

**Bureau of Managed Care
Managed Care Organizations
Policy / Procedures**

General Contract Monitoring - Primary Subcontractors and Physician Terminations

Primary Subcontractor Termination from MCO

The Department publishes each Managed Care Organizations (MCO) Primary Subcontractor's list on its Care Coordination page [MCO Subcontractor List | HFS](#)

Each MCO is responsible for ensuring that the Primary Subcontractors listed on this link are current and that the contact information (Vendor Name, Contact Information, Resource Links, etc.) provided is correct. If the MCO becomes aware of or makes a change to a Primary Subcontractor, the MCO must provide the Department with written notice of such change a minimum of 30 calendar days before the effective date of the change. The written notice to HFS must include the termination date of the Current Primary Subcontractor, the effective date of the New Primary Subcontractor, the name and contact information for the New Primary Subcontractor (Name, Toll-Free Number, Hours and Days of Operation, Program Email and/or website address) and, if applicable, the reason for the change in Primary Subcontractors. The written notice must be submitted to the MCOs assigned HFS Account Manager, and a copy must be uploaded into the MCO Admin and Deliverables SharePoint Library as follows:

SharePoint Report: Provider Termination Notice

SharePoint Report Naming Convention: [MCO initials] Primary Subcontractor Change [month] [date] [year]

Physician Termination from MCO

Physician Termination policy is pursuant to the HealthChoice Illinois (HCI) and YouthCare Contracts, Section 5.7.3, Attachment XIII, and Public Act 100-950 (also known as House Bill 4383).

There are two (2) components to this policy; when an MCO knows a physician of any type will be terminated from its network, and when an Enrollee requests disenrollment outside their anniversary date because their PCP has terminated from their health plan's network.

Physician Termination from MCO Network

Once an MCO is aware that a physician of any type, that serves more than one hundred (100) or more enrollees, will be terminated from the network, the MCO must inform the HFS Account Manager of this termination in writing (email or letter) within three (3) business days. The HCI or YouthCare MCO must also submit a copy of the written notice into the HFS MCO Admin and Deliverables SharePoint Library within three (3) business days as follows:

SharePoint Report: Provider Termination Notice

SharePoint Report Naming Convention: [MCO initials] Key Position Change [month] [date] [year]

The following information must be included in the written notification to the Department:

1. The Provider/Site name;
2. Provider's Medicaid provider number;
3. The reason for termination/closure;
4. The expected closure date;
5. The current number of Enrollees enrolled in the Site;
6. The plan of action for transferring Enrollees to another Provider/Site;
7. Where relevant, the number and types of providers that are terminating (for example, hospitals, PCPs, specialists, etc.);
8. A copy of the original provider notice to the MCO to terminate or the notice the MCO issued to the provider to terminate (an MCO cannot simply state "provider roster notice". A copy of the roster page or specific materials received must be included to satisfy this report requirement);
9. The date the MCO was notified of the termination by the provider/provider group or other source; and,
10. A list of counties that are affected.

Enrollee Disenrollment Request Due to PCP Termination from MCO Network

Per Public Act 100-950, Enrollees are allowed to request disenrollment from their health plan outside their anniversary date when their PCP has terminated from the network. Once an MCO is aware that a PCP will be terminated from the network, the MCO must inform the HFS Account Manager of this termination in writing (email or letter) within three (3) business days. This notification must occur regardless of the number of active Enrollees served by the PCP.

The MCO should also notify their members, pursuant to Section 5.3.7 of the Contract:

"Contractor shall make a good-faith effort to give written notice of termination of a Provider as soon as practicable, but in no even later than fifteen (15) days after receipt or issuance of the termination notice, to each Enrollee who was served by the terminated Provider. In this notification, Contractor will provide direction to the Enrollee regarding how the Enrollee may select a new Provider."

Disenrollment requests from Enrollees will be made via the Illinois Client Enrollment Services (ICES). ICES will review and approve or deny the request that day and inform the Enrollee. Enrollees will be coded in Maximus as "PCP Left Network." ICES will disenroll the client from the current health plan on the last day of the month in which the request for disenrollment was made, and then enroll the client into an available plan choice as requested.

Policy History
General Contract Monitoring
Physician Termination from MCO

Date:	Action:	Policy Originator:
April 2018	Contract Clarification	Laura Ray
February 2019	Legislation Requirement Update	Laura Ray/Lauren Tomko
December 2022	Updates and clarifications	Amy Harris Roberts
August 2026	Updates and clarifications	BMC AM and Reporting Teams
Policy Revisions:	Revision Approved:	
August 2019 – Updates	Lauren Tomko	
February 2023	Laura Ray	
August 2026	Jessica Pickens	