



April 18, 2024



IPHA Third-Party Billing Capacity and Needs Survey

We need to hear from you! If your organization has not already completed the [IPHA Third-Party Billing Capacity and Needs Survey](#), please take a few minutes to provide your valuable input. The data gathered by this survey will be used to identify training and operational needs that will be addressed by the IPHA Third-Party Billing Program. Your participation is vital to ensure that we have current and accurate data; and, to help us customize our technical assistance to meet the needs of healthcare providers in Illinois.

This survey should be completed by the person within your organization most familiar with your billing and revenue cycle management processes. Only one respondent from each healthcare organization should complete the survey. If your health department has not already responded to this survey, please click [here](#).

Thank you for your participation and cooperation.

Practitioner Proposed Rate Adjustments for April 1, 2024

On April 2, 2024, the [Illinois Department of Healthcare and Family Services \(HFS\)](#) issued a [Provider Notice](#) informing providers of planned rate adjustments effective for service dates beginning April 1, 2024. These rate adjustments impact both the fee-for-service (FFS) and the Medicaid managed care organizations (MCOs).

The proposed rate changes must be approved by the federal Centers for Medicare and Medicaid Services (CMS). HFS will post new fee schedules as soon as the rate updates are approved by federal CMS.

The IPHA Third-Party Billing Team will provide updates as more information becomes available.



WEBINAR WEDNESDAYS

On Wednesday, April 10, the IPHA Third-Party Billing Team hosted the webinar training, [Revenue Cycle Management Fundamentals](#). [Kem Tolliver](#), President and CEO of [Medical Revenue Cycle Specialists LLC \(MRCS\)](#), provided an overview of all aspects of the revenue cycle and explained how each step impacts a healthcare entity's ability to be paid for medical services. Participants in this session learned the

foundational components of the revenue cycle and how to map current processes to best practices.

The following learning objectives were covered:

1. Define and examine the four quadrants of the revenue cycle.
2. Map revenue cycle to organizational workflows.
3. Discuss best practices in revenue integrity and revenue cycle optimization.

Recordings of all IPHA Third-Party Billing webinars and the corresponding slide decks can be found on the [IPHA Third-Party Billing webpage](#).



IPHA | 3rd PARTY BILLING | ILLINOIS PUBLIC HEALTH ASSOCIATION IPHA

Join Webinar Wednesdays

to learn more about:
"Encore Presentation: Digging Deeper into the 2024 CMS Final Rule"

Guest Speaker: [Kem Tolliver](#), FACMPE, CPC, CMOM

This session is an encore program for those who joined the February 14, 2024, CMS Final Rule and Medicare Physician Fee Schedule program. In this session, we will dig a little deeper into coding and reimbursement topics that were previously discussed.

Topics of this webinar will include:

-  Review CPT and HCPCS codes related to CHW billing, Remote Patient Monitoring, and Social Determinants of Health
-  Analyze 2024 CPT/HCPCS code list that might be billable within Public Health Departments
-  Prepare to review your internal charge master

Wednesday, May 8, 2024
11:30 am - 12:30 pm CST
[Register here](#) by Monday, May 6, 2024

Webinar Wednesdays will take place every **second Wednesday** of the month.



Watch IPHA's [Upcoming Events](#) page and monthly Billing Digests for additional details and information on how to Register for the next webinar.

Funding for this program provided by the Illinois Department of Public Health

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TRAINING AND EDUCATION RESOURCES



On Wednesday, May 1, the Illinois Association of Medicaid Health Plans (IAMHP) will offer a webinar on **Ordering, Referring, and Prescribing for Medicaid**. For more information and to register, click [here](#).

On Tuesday, May 7, Molina Healthcare will provide training on **Avoiding Common Denials**. This training is available exclusively to providers contracted with Molina. For more information and to register, click [here](#).

2024 IAMHP Annual Conference

The [Illinois Association of Medicaid Health Plans \(IAMHP\)](#) has scheduled their [2024 Annual Conference](#) for October 21 – 23, 2024, at the Hyatt Lodge in Oak brook, Illinois. The conference will include several helpful training sessions for healthcare providers along with valuable opportunities to meet and network with management personnel from HFS and all the Illinois Medicaid Managed Care Organizations (MCOs).

We encourage every healthcare provider that routinely bills Illinois Medicaid health plans to participate in this highly beneficial conference. To learn more and to register, please click [here](#).

Help Your Clients Keep Their Healthcare Coverage

The [Centers for Medicare and Medicaid Services \(CMS\)](#) has announced steps it is taking to help people maintain coverage as states continue [Medicaid](#) and [Children's Health Insurance Program \(CHIP\)](#) eligibility redeterminations, which resumed across the country last Spring following a pause during the COVID-19 pandemic. CMS has extended the [temporary special enrollment period \(SEP\)](#) to help people who are no longer eligible for Medicaid or CHIP transition to a Marketplace plan through [Healthcare.gov](#). The end date for this SEP has been extended to November 30, 2024 to coincide with the start of the next [open enrollment period](#).

The [Illinois Department of Healthcare and Family Services \(HFS\)](#) has established an [Illinois Medicaid Renewals Information Center](#) for Medicaid clients to learn more about renewing or maintaining their Medicaid coverage. The **Application for Benefits Eligibility**, [abe.illinois.gov](#) allows Illinoisians to apply for and manage healthcare, food, and cash assistance benefits. Illinois' official health marketplace, [GetCoveredIllinois](#), allows people to shop, compare, and apply for [Affordable Care Act \(ACA\)](#) compliant marketplace health plans.

Healthcare providers are encouraged to share this information with their clients to help ensure that people do not lose their healthcare coverage. To assist, HFS has developed ["Are you Covered?" Messaging Toolkits](#) that include key messages and communication templates for healthcare providers, nonprofits, community-based

organizations, and patient advocates to share with their clients.

Helping your clients maintain their healthcare coverage minimizes the number of uninsured clients presenting for services. It is a “win/win” strategy for providers and patients.



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 healthcare 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](#)

This month, we focus on [Blue Cross Blue Shield of Illinois](#). [Blue Cross Community Health Plans \(BCCHP\)](#) serves clients enrolled in HealthChoice Illinois (HCI), and [Blue Cross Community MMAI](#) serves clients enrolled in the Medicare Medicaid Alignment Initiative

(MMAI). For more details about BCBSIL Government Programs Networks and Benefit Plans, please click [here](#). Their Government Programs Reference Guide for Medicaid and MMAI can be found [here](#).

For information about contracting with all BCBSIL networks, including BCCHP and MMAI, you may start by visiting their [Contracting page](#). Their provider manuals can be accessed [here](#). The required **Illinois Medicaid Professional Provider Orientation** and other essential provider training resources are available [here](#).

Provider Network Consultant assignments for all BCBSIL networks, including BCCHP and MMAI can be found [here](#). [News and Updates](#) keep contracted providers informed about the most current information and developments. Their monthly newsletter, **[Blue Review](#)** covers new products, programs and services, member initiatives, patient resources, and more. Additional resources can for providers be found at the [Education and Reference Center](#), including links to [forms](#) and [provider tools](#).

To verify member eligibility, providers are encouraged to use [Availity essentials](#). For more information and resources regarding eligibility verification, please click [here](#).

[Language or communication assistance](#) may be obtained free of charge, by calling 1-855-710-6984.

To pursue claim rejections and denials use this [form](#) for Medicaid plans. For more information about claim reviews and appeals, visit [here](#).

If you cannot find the information you need using the links above, additional contact information is available [here](#).

MOST VALUABLE RESOURCE



This Month's MVR

Third-party billing for healthcare services is still a relatively new practice for many local health departments and community-based organizations. At many of these organizations, personnel with no formal training in medical billing or coding have had to learn a whole new set of extremely complex skills very quickly. With limited budget resources, paying for formal training classes is often cost prohibitive for many of these organizations. So, for this month's MVR we highlight some **FREE** online medical billing and coding courses.

On March 20, 2024, [Forbes Advisor](#) published the article, [Free Online Medical Billing and Coding Courses: 4 Options to Consider](#). This helpful article highlights ways to obtain free medical billing and coding training online. Although completion of these free courses does not result in receiving a professional certification in billing or coding, the courses do provide a good foundational knowledge of terminology, processes and procedures, legal and compliance issues, coding practices, and more.



Did You Notice?

The [Illinois Department of Public Health \(IDPH\)](#) recently issued an important [memorandum](#) regarding **Vaccines for Children (VFC) Program Recertification**. Current VFC agreements will expire on April 30, 2024. VFC providers will be signing a new agreement that will continue until April 30, 2026. The memorandum provides details on the steps required for VFC providers to complete the recertification process. For more information about Illinois' VFC program, please click [here](#).

HFS has recently issued several important Provider Notices:

[Practitioner Proposed Rate Adjustments for April 1, 2024 and Claims Reprocessing](#)

[Handbook for Providers of Transportation Services Reissue](#)

[Updated Community-Based Behavioral Health Fee Schedule and Billing Guidance](#)

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](#).

Molina Healthcare of Illinois has issued a [Provider Memo](#) that includes important updates about the Optum-Change Healthcare outage.

Reminder: UnitedHealth Group Offers Temporary Funding Assistance in Response to Change Healthcare Ransomware Attack, “UnitedHealth Group, the parent company of Change Healthcare, has set up a temporary financial assistance program for customers affected by the Change Healthcare ransomware attack. The program will help providers who have been unable to receive payments due to the outage at Change Healthcare. Under the [financial assistance program](#), providers that receive payments processed by Change Healthcare will be able to apply for temporary funding through Optum Financial Services. If applications are made for temporary funding, they will be paid based on prior claims volume and will be interest-free and fee-free.”

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.



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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

Illinois Public Health Association

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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.

Join our membership to stay up to date on all public health activity in the state!

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