ConnectiCare

Provider Frequently Asked Questions (FAQs)

Molina Integration

Earlier this year, we shared exciting news about the acquisition of ConnectiCare by Molina Healthcare. Now we want to make sure network providers have the information needed to facilitate a smooth transition as we become fully integrated into the Molina family.

The FAQs below provide more details about operational changes in how network providers will work with ConnectiCare in caring for our Marketplace (Exchange) and Medicare members beginning Jan. 1, 2026. For more information, visit the provider **hub**.

Note: These changes do not apply for commercial members with an ID number that begins with a "K". For these members, providers should continue to follow ConnectiCare's existing policies and processes as posted on our **website** and use our existing **portal** functions.

1. Will ConnectiCare continue to have reciprocity with EmblemHealth?

ConnectiCare is no longer an affiliate of EmblemHealth so the concept of reciprocity no longer exists. Providers in New York state who want to continue seeing ConnectiCare members must have a direct contract with ConnectiCare. If you have a question regarding your participation with ConnectiCare, please contact Provider Services at **800-828-3407** from 8 a.m. to 6 p.m., Monday through Friday.

2. Does Molina intend to send me a new participation agreement to sign?

Not immediately. Molina is currently evaluating a timeline for converting to new contracts. Once a timeline has been developed, we will communicate it to providers. At a minimum, it will not take place prior to 2026.

3. Will my network participation change?

There will not be any change to provider network participation.

4. Will ConnectiCare have a new website, and if so, where can I find it?

ConnectiCare's public **website** remains available. The provider information and resources contained therein will continue to apply through the end of 2026 for ConnectiCare commercial members with an ID number that begins with a "K".

Our website now also includes a new **hub** with important information for providers on how to work with us in caring for our Marketplace and Medicare members beginning **Jan. 1, 2026**.

5. Will ConnectiCare policies change, and if so, where can I find them?

ConnectiCare's **Reimbursement Policies** and **Payment Integrity Policies** will not change at this time. Effective **Jan. 1, 2026**, we will adopt Molina's **Clinical Policy**, **Pharmacy Policy Criteria**, Marketplace Formulary, Medicare Formulary, and Prior Authorization List (all coming Oct. 1, 2025) for Marketplace and Medicare members.

6. Where can I find credentialing forms and once completed where do I send them?

Molina will conduct credentialing and recredentialing on ConnectiCare's behalf. Providers will no longer need to submit credentialing forms. Instead, you will use Molina's Network Pre-enrollment Tool on ConnectiCare's Join Our Network **page**.

7. How do I verify my credentialing status?

Providers can check credentialing status via Molina's Network Pre-enrollment Tool on ConnectiCare's Join Our Network **page**.

8. How do I submit demographic changes?

If your demographic information needs updating before or on/after **Jan. 1, 2026**, providers should submit through a roster profile and email the changes to **cci-providerfileoperations@molinahealthcare.com**. Failure to do so will result in your removal from the ConnectiCare provider directory.

9. Will ConnectiCare's list of external vendors change? If so, where can I find the new list?

ConnectiCare will continue our vendor relationships with Optum Behavioral Health and Evolent (for medical and radiation oncology only). We will also begin a new relationship with ProgenyHealth. For contact information, visit the provider **hub**.

10. How do I request authorization for a pharmacy?

CVS Caremark will support management of prescription drug benefits for our members. Prior authorization requests for pharmacy and HCPC/JCode can be submitted to ConnectiCare by phone, fax, or Electronic Prior Authorization platforms. For contact information, visit the provider **hub**.

11. Will ConnectiCare have a new provider portal, and if so, how do I create an account?

For commercial members with an ID number that begins with a "K", providers will continue to use ConnectiCare's existing **portal** functions.

For Marketplace and Medicare members, providers will use the **Availity Essential**s portal to perform many functions online including member eligibility verification, claims submission, and prior authorization requests (excluding vendor-managed services). If you already use Availity Essentials with other health plans, you can continue to use the platform with ConnectiCare. You do not need to create a separate user account.

If you do not currently use Availity Essentials, you can **register** for an account. Training sessions on how to use the platform will be offered beginning in December 2025.

12. How do I verify member eligibility on the provider portal?

On **Availity Essentials**, providers can verify member eligibility and benefits by navigating to the top menu option: **Patient Registration** > **Eligibility & Benefits Inquiry**.

13. How do I request authorization on the provider portal?

On **Availity Essentials**, providers can request and inquire on the status of authorizations by navigating to the top menu option: **Patient Registration** > **Authorizations & Referrals**.

14. Will the payment systems change?

ConnectiCare will be transitioning to Molina's claims processing system. Please be aware of the following processes:

- Molina performs SNIP Level 1–7 editing through our primary clearinghouse, and our internal EDI gateway before claims enter the core adjudication system.
- Claims that are missing required information or contain syntactical errors will be rejected back to providers via a 277CA electronic acknowledgment or a rejection letter if submitted as a paper claim.
- Electronic rejections enable quick correction and resubmission, often within the same day, resulting in faster and more accurate payment processing.

15. Will ConnectiCare have new payor IDs and where/how do I submit claims?

All claims for Marketplace and Medicare members with dates of service (DOS) on or after **Jan. 1, 2026**, must be submitted using the new payer ID and mailing address. These changes apply to both electronic and paper claims.

Payer ID: MLNCT
Electronic Submissions:

- SSI Group: **thessigroup.com** directly or via any clearinghouse connected to SSI Group
- Availity Essentials portal for direct data entry: **availity.com**

Paper Submissions:

ConnectiCare Claims
P.O. Box 36010, Louisville, KY 40233

16. What is the timely filing limit for claim submissions?

The timely filing limit will remain the same. Providers must submit claims to ConnectiCare within 180 calendar days after the discharge for inpatient services or the date of service for outpatient services (unless otherwise specified by the applicable participation agreement or the member's self-funded plan's provisions).

17. What is the timely filing limit for submitting corrected claims?

The timely filing limit will remain the same. Providers must submit corrected claims to ConnectiCare within 100 additional days of the original submission timely filing limits of the claim.

18. How do I sign up for electronic funds transfers?

ConnectiCare will continue our partnership with ECHO Health, Inc. (ECHO) for payment delivery and electronic remittance advice processing (EFT/ERA). To continuing receiving EFT/ERA, you must enroll with ECHO for Molina with any recent ECHO Draft Number. Enrollment can be done now at **enrollments.echohealthinc.com/efteradirect/molinahealthcare**. If you need assistance, contact ECHO at:

Phone: **888-834-3511**
Email: **edi@echohealthinc.com**

19. How do I submit a claim dispute/appeal?

All ConnectiCare claim dispute/appeal requests must include the necessary documentation to support a review. Providers will be notified of ConnectiCare's decision within 90 days (Marketplace) or 90 calendar days (Medicare) of receipt of the claim dispute/appeal. Requests can be submitted via **Availity Essentials** portal, by fax, or mail:

Marketplace
ConnectiCare Appeals and Grievances
P.O. Box 36120, Louisville, KY 40233
Fax: **855-276-7538**

Medicare
ConnectiCare Appeals and Grievances
P.O. Box 22816, Long Beach, CA 90801
Fax: **562-499-0610**

20. What is the timely filing limit for claim dispute/appeal submissions?

Providers have 90 days (Marketplace) or 90 calendar days (Medicare) from the initial determination date to file a dispute/appeal unless otherwise specified in your Provider Agreement.

21. What is the provider services phone number?

ConnectiCare's toll-free Provider Services phone number will remain the same. Representatives are available from 8 a.m. to 6 p.m., Monday through Friday at **800-828-3407**.

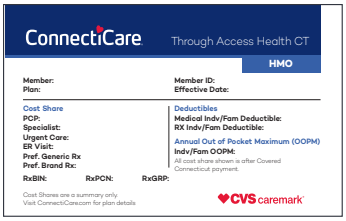
22. Will ConnectiCare continue to send out a provider newsletter, and if so, how do I sign up to receive it?

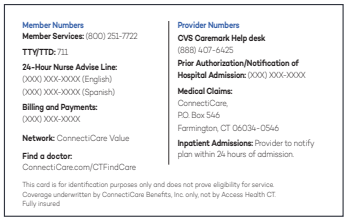
ConnectiCare will post a quarterly provider newsletter to our website and send an email notice to all participating providers with an email address on file. To receive our newsletter, make sure we have your current email address in **Availity Essentials** and add **connecticare.com** to your Safe Senders list. Visit **Availity Essentials** to update your email address in your profile.

23. Will my patients receive new member ID cards? If so, what will they look like?

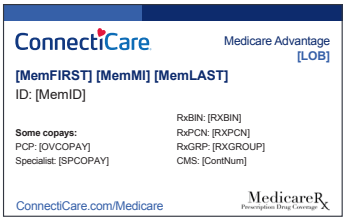
ConnectiCare's Marketplace and Medicare members will receive new ID cards. The member ID card can be a physical ID card or a digital ID card.

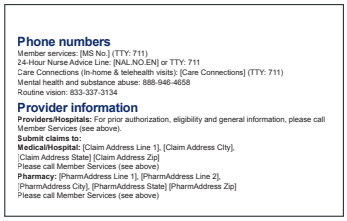
Sample Marketplace member ID card:





Sample Medicare member ID card:





24. If my patients have questions about ConnectiCare, what should I tell them?

ConnectiCare's toll-free Member Services phone numbers will remain the same. Representatives are available at:

- **800-251-7722** for Marketplace members from 8 a.m.to 6 p.m., Monday through Friday.
- **800-224-2273** for Medicare members from 8 a.m.to 8 p.m., Monday through Friday, April 1 to Sept. 30, and from 8 a.m. to 8 p.m., seven days a week, Oct. 1 to March 30.

If you have any additional questions, you can call Provider Services from 8 a.m. to 6 p.m., Monday through Friday at **800-828-3407**. You can also sign in to the existing ConnectiCare provider **portal** to contact us through the Message Center or Chat. These functions will be available until **Dec. 31, 2025**. Beginning **Jan. 1, 2026**, use the secure messaging feature in **Availity Essentials** to contact us.

ConnectiCare is the brand name used for products and services provided by one or more Molina Healthcare Inc. affiliate companies operating in Connecticut. In Connecticut, individual health coverage is underwritten by ConnectiCare, Inc. (CCI), a licensed health care center, or by ConnectiCare Benefits, Inc. (CBI) or ConnectiCare Insurance Company, Inc. (CICI), licensed insurers. Individual and group dental coverage is underwritten by CICI. Group health coverage is insured by CCI or insured or administered by CICI. Not all coverage is available in all markets. For costs and details of coverage, call or write your insurance broker or the company. ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-251-7722** (TTY: **711**). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **800-251-7722** (TTY: 711). MEDPARTD 1224 © 2025 ConnectiCare, Inc. & Affiliates
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