



August 15, 2024

## **Medicaid Provider Revalidation - Notices Coming Soon**

The federal Centers for Medicare and Medicaid Services (CMS) requires all providers to revalidate or renew their Medicaid provider information every five years. This requirement was waived during the Public Health Emergency (PHE), but the revalidation process will resume in the upcoming weeks. **Additional information will be forthcoming, so watch your email for communications containing details about your provider revalidation.**

Please note that **all providers must complete revalidation** to maintain eligibility to receive payment for services rendered to Illinois Medicaid customers. **If revalidation is not completed before the end of your revalidation cycle, there will be a break in your status as an enrolled provider and you will not be eligible to receive payments.**

All providers are required to revalidate, but not all providers will be revalidated at the same time. Providers will be notified via email of their revalidation cycle. Once revalidation begins, providers will receive two notifications:

- The **first notice** will be emailed 90 calendar days prior to the revalidation cycle end date.
- The **second notice** will be emailed 30 calendar days prior to the revalidation cycle end date.

To ensure you are ready when your revalidation cycle begins, all providers should take these preliminary steps:

1. [Log in to IMPACT](#) to ensure you have access to the system
2. Confirm all contact information in IMPACT is correct
3. Ensure you are using a browser that is supported by IMPACT. These web browsers are:
  - Edge
  - Chrome
  - Firefox

For more information about Medicaid Provider Redetermination, please see the [HFS Provider Notice issued 08/05/2024](#), and visit the [IMPACT Provider Revalidation page](#).

Questions regarding revalidation may be emailed to IMPACT staff at [IMPACT.help@illinois.gov](mailto:IMPACT.help@illinois.gov) or call 1-877-782-5565 to speak to a provider enrollment representative.

### **HFS 1115 Demonstration Waiver Update**

On July 2, 2024, the federal [Centers for Medicare & Medicaid Services \(CMS\)](#) issued an [approval letter](#) for Illinois' request for a five-year extension of the "Illinois Behavioral Health Transformation" section 1115(a) demonstration project. The state also

requested to rename the demonstration, “Illinois Healthcare Transformation.” CMS approved the name change.

The [Illinois Healthcare Transformation](#) will enable the state to leverage Medicaid funding to address many root causes of health disparities. This project includes support for housing (including medical respite/recuperative care services, as well as transitions from carceral and institutional settings) and nutrition services. It also includes coverage for services up to 90 days prior to release from carceral settings, as well as services to address substance use disorder (SUD), employment support for people with disabilities, and violence prevention and intervention.

To provide more information about the Illinois Healthcare Transformation, the [Illinois Department of Healthcare and Family Services \(HFS\)](#) will be hosting a [webinar town hall meeting](#) on Monday, August 26, 2024, 2:00 PM – 3:00 PM CST. [HFS Director Elizabeth M. Whitehorn](#) and HFS staff will provide information regarding:

- Approval parameters
- Implementation planning efforts and timeline
- Initial results of stakeholder engagement
- Next steps and opportunities to provide feedback

[Register here](#) to attend this important town hall webinar.

To learn more about Section 1115 demonstrations, visit [Medicaid.gov](#). To learn more about the Illinois Healthcare

Transformation Section 1115 Demonstration,  
visit the [HFS Demonstration Waiver Home](#).



## **Immunization: Protect Your Patients**

The [Centers for Medicare and Medicaid Services \(CMS\)](#), Chicago Office of Program Operations and Local Engagement has issued the following announcement:

Fewer than 25% of adults get all their recommended vaccines, and [minority populations have even lower vaccination rates](#) (See [CDC](#) and [NIH](#)). During [National Immunization Awareness Month](#), help increase your patients' vaccination rates by recommending vaccines and how to access them.

Medicare covers the following vaccines:

- [COVID-19](#)
- [Flu](#)
- [Hepatitis B](#)
- [Pneumococcal](#)

Your patients pay nothing if you accept assignment. Find out when your patient is [eligible for these vaccines](#). If you need help, contact your eligibility service provider.

More Information:

- [Immunization and Vaccine Resources](#) webpage
- [Medicare Part D Vaccines \(PDF\)](#) fact sheet
- [CDC Adult Vaccination Resources](#) webpage

For Your Patients:

- [Vaccines.gov](https://www.vaccines.gov)
- [Medicare.gov](https://www.medicare.gov)
- [COVID-19 vaccine](#)
- [Flu shots](#)
- [Pneumococcal shots](#)



**Wednesday | September 11 | 12:00 – 1:00 PM CST**

Please join us for our final **Introduction to Medicaid Managed Care** session titled, **Common Billing Errors (Rejections and Denial) and How to Correct Them (Corrected Claims)** presented by [Angela Haggard](#), Senior Vice President, [Sage Health Strategy](#).

In this session, attendees will learn the difference between a claim denial and a claim rejection as well as tips on how to address common billing errors by submitting a new or corrected claim. The session will also break down the Explanation of Payment (EOP) also known as a Remittance Advice received from Managed Care Organizations and explain the MCO recoupment process.

At the end of this webinar, participants will understand:

- The difference between a Claim Denial and a Claim Rejection.
- How to submit a corrected claim.
- How to interpret an Explanation of Payment (EOP).

- The process for MCO Recoupments.

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

## **Tuesday | September 24**

The IPHA Third-Party Billing Team will host, **Building 340B Drug Pricing Program Knowledge for Community-Based Organization**. This one-hour training session is designed to provide community-based organizations with a comprehensive introduction to the 340B Drug Pricing Program. The 340B program allows eligible healthcare organizations to purchase outpatient drugs at significantly reduced prices, enabling them to stretch scarce resources, improve patient access to medications, and enhance health outcomes for underserved populations.

Learning objectives will include:

- Understand the Basics of the 340B Drug Pricing Program
- Identify Eligible Entities and Patient Eligibility
- Comprehend Compliance Requirements of the 340B Drug Pricing Program

More information and the registration link will be emailed soon and posted on the [IPHA Upcoming Events](#) page.

**The IPHA Third-Party Billing Team hosted the following webinar in August:**

**August 14**

## **Fundamentals of Medical Record Documentation/Billing and Coding**

**Compliance**, presented by [Rosalind Harper](#), CRC-I, CPC, CDEO, CRC, Senior Coding & Compliance Specialist, [Medical Revenue Cycle Specialists](#).

Learning objectives included:

- Summarize purpose, use and best practices for understanding and selecting ICD-10-PCS, CPT and HCPCS codes.
- Review Clinical Documentation Improvement (CDI) best practices.
- Apply medical record documentation and coding best practices within your organization.

The recordings and slide decks for all past IPHA Third-Party Billing webinar trainings are archived on the [IPHA Third-Party Billing Webpage](#).

## **TRAINING AND EDUCATION RESOURCES**



### **Other Training and Educational Resources**

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

- **[Waiver Provider Billing \(billing for Home and Community-Based \(HCBS\) waiver services\)](#)**, August 21, 12:00 – 1:00 PM CST. For more information and to register, click [here](#).
- **[Behavioral Health and SUPR Billing](#)**, September 4, 12:00 PM – 12:45 PM CST. For

more information and to register, click [here](#).

- **[Encounter Rate Clinic Billing](#)**,  
September 18, 12:00 – 1:00 PM CST. For more information and to register, click [here](#).

The **[IAMHP 2024 Annual Conference](#)** is 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](#).

**[Molina's Provider Network Team](#)** will be providing a training on the **[Appeals & Grievances Process](#)**, Wednesday, August 28, 1:00 – 2:00 PM CST. To register, please click [here](#).

**[Aetna Better Health of Illinois](#)** will be hosting new provider orientations on the following dates:

- August 28
- September 11
- September 25

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

This month, we focus on [CountyCare](#). Owned and operated by Cook County Health (CCH), CountyCare is the only government-owned, provider-led MCO in Illinois. CountyCare currently serves over 425,000 members in Cook County and one out of every three Medicaid members in Cook County is enrolled in CountyCare. CountyCare is open to all Cook County residents enrolled in HealthChoice Illinois, the statewide Medicaid managed care program. CountyCare has a comprehensive network of over 6,600 primary care providers (PCPs), 26,000 specialists, 70 hospitals, and 150 urgent care sites. In addition, CountyCare has a Member Rewards Program that provides money on a Visa Rewards Program when members participate in preventive care and a pay for performance program for PCPs.

The CountyCare provider portal can be found [here](#), and their Provider Manual can be found [here](#). Providers wishing to contract with CountyCare, or request a single case agreement need to download the appropriate request form [here](#). Once completed, the form should be emailed to [countycarecontracting@cookcountyhhs.org](mailto:countycarecontracting@cookcountyhhs.org). The request will be reviewed by a CountyCare network representative.

Contracted providers should submit an [IAMHP Universal Roster](#) to the CountyCare provider data management team on a regular basis to ensure all providers within the practice are loaded as participating providers. To be considered in network, each individual practitioner must be received on an IAMHP provider roster. Providers should also be sure to review the [IAMHP Comprehensive Billing Manual](#) for any services they will bill to CountyCare

Once approved as a CountyCare provider, please be sure to review the [New Provider Orientation](#). In addition, contracted providers are required to complete training modules for **Critical Incidents – Health and Safety Welfare, Cultural Competency, and Fraud Wasted and Abuse**. These trainings and other educational resources can be found [here](#).

All CountyCare provider notices can be found [here](#), and provider newsletters can be found [here](#). Providers can register to receive an email anytime new provider notices or newsletters are posted. To register, providers should go to <https://countycare.com/providers/>, then scroll down, just past the Provider Portal link, there

is a text entry form to register for email notifications. An email will be sent to all registered users whenever new provider notices or newsletters are posted.

Network Relations contact information can be found [here](#). On the [Provider Resources Page](#), providers can find many links to quick reference guides, trainings, billing resources, prior authorization resources, and additional information available by specific provider types. Providers may also contact the provider relations team by emailing [countycareproviderservices@cookcountyhhs.org](mailto:countycareproviderservices@cookcountyhhs.org).

The provider relations team hosts training and education sessions throughout the year. To be informed when an upcoming training is scheduled, please register for email alerts at: <https://countycare.com/providers/>.

Providers can verify member eligibility through the CountyCare [provider portal](#). Within the portal, providers can look up individual members or download a full roster of all members assigned to their panel. Providers may also call the customer service line at 312-864-8200. If calling customer service, please select the automated eligibility verification option. Providers may also speak to a live representative Monday – Friday 8:00 AM – 6:00 PM, and Saturday from 9:00 AM – 1:00 PM.

If a member needs a translator for a doctor's appointment, it can be arranged with seven days advance notice. Members or Providers can be put in touch with interpreter/translator services by calling 312-864-8200.

All claims must be submitted within 180 days from the date of service, and any issues/disputes must be filed within 60 days from the Explanation of Payment (EOP). A Provider Dispute is a formal dispute related to claims payment, contracting, member eligibility, prior authorization, or other potential issues related to CountyCare. A dispute must be submitted through the dispute portal

<https://countycare.com/providers/provider-resources/>. Providers must submit a request for claim review or provider dispute within 60 days of the EOP for the claim. A Claim Review is an initial attempt at reconsideration of claim adjudication. A provider can submit a request for claim review through the [provider portal](#), by calling customer service at 312-864-8200 (option 6) or by contacting our provider relations department: [countycareproviderservices@cookcountyhhs.org](mailto:countycareproviderservices@cookcountyhhs.org).

For any information not covered above, providers can check the [CountyCare Provider Quick Reference Guide](#).

## **MCO News**

**[Aetna Better Health of Illinois](#)** will be hosting two [Provider Summits](#) in September, one on September 5, and the other on September 19, to register please click [here](#).

For more news and updates regarding **[Aetna Better Health of Illinois](#)**, please review their **[Summer 2024 Newsletter](#)**

**Blue Cross Blue Shield of Illinois** has issued a **Coding Update** for evaluation and management coding that takes effect 9/1/2024. This will affect those that bill E&M codes 99242-99245 and 99252-99255

**Blue Cross Community Health Plans (BCCHP)** is hosting a **Community Stakeholders Meeting** for BCCHP and MMAI providers on Thursday, August 15, 2024, 1:00 PM – 2:30 PM. This is a hybrid meeting; providers may attend via Zoom or in person at the Blue Door Neighborhood Center in Morgans Park (11840 S. Marshfield Ave). Click [here](#) to register.

**SAVE THE DATE** – The next **Blue Cross Blue Shield of Illinois Professional Provider Forum** will be held on Wednesday, August 28, 2024. More information and Registration links will be available on the [Workshops and Webinars](#) page.

**Humana** has published their [Q3 2024 Provider Newsletter](#).

**Attend a Meridian Provider Relations Meet & Greet Event Near You!** [Meridian](#) is hosting a series of [Meet & 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. Here are the upcoming Meet & Greet events:

- [Tuesday, August 20, Marion, IL](#)
- [Wednesday, August 21, O'Fallon, IL](#)

Please review [Meridian's](#) latest [Monthly Provider Check-In](#).

[Molina Healthcare of Illinois](#) has issued a [Provider Memo](#) explaining the **HFS-mandated complaint tracking process**.

Under this process, any provider filing a complaint to HFS requires a MCO Tracking Number issued by the MCO for every complaint submitted through the HFS Provider Portal.

[Molina Healthcare of Illinois](#) has issued a [Rate/Fee Schedule Update](#) for August 2024.

[Molina Healthcare of Illinois](#) has issued a [Provider Memo](#) regarding **In-Office Laboratory Tests & Preferred Labs Update**

[Molina's Provider Network Team](#) has recently published a [Provider Memo](#) summarizing the support services that their Provider Relations Managers (PRMs) can provide and how to contact the Provider Relations team.

**MOST VALUABLE RESOURCE**



### **This Month's MVR**

The MVR award for August goes to the [American Academy of Professional Coders \(AAPC\)](#). Founded in 1988, AAPC has grown to become the nation's largest education and credentialing organization for medical coders, billers, auditors, practice managers, documentation specialists, compliance officers, and revenue cycle managers. AAPC provides an abundance of [training and](#)

[education](#) resources and [professional certifications](#) in all aspects of medical billing and revenue cycle management. [Membership](#) in AAPC provides many valuable benefits. The AAPC website provides several **free tools** to help make medical coding and billing less challenging. Members and non-members can utilize the free tools available on the AAPC website.

## DID YOU NOTICE?



The [Illinois Department of Healthcare and Family Services](#) (HFS) has recently published updates to the following fee schedules:

- [Practitioner Fee Schedule effective 04/01/2024, updated 08/08/2024](#)
- [Update to the COVID-19 Fee Schedule](#) issued July 30, 2024.
- [Update to Lab Panel Rates](#) issued July 19, 2024.
- [Update to the Family Planning Fee Schedule](#) issued July 18, 2024.

To view current and past fee schedules, please visit the HFS [Medicaid Reimbursement](#) page.

**HFS has recently issued several important Provider Notices:**

- [Medicaid Provider Revalidation](#)
- [Increasing Behavioral Health Service Capacity in Federally Qualified Health Centers](#)

- **[Fee-for-Service Claim Submittal for Diabetes Prevention and Management Programs](#)**
- **[Place of Service Code 27 – Outreach Site/Street Effective October 1, 2023](#)**
- **[Electronic Visit Verification \(EVV\) – Change in Caregiver Social Security Number Requirement](#)**
- **[Delay in Implementation of Electronic Visit Verification \(EVV\) for the Illinois Department on Aging \(IDoA\)](#)**

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](#).



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](mailto:insurancebilling@ipha.com).

Thank you!



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

Sincerely,

**Phil Talley, IPHA Program Manager**

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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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