



October 25, 2018

IHA Update: HFS Notices and Notifications Issued Late August through October

Extension in Due Date for Payment of the October 2018 Hospital Assessment

The Hospital Provider Assessment due date for October 2018, originally October 19, 2018, has been extended to October 26, 2018. See [IHA memo](#) related to making the October payment.

Distribution of Fiscal Year 2019 Disproportionate Share Hospital (DSH) Determination

Federal Fiscal Year 2019 Safety Net Determination

The Department of Healthcare and Family Services (HFS) issued a [notice](#) that the letters for the fiscal year 2019 Disproportionate Share (DSH) were posted on the Department's website. In addition, HFS issued a [notice](#) regarding the Federal Fiscal Year 2019 Safety Net Determination.

IHA sent out additional information. [Click here](#) to see the detailed memos.

Fraudulent Prescription Requests

HFS issued a [notice](#) to alert providers that the HFS Pharmacy Unit and Office of Inspector General (OIG) have been notified by primary care providers across the state that they are receiving high volumes of fraudulent/fake prescription requests by unknown person(s) posing as pharmacists or pharmaceutical companies.

Questions regarding this notice can be directed to the [FBI Private Sector Coordinator at your local FBI Field Office](#) or the HFS OIG fraud unit at HFS.OIG.fraudhotline@illinois.gov.

Stage 4 Cancer Medications

HFS issued a [notice](#) to alert providers that effective on January 1, 2019, Public Act 100-1057 prohibits the Department and other health insurers from limiting or excluding coverage for a drug approved by the United States Food and Drug Administration for treatment of stage 4 metastatic cancer by either:

- Mandating that a participant with stage 4 metastatic cancer first be required to fail to successfully respond to a different drug; or
- Proving a history of failure of the different drug.

Improper Submission of the CMS 1500, Health Insurance Claim Form

HFS issued a [notice](#) to remind providers who choose to bill paper claim forms, only HFS proprietary paper claim forms are to be submitted for billing Medicaid non-institutional services or supplies. This applies to claims for participants who are covered under fee-for-service Medicaid and are not enrolled in a HealthChoice managed care plan. Providers should refer to the applicable plan for managed care billing guidelines.

Update to Community Mental Health Services Fee Schedule Effective August 1, 2018

HFS issued a [notice](#) to inform providers of an update to the recently published Community Mental Health Services Fee Schedule Effective August 1, 2018.

Providers who are enrolled in IMPACT as a Community Mental Health Center with an existing approved Specialty of Residential may bill Community Support using the modifiers designating MHP (HN) and High Risk MH Program (HK) when the service is

delivered in a residential setting. This coding update will replace the previous H2015 HN HE combination and will qualify for the Psychiatric Leadership Add-on of \$5.00.

Community Based Behavioral Services Handbook

HFS issued a [Community Based Behavioral Services \(CBS\) Handbook](#) that replaces the Community Mental Health Service Definition and Reimbursement Guide (SDRG), effective immediately.

Better Care Illinois Behavioral Health Initiative Pilot Notices

HFS issued a [provider notice](#) on the Better Care Illinois Behavioral Health Initiative Residential/Inpatient Treatment for Individuals with Substance Use Disorder (SUD) Pilot implementation and a [provider notice](#) on the Better Care Illinois Behavioral Health Initiatives: Case Management Pilot, Peer Recovery Support Services Pilot and Clinically Managed Residential Withdrawal Management Pilot implementation.

The first pilot covering residential/inpatient treatment will allow substance use disorder treatment services provided in inpatient hospital treatment settings currently licensed by the Illinois Department of Human Services – Division of Substance Use Prevention and Recovery that qualify as an Institution for Mental Disease (IMD), to qualify for and receive Federal Medicaid match. However, information regarding enrollment, billing, and the start date for all four new pilots have not yet been released.

The state received federal approval of HFS' 1115 waiver request in May to develop this pilot program for Medicaid beneficiaries who are in need of behavioral health services. IHA's summary of all ten 1115 waiver pilots can be found in this [memo](#). The notice says that more information about the Better Care Illinois Behavioral Health Initiative will be released as pilot details are finalized. Information recently released on the Intensive In-Home Pilot can be found under [Behavioral Health Programs](#) on the HFS website.

If you have any questions, please contact [Jo Ann Spoor](#). For questions related to the Better Care Illinois Behavioral Health Initiative or 1115 Waiver specifically, please contact [Lia Daniels](#).

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