



February 15, 2024

The IPHA Third-Party Billing team has successfully kicked off **Webinar Wednesdays**, a new series of trainings held on the second Wednesday of each month, covering all aspects of third-party billing and revenue cycle management (RCM). The first webinar in this series, **An Overview of the 2024 CMS Final Rule and Medicare Physician Fee Schedule**, was presented on Wednesday, February 14th. [Kem Tolliver](#), President and CEO of [Medical Revenue Cycle Specialists LLC \(MRCS\)](#), provided valuable insight into the key changes to expect from the Centers for Medicare and Medicaid Services (CMS) during the months ahead. If you were unable to attend this webinar, or if you would like to view it again, the recording and presentation slides are archived on the [IPHA website](#).

In March, the IPHA Third-Party Billing team will be hosting **two** training sessions:

The first training, **Billing and Coding for PrEP, PEP, and Other HIV Prevention Services**, will be presented on March 6th at 12:00 PM by [Nicole Elinoff](#), Senior Manager, Prevention with [National Alliance of State & Territorial AIDS Directors \(NASTAD\)](#). This training will provide tips and best practices to help providers efficiently bill for HIV services.

The second **training** will be held March 13th at 12:00 PM. [Lindsey Artola](#), President of [SAGE Health Strategy](#) will be presenting **Intro to Managed Care, Working with MCOs, and Credentialing**. This webinar will provide an introduction to Medicaid managed care and getting set up to bill the Medicaid health plans. Topics covered will include:

- The national move to managed care in Medicaid
- How to work with Medicaid Managed Care Organizations (MCOs)
- Credentialing in IMPACT
- Completing the Universal Roster

More information about both trainings, and the registration links, will be available soon at [IPHA Upcoming Events](#).



The [Illinois Department of Healthcare and Family Services](#) (HFS) and [PointClickCare](#) are inviting all healthcare professionals to attend their next Clinical Collaborative Group (CCG) Webinar scheduled for February 22nd from 12:00 PM – 1:00 PM. These webinars are being presented in conjunction with the HFS **[HealthChoice Illinois ADT](#)** program. This series provides a forum for healthcare professionals to learn about the latest advancements, updates, and best practices in care collaboration. To learn more and to register, please see the HFS [CCG website](#).

The HealthChoice Illinois ADT program is sponsored by HFS at no cost to providers.

Get to Know the MCOs

HFS operates three distinct care coordination programs within Illinois' [Medicaid Managed Care program](#); [HealthChoice Illinois](#) (HCI), [YouthCare](#), and the [Medicare Medicaid Alignment Initiative](#) (MMAI). To help provide Medicaid clients with quality services, enhance health care coordination, and manage costs, HFS has partnered with six [Managed Care Organizations](#) (MCOs), also known as Medicaid Health Plans, to manage and administer benefits for beneficiaries within each of these care coordination programs. The six Illinois Medicaid MCOs are:

- [Aetna Better Health Illinois](#)
- [Blue Cross Blue Shield of Illinois](#)
- [CountyCare](#)
- [Humana](#)
- [Meridian](#)
- [Molina Healthcare](#)

Over the course of the next six months, we will provide an in-depth look at each of these MCOs and summarize the key information that healthcare providers need to effectively partner and work with each MCO.

This month, we will start with [Aetna Better Health Illinois](#) (ABHIL). Formerly IlliniCare Health, ABHIL serves clients enrolled in HealthChoice Illinois (HCI), YouthCare, and the Medicare Medicaid Alignment Initiative (MMAI). Healthcare providers can find information, resources, and tools at the ABHIL [provider website](#). All of the information needed to become an ABHIL

network provider can be found [here](#). The **[New Provider Orientation](#)** provides an overview of key details for new providers. In addition, ABHIL provides [Training and Orientation](#) resources for all contracted providers. **Guidance for filing claims** can be found [here](#), and **instructions for appeals, complaints, and grievances** can be found [here](#). The website also includes ABHIL [Clinical and Payment policies](#).

Their [Provider Manual](#) serves as a guide to all policies and procedures that providers must know. It is an extension of and supplement to their Provider Agreement. Information about their inclusive patient care can be found on page 33 of the **Provider Manual**. Telephonic **interpretive services** are available at no cost to members. Personal interpreters and sign language services are also available. These services can be arranged in advance by calling Member Services at 1-866-329-4701 (TTY: 711). See page 47 of the **Provider Manual**.

ABHIL encourages providers to use **[Availity](#)** to check eligibility and benefits, see claim details, and submit authorizations. Other options for checking member eligibility can be found [here](#).

To ensure that contracted providers are up to date with the latest news and pertinent information, ABHIL publishes quarterly **[provider newsletters](#)** and sends provider notices as needed.

Their Network Relations Team is assigned to designated areas throughout the state and is located within the communities in which they serve. **Providers can find the contact**

information for their assigned Network Relations Analyst [here](#).

To help improve and deepen their connections with provider partners, the ABHIL Provider Experience team is currently holding [Provider Summits](#) during the month of February that will help contracted providers keep informed. **All contracted providers are encouraged to attend one of the Provider Summits.**

The ABHIL provider portal includes many more [Provider Resources](#). If you are unable to resolve an issue using any of the resources mentioned above, ABHIL offers a variety of options for contracted providers to [contact ABHIL](#).



This Month's MVR

This month's award for MVR (Most Valuable Resource) goes to the [Centers for Medicare and Medicaid Services \(CMS\)](#). As per the CMS website, CMS provides health coverage to more than 160 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace (also known as the "Exchange" or [healthcare.gov](#)).

The CMS [Medicare Learning Network](#) has an abundance of educational and training resources to help healthcare providers with all aspects of medical coding and billing. Here are just a few examples:

- [Guidance on ICD-10](#)
- [Place of Service Codes](#)
- [Healthcare Common Procedure Coding System \(HCPCS\)](#)
- [Roster Billing](#)
- [Fee Schedules](#)
- [COVID-19 Vaccine Toolkit](#)
- [Provider Enrollment](#)
- And much more

If you are not already familiar with the CMS website and all the free resources, take some time to check it out. You will likely discover a useful resource that you will find yourself using repeatedly.

Other Training and Education Resources:

The [Illinois Association of Medicaid Health Plans \(IAMHP\)](#) is hosting a Lunch & Learn, [Billing for Community Mental Health Centers](#) on February 21, 12:00 PM – 1:00 PM. To register please visit the IAMHP [website](#).

On March 20th, 12:00 PM – 1:00 PM, IAMHP will be hosting a Lunch & Learn, [IMPACT and Billing Basics](#). To register please visit the IAMHP [website](#).

For more information about IAMHP webinars, podcasts, and other helpful provider resources, please see [IAMHP's Content Corner](#).



Did You Notice?

HFS has recently issued several important Provider Notices:

[UPDATE: New Sections Published under the Comprehensive Billing Guide for Medicaid Managed Care Services](#)

[Abrysvo \(RSV Vaccine\) for Pregnant Illinois Medicaid Customers and Arexvy \(RSV Vaccine\) Updates](#)

[Proposed Rate Changes for Administration of COVID-19 Vaccine](#)

[Buprenorphine for Pregnant Individuals with Substance Use Disorder Diagnosis](#)

[Confirmation of Coverage for Cognitive Assessments Per Public Act 103-0102](#)

If you have not already subscribed to receive email notifications from HFS when new Provider Notices are posted, you may subscribe [here](#).

To learn more about the many helpful resources available to healthcare providers, please visit the [HFS Provider website](#).

In Case You Missed It:

Aetna Better Health of Illinois is hosting Provider Summits during the month of February. The remaining dates are Thursday, February 22 from 1 PM – 3 PM and Thursday, February 29 from 9:30 AM – 11:30 AM. All ABHIL contracted providers are strongly encouraged to attend one of the Provider Summits. You may register [here](#).

The Access, Care, and Engagement Technical Assistance Center (ACE TA Center) has announced the launch of their new tool, Understanding Dual Eligibility: A Guide for People with HIV About Medicare and Medicaid Coverage. This tool will allow Ryan White HIV/AIDS Program (RWHAP) clients to better understand the basics of Medicare-Medicaid dual eligibility, including how they became or will become dually eligible, the enrollment process, the benefits of being enrolled in both programs, how to find financial help for their health care costs, and how to fully utilize their health coverage for their HIV and non-HIV related health needs.



If you have any questions or suggestions for topics that you would like to see covered in future issues of the IPHA Billing Digest, please email your suggestions and/or requests to insurancebilling@ipha.com.

Thank you!



If you ever have any questions or need any advice, don't hesitate to touch base with me.

Sincerely,

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Forward

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As one of the largest affiliates of the American Public Health Association, IPHA is widely recognized as a leader in the field of public health advocacy, health education and promotion.

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