

## Molina Healthcare of Illinois Marketplace FAQ

Molina Healthcare offers Health Insurance Marketplace (also known as Exchange) plans in many of the states where we offer Medicaid health plans, including Illinois. Our 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.

**Q** What service area does Molina cover for Illinois Marketplace?

**A** We offer Marketplace plans for members in the following counties: Cook, DuPage, Kane, and Will.

**Q** What Marketplace products are available in Illinois?

**A** Molina offers two levels of affordable health plans for members, each with several options:

- Constant Care Silver™: Plans with lowest costs for doctor visits and urgent care.
- Confident Care Gold™: Plans with lower costs for expenses like doctor visits and out-of-pocket costs; generally higher premiums.

View all plans on the website: [View Plans \(molinamarketplace.com\)](https://www.molinamarketplace.com).

**Q** Where can I see details about each plan?

**A** The member section of the website lists plan details. Check the Forms & Documents page under the heading Summary of Benefits and Coverage [Member Forms \(molinamarketplace.com\)](https://www.molinamarketplace.com).

**Q** When is enrollment for 2022?

**A** The open enrollment period for coverage effective on January 1, 2022 opened on November 1, 2021, and closed December 15, 2021. Enrolling after December 15, 2021 will qualify the member for coverage effective February 1, 2022. Open enrollment ends January 15, 2022.

**Q** What is the credentialing process for Marketplace providers?

**A** All Marketplace providers must complete the credentialing process with CAQH® ProView®. Contact the CAQH Help Desk for assistance with the process: Phone: (888) 599-1771, Fax: (866) 293-0414, or email [caqh.updhelp@acsgs.com](mailto:caqh.updhelp@acsgs.com), or Contact Molina's Credentialing department with questions: Phone: (800) 423-9899 or Fax: (800) 457-5213.

**Q** What does the Molina Marketplace member ID card look like?

**A**



**Q** What is member cost-sharing?

**A**

Cost-sharing refers to dollar amounts, excluding plan premiums, that the member is required to pay. Depending on the plan, cost-sharing amounts can include a deductible, copayment, or coinsurance. Members should refer to their Member Handbooks or call Member Services with questions.

**Q** What happens if a member does not pay the monthly premium?

**A**

Members who haven't made full payment may do so during the grace period and avoid losing their coverage. The length of time for the grace period is determined by whether or not the subscriber (member) receives an advance payment of the Premium Tax Credit (APTC):

- Grace Period for Subscribers **with APTC**—Molina allows a **three-month** grace period before canceling or not renewing coverage due to failure to pay the premium.
- Grace Period for Subscribers with **no APTC**—Molina allows a **31-calendar-day** grace period before canceling or not renewing coverage due to failure to pay the premium.

If the member does not pay the premium by the end of the grace period, the agreement will be canceled at the end of the grace period. The member is still responsible for any unpaid premiums owed to Molina for the grace period.

**Q** What will happen to existing claims if a member is not renewed or is canceled?

**A**

Molina will process all claims for covered services for dates of service that took place while the member was covered, including the grace period:

- Grace Period for Subscribers **with APTC**—Molina will provide a grace period of **three consecutive months** for a subscriber and dependents who, when failing to pay premiums timely, is receiving an APTC. The grace period will begin the first day of the first month for which full premium is not received by Molina. During the grace period, Molina will pay all

appropriate claims for services rendered to the subscriber and dependents during the first month of the grace period and may pend claims for services in the second and third months of the grace period; Molina will terminate this agreement as of 11:59 p.m. Central Time on the last day of the first month of the grace period if Molina does not receive all past-due premiums from the subscriber.

- Grace Period for Subscribers with **no APTC**—Unless a longer period is required by law, Molina will provide a grace period of **31 consecutive days** for a subscriber and dependents who, when failing to pay premiums timely, are not receiving an APTC. The grace period will begin the first day of the first month for which full premium is not received by Molina. During the grace period, Molina will pay all appropriate claims for services rendered to the subscriber and dependents. Molina will terminate this agreement as of 11:59 p.m. Central Time on the last day of the grace period if Molina does not receive all past due premiums from the subscriber.

**Q** Do members have a Primary Care Physician (PCP) within the Marketplace?

**A** Yes. Members can select a Primary Care Provider (PCP) after their effective date. To select a PCP, visit [MyMolina.com](http://MyMolina.com) to view our Provider Online Directory (POD).

**Q** Can members see a different PCP or change their PCP?

**A** Yes. Existing members can change PCPs at [MyMolina.com](http://MyMolina.com) at any time.

**Q** How do referrals work in the Marketplace?

**A** Molina has a procedure to process either a referral or a standing referral request from a Primary Care Provider (PCP), Women's Principal Health Care Provider (WPHCP), or specialist to an in-network or out-of-network specialist. PCPs are able to refer a member to an in-network specialist for consultation and treatment without a Prior Authorization. At this time, Molina requires referring provider information for claims, with the exception of PCPs, maternal health providers, outpatient behavioral health providers, substance use disorder providers, and Emergency Department care.

**Q** What are the billing guidelines?

**A** Please refer to the Claims and Compensation section of the [Provider Manual](#). Molina offers Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) with our contracted vendor solution ProviderNet. Please refer to [EDI Enrollment Forms ERA/EFT](#) on the website for more information. This is free of charge and will enable you to receive payment faster.

**Q** What are Marketplace Prior Authorization (PA) requirements?

**A** The PA process is largely the same for Marketplace as it is for Medicaid. The same PA LookUp Tool and PA Codification list is available to Marketplace providers. Fax numbers are different; Marketplace providers should use Fax: (833) 322-1061 or, preferably, the Molina Availability Provider Portal ([availability.com/molinahealthcare](http://availability.com/molinahealthcare)). Providers should always be aware of the member's specific Marketplace plan and consult the PA LookUp Tool to determine what services require Prior Authorization. If you do not obtain PA for the specified services, claims may be denied.

**Q** What are Molina's PA turnaround times?

**A** For routine Prior Authorization requests, Molina will provide a decision within 5 days of receipt of the request. Medical conditions that may cause a serious threat to the member's health are processed within 72 hours from receipt of all information, or shorter as required by law.

**Q** What steps should I take if I disagree with a PA determination?

**A** Providers can request a Reconsideration or a Peer-to-Peer Review. Administrative denials, such as denials for non-covered services or late notification, are not eligible for Reconsideration or Peer-to-Peer discussion.

- Reconsideration—Fax additional clinical documentation to support the requested service/level of service to Molina Utilization Management at (855) 502-4962. Clearly indicate "Reconsideration" on the fax cover sheet. The information must be new/additional information from the previous submission and support the Medical Necessity of the requested services. The provider will be notified of Molina's decision in writing within 60 days of receipt of the request.
- Peer-to-Peer Review—Call (855) 866-5462 to request an appointment with a Molina Medical Director. This review is an opportunity for the provider to discuss the reasons for denial with a Molina Medical Director and is completed via phone call. The request must be made within five business days of the denied authorization request while the patient is inpatient, or within one business day of discharge. For inpatient admissions, a request for a peer-to-peer discussion may be granted within five business days from discharge.

**Q** How do I submit a claim dispute?

**A** Providers are strongly encouraged to use the Molina Availability Provider Portal for disputes: [availability.com/molinahealthcare](http://availability.com/molinahealthcare). The other option is via fax to (855) 502-4962. A Claims Dispute Request form is required when submitting a claim dispute via fax. Incomplete forms will not be processed.

**Q** Do Marketplace disputes have the same time frames as Medicaid?

**A** Providers disputing a previously adjudicated claim must do so within 60 calendar days of Molina's original remittance advice date, regardless of type of denial/dispute (service denied, incorrect payment, administrative, etc.). The provider will be notified of Molina's decision in writing within 60 days of receipt of the claims Dispute/Adjustment request.

**Q** Can I submit Marketplace claims via Molina's Portal?

**A** Yes! Molina strongly encourages providers to use the Molina Availability Provider Portal ([availability.com/molinahealthcare](https://availability.com/molinahealthcare)) as much as possible, saving them time and money.

**Q** What is Molina's clearing house and EDI information for Marketplace?

**A** Molina Marketplace providers can continue using Change Healthcare or their own preferred clearinghouse. Molina's payer ID is **20934**.

