

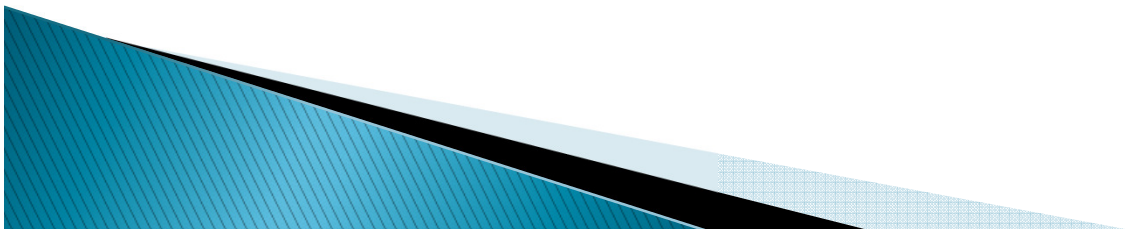


Provisional Eligibility

July 30, 2018

Koss vs. Norwood Court Order

- ▶ Requires the State to pay the long-term care and other Medicaid benefits to (or for the benefit of) Class Members while their applications remain pending beyond the Medicaid Act's deadlines for eligibility determination.
- ▶ The State will implement through a Provisional Eligibility process.



Provisional Eligibility – Identifying the Individual

- ▶ Provisional Eligibility will be operationalized by adding a Special Eligibility segment for the LTC applicant in the HFS payment system.
- ▶ This coding will allow HFS to:
 - track individuals and their service payments, and
 - accept, process and voucher claims for services submitted by enrolled Medicaid providers.
- ▶ Providers can view this eligibility through a MEDI eligibility inquiry. The eligibility response will show “Full Coverage” and will not identify the individual as provisionally eligible (view on following page).

Provisional Eligibility – MEDI Eligibility Inquiry View

Transaction Audit Number: 201819209161157	Recipient Name: SARAH TEST LTC PROV
Recipient Number: 010768888	Recipient SSN:
Recipient Birth Date: 01/07/1995	Recipient Sex: M
Provider Number: 1912122532	Provider Name:
County Code:	Case Name:
Case Address:	City, State Zip: - -
Begin Date: 07/09/2018	End Date: 07/09/2018
NPI Number:	Renewal Due Date: *** 00/00/0000 ***

Coverage Detail [Print This Section](#)

For the date(s) of service entered, the client is eligible for medical benefits.

Case Type: FULL COVERAGE

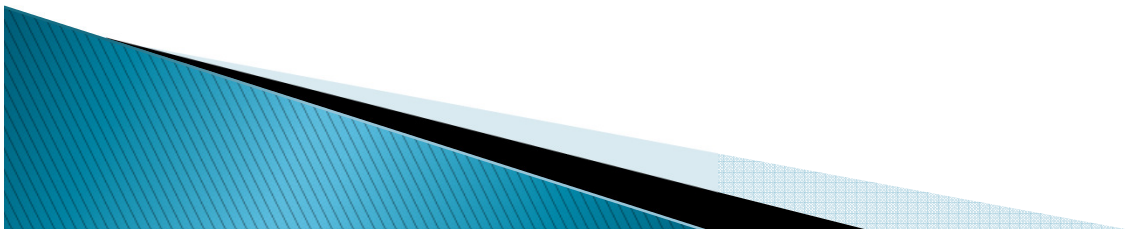
Begin Date:	End Date:	Case Id:	System Date:
07/09/2018	07/09/2018	04163T66666666	07/02/2018

Service Type(s): OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - HEALTH BENEFIT PLAN COVERAGE - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - RADIATION THERAPY - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - BRAND NAME RX DRUGS - GENERIC RX DRUGS - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

Special Information: State Funded.

Provisional Eligibility – LTC Coding

- ▶ In addition, a LTC admission segment will be added to the HFS payment system. This is similar to all approved Medicaid admissions.
- ▶ The admission segment will allow HFS to accept, process and voucher claims submitted specifically by enrolled LTC providers.
- ▶ The admission segment will have a begin date equal to the admission date requested by the LTC provider – provided the applicant has Medicaid eligibility already approved or a pending application that can be backdated.



Provisional Eligibility – MEDI LTC Inquiry View

Healthcare and Family Services

LTC Inquiry Results

Facility Number: 123456789003
Recipient Number: 127412112
Service Begin Date: 01-16-2018

Facility Name: ACME LTC TEST1
Recipient Name: ALICE LTCTWO
Service End Date: 07-01-2018

Facility Data:

ADM: 01-15-2018 DIS: 00-00-0000 DEST: BILL TO: 00-00-0000 ICD-9 DIAG: 99999 ICD-10 DIAG: Z789 REF:

Level of Care Data:

EFF: 01-15-2018 CLOSE: 00-00-0000 COS: 071 CHNG: 07-24-2018

Patient Credit Data:

EFF: 02-01-2018 CLOSE: 00-00-0000 TPL AMT: 500.00 CHNG: 07-24-2018

Patient Credit Data:

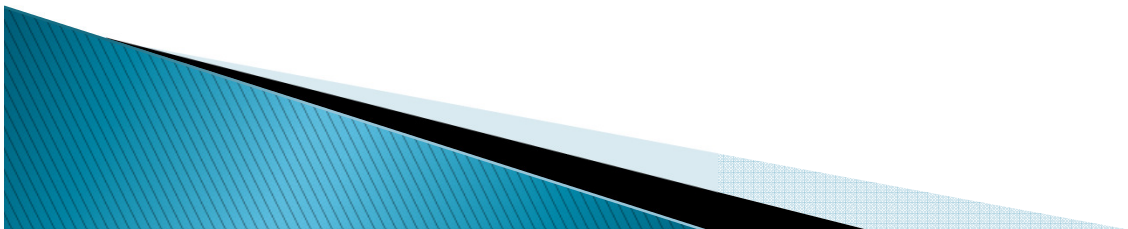
EFF: 01-15-2018 CLOSE: 01-31-2018 TPL AMT: 0.00 CHNG: 07-24-2018

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Provisional Eligibility – Process

- ▶ On a monthly basis, HFS will identify pending LTC Medicaid applications (admission requests) over 45 days old due to delays by the State.
- ▶ There must also be corresponding Medicaid eligibility or a pending Medicaid application over 45 days old.
- ▶ Individuals identified with a pending LTC application over 45 days old will have a special eligibility and LTC admission segment added to the HFS payment system, allowing provider claims to be accepted and processed.
- ▶ Individuals receiving Provisional Eligibility will be treated similar to those with Regular Medicaid Eligibility in all of the HFS processes.

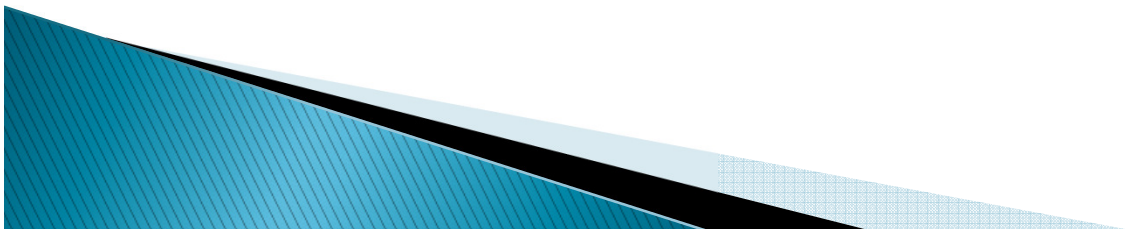


Provisional Eligibility – Notification

- ▶ Notices will be sent out by HFS to the applicants and their approved representatives notifying them of the Provisional Eligibility determination and the associated effective date.
- ▶ LTC providers will be notified of the newly created admission segment via their weekly LTC Transaction Report (HFS 2449A).
- ▶ The newly added individuals will also show up on the provider's monthly LTC Patient Roster.

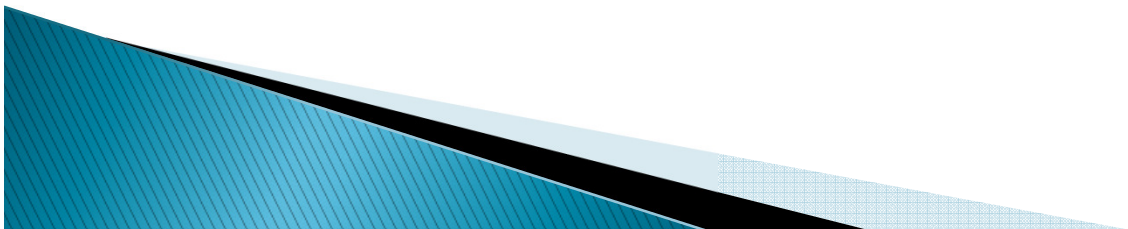
Provisional Eligibility – Fee For Service Billing and Payment

- ▶ Once an individual receives both a special eligibility segment and a LTC admission segment within the HFS payment system, LTC providers will be able to submit electronic claims to HFS for payment.
- ▶ Claims will be handled the same as claims for individuals that have already been determined eligible for Medicaid LTC services, including all of the claim edits necessary for a clean claim to be approved for payment.
- ▶ Claims for individuals with Provisional Eligibility can be submitted on the same claim files as those with Regular Eligibility.
- ▶ Vouchers paid to providers will include payments for both Provisional and Regular Eligibility.



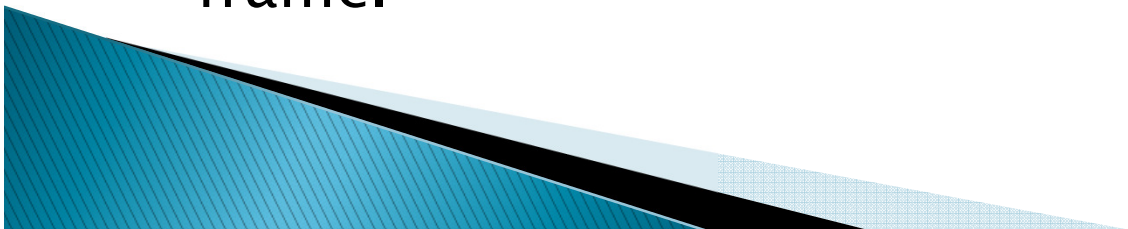
Provisional Eligibility – Managed Care

- ▶ Individuals with Provisional Eligibility will be treated the same as those with Regular Medicaid Eligibility for determining enrollment into Managed Care programs.
 - Individuals already enrolled in Managed Care will maintain enrollment with their current plan.
 - Individuals not yet in Managed Care will be eligible to be enrolled based upon the specific program's eligibility criteria, similar to any newly eligible individual.
- ▶ Once enrolled in Managed Care, HFS will notify the plans of the individuals' eligibility and the LTC providers will be able to bill the appropriate plan for payment.



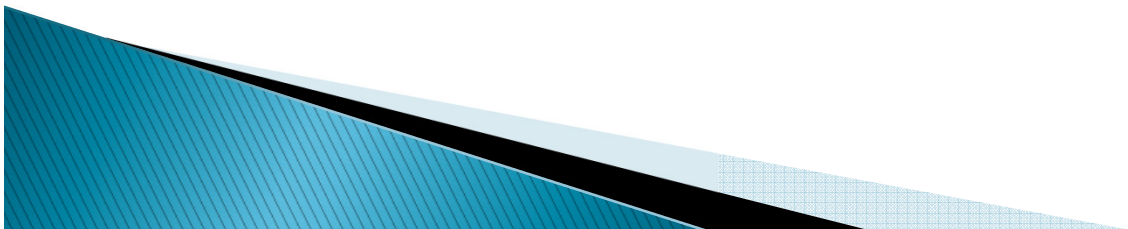
Ending Provisional Eligibility

- ▶ Department of Human Services (DHS) caseworkers will determine the official Medicaid and LTC eligibility based upon current eligibility policy guidelines.
- ▶ For individuals determined eligible for Medicaid LTC services, regular eligibility segments will be added to the HFS system, and the Provisional Eligibility segment will be closed. There will not be any disruption in services or billing.
- ▶ For individuals determined ineligible for Medicaid LTC services, the Provisional Eligibility segment will be closed. Providers will be able to bill for service periods covered under the Provisional Eligibility time frame.



Ending Provisional Eligibility

- ▶ Individuals determined ineligible for Medicaid LTC services will also have their LTC admission segment closed. Providers will be notified of this action on the weekly LTC Transaction Report (HFS 2449A).
- ▶ Providers will retain payments made under the Provisional Eligibility time frames.
- ▶ Notices will be sent by HFS to individuals and their approved representatives notifying them of the end of the Provisional Eligibility.



Other Important Information

- ▶ Admission segments that are added to the HFS system will initially be open ended (no discharge date). It is very important for LTC providers to enter discharge dates into MEDI as quickly as possible after the admissions have been entered.
- ▶ Questions regarding the Provisional Eligibility process should be submitted to the Bureau of Long Term Care at: HFS.LTC@illinois.gov with the subject line “Provisional Eligibility”.
- ▶ Your questions and answers will be posted on the HFS website in a Frequently Asked Questions document.

HFS Bureau of Long Term Care Contact Information:

Healthcare and Family Services
Bureau of Long Term Care
Billing Unit
201 South Grand Ave East
Springfield, IL 62763
(217)782-0545
(217)557-5061 fax
(844)528-8444 toll free
HFS.LTC@illinois.gov