



MCO SURVEY SUMMARY

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The Legislative Committee's Reimbursement Workgroup was born out of concerns IL-HPCO heard expressed from hospice providers during regional meetings throughout 2016. Those difficulties expressed by hospice leaders centered on issues with Medicaid and managed care reimbursement. The Workgroup's purpose is to bring member hospices together as advocates for rightful and timely reimbursement by the state and its contracted agencies.

In November and December 2016, IL HPCO's Reimbursement Workgroup developed and conducted a survey of member organizations' leaders. The purpose of the survey was to determine which payment issues presented as the most challenging, and with which managed care entities. The Workgroup also requested specific documentation of payment challenges; the end goal was to bring this information forward during a meeting in which we would establish a relationship with the state organization representing managed care organizations to facilitate positive change.

Ten hospice agencies representing large and small, non-profit and for-profit, urban and rural, and hospice-based and independent organizations responded.

- Several hospice agencies report positive interactions with their contracted managed care organizations.
- Hospices serving a greater number of patients describe experiencing the most challenges with managed care organizations.
- Within the largest hospices, there is variation in issues related to geographical areas – those serving counties in the Chicagoland area tend to experience the majority of issues.
- Payment challenges identified with five managed care organizations:
 - Timeliness of obtaining authorizations
 - Denials for patients not listed in State Credit File
 - Underpayments
 - Incorrect denials for:
 - Invalid revenue codes
 - No authorization even though authorization is on file or obtained appropriately

HFS recognizes the importance of providers having a mechanism for reporting and resolving issues encountered with an individual Medicaid MCO when these issues cannot be resolved using existing processes designated by the managed care organization. A new provider complaint portal was introduced in February 2017 to facilitate prompt and fair resolution of disputes between managed care organizations and providers. Issues impacting immediate access to care will be expedited. The address to the portal follows:

<https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx>

The Reimbursement Workgroup remains committed to working payment issues at the state and contracted insurer level to ensure hospice reimbursement is and stays a priority.