

Marketplace Producer Guide

Molina & Our Partnership with You

Dear Valued Producer,

Thank you for choosing to partner with Molina Healthcare Marketplace. We deeply appreciate your continued support and are excited to work alongside you to drive your enrollment efforts in the years ahead. Our product lineup offers an exciting and diverse mix of solutions that will help you grow and retain your business with Molina, all while making a meaningful impact on the lives of the members we have the privilege to serve together.

As the healthcare landscape continues to change and evolve, we are grateful to have Molina as your trusted partner. We deeply value the relationship between the Carrier, Producer, and Member, recognizing the essential role producers play in connecting people to the right coverage. That's why we proudly stand as a producer-friendly organization, committed to supporting you every step of the way.

Ensuring beneficiaries have access to affordable, quality coverage remains the cornerstone of our mission. As a key partner in this mission, you are at the forefront of helping us provide that coverage to millions of individuals and families across the nation, all while upholding Molina's core values: Integrity, Accountability, Teamwork, Honest and Open Communication, and a Focus on Members and Communities.

We're confident that the enhancements we've made this year will make doing business with Molina easier than ever. Supporting you in growing your business remains our top priority, and we look forward to another successful year of working together to help Molina members lead happy, healthy lives.

Sincerely,

Eric Prochnow
VP, Marketplace Growth



ConnectiCare is a wholly owned subsidiary of Molina Healthcare, Inc. You may see references to Molina on this document and in other communications. References to Molina are inclusive of ConnectiCare.

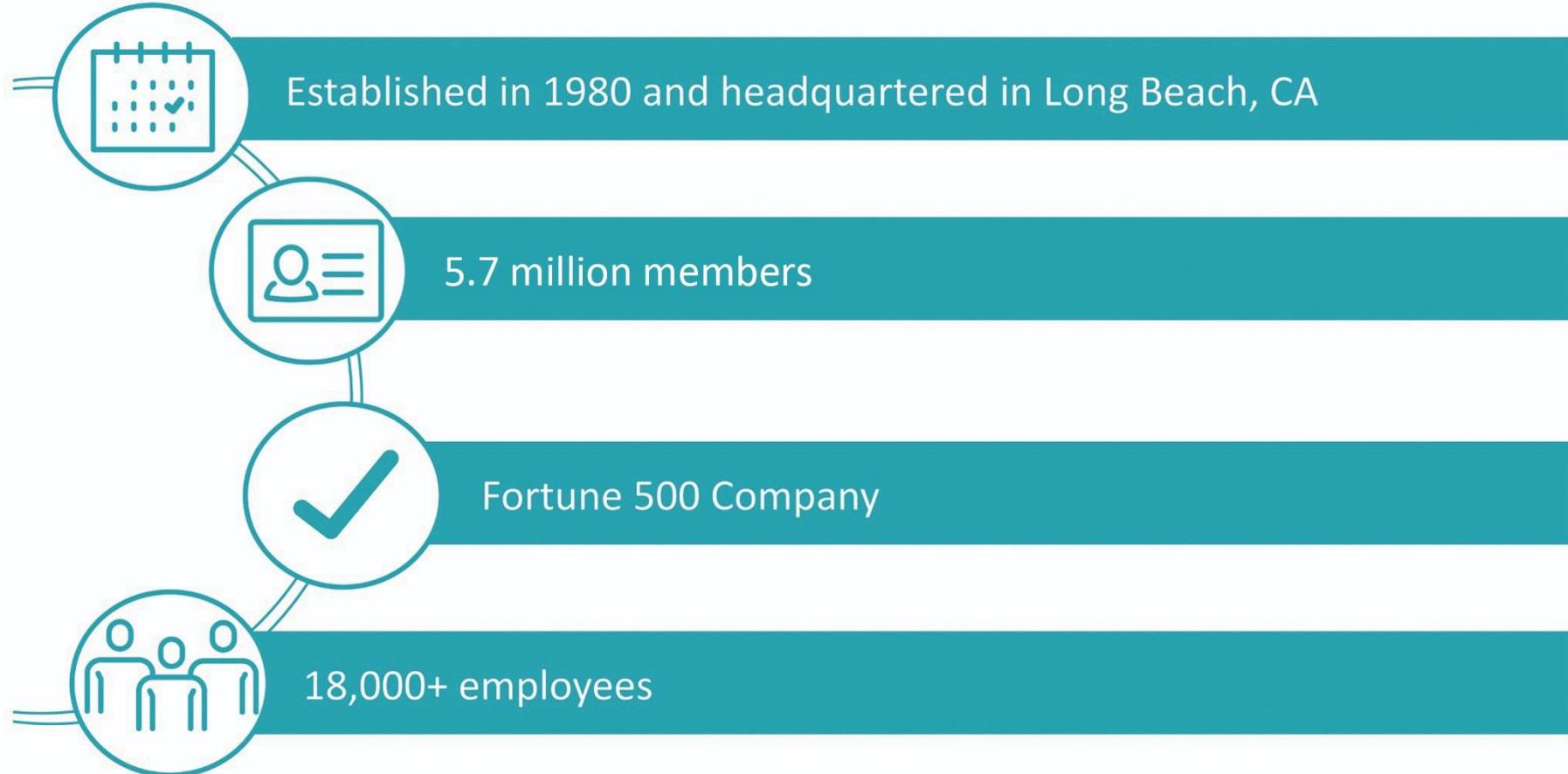
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Introduction to Molina Marketplace

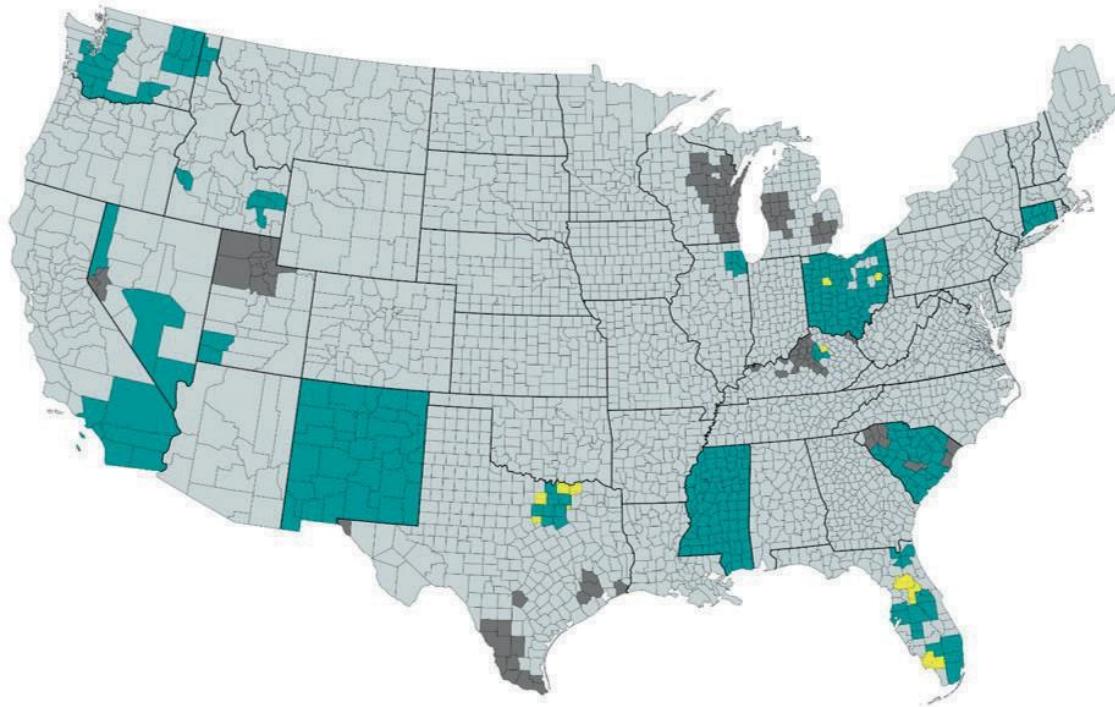
About Us

Molina Healthcare provides managed healthcare services under Medicaid and Medicare programs and through state insurance marketplaces.



National Footprint 2026

ACA Service Area



- Current Marketplace County
- Expansion Marketplace County
- 2026 Marketplace Exit

Click on state abbreviations to get list of counties

State	Total 2025 Counties	2026 Expansion	2026 Exits	Total 2026 Counties
CA	6	N/A	N/A	6
CT	8	N/A	N/A	8
FL	17	3	N/A	20
ID	7	N/A	N/A	7
IL	5	N/A	N/A	5
KY	30	1	25	6
MI	17	N/A	17	0
MS	82	N/A	N/A	82
NM	33	N/A	N/A	33
NV	7	N/A	4	3
OH	78	2	N/A	80
SC	45	N/A	8	37
TX	24	5	16	13
UT	13	N/A	11	2
WA	18	N/A	N/A	18
WI	29	N/A	29	0
Total	419	11	110	320

Molina Marketplace Broker Services

Our Molina Marketplace Broker Services takes pride and responsibility in providing the highest level of service to our producers which, in turn, positively affects our potential Molina members in making educated decisions to enroll in our Molina Marketplace plans.

Molina Marketplace Broker Services

Hours of Operation - Monday to Friday 6 a.m.-6 p.m. Mountain Time

Phone Number **(855) 885-3179**

Team	Ext	Email Address
Contracting & Commissions	Option 1	MPBrokerContracting@MolinaHealthcare.com
		MPCommissionInquiry@MolinaHealthcare.com
All Other Questions (Broker Services & Care)	Option 2	MPBrokerSupport@MolinaHealthcare.com
		MPBrokerCareTeam@MolinaHealthcare.com

Key Functions:

- Contracting support
- Active/Certified information
- Support for Molina Broker Portal and online tools
- Verification of member enrollment status

Additional Services Available:

- Commission assistance
- Service areas
- Personal assistance with member issue escalations

Communications and Training

You will regularly receive information from us through MPSalesOps@MolinaHealthcare.com. We will provide updates on the following:

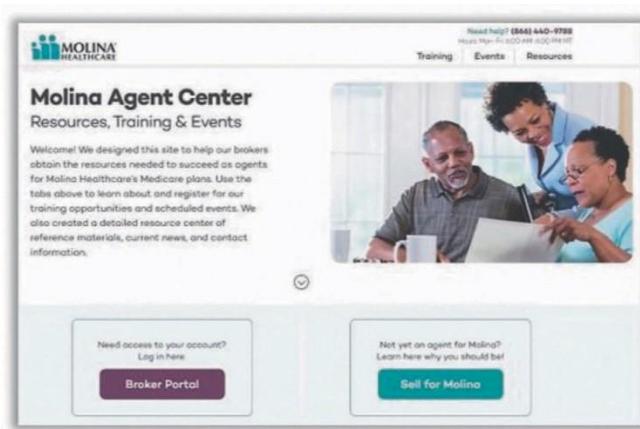
- Products and benefits
- Updated marketing materials
- Compliance information
- Training

We send communications to the email you provided us when you first contracted. To begin receiving our communications at a new email address, please call or email Broker Services.

It is your responsibility to make sure we have a valid email address on file. To help ensure you receive our emails, please add our sender address to your email contact list or address book and MPSalesOps@MolinaHealthcare.com and MPBrokerSupport@MolinaHealthcare.com.

Molina Agent Center (MAC)

Marketplace Training information can be accessed on the MAC. The training information can be found by clicking on "Training" at the top of the right-hand corner of the page.



MolinaAgentCenter.com

Molina Agent Center

Training Opportunities

Welcome! Please use this site to find all the training opportunities that we've designed especially with you in mind. View both local and national events, then register to get the information you need. Happy selling!

Show trainings

Medicare

Marketplace

[View all trainings](#)

Producer Resources

Broker Portal

EvolveNXT: <https://account.evolve nxt.com>

Molina Marketplace has partnered with EvolveNXT to provide a user-friendly broker portal that offers the following features:

- **Book of Business Search (BoB)**

- ***New* Premium Payment Feature**

- You can now make payments on your members' behalf. Click the "Make Payment" link to be connected to the member's payment portal. An authorization code will be sent to your member and once they provide that to you, you'll be able to make a one-time payment, set up autopay and see past payments and past due amounts.

- ***New* Digital ID Card Access**

- Print and download member ID cards directly in your portal

- **Effectuated/Paid Through Status**

- Use the Status column to see which members are pending their first premium payment. If they have effectuated their coverage they will show as Active. Use the Paid Thru Date column to see if they are current on their premium payments. Use the Net Due Amount column to see how much they owe.

- **ID Card & PCP Change Requests**

- Request an ID Card be mailed to your member or to change to a member's Primary Care Physician
 - Note: Members must have made their binder payment and be active in your BoB to submit these requests on their behalf

- **Active/Certified Status**

- Monitor your declared sales states, licenses, certifications, and appointments to ensure you are ready to sell

Producer Resources and Online Tools

Provider Online Directory (POD)

- Molina Healthcare: <https://Molina.sapphirethreesixtyfive.com/>
- ConnectiCare : <https://connecticare.sapphirethreesixtyfive.com/?ci=ct-connecticare>

Online Formulary

- Molina Healthcare: <https://www.Molinamarketplace.com>
- ConnectiCare: <https://www.connecticare.com/resources/pharmacy>

Member Portal

- Molina Healthcare: [MyMolina Portal](#)
- ConnectiCare: [My ConnectiCare Portal](#)

Off Exchange Enrollment

- Molina Healthcare & ConnectiCare HealthSherpa Enrollment link: <https://enroll.molinamarketplace.com/sessions/new>
- Additional how to guides available in Evolve portal under “Docs & Resources”

Molina Marketing Store

Producers with an Active/Certified Ready-to-Sell status can browse, personalize, and order printed and digital marketing collateral. Benefit-at-a-Glance flyers, benefits brochures, greeting cards, and signage. Some items available in multiple languages:
<https://molinamarketingstore.com/>

Member Portal

Molina Healthcare: [MyMolina Portal](#) / **ConnectiCare:** [MyConnectiCare Portal](#)

Your member's account is their online connection to their plan's benefits. It is available 24 hours a day, seven days a week. Once you enroll your clients into a plan, they can register by following these easy steps:

- **Step 1:** Go to member portal (**Molina Healthcare:** [MyMolina Portal](#) or **ConnectiCare:** [MyConnectiCare Portal](#))
- **Step 2:** Enter the Member ID number (or social security number), date of birth and zip code
- **Step 3:** Enter the email address
- **Step 4:** Create a password
- **Step 5:** Now you are ready to log into your member account.

Through their member account, they will be able to:

- View their bill
- Register for AutoPay, an automatic payment option
- Make a one-time payment
- View their plan and benefits
- Change their doctor
- View their claims history
- Print their ID Card or request a new ID Card
- Get reminders on health services they may need
- View the formulary of prescription drugs

Contracting Process

Contracting Requirements

All producers must complete the automated onboarding process, pass background check, have all required contracting documents uploaded, and properly licensed and appointed in the state(s) you want to sell in.

Molina Marketplace works with Marketing General Agencies (MGA). MGA is an entity that connects insurance carriers with producers. These agencies offer training, marketing support, and administrative services to their producers, as well as help with product knowledge and managing carrier relationships.

Your contracting Marketing General Agency (MGA) will send you an onboarding link via email. If you are currently contracted with Molina and want to switch agencies or were previously contracted with Molina Marketplace and are currently terminated, please refer to the Re-Onboarding and Release Process for Participating Producers section of this Producer Guide.

Producers must attest to and maintain E&O coverage at a minimum of \$1,000,000 per incident and \$1,000,000 in the aggregate for a policy year. An MGA blanket policy is accepted if the producer's name is listed on their E&O certificate. In addition, MGA must have minimum amounts of \$1,000,000 per incident and \$1,000,000 in the aggregate, for a policy year. MGA shall secure and at all times maintain a policy of insurance that provides adequate first and third-party coverage for data security incidents in amounts consistent with industry standards and law, but not less than \$1,000,000 per occurrence or claim. MGA shall maintain any other types of insurance consistent with industry standards and law.

Upon request by Molina Healthcare, at any time, Producer shall provide Molina Healthcare with written proof that satisfies the foregoing requirements.

Producers must provide a copy of your Federally Facilitated Marketplace certification or State-based Exchange certification if not already in the system.

Incomplete producer application/onboarding submissions:

- If producer application via onboarding is not completely submitted or is missing required documents/ information, then the producer will be denied as an incomplete application.
- Producers will have 60 days to provide requested information before denial is processed.
- If producer writes business without meeting all contracting requirements, no commissions shall be paid to the MGA.

Onboarding through EvolveNXT

Once an agency has created a producer onboarding case, an email invite from DoNotReply.Molina@EvolveNXT.com will be sent to the producer. Upon clicking on the link in the email invite, the producer can navigate to their individual portal account.

- Please note that if the producer is **already an EvolveNXT user with another payor**, the producer will use the **same credentials**.
- If the producer is **new to EvolveNXT**, a **new password will need to be created**. Producer username will be the email address on file with Molina, which the agency would have provided at time of creating the onboarding case. The email address must be unique to the producer, duplicates will not be allowed in our EvolveNXT system.
- Producers who have successfully completed the onboarding process and have received a confirmation email, will have full access to the **Navigation bar** upon logging into the Portal.

***Molina reserves the right to pause onboarding subject to business needs.**

Appointment Process

Participating Producer and MGA shall be appointed in accordance with Company's policies prior to soliciting company products in a state. Appointments are on a state-by-state basis. An appointment in one state does not authorize MGA or the participating producer to solicit in a different state.

To be appointed you must have the following Line of Authority noted on your state(s) license for the states you are approved to sell in:

State	MGA License Line of Authority Required	Agency Needs Appointment	Producer Needs Appointment	Producer License Line of Authority Required
CA*	Accident and Health	No	No	Accident and Health
CT	Accident and Health or Sickness	Yes	Yes	Accident and Health or Sickness
FL	Health	No	Yes	Health
ID	Accident and Health or Sickness	Yes	Yes	Accident and Health or Sickness
IL*	Health	No	No	Health
KY	Health	Yes	Yes	Health
MS	Life, Accident & Health	No	Yes	Life, Accident & Health
NM	Accident & Health or Sickness	No	Yes	Accident & Health or Sickness
NV	Health	Yes	Yes	Health
OH	A&H-HIC	Yes	Yes	A&H-HIC
SC	Accident & Health or Sickness	No	Yes	Accident & Health or Sickness
TX	Life, Accident, Health and HMO	Yes	Yes	Life, Accident, Health and HMO
UT	Accident & Health, Sickness	Yes	Yes	Accident & Health, Sickness
WA	Disability	Yes	Yes	Disability

Producers who wish to sell in other states outside of the state(s) selected during the time of onboarding may do so via their broker portal.

*Appointment process for CA and IL is an internal Molina process.

***Molina reserves the right to pause appointments subject to business needs.**

Just-in-time (JIT) Active/Certified Requirements

Must have an active appointment in the applicable state and shown in the Department of Insurance resource in that state.

The exception to this rule is JIT state appointments. A JIT appointment is when a carrier submits the producer's appointment to the state insurance department after the producer has solicited and submitted their first new business case for that carrier. Not all states permit JIT appointments. Those that do allow JIT appointments do so on the condition that the producer has a valid license for the state where the business is solicited. JIT appointments legally give insurance carriers the ability to delay appointing a producer (and paying the associated fees) until the producer actually begins writing business for that carrier in the states that allow JIT appointments. The following states are considered JIT states for Molina Healthcare: CT, ID, MS, NM, NV, SC, and TX. JIT states will be appointed within 15 calendar days of the application signature date. To be eligible to get certified via Access Health CT to write business in CT you need to be appointed with all carriers. Email MPBrokerContracting@MolinaHealthcare.com for assistance onboarding in CT and getting certified on Access Health CT.

Note: Just in time appointments will not apply when the applicable exchange requires certification prior to a sale.

***Molina reserves the right to pause appointments subject to business needs.**

Molina Background Process:

We initiate background checks on all new producers during the onboarding process.

In addition, we do a monthly Office of Inspector General (OIG) check via the Global Watchlist.

Active producers will go through a background check every 24 months.

Our background check vendor is Interstate Background Research, Inc. (IBR) and our background checks consist of:

- Nationwide, county of residence and federal criminal history
- FACIS Level 3 search

The background process typically takes less than 72 hours to be processed, however, some background checks can take longer due to the state/county not having an automated system.

If a producer is denied for failed background, they will be notified and have the option to dispute any actions they do not agree with.

Once producer has passed all background requirements as noted above, producer will move on to the appointment process.

Welcome Email

Upon completion of onboarding with Molina Marketplace you will receive the following confirmation approval email.

Confirmation Email Subject Line - Your Molina Marketplace onboarding case has been approved

Congratulations, your onboarding application with Molina Marketplace has been approved.

You have been issued a Ready-To-Sell (RTS) status in the following states: [approved states].

You are currently listed as not RTS in the following states: [inactive states].

States where you have not been issued a RTS status require you to complete some additional certification requirements, such as being issued an active health license in that state or completing an exchange certification. Please check your Molina broker portal for more information on your state sales status.

Please use the URL and login information below to access your Evolve portal account. URL:

<https://account.evolveNXT.com/>

If you're a new user to the EvolveNXT system, you will be asked to update your temporary password to a password of your choosing. Otherwise, your login credentials will be the same credentials you used to fill out your onboarding application.

If you have any questions or problems logging into your portal account, please contact the Molina Broker Support Team at

MPBrokerSupport@MolinaHealthcare.com or call us at (855) 885-3179. They are available Monday through Friday from 6 a.m. to 6 p.m. MST.

Active/Certified Requirements

You work very hard to enroll your clients into Molina Marketplace and we want to make sure you are compensated! This Active/Certified section walks you through the critical requirements needed for you to write on behalf of Molina Marketplace and be compensated.

IN ORDER TO WRITE and BE ELIGIBLE TO BE COMPENSATED for ANY Molina Policy:

- You need to pass the background check through IBR.
- You need to have a current license in the state(s) that you are soliciting at the time you write the policy, these licenses must be on record within the Molina broker platform, EvolveNXT.
- You need to have a current Molina appointment in the state(s) that you are soliciting at the time you write the policy. The exception to this rule is our Just-In-Time states: CT (Off-exchange), ID, MS, NM, NV, SC, and TX. Just-In-Time states will be appointed within 15 calendar days of the application signature date.
- In order to be appointed within a state you will need to declare your sales state(s) in EvolveNXT.
- If you are contracted with Molina to sell in the following Molina Federally Facilitated Marketplace (FFM) States (FL, MS, OH, SC, TX, and UT), you must have completed the Federally Facilitated Marketplace certification and you must show up on the FFM Registration List at the time you write the policy. The Molina broker platform, EvolveNXT, is connected to the FFM certification platform and will automatically update your profile with the certification.
- If you are contracted with Molina to sell in the Molina State Based Marketplaces (CA, CT, ID, IL, KY, NM, NV, and WA) you must have completed the state certification at the time you write the policy. These certifications must be on record within the Molina broker platform, EvolveNXT.

Once all indicators reflect you are Active/Certified have been completed you will receive welcome email. **A producer is not considered Active/Certified until they have received their welcome email.**

Appointments are on a state-by-state basis. An appointment in one state does not authorize MGA or participating producer to solicit in a different state.

How Do I Know if I'm Active/Certified?

On the Dashboard of your EvolveNXT portal, you will see a “My Credentials” section, which details Your Status and current active licenses.



The image shows two side-by-side sections of the EvolveNXT portal. The left section, titled 'Current Status', lists 'Medicare Advantage - Active/Certified' and 'ACA - Active/Certified'. The right section, titled 'Credentials', is a table with columns: Type, Number of Active, Number of Expired, and Status. It shows data for License (6 active, 0 expired, All Valid), Certification (7 active, 20 expired, Attention), and Appointment (1 active, 0 expired, All Valid).

Type	Number of Active	Number of Expired	Status
License	6	0	All Valid
Certification	7	20	Attention
Appointment	1	0	All Valid

By clicking “View Details,” you can review your FFM and SBM certifications, state licenses, and appointments.



Although you are required to maintain an E&O, you will not be required to upload one during the onboarding process or maintain a copy of it on your portal.

If for any reason Molina determines the need to review and/or validate your E&O meets contractual requirements, you can upload to the portal under the “My Documents” tab.

On the Evolve Dashboard if a producer has an appointment in a JIT state, until the first policy is written, the dashboard will reflect as pending enrollment below this statement.



The image shows the 'My Status & Credentials' page with the 'Appointment Info' tab selected. At the top, there is a navigation bar with tabs: 'My Status Info', 'Sales States & Licenses', 'Certification Info', 'Application Info', and 'Appointment Info' (highlighted in teal). Below the tabs is a search bar labeled 'Search:'. The main content area is a table with columns: Start Date, End Date, Entity ID, Company Name, Company Product, State, and Appointment Status. The table shows three rows of data:

Start Date	End Date	Entity ID	Company Name	Company Product	State	Appointment Status
		11111	MOLINA HEALTHCARE OF CALIFORNIA, INC.	MA-ACA	CA	No Appointment Needed
		52630	MOLINA HEALTHCARE OF MICHIGAN, INC.	MA-ACA	MI	Pending Enrollment
06/16/2025		12334	MOLINA HEALTHCARE OF OHIO INC	MA-ACA	OH	Appointed

Re-Onboarding and Release Process for Participating Producers

The following standards shall apply where a Participating Producer requests to: re-onboard with Company to Solicit Company Products; or Solicit Company Products under a different MGA.

Re-Onboarding with Company

- If a Participating Producer was terminated for cause by Company, the Participating Producer will not be able to re-onboard with Company in the future.
- If the Participating Producer's CMS or State-based certification was terminated and it was the only certification the Participating Producer held and the Participating Producer was terminated by Company as a result, then the Participating Producer cannot re-onboard with Company until CMS and/or the State-based exchange lifts the termination and reinstates the Participating Producer's certification.
- If the Participating Producer's authority to Solicit Company Products was terminated for lack of production by Company, then the Participating Producer will need to wait 3 months before re-onboarding with Company.

Release to Onboard with a Different Marketing General Agency

- If MGA initiated the termination of the Arrangement between the Participating Producer and MGA, the Participating Producer shall have the right to onboard under a different MGA to Solicit Company Products without needing a release from MGA once the termination of the Arrangement is effective.
- If a Participating Producer chooses to terminate the Arrangement between the Participating Producer and MGA, the Participating Producer will need to wait 3 months before onboarding with a different MGA to Solicit Company Products, unless the Participating Producer receives a release from MGA.
- If the MGA Agreement between MGA and Company is terminated, for any reason, any Participating Producer that has an Arrangement with MGA shall have the right to onboard with a different MGA to Solicit Company Products once the termination of the MGA Agreement is effective.
- If a Participating Producer has written an active policy in the past 90-days, the Constructive release will be delayed by 90-days and will be effective the 1st of the following month after the 90-days waiting period (Future Release).
- The Participating Producer must complete the Constructive Release Form and note both their existing agency and future agency they are selecting to transfer under.

- If a Participating Producer has an active Arrangement with MGA, the Participating Producer will not be permitted to onboard with a different MGA to Solicit Company Products during the period of October 1st-January 31st. If a request to onboard with a different MGA is submitted during this period, it will be deferred until February 1st. This limitation will not apply where the Marketing General Agency Agreement between MGA and Company is terminated, and in such instances a Participating Producer shall have the right to onboard with a different marketing general agency to Solicit Company Products upon the effective date of the termination of the Marketing General Agency Agreement.
- Any Commissions that are earned for a Benefit Contract or Policy sold before a Participating Producer onboards with a different marketing general agency to Solicit Company Products will be paid to MGA. All Commissions that are earned for a Benefit Contract or Policy sold as of the effective date of the Participating Producer's onboarding with the new marketing general agency will be paid to the Participating Producer's new marketing general agency.
- Company will require a Participating Producer to sign a transfer agreement with Company, before allowing the Participating Producer to onboard with a different MGA to Solicit Company Products.
- In the event of a conflict between the terms of the Arrangement between the Participating Producer and MGA, and the Marketing General Agency Agreement between MGA and Company, the terms of the Marketing General Agency Agreement will control.

Book of Business Transfer

Book of Business Transfer

- We allow a book of business transfer between two producers, where permitted under applicable law and regulations, in the event of death of the current producer.
- The new producer must be appointed in the same states as the current producer for policies to be transferred. The producer must fill out the Book of Business Transfer Request Form and provide a completed list of policies to be transferred on our provided Excel document. Located in the Evolve Broker Portal.
- Block transfers for CA policies can be made to a producer outside of the agency by sending an email to agentcontracts@covered.ca.gov or within an agency through the Covered CA Agency dashboard, Instructions can be found here: https://hbex.coveredca.com/toolkit/downloads/Transferring_Consumers_Within_an_Agency_for_Agency_Managers_and_Admin_Staff_Quick_Guide.pdf
- In the event the Marketplace Marketing General Agency is unable or unwilling to pay commissions as agreed upon in this contract, the Producer maintains the right to request an immediate release of their clients and facilitate the transfer of the business to a new agency or to the Producer's own entity, provided the Producer holds the required appointments and licenses.

***Molina reserves the right to pause book of business transfers subject to business needs**

Compensation

- The Marketing General Agency (MGA) is solely responsible for compensating their Participating Producers.
- Producer and agency must meet Active/Certified requirements to be eligible to receive compensation.
- MGA shall no longer receive compensation associated with a specific benefit contract or policy if Molina reasonably believes that the benefit contract or policy is fraudulent or if the Participating Producer or MGA was otherwise in material breach of the Marketing General Agreement at the time the benefit contract or policy was written.
- If producer or agency is terminated, MGA shall no longer receive compensation.
- Molina shall have the right to retroactively collect any commissions that were paid to MGA prior to company's determination that Participating Producer was not eligible for such commissions.
- Commissions will be paid based on the applicable fixed payment per member per month ("PMPM") rate for up to a maximum of five members of the same household actually covered per benefit contract or policy.
- All benefit contracts and policies written during a calendar year shall renew on the next following January 1 regardless of such benefit contract's or policy's effective date and thereafter shall renew on each subsequent January 1 unless previously terminated for any reason.
- No advance commissions will be paid.
- Where bonuses are applicable, please reference the bonus program flyer in the Evolve broker portal for the terms and conditions.

Reconciliation Form

- When an agency has questions regarding unpaid commissions and/or they are unable to locate a policy in their Book of Business, they can use the Reconciliation Form which can be found in the Evolve Broker Portal.
- Send the completed Reconciliation Form to: MPbrokercommissioninquiry@MolinaHealthcare.com

Compliance and Oversight

Prohibited Practices

In offering products to Marketplace consumers, an organization and its contracted producers may not engage in any of the following practices or activities. Prohibited practices include, but are not limited to, the following:

- Producers will not enroll or change a members plan without their consent.
- Discriminatory practices
- Forgeries
- Misrepresentations or activities which would mislead, confuse, or misrepresent any persons to sell Molina Healthcare
- Improper payment
- Distribution of incorrect or unapproved marketing materials
- Offering gifts or payments to induce enrollment
- Accepting gifts or any commissions from affiliated providers, vendors, or customers
- Producers will not make any statement, claim, or promise that conflicts with, alters, or erroneously expands upon the information given by Molina
- Producers will not mislead, confuse, or misrepresent to potential members about Molina Healthcare, competitive plans, the Marketplace, or Medicare
- Producers will not misrepresent themselves as a producer of any state or federal government agency
- Producers will not offer any form of enticement, such as gifts or payments, to induce enrollment by potential members
- Producers will identify themselves as representing Molina Healthcare to all prospective or current members
- No unauthorized use of Molina's logos
- Producers shall not broadcast, publish or distribute any advertisements or other material relating to Molina products that were not originated by Molina. This restriction applies to, enrollment materials, internet communications, electronic and written communications that represent Molina products, brochures, telephone directory advertisements, and Producer company listings
- Record retention and access
 - Producers must permit access by HHS, the Office of Inspector General (OIG), other state and federal governmental authorities and representatives of Molina to such records in connection with their respective rights to evaluate through audit, inspection, or other means, until at least ten (10) years from the final date of the agreement period, or a longer period if required by state or federal laws or regulations

Engaging in prohibited practices will result in disciplinary action which may include contract or appointment termination, reporting to applicable federal and state authorities, and other actions permitted by law.

Compliance

As an MGA and producer contracted with Molina Healthcare, you are required to prevent, and report suspected or actual non-compliance and/or fraud. You can report suspected or actual non-compliance or fraud, waste, and abuse by either calling Molina Healthcare AlertLine, or using the AlertLine web link below.

Molina Healthcare AlertLine is an external telephone and web-based compliance hotline hosted by NAVEX Global. AlertLine is available 24 hours a day, 7 days a week, and 365 days a year. When you report a complaint, you can choose to remain anonymous.

Molina 24/7 AlertLine: (866) 606-3889

<https://MolinaHealthcare.alertline.com>

Oversight

- If Molina receives a complaint or otherwise becomes aware of potential contractual, statutory or regulatory compliance concerns related to a producer or agency, it will be assigned to appropriate personnel for immediate investigation.
- This investigation may include interviews with employees, providers, agencies or producers, or customers; reviews of files or electronic data; and research of current or prohibited practices.
- Once the investigation is completed, Molina will determine the appropriate disciplinary/corrective actions, which may include:
 - Coaching/monitoring
 - Verbal/written warnings
 - Suspension or probationary period – with or without commissions
 - Contract termination – with or without cause
 - Being reported to appropriate state Department of Insurance and/or CMS

DMHC Inspection of Records (Pertains to CA Participating Producers only)

As an MGA and producer contracted with Molina Healthcare, you are required to comply with the following standards and permit the California Department of Managed Health Care (DMHC) to inspect all records, books, and papers (as defined below) as may be necessary for compliance by Molina with Cal. Health & Safety Code § 1381.

- All records, books, and papers of MGA and its producers, including any subcontractors, related to the services provided under the Marketing General Agency contract with Molina shall be open to inspection, including through electronic means, by the DMHC.
- To the extent feasible, all records, books, and papers described herein shall be located in California. If such records, books, and papers are located outside California, MGA and its producers shall, upon the DMHC's request, make those records, books, and papers available in California or furnish a true and accurate copy of such records, books, and papers to the DMHC.
- Pursuant to a request by the DMHC to inspect the records, books, and papers described herein, MGA and its producers shall: (1) furnish in electronic media all records, books, and papers that are possessed in electronic media; and (2) conduct a diligent review of the records, books, and papers and make every effort to furnish those responsive to the request.
- To the greatest extent feasible, all records, books, and papers pursuant to an inspection request from the DMHC shall be furnished in a format that is digitally searchable. If requested by the DMHC, all records, books, and papers described herein shall be preserved until furnished.
- For purposes of the requirements set forth above, "records, books, and papers" includes records, books, and papers that are possessed in any medium, including electronic media.

Enrollment

Ways to enroll your clients

Federal and State-based Exchange Websites and Customer Service Lines

- i. Federally Facilitated Marketplace (FFM) FL, MS, OH, SC, TX, UT – HealthCare.Gov or Enroll.MolinaMarketplace.com or 1-800-318-2596
- ii. Covered California – CoveredCA.com or 1-800-300-1506
- iii. Access Health CT – AccessHealthCT.com or 1-855-805-4325
- iv. Your Health Idaho – YourHealthIdaho.org or 1-855-944-3246
- v. Get Covered Illinois – GetCovered.Illinois.gov or 1-866-311-1119
- vi. Kynect – Kynect.KY.gov or 1-855-459-6328
- vii. Be Well NM – BeWellNM.com or 1-833-862-3935
- viii. Nevada Health Link – NevadaHealthLink.com or 1-800-547-2927
- ix. Washington Healthplanfinder – WAHealthplanfinder.org or 1-855-923-4633

Off Exchange – CT, FL, OH, TX

- i. HealthSherpa – Enroll.MolinaMarketplace.com or 1-888-684-1373
 - a. Log in to HealthSherpa
 - b. Select Off-Ex Medical
 - c. Enter zip code and applicants' information
 - d. Browse plans and select Enroll Now
 - e. Complete application

Enrollment Periods

Enrollment Effectuation

A person may enroll in a health plan (i.e., create an account with the exchange or the health insurance company and make a plan selection) without paying any premiums. But if they don't pay their initial premium, the plan never actually takes effect – in other words, it doesn't get effectuated. So, the term “effectuated enrollments” is used to describe the number of people who have enrolled in coverage and paid whatever premiums are due in order for their coverage to take effect and remain in effect.

Application Timeline

When an application is received from the Marketplace it takes approximately 1-2 days to be added to our member system. If there is a producer attached to the enrollment it can take an additional 1-3 days to be updated in our EvolveNXT Broker system.

Open Enrollment Period (OEP)

Open Enrollment Period for our FFM and Off Exchange States is November 1, 2025 – January 15, 2026

Covered California's Open Enrollment Period is November 1, 2025 – January 31, 2026

Your Health Idaho's Open Enrollment Period is October 15, 2025 – December 15, 2025

All other State Based Open Enrollment Periods is November 1, 2025 – January 15, 2026

Special Enrollment Period (SEP)

A time outside the yearly Open Enrollment Period when your client can sign up for health insurance. They may qualify for a Special Enrollment Period if they've had certain life events, including losing health coverage, moving, getting married, having a baby, or adopting a child. If your client qualifies for an SEP, they usually have up to 60 days following the event to enroll in a plan. If they miss that window, they must wait until the next Open Enrollment Period to apply.

Special Enrollment Period Life Changes

The availability of a SEP is established by state and federal law. However, the following includes examples of life changes that can qualify the member for a SEP.

- **Changes in household** - May qualify for a Special Enrollment Period if they or anyone in their household in **the past 60 days**:
 - **Got married.** Pick a plan by the last day of the month and coverage can start the first day of the next month.
 - **Had a baby, adopted a child, or placed a child for foster care.** Coverage can start the day of the event — even if they enroll in the plan up to 60 days afterward.
 - **Got divorced or legally separated and lost health insurance.** Divorce or legal separation without losing coverage doesn't qualify for a Special Enrollment Period.
 - **Died.** They will be eligible for a Special Enrollment Period if someone on their Marketplace plan dies and as a result, they are no longer eligible for their current health plan.
- **Changes in residence:**
 - Moving to a new home in a new ZIP code or county
 - Moving to the U.S. from a foreign country or United States territory
 - If they are a student, moving to or from the place they attend school
 - If they are a seasonal worker, moving to or from the place they both live and work
 - Moving to or from a shelter or other transitional housing
 - **Note:** Moving only for medical treatment or staying somewhere for vacation doesn't qualify them for a Special Enrollment Period.
 - **Important:** Your client's must prove they had qualifying health coverage for one or more days during the 60 days before their move. They don't need to provide proof if they are moving from a foreign country or United States territory.

Special Enrollment Period Life Changes (continued)

- **Loss of health insurance** - They may qualify for a Special Enrollment Period if they or anyone in their household lost qualifying health coverage in the past 60 days OR expects to lose coverage in the next 60 days:
 - Losing job-based coverage
 - Losing individual health coverage for a plan or policy they bought themselves
 - Losing eligibility for Medicaid or CHIP
 - Losing eligibility for Medicare Losing coverage through a family member
- **More qualifying changes:**
 - Changes that make them no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)
 - Gaining membership in a federally recognized tribe or status as an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder
 - Becoming newly eligible for Marketplace coverage because they became a U.S. citizen
 - Leaving incarceration
 - Starting or ending service as an AmeriCorps State and National, VISTA, or NCCC member

Washington SEP Validation Frequently Asked Questions (FAQ's)

How soon after I submit an SEP enrollment can I expect to hear from someone?

A member of the Molina team will attempt to contact you within 24-48 hours of receipt of your SEP request. Additional contact attempts will be made during the 30-day verification period until contact is established with the enrollee. A perspective member will receive an email notifying them Molina has received their application. A letter detailing what documentation is required for the specific qualifying life event and instructions on where to send the documentation will be generated upon receipt of application.

Is the member effective during the validation process?

No, not until the verification process is successfully completed. It is important to note that a Member ID number will not be generated until SEP is validated and binder payment is made.

When will the member be notified of the decision?

Once members are validated they will receive their first invoice for coverage including their coverage effective date. Once payment is made, the member will receive their ID card and welcome kit within 7- 10 business days. SEP enrollees who fail the verification process will receive a letter of denial stating the reason.

Will the coverage be retro reinstated when SEP is validated?

Coverage effective date for enrollees who meet the documentation requirements for SEP is the date communicated to the enrollee by the Washington Healthplanfinder at the time of application.

Is there an appeal process for policies denied due to non-validation?

Yes, the process for appeals will be provided in the denial letter.

Who should the member contact if they have questions?

If the member has any questions, please have them call Molina at (855) 885-3174 (TTY 711), Monday through Friday from 8 a.m.- 6 p.m. PT

Washington SEP Validation Frequently Asked Questions (FAQ's)

Can a producer contact Molina on the member's behalf?

Under HIPAA regulations, producers are unable to discuss a member's enrollment status with Enrollment and Premium Billing as well as Member Services.

However, producers are able to obtain SEP validation updates from the BSU, WA MSM or EvolveNXT portal.

How do I send the requested documentation?

Refer to the initial verification letter.

- Email: MolinaWASEPintake@Healthplan.com
- Phone: (800) 319-9226
- Mail: PO Box 30105, Tampa, FL 33630-3105

What happens if I do not provide the requested documentation within 30 days?

If the documentation is not received or no contact was made with the enrollee by the 30-day verification period, the application for SEP coverage will be closed. If the application is closed/ denied, the enrollee will not have coverage with Molina.

What changes can I make to my SEP request?

All changes to the application must go through WA Healthplanfinder.

Can a non-member enroll a dependent?

WAHBE allows a non-member to enroll a dependent. A common example is a spouse enrolls wife for coverage: wife is the dependent/member, but husband is the Primary Applicant/Subscriber who makes the premium payments. In these cases, we invoice the subscriber as the responsible party, but they aren't the active member.

Premium Payments and Member Services

Member Premium Payment Options

1. Pay via Broker Portal: Make an authorized payment on behalf of members. can be made in the Book of Business Search page of your Evolve Broker Portal via Make Payment link.
2. Member Portal: Members can set up autopay and other self-service options
 - a) MyMolina.com
 - b) MyConnectiCarePortal.com
3. Member Mobile App: Members can make a payment from the palm of their hand (Google Play & Apple App Store)
 - a) My Molina Mobile App
 - b) My-ConnectiCare Mobile App
4. One-Time or guest payments: Requested Information: Last 4 of SSN, Primary DOB, Zip Code, and Email Address
 - a) Molina – <https://webpayments.billmatrix.com/MHCInitialPayGuest>
 - b) ConnectiCare – <https://webpayments.billmatrix.com/MHCCConnectiCareInitialPayGuest>
5. Pay by Phone: Speak to a billing representative or use our IVR-interactive voice response system to make a payment over the phone
 - a) Reference the billing phone numbers grid.
6. Auto Pay: Signing up for autopay through member portal
 - a) MyMolina.com
 - b) MyConnectiCarePortal.com
7. Money Gram: MoneyGram accepts cash payments. Allow 3 business days for the payment to post to member account. See next page for receiver code.
 - a) To find a location, Call (800) 666-3947 or visit MoneyGram.com
8. Check Free Pay: CheckFreePay accepts in-person cash payment option that offers members a secure and convenient way to pay their premiums at any authorized payment location. To find a location, Call (866) 866-4513 or visit checkfreepay.com

Member Premium Payment Options (Continued)

9. By Mail: Include the payment coupon provided on the invoice notice. Allow 10-15 days for mailing and processing. You must include an invoice coupon with the scan line to process your payment.
 - a) Standard delivery:
Molina Healthcare or ConnectiCare
PO Box 75159 Chicago, Illinois 60675-5159
 - b) Overnight delivery:
Molina Healthcare
Dept #75159 350 N. Orleans St. Ste 800 Chicago, Illinois 60654-1529
10. Pay by Bill Pay: Set-up is required through Member's bank or credit union, not Molina. Also, please use the primary subscriber ID as the account number.

Member Services & Billing Phone Numbers

Hours of Operation for ALL States

Monday – Friday 8 a.m.–6 p.m. Local Time

State	Member Services	Billing & Payments
California	(888) 858-2150	(800) 772-5327
Connecticut	(800) 251-7722	(877) 275-6688
Florida	(888) 560-5716	(800) 375-7421
Idaho	(833) 657-1981	(877) 672-1646
Illinois	(833) 644-1623	(877) 473-6017
Kentucky	(833) 644-1621	(888) 466-4477
Michigan	(888) 560-4087	(800) 503-6593
Mississippi	(866) 472-9484	(800) 295-3859
New Mexico	(888) 295-7651	(877) 669-2545
Nevada	(866) 472-9484	(877) 669-2545
Ohio	(888) 296-7677	(800) 339-8459
South Carolina	(855) 885-3176	(800) 400-7957
Texas	(888) 560-2025	(844) 359-0201
Utah	(888) 858-3973	(800) 573-6844
Washington	(888) 858-3492	(800) 525-4554
Wisconsin	(888) 560-2043	(844) 278-1130

MoneyGram Premium Payment

MoneyGram Receive Code:

State	Biller Name	Receive Code
California	Molina Healthcare of CA	14352
Connecticut	ConnectiCare	21865
Florida	Molina Healthcare of FL	14359
Idaho	Molina Healthcare of ID	19113
Illinois	Molina Healthcare of IL	19114
Kentucky	Molina Healthcare of KY	19112
Michigan	Molina Healthcare of MI	14354
Mississippi	Molina Healthcare of MS	17904
Nevada	Molina Healthcare of NV	19229
New Mexico	Molina Healthcare of NM	14356
Ohio	Molina Healthcare of OH	14358
South Carolina	Molina Healthcare of SC	17905
Texas	Molina Healthcare of TX	14357
Utah	Molina Healthcare of UT	14353
Washington	Molina Healthcare of WA	14355
Wisconsin	Molina Healthcare of WI	14360

Nurse Advice Line

Molina Healthcare provides our members with information on the Nurse Advice Line to help manage health conditions.

State	Nurse Advice Line ENGLISH	Nurse Advice Line SPANISH
California	(888) 275-8750	(866) 648-3537
Connecticut	(833) 957-0169	(833) 957-0169
Florida	(888) 275-8750	(866) 648-3537
Idaho	(833) 657-1983	(833) 657-1983
Illinois	(833) 657-1982	(833) 657-1982
Kentucky	(833) 644-1622	(833) 644-1622
Michigan	(888) 275-8750	(866) 648-3537
Mississippi	(844) 794-3638	(844) 794-3638
Nevada	(833) 685-2104	(833) 685-2104
New Mexico	(888) 275-8750	(866) 648-3537
Ohio	(888) 275-8750	(866) 648-3537
South Carolina	(844) 800-5155	(844) 800-5155
Texas	(888) 275-8750	(866) 648-3537
Utah	(888) 275-8750	(866) 648-3537
Washington	(888) 275-8750	(866) 648-3537
Wisconsin	(888) 275-8750	(866) 648-3537



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