



June 20, 2024

CPT Code 99211 - Rate Change Impact on LHDs

IPHA has reached out to the Illinois Department of Healthcare and Family Services (HFS) for information about the proposed reimbursement rate changes for various provider types whose reimbursement rates are established by the department's Practitioner Fee Schedule. The [HFS published notice](#) indicates that reimbursement rates will result in an annual increase in the Medicaid liability for services provided through fee-for-service or managed care organizations and will become effective for dates of services on or after April 1, 2024. While approval for the rate changes is still pending approval by the federal Centers for Medicare and Medicaid Services (CMS), some MCOs have already started paying claims based on the new fee schedule which has yet to be published. Local Health Departments (LHDs) report that the reimbursement for CPT code 99211, used for many LHD-provided services, has decreased from \$12.40 to between \$6.96 to \$8.40 per service billed. Read more about the projected impact on LHD revenues [here](#).

The IPHA Third-Party Billing Team will provide updates as more information becomes available. If you would like to

provide feedback on this issue, please send your input to insurancebilling@ipha.com.



WEBINAR WEDNESDAYS

Please join us for these upcoming webinars.

Wednesday | June 26

Introduction to Medicaid Managed Care: Enrollment and Eligibility, Billing, and Specific Tips for Public Health Departments, presented by [Angela Haggard](#), Senior Vice President, [SAGE Health Strategy](#).

Learning objectives include:

- How Medicaid eligibility and enrollment works
- The key steps to bill Medicaid Managed Care
- Specific billing tips for Public Health Departments

To register for this webinar, please click [here](#).

Wednesday | July 10

Denials Management Strategies to Improve Your Bottom Line, presented by [Kem Tolliver](#), FACMPR, CPC, CMOM, President & CEO of [Medical Revenue Cycle Specialists](#) (MRCS).

Public healthcare organizations have unique considerations when prioritizing healthcare delivery and payment for services. There are industry metrics to measure success in denial management. This session will review

best practices in preventing and managing denials to produce clean claims.

Learning objectives include:

- Examine workflows that lead to denials
- Analyze industry benchmarks used to measure denial prevention success
- Explore tools to implement in a denial prevention and revenue leakage program

To register for this webinar, please click [here](#).

The IPHA Third-Party Billing team hosted the following webinars earlier this month:

June 3

[Navigating the Financial Landscape of Adult Vaccines](#). This panel discussion

covered the following topics:

- A review of how the pandemic has impacted routine vaccination across all ages, particularly adults.
- An evaluation of how the Inflation Reduction Act (IRA) has expanded upon the Affordable Care Act (ACA) to ensure affordable access to vaccinations.
- Insights from a provider's perspective on best practices for a successful immunization program.

[The recording](#) of this webinar and the [slide decks](#) have been archived on the [IPHA Third-Party Billing Webpage](#) for future reference.

June 5

[Medicare and People with HIV](#).

Learning objectives included:

- Information on recent Medicare policy updates that affect people with and vulnerable to HIV.
- An understanding of the intersection between Medicare and other programs (e.g. Medicaid, Ryan White).
- Information on the demographics (including recent shifts in demographics) of Medicare beneficiaries who are living with HIV.

The [recording](#) of this webinar and the [slide deck](#) have been archived on the [IPHA Third-Party Billing Webpage](#) for future reference.

TRAINING AND EDUCATION RESOURCES



Attend a Meridian Provider Relations Meet and Greet Event Near You! Meridian will be hosting a series of Meet and Greet events at various locations throughout Illinois. These events will be opportunities to connect in person with Meridian leaders from Provider Relations, Network, Claims, Utilization Management, Pharmacy, Quality, and Care Management. Providers are encouraged to come with questions and suggestions. To learn more and to register for the Meet & Greet in your area, please click [here](#).

The [Illinois Association of Medicaid Health Plans](#) (IAMHP) will be providing the following webinars:

- **[Universal Roster Billing](#)** July 3, 12:00 – 12:45 PM CST For more information and to register, click [here](#).
- **[Primary Care Billing](#)** July 17, 12:00 – 1:00 PM CST For more information and to

register, click [here](#).

- **[Claims Template Review](#)** August 7, 12:00 – 12:45 PM CST For more information and to register, click [here](#).

Molina will be presenting a training on its [Appeals and Grievances Process](#) Thursday, June 27, 1:00 – 2:00 PM CDT. To register, please click [here](#).

The [Centers for Medicare & Medicaid Services](#) (CMS) has opened registration for the **2024 CMS National Training Program (NTP) Workshops**. These in-person and virtual workshops share valuable program information and updates on various aspects of Medicare. Registration for both the in-person and virtual workshops is **FREE!**

IN-PERSON WORKSHOPS

- [August 6–8 in Colorado Springs, Colorado](#)
- [August 13–15 in Woodbridge, New Jersey](#)

VIRTUAL WORKSHOPS

- [Tuesday, July 23 – “Working Together: Medicare & Social Security”](#)
- [Wednesday, July 24 – “Understanding your Medicare Health Plan Options”](#)
- [Thursday, July 25 – “Medicare & Other Insurance—Who Pays When?”](#)
- [Tuesday, July 30 – “CMS Programs—Current Topics”](#)
- [Wednesday, July 31 – “Using Plan Finder to Find the Medicare Coverage that’s Right for You”](#)
- [Thursday, August 1 – “Helping with Original Medicare Costs: Medigap”](#)

2024 IAMHP Annual Conference

The Illinois Association of Medicaid Health Plans (IAMHP) has announced that Early Bird Pricing for its 2024 Annual Conference has been extended to July 15.

Scheduled for October 21 – 23, 2024, at the Hyatt Lodge in Oakbrook, Illinois, this conference provides valuable opportunities to meet and network with management personnel from HFS and all the Illinois Medicaid Managed Care Organizations (MCOs). Several informative training sessions will be provided.

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



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 [Humana](#). Humana serves clients enrolled in the [Medicare Medicaid Alignment Initiative \(MMAI\)](#).

For information about contracting with Humana, you may visit their [Contracting Page](#). Illinois MMAI providers are credentialed through IMPACT: [State of Illinois | HFS IMPACT: Home](#). For issues specific to credentialing with Humana, please visit the [credentialing](#) section of their provider website. Questions regarding credentialing may be emailed to credentialinginquiries@humana.com.

To view the **Humana Orientation Training** for dual Medicare-Medicaid healthcare providers, click [here](#). Additional Illinois Medicare-Medicaid provider training materials can be found [here](#). Humana's **Provider Manual** and other vital resources are available at the [Illinois Medicare-Medicaid Provider Documents](#) page. **Provider Notices and Updates** are available [here](#), and other important publications may be viewed [here](#).

Humana healthcare providers may use [Availity](#) to check eligibility, submit preauthorization, dispute finalized claims, and more. Directions on [how to manage claim appeals and disputes claim denials](#) can be found on the [Claim-Payment Inquiries page](#).

Humana provides various types of [Communication Assistance](#), including over-

the-phone interpretation in over 150 languages at Humana Touchpoints. To help patients and providers address barriers to care the [Humana Community Navigator](#) program is a free and easy-to-use resource directory to more than 500,000 social service resources.

If you cannot find the information you need using the links above, additional information and resources can be found in the [Provider Resource Guide](#) and the [Long-Term Service and Support \(LTSS\) Resource Guide](#). Additional contact information is available [here](#).

MOST VALUABLE RESOURCE



This Month's MVR

For the second consecutive month, [KFF](#) (formerly known as The Kaiser Family Foundation or The Henry J. Kaiser Family Foundation) has earned the title of Most Valuable Resource. KFF is an independent, non-partisan organization that focuses on healthcare data and policy. In the past few weeks, KFF has introduced two new resources that will greatly benefit healthcare providers and consumers alike.

[KFF's Health Policy 101](#) is a free, online, comprehensive “textbook” that covers numerous aspects of healthcare, including the history and evolution of healthcare policy in the United States. Among the many “chapters” included in this resource are:

- [Medicaid 101](#)
- [Medicare 101](#)

- [The Affordable Care Act 101](#)
- [Employer-Sponsored Health Insurance 101](#)
- [The Uninsured Population and Health Coverage](#)
- [Health Care Costs and Affordability](#)
- [The Regulation of Private Health Insurance](#)
- And many more

[The Health Misinformation Monitor](#) - In a statement released on June 13, 2024, Drew Altman, Ph.D., President and CEO, KFF, stated, “As part of our new [Initiative on Health Misinformation and Trust](#), I wanted to share with you a new report we launched today as a service for anyone and everyone interested in health misinformation and trust. It’s called the [KFF Health Misinformation Monitor](#), and it tracks the spread of health misinformation in the U.S. with a goal of helping you stay up to date and strengthening efforts to counter misinformation.”

KFF has a long-established and well-respected reputation for providing healthcare information, statistics, and analysis that is accurate, unbiased, and non-partisan. [The Health Misinformation Monitor](#) will serve as a reliable source to help combat the confusion and hesitancy many healthcare consumers experience due to the proliferation of inaccurate information spread on social media and other media outlets.

To subscribe to **The Health Misinformation Monitor**, click [here](#).

DID YOU NOTICE?



Did You Notice?

HFS has recently issued several important Provider Notices:

A correction was made to the [Home Health Fee Schedule](#) effective as of June 1, 2024.

- [Electronic Visit Verification \(EVV\) Updates through May 31, 2024](#)
- [Bi-Weekly Electronic Visit Verification \(EVV\) Townhall Meetings](#)
- [Certified Community Behavioral Health Clinic \(CCBHC\) Learning Collaborative Development – Feedback Requested](#)
- [Update Regarding Fee-for-Service Claims for Licensed Clinical Professional Counselor \(LCPC\) and Licensed Marriage and Family Therapist Services](#)
- [Electronic Visit Verification \(EVV\) - Visit Rejections of HHCS for Customers Enrolled with a Managed Care Organization \(MCO\)](#)
- [Update to Rate Changes for Administration of COVID-19 Vaccine – Effective for Dates of Service Beginning January 1, 2024](#)
- [Practitioner Proposed Rate Adjustments for April 1, 2024 and Claims Reprocessing](#)

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 Rate/Fee Schedule Update for June 2024.

Molina has also published a [Provider Memo](#) to remind Medicaid providers about [Care Coordination and Support Organizations](#) (CCSOs). CCSOs are a key component of the [Pathways to Success](#) program developed by HFS to increase access to Home and Community-Based Services (HCBCS) for children with significant behavioral health challenges. “CCSOs provide coordination of services within the Pathways to Success program for eligible members. Pathways to Success offers a model of intensive care coordination and additional HCBS for Medicaid members under the age of 21 who meet eligibility criteria and demonstrate complex behavioral health needs requiring intensive services. These services include care coordination and support, respite, intensive home-based support, family peer support, and therapeutic mentoring.” The memo encourages Medicaid providers to, “...refer to the [Care Coordination and Support Organization \(CCSO\) Provider Handbook](#) located on the HFS website’s [Medical Provider Handbooks page \(Chapter 200\)](#). The handbook contains information and guidance for providers designated as CCSOs on providing community mental health and care coordination services to eligible members, pursuant to 89 Ill. Adm. Code 140.453 and 89 Ill. Adm. Code 141.”



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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