

**ABH of IL Claim and Configuration Project Updates**

Project	Impacted Providers	Description	Updates/Resolution	Status
Medicare Laboratory ( Lab) coinsurance and deductible	Lab	Lab services performed in office and independent lab locations will not apply deductibles and coinsurance.	System configuration completed.	ID and reprocessing of claims in process.
Ordering, Referring, Prescribing (ORP)- National Provider Identifier (NPI) Requirements	All Medical	Per Informational Notices dated November 9, 2018 and December 28, 2018, HFS notified providers of its intent to require ordering/referring/prescribing practitioners to be enrolled.	Ordering/Referring/Prescribing Provider Requirements Delay to January 1, 2020	Completed.
Attending Provider NPI Requirements for October 1, 2019	Institutional Providers – Hospitals; Renal Dialysis Facilities; Ambulatory Surgical Treatment Centers; Hospice Agencies; and Birth Centers	Effective with dates of service on and after October 1, 2019, the Department will reject claims if the Attending Provider is not enrolled with the Department	Attending Provider NPI Requirements Delay to January 1, 2020	Completed.
Patient Driven Grouping Model (PDGM)	Home Health	Effective January 1, 2020 reform measures include the elimination of the use of therapy thresholds for case-mix adjustment and a change from a 60-day unit of service to a 30-day unit of service. In the CY 2019 final HH PPS Rate Update final rule, CMS finalized an alternative case-mix method called the PDGM, which includes the payment reform requirements as set forth in the BBA of 2018 and will be implemented in CY 2020.	Configuration of payments in process.	Completed.
340B Drug Program	340B covered entity	Aetna Better Health of Illinois has determined that our configuration for Medicare Part B 340B drug reimbursement has not been properly reducing payment by 22.5% for outpatient drugs. If you are a 340B covered entity and part of the Prime Vendor Program, it is expected that your claims for 340B drugs purchased through the program should include either the JG or TB modifier. When the JG modifier is appended, the 22.5% reduction will occur. If the TB modifier is present, no reduction in payment will occur.	Aetna Better Health of Illinois is taking steps to configure its system to align with Medicare's requirement. We will be recouping and correcting overpaid claims dating back one year from DOS July 1, 2018, to present. As we work on the configuration, which includes a 3-step validation (provider is 340B covered, the drug is a 340B drug, and the JG modifier is present) before reducing the payment, we are exploring the timeline for the recoupment with our claims department.	Claims reprocessing complete.
NH Rates	Nursing Home	Aetna has received updated rates retro for 7/1/2019	System configuration completed 9/30/19. Claim reprocessing in queue, ETA 30-45 days.	Claims reprocessing complete.
County NH Facility Rates	Nursing Home	Aetna has received updated rates retro for 7/1/2019	System configuration completed 9/30/19. Claim reprocessing in queue, ETA 30-45 days.	Claims reprocessing complete.
SMHRF Rates	Specialized Mental Health Rehabilitation Facilities	Aetna has received updated rates retro for 7/1/2019	System configuration completed 9/30/19. Claim reprocessing in queue, ETA 30-45 days.	Claims reprocessing complete.
Adult Day Services	Home Health/Waiver	Aetna has received updated rates retro for 7/1/2019	System configuration in process , claim reprocessing 30-45 days from production release.	ID and reprocessing of claims in process.
Adult Day Services - Transportation	Home Health/Waiver	Aetna has received updated rates retro for 7/1/2019	System configuration in process , claim reprocessing 30-45 days from production release.	ID and reprocessing of claims in process.
Emergency Home Response Installation	Home Health/Waiver	Aetna has received updated rates retro for 7/1/2019	System configuration in process , claim reprocessing 30-45 days from production release.	ID and reprocessing of claims in process.
In-Home Services (Homemaker)	Home Health/Waiver	Aetna has received updated rates retro for 7/1/2019 and 1/1/2020	System configuration in process , claim reprocessing 30-45 days from production release.	ID and reprocessing of claims in process.
Home Health Rates	Home Health	Aetna has received updated rates retro for 10/1/2019	System configuration in process , claim reprocessing 30-45 days from production release.	ID and reprocessing of claims in process.
SMHRF - Single Occupancy	Specialized Mental Health Rehabilitation Facilities	\$10 add-on to base rate	System configuration in process , claim reprocessing 30-45 days from production release.	ID and reprocessing of claims in process.
Psychiatric Services Rates	Mental Health Providers	Medicare rate	System configuration in process , claim reprocessing 30-45 days from production release.	Configuration in process.
Administrative Hospital Day Rates	Hospitals	\$289.48 per day to begin day after average length of stay	System configuration in process , claim reprocessing 30-45 days from production release.	Pending clarification.
Psych Add-On Continues	CMHC	Continue add on rates in effect on 6/30/19	System configuration in process , claim reprocessing 30-45 days from production release.	Configuration in process.
Mental Health Services Rate Increase	CMHC	Aetna has received updated rates retro for 7/1/2019	System configuration in process , claim reprocessing 30-45 days from production release.	ID and reprocessing of claims in process.
Mobile Crisis Response Rates	CMHC	Aetna has received updated rates retro for 7/1/2019	System configuration in process , claim reprocessing 30-45 days from production release.	ID and reprocessing of claims in process.
Orthotic and Prosthetic Rate Increase	Orthotics & Prosthetics providers	\$42 orthotic and prosthetic updated rates with SMART Act 2.7% rate reductions effective 11/1/2019	System configuration in process , claim reprocessing 30-45 days from production release.	Configuration completed no claim impact.
Issue identified with the configuration of HCPC and Modifier combinations H0039 – modifiers 52, HA, HE, HM, HN, HO, HR, HT, SA and TF. H2016 - modifiers 52, HA, HE, HM, HN, HO, HR, HT, SA and TF.	CHMC	Aetna had identified a claims processing issue regarding the CMHC Fee schedule. As a result, claims submitted by CMHC providers for processing have denied in error or paid incorrectly.	Issues identified with modifiers and zero paid claims after system correction. Aetna in process of additional configuration changes. Claims will reprocess within 30- 45 days of system updates.	Configuration in process.