AETNA BETTER HEALTH OF ILLINOIS
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?
A. Aetna Better Health utilizes the Universal Roster Template in Excel, which cannot be processed via paper submission. The completed template should be emailed to ABHILProviderRelations@AETNA.com for processing.

Q. Where do provider submissions go at the MCO?
A. The completed Universal Roster Template should be emailed to ABHILProviderRelations@AETNA.com for processing.

Q. How long does it take for information to be loaded?
A. Provider information will be loaded within 30 calendar days upon receipt.

Q. Will I receive communication back from the MCO and how will updates on status be shared?
A. Providers can request an EchoBack report thirty (30) calendar days post roster/request submission to confirm loading. This can be requested via our self-service tool (see below) or via your Network Relations Consultant.

A report confirming roster submissions – our "EchoBack" report – can be accessed in the Availity provider portal. Please go to Payer Spaces –> Aetna –> Medicaid Business Intelligence Reports, then enter valid TIN and NPI information, and the report will be available under ABH IL Provider Reports –> ABH IL PDS Roster Echo-Back TIN Level Report.

Q. How will I know when I am effective and can begin to see patients?
A. Providers can request an EchoBack report thirty (30) calendar days post roster/request submission to confirm loading. This can be requested via our self-service tool (see below) or via your Network Relations Consultant.

A report confirming roster submissions – our "EchoBack" report – can be accessed in the Availity provider portal. Please go to Payer Spaces –> Aetna –> Medicaid Business Intelligence Reports, then enter valid TIN and NPI information, and the report will be available under ABH IL Provider Reports –> ABH IL PDS Roster Echo-Back TIN Level Report.

Q. What happens if information is incorrect on the MCO website?
A. Corrections can be sent to ABHILProviderRelations@AETNA.com or communicated via phone to Provider Services at 1-866-329-4701.

Q. How do I change information such as practice closure or office hours?
A. Please submit a completed roster template with the needed changes to ABHILProviderRelations@AETNA.com.

Q. I've received confirmation of loading, however, do not find information on the website. How do I fix that?
A. Please reach out to ABHILProviderRelations@Aetna.com or contact Provider Services at 1-866-329-4701 with the discrepancy details.

Q. How often is provider information loaded?
A. Provider information is loaded/updated based on order of receipt of requests or rosters received from providers within thirty (30) calendar days of receipt.

Q. How often should I submit information to contracted MCOs?
A. To ensure timely updates, roster changes should be submitted on a monthly basis.

Q. How does the MCO load information from the state IMPACT system?
A. The weekly IMPACT file is used as a complement to the Universal Roster Template to verify registration status, effective date, and specialty.

Q. What do I do if information is incorrect on the broker enrollment website?
A. Please send an email to ABHILProviderRelations@AETNA.com or call Provider Services at 1-866-329-4701 with the discrepancy details.

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. No communication will be sent. Providers will be loaded using either the contract effective date or the IMPACT effective date, whichever is later.

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?
A. A confirmation email will be sent within three (3) business days of receipt of request.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?
A. Please refer to the Universal Roster Template 'Directions' tabs for required data elements.

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. Either option is sufficient for the health plan to process a roster. If there are providers for which there is no new or changed information, that should be indicated in the comments section at the beginning of the roster. Changes/updates to information for existing providers should likewise be detailed in the comments as well.

Q. I've received an effective date from the MCO, however, I am not listed online and my claims are not being processed? Who do I contact?
A. For claims issues resulting from loading of information, please contact your assigned Network Relation Consultant or send concerns to ABHILProviderRelations@aetna.com.

Q. How can a provider request an EchoBack report from a MCO following their roster submission?
A. All participating providers who are registered for our Availity provider portal can access an Echo Back report reflecting their most recently submitted roster. Through our provider forums and provider relations training, we encourage self-service first and for providers to contact their provider relations representative with questions or to reconcile any discrepancies.

AETNA Medicare FIDE (HMO D-SNP)
(Medicare-Medicaid) Provider
Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?
A. Aetna Better Health utilizes the Universal Roster Template in Excel, which cannot be processed via paper submission. The completed template should be emailed to ILProviderUpdates@aetna.com for processing.

Q. Where do provider submissions go at the MCO?
A. The completed Universal Roster Template should be emailed to ILProviderUpdates@aetna.com for processing.

Q. How long does it take for information to be loaded?
A. Provider information will be loaded within 30 calendar days.

Q. Will I receive communication back from the MCO and how will updates on status be shared?
A. A confirmation email will be sent upon submission to the submitter with case number and a follow-up email will be sent to the submitter once the case is completed.

Q. How will I know when I am effective and can begin to see patients?
A. An email will be sent to the submitter once the case is completed.

Q. What happens if information is incorrect on the MCO website?
A. Corrections can be sent to ILProviderUpdates@aetna.com.

Q. How do I change information such as practice closure or office hours?
A. Please submit a completed roster template with the needed changes to email ILProviderUpdates@aetna.com.

Q. I've received confirmation of loading, however, I do not find information on the website. How do I fix that?
A. Please send an email to ILProviderUpdates@aetna.com with the discrepancy details.

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, roster changes should be submitted on a monthly basis.

Q. How does the MCO load information from the state IMPACT system?
A. The weekly IMPACT file is used as a compliment to the Universal Roster Template to verify registration status, effective date, and specialty.

Q. What do I do if information is incorrect on the broker enrollment website?
A. Please send an email to ILProviderUpdates@aetna.com with the discrepancy details.

Q. How long does it take for the MCOs to correct any errors?
A. Given all data requirements are received, updates will be made in 30 days.

Q. Will the MCOs communicate an effective date back to me?
A. An email will be sent to the submitter once the case is completed.

Q. I've submitted an electronic file to the MCOs – how long will I need to wait prior to receiving confirmation?
A. A confirmation email will be sent within two business days of receipt of request.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?
A. Please refer to the Universal Roster Template 'Directions' tabs for required data elements.

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 full roster will be requested if gaps are identified. Please submit Adds/Change/Terms that are needed.

Q. I've received an effective date from the MCO, however, I am not listed online and my claims are not being processed? Who do I contact?
A. For claims issues resulting from loading of information, please contact your assigned Provider Relations Liaison (PRL).

Q. How can a provider request an EchoBack report from a MCO following their roster submission?
A. Providers are able to request the roster data loaded in our system from their assigned Provider Liaison or by sending an email to our IL provider shared email box (COEProviderServices@AETNA.com). The report is based on the provider's group TIN and NPI.

BLUE CROSS BLUE SHIELD OF ILLINOIS
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?
A. Blue Cross Community Health Plan utilizes the Universal Roster Template and is required to be submitted electronically.

Q. Where do provider submissions go at the MCO?
A. Government only updates should be sent to Gov_NetOps_Provider_Update@bcbsil.com, commercial and government updates are to be sent to ILProviderRosterRequests@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-mailgovproviders@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. If any information in Provider Finder or the Provider Directory is missing or inaccurate, please email govproviders@bcbsil.com. You can also call Member Services toll-free at: 1-877-860-2837 (TTY/TDD 711). The call is free. Please include Provider Name, NPI and details of the incorrect information.

Q. How do I change information such as practice closure or office hours?
A. Updates such as office hours and location closures can be submitted through the Universal Roster or the Demographic Change Form.

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 inquiry 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 on an as needed basis. Blue Cross Community Health Plan requests full rosters be submitted on a quarterly basis to validate 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. CCH utilizes the most current IAMHP Universal roster template. For difficulties or assistance with submitting provider information, 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 IAMHP Universal roster templates to Provider Roster Submission: CountyCareProviderRosterSubmission@cookcountyhhs.org and your provider relations representative.

Q. How long does it take for information to be loaded?
A. Provider IAMHP Universal Roster Template requests will be processed and loaded within 30 calendar days of received date of all complete and accurate required data elements.

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 IAMHP Universal roster template within three to five business days of receipt and initial review via email. Once the upload is complete, providers will be sent a notification via email indicating the request has been completed.

Q. How will I know when I am effective and can begin to see patients?
A. This information will be provided at the time of contracting. For provider additions and updates to existing contracts, please confirm your eligibility date at providerservices@countycare.com. In general, the effective date is either the contract date or the date CCH received the request with respect to IMPACT effective date. In no instance will a provider have an effective date prior to the contract, IMPACT, or received effective dates. 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 with all required elements by CCH.
- 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 and received via state file.

Q. What happens if information is incorrect on the MCO website?
A. Please submit a completed IAMHP Universal roster template with the correct and required information to Provider Roster Submission at CountyCareProviderRosterSubmission@cookcountyhhs.org and your provider relations Representative.

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

A. Please submit a completed IAMHP universal roster template with the correct information to Provider Roster Submission at CountyCareProviderRosterSubmission@cookcountyhhs.org and your Provider Relations Representative.

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 IAMHP Universal 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 your provider information is accurate and up to date, please submit your comprehensive Updated IAMHP Universal Roster to CountyCareProviderRosterSubmission@cookcountyhhs.org and your Provider Relations Representative. Updates are suggested to be submitted to CountyCare on a monthly basis or as frequent as changes may occur. Comprehensive rosters of all providers and locations are required per the Provider Manual once per quarter. 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 file 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). Unless there is a case of an atypical provider, Medicaid ID must be active and on file in order to participate in CCH Network.

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

A. Please submit specific examples and submit a completed roster template with the correct information to Provider Roster Submission at CountyCareProviderRosterSubmission@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?

B. We will confirm receipt and review of the roster template within three to five business days of receipt and initial review via email. Once the upload is complete, providers will be sent a notification via email indicating that the request has been completed. Effective date should be date we received the roster in conjunction with Contract and Medicaid ID effective dates.

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 up to 5 business days to conduct an initial review of the file for completeness. If we have any questions, a Plan Representative will contact the provider by email that was used in their submission. If the file is complete, providers 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. Lines missing required fields will be sent back as incomplete and will not be loaded until received. Please note the 30-day TAT clock begins once all required elements are received.

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 online 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.

HUMANA
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?
A. No, provider information must be submitted electronically.

Q. Where do provider submissions go at the MCO?
A. When physicians and other physical 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: ILWIProviderupdates@humana.com. For Behavioral Health providers please submit the roster to Provider.relations.IL@carelon.com.

Q. How long does it take for information to be loaded?
A. It takes 30 days upon receipt of the provider information.

Q. Will I receive communication back from the MCO and how will updates on status be shared?
A. Providers do not receive a communication back from the MCO once it has completed loading provider information, but status updates are available to providers upon request.

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 any 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. Provider information is loaded as often as tasks are submitted by the market. System refreshes also occur nightly and will update provider information to date.

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 IMAPCT 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. Humana does not automatically sent confirmation of receiving electronic files, but status updates are available up on request.

Q. I don't currently collect some information requested by the MCOs – how should I submit information going forward?
A. Please send any request to update information to: 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. Please submit 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 online and my claims are not being processed? Who do I contact?

A. For issues with provider information online or claims processing, please contact your Humana contracting representative.

Providers are mailed an approval letter with their welcome packet. The welcome packet includes their contract effective date and their credentialing effective date.

In terms of assigning effective dates:
- 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
- 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.

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.

MERIDIAN HEALTH PLAN OF ILLINOIS/YOUTHCARE
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?
A. No, provider information must be submitted electronically.

Q. Where do provider submissions go at the MCO?
A. Providers are encouraged to submit rosters at https://www.ilmeridian.com/providers/provider-updates.html, they are also able to submit information to ilrostersubmission@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 additions, updates and terms, please ensure that all required information is completed on the provider roster. Status requests can be submitted to ilrostersubmission@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 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.), said line of business will be credentialed by MeridianHealth 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 ilrostersubmission@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 updated office hours, changes in accepting status or any 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. In the event information is not displayed accurately on the Plan's website, providers should contact MeridianHealth of Illinois by emailing ilrostersubmission@mhplan.com.

Q. How often is provider information loaded?
A. Provider Enrollment data is put into the loading process upon receipt of a complete and accurate submission.

Q. How often should I submit information to contracted MCOs?
A. To ensure timely updates, updates should be submitted to the plan monthly via a universal roster template. Full rosters can be submitted quarterly.

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, providers should contact MeridianHealth of Illinois by emailing ilrostersubmission@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 that 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 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), said line of business 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 ilrostersubmission@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, updates should be submitted to the plan monthly via a universal roster template. Full rosters can be submitted quarterly, and corrections can be submitted 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. Providers can contact MeridianHealth of Illinois by calling (866) 606-3700 or emailing ilrostersubmission@mhplan.com.

MOLINA HEALTHCARE, INC.
Provider Roster Template Frequently Asked Questions

Q. Can I submit provider information via paper?
A. No, Molina utilizes the standard Universal Template and can be emailed to MHILProviderNetworkManagement@MolinaHealthcare.com.

Q. Where do provider submissions go at the MCO?
A. Provider submissions can be sent via email to our Provider Network Management Department at MHILProviderNetworkManagement@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:
https://www.molinahealthcare.com/providers/il/medicaid/contacts/servicearea.aspx.

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 30 business days to be loaded. Rosters containing incomplete provider information will be returned, and providers will not be loaded until information is complete 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. 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 30 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: The first of the month the roster is received if the contract signed date and HFS IMPACT dates are prior to the month the roster was received.

Q. What happens if information is incorrect on the MCO website?
A. Providers need to fill out a new roster with the correct information and send it to the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com. If providers have questions about filling out the roster, they can contact their Provider Network Manager directly. Provider Network Managers are broken down by provider type and territory:
https://www.molinahealthcare.com/ providers/il/medicaid/contacts/servicearea.aspx.

Q. How do I change information, such as practice closure or office hours?
A. Providers need to fill out a new roster with the updated information and send it to the Provider Network Management department at MHILProviderNetworkManagement@MolinaHealthcare.com. If providers have questions about filling out the roster, they can contact their Provider Network Manager directly. Provider Network Managers are broken down by provider type and territory:
https://www.molinahealthcare.com/%20providers/il/medicaid/contacts/servicearea.aspx.

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

A. Please contact Molina's Provider Network Management team for assistance: MHILProviderNetworkManagement@MolinaHealthcare.com.

Q. How often is provider information loaded?

A. Provider information is loaded daily.

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

A. To ensure updates are timely, it is recommended that you submitted to MCOs on a monthly basis. Additionally, additions/changes/deletions can be done on a one-off basis by submitting changes via email on the standard form to our Provider Network Management team to MHILProviderNetworkManagement@MolinaHealthcare.com. If providers have questions about filling out the form, they can contact their Provider Network Manager directly. Provider Network Managers are broken down by provider type and territory: https://www.molinahealthcare.com/providers/il/medicaid/contacts/servicearea.aspx.

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

A. From the information supplied by the provider, Molina will validate that 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 that are 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 broker enrollment once per week. If you recently submitted updated provider information to Molina, we ask that you wait 2 to 4 weeks for your information to be properly updated at the broker enrollment website. If the update still has not been reflected, please contact our Provider Network Management team for further assistance: MHILProviderNetworkManagement@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 30 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 Provider Network Manager directly if interested in finding specific effective dates. Provider Network Managers are broken down by provider type and territory: https://www.molinahealthcare.com/providers/il/medicaid/contacts/servicearea.aspx.

**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.

**Q. I don't currently collect some information requested by the MCOs. How should I submit
information going forward?**
A. Certain fields are required from you 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 about filling out the form, they can contact their Provider
Network Manager. Provider Network Managers are broken down by provider type and
territory:
https://www.molinahealthcare.com/providers/il/medicaid/contacts/servicearea.aspx.

**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 provider information must be submitted on the new roster.

**Q. I've received an effective date from the MCO. However, I am not listed
online 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:
https://www.molinahealthcare.com/providers/il/medicaid/contacts/servicearea.aspx.