**Provider Roster Template Frequently Asked Questions**

**Q. Can I submit a paper version of the Provider Information Update Form?**
A. Yes, providers may submit the Provider Information Update Form via fax. For standard forms please visit [http://www.molinahealthcare.com/providers/il/PDF/Medicaid/iinformation-update-form.pdf](http://www.molinahealthcare.com/providers/il/PDF/Medicaid/iinformation-update-form.pdf). Paper forms may be faxed to (844) 488-7054 or submitted via email to MHIL_Provider_Information_Management@MolinaHealthcare.com.

**Q. Where can I send provider changes?**
A. Provider changes can be submitted with an updated roster sent via email to our Provider Information Management Department at MHIL_Provider_Information_Management@MolinaHealthcare.com. Changes may also be submitted with a Provider Information Update Form via fax to (844) 488-7054 or changes may be emailed to MHIL_Provider_Information_Management@MolinaHealthcare.com.

Questions should be directed to your provider network manager. Managers are organized by provider type and service area. Click the links below to find your manager:
- Hospital providers, including FQHCs, RHCs, ERCs and affiliated provider groups, [click here].
- Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH and transportation providers, [click here].

**Q. How long does it take for roster information to be loaded into the Molina system?**
A. After receiving full and complete provider roster information, Molina takes an average of seven to 10 business days to load new providers to an existing group and contract. Rosters containing incomplete provider information can cause claims payment issues, and therefore will not be loaded and will be returned to providers.

For new contracts, Molina must receive a complete roster, executed contract, W9 and completed training attestations. Once Molina receives all required supporting documents, the new provider will be loaded. The process for new providers, on average, takes between 15-20 days.

**Q. How will I know that Molina has received roster information?**
A. Molina will send email confirmation that the roster has been received between 24 – 72 hours after receipt. You will also receive an email informing you that providers have been successfully loaded.

**Q. How will I know when my participation is effective and when can I begin to see patients?**
A. If Molina receives all necessary information and providers are active with Illinois Department of Healthcare and Family Services (HFS) Illinois Medicaid Program Advanced Cloud Technology (IMPACT), then the provider will receive notification of an effective date.
- If the roster is received by Molina between the first and the 20th day of the month, the provider will be effective the on the first day of the current month.
- If the roster is received by Molina after the 20th day of the month, the provider will be effective on the first day of the next month.

Providers can confirm they have been successfully loaded into the system by:
1.) Visiting the Molina online provider portal. Providers listed on the portal are currently participating providers with Molina.
2.) Calling the Molina contact center at (855) 866-5462.
3.) Asking their provider network manager:
- Hospital providers, including FQHCs, RHCs, ERCs and affiliated provider groups, [click here].

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Q. What happens if information is incorrect on the Molina website?
A. To correct the information, providers need to send the provider roster with the accurate information or a Provider Information Update Form. Please send the updated information to the Molina Provider Information Management Department at MHIL_Provider_Information_Management@MolinaHealthcare.com. If the roster is used, the full listing of providers is required.

Questions should be directed to your provider network manager. Managers are organized by provider type and service area. Click the links below to find your manager:
- Hospital providers, including FQHCs, RHCs, ERCs and affiliated provider groups, click here.
- Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH and transportation providers, click here.

Q. How do I change information, such as practice closure or office hours?
A. Providers may submit changes through the roster template, or by filling out the Provider Information Update Form and faxing it to (844) 488-7054. Changes may be submitted electronically and submitted to Molina’s Provider Information Management Department at MHIL_Provider_Information_Management@MolinaHealthcare.com.

Questions should be directed to your provider network manager. Managers are organized by provider type and service area. Click the links below to find your manager:
- Hospital providers, including FQHCs, RHCs, ERCs and affiliated provider groups, click here.
- Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH and transportation providers, click here.

Q. I received confirmation of loading but, I do not see the information posted on the website. How do I fix that?
A. Please contact Molina Provider Information Management for further resolution. They can be reached via email at MHIL_Provider_Information_Management@MolinaHealthcare.com.

Q. How often is provider information loaded?
A. Daily.

Q. How often should I submit information to Molina?
A. To ensure timely updates, submit your information to Molina on a monthly basis. Also, adds/changes/deletes can be done on a one-off basis by submitting changes either via the Provider Information Update Form, via fax to (844) 488-7054 or electronically. You may submit information to the Molina Provider Network Management Department at MHIL_Provider_Information_Management@MolinaHealthcare.com.

Any questions should be directed to your provider network manager. Managers are organized by provider type and service area. Click the links below to find your manager:
- Hospital providers, including FQHCs, RHCs, ERCs and affiliated provider groups, click here.
- Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH and transportation providers, click here.
Q. **How does Molina load information from the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system?**

A. From the information supplied by the provider, Molina will validate the provider is active with the IMPACT system based on National Provider Identifier (NPI), tax identification number (TIN), and name. Molina loads the provider type and registered categories of service from the IMPACT system. Molina does not load phone numbers or street addresses from the IMPACT system for providers. Providers 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 the broker enrollment once a week. If you recently submitted updated provider information to Molina, we ask that you wait two to four weeks for your information to be properly updated at the broker enrollment website. If the update is not recorded in that timeframe, contact Molina Provider Information Management via email at MHIL_Provider_Information_Management@MolinaHealthcare.com.

Q. **How long does it take for Molina to correct errors?**

A. Once supplied with correct and complete information, it takes between seven and 10 business days to process the change in our system and to have the changes updated in our directory.

Q. **Will Molina notify me of an effective date?**

A. Providers are encouraged to contact their provider network manager directly if they are interested in finding specific effective dates. Provider network managers are organized by provider type and service area. Click the links below to find your manager:
- Hospital providers, including FQHCs, RHCs, ERCs and affiliated provider groups, [click here].
- Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH and transportation providers, [click here].

Q. I've submitted an electronic file to Molina, how long before I receive confirmation?

A. Files submitted via email will receive confirmation of receipt within two business days. Molina can accommodate rosters submitted via the secure file transfer platform (SFTP), however, this may take longer to allow for coordination between both parties’ IT departments.

Q. I don't currently collect some information requested by the Molina, how should I submit information going forward?

A. Certain fields are required to be provided in order for us to load a provider, pay claims and comply with state and federal requirements for our directories. The roster will still be accepted and any information that may be missing will be gathered between the provider network manager (internal) and the provider.

Questions should be directed to your provider network manager. Managers are organized by provider type and service area. Click the links below to find your manager:
- Hospital providers, including FQHCs, RHCs, ERCs and affiliated provider groups, [click here].
- Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH and transportation providers, [click here].

Q. I currently have information on file with Molina. Should I resubmit all provider information or only those elements on the new roster that have not been submitted previously?
A. Molina asks newly contracted providers to submit their information on the Universal Roster Template. However, previously contracted and loaded providers will have until January 1, 2019 to move their information to the new template.

Q. I’ve received an effective date from Molina, 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, contact your provider network manager. Managers are organized by provider type and service area. Click the links below to find your manager:
   - Hospital providers, including FQHCs, RHCs, ERCs and affiliated provider groups, click here.
   - Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH and transportation providers, click here.

Q. Who do I contact if I have questions?
A. Questions should be directed to your provider network manager. Managers are organized by provider type and service area. Click the links below to find your manager:
   - Hospital providers, including FQHCs, RHCs, ERCs and affiliated provider groups, click here.
   - Ancillary providers, including LTC, waivers, home health, DME, lab, private practice medical doctors and specialists, BH and transportation providers, click here.

Supervisors of the provider network managers are listed on the service area maps and should be contacted if providers are not receiving timely responses. The provider network managers strive to respond within 24 hours to emails and voicemails.