

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

General Contract Monitoring

Provider Directory Requirements

Public Act 099-0725 requires MCOs to meet provider directory requirements in 305 ILCS 5/5-30.3(b)(1), including the following, and the FY19 Budget Implementation Bill (BIMP), 305 ILCS 5/30-30.1(f)(2), adds dentists:

1. Make available on the entity's website a provider directory in a machine readable* file and format.
2. Make provider directories publicly accessible (on the entity's website) without having to provide passwords or personally identifiable information.
3. Provider directories shall comply with all federal and State statutes and regulations, including 42 CFR 438.10.
4. Request, at least annually, provider office hours for each provider type (health care professionals, hospitals, facilities, pharmacies and DME suppliers) and publish the office hours in the provider directory upon receipt.
5. Confirm with contracted providers who have not submitted claims in the past six (6) months if they intend to remain in the network and correct any incorrect provider directory information as necessary.
6. Ensure that enrollees who receive covered services from non-participating providers due to a material misrepresentation in the MCO's online electronic provider directory shall not be held responsible for any costs resulting from that misrepresentation.
7. Conspicuously display an email address and toll-free telephone number for individuals to report any inaccuracies displayed in the electronic provider directory, that the MCO must then investigate and correct.
8. Confirm its receipt of information submitted specific to physician or dentist additions to or deletions from the MCO's provider network within three (3) days after receiving all required information from contracted physicians or dentists.
9. Update electronic physician and dental directories consistent with current, published CMS rules.

** "Machine readable" is required to improve transparency and provide the opportunity for third parties to create resources that aggregate information on different plans.*

Pursuant to Attachment XIII of the HCI and YouthCare MCO Contracts; or to demonstrate compliance with Section 2.14.5 of the MMAI MCO Contract, MCOs must complete and submit the MCO Provider Directory Attestation Form (including check boxes on page 2 of the form) to the Department monthly. The Attestation is due by the fifth calendar day of each month and is uploaded to the HFS SharePoint repository.

Policy History
General Contract Monitoring
Provider Directory Requirements

Date	Action	Policy Originator
January 2017	HB6213 enacted policy January 1, 2017	Lauren Tomko
July 2018	Public Act 100-0587 effective July 1, 2018	Laura Ray
December 2022	Added MMAI Contract Information	Amy Roberts

Policy Revisions	Revision Approved
January 2023	Laura Ray



**Illinois Department of HealthCare and Family Services
Bureau of Managed Care**

MCO PROVIDER DIRECTORY ATTESTATION FORM

Please Type or Print Clearly

Name of Managed Care Organization	Provider ID Number	Report Month/Year
<p>On behalf of the above-named Managed Care Organization, I attest, based on best knowledge, information and belief, that pursuant to Public Act 099-0725 and Public Act 099-0751, [Name of MCO] _____ is compliant with the provider directory requirements in 305 ILCS 5/5-30.3(b)(1) and 305 ILCS 5/5-30.1(f)(2) checked on the back of this form.</p> <p>I acknowledge that the information described above will be monitored by HFS and may directly affect payments and/or enrollment to the Managed Care Organization listed above.</p> <p>I understand that my organization and/or I may be subject to prosecution, sanction, or any other applicable cause of action pursuant to state or federal law for misrepresentations, omission or concealment of a material fact, statements or documents.</p>		
<p>Signature:</p> <p>The attestation must be signed by the Chief Executive Officer, Chief Operating Officer, or an individual who has delegated authority to sign for, and who reports directly to, the Chief Executive Officer or Chief Operating Officer of the above-named Managed Care Organization.</p>		
<p>Name (Type/Print)</p>		
Signature	Date Signed	
<p>Title/Authority of Person signing Attestation (<i>please check only one box</i>)</p> <p> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> CEO Delegated Authority <input type="checkbox"/> COO Delegated Authority </p>		

- MCO shall make available on the entity's website a provider directory in a machine readable file and format.
- MCO shall make available on the entity's website directories publicly accessible without passwords or personally identifiable information.
- MCO's provider directories shall comply with all federal and State statutes, including 42 CFR 438.10.
- MCO requested, at least annually, provider office hours for each provider type and published the office hours in the provider directory upon receipt.
- MCO confirmed with contracted providers who have not submitted claims in the past 6 months if they intend to remain in the network and corrected provider directories as necessary.
- MCO ensured that enrollees shall not be held responsible for any costs resulting from material misrepresentations in the MCO provider directory.
- MCO conspicuously displayed on its website an email address and toll-free telephone number for individuals to report provider directory inaccuracies for MCO to investigate and correct.
- MCO confirms its receipt of information on additions or deletions of physicians or dentists from provider network within 3 days after receiving all required information from contracted physicians or dentists.
- MCO updates electronic physician and dental directories consistent with current, published CMS rules.