

## **IL AAHAM Summer 2023 Payer Panel**

1. How are the plans intending to adjust their policies to comply with the upcoming changes to CMS rules regarding prior authorization?

IAMHP – Trisha Rodriguez

A lot of the rules don't go into effect until 2026. They are already ready for most of these changes. Plans are already in compliance.

Plans are already maintaining HIPAA compliant portals that meet the requirements.

- Providers can obtain information on whether prior authorization is required.
- Providers can receive information on what type of documentation is needed.
- These portals facilitate the exchange of prior authorization requests and decisions.

Plans are maintaining patient portals where enrollees can get information about prior.

In compliance for providing a denial reason both electronically and a letter when auth is denied.

In compliance for the timeframes and many have stricter requirements for prior auth.

- Urgent requests are within 48 hours.
- Standard is 4 days for non-urgent.
- Pharmacy requests within 24 hours

Already posting prior auth metrics (denied, received, top 5 reasons, number appealed and overturned)

Cigna Irma – currently targeted for 07/01/2023 compliance – all systems updated and implemented, education to staff, ready to fly –

BCBS Amanda – don't have a lot of info, updates will be posted to website, new tool on Availity –Blue Approver 24/7 access, can include records, see status etc... working through nuances –

HAMP Jaime – working to adjust policies, will come out when available, no ETA will send communication when available –

2. When will they be issuing their own guidance and policies?

IAMHP is in constant communication with the provider community on these timeframes.

Cigna Irma – as it becomes available

BCBS Amanda – will be posted to website

HAMP Jaime – has not been involved in these conversations with leadership

3. Will they apply CMS guidelines retroactively for prior auth denials?

IAMP - This has not been in their discussions. IAMHP will need to work with HFS. They will be reviewing to determine if any new policies are needed for compliance.

Cigna Irma – applied retroactively for prior auth denials

BCBS Amanda – does not have details re: retro denials – will get info out as soon as available

HAMP Jaime – cannot say what will do re retro denials

4. Will they accept CMS-1696 for patient rights appeals?

IAMHP covers Medicaid and Dual Eligible. For the Dual eligible, plans use this form. On the Medicaid only, providers can apply to represent the patient but there may be a different form for the various plans.

Cigna Irma – currently accepting per leadership

BCBS Amanda – cannot answer – has not heard from leadership

HAMP Jaime – does not have any information regarding this

5. Also, please feel free to provide any payer specific updates that would be relevant for Illinois and your Payer.

IAMHP - Medicaid is redetermining eligibility for all enrollees. Member have not completed this in 3 years and some rolled on during the PHE and have never completed this. We are going to see a lot of movement...to exchange plans and uninsured. IAMHP has a tool kit for Illinois. HFS has developed messaging that providers are encouraged to use with their patients. In TX about 500k patients have rolled off. Illinois landscape - there are some new flexibilities that are not currently public. IAMHP may have a better idea in about a month or so. IAMHP is heavily advocating that the MCOs get more involved in assisting. The rolling renewal process will be 12 months. If the enrollee doesn't complete their paperwork within the 30 days, they have a 90 reenrollment period that can be reinstated retroactively.

Cigna Irma – not been made aware of anything high profile – only update she is aware of is specialty RX list has been updated for MA plans – [www.medicare.providers.cigna.com](http://www.medicare.providers.cigna.com)

BCBS Amanda – Blue approve previously discussed – updated elig/benefits on Availity to make things easier based on provider feedback – claims x10 software updated 07/10/23 – new look and feel, better claim accuracy, coding defaulting to I-10

HAMP Jaime – no current updates – did launch new provider portal 01/01/2023 but many providers still using old portal which will be phased out over coming months – providers need to get over to new portal before legacy portal decommissioned

6. When will you accept electronic claim attachments?

IAMHP - All Medicaid plans accept electronic claims via their portals. Not currently accepting via Clearinghouse.

Cigna Irma – currently accepts attachments for online considerations, can upload through portal or include indicator on claim form and fax over

BCBS Amanda – no specific time yet, trying to get access but they do have portal, Blue Approver allows inclusion of med recs

HAMP Jaime – accept claim attachments vis portal – believes they are also accepting via claims clearinghouse but did not have time to research before today – will have Shalamar circle back to confirm

7. How compliant are you in meeting your payer requirements related to NSA?

- applying the benefit to claims where the patient came through the ED, then proceeded to surgery or a bedded service prior to discharge.
- Including appropriate remit codes on 835 indicating NSA reduction

For IAMHP enrollees do not have out of pocket costs. We do cover certain OON providers.

Cigna Irma – no specific info but Cigna is compliant with the law and understands the implications – established a rigorous internal compliance program to manage but has not heard any real noise relative to this – reach out to provider relations manager re: NSA remit codes

BCBS Amanda – no specific updates – not involved in this – BCBS is working on taking care of all that – have not heard much noise on BCBS not returning NSA remit codes – suggests reach out to provider PNC (?) team

HAMP Jaime – hasn't heard much – not aware that they are not returning correct NSA remit code – reach out to provide relations rep

8. What do you feel is the leading cause of denials that providers could easily mitigate?

IAMHP - Eligibility - be sure to check member enrollment.

Providers are not putting the same information in Impact as they are submitting on the Roster. They see quite a bit of mismatch Information for Prior Auth (specifically clinical) is not being submitted timely.

- Always try to get the issue resolved with the health plan - reach out to provider rep.
- Providers can reach out to IAMHP if not getting a response.

Cigna Irma – member enrollment is biggest issue – no specific numbers on numbers but most common denial

BCBS Amanda – Always check benefits and elig, member enrollment, covered services, timely filing, auth in place – prior to services rendered

HAMP Jaime – member eligibility is biggest thing wrong ID#, DOB etc... one of number one reasons for claim rejection

9. What should providers take note of to more quickly resolve claim issues?

IAMHP has monthly meetings (HFS, IAMHO, and Provider)- there is a template on website where you can submit an issue for review at the meeting. There is a high success rate at getting submitted issues resolved. Meeting are the 2nd Monday of the month.

Cigna Irma – nothing specific for MA beyond member enrollment – commercial utilize customer service – document, document, document reach out to provider rep if no success

BCBS Amanda – always go to customer service first for ref # or submit claim req form – reach out to network consultant if no success with ref #s – don't go to network consultant first

HAMP Jaime – first stop is always portal to open inquiry – if seeing a trending issue reach out to provider relations specialist – if high urgency such as high dollar claim or timely filing engage provider relations specialist

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