IlliniCare Health

WHO WE ARE

IlliniCare Health provides:

- Medical
- Behavioral Health
- Pharmacy
- Dental
- Vision

benefits and services

Our parent company, Centene Corporation, has 30+ years of experience

IlliniCare Health employees are local and have market knowledge

- Our Integrated Care Teams understand the communities we serve and the resources available within those communities
Centene Corporate
OUR PARENT COMPANY

WHO WE ARE

St. Louis
based company founded in Wisconsin in 1984

31,500 employees

#66 on the Fortune 500 list

#4 Fortune’s Fastest Growing Companies (2015)

WHAT WE DO

28 states (including IL)
with government sponsored healthcare programs & implementations

Medicaid (23 states)
Exchanges (13 States)
Medicare (12 States)
Correctional (8 States)

2 international markets

12.2 million members
Billing

- IlliniCare Health follows all standard billing practices for:
  - APL and non-APL services
  - ED and observation services
  - Therapy services

- IlliniCare Health’s timely filing deadlines:
  - **180 days** from the date on which services or items are provided for initial and resubmitted claims.
  - Claim disputes must be received within 180 days of the DOS or the date of discharge, whichever is later.
  - When IlliniCare Health is the secondary payer, claims must be received within 90 calendar days of the final determination of the primary payer.

- Billing Manual can be found on IlliniCare.com under “Provider Resources”
Claims Adjudication
ELECTRONIC CLAIMS

- IlliniCare Health Payer ID #: 68069
  - IlliniCare Health providers are able to submit claims through a wide variety of clearinghouses, including: Emdeon, TriZetto, Availity, SSI, and more

- EDI Support Contact Info:
  - 800-225-2573 ext. 6075525
  - EDIBA@centene.com

- Any identified issues will be communicated to providers through a notice posted on the IlliniCare Health website and an email.
Claims Adjudication

PROVIDER PORTAL

• Submit claims electronically on the secure Provider Portal.

• Go to Provider.IlliniCare.com to access the provider portal.
Mail completed paper claims and any supporting information to:

IlliniCare Health
Attn: Claims
PO Box 4020
Farmington, MO 63640-4402
Reimbursement Methodology

- IlliniCare Health follows EAPG and APR-DRG methodologies for reimbursement.

- Any reimbursement updates are implemented when notices are posted by HFS.
  - Updates will be communicated to providers through a notice posted on the IlliniCare Health website and an email.
Provider Portal
PROVIDER.ILLINICARE.COM

Through the Provider Portal, providers can:
- View patient panel
- View and submit claims and adjustment
- View and submit prior authorizations
- View payment history
- View member gaps in care
- View quality scorecard
- Check member eligibility
- Contact IlliniCare Health securely
Prior Auth. on Provider Portal

Create an authorization request:

1. Enter the member’s last name or member ID and DOB. Check eligibility. Click on the member’s name to open the overview.

2. Select the “Authorizations” tab.

3. Displays prior auth. requests previously submitted, or create a new prior auth. request.
Eligibility on Provider Portal

1. Select “Eligibility” in top right menu.

   Enter the Date of Service, patient ID or last name, and patient date of birth.

2. Click on the patient name to view Patient Record.

3. The Patient Record will show if the member is eligible.
Claims on Provider Portal

1. Select “Claims” in top right menu.

2. A list of claims will populate.

3. Click on individual claim numbers to view details and status.
Authorization Appeal

• A formal request for a previously denied claim for service(s) provided.
  • Involves a clinical review for *medical necessity*

• Authorization appeals must be requested within thirty (30) days of the Notice of Adverse Action.

• IlliniCare Health will resolve and provide a written notice of the decision within sixty (60) days of receiving the authorization appeal.
  • If overturned, the claims will be reprocessed and the provider will receive payment
  • If upheld, the claims will not be paid by IlliniCare Health

The completed authorization appeals and any supporting documentation should be mailed to:

IlliniCare Health
Attn: Authorization Appeals
PO Box 92050
Elk Grove Village, IL 60009
Request for Reconsideration

• A written communication from the provider about a disagreement in the way a claim was processed.

• The request must include sufficient identifying information, including:
  • Member name, member ID number, date of services, total charges, and provider name.

• The request should also include a detailed description of the reason for the request.

• Requests for reconsideration must be received within 180 days from the date on which the services or items are provided.

The completed request for reconsideration and any supporting documentation should be mailed to:

IlliniCare Health
Attn: Reconsideration
PO Box 4020
Farmington, MO 63640-4402
Claim Dispute

- A claim dispute is to be used only when a provider has received an unsatisfactory response to a request for reconsideration.

- The “Provider Claim Dispute” form can be found on www.IlliniCare.com.

- Claim disputes must be submitted *in writing* and concluded within 180 days from the date on which the services or items are provided.

The completed “Provider Claim Dispute” form and any supporting documentation should be mailed to:

IlliniCare Health
Attn: Claim Disputes
PO Box 3000
Farmington, MO 63640-3800
Discharge Planning

• IlliniCare Health contacts the facility on the 1st day of admission to start discharge planning.
  • We communicate regularly with the facility to ensure that the discharge plan is in motion and member needs are met.
  • We work closely with other stakeholders in the discharge plan, as appropriate.
• When the member is discharged, IlliniCare Health conducts a post-discharge follow-up.

• IlliniCare Health does not transfer members from out-of-network facilities to in-network facilities.
Submit for prior authorization using one of the methods below:

1. Provider Portal: Provider.IlliniCare.com
2. Fax: 877-779-5234
3. Phone: 866-329-4701

Use our Prior Auth Check tool on www.IlliniCare.com to see if prior authorization is needed.

Prior authorization forms are also available on our website.
Utilization Review
CONCURRENT REVIEW

• IlliniCare Health uses a concurrent review process for:
  • All inpatients stays, including patients already admitted
  • ER patients with admit orders
  • Direct admits

• A determination will be made within 24 hours of receipt of all necessary information (prior auth request and supporting clinical information).
  • Necessary information should be faxed to: 877-668-2074
IlliniCare Health uses utilization review criteria developed by McKesson InterQual® to determine medical necessity for healthcare services.

- These criteria are developed by specialists representing a national panel from community-based and academic practice. The criteria are periodically evaluated and updated with appropriate involvement from physicians.
- These criteria cover medical and surgical admissions, outpatient procedures, referrals to specialists, and ancillary services.

Providers can request the criteria used to make a specific adverse determination by contacting the Medical Management department at 866-329-4701.
We follow hospital recommendations combined with InterQual criteria for classifying members as inpatient vs. observation.

- Inpatient visits need prior authorization.
- Observation visits do not need prior authorization.

If there is a disagreement with the classification, the authorization appeal process must be followed.
Utilization Review

PEER TO PEER REVIEW

- After a Notice of Action (NOA) is sent denying a service, providers are notified verbally and through fax of the peer to peer review option.
  - “If you disagree with this decision, there is an option for a peer to peer review, this option is available for 24 business hours. If you choose to request the peer to peer review, you can call IlliniCare Health with 3 dates & 3 times your doctor is available to receive a phone call from our medical director.”
• Escalations are tracked through our internal CRM program.
Issue Escalation

SPECIFIC ISSUES

• Utilization Management:
  • Natoisha Vaughn Natoisha.N.Vaughn@illinicare.com

• Grievances & Appeals:
  • Shavondia Bell Shavondia.L.Bell@illinicare.com
  • Shaunta Taybron Staybron@illinicare.com

• Claims:
  • Follow the claim appeal process (request for reconsideration, claim dispute)
Value Added Benefits

• **24/7 Nurse Advice Line**
  - Access to free health information from RNs.

• **MemberConnections®**
  - Connects members to providers, community resources, and health education.

• **Free Transportation**
  - Free rides to and from medical appointments.

• **Start Smart for Your Baby®**
  - Education and support for expecting and new mothers.

• **Disease Management**
  - Support and education for complex and/or chronic conditions.

• **CentAccount®**
  - Rewards for completing healthy behaviors.
IlliniCare Health Website

ILLINICARE.COM

Through IlliniCare Health’s website, you can access:

- Provider manual
- Billing manual
- Provider directory
- Quick reference guides
- Benefit summaries for members
- Online forms
- Secure Provider Portal
IlliniCare Health Website

SPECIFIC TOPICS

• Provider Manuals and Resources
  • Manuals, forms, quick guides, education materials, and more: https://www.illinicare.com/providers/resources/forms-resources.html

• Policy Changes
  • Notices are posted to Provider News: https://www.illinicare.com/providers/provider-news.html
  • Policies are stored here: https://www.illinicare.com/providers/resources/clinical-payment-policies.html
IlliniCare Health Website

SPECIFIC TOPICS

• Key Updates
  • Notices are posted to Provider News: https://www.illinicare.com/providers/provider-news.html
  • Providers can sign up for the email notifications: https://www.illinicare.com/providers/provider-emails.html

• Provider Directories
  • Search our network of providers: https://providersearch.illinicare.com/
  • Print provider directories: https://www.illinicare.com/find-a-doctor.html
1-866-329-4701
(TDD/TTY: 711)
Monday-Friday 8:30 a.m. to 5 p.m.
IlliniCare.com