibility age is 19 years and older; Persons otherwise DON eligible for hospital level of care or nursing facility.

Long Term Services and Supports

Molina Healthcare members who qualify can get Long Term Services and Supports (LTSS) to help them meet their daily needs for assistance and improve their quality of life. LTSS benefits are provided over an extended period, mainly in the member's home and community, but also in facility-based settings such as nursing facilities as specified in the member's individualized care plan. Molina Healthcare's model of care promotes improved utilization of home and community-based services to avoid hospitalization and nursing facility care.

The State of Illinois determines eligibility for the waiver service program by performing a Determination of Need (DON) analysis and scoring for the member. When eligible, the member is placed into a specific waiver program which defines the additionally covered alternate services. All waiver services are coordinated through Molina Healthcare's medical management program.

In order to qualify for waiver program services, members must require a level of care that, in the absence of community services, would require placement in an institutional setting.

Pharmacy

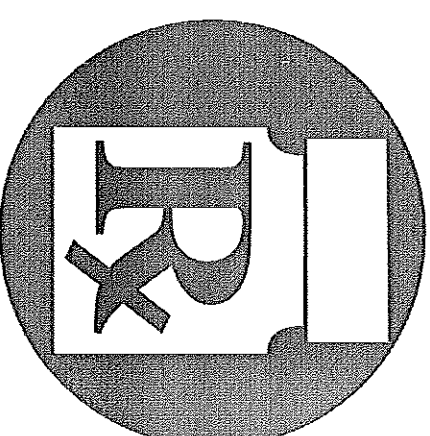
Prescription drugs are covered through Molina Healthcare. A list of in-network pharmacies is available online at www.MolinaHealthcare.com.

The Molina Healthcare Drug Formulary was created to help manage the quality of our members' pharmacy benefit. 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 included in your orientation packet and is also available on our website at www.MolinaHealthcare.com.

Medicaid Pharmacy: (855) 866-5462

MMAI Pharmacy: (877) 901-8181



24-Hour Nurse Advice Line

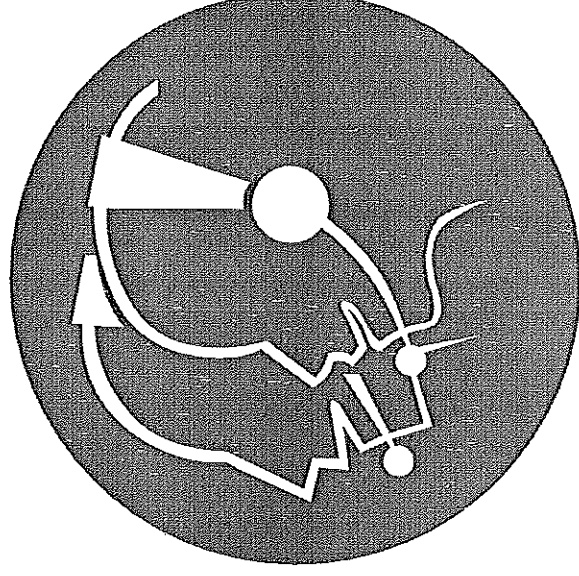
Molina Healthcare provides a 24-Hour Nurse Advice Line. Members may call anytime they are experiencing symptoms or need health care information. Registered nurses are available 24 hours a day, seven days a week to assess medical and behavioral health symptoms and help direct members where they can get the care they need. The Nurse Advice Line phone numbers are listed on the back of member ID cards.

English: (888) 275-8750

TTY: (866) 735-2929

Spanish: (866) 648-3537

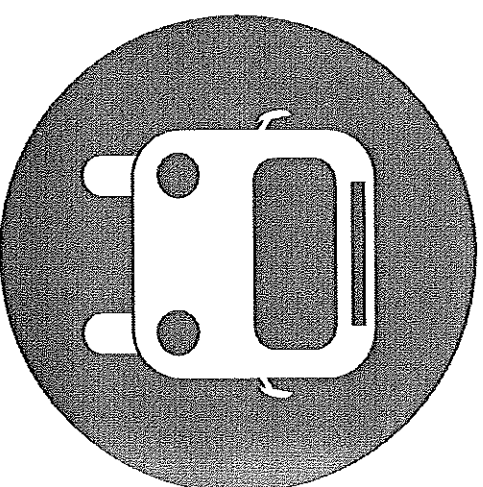
TTY: (866) 833-4703



Transportation Services

Molina Healthcare of Illinois provides non-emergent medical transportation for our members. Transportation can be scheduled on a recurring basis ahead of time.

- If your patients are in need of this service, please have them call us to schedule a ride.
- It is important to have members call 72 hours in advance of the appointment to schedule the transportation.
- Rides for hospital discharge require three hours notice.
- Immediately following a medical appointment, Molina Healthcare will cover trips to the pharmacy to pick up a prescription.



ICP members: (877) 917-8164

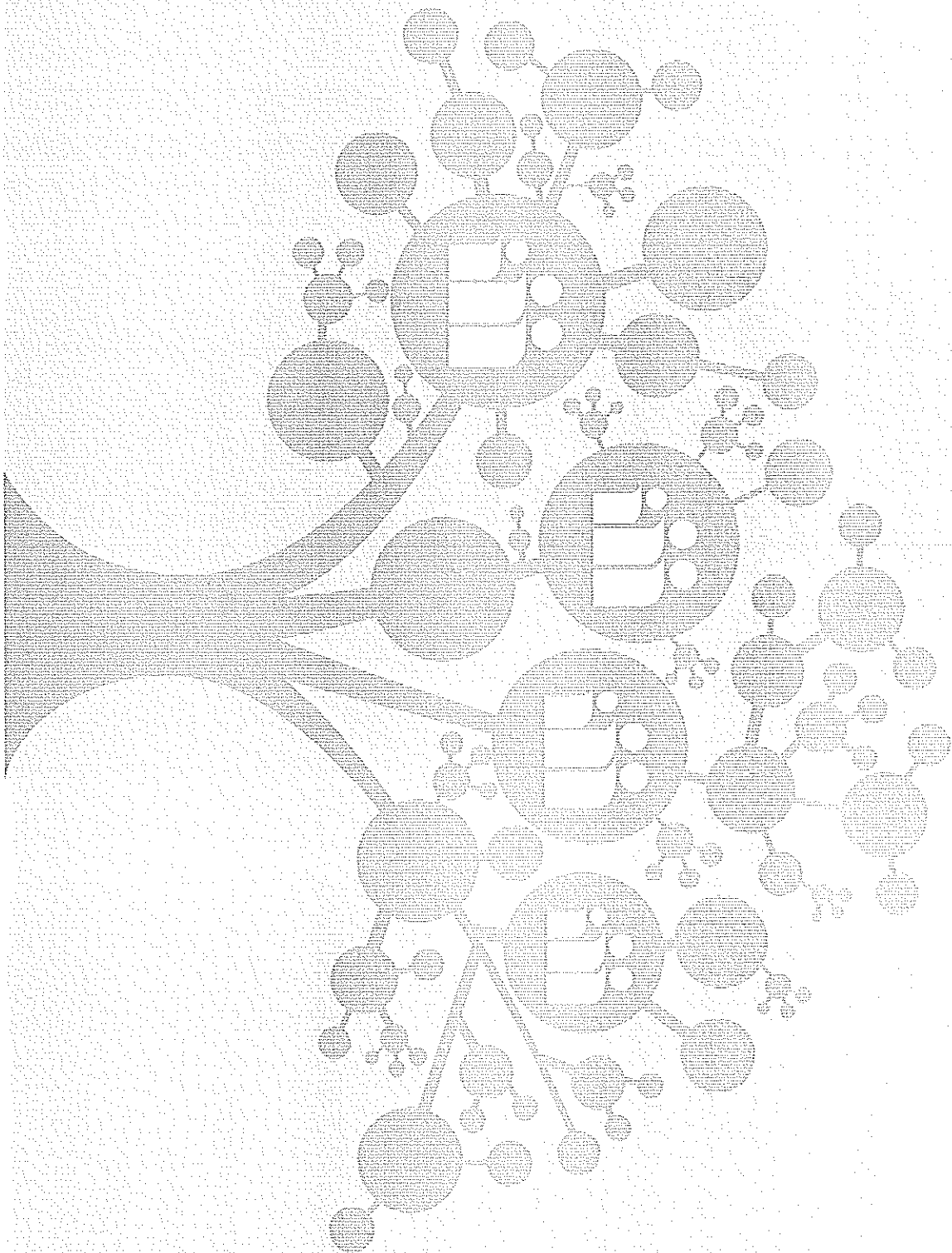
FHP members: (855) 369-3719

MMAI members: (877) 659-8409

Covered Services

- Alcohol/substance abuse treatment
- Audiology
- Behavioral health
- Chiropractic
- Dental
- Durable and non-durable medical equipment and supplies
- Emergency services
- Family Planning
- Health education
- 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
- Private duty nursing
- Skilled nursing care
- Skilled nursing facility
- Speech and language therapy
- Transplant services (non-experimental)
- Transportation
- Non-Emergency Transportation
- Vision Services
- Whole blood and blood products
- X-ray services


Covered Services



Molina Healthcare Member Identification (ID) Cards

Sample ID Card

Front

			
Member: Michael Jones	Date of Birth: 07/31/1963	Effective Date: 08/01/1993	
Member ID: 00000001	Primary Care Provider: John Smith, M.D.		
	Primary Care Provider Phone: (888) 111-0001		
RX Bin#: 004336	RX PCN#: ADV		RX Group: RX0823

Sample ID Card

Back

Members: To verify eligibility or change PCP, please visit www.MyMolina.com or call Member Services (855) 766-5462. For Hearing Impaired, call the Illinois Relay at 7-1-1.

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

Prior authorization: Required for all inpatient admissions and select outpatient services. To notify us of an admission please call (855) 766-5462.

Transportation: To schedule transportation please call (877) 917-8164.

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

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

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

EDI Submissions: Payor ID 20934

www.MyMolina.com

Medicaid Plans

PCP Changes

Members can change PCPs at any time. The new PCP will be effective no later than 31 days after the member requests a new PCP. Members can change their PCP online at MyMolina.com or by calling Member Services at (855) 766-5462 for Integrated Care Program members and (855) 687-7861 for Family Health Plan members.

- If a member calls to make a PCP change on or before the 15th of the month, the member will be effective with the new PCP on the first day of the next month.
- If a member calls to change the PCP after the 15th of the month, the change will go into effect 30 days after the date the change was requested.
- If the member was assigned to the incorrect PCP due to error by Molina Healthcare, the member can retroactively change the PCP, effective the first of the current month.
- PCP assignment does not impact claims payment within the Molina Healthcare network. PCP to PCP referrals are not necessary.

Transition of Care

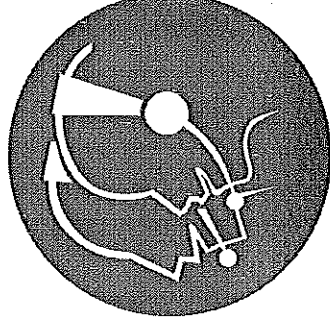
Non-contracted providers can continue to see Molina Healthcare Medicaid members with prior authorization for the first 90 days following a member's effective date with Molina Healthcare to allow for continuity of care.

Medicaid Plans

Member Enrollment

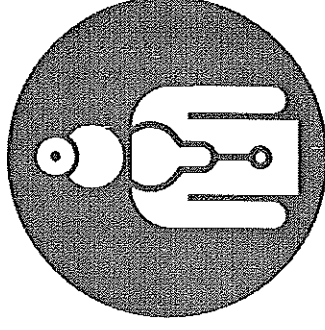
Illinois Client Enrollment Services (ICES) notifies HFS Medicaid clients about their health plan options. ICES will help clients:

- Learn more about their health plan options
- Enroll in a health plan
- Select a Primary Care Provider (PCP)



Voluntary Enrollment

- Clients have the right to choose a health plan and PCP by phone or online.
- Clients can make a selection online at www.EnrollHFS.Illinois.gov or by calling ICES at (877) 912-8880.



Auto Assignment

- Clients who do not make a selection will be assigned to a health plan and PCP.

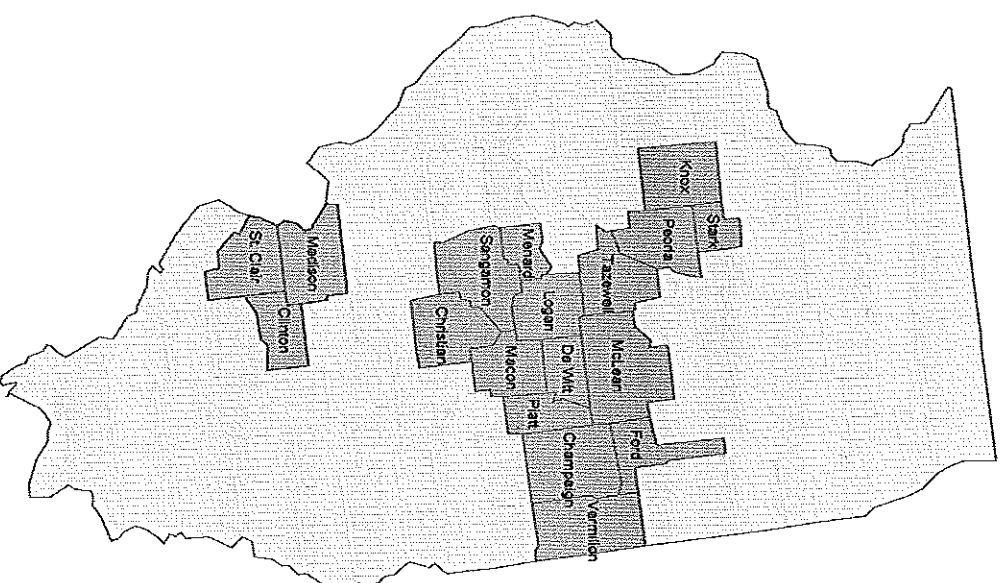
Medicaid Plans

Service Area

Molina Healthcare of Illinois offers Medicaid health plans for HFS clients who live in two regions: **Central Illinois** or

Metro East.

- The **Central Illinois** region consists of these counties: Champaign, Christian, DeWitt, Ford, Knox, Logan, Macon, McLean, Menard, Peoria, Piatt, Sangamon, Stark, Tazewell, Vermilion.
- **Metro East** consists of these counties: Clinton, Madison, St. Clair.



Family Health Plan

Excluded Populations

Not all HFS medical card holders in Central Illinois and Metro East are required to select a FHP plan. HFS clients should contact Illinois Client Enrollment Services to determine their health plan options, based on their Medicaid eligibility. Some excluded populations are:

- Comprehensive Third Party Liability insurance
- Medicare
- HFS Spenddown
- Refugees
- Limited eligibility programs
- Developmentally Disabled waiver
- Medically fragile children in technology waiver
- Already managed populations

Family Health Plan

Member Population

Most people with an HFS medical card in Central Illinois and Metro East must select a FHP plan. This is a Medicaid-only program for HFS clients who have full benefits.

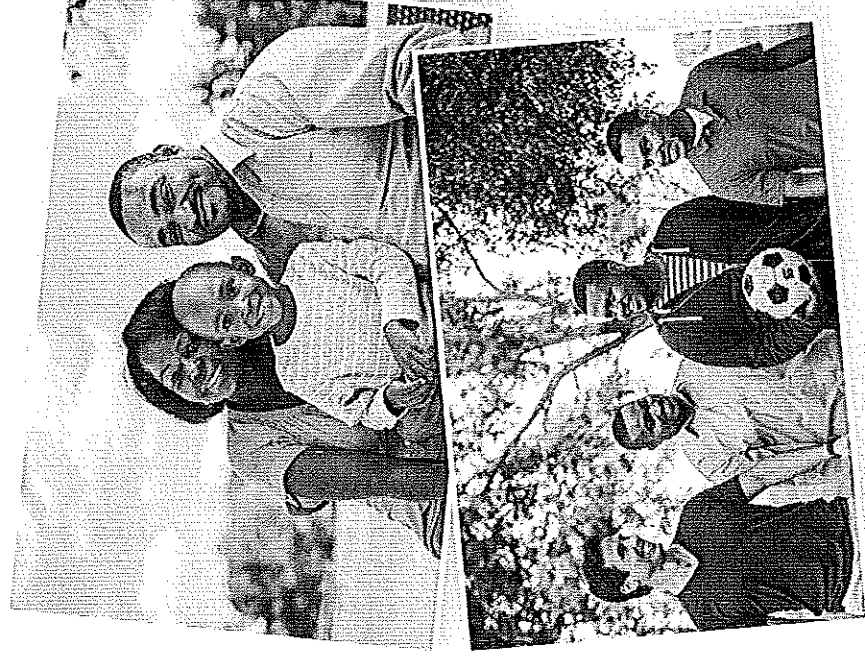
- Children 0-18 years old (All Kids)
- Parents or guardians of children 18 years old or younger (FamilyCare)
- Pregnant women and newborns (Moms & Babies)
- Adults ages 19-64 (Affordable Care Act)

Family Health Plan

The Illinois Department of Healthcare and Family Services (HFS) implemented a new mandatory managed care program for children and adults called the Family Health Plan (FHP). Molina Healthcare was selected to be a FHP health plan in **Central Illinois** and **Metro East**.

The Family Health Plan is a comprehensive, patient-centered medical program for HFS recipients. Members will select a health plan and a Primary Care Provider to serve as their medical home.

Molina Healthcare will coordinate a full range of medical, dental, vision, behavioral health and pharmacy benefits for your patients. Members can access case management services, health management and disease management programs, a 24-hour nurse advice line, transportation and a network of hospitals and specialists in their communities.



Integrated Care Program

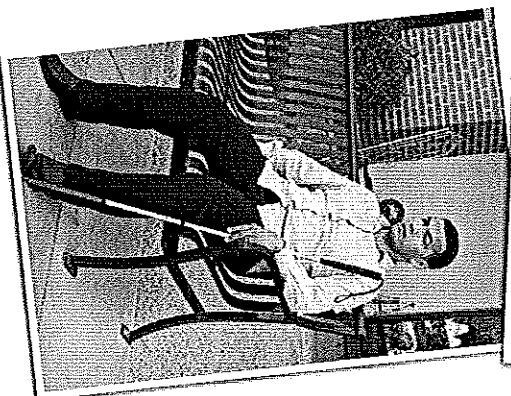
HFS clients are excluded from ICP participation if:

- They are less than 19 years old
- Have Medicare
- Are enrolled in Spenddown program
- Get temporary medical benefits
- Are in the Illinois Breast and Cervical Cancer program
- Have high level Third Party Liability insurance

American Indians and Native Alaskans may choose to voluntarily enroll in an ICP health plan.

ICP is available and mandatory in the following counties:

Boone, Champaign, Christian, Clinton, Cook, DeWitt, DuPage, Ford, Henry, Kane, Kankakee, Knox, Lake, Logan, Macon, Madison, McHenry, McLean, Mercer, Menard, Peoria, Piatt, Rock Island, Sangamon, Stark, St. Clair, Tazewell, Vermilion, Winnebago, Will and Woodford

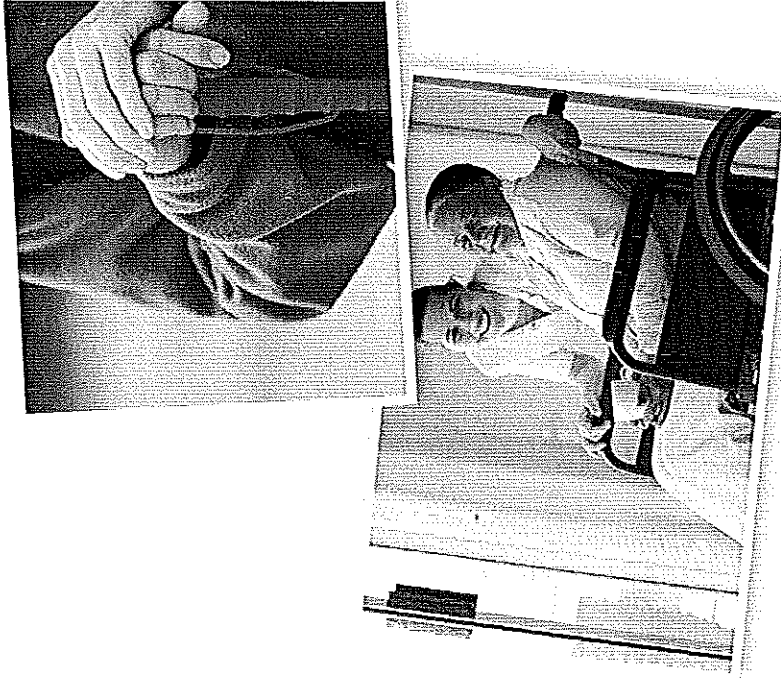


Integrated Care Program

The Integrated Care Program (ICP) is a health plan program for older adults and individuals with disabilities:

- For those enrolled in Medicaid through the Illinois Department of Healthcare and Family Services (HFS)
- For “Seniors and Persons with Disabilities (SPD),” also commonly known as the Aged, Blind or Disabled population
- For long-term care residents and Long Term Services and Supports population eligible for Medicaid through 1915c waivers

In ICP, members must select a health plan and a doctor or clinic to serve as their Primary Care Provider (PCP), also known as a medical home. ICP brings together local PCPs, specialists, hospitals, nursing homes and other providers to organize care around a patient’s needs. This program promotes health and wellness.



Molina Dual Options Member Identification (ID) Card

Sample ID Card

Front

**MOLINA**
HEALTHCARE

Member name: John Johnson
Member ID: 0123456789
Health Plan (80840):

MedicareRx
The new standard of drug coverage

RxBin:
RXPCN:
RXGRP:
RXID:

PCP Name: Dr. Michael Smith
PCP Phone: (111) 222-3333

Sample ID Card

Back

Members Services: (877) 901-8181
Emergency Services: Call 911 or go to the nearest emergency room or other appropriate setting. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider (PCP) or you may also contact our
24-Hour Nurse Advice Line at (888) 275-8750 for English or (866) 648-3537 for Spanish. For Hearing Impaired, call the Illinois Relay 7-1-1.
Prior authorization: Required for all inpatient admissions and select outpatient services. To notify us of an admission please call (855) 866-5462.
Transportation: To schedule transportation please call (877) 659-8409.
Providers: To verify eligibility, claims status or prior authorization, please call (855) 866-5462.
Pharmacists: For pharmacy questions, please call (877) 901-8181.
Send claims to: P.O. Box 540, Long Beach, CA 90801
EDI Submissions: Payer ID 20934

Medicare-Medicaid Alignment Initiative (MMAI)

PCP Changes

Members may change their PCP at any time. All changes completed by the 25th of the month will be in effect on the first day of the following calendar month. Any changes requested on or after the 26th of the month will be in effect on the first day of the second calendar month.

Members can change their PCP online at MyMolina.com or call (877) 901-8181.

Transition of Care

There is a 180-day continuity of care period for new MMAI enrollees to allow them to continue seeing their current providers if those providers are not contracted with the MMAI health plan.

Medicare-Medicaid Alignment Initiative (MMAI)

PCP Assignment

Members have the right to choose their PCP. If the member or his/her designated representative does not choose a PCP, one will be assigned using the following considerations:

- Proximity of the provider must be within 10 miles or 30 minutes of member's residence
- Member's last PCP, if known
- Member's age, gender and PCP needs
- Member's language preference
- Member's covered family members, in an effort to keep family together and maintain established relationships

Medicare–Medicaid Alignment Initiative (MMAI)

MMAI Enrollment

Illinois Client Enrollment Services (ICES) notifies dual eligible beneficiaries of their health plan options. ICES will help beneficiaries:

- Learn more about their health plan options
- Enroll in a health plan
- Select a Primary Care Provider

Voluntary Enrollment

- Beneficiaries have the right to select a MMAI health plan. Dual eligible beneficiaries may opt out of MMAI with the exception of the Long Term Supports and Services waiver population. Enrollees can change health plans at any time.
- Beneficiaries can select a health plan online at www.EnrollHFS.Illinois.gov or on the phone at (877) 912-8880.

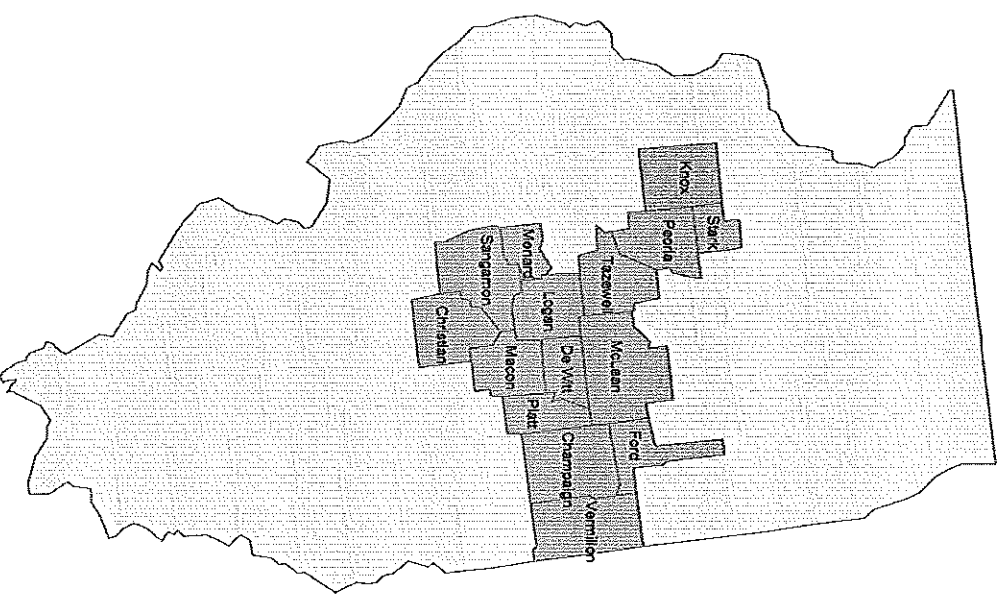
Passive Enrollment

- Beneficiaries who do not make a voluntary selection of a health plan or who do not opt out of MMAI will be auto assigned to an MMAI health plan.

Medicare-Medicaid Alignment Initiative (MMAI)

Service Area

Molina Healthcare of Illinois is an MMAI health plan option in the following counties in the Central Illinois region: Knox, Peoria, Tazewell, McLean, Logan, DeWitt, Sangamon, Macon, Christian, Piatt, Champaign, Vermilion, Ford, Menard and Stark.



Medicare-Medicaid Alignment Initiative (MMAI)

MMAI Excluded Populations

The excluded populations for MMAI are beneficiaries who:

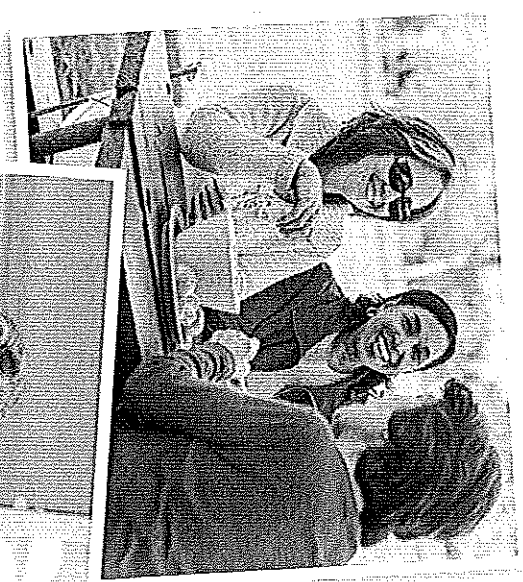
- Are less than 21 years old
- Who have HFS Spenddown coverage
- Who have coverage through the Illinois Breast and Cervical Cancer program
- Have Developmental Disabilities, get developmental disability services in an institutional setting or through a home and community based waiver program
- Have partial benefits
- Have comprehensive Third Party Liability insurance

Medicare-Medicaid Alignment Initiative (MMAI)

Molina Dual Options

Molina Dual Options is the brand name of Molina's Medicare-Medicaid Program (MIMP) and it is one of the health plans contracted for the MMAI. This plan is designed to provide high-quality health care coverage and services to dual eligible beneficiaries with little out of pocket costs. Molina Dual Options embraces Molina's longstanding mission to serve those who are the most in need and traditionally have faced barriers to quality health care.

Please contact the MHL Provider Services Department at (855) 866-5462 with questions regarding this health plan.



Medicare-Medicaid Alignment Initiative (MMAI)

MMAI Population

To be eligible for MMAI, enrollees must be at least 21 years old; be entitled to Medicare Part A: enrolled under Medicare Parts B and D, get full Medicaid benefits through the Illinois Department of Healthcare and Family Services (HFS); be enrolled in the HFS Seniors, Persons with Disabilities category of assistance.



Individuals with End Stage Renal Disease at time of enrollment are included.

Beneficiaries who meet other criteria and are also enrolled in the following waiver populations are also included in MMAI: Persons who are Elderly, Persons with HIV/AIDS, Persons with Disabilities, Persons with Brain Injury, Persons who live in Supportive Living Facility.

Medicare-Medicaid Alignment Initiative (MMAI)

The Illinois Department of Healthcare and Family Services (HFS) and the Centers for Medicare & Medicaid Services (CMS) have implemented this demonstration program to promote coordinated, high-quality health care delivery to people who are eligible for both Medicare and Medicaid (“dual eligible beneficiaries”) and help them stay in their homes for as long as possible.

This Medicare-Medicaid Program (MMP) is called the **Medicare-Medicaid Alignment Initiative (MMAI)**.

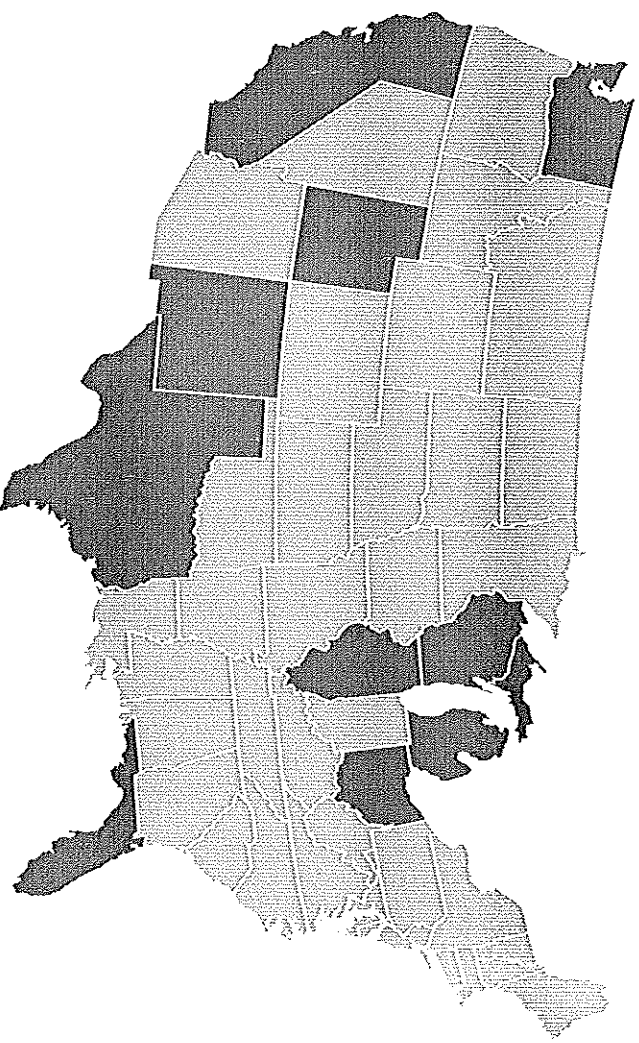
MMAI removes fragmentation in care, promotes care coordination, improves beneficiary health and is cost-effective. Members will receive high-quality care and enhanced benefits from one health plan that will be responsible for coordinating medical services, behavioral health services, as well as social and supportive service needs.

Health Plan Overviews

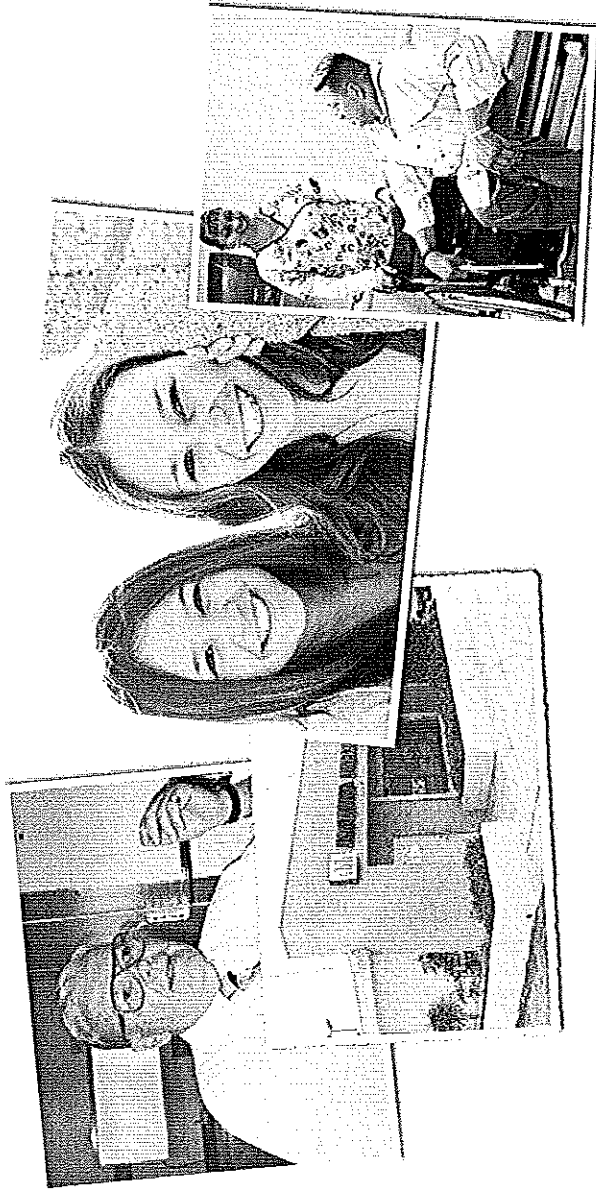


Recognized for Quality, Innovation and Success

- Molina Healthcare plans have been ranked among America's top Medicaid plans by *U.S. News & World Report* and NCOA
- FORTUNE 500 Company by Fortune Magazine
- *Business Ethics* magazine 100 Best Corporate Citizens
- Alfred P. Sloan Award for Business Excellence in Workplace Flexibility in 2011
- Ranked as the 2nd largest Hispanic owned company by *Hispanic Business* magazine in 2009
- Recognized for innovation in multi-cultural health care by The Robert Wood Johnson Foundation
- Dr. J. Mario Molina, CEO of Molina Healthcare, was recognized by *Time Magazine* as one of the 25 most influential Hispanics in America



Our Story & Who We Are



In 1980, the late Dr. C. David Molina, founded Molina Healthcare with a single clinic and a commitment to provide quality health care to those most in need and least able to afford it. This commitment to providing access to quality care continues to be our mission today, just as it has been for more than 30 years.

Mission Statement

Our mission is to provide quality health services to financially vulnerable families and individuals covered by government programs.

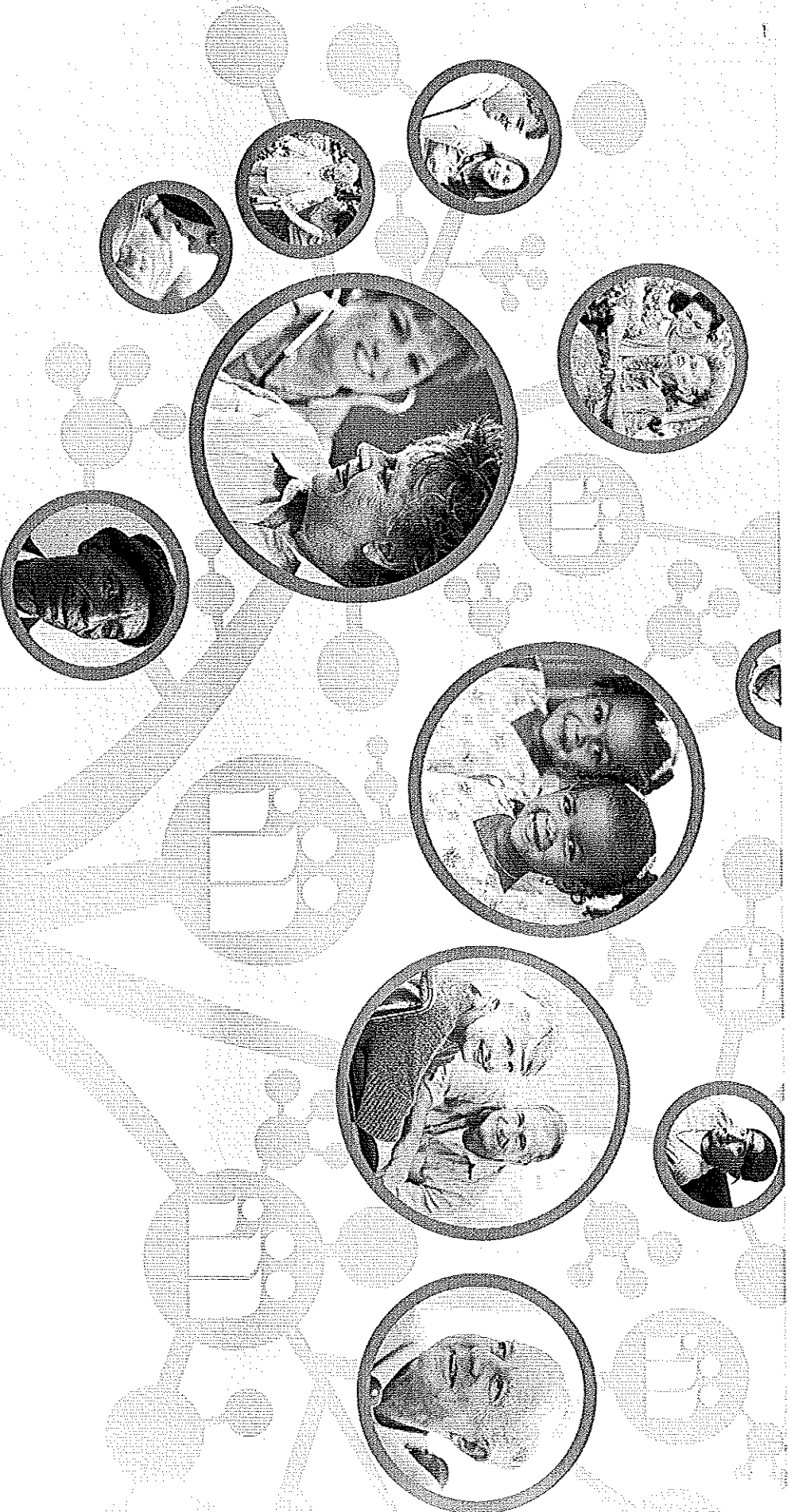
Vision Statement

Molina Healthcare is an innovative national health care leader, providing quality care and accessible services in an efficient and caring manner.

Core Values

We strive to be an exemplary organization:

1. We care about the people we serve and advocate on their behalf.
2. We provide quality service and remove barriers to health services.
3. We are health care innovators and embrace change quickly.
4. We respect each other and value ethical business practices.
5. We are careful in the management of our financial resources and serve as prudent stewards of the public's funds.



PROVIDER ORIENTATION
Molina Healthcare