Bureau of Managed Care
Managed Care Organizations
Policy / Procedures

General Contract Monitoring - Primary Subcontractor and Provider Terminations

Primary Subcontractor Termination from MCO

The Department publishes each Managed Care Organizations (MCO) Primary Subcontractor's list on its Care Coordination page – HealthChoice Illinois (HCI), YouthCare (YIC), Medicare-Medicaid Alignment Initiative (MMAI) and the Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) at MCO Subcontractor List | HFS (illinois.gov)

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]

Provider Termination from MCO

Provider Termination policy is pursuant to the HealthChoice Illinois (HCI) and YouthCare Contracts, Section 5.7.3, Attachment XIII, the Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) Contract, Section 1.2.18, D.a.iv and Public Act 100-950 (also known as House Bill 4383).

There are two (2) components to this policy; when an MCO knows a provider 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.

Provider Termination from MCO Network

Once an MCO is aware that a provider 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 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] Provider Term Notice [month] [date] [year]

The following information must be included in the written termination 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 providers notice submitted to the MCO to terminate, or the notice issued by the MCO to the provider to terminate; and
9. 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 must also notify their members, pursuant to the Managed Care Contracts:

> "Contractor shall make a good-faith effort to give written notice of termination of a Provider as soon as practicable, but in no event 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
October 2025	Updates and Clarifications	Account Management Team

Policy Revisions	Revision Approved
August 2019	Lauren Tomko
February 2023	Laura Ray
October 2025	Keshonna Lones