October 2017 Notices
October 11, 2017

Memorandum

IHA Update: HFS Notices and Notifications Released Mid-August to Early October

HFS Distribution of Rate Year 2018 DSH, MPA and MHVA Determination
The Department of Healthcare and Family Services (HFS) has posted the Rate Year 2018 (October 1, 2017 – September 30, 2018) Disproportionate Share (DSH), Medicaid Percentage Adjustment (MPA) and Medicaid High Volume Adjustment (MHVA) determination and rates on its website. Read the notice and hospital notification letters. HFS will not be mailing these notification letters.

Appeals must be made in accordance with Section 148.310(b) and (f) of the 89 Illinois Administrative Code. All appeals must be made in writing no later than THIRTY (30) DAYS FROM THE DATE OF THIS LETTER for Rate Year 2018. Appeals MUST BE SUBMITTED IN WRITING AND MUST BE RECEIVED OR POSTMARKED NO LATER THAN MONDAY OCTOBER 30, 2017. The Department will NOT ACCEPT hospital logs as supporting documentation for appeals.

Rates and Rate Year 2018 Safety Net Determination
HFS has posted the Federal Fiscal Year 2018 Safety Net Hospital Determination on its website. View the notice and list of qualifying hospitals.

Final Rule on Medicaid Reimbursement for LCPs and LCSWs
Effective June 15, HFS finalized changes to Rule 140 providing guidance on Medicaid reimbursement for Licensed Clinical Psychologists (LCPs) and Licensed Clinical Social Workers (LCSWs). The practitioner may bill for services he or she personally provides. View the fee schedule and final rule (see 7526-7557). See IHA's March memo highlighting the changes and initial HFS guidance.

Updated Practitioner Fee Schedule
Chapter 100, Handbook

HFS has posted a new provider notice regarding Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures – Reissue.

Renal Dialysis Add-On Payment Retroactive to Dates of Service Beginning July 1, 2015

As a result of Public Act 100-23, Medicaid add-on payments to hospitals and freestanding dialysis facilities previously established under 89 Ill. Admin. Code Section 148.40(g) will be restored retroactively to dates of service beginning July 1, 2015.

The add-on payment is $60.00 per treatment day and is applicable for all of the renal dialysis revenue codes covered by the Department. The add-on payment is not subject to SMART Act (Public Act 097-0689) rate reductions, nor does it apply to Medicare crossover claims or claims for a participant in the State Chronic Renal Disease Program.

The Department will make payments directly to providers for all retrospective payments which is outlined in the notice.

Self-Disclosure Protocol

As a result of Public Act 097-0689, referred to as the Save Medicaid Access and Resources Together (SMART) Act, HFS is required to establish a protocol to enable healthcare providers to disclose an actual or potential violation of Medical Assistance (Medicaid) program requirements. The Department Office of Inspector General (the OIG) “self-disclosure protocol” establishes a voluntary disclosure process that providers may utilize upon detection of receipt of an overpayment from the Department. The self-disclosure protocol will also assist providers to comply with overpayment detection and repayment obligations under the federal Patient Protection and Affordable Care Act. View the Self-Disclosure Protocol notice.

New Third Party Liability (TPL) Code to Identify Participants in a Medicare Advantage Plan (MAP) Effective with Dates of Service Beginning November 1, 2017

HFS issued a notice to inform providers of a new third party liability (TPL) code that must be used when billing to identify participants who are enrolled in a Medicare Advantage Plan (MAP). Providers must specify this TPL code and any payment received from the MAP on the 837I or UB-04 claim transactions. This notice supersedes the instructions contained in
the June 19, 2015 Informational Notice (PDF) to providers.