

April 1, 2019

Theresa A. Eagleson, Director  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East  
Springfield, IL 62763-0001

Dear Director Eagleson:

On behalf of the Illinois Health and Hospital Association's (IHA's) more than 200 member hospitals and nearly 50 health systems, I am writing regarding [Public Act 100-1019 \(Sen. Andy Manar/Rep. Sue Scherer\)](#), which amended the Public Aid Code to create targeted telehealth reimbursement for existing Medicaid providers and facilities. Based on our expertise in this area, this letter offers suggestions that could be utilized, at the right time, for implementation of the Act. Additionally, if deemed appropriate, I would like to offer IHA's assistance in gathering data that may help implement agency obligations and oversight under mental health and substance use disorder insurance parity laws, including [Public Act 100-1024 \(Sen. Kwame Raoul, Rep. Lou Lang\)](#). Both laws became effective on January 1, 2019, and have captured significant interest of IHA members due to the combined potential impact on healthcare access and equity for underserved populations across Illinois.

### ***Telehealth Reimbursement Implementation***

Improved telehealth coverage will strengthen access to provider networks, contribute to timely care in the most appropriate setting and help facilitate the integration of physical and behavioral healthcare into hospital and primary care settings. Key components of the targeted telehealth modernization in Public Act 100-1019 include:

1. Requiring Medicaid to reimburse all existing Medicaid facilities when they serve as the originating site—where the patient is located. Highly regulated, safe and secure inpatient hospital settings, assisted living facilities and skilled nursing facilities were all excluded from telehealth reimbursement prior to this law.
2. Requiring Medicaid to reimburse clinicians delivering behavioral health services via telehealth to the same extent as in-person delivery of services.
3. Modernizing statutory language by updating “telepsychiatry” and “psychiatric mental health services” to “telehealth” and “behavioral and medical services”.

We recommend that existing Current Procedural Terminology (CPT) codes be utilized with a modifier to indicate the services are delivered via telehealth. The Department of Healthcare and Family Services (HFS) created new Health and Behavior codes for

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Medicaid Type 56 school-based clinics run by healthcare providers like hospitals, but a reimbursement amount was not assigned to these codes. These codes are unnecessary for school-based reimbursement, and we recommend establishing a GT modifier (indicating the service was delivered via an interactive audio and video telecommunications system) on existing psychotherapy codes to provide behavioral health services, when provided via telehealth in schools. **Attaching a modifier to existing billing codes for broad implementation of Public Act 100-1019 would allow HFS to track utilization and healthcare access and observe the impact on healthcare quality. Medicare has traditionally utilized modifiers to implement its telehealth payment policy and track data as well.**

***Behavioral Health Insurance Parity Oversight***

Public Act 100-1024 directs HFS and the Illinois Department of Insurance to convene and provide technical assistance for a Data Workgroup, in order to research and evaluate payers' **administrative denials for no prior authorization, denials due to not meeting medical necessity, and denials that went to external review and whether they were upheld or overturned for medical necessity**, among other requirements. IHA's Behavioral Health Advisory Forum, consisting of 30 behavioral health experts, could serve as a sample set of hospitals to provide data on Medicaid managed care organization (MCO) denial rates for inpatient psychiatric, inpatient detoxification, and intensive outpatient services. **IHA would like to assist HFS with the Data Workgroup's charge by conducting a survey on behavioral health denials, and we would like to share our draft methodology with you for input. The results of the survey could be shared with the Data Workgroup and used for performance improvement with the MCOs relating to behavioral health insurance parity.**

Thank you for your dedication to increasing access to Medicaid-covered services, decreasing healthcare disparities in underserved communities, and advancing the integration of medical and behavioral healthcare. If you have any questions or comments, please contact me at [awilhelmi@team-iha.org](mailto:awilhelmi@team-iha.org) or 630-276-5444, or Lia Daniels at [ldaniels@team-iha.org](mailto:ldaniels@team-iha.org) or 630-276-5461.

Sincerely,

A.J. Wilhelmi  
President & Chief Executive Officer

cc: Doug Elwell, HFS  
Robert Mendonsa, HFS  
Patrick Gallagher, IHA  
Lia Daniels, IHA