November 2017 Notices

November 13, 2017

Memorandum

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

Managed Care Program Update
The Department of Healthcare and Family Services (HFS) has released several notices to help providers understand the upcoming enhancement of the Managed Care Program at HFS. Featuring uniform credentialing and other upgrades for providers, the Department announced that with the final selection of seven managed care health plans, the new program is scheduled to begin on January 1, 2018.

The new Medicaid Managed Care Program is called “HealthChoice Illinois,” reflecting the goal of helping beneficiaries make smart healthcare decisions. The following health plans are scheduled to begin operating as part of HealthChoice Illinois throughout Illinois starting next year:

- Blue Cross Blue Shield of Illinois
- CountyCare (available only in Cook County)
- Harmony Health Plan
- IlliniCare Health Plan
- Meridian Health
- Molina Healthcare of Illinois
- NextLevel Health (available only in Cook County)

Click on each link to see the notices:

- Managed Care Program Update
- Succeeding in the New Managed Care Program Series (#1): What is my relationship with health plans that weren't awarded a contract for the new program?
- Succeeding in the New Managed Care Program Series (#2): Four key ways the new
managed care will mean less work for providers.

- Succeeding in the New Managed Care Program Series (#3): Simplified credentialing: Cutting back on provider overhead costs.
- Succeeding in the New Managed Care Program Series (#4): How HFS and the health plans will communicate transition details to clients.
- Succeeding in the New Managed Care Program Series (#5): How you can help your patients understand what they need to know about this transition.

Illinois Health Connect Plan Closure
This notice informs providers that effective January 1, 2018, when Medicaid managed care expands statewide, Illinois Health Connect (IHC) will no longer be a Medicaid health plan option. The new statewide managed care program is HealthChoice Illinois.

The Department will end IHC members’ Primary Care Provider (PCP) assignments on December 31, 2017. Effective January 1, 2018, those individuals will be designated as regular Medicaid fee-for-service until enrolled in a HealthChoice Illinois plan. In regular Medicaid fee-for-service, individuals will continue to use their HFS medical card to access services. Providers rendering healthcare services to these individuals will continue to submit claims to the Department in accordance with the fee-for-service guidelines until the individual is enrolled with a HealthChoice Illinois plan. This change does not affect the individual’s Medicaid eligibility or benefits. See notice for more details.

Utilization Review Update Effective December 1, 2017
HFS provided a notification of changes to ICD-10 diagnosis and procedure coding subject to inpatient utilization review in Attachments A, B, C, and F. There are no changes to Attachments D and E.

Although the ICD-10 code set was updated nationally effective October 1, 2017, new ICD-10 codes selected for utilization review will be effective with admissions on and after December 1, 2017. The Department’s Quality Improvement Organization, eQHealth Solutions, Inc., discontinued prior authorization review of those nationally deleted procedure codes that were in Attachment F effective October 1, 2017. See notice for more details.

Hospice Annual Rate Changes Effective October 1, 2017
The federal Centers for Medicare & Medicaid Services recently notified the Department of
the annual update of Medicaid hospice rates for federal fiscal year 2018. Medicaid hospice rates are calculated based on the annual hospice rates established under Medicare. The annual hospice rate update is posted to the Department’s website. See notice for more detailed information.

Community Mental Health Providers Reimbursement Rate Increase Effective August 01, 2017

HFS issued a notice to inform Community Mental Health Providers (CMHPs) that Public Act 100-0023 provides for an increase in the Medicaid reimbursement rate for services rendered by certified community mental health centers identified in 59 Ill. Adm. Code 132, effective for dates of service on and after August 1, 2017. Payment increases are identified in the Community Mental Health Services Fee Schedule posted on the HFS website.

Updated Practitioner Fee Schedule