



**HFS**  
Illinois Department of  
Healthcare and Family Services

JB Pritzker, Governor  
Elizabeth M. Whitehorn, Director

201 South Grand Avenue East, Springfield, Illinois 62763  
Telephone: +1 217-782-1200, TTY: +1 800-526-5812



November 20, 2024

Matt Wolf, CEO  
Molina MMAI

**RE: MMAI EUM 2024 Eval 3 \$50,000 Financial Penalty**

Dear Mr. Wolf:

This letter serves as notification to Molina MMAI Health Plan (“Molina”) of sanction pursuant to Section 5.3.14 of the Contract for the Medicare and Medicaid Alignment Initiative (“MMAI Contract”) between the Department of Health and Human Services, acting by and through the Centers for Medicare & Medicaid Services (CMS), the State of Illinois, acting by and through the Department of Healthcare and Family Services (Department) and Molina:

**5.3.14 Intermediate Sanctions and Civil Monetary Penalties**

5.3.14.1 In addition to termination under Section 5.5, CMS and the Department may impose any or all of the sanctions in Section 5.3.14.2 upon any of the events below; provided, however, that CMS and the Department will only impose those sanctions they determine to be reasonable and appropriate for the specific violations identified. Sanctions may be imposed in accordance with regulations that are current at the time of the sanction. Sanctions may be imposed in accordance with this section if the Contractor:

5.3.14.1.11 Fails to comply with reporting requirements;

5.3.14.1.12 Fails to submit complete and usable encounter data

Molina’s EUM 2024 Eval 3 Subcategory scores for Transportation, 70.72%, and Dental, 57.81%, are below the threshold of 85% related to the \$50,000 Financial Penalty pursuant to Section 2.17.3 of the MMAI Contract. The Department is hereby providing written notice that Molina failed to meet the established expectation and is therefore fining Molina in the amount of \$50,000. Molina is to issue an electronic payment to the Department, by either ACH or Wire Transfer, no later than Friday, December 20, 2024. The electronic payment shall include the following fields for payment identification and tracking purposes by the Department:

ORIG CO NAME: Molina Healthcare of Illinois  
ORIG ID: ██████████  
ENTRY DESCR: this is to be left blank  
ENTRY CLASS: CCD  
TRACE NO: Bank Information  
ENTRY DATE: yymmdd

IND ID NO: Bank Information  
IND NAME: Molina Healthcare of Illinois  
REMARK: EUM 2024 Eval 3  
ORIG BANK: Bank Name

\*The information highlighted in yellow is specific to the Department and payment detail requirements, and shall not be changed or modified by the MCO.

\*The information in gray is the banking information.

If you have any questions regarding this information, please contact Devang Ghadia at 217-524-2502.

Sincerely,

Helena Lefkow, Deputy Administrator, Managed Care Performance  
Division of Medical Programs

cc: Tom Rodakowski, Geoffrey Abante, Keshonna Lones, Leigh Anne Ochs, Amy Roberts, Rich Allen, Devang Ghadia, and Joe Merwin