

Approaching the Illinois Managed Care Organization (MCO) Universal Roster

*Illinois Pharmacists Association
August 2025*



Universal Roster Overview

- Submit to MCO at the SAME TIME as completion of the IL HFS IMPACT
- Roster submitted according to each plan's requested cadence
- Format
 - Do not delete columns/ headers
 - If N/A, leave blank
 - Can add additional lines for multiple locations for the provider (*"that's you-the pharmacy"*)
- If the roster is **incomplete**, it **will not be loaded by MCO**

<https://www.iamhp.org>



Accessing Roster

- Visit [IAMHP webpage \(https://www.iamhp.org/providers\)](https://www.iamhp.org/providers)
- Quick Links → Universal IAMHP Roster Template



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Log In

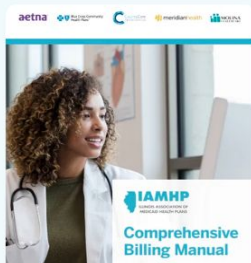
[Learn More >>](#)

Key Contact & Escalation Documents

Resource Documents

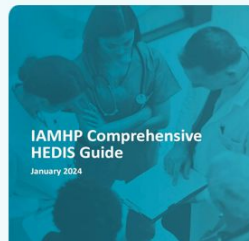
COMPREHENSIVE BILLING MANUAL

In partnership with our provider partners, IAMHP and its member plans have developed a Comprehensive Billing Manual to better assist providers:



HEDIS GUIDE

IAMHP is pleased to introduce our new Comprehensive HEDIS Guide. In our continuing commitment to improve the quality of care for our members, the HEDIS Guide is a one-stop guide for providers to ensure correct coding of key HEDIS metrics across all the Medicaid health plans.



Quick Links

- [HFS Dispute Link](#)
- [HFS & IAMHP Provider Meeting Material](#)
- [IAMHP Notices](#)
- [IAMHP Provider Memo - D01 Guidelines](#)
- [IAMHP Video Library](#)
- [Key Contact & Escalation Documents](#)
- [MCO Complaint Tracking Number Memo](#)
- [MCO Mandated Training Material](#)
- [Oral Health Resources](#)
- [Peer To Peer Review](#)
- [Pre-Authorization Links](#)
- [Provider Manuals](#)
- [Universal IAMHP Roster Template \(Uploaded 02/27/2025\)](#)
- [Provider Roster Template FAQ's](#)
- [Standardized Contracting and Payment Processing Information Template](#)
- [Updated Roster Memo \(Effective 10-1-21\)](#)

Step 1: Review Instructions

- Instructions and description of workbook are included under the “instructions” tab found below

| |
|-------------------------|
| Contract Entity: |
| Roster Date: |

| |
|----------------------------------|
| Provider Network Manager: |
| Provider Contact: |

This is a multi-tabbed workbook to be utilized across all Managed Care plans in Illinois as a roster template for providers effective **10/1/21 and UPDATED as of 9/18/23**. This document, though large, is one that will allow each plan to have the necessary information from providers to accurately load and represent their network. There are three different sections, that may or may not apply to each group completing this workbook. This roster should be completed monthly and submitted to each contracted health plan.

Each sheet has certain fields that are drop downs (Status, State, Y/N, M/F, etc.) Not all fields contain a drop down, and these are free text. Please utilize the drop down when appropriate.

There is a tab prior to each green tab that outlines the data in the green tabs and what is required of each field.

All Practitioners
This tab is relating to each individual practitioner in a group. Some practitioners will have more than one line to represent them due to operating out of multiple service locations. Please complete **all required** fields related to each practitioner as appropriate. Not All Providers need to be listed on the practitioner tab, only providers whose name will be submitted on a claim to a health plan.

Group Location Practices
Group Location Practices are the service locations where providers treat patients. These locations do not double as a provider, therefore they do not have individual NPIs, licenses, and the like. Each location is required to meet ADA standards and to specify any limitations and services offered. Please complete **all required** fields related to each group location as appropriate. **Waiver providers should complete the Group Location Practices tab, please note that waiver providers should NOT list an NPI. Encounter rate clinics should complete the Group Location Practices tab.**

Facility
Similar to the Group Location Practices, this is a physical building, however facilities tend to have the ability to bill direct as well. Each facility is required to meet ADA standards and to specify any limitations and services offered. Please complete **all required** fields related to each facility as appropriate.

Please visit the Provider Roster Template FAQs page on the IAMHP website for more information, including how to submit a roster.

If you have any questions, please reach out to your Provider Network Manager, and they will work to provide clarity for you.

We thank you for the services you provide not only our members, but the community as a whole.



Step 2: Understand Roster Format

- Multi-tabbed Excel workbook:
 - Three different sections (green): practitioner data, group/ location data, facility
 - You will **ONLY** complete the **Practitioner Data** (for Pharmacist) **Group/Location** data (for Pharmacy) and

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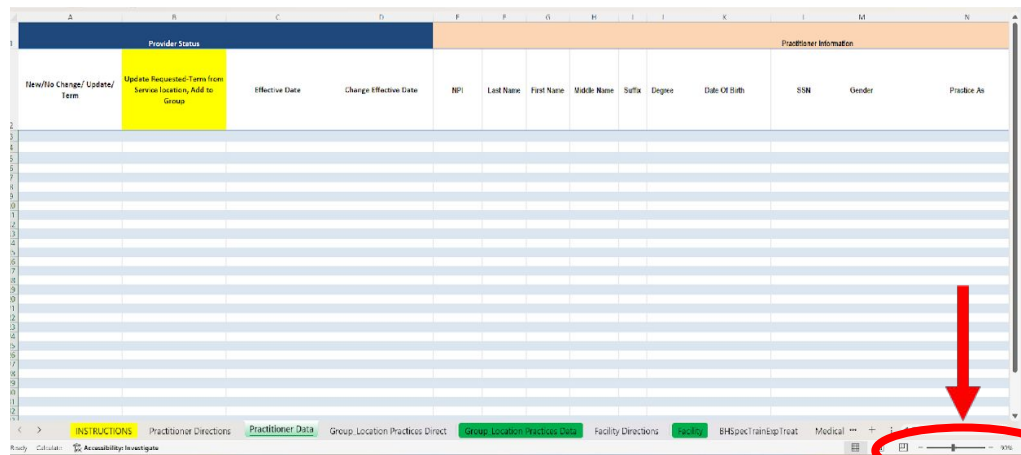
Step 3: Completing Roster

- Before each **green tab**, a corresponding tab with detailed instructions on how to complete each field
 - White (information) tab will explain: needed information, whether free text/ numerical, what is required/ applicable, and drop-down (for group/location and practitioner)
- Each sheet has certain fields that are drop-downs (status, state, Y/N, M/F).
 - Not all fields contain a drop-down; these are free text
 - Utilize the drop-down when appropriate
 - Follow the format outline in the instructions tab for free text fields

- Please remember to:

scroll all the way to the right
of the spreadsheet

to ensure **all required**
information is completed



PRACTITIONER DATA TAB

PRACTITIONER DATA CONT

- CLICK “**PCP**” UNDER “PRACTICE AS”
- **MEDICAID ID**: EMAIL FROM IMPACT ENROLLMENT PROVIDER NUMBER

| SSN | Gender | Practice As | Medicare ID | Medicaid ID | CAQH ID | State License | State License Issuing State | State License Expiration Date | DEA | DEA Expiration Date |
|-------------|--------|-------------|-------------|-------------|---------|---------------|-----------------------------|-------------------------------|-----|---------------------|
| 555-55-5555 | F | PCP | | 5555555555 | | 55555555 | ILLINOIS | 3/31/2026 | | |

Navigation bar: INSTRUCTIONS | Practitioner Directions | **Practitioner Data** | Group_Location Practices Direct | Group_Location Practices Data | Facility Directions | Facility | BHSpecTI

PRACTITIONER DATA TAB CONT.

MALPRACTICE COVERAGE: SAME AS **PROFESSIONAL LIABILITY**

| | BE | BF | BG | BH | BI | BJ | BK | |
|----|--------------------------|-----------------------------------|---------------------------------------|-------------------------------------|-------------------------------|---|---|---|
| 1 | Malpractice Information | | | | | Specialized Training and Experience | | |
| | Malpractice Carrier Name | Malpractice Coverage Claim Amount | Malpractice Coverage Aggregate Amount | Malpractice Coverage Effective Date | Malpractice Coverage End Date | Specialized Training and Experience in Treating | Specialized Training and Experience in Treating 2 | Specialized Training and Experience in Treating 3 |
| 2 | EXAMPLE | \$ EXAMPLE | \$ EXAMPLE | 01/01/EXAMPLE | 01/01/EXAMPLE | CONTRACEPTIVE | ASTHMA | VACCINATION |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |

PRACTITIONER DATA TAB CONT.

“SPECIALIZED TRAINING”: NAME THE **TITLE OF TRAINING/CERTIFICATION COURSES** YOU HAVE DONE IN YOUR PHARMACY

| BJ | BK | BL | BM | BN | BO | BP | |
|---|---|---|---|---------------------------|-----------------------------|------------------------------|---------------------|
| Specialized Training and Experience in Treating | | | | Provider Language | | | |
| Specialized Training and Experience in Treating | Specialized Training and Experience in Treating 2 | Specialized Training and Experience in Treating 3 | Specialized Training and Experience in Treating 4 | Primary Provider Language | Secondary Provider Language | Additional Provider Language | Primary Affiliation |
| CONTRACEPTIVE | ASTHMA | VACCINATION | OPIOID OVERDOSE PREVENTION | ENGLISH | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GROUP_LOCATION PRACTICES DATA SHEET

GROUP LOCATION PRACTICES DATA

- CLICK **"NEW"**
- "EFFECTIVE DATE": **DATE OF PHARMACY ENROLLED IN IMPACT**
- "GROUP NPI": **STORE NPI**
- "PRIMARY TAXONOMY": **STORE TAXONOMY THROUGH/FROM PBM BILLING**
- LOCATION TYPE: **"PRI"**

| New/No Change/ Update/ Term | Update Requested-Term from Service location, Add to Group | Effective Date | Change Effective Date | Group NPI | Medical Group Practice Name | Legal Business Name | Primary Taxonomy | Secondary Taxonomy | Additional Taxonomy | Illinois Medicaid ID | Location Type | Location Name | Address |
|-----------------------------|---|----------------|-----------------------|------------|-----------------------------|---------------------|------------------|--------------------|---------------------|----------------------|---------------|--------------------|---------|
| New | | 11/15/2000 | | 5555555555 | PHARMACY EXAMPLI | PHARMAC | 3336C0003X | | | 33333 | 33333 PRI | PHARMACY E 123 EXA | |

INSTRUCTIONS Practitioner Directions Practitioner Data Group_Location Practices Direct **Group_Location Practices Data** Facility Directions Facility BHSpecTi

Ready Calculate Accessibility: Investigate Display Settings 90%

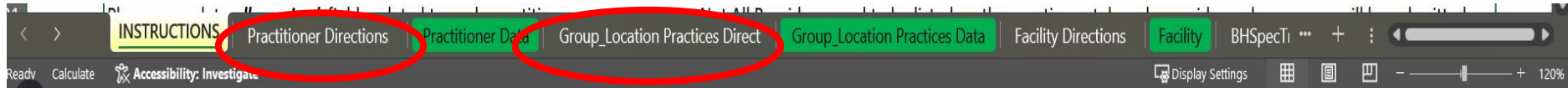
GROUP LOCATION PRACTICES DATA CONT.

- “BUSINESS ENTERPRISE PROGRAM”: **REQUIRED IF APPLICABLE**

| Z | AA | AB | AC | AD | AE | AF | AG | AH | AI | AJ | AK | AL | AM | AN | AO | |
|-----------------------------|--|---------------------------------------|---------------------------|-----------------------------------|---------------------|----------------------|----------------------|-----------------|------------------|----------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|--|
| Business Enterprise Program | | | Billing Information | | | | | | | | | | | | | |
| BEP Certified | Minority Business Enterprise MBE (Y/N) | Women's Business Enterprise WBE (Y/N) | Tax Identification Number | Primary Tax Identification Number | Legal Business Name | Remittance Address 1 | Remittance Address 2 | Remittance City | Remittance State | Remittance Zip | Provider Hours Open: SUN | Provider Hours Close: SUN | Provider Hours Open: MON | Provider Hours Close: MON | Provider Hours Open: TUE | |
| N | N | N | 55555555 Y | | EXAMPLE INC | 123 EXAMPLE ST | | CHICAGO IL | | 55555 9A | 5P | 10A | 6P | 10A | | |

FINAL REMINDERS

- Specific directions on FORMAT and MEDICAID directions and NOTES are found on the “Practitioner Directions” and “Group Location Practices Directions” tabs



FINAL REMINDERS

- PLEASE REMEMBER TO FOLLOW THE EXCEL SPREADSHEET AS FILLED OUT IN THE **EXAMPLE SPREADSHEET**
- **REMEMBER: ONLY FILL OUT PRACTITIONER DATA TAB AND GROUP LOCATION PRACTICES DATA TAB**

