

Roster Training

2024 | Presented by Provider Network Management Team

Illinois Association of Medicaid Health Plans

As a member organization for the Medicaid managed care health plans, IAMHP works with the Illinois state government, legislators, advocacy groups, and Medicaid patients to invest in and provide high-quality health care focused on cost-effective, individualized care that helps the residents of Illinois live longer and healthier lives. Members:



Aetna Better Health® Premier Plan MMAI



Standardized Roster Purpose

Simplified Credentialing

From HFS:

- Under the new program, registering with the Department's online provider enrollment program will become the only requirement to begin developing relationships with every Medicaid managed care health plan. Medicaid providers will need to only register with [HFS IMPACT website](#).
- Once an application is approved by HFS, the provider is considered credentialed with the health plan.
- Please be aware of two important features of this upgrade:
 - First, the change applies only to the HealthChoice Illinois and MMAI programs.
 - Second, although providers will be credentialed through IMPACT, they should continue to provide specific information requested by MCOs that is **not** included in the credentialing process but is needed for MCO operations, such as provider office hours.
- Credentialing on its own does **not** mean a provider and a health plan will be doing business together. Provider and plans must still enter into contractual relationships and satisfy all necessary operational requirements.

Problems Addressed by the Standardized Roster

- Inconsistent forms and types of information:
 - Challenge for providers to complete the rosters timely and accurately.
 - Billing errors caused by incomplete and/or inaccurate rosters.
 - Members didn't receive up-to-date information.
- Existing rosters didn't contain all the information needed for provider directories:
 - Members didn't have the information they needed regarding office hours, ADA accessibility, etc.
- IAMHP introduced a new standard roster template with additional fields.



New IAMHP Standardized Roster

- New IAMHP standard roster template should be used by all providers as of **10/01/2021**.
- Additional fields in the new template. New fields are **highlighted**:
 - Provider Status to give detail on what's being updated or termed, if Update or Term is selected.
 - BEP on the group and facility tabs to indicate if you are eligible for, or participating in, the Business Enterprise Program (BEP)—Women Business Enterprises (WBE), and Minority Business Enterprises (MBE).
 - Several others we'll see a little later.
- Download the new template at IAMHP: iamhp.org/providers under Standardized Roster Material.
- Or download the template at Molina: [Frequently Used Forms \(molinahealthcare.com\)](https://molinahealthcare.com) under Contracting and Provider Forms.

Standardized Roster Background

Background

- The standardized roster was developed by a working group of Medicaid health plans, providers, and HFS.
 - Instructions are standardized.
 - Format is standardized.
 - Data entry requirements are standardized.
- Health plans have tested the roster and began accepting them June 15, 2018.
- Health plans are working with providers to ensure they can complete the current roster format.
- Fields required by federal and state law were added to the standardized roster.



IAMHP Standardized Provider Roster



Standardized roster to be accepted by all HealthChoice plans.



The roster and instructions can be found on IAMHP's website: **IAMHP.net** under the Provider Resources page.



The template seeks three categories of information required for contracting and provider directories:

Using the IAMHP Standardized Provider Roster

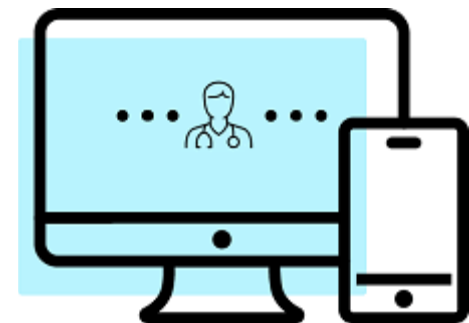
Registering in IMPACT

- How a provider registers in IMPACT will directly affect how a provider is reimbursed by a health plan.
- Make sure that **all** applicable specialties are selected and submitted to IMPACT.
- It is paramount that the taxonomy number(s) registered with IMPACT are the ones listed on claims and rosters to ensure payment.
- Health plans do not receive everything a provider enters into IMPACT due to system limitations.



Technical Do's and Don'ts

- Roster completion:
 - Recommend monthly submission to all plans.
 - Submission ensures that Molina has information available.
 - Impacts loading of new physicians and changes to existing practitioners
- Roster format:
 - Providers are asked to use the most updated roster format.
 - The current format is located on the IAMHP website: IAMHP.org



Technical Do's and Don'ts (continued)

- Changes to the roster template:
 - Do **not** delete columns or headers.
 - Columns that are not applicable should be **left blank**.
 - Do **not** state N/A. Loading of rosters is automated and this may complicate the process.
 - Additional lines can be added to reflect additional locations for the provider.
- Providers listed on the roster will be loaded by Molina.
- Incomplete rosters:
 - Providers without complete information on the roster will **not** be loaded by Molina.



MCO Variance

- The content, structure, and format has been standardized:
 - Providers should still communicate with Molina on their submission policy.
 - The effective date is the latter of:
 - Date roster is submitted.
 - Date provider is contracted.
 - Date provider is effective in IMPACT.
 - Molina has 30 days to load already contracted providers once a complete roster is submitted.
- Where to submit rosters and who to ask for assistance:
 - Submit rosters to MHILProviderNetworkManagement@MolinaHealthcare.com
 - Contact MHILProviderNetworkManagement@MolinaHealthcare.com with questions

Instructions Listed on the First Tab of the Roster

- This is a multi-tabbed workbook to be used across all managed care plans in Illinois as a roster template for providers effective June 15, 2018.
 - This document, though large, is one that will allow each plan to have the necessary information from providers to accurately load and represent their network.
 - There are three different sections that may or may not apply to each group completing this workbook.
- Each sheet has certain fields that are drop-downs (Status, State, Y/N, M/F, etc.).
 - Not all fields contain a drop down, and these are free text.
 - Please use the drop-down when appropriate.
- A tab prior to each green tab outlines the data in the green tabs and what is required of each field.



Instructions Listed on First Tab of the Roster (continued)

- **All Practitioners:**
 - This tab is relating to each individual practitioner in a group. Some practitioners will have more than one line to represent them due to operating out of multiple service locations. Please complete all required fields related to each practitioner as appropriate.



Instructions Listed on First Tab of the Roster (continued)

- **Group Location Practices:**
 - These are the service locations where providers treat patients. These locations do **not** double as a provider; therefore, they do **not** have individual NPIs, licenses, etc.
 - Each location is required to meet ADA standards and to specify any limitations and services offered. Please complete **all required** fields related to each group location as appropriate.



Instructions Listed on First Tab of the Roster (continued)

- **Facility:**

- Similar to Group Location Practices, this is a physical building; however, facilities tend to have the ability to bill direct as well. Each facility is required to meet ADA standards and to specify any limitations and services offered. Please complete **all required** fields related to **each facility** as appropriate.
- If you have any questions, please reach out to your Provider Relations Manager, who will provide clarity for you.
- We thank you for the services you provide not only to our members, but to the community as a whole.



Individual Practitioner Tab

- Existing data elements:
 - Practitioner information
 - License information
 - Board information
- New data elements as required by state and federal policy:
 - Location services
 - Practice limitations
 - Specialized training and experience
 - Practice capacity
 - Accepted gender
 - Minimum/maximum enrollees



Individual Practitioner Instructions

	A	B	C	D	E	F	G
1		Data Field	Format	Medicaid	offered by the Plan (Medicare Advantage,	Accepted Data Response	Published in the Provider Directory
2	Provider Status	New/No Change/ Update/ Term	Text	Required	Required	New/No Change/ Update/ Term	
3		Update Requested-Term from Service location, Add to Group	Text	Required	Required	Upper and Lower Case Text Preferred. Example: Term from Service Location, Add to Group, Update Licensure	
4		Effective Date	Text	Required	Required	Effective Date of the Provider Status	
5		NPI	Numerical	Required, excluding atypical providers	Required	NPI for the individual Practitioner	X
6	Practitioner	Last Name	Text	Required	Required	Upper and Lower Case Text Preferred	X
7		First Name	Text	Required	Required	Upper and Lower Case Text Preferred	X
8		Middle Name	Text	If Applicable	If Applicable	Upper and Lower Case Text Preferred	X
9		Suffix	Text	If Applicable	If Applicable	Upper and Lower Case Text Preferred - If Applicable (i.e Jr. Sr, II etc)	X
10		Degree	Text	Required	Required	Degree Type for practitioner, (i.e. MD, DO, DPM, CNP, APN, PA, etc)	X

INSTRUCTIONS

Practitioner Directions

Practitioner Data

Group_Location Practices Direct

Group_Location Practices Data

Facility Directions

Facility

Individual Practitioner Data Elements

	A	B	C	D	E	F	G	H	I
1	Provider Status								
2	New/No Change/ Update/ Term	Provide detail on what is being updated or termed if "Update" or "Term" is selected (i.e. - terming service location or termed from the group)	Effective Date	NPI	Last Name	First Name	Middle Name	Suffix	Degree
3									
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23									
24									

Group Location Tab



This is the tab where Encounter Clinic information should be.



Existing data elements:

Group/Location Instructions

	A	B	C	D	E	F	G
		Data Field	Format	Medicaid	Required for All Other products offered by the Plan (Medicare Advantage, Medicare Complete, Commercial)	Notes	Published in the Provider Directory
1							
2	Provider Status	New/No Change/ Update/ Term	Text	Required	Required	New/No Change/ Update/ Term	
3		Update Requested-Term from Service location, Add to Group	Text	Required	Required	Term from Service Location, Add to Group, Update Licensure	
4		Effective Date	Text	Required	Required	Effective Date of the Provider Status	
5		Group NPI	Numerical	Required, excluding atypical	Required	Group Practice Location	
6	Practice Information	Medical Group Practice Name	Text	Required	Required		X
7		Legal Business Name	Text	Required	Required		
8		Primary Taxonomy	Text/Numerical	Required	Required		
9		Secondary Taxonomy	Text/Numerical	If Applicable	If Applicable		
10		Additional Taxonomy	Text/Numerical	If Applicable	If Applicable		
11		Medicaid ID	Numerical	Required, if applicable	If Applicable		
12	Location Information	Location Type	Text	Required	Required	Primary -PRI, Practice - PRA	
13		Location Name	Text	Required	Required		
14		Address 1	Text/Numerical	Required	Required		
15		Address 2	Text/Numerical	Required	Required		
16		City	Text	Required	Required		
17		State	Text	Required	Required		
18		Zip Code	Numerical	Required	Required		
19		Location Phone	Numerical	Required	Required	555-555-5555	
20		Location Fax	Numerical	Required	Required	555-555-5555	
21		Appointment Phone (If Different than Location Phone)	Numerical	If Applicable	If Applicable	555-555-5555	
22		Provider Fax (If different than Location Fax)	Numerical	If Applicable	If Applicable	555-555-5555	
23		Call Coverage Phone (if Different than Location)	Numerical	If Applicable	If Applicable	555-555-5555	
24		Website	Text/Numerical	Required	Required	Practice Website	X
25	Email	Text/Numerical	If Applicable	If Applicable		X	
26	BEP Information	BEP Provider Certified	Text	Required	If Applicable	Yes - Y, No - N	
27		Minority Business Enterprise MBE (Y/N)	Text	Required	If Applicable	Yes - Y, No - N	
28		Women's Business Enterprise WBE (Y/N)	Text	Required	If Applicable	Yes - Y, No - N	

INSTRUCTIONS

Practitioner Directions

Practitioner Data

Group_Location Practices Direct

Group_Location Practices Data

Facility Directions

Facility

BHSpectTrainExp

Group/Location Data Elements

Location Information													Business Enterprise Program		
Location Type (PRI, PRA)	Location Name	Address 1	Address 2	City	State	Zip	Location Phone	Location Fax	Appointment Phone (If Different than Location Phone)	After Hours Phone	Website	Email	BEP Certified (Y/N)	Minority Business Enterprise MBE (Y/N)	Women's Business Enterprise WBE (Y/N)

Facility Tab



Definition of Facility:

Facility Instructions

	A	B	C	D	E	F	G
		Data Field	Format	Required Illinois Health Choice (Medicaid)	Required for All Other products offered by the Plan (Medicare Advantage, Medicare Complete, Commercial)	Notes	Published in the Provider Directory
2	Provider Status	New/No Change/ Update/ Term	Text	Required	Required	New/No Change/ Update/ Term	
3		Update Requested-Term from Service location, Add to Group	Text	Required	Required	Upper and Lower Case Text Preferred. Example: Term from Service Location, Add to Group, Update Licensure	
4		Effective Date	Text	Required	Required	Effective Date of the Provider Status	
5		NPI	Text	Required, excluding atypical providers	Required	10 Digit Facility NPI	X
6	Facility Information	Facility Name	Text	Required	Required		X
7		Medicare ID	Text/Numerical	Not Applicable	Required		
8		Illinois Medicaid ID	Numerical	Required	Not Applicable		
9		Primary Facility Type	Text	Required	Required	Identifies facility type (General Acute Care Hospital, DME, FQHC, HomeHealth SNF etc)	X
10		Primary Taxonomy	Text/Numerical	Required	Required		
11		Secondary Facility Type	Text	Required	Required	Identifies facility type (General Acute Care Hospital, DME, FQHC, HomeHealth SNF etc)	X
12		Secondary Taxonomy	Text/Numerical	Preferred	Preferred		
13		Additional Facility Type	Text	Required	Required	Identifies facility type (General Acute Care Hospital, DME, FQHC, HomeHealth SNF etc)	X
14	Additional Taxonomy	Text/Numerical	Preferred	Preferred			
15	Facility License	State License Number	Numerical	Preferred	Required	License Number as found on applicable State Licensing	X
16		State License Issuing State	Text	Preferred	Required	State Abbreviation code (i.e. IL, IA, IN, MO, MI etc)	
17		State License Expiration Date	MM/DD/YYYY	Preferred	Required		
18		DEA	Text/Numerical	Preferred	If Applicable		
19		DEA Expiration Date	MM/DD/YYYY	Preferred	If Applicable		
20		Controlled Substance Number	Text/Numerical	Preferred	If Applicable		
21		Controlled Substance Issuing State	Text	Preferred	If Applicable		
22		Controlled Substance Expiration Date	MM/DD/YYYY	Preferred	If Applicable		
23		CLIA Certificate	Text/Numerical	If Applicable	If Applicable		
24		CLIA Expiration Date	MM/DD/YYYY	If Applicable	If Applicable		
25	BEP Information	X-Ray License	Numerical	If Applicable	If Applicable		
26		X-Ray License Expiration Date	MM/DD/YYYY	If Applicable	If Applicable		
27		BEP Provider Certified	Text	Required	If Applicable	Yes - Y, No - N	
28		Minority Business Enterprise MBE (Y/N)	Text	Required	If Applicable	Yes - Y, No - N	
29		Women's Business Enterprise WBE (Y/N)	Text	Required	If Applicable	Yes - Y, No - N	
30		Facility Accreditation	Primary Facility Accreditation	Text	Required	Required	Many Facilities require either a current (within the last 3 years) Accreditation (CARF, TJC Ect) or CMS Site Visit
						Many Facilities require either a current (within the last 3	

INSTRUCTIONS

Practitioner Directions

Practitioner Data

Group_Location Practices Direct

Group_Location Practices Data

Facility Directions

Facility Data Elements

	A	B	C	D	E	F	G
1	Provider Status						
	New/No Change/ Update/ Term	Provide detail on what is being updated or termed if "Update" or "Term" is selected (i.e. - terming service location or termed from the group)	Effective Date	NPI	Facility Name	Medicare ID	Medicaid ID
2							
3							
4							
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17							
18							
19							
20							

Behavioral Health Specialized Training & Experience

	A	B
1	Behavioral Health Specialized Training and Experience In Treating	Explanation
2	Part 2 Provider	A provider that receives designated federal funding
3	ADD/ADHD	
4	Addictive Disorders	
5	Addictive Medicine	
6	Adjustment Disorder	
7	Adolescent Behavior Disorders	
8	Adolescent Psychiatry	
9	Adolescent Psychotherapy	
10	Adolescent Sex Offender	
11	Adolescents	
12	Adoption Issues	
13	Adult ADD Medical Illness	
14	Adults	
15	Anger Management	
16	Anxiety/Panic Disorder	
17	Applied Behavior Analysis	
18	Art Therapy	
19	Attachment Disorder	
20	Attachment Therapy	
21	Autism/Asperger's	
22	Behavioral Therapy	
23	Biofeedback	
24	Bipolar Disorder	
25	Brief Therapy	
26	Chemical Dependency	
27	Child Parent Psychotherapy	
28	Child Psychiatry	
29	Child Psychological Testing	
30	Child/Parent Bonding	
31	Christian Counseling	
32	Chronic Pain/Pain Management	
33	Client Centered Therapy	
34	Cognitive Disorder	
35	Cognitive Rehab Therapy	
36	Cognitive Therapy	
37	Community Based Services	
38	Community Support Program	

Medical Providers Specialized Training & Experience

A	B	C	D	E	F	G	H	I	J	K	L	M
Medical Providers Specialized Training and Experience in Treating												
Abuse - Adults												
Abuse - Children												
Abuse - Elder												
Abuse Other												
Addiction												
Alzheimer's Disease												
Anger Management												
Anxiety												
Arthritis												
Asthma												
Atrial Fibrillation												
Attention-deficit disorder												
Attention-deficit/hyperactivity disorder												
Autism Spectrum Screening & Treatment - Adults												
Autism Spectrum Screening & Treatment - Children												
Bariatric Surgery												
Blindness or Visual Impairment												
Blood Disorders												
Bone Health												
Breast Cancer												
Breast Surgery												
Burn Injuries												
Cancer Treatment												
Cardiovascular Disease												
Cataract Surgery												
Cerebral Palsy												
Chiropractic Sports Treatment												
Chronic Kidney Disease												
Chronic Obstructive Pulmonary Disease												

Practice Limitations

	A	
1	Practice Limitations	
2	Hospital Based Services Only	
3	In Home Services Only	
4	Indian Health Service Only	
5	Minute Clinic Services Only	
6	Nursing Home Services Only	
7	Pediatric Medicare Eligible Enrollees Only	
8	Skilled Nursing Services Only	
9	Telemedicine Services Only	
0	Urgent Care Services Only	
1	Veteran Affairs Only	
2	Virtual Visit Services Only	
3		
4		
5		
6		
7		

Location Services

A	B
Location Services	
24 Hr. Emergency Service	
Acute Rehabilitation	
Ambulatory Surgical Care Center	
Behavioral Health (BH) Acute Care	
Behavioral Health (BH) Residential Treatment	
Cancer Care	
Cardiac Care	
Dialysis Equipment & Supplies	
Durable Medical Equipment	
Electronic Medical Records	
Extended Office Hours	
Gynecological Services	
Heart Transplant Programs	
Home Health	
Hospice	
Immunization Provided	
In Home Visits	
Inpatient Psychiatric Services	
Kidney Transplant Programs	
Knee and Hip Replacement	
Lab Services	
Level 3 Perinatal Facility	
Liver Transplant Programs	
Long-Term Acute Care (LTAC)	
Lung Transplant Programs	
Mammography Services	
Neonatal Intensive Care Unit (NICU)	
Nursing Facility Supplies	
OB/Gyn Services	
Obstetrics Services	

31	Obstetrics Services	
32	Occupational Therapy	
33	Orthotics and Prosthetics	
34	Outpatient Dialysis	
35	Outpatient Infusion/Chemotherapy	
36	Oxygen Equipment	
37	Pancreas Transplant Programs	
38	Parenteral & Enteral Nutrition	
39	Pediatric ICU	
40	Physical Therapy	
41	Prosthetic/Orthotic Supplier	
42	Radiology Services	
43	Respiratory Therapy	
44	Skilled Nursing Facilities	
45	Speech Therapy	
46	Spine Surgery	
47	Substance Abuse Residential Treatment	
48	Surgical Services(Outpatient or ASC)	
49	Telemedicine	
50	Urgent Care	
51	Virtual Visits	
52	Weekend Hours	
53	Waiver services: Homemaker Services	
54	Waiver services: Home Health Aide Services	
55	Waiver services: Personal Care	
56	Waiver services: Adult Day Care	
57	Waiver services: Respite Care	
58	Waiver services: Home Delivered meals	
59	Waiver services: Home Modification	
60	24 Hour Phone Coverage	

Provider Resources

Molina Availity Provider Portal

- Molina has transitioned to the Availity Essentials Provider Portal. Providers are **strongly encouraged** to register and use the Availity Portal.
- Availity Portal landing page: availability.com/molinahealthcare
- With technical issues, contact Availity Help Desk at **(800) 282-4548**.
- **NOTE:** You can reach **all** portal functions via Availity.



Helpful Links

- IMPACT website: illinois.gov/hfs/impact/Pages/default.aspx
- IAMHP website: iamhp.net/providers
- HFS Website: hfs.illinois.gov/medicalproviders/notices.html
- Molina Website >> News & Updates:
molinahealthcare.com/providers/il/medicaid/comm/Pages/newsupdates.aspx
- Molina Provider Education Series:
molinahealthcare.com/providers/il/medicaid/comm/updatesevents.aspx
- Availity Provider Portal: provider.molinahealthcare.com/Provider/Login
- Submit Rosters to Molina Provider Network Management team email:
MHILProviderNetworkManagement@molinahealthcare.com
- Register for provider bulletins, policy updates and more:
<https://molinahealthcare.activehosted.com/f/1>

Your Molina Contacts

- Your **Provider Relations Manager (PRM)** is your liaison to all of Molina's programs and provider services.
- Don't know who your PRM is? Visit our Service Area page and click your provider type for a territory map:

[Service Area for Illinois](#)

The screenshot shows the Molina Healthcare website interface. At the top, there are navigation tabs for 'For Molina Members', 'About Molina', and 'Showing information For Illinois'. Below this is a search bar and a navigation menu with links for Home, BEP, Manual, Forms, Policies, HIPAA, EDI/ERA/CFT, Drug Formulary, Health Resources, Communications, and Contact Us. The main content area is titled 'Service Area of Illinois' and contains the following text:

Molina Healthcare of Illinois provides Medicaid (HealthChoice), MMAI (MMP/Duals), and MLTSS services to all 102 Illinois counties.

Questions? We have answers! Molina has a team of dedicated Provider Network Managers in your area to assist you. Access our Provider Network Manager territory maps by the following provider types:

- Hospital providers and affiliated provider groups: [Go To Map](#).
- Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH, and transportation providers: [Go To Map](#).
- FQHCs, RHCs, and ERCs: [Go To Map](#).
- VBC provider contracting: [Go To Map](#).

If you have questions about Value-Based Contracting, contact your Provider Network Manager or Natalie Kasper, Director of Provider Contracts, at Natalie.Kasper@MolinaHealthcare.com or (833) 361-1674 or (262) 271-6525 (Mobile).

- You can always email the team:
MHILProviderNetworkManagement@Molinahealthcare.com

Thanks for participating!

Please register for email updates curated specifically for Illinois providers:
molinahealthcare.activehosted.com/f/1