

ABH of IL Claim and Configuration Project Updates Project Impacted Providers Updates/Resolution Description Status Aetna had identified a claims processing issue regarding the System configuration 8/1/2018 and 11/1/18 CMHC Fee 8/01/2018 and 11/1/2018 updates are in process. Community Mental Health Centers **CMHC** schedule. As a result, claims Claims reprocessing will Claims set for 8/13/19 check. (CMHC) Fee schedule submitted by CMHC providers for occur once system processing have denied in error corrected. or paid incorrectly. On April 2nd, 2019, HFS and DHS-1115 Substance Use Prevention and System configuration **SUPR Waiver** SUPR released new information Completed 4/24/2019. Recovery (SUPR) waivers. completed. on 3 of the 1115 SUPR waivers. As of 7/15/2019, Aetna will no Remove PA Requirement for Inlonger require authorization for System configuration Completed 07/26/2019. **Network Supportive Living Facility** payment of Supportive living updates are in process to SLF Facility claims with DOS in 2019. remove requirements. (SLF) Lab services performed in office System configuration Medicare Laboratory (Lab) and independent lab locations Claims set for 8/06/2019 completed. Claim Lab coinsurance and deductible will not apply deductibles and check. reprocessing in queue. coinsurance.

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.	The implementation date for this requirement has been delayed to October 1, 2019. System configuration updates are in process.	In process.
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	System configuration updates are in process.	In process.
Patient Driven Payment Model (PDPM)	Skilled Nursing	CMS finalized a new case-mix classification model, the Patient Driven Payment Model (PDPM), that, effective beginning October 1, 2019, will be used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for classifying SNF patients in a covered Part A stay	TBD	In process.

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.	TBD	In process.
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340B Drug Program	340B covered entity	Aetna Better Health of Illinios 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.	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	In process.
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