

November 10, 2020

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: Behavioral Health Reimbursement and Advocacy Updates

Below are several updates concerning hospital and health system behavioral healthcare, including summaries of:

- Illinois Dept. of Healthcare and Family Services (HFS) Provider Notice announcing Medicaid coverage and provider enrollment instructions for applied behavioral analysis (ABA) services for children (0 through 20 years old);
- Cancellation of Medicaid Integrated Health Homes;
- Updated Medicaid fee schedule for community mental health providers; and
- Advocacy on behavioral health payment parity for services covered by Medicaid and commercial payers.

HFS Medicaid Coverage & Provider Enrollment for ABA Services

On Oct. 30, HFS released a [Provider Notice](#) announcing coverage for ABA services for dates of service on or after Nov. 1. These services will be covered for children age 0 through 20 years diagnosed with an autism spectrum disorder under both Medicaid fee-for-service and Medicaid managed care plans, subject to prior authorization. The notice provides further details on provider qualifications and the enrollment process.

Any provider seeking reimbursement for ABA services must be enrolled for participation in the Department’s Medical Programs via the web-based system known as [Illinois Medicaid Program Advanced Cloud Technology \(IMPACT\)](#). HFS shall recognize Board Certified Behavior Analysts (BCBA) and Registered Behavior Technicians (RBT) for ABA service coverage. Licensed Clinical Psychologists and Licensed Clinical Social Workers enrolled in IMPACT with no subspecialty or a primary specialty will need to complete a modification of their current IMPACT enrollment to add the Board Certified Behavioral Analysts (BCBA) credential before being eligible to provide ABA services. HFS provided the following table for ABA service provider options:

Enrollment Type	Applicant Type	Provider Type	Specialty	Subspecialty	Claim Type
Individual/ Sole Proprietor	Regular Individual/ Sole Proprietor*	Psychologists	Licensed Clinical Psychologist	No Subspecialty	837P
				Primary Specialty	
				Board Certified Behavior Analysts	
		Behavioral Health Services	Licensed Clinical Social Worker (LCSW)	No Subspecialty	
				Primary Specialty	
				Board Certified Behavior Analysts	

	Rendering/ Servicing Provider	Behavioral Health Services	Registered Behavior Technician	No Subspecialty	
*Only those providers who have a certified W-9 may select the Applicant Type of Individual/Sole Proprietor					

Individuals seeking additional information regarding provider enrollment can visit the [IMPACT](#) website. Questions regarding enrollment may be directed to Provider Enrollment Services in the Bureau of Professional and Ancillary Services at 877-782-5565, option sequence 1, 2, 1. Other questions regarding this notice may be directed to HFS.ABA@illinois.gov. Additional policy and information regarding ABA services prior approval process, covered services, and claim submittal, is forthcoming.

Medicaid Integrated Health Homes Cancelled

On Nov. 6, HFS announced the cancellation of the Medicaid Integrated Health Home (IHH) program approved in its state plan by the Centers for Medicare & Medicaid Services. At a Medicaid Advisory Committee meeting on Friday, Interim Medicaid Administrator Kelly Cunningham shared plans to withdraw the state plan amendment and indefinitely delay IHHs, in order to prioritize long-term transformation plans aimed at addressing social determinants of health, barriers to healthcare access, and building community collaboration. In order to receive 90% federal matching funds for a future IHH program to create a comprehensive system of care coordination services for Medicaid beneficiaries, HFS would need to submit a new state plan amendment for federal approval.

Updated Medicaid Fee Schedule for Community Mental Health Providers

HFS has posted updated community-based behavioral services fee schedules. For more information, [click here](#).

Coalition Advocates for Payment Parity with HFS & DOI

IHA has collaborated with a coalition of provider and patient advocates, led by the Kennedy Forum Illinois, to send letters on behavioral health insurance parity implementation to HFS and the Department of Insurance (DOI). The goal of these efforts is to ensure equal access and coverage of behavioral health services, when compared with medical and surgical services. The [letter to HFS](#) expresses appreciation for HFS' efforts to implement parity and provides recommendations on future parity compliance efforts. The primary request in this letter urges HFS to conduct parity audits of Medicaid managed care organizations (MCOs) in Illinois. The letter recommends that HFS move forward with actions similar to those of DOI, but for the MCOs.

DOI announced the results of market conduct examinations of commercial plans in Illinois over the summer, which resulted in more than \$2 million in fines on five health insurers that were found to be in violation of the federal Mental Health Parity and Addiction Equity Act (MHPAEA). MHPAEA is a federal law that generally prevents group health plans and health insurance

issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. The companies that were fined were CIGNA Healthcare of Illinois, UnitedHealthcare, CIGNA Health and Life, Health Care Service Corporation (Blue Cross), and Celtic. The [letter to DOI](#) provides recommendations on how the agency could potentially spend the income from parity fines to ensure patients have fair access to behavioral health services.

IHA is also participating in a working group focusing on ensuring mental health and substance use disorder insurance benefits align with physical health service benefits, as mandated by [Public Act \(PA\) 100-1024](#). Led by HFS and DOI, the specific responsibilities of the Parity Data Workgroup include:

- (1) Providing recommendations to the Illinois General Assembly on health plan data reporting requirements (e.g., administrative denial rates, denials for medical necessity, etc.); and
- (2) Creating a Non-Quantitative Treatment Limitation (NQTL) reporting format for use by commercial health plans and Medicaid MCOs to demonstrate compliance with state and federal parity laws.

Following IHA's request for member feedback from the Behavioral Health Constituency Section in September for concrete examples of how insurance treatment limitations may prevent access to behavioral healthcare, IHA and provider advocates have successfully come to an agreement with commercial and Medicaid health plans on a significant portion of regulatory oversight for recommendation to the General Assembly. Health plans in the Workgroup have agreed to include peer-to-peer reviews as an in-operation process that should be included in a Non-Quantitative Treatment Limitation (NQTL) reporting format for use by commercial health plans and Medicaid MCOs to demonstrate compliance with state and federal parity laws. The reporting will be a broader part of recommendations to the Illinois General Assembly on health plan data reporting requirements (e.g., administrative denial rates, denials for medical necessity, etc.). As a reminder, the working group is currently considering 19 separate NQTL variables for annual health plan compliance review, modeled after a similar regulation in New York.

For questions or comments, please [contact IHA](#).