**General Contract Monitoring**

**Physician Termination from MCO**

This policy references the 1/1/2018 Final Contract, Section 5.7.3 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 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; 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 should also notify their members, pursuant to Section 5.7.3.2 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 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.”

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Policy Originator</th>
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<tbody>
<tr>
<td>April 2018</td>
<td>Contract Clarification</td>
<td>Laura Ray</td>
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<tr>
<td>February 2019</td>
<td>Legislation Requirement Update</td>
<td>Laura Ray/Lauren Tomko</td>
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</tbody>
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Policy Revisions
- August 2019 – Updates
  Revision Approved: Lauren Tomko
- November 2019 – Updates
  Revision Approved: Laura Ray