

## **HEALTH PLAN UPDATES & CHANGES:**

CMS REGULATION – Beginning January 1, 2020, CMS regulations require any provider (in-state or out-of-state) who orders, refers or prescribes for Illinois Medicaid/MMAI participants to be enrolled in IMPACT and identified by NPI on each submitted claim or the claim will be denied. This is referred to as the federal Ordering, Referring and Prescribing (ORP) requirement.

**HFS REQUIREMENT** – Beginning January 1, 2020, HFS requires that all health plans participating in the Illinois HealthChoice program for Illinois Medicaid/MMAI participants must follow the state's preferred drug list. Medicaid/MMAI participants may need to change their current medication to meet this requirement. This is referred to as the Uniform Preferred Drug List (PDL).

**HFS REGULATION** – Providers who treat Illinois Medicaid/MMAI participants cannot bill the Medicaid/MMAI patient for covered services. Providers can bill Medicaid/MMAI patients for services that are not covered, but only if the provider obtains a written acknowledgement from the Medicaid/MMAI patient in advance of treatment.

**CountyCare Dental/Vision Change** – CountyCare has partnered with Avesis for dental and vision care. This change should not result in any disruption to CountyCare members needing dental or vision care. Please review the notice on the CountyCare website for more information.

## **HEDIS QUALITY MEASURES:**

Easy Opportunity to Capture a HEDIS Quality Measure with health plans for potential bonus payments:

Please see the newly revised Diabetes Care CPT II codes listed below. These codes should be utilized starting 2020 and forward. Remember that these codes are for quality data collection only and should be billed at zero dollars.

DIABETES:	
Most Recent hemoglobin A1c level < 7.0%	3044F
Most Recent hemoglobin A1c level >=7.0- < 8.0%	3051F
Most Recent hemoglobin A1c level >=8.0- <=9.0%	3052F
Most Recent hemoglobin A1c level > 9.0%	3046F