



January 18, 2024

## ***Welcome to the first Billing Digest of 2024.***

The IPHA Third-Party Billing team has many exciting plans for the year ahead! As mentioned in previous issues, IPHA has been awarded a contract from the Illinois Department of Public Health (IDPH) to help public health departments, community-based organizations, and other healthcare providers build and enhance their ability to bill Medicaid, Medicare, and private insurance. One of the key components of this program is providing a compendium of **free educational and training resources** regarding all aspects of revenue cycle management (RCM). To commence, we are pleased to announce the kickoff of **Webinar Wednesdays**, a series of webinars to be held on the second Wednesday of each month that will cover all aspects of RCM. As part of our commitment to provide high-quality training resources, IPHA has partnered with **[Medical Revenue Cycle Specialists LLC \(MRCS\)](#)**, a nationally renowned RCM training and consulting firm, and **[Sage Health Strategy](#)**, leading experts in all aspects of Illinois' Medicaid program.

The first webinar in this series, **Overview of 2024 CMS Final Rule and Medicare Physician Fee Schedule**, will be held on Wednesday, February 14<sup>th</sup>, at 12:00 PM CST.

As you prepare for success in 2024, join MRCS President and CEO, [Kem Tolliver](#), FACMPE, CPC, CMOM, as she provides valuable insight into the key changes to expect from CMS. Learning objectives include:

- Outline of the CMS Final Rule making
- Overview of the CMS payment formula
- Insight into key regulatory initiatives related to care delivery, telehealth, coding and billing services to CMS
- Internal preparation for 2024 success with CMS' updates

More information and the registration link will be available soon.

***Important HFS news:***

The [Illinois Department of Healthcare and Family Services](#) (HFS) is requiring all hospitals; skilled nursing facilities (SNFs); federally qualified health centers (FQHCs); community mental health centers (CMHCs); behavioral health clinics (BHCs); and Substance Use, Prevention, and Recovery (SUPR) providers to connect with the [HealthChoice Illinois ADT](#) data exchange platform. All other healthcare providers are highly encouraged to connect as HFS hopes to achieve full provider participation to enhance care coordination and improve Managed Care Organization (MCO) pay-for-performance (P4P) metrics to increase Medicaid customers' [HEDIS](#) measures established by the [National Committee for Quality Assurance \(NCQA\)](#).

**This offering is entirely sponsored by HFS at no cost to the provider.** The steps to

participate are outlined in the infographic below.

**HFS HealthChoice Illinois ADT**  
Steps to Participate as an Ambulatory and Community Provider

- Website: <https://hfs.illinois.gov/healthchoiceadt.html>
- Steps to Participate
  - Step 1: Survey Complete
    - <https://www.surveymonkey.com/r/8T87ETX>
    - Video <https://hfs.illinois.gov/healthchoiceadt/healthchoiceadtfaq.html>
  - Step 2: Onboarding Package HFS sends to facility/organization
  - Step 3: Discovery Form Complete
    - <https://pointclickcare.tfaforms.net/4676242>
    - Video <https://hfs.illinois.gov/healthchoiceadt/healthchoiceadtfaq.html>
  - Step 4: Clickwrap From Receive/Execute (MSA, BAA, SOF)
  - Step 5: HFS IMPACT Terms and Conditions Accept updated T&C
    - <https://hfs.illinois.gov/impact.html>
    - Instructions: <https://hfs.illinois.gov/impact/presentationsandmaterials.html>
  - Step 6: Implementation Starts Kick Off Call Scheduled
- Kick Off/Implementation Initiation
  - 1. PointClickCare/Collective Medical Technologies – set up onboarding kickoff call
  - 2. Set up portal and/or SFTP Access
  - 3. Submit File for Validation and Processing
    - Illinois Patient File Specifications  
[https://hfs.illinois.gov/content/dam/soi/en/web/hfs/healthchoice/documents/CollectiveMedicalTechnologies1\\_PatientFileSpecs.xlsx](https://hfs.illinois.gov/content/dam/soi/en/web/hfs/healthchoice/documents/CollectiveMedicalTechnologies1_PatientFileSpecs.xlsx)
  - 4. Complete and return clinical onboarding forms
  - 5. Schedule and complete platform training
  - 6. Training follow-up and optimization
  - 7. Submit second file and set to auto process
  - 8. Facility is Live and transition to support is initiated

Questions: [HFS.HealthChoiceIllinoisADT@illinois.gov](mailto:HFS.HealthChoiceIllinoisADT@illinois.gov)

HFS Illinois Department of Healthcare and Family Services

Website

Survey

More details about this process are available at:

<https://hfs.illinois.gov/healthchoiceadt/stepstosubscribe.html>.

Many Illinois public health departments are already on the network and deriving great benefits. This network allows providers to receive real-time alerts when their patient presents for care and the network provides more than two years of health history, continuity of care documents, care team information, and care Insights, along with enhanced patient information sharing that helps ensure smooth care transitions and follow-ups. **The result is improved care coordination, higher quality care, and more successful outcomes.**



***This Month's MVR***

This month's award for MVR (Most Valuable Resource) goes to the [IAMHP Comprehensive Billing Manual](#). This manual is an absolute **must have** for every healthcare provider that is billing the HealthChoice Illinois (HCI) Managed Care Organizations (MCOs). Please note, it does not apply to dually-eligible beneficiaries in the Medicare Medicaid Alignment Initiative (MMAI) program. The manual is a collaborative effort that includes input from HFS, various healthcare provider groups, and all Illinois Medicaid MCOs. The Illinois Association of Medicaid Health Plans (IAMHP) completed a thorough review of all its member MCO Billing Guides and created a single source for all claims policies and procedures, regardless of provider type. The manual provides policies and procedures common to all MCOs; however, there are some instances in which the MCOs may differ in their approach. In such cases, the manual provides links to MCO-specific guidelines.

If you are not familiar with the **IAMHP Comprehensive Billing Manual**, you can find it at the [IAMHP Providers Page](#). While you are there, be sure to check out the **Tool Kits** and [sign up to receive the free quarterly newsletter](#).



## ***Did You Notice?***

HFS has recently issued several important Provider Notices:

**Updated Practitioner Fee Schedule and Fee Schedule Key** <https://bit.ly/479ZN2O>

**Confirmation of Coverage for Cognitive Assessments** <https://bit.ly/3O4i7DT>

**Fee-for-Service Payment Delay** <https://bit.ly/3O5AR5V>

**Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS) – Transition to HealthChoice Illinois Managed Care Organizations Effective January 1, 2024**  
<https://bit.ly/3RXwBXn>

**Updated School-Based/Linked Health Center fee schedule and fee schedule key** <https://bit.ly/3tWuL0Q>

If you have not already subscribed to receive email notifications from HFS when new Provider Notices are posted, you may subscribe here: <https://bit.ly/474dSPe>

To learn more about the many helpful resources available to healthcare providers, please visit the HFS Provider website: <https://bit.ly/3HmAwyF>

## ***In Case You Missed It:***

**Meridian Health Plan of Illinois** has identified an issue where CPT 90677 is denying EX1K (CPT Code is not valid for age of patient). Per HFS, CPT 90677 is a covered benefit for adults and children. Claims for children ages 0-18 are covered under the

Vaccines for Children Program and will be reimbursed at the administration rate. Claims for adults will be reimbursed as outlined in the practitioner fee schedule. Meridian's system is being updated and incorrectly denied claims will be processed with no further action needed by the provider.

**Aetna Better Health of Illinois** has notified providers that effective January 1, 2024, Medicaid beneficiaries enrolled in **Health Benefits for Immigrant Adults (HBIA)** and **Health Benefits for Immigrant Seniors (HBIS)** will be served by **Aetna Better Health of Illinois**. These populations were previously covered under Fee-for-Service. For more details, please see the [provider notice](#).





If you ever have any questions or need any advice, don't hesitate to touch base with me.

Sincerely,

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Forward

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As one of the largest affiliates of the American Public Health Association, IPHA is widely recognized as a leader in the field of public health advocacy, health education and promotion.

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