



January 9, 2017

IHA Comment Letter to HFS re: Proposed Rule Addressing Medicaid Eligibility Discrepancies

As a follow-up to the enactment of Senate Bill 3080 concerning Medicaid MCO transparency and accountability, IHA has done additional work on the implementation of a key provision in the bill, specifically reimbursement issues that arise from beneficiary eligibility discrepancies. IHA had strongly advocated that additional rules should be developed to provide guidance on how providers and Medicaid MCOs can address these discrepancies, ultimately resulting in reimbursement to providers.

The *Illinois Register*, Volume 40, Issue 48, includes a proposed rule that outlines:

- Circumstance in which eligibility information is determined to be inaccurate;
- Requirements for submission of documentation; and
- Obligations of MCOs to reimburse providers.

IHA has submitted a comment letter to the Department of Healthcare and Family Services (HFS) asking for further refinement of the rule to address members' concerns and recommending steps to address specific operational issues in HFS-MCO contracts or in a Department policy or procedure manual. IHA also acknowledges the work of HFS and the Illinois Association of Medicaid Health Plans in contributing to the development of the proposed rule. See [IHA's letter](#) and the [proposed rule](#) (pages 15666-15668).

IHA members may also submit comments by the close of business on January 12, 2017 to:

Mollie K. Zito
General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0002

Or HFS.Rules@illinois.gov

Your trusted voice and resource



[COMPdata Informatics](#)

[Insurance Solutions](#)

[IPC Group Purchasing](#)

