



January 3, 2019

IHA Update: HFS Notices and Notifications Issued November-December 2018

Integrated Health Home Implementation

The Department of Healthcare and Family Services (HFS) issued a [notice](#) to inform providers of a delay in the implementation of the Integrated Health Home (IHH) program, which is a fully integrated care coordination program for the physical health, behavioral health and social care needs of all eligible participants in the Illinois Medical Assistance Program. The implementation delay is due to the rulemaking provisions outlined in the Illinois Administrative Procedure Act.

The Department plans to begin implementation of participant choice in the IHH Program the first of the month following adoption of the IHH administrative rules. Auto-assignment will be implemented once the choice period has concluded.

Ordering, Referring, Prescribing - National Provider Identifier (NPI) Requirements – Delay in Implementation

HFS released a [notice](#) on Nov. 9, 2018 to inform providers that effective with dates of service on and after Jan. 1, 2019, HFS is requiring all claims for services that require an ordering or referring practitioner contain the name and National Provider Identifier (NPI) of the practitioner who ordered, referred, or prescribed such services. This requirement also applies to claims where Medicare is the primary payer.

To ensure that this billing requirement is met, and that affected ordering or referring physicians or other professionals (ORP) may get enrolled in the Illinois Medical Assistance Program through the Illinois Medicaid Program Advanced Cloud Technology ([IMPACT](#)) system, HFS issued another [notice](#) to inform providers that the Department is delaying implementation of the billing requirement.

Effective with dates of service on and after July 1, 2019, if the ordering or referring physician or other professional (ORP's) name and NPI are not on the claim or if the claim contains information for an ORP who is not enrolled, the claim will reject and the provider will not receive reimbursement for services. At that time, the Department will also begin rejecting pharmacy claims where the prescriber identified on the claim is not enrolled.

Hospitals are encouraged to take the necessary steps to have their physicians and ORPs enrolled in IMPACT as soon as possible. Please refer to both notices for detailed information regarding claims this is required on for billing.

New PCS Form for Non-Emergency Ambulance Transfers Now Available

HFS has made available the updated Physician Certification Statement (PCS) form that a hospital must complete and provide to an ambulance provider prior to transport of a non-emergency patient. Hospitals must have this [new form](#) implemented by Feb. 1, 2019.

This form was developed in collaboration with IHA as part of the enactment of [Public Act 100-0646](#). HFS has issued a [notice](#) regarding the PCS form. Detailed information about new requirements for hospitals can be found in an August IHA [memo](#).

The updated PCS requirements are in response to challenges that ambulance providers have had in receiving a correct or completed PCS from some hospitals. The PCS is an important document for ambulance providers, particularly when transporting Medicaid patients as many Medicaid Managed Care Organizations and HFS will deny the ambulance provider's claim without a completed PCS.

Utilization Review Update

HFS issued a [notice](#) that provides notification of changes to ICD-10 diagnosis and procedure coding subject to inpatient utilization review in Attachments A, B, E, and F. There are no changes to Attachments C and D.

Although the ICD-10 code set was updated nationally effective Oct. 1, 2018, new ICD-10 codes selected for utilization review will be effective with admissions on and after Jan. 1, 2019. Per HFS utilization review policy, codes that are extensions of existing codes that were subject to review are automatically subject to review, and these extensions were effective Oct. 1, 2018.

Hepatitis C Direct Acting Antiviral Criteria Update

HFS has revised its Hepatitis C Direct Acting Antiviral (DAA) criteria, effective with prior authorizations submitted on or after Nov. 1, 2018. See the [notice](#) for more detail information.

Handbook for Practitioners Rendering Medical Services Re-issue

The Department is reissuing the [Handbook for Practitioners Rendering Medical Services](#). The Department previously issued the [Provider Handbook Supplement](#) that will replace Provider Handbook appendix documents from 21 different Provider Handbooks, eliminating much duplication.

Handbook for Transportation Services Re-issue

The Department is reissuing the [Handbook for Transportation Services](#). The Department previously issued the [Provider Handbook Supplement](#) that will replace Provider Handbook appendix documents from 21 different Provider Handbooks, eliminating much duplication.

If you have any questions, please contact [Jo Ann Spoor](#).

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