

AETNA BETTER HEALTH OF ILLINOIS
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?

A. Yes, providers may submit information on paper applications. Standard application forms are available by clicking here [Facility Application](#) or [Practitioner Application](#).

Q. Where do provider submissions go at the MCO?

A. Each MCO has developed a set of roster submission instructions that accompanies the template and is specific to the MCO's submission requirements. For information, please contact the specific MCO contact assigned to you for additional information.

Q. How long does it take for information to be loaded?

A. Within 30 calendar days.

Q. Will I receive communication back from the MCO and how will updates on status be shared?

A. Yes, updates will be communicated via e-mail or phone to the requester, depending on how the request was received.

Q. How will I know when I am effective and can begin to see patients?

A. Our Provider Services team will communicate via e-mail or phone to the requester once information is loaded including the effective date.

Q. What happens if information is incorrect on the MCO website?

A. Corrections can be sent through the Contact Us form on the website or to ILProviderUpdates@aetna.com.

Q. How do I change information such as practice closure or office hours?

A. Providers may submit changes either via the paper document or electronically on the standard format and submit to the appropriate MCOs via email.

Q. I've received confirmation of loading, however, do not find information on the website. How do I fix that?

A. As the loading process timeframe will vary by MCO, the recommendation is to contact the appropriate MCO provider representative assigned to you for clarification.

Q. How often is provider information loaded?

A. Provider information is loaded/updated based on receipt of requests or rosters from providers within 30 calendar days of receipt.

Q. How often should I submit information to contracted MCOs?

A. To ensure timely updates, updates are suggested to be submitted to MCOs on a monthly basis. Providers may also discuss other timeframes with specific MCOs at their discretion.

Q. How does the MCO load information from the state IMPACT system?

A. An on demand report is used by the Provider Services team to review the IMPACT file data when loading new providers.

Q. What do I do if information is incorrect on the broker enrollment website?

A. The Client Enrollment Broker (CEB) receives files from participating MCOs – we would recommend contacting the specific MCO (s) with examples.

Q. How long does it take for the MCOs to correct any errors?

A. Corrections are completed within 30 calendar days of the notification.

Q. Will the MCOs communicate an effective date back to me?

A. Yes.

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?

A. The response time will vary by MCO. Please contact your specific MCO representatives.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?

A. We require provider information to be submitted on the state approved roster template.

Q. I currently have information on file with MCOs – am I to resubmit all provider information or only those elements on the new roster that have not been submitted previously?

A. We are currently reviewing provider information on file to identify gaps and will request updates using the new roster template as needed.

Q. I've received an effective date from the MCO, however, I am not listed on line and my claims are not being processed? Who do I contact?

A. For claims issues resulting from loading of information, please contact your assigned MCO provider representative.

BLUE CROSS BLUE SHIELD OF ILLINOIS
Provider Roster Template Frequently Asked Questions
(as of September 17, 2018)

Q. Can I submit provider information via paper?

A. Blue Cross Community Health Plan utilizes the Universal Roster Template. If you have difficulties completing the Template, please reach out to your designated Provider Network Consultant or e-mail govproviders@bcbsil.com for assistance.

Q. Where do provider submissions go at the MCO?

A. Please contact your designated Provider Network Consultant for instructions on where to send your completed roster or submit your changes via e-mail to govproviders@bcbsil.com.

Q. How long does it take for information to be loaded?

A. In accordance with the State Model Contract, roster updates must be loaded within thirty (30) days of receiving complete and accurate information from the provider.

Q. Will I receive communication back from the MCO and how will updates on status be shared?

A. There will be communication sent to the provider for new provider adds via letter sent through the United States Postal Services within one week of the update being made in the Blue Cross Community Health Plan system. The communication letter can also be e-mailed to a central contact. Should you wish to have communication e-mailed, please contact your designated Provider Network Consultant or e-mail govproviders@bcbsil.com.

Q. How will I know when I am effective and can begin to see patients?

A. Providers receive a letter confirming the effective date. In terms of assigning effective dates, the following scenarios apply:

- If it is a new contract and the provider has a valid Medicaid ID number, the effective date will be the effective date of the new contract; or
- If the provider is an addition to an already existing contract and the provider has a valid Medicaid ID at the time of submission of the roster update, the effective date will be the date the roster is received by Blue Cross Community Health Plan.
- If the provider is an addition to an already existing contract and the provider does not have a valid Medicaid ID number at the time of submission of the roster update, the effective date will be the date the valid Medicaid ID number is effective.

Q. What happens if information is incorrect on the MCO website?

A. Please contact your designated Provider Network Consultant or submit your changes on your letterhead via e-mail to govproviders@bcbsil.com.

Q. How do I change information such as practice closure or office hours?

A. Please contact your designated Provider Network Consultant or submit your changes on your letterhead via e-mail to govproviders@bcbsil.com.

Q. I've received confirmation of loading, however, do not find information on the website. How do I fix that?

A. Please contact your designated Provider Network Consultant or submit your changes on your letterhead via e-mail to govproviders@bcbsil.com.

Q. How often is provider information loaded?

A. Provider Information is loaded on a first in first out methodology, based on our Corporate receipt date. The Corporate receipt date is the date in which we receive a roster completed in its entirety.

Q. How often should I submit information to contracted MCOs?

A. To ensure timely updates, updates/changes are suggested to be submitted to MCOs monthly or on an as needed basis. From time to time, Blue Cross Community Health Plan may request full rosters to validate the information in the Blue Cross Community Health Plan systems. Providers may also discuss other timeframes with Blue Cross Community Health Plan.

Q. How does the MCO load information from the state IMPACT system?

A. Blue Cross Community Health Plan utilizes information provided by the State to validate registration in the IMPACT system. Providers must be registered in IMPACT in order to participate in our plan.

Q. What do I do if information is incorrect on the broker enrollment website?

A. The Client Enrollment Broker (CEB) receives files from participating MCOs. Please provide specific examples of the issues on CEB website to your designated Provider Network Consultant or e-mail govproviders@bcbsil.com.

Q. How long does it take for the MCOs to correct any errors?

A. If an error by the MCO is confirmed, these will be treated as priority items and correction made accordingly. In accordance with the contract between the State and the MCO's this timeframe will not exceed thirty (30) days.

Q. Will the MCOs communicate an effective date back to me?

A. Yes, effective dates for provider adds will be communicated via a letter to the provider. The communication letter can also be e-mailed to a central contact. Should you wish to have communication e-mailed, please contact your designated Provider Network Consultant or e-mail govproviders@bcbsil.com.

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?

A. When e-mailing files to govproviders@bcbsil.com, you will receive an automatic reply which includes a case number. Utilize that case number for future communications. When e-mailing electronic files to your designated Provider Network Consultant, the Provider Network Consultant will acknowledge receipt of the e-mail.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?

A. Specific data listed on the Universal Roster Template indicated as "required" must be present in order to load in the Blue Cross Community Health Plan system.

Q. I currently have information on file with MCOs – am I to resubmit all provider information or only those elements on the new roster that have not been submitted previously?

A. Blue Cross Community Health Plan does not require that currently loaded providers resubmit elements on the Universal Roster Template.

Q. I've received an effective date from the MCO, however, I am not listed on line and my claims are not being processed? Who do I contact?

A. Please contact your designated Provider Network Consultant or e-mail Blue Cross Community Health Plan at govproviders@bcbsil.com.

COUNTYCARE HEALTH PLAN
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?

A. CountyCare currently does not have a paper submission process. Please contact ProviderServices@countycare.com for assistance. You can also contact your Provider Relations Representative or call Provider Services at 312-864-8200, Option 6.

Q. Where do provider submissions go at the MCO?

A. Please submit all completed roster templates to Dajuana “DJ” Paramore at dparamore@cookcountyhhs.org

Q. How long does it take for information to be loaded?

A. Provider Roster Template requests will be processed and loaded within 30 calendar days.

Q. Will I receive communication back from the MCO and how will updates on status be shared?

A. We will confirm receipt and review of the roster template including the date it was sent to be loaded. After that no news is good news – please check the website after allowing for the 30 calendar day load timeframe.

Q. How will I know when I am effective and can begin to see patients?

A. The effective date is either the contract date or the date a new provider is effective with the group whichever is later. In no instance will a provider have an effective date prior to the contract effective date.

Q. What happens if information is incorrect on the MCO website?

A. Submit a completed roster template with the correct information to Dajuana “DJ” Paramore at dparamore@cookcountyhhs.org or email us at ProviderServices@countycare.com. You can also contact your Provider Relations Representative or call Provider Services at 312-864-8200, Option 6.

Q. How do I change information such as practice closure or office hours?

A. Submit a completed roster template with the needed changes to Dajuana “DJ” Paramore at dparamore@cookcountyhhs.org or email us at ProviderServices@countycare.com. You can also contact your Provider Relations Representative or call Provider Services at 312-864-8200, Option 6.

Q. I’ve received confirmation of loading, however, do not find information on the website. How do I fix that?

A. Please contact your Provider Relations Representative or email us at ProviderServices@countycare.com. You can also call Provider Services at 312-864-8200, Option 6.

Q. How often is provider information loaded?

A. Provider Roster Template requests will be processed and loaded within 30 calendar days.

Q. How often should I submit information to contracted MCOs?

A. To ensure timely updates, updates are suggested to be submitted to CountyCare on a monthly basis, or as frequent as changes may occur. You may also discuss other timeframes with your Provider Relations Representative.

Q. How does the MCO load information from the state IMPACT system?

A. The provider data from the state IMPACT system is automatically downloaded into a separate database on a weekly basis. CountyCare currently uses this data to determine a provider's participation status, specific provider type, and category of service(s).

Q. What do I do if information is incorrect on the broker enrollment website?

A. Submit a completed roster template with the correct information to Dajuana "DJ" Paramore at dparamore@cookcountyhhs.org or email us at ProviderServices@countycare.com. You can also contact your Provider Relations Representative or call Provider Services at 312-864-8200, Option 6.

Q. How long does it take for the MCOs to correct any errors?

A. Provider Roster Template requests will be processed and loaded within 30 calendar days.

Q. Will the MCOs communicate an effective date back to me?

A. We will confirm receipt and review of the roster corrections including the date corrections were sent to be loaded. After that no news is good news – please check the website after allowing for the 30 calendar day load timeframe.

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?

A. Please allow us a few days to conduct an initial review of the file for completeness. If we have any questions a Plan Representative will contact sender by phone. If the file is complete you will receive an email indicating the date the file was sent for loading.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?

A. Please complete all the REQUIRED fields and as many of the OPTIONAL fields as possible.

Q. I currently have information on file with MCOs – am I to resubmit all provider information or only those elements on the new roster that have not been submitted previously?

A. It is recommended that you resubmit all provider information which includes the elements on the new roster that were not previously captured. This will ensure the new elements get aligned to the correct provider record.

Q. I've received an effective date from the MCO, however, I am not listed on line and my claims are not being processed? Who do I contact?

A. Please contact your Provider Relations Representative or email us at ProviderServices@countycare.com. You can also call Provider Services at 312-864-8200, Option 6.

HARMONY HEALTH PLAN OF ILLINOIS - A WELLCARE COMPANY
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?

A. Yes, providers may submit information on letterhead via fax to 312-630-2022, attention Provider Operations with cover sheet. Information can also be submitted via mail to 29 N Wacker Dr Suite 300 Chicago IL 60606, attention Provider Operations.

Q. Where do provider submissions go at the MCO?

A. Providers may submit information on letterhead via fax to 312-630-2022, attention Provider Operations with cover sheet. Information can also be submitted via mail to 29 N Wacker Dr Suite 300 Chicago IL 60606, attention Provider Operations. As well as via email to your designated PR Representative. If you do not know who your PR Representative is, please contact the following regional managers.

Stephanie Bell (Northern Illinois)
Email: Stephanie.Bell@wellcare.com
Phone: 312-516-5811

Aissa Bell (Central Illinois)
Email: Aissa.Bell@wellcare.com
Phone: 217-299-8131

Kathleen (Kass) Woodliff (Southern Illinois)
Email: Kass.Woodliff@wellcare.com
Phone: 314-296-7638

Q. How long does it take for information to be loaded?

A. For clean submissions, the turnaround time is 23 to 30 days for completion.

Q. Will I receive communication back from the MCO and how will updates on status be shared?

A. Yes, your designated PR Representative will provide communication once updates have been completed. If you do not know who your PR Representative is, please contact the following regional managers.

Stephanie Bell (Northern Illinois)
Email: Stephanie.Bell@wellcare.com
Phone: 312-516-5811

Aissa Bell (Central Illinois)
Email: Aissa.Bell@wellcare.com
Phone: 217-299-8131

Kathleen (Kass) Woodliff (Southern Illinois)
Email: Kass.Woodliff@wellcare.com
Phone: 314-296-7638

Q. How will I know when I am effective and can begin to see patients?

A. Once a provider becomes effective the designated PR Representative will initiate contact to schedule an orientation and provide welcome letter.

Q. What happens if information is incorrect on the MCO website?

- A. There is a function available via the website www.wellcare.com that will allow the provider to update their information electronically. These updates take 15 to 20 days to complete. You also have the option of contacting your designated PR Representative for assistance.

Q. How do I change information such as practice closure or office hours?

- A. Providers may submit changes either via the paper document or electronically on the standard format and submit to the appropriate MCOs via email at ILProviderOperations@wellcare.com

Q. I've received confirmation of loading, however, do not find information on the website. How do I fix that?

- A. Harmony's electronic directory is refreshed monthly, if a refresh was recently completed the provider's information will not be visible until the following month. If in the event it is not a refresh issue provider is to contact their designated PR Representative for resolution.

Q. How often is provider information loaded?

- A. For clean submissions, the turnaround time is 23 to 30 days for completion.

Q. How often should I submit information to contracted MCOs?

- A. To ensure timely updates, updates are suggested to be submitted to Harmony on a monthly basis.

Q. How does the MCO load information from the state IMPACT system?

- A. Harmony uses the IMPACT system in conjunction with the IAMHP roster to load provider demographic information.

Q. What do I do if information is incorrect on the broker enrollment website?

- A. The Client Enrollment Broker (CEB) receives files from participating MCOs – we would recommend contacting Harmony with examples. Please contact your designated representative. If you do not know who your assigned representative is, please contact the following regional managers.

Stephanie Bell (Northern Illinois)
Email: Stephanie.Bell@wellcare.com
Phone: 312-516-5811

Aissa Bell (Central Illinois)
Email: Aissa.Bell@wellcare.com
Phone: 217-299-8131

Kathleen (Kass) Woodliff (Southern Illinois)
Email: Kass.Woodliff@wellcare.com
Phone: 314-296-7638

Q. How long does it take for the MCOs to correct any errors?

- A. Once Harmony is notified of the error (s) and request to update is submitted, the turnaround time is 23 to 30 days for completion.

Q. Will the MCOs communicate an effective date back to me?

- A. Once a provider becomes effective the designated PR Representative will initiate contact to schedule an orientation and provide welcome letter.

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?

A. Harmony's response time is 24-48 hours.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?

A. Information should be submitted to your assigned PR Representative. If you do not know who your assigned representative is, please contact the following regional managers.

Stephanie Bell (Northern Illinois)
Email: Stephanie.Bell@wellcare.com
Phone: 312-516-5811

Aissa Bell (Central Illinois)
Email: Aissa.Bell@wellcare.com
Phone: 217-299-8131

Kathleen (Kass) Woodliff (Southern Illinois)
Email: Kass.Woodliff@wellcare.com
Phone: 314-296-7638

Q. I currently have information on file with MCOs – am I to resubmit all provider information or only those elements on the new roster that have not been submitted previously?

A. Harmony request that a full/completed rosters is provided with every request as a way to audit all of the information within our system

Q. I've received an effective date from the MCO, however, I am not listed on line and my claims are not being processed? Who do I contact?

A. For claims issues resulting from loading of information, please contact your assigned Harmony provider representative. If you do not know who your assigned representative is, please contact the following regional managers.

Stephanie Bell (Northern Illinois)
Email: Stephanie.Bell@wellcare.com
Phone: 312-516-5811

Aissa Bell (Central Illinois)
Email: Aissa.Bell@wellcare.com
Phone: 217-299-8131

Kathleen (Kass) Woodliff (Southern Illinois)
Email: Kass.Woodliff@wellcare.com
Phone: 314-296-7638

HUMANA
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?

A. No

Q. Where do provider submissions go at the MCO?

A. When physicians and other health care professionals need to update their demographic information (e.g., correct a provider practice name or address, add physicians to a practice, update facility hours of operation, notify that the practice is accepting new patients, etc.), we ask to send these requests to: IllinoisProviderUpdate@humana.com

Q. How long does it take for information to be loaded?

A. 30 days

Q. Will I receive communication back from the MCO and how will updates on status be shared?

A. No

Q. How will I know when I am effective and can begin to see patients?

A. Humana contracting representatives will review your request and may contact you for additional or clarifying information. Once any needed information is received, a Humana representative will contact you to initiate a participation agreement. You'll have an opportunity to review the agreement and be asked to sign it and return it to Humana. Credentialing may be required before an agreement becomes effective, and you may be asked for additional information to complete credentialing. Once credentialing is complete, you'll receive a copy of the contract. It will be signed by a Humana representative, and you will be advised of your effective date with Humana.

Q. What happens if information is incorrect on the MCO website?

A. Please send request to update information to: IllinoisProviderUpdate@humana.com

Q. How do I change information such as practice closure or office hours?

A. When physicians and other health care professionals need to update their demographic information (e.g., correct a provider practice name or address, add physicians to a practice, update facility hours of operation, notify that the practice is accepting new patients, etc.), we ask to send these requests to: IllinoisProviderUpdate@humana.com

Q. I've received confirmation of loading, however, do not find information on the website. How do I fix that?

A. Please call: Humana/ChoiceCare Provider Relations at 1-800-626-2741, Monday through Friday, 8 a.m. to 5 p.m. Central time.

Q. How often is provider information loaded?

A. As often as tasks are submitted by the market

Q. How often should I submit information to contracted MCOs?

- A. To ensure timely updates, updates are suggested to be submitted to MCOs on a monthly basis. Providers may also discuss other timeframes with specific MCOs at their discretion.

Q. How does the MCO load information from the state IMPACT system?

- A. We do not load information from the state IMPACT system. When a request to credential for the IL MCD MMAI network is received, we verify the provider has an active/valid IL MCD ID on the ICMCO file. Providers appearing with an active/valid IL MCD ID on the ICMCO file, serves as verification the provider is credentialed through the state's IMPACT system. Providers that do not appear with an active/valid IL MCD on the ICMCO file, credentialing is denied for MMAI. Humana only includes providers with an active/valid IL MCD ID in the MMAI network.

Q. What do I do if information is incorrect on the broker enrollment website?

- A. The Client Enrollment Broker (CEB) receives files from participating MCOs – we would recommend contacting the specific MCO (s) with examples.

Q. How long does it take for the MCOs to correct any errors?

- A. Humana has a 30 day exchange to exchange goal.

Q. Will the MCOs communicate an effective date back to me?

- A. When a provider is initially credentialed, they are mailed a credentialing approval letter with their welcome packet. The welcome packet includes their contract effective date and their credentialing effective date.

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?

- A. We do not send confirmation .

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?

- A. IllinoisProviderUpdate@humana.com

Q. I currently have information on file with MCOs – am I to resubmit all provider information or only those elements on the new roster that have not been submitted previously?

- A. Only those elements on the new roster that have not been submitted previously.

Q. I've received an effective date from the MCO, however, I am not listed on line and my claims are not being processed? Who do I contact?

- A. Please call: Humana/ChoiceCare Provider Relations at 1-800-626-2741, Monday through Friday, 8 a.m. to 5 p.m. Central time.

ILLINICARE HEALTH
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?

A. Yes, providers may submit roster information on paper applications.

Q. Where do provider submissions go at the MCO?

A. Each MCO has developed a set of roster submission instructions that accompanies the template and is specific to the MCO's submission requirements. For information, please contact the specific MCO contact assigned to you for additional information.

Q. How long does it take for information to be loaded?

A. Within 30 days

Q. Will I receive communication back from the MCO and how will updates on status be shared?

A. Your Provider Relations Representative will provide updates on status and completion.

Q. How will I know when I am effective and can begin to see patients?

A. Your Provider Relations Representative will communicate effective date.

Q. What happens if information is incorrect on the MCO website?

A. Notify your Provider Relations Representative or complete the Provider Information Update Form found on our website.

Q. How do I change information such as practice closure or office hours?

A. Submit a full updated roster, notify your Provider Relations Representative, or complete the Provider Information Update Form found on our website.

Q. I've received confirmation of loading, however, do not find information on the website. How do I fix that?

A. Notify your Provider Relations Representative.

Q. How often is provider information loaded?

A. Provider data is loaded on a daily basis.

Q. How often should I submit information to contracted MCOs?

A. To ensure timely updates, send updated information to MCO at minimum on a monthly basis or more frequently as events occur, e.g. provider terminations.

Q. How does the MCO load information from the state IMPACT system?

A. We do not load from the IMPACT system. The IMPACT system is used to verify that a provider is credentialed with HFS.

Q. What do I do if information is incorrect on the broker enrollment website?

A. The Client Enrollment Broker (CEB) receives files from participating MCOs. Notify your Provider Relations Representative with examples.

Q. How long does it take for the MCOs to correct any errors?

A. Errors will be corrected within 30 days

Q. Will the MCOs communicate an effective date back to me?

A. Yes

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?

A. The response time will vary by MCO. Please contact your specific MCO representatives.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?

A. Necessary information should be submitted on the roster. Address any questions with your Provider Relations Representative.

Q. I currently have information on file with MCOs – am I to resubmit all provider information or only those elements on the new roster that have not been submitted previously?

A. A complete roster will ensure that our data matches the most up-to-date information from the provider

Q. I've received an effective date from the MCO; however, I am not listed on line and my claims are not being processed? Who do I contact?

A. For claims issues resulting from loading of information, notify your Provider Relations Representative.

MERIDIAN HEALTH PLAN OF ILLINOIS
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?

A. MeridianHealth of Illinois is in the process of updating paper applications and will be accepted in the near future. If you have any questions please contact providerhelp.il@mhplan.com or your MeridianHealth Provider Representative

Q. Where do provider submissions go at the MCO?

A. Providers should submit information to providerhelp.il@mhplan.com

Q. How long does it take for information to be loaded?

A. Provider enrollment data will be loaded by the Plan as soon as possible. To ensure timely add, updates and terms please ensure to provide all required information on the provider roster. Status requests can be submitted to providerhelp.il@mhplan.com

Q. Will I receive communication back from the MCO and how will updates on status be shared?

A. Upon receipt of submission, provider will receive an email confirmation of receipt

Q. How will I know when I am effective and can begin to see patients?

A. For newly enrolled providers MeridianHealth of Illinois (HealthChoice) will provide provider groups a letter of initial enrollment. Effective dates will be based upon the Credentialed date with Illinois Medicaid or the contract effective date whichever is later. **IMPORTANT NOTE:** Effective Dates of providers Credentialed under IMPACT will not be effective with MeridianHealth of Illinois prior to 1/1/18.

For any provider contracting for another line of business (i.e. Medicare Advantage, etc) will be credentialed by MeridanHealth of Illinois. Effective dates shall be in accordance with plan policy.

Q. What happens if information is incorrect on the MCO website?

A. In the event information is not displayed accurately on the Plan's website, provider should contact MeridianHealth of Illinois by emailing providerhelp.il@mhplan.com.

Please provide detailed information regarding the discrepancy including Provider NPI, Tax ID and Contact Information.

Q. How do I change information such as practice closure or office hours?

A. Providers should submit updated roster templates with the updated office hours, changes in accepting status or directory updates and indicate "Update" in the Provider Status Field Column.

Q. I've received confirmation of loading, however, do not find information on the website. How do I fix that?

A. As the loading process timeframe will vary by MCO, the recommendation is to contact the appropriate MCO provider representative assigned to you for clarification.

Q. How often is provider information loaded?

A. Provider Enrollment data is put into the loading process upon receipt.

Q. How often should I submit information to contracted MCOs?

- A. To ensure timely updates, updates should be submitted to the plan as soon as possible. New Providers should be submitted at least monthly. When possible, Updates and Terms should be submitted at least 60 days prior to the effective date of the change.

Q. How does the MCO load information from the state IMPACT system?

- A. Providers are required to submit Enrollment data to MeridianHealth of Illinois to initiate the enrollment process. MeridianHealth Plan utilizes the information provided by the IMPACT file for purposes of “Credentialing” for The Illinois HealthChoice program.

All other lines of business will be directly credentialed by MeridianHealth of Illinois. Information provided through the IMPACT file is not applicable for direct Credentialing by MeridianHealth of Illinois. Providers will be required to complete either the Illinois State application or CAQH.

Q. What do I do if information is incorrect on the broker enrollment website?

- A. The Client Enrollment Broker (CEB) receives files from participating MCOs. In the event information is not displayed accurately on the CEB website provider should contact MeridianHealth of Illinois by emailing providerhelp.il@mhplan.com.

Please provide detailed information regarding the discrepancy including Provider NPI, Tax ID and Contact Information.

Q. How long does it take for the MCOs to correct any errors?

- A. MeridianHealth of Illinois will review any discrepancy and make the change as quickly as possible. Please note it may take additional time to reflect on the CEB website.

Q. Will the MCOs communicate an effective date back to me?

- A. For newly enrolled providers MeridianHealth of Illinois (HealthChoice) will provide provider groups a letter of initial enrollment. Effective dates will be based upon the Credentialed date with Illinois Medicaid or the contract effective date whichever is later. **IMPORTANT NOTE:** Effective Dates of providers Credentialed under IMPACT will not be effective with MeridianHealth of Illinois prior to 1/1/18.

For any provider contracting for another line of business (i.e. Medicare Advantage, etc) will be credentialed by MeridianHealth of Illinois. Effective dates shall be in accordance with plan policy.

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?

- A. Accurate completeness of the Universal Roster Template will help to ensure timely processing of your provider requests. Questions on status can be sent to providerhelp.il@mhplan.com.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?

- A. MeridianHealth of Illinois recognizes that some of this data is a newer requirement and upon receipt of any updated information providers should submit updated roster templates with the additional data fields and indicate “Update” in the Provider Status Field (Column A)

Q. I currently have information on file with MCOs – am I to resubmit all provider information or only those elements on the new roster that have not been submitted previously?

A. To ensure the most current information is listed in our systems, we would request that the providers submit a one-time full roster of all their Practitioners, Facilities and Practice Locations to ensure that all applicable data has been updated in our system. Then on ongoing basis only new, update, and or terminations would need to be submitted for practitioner, facilities, and group location practices.

Q. I've received an effective date from the MCO, however, I am not listed on line and my claims are not being processed? Who do I contact?

A. Providers can contact MeridianHealth of Illinois by calling (866) 606-3700 or emailing providerhelp.il@mhplan.com

MOLINA HEALTHCARE, INC.
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?

- A. Yes, providers may submit information on paper applications via fax. Standard application forms are available by clicking here <http://www.molinahealthcare.com/providers/il/PDF/Medicaid/iinformation-update-form.pdf>. They can then be faxed to 844-488-7054 or submitted via email to MHIL_Provider_Information_Management@MolinaHealthCare.Com.

Q. Where do provider submissions go at the MCO?

- A. Provider submissions can be sent via email to our Provider Information Management Department at MHIL_Provider_Information_Management@MolinaHealthCare.Com. Should providers have questions regarding what needs to be submitted, they can contact their Provider Network Manager directly. Provider Network Managers are broken down by provider type and territory and can be found at the following links: [Hospital Map](#), [Ancillary Map](#).

Q. How long does it take for information to be loaded?

- A. Upon receipt of full and complete provider information on the roster, it takes on average 7-10 business days to be loaded. Rosters containing incomplete provider information will be returned and providers will not be loaded as this can cause claims payment issues.

Q. Will I receive communication back from the MCO and how will updates on status be shared?

- A. A response will be provided between 24 and 72 hours after receipt, that the roster has been received and once completed an email will be sent to advise that the providers have been loaded.

Q. How will I know when I am effective and can begin to see patients?

- A. Providers are loaded within 7-10 business days of receipt of a fully completed roster. As long we receive complete information and the providers are active with HFS IMPACT the following process for effective dates is: 1.) if the roster is received between the 1st and the 20th the provider will be effective the 1st of the current month 2.) If the roster is received after the 20th the provider will be effective the 1st of the next month.

Q. What happens if information is incorrect on the MCO website?

- A. Providers need to send a roster with the correct information, or complete a provider update form <http://www.molinahealthcare.com/providers/il/PDF/Medicaid/iinformation-update-form.pdf> and send to the Provider Information Management Department at MHIL_Provider_Information_Management@MolinaHealthCare.Com. If the providers have questions filling out the form they can contact their Provider Network Manager. Provider Network Managers are broken down by provider type and territory and can be found at the following links: [Hospital Map](#), [Ancillary Map](#).

Q. How do I change information such as practice closure or office hours?

- A. Providers may submit changes either via the roster template, or provider change request form via fax to 844-488-7054 or electronically on the standard format and submit to our Provider Information Management Department at MHIL_Provider_Information_Management@MolinaHealthCare.Com. If the providers have questions filling out the form they can contact their Provider Network Manager. Provider

[Network Managers are broken down by provider type and territory and can be found at the following links: Hospital Map, Ancillary Map.](#)

Q. I've received confirmation of loading, however, do not find information on the website. How do I fix that?

A. Please contact MHIL_Provider_Information_Management for further resolution
MHIL_Provider_Information_Management@MolinaHealthCare.Com

Q. How often is provider information loaded?

A. Daily.

Q. How often should I submit information to contracted MCOs?

A. To ensure updates are made timely, updates are suggested to be submitted to MCOs on a monthly basis. Additionally adds/changes/deletes can be done on a one off basis by submitting changes either via the paper document via fax to 844-488-7054 or electronically on the standard format and submit to our Provider Network Management Department at MHIL_Provider_Information_Management@MolinaHealthCare.Com. [If the providers have questions filling out the form they can contact their Provider Network Manager. Provider Network Managers are broken down by provider type and territory and can be found at the following links: Hospital Map, Ancillary Map.](#)

Q. How does the MCO load information from the state IMPACT system?

A. From the information supplied by the provider, Molina will validate the provider is considered active with the IMPACT system based on NPI, TIN, and name. Molina loads the provider type and registered categories of service from the IMPACT system. We do not load phone numbers, or street addresses from the IMPACT system for providers. Providers not active on the HFS IMPACT system are loaded with a specific non-payable contract until the provider is considered active on HFS IMPACT. Once the provider is loaded as active on HFS IMPACT provider contracts are updated accordingly.

Q. What do I do if information is incorrect on the broker enrollment website?

A. Information is supplied to the broker enrollment once a week. If you recently submitted updated provider information to Molina, we ask that you wait 2-4 weeks for your information to be properly updated at the broker enrollment website. If the update still has not been reflected, please contact MHIL_Provider_Information_Management for further resolution
MHIL_Provider_Information_Management@MolinaHealthCare.Com

Q. How long does it take for the MCOs to correct any errors?

A. Once supplied with correct and complete information, it takes 7-10 business days to get the change made in our system and properly updated in our directory.

Q. Will the MCOs communicate an effective date back to me?

A. Providers are encouraged to contact their PNM directly should they be interested in finding specific effective dates. [Provider Network Managers are broken down by provider type and territory and can be found at the following links: Hospital Map, Ancillary Map.](#)

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?

A. Files submitted via email will receive confirmation of receipt within 2 business days. Should a provider group chose to submit their roster via SFTP, Molina is able to accommodate this. However, this will take time working between both parties IT departments.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?

A. Certain fields are required to be provided in order for us to load a provider, pay claims, and remain in compliance with state and federal requirements for our directories. [If the providers have questions filling out the form they can contact their Provider Network Manager. Provider Network Managers are broken down by provider type and territory and can be found at the following links: Hospital Map, Ancillary Map.](#)

Q. I currently have information on file with MCOs – am I to resubmit all provider information or only those elements on the new roster that have not been submitted previously?

A. All submission on the new roster document is required.

Q. I've received an effective date from the MCO, however, I am not listed on line and my claims are not being processed? Who do I contact?

A. For claims issues resulting from loading of information, please contact your assigned MCO provider representative. [Provider Network Managers are broken down by provider type and territory and can be found at the following links: Hospital Map, Ancillary Map.](#)

NEXTLEVEL HEALTH
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?

A. Yes, providers may submit information on paper applications. Standard application forms are available by clicking here [Universal IAMHP Roster Template](#).

Q. Where do provider submissions go at the MCO?

A. Each MCO has developed a set of roster submission instructions that accompanies the template and is specific to the MCO's submission requirements. For information, please contact the specific MCO contact assigned to you for additional information.

Q. How long does it take for information to be loaded?

A. The forecasted completion process for provider loads will be 30 – 45 days from the receipt of the standardized IAMHP file.

Q. Will I receive communication back from the MCO and how will updates on status be shared?

A. At the initial loading of a contract, the provider will receive a signed agreement and orientation to notify the provider that they have been loaded. We do not have a general letter that goes to all providers once they are loaded.

Q. How will I know when I am effective and can begin to see patients?

A. This should be stipulated on the contract or the first of the month following appointment to the NLH network for new additions.

Q. What happens if information is incorrect on the MCO website?

A. Demographic changes can be submitted thru the Provider Portal. TIN changes need to be communicated to the Provider Service rep.

Q. How do I change information such as practice closure or office hours?

A. Providers may submit changes either via the paper document or electronically on the standard format and submit to the appropriate MCOs via email.

Q. I've received confirmation of loading, however, do not find information on the website. How do I fix that?

A. As the loading process timeframe will vary by MCO, the recommendation is to contact the appropriate MCO provider representative assigned to you for clarification.

Q. How often is provider information loaded?

A. As often as it is received. The online Find a Provider is updated daily based on data loaded

Q. How often should I submit information to contracted MCOs?

A. To ensure timely updates, updates are suggested to be submitted to MCOs on a monthly basis. Providers may also discuss other timeframes with specific MCOs at their discretion.

Q. How does the MCO load information from the state IMPACT system?

A. The IMPACT system is used to validate provider certification and provider type. The IAMHP file is the NLH required source for provider loading.

Q. What do I do if information is incorrect on the broker enrollment website?

A. The Client Enrollment Broker (CEB) receives files from participating MCOs – we would recommend contacting the specific MCO (s) with examples.

Q. How long does it take for the MCOs to correct any errors?

A. Demographic changes can be submitted thru the Provider Portal and are processed in 3 – 5 business days. Any other provider load will take 30 – 45 days from the receipt of the standardized IAMHP file.

Q. Will the MCOs communicate an effective date back to me?

A. NLH does not notify providers of an update in demographic information. The change can be visible in the online Find a Provider.

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?

A. The response time will vary by MCO. Please contact your specific MCO representatives.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?

A. Please use the standardized IAMHP file.

Q. I currently have information on file with MCOs – am I to resubmit all provider information or only those elements on the new roster that have not been submitted previously?

A. Please use the standardized IAMHP file.

Q. I've received an effective date from the MCO, however, I am not listed on line and my claims are not being processed? Who do I contact?

A. For claims issues resulting from loading of information, please contact your assigned MCO provider representative.