Illinois Health and Hospital Association

January 9, 2017

Mollie K. Zito
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0002

RE: *Illinois Register* posted November 28, 2016: Medical Payment Code – Section 140.74

Dear Ms. Zito:

On behalf of the Illinois Health and Hospital Association (IHA) and its more than 200 member hospitals and nearly 50 health systems, we appreciate the collaborative discussions between the sponsor of Senate Bill 3080, the Department of Healthcare and Family Services (HFS), the Medicaid Managed Care Organizations MCOs) and the Illinois Association of Medicaid Health Plans (IAMHP) to further codify language that addresses eligibility discrepancy provisions. The rule as published in the *Illinois Register* reflects the intent as expressed by all parties involved.

To address questions that have been brought forward by IHA members, IHA offers the following suggested revisions to the current language:

- Section 140.74 (b) 3 - the following text should be incorporated at the end of the existing paragraph – "and extends to a period that shall be no less than six (6) months". We believe that it is appropriate to provide a clear timeline for all parties, which quantifies the adjusted deadline consistent with the state's current Fee-For-Service timely filing rules.

- Section 140.74 (e) –an additional provision to read as follows: "All provisions of this section shall be effective for dates services on or after (insert earliest permissible date)".
    - Since this has been a known issue for well over a year and discussion to resolve the issue resulting in SB3080 began in early 2016, we recommend the earliest date permitted.

As a result of these rules being adopted, there are additional elements that IHA will asks to be addressed via the HFS contract with MCOs or any applicable policy and procedure manual that guides MCO requirements and processes. Those additional

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elements include the following:

- Ensuring that there be a common understanding and agreement by the Department, the MCOs and providers regarding the process and steps involved in resolving eligibility discrepancies – this could include elements ranging from the eligibility verification process to submission of documentation on the process utilized by the MCO to bring final resolution to the discrepancy and issue reimbursement.

- Standardizing documentation requirements: As this process will require IHA members to provide documentation, we will look to the Department to incorporate a standard list of required documentation that will be consistent for all MCOs in administering this rule.

- Clarifying the process to resolve identical issues arising from fee-for-service eligibility discrepancies.

We appreciate the Department's interest in seeking comments to ensure that the final rule reflects the full intent of SB3080 as originally envisioned. We believe that our recommendations will ensure fair and appropriate treatment of the eligibility situations that arise.

Sincerely,

A.J. Wilhelmi
President & CEO
Illinois Health and Hospital Association