SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section 140.400 Payment to Practitioners

a) This Section applies to physicians, dentists, Advanced Practice Nurses (APN) (see Section 140.435), optometrists, podiatrists and chiropractors.

l) Practitioners are required to bill the Medical Assistance Program at the same rate they charge patients paying their own bills and patients covered by other third party payers.

2) A practitioner may bill only for services he or she personally provides or which are provided under his or her direct supervision in his or her office by his or her staff. An APN, as described in Section 140.435, may bill only for the services personally provided by the individual APN.

3) Payment will be made only in the practitioner's name or a Department approved alternate payee.

4) Payments will be made according to a schedule of statewide pricing screens established by the Department ~~except that an APN, as described in Section 140.435(a), will be reimbursed for covered services at 70 percent of the established screen~~. Covered services provided by qualifying providers under the Maternal and Child Health Program will be reimbursed at enhanced rates as described in subsection (b) of this Section. The pricing screens are to be established based on consideration of the market value of the service. In considering the market value, the Department will examine the costs of operations and material. Input from advisory groups designated by statute, generally recognized provider interest groups and the general public will be taken into consideration in determining the allocation of available funds to rate adjustments. Increases in rates are contingent upon funds appropriated by the General Assembly. Reductions or increases may be affected by changes in the market place or changes in funding available for the Medical Assistance Program. Screens will be related to the average statewide charge. The upper limit for services shall not exceed the lowest Medicare charge levels.

b) Practitioners who meet the qualifications for and enter into a Primary Care Provider Agreement for participation in the Maternal and Child Health Program, as described in Subpart G, will receive enhanced reimbursement in accordance with Section 140.930(a)(1).

c) The Department will distribute (initially and upon revision of the amounts)

to practitioners the maximum allowable amounts for the most commonly billed procedures codes. Interested individuals may request a copy of the maximum allowable amounts from the Department by directing the request to the Bureau of Comprehensive Health Services, Prescott E. Bloom Building, 201 South Grand Avenue East, Springfield, Illinois 62763-0001. In addition, a participating individual practitioner may request the maximum allowable amounts for less commonly billed specific procedures that relate to the individual's practice. This request must be in writing and identify specific procedure codes and associated descriptions.

(Source: Amended at 29 Ill. Reg. _____, effective _____)

Section 140.435 Advanced Practice Nurse Services

a) For purposes of enrollment in the Medical Assistance Program, an "Advanced Practice Nurse (APN)" means a person who is licensed as a registered professional nurse, holds a valid license in the state of practice and is legally authorized under state law or rule to practice as an advanced practice nurse, so long as such practice is not in conflict with the Nursing and Advanced Practice Nursing Act [225 ILCS 65], the Medical Practice Act of 1987 [225 ILCS 60] and implementing rules (68 Ill. Adm. Code 1300). Categories of APNs include: ~~a certified pediatric nurse practitioner, certified family nurse practitioner, certified nurse midwife or certified registered nurse anesthetist.~~

1) Certified Registered Nurse Anesthetist (CRNA);

2) Certified Nurse Midwife (CNM);

3) Certified Nurse Practitioner (CNP); and

4) Clinical Nurse Specialist (CNS).

~~1) Payment for certified nurse midwife services shall be made only to an Advanced Practice Nurse (APN) who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a nurse midwife so long as such practice is not in conflict with the Nursing and Advanced Practice Nursing Act [225 ILCS 65] and implementing rules (68 Ill. Adm. Code 1300). A certified nurse midwife must have and maintain a current agreement with a physician licensed to practice medicine in all its branches who has hospital delivery privileges.~~

~~2) Payment for certified pediatric nurse practitioner services and certified family nurse practitioner services shall be made only to an~~

~~APN who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a nurse practitioner so long as such practice is not in conflict with the Nursing and Advanced Practice Nursing Act [225 ILCS 65], the Medical Practice Act of 1987 [225 ILCS 60] and implementing rules. The nurse practitioner shall also have completed a program of study and clinical experience for certified pediatric nurse practitioners or certified family nurse practitioners that is accredited and approved by the appropriate accreditation board. A certified pediatric or family nurse practitioner must have and maintain a current agreement with the physician licensed to practice medicine in all its branches who has hospital admitting privileges including delivery privileges where applicable.~~

~~3)~~ ~~Payment for certified registered nurse anesthetist services shall be made only to an APN who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a nurse anesthetist so long as such practice is not in conflict with the Nursing and Advanced Practice Nursing Act [225 ILCS 65] and implementing rules. For office-based anesthesia services, a certified registered nurse anesthetist must have and maintain a current agreement with a physician licensed to practice medicine in all its branches, a licensed dentist or licensed podiatrist, to provide office-based anesthesia services in the office of the physician, dentist or podiatrist.~~

b) An Advanced Practice Nurse must have and maintain a current collaborative or written practice agreement with all collaborating physicians or practitioners under whom the APN will be practicing, as set forth in the Nursing and Advanced Practice Nursing Act [225 ILCS 65].

c) Depending on the site of care, CRNAs may or may not be required to possess a written collaborative or written practice agreement as set forth in the Nursing and Advanced Practice Nursing Act [225 ILCS 65]. CRNAs may work in a hospital or a physician, dentist or podiatrist office.

d) The agreement or agreements required under Section 140.435(b) and (c) shall be in the form described in the Nursing and Advanced Practice Nursing Act [225 ILCS 65] and implementing rules. All agreements must be updated annually, maintained on file at each practice location and be available upon the Department's request.

e) The APN must notify the Department within 10 business days if an agreement is dissolved or if a change occurs in the collaborating physician or practitioner. The Department will then re-evaluate the APN's enrollment status.

f) The collaborating physician or practitioner is not required to be enrolled with the Department. However, the collaborating physician or practitioner may not be terminated, suspended or barred by the Department from participating in the Medical Assistance Program.

g) An APN who is required to maintain a collaborative or written practice agreement must submit the following information with the initial application for enrollment:

1) Documentation of specialty of practice.

2) Collaborating physician(s) name and address.

3) Collaborating physician(s) Federal Employer Identification Number (FEIN).

4) Collaborating physician(s) medical license number.

5) Collaborating physician(s) state of licensure, if other than Illinois.

h) A CRNA, who is not required to maintain a collaborative or written practice agreement, and provides services in a hospital setting, must submit the name(s) and addresses(s) of the hospital(s) where they practice with the initial application for enrollment.

~~b) The agreement required under Section 140.435(a)(1), (2) and (3) shall be in the form described in the Nursing and Advanced Practice Nursing Act [225 ILCS 65] and implementing rules. The agreement must be submitted to the Department with the initial application for enrollment. The agreement must be updated annually and maintained on file at each practice location. The APN must notify the Department immediately if the agreement is dissolved and the enrollment will be terminated.~~

~~c) For certified pediatric nurse practitioners and certified family nurse practitioners as described under subsection (a)(2) of this Section, a certification documenting the APN's speciality must be submitted to the Department with the initial application for enrollment.~~

(Source: Amended at 29 Ill. Reg. _____, effective _____)

Section 140.436 Limitations on Advanced Practice Nurse Services

The following will not be reimbursed:

a) Nursing services provided in the role of Physician Assistant.

b) Mileage to and from place of service.

c) Consultations between Advanced Practice Nurses or between an Advanced Practice Nurse and a physician.

d) Psychiatric services as defined in the American Medical Association *Current Procedural Terminology (CPT)* book code range 90801 through 90899.

(Source: Amended at 29 Ill. Reg. _____, effective _____)

SUBPART G: MATERNAL AND CHILD HEALTH PROGRAM

Section 140.924 Maternal and Child Health Provider Participation Requirements

a) Primary Care Providers

1) Basic Requirements
Maternal and Child Health primary care providers may include physicians, Advanced Practice Nurses meeting all requirements set forth in Section 140.435, Federally Qualified Health Centers (FQHCs), hospital clinics per Section 140.461(f) and encounter rate clinics per Section 140.461(b). Maternal and Child Health providers shall meet the qualifications (see Section 140.12) as are applicable for all medical providers under the Illinois Medical Assistance Program, and, with the exception of APNs, shall meet all of the following requirements:

A) maintain hospital admitting privileges;

B) maintain delivery privileges if providing care to pregnant women;

C) be enrolled and in good standing with the Medical Assistance Program; and

D) complete a Maternal and Child Health Primary Care Provider Agreement, or have been enrolled as a provider under the Healthy Moms/Healthy Kids Program, in which they agree to:

i) provide periodic health screening (EPSDT), including age appropriate immunizations, and primary pediatric care as needed for children served

in their practice, consistent with guidelines published by the American Academy of Pediatrics or American Academy of Family Physicians;

ii) provide obstetrical care and delivery services as appropriate for pregnant women served through their practice, consistent with guidelines published by the American College of Obstetricians and Gynecologists or the American Academy of Family Physicians;

iii) provide risk assessments for pregnant women and/or children;

iv) provide medical care coordination including arranging for diagnostic consultation and specialty care;

v) communicate with the case management entity;

vi) maintain 24-hour telephone coverage for assessment and consultation; and

vii) provide equal access to quality medical care for assigned clients.

Agency Note: FQHCs are federally exempt from subsections (a)(1)(A) and (B) above.

2) Advanced Practice Nurse Requirements

A) The requirements described in subsections (a)(1)(A) and (B) of this Section apply to the physician or practitioner with whom the APN has a collaborative or written practice agreement.

B) The requirements described in subsections (a)(1)(C) and (D) of this Section apply to the Medicaid enrolled APN.

3)~~2)~~ Special Requirements
In addition to the basic requirements described in subsection (a)(1) above, encounter rate clinics as Maternal and Child Health providers shall be required to meet the following additional requirements:

A) Meet the qualifications for an encounter rate clinic, as

described in Section 140.461(b); and

B) Be owned, operated, managed, or staffed by a hospital that also operates a Maternal and Child Health clinic, as described in Section 140.461(f), or be located in a county with a population exceeding 3,000,000 that is part of an organized clinic system consisting of 15 or more individual practice locations, of which at least 12 are Federally Qualified Health Centers, as defined in Section 140.461(d).

4)~~3)~~ The Department will consider requests from physicians who are unable to meet the hospital admitting privileges criteria for enrollment in the Maternal and Child Health Program if the physician has executed a formal agreement with another physician to accept referrals for hospital admissions. Requests will also be considered from physicians who do not have delivery privileges but wish to provide obstetrical care. The request will be reviewed by the Department or its designee ~~members of the State Medical Advisory Committee and a recommendation made by that body as~~ to determine whether the physician should be enrolled as a PCP into the Program. At the discretion of the Department or its designee ~~Committee~~, the requesting physician may be asked to appear for an interview and/or an on-site visit may be made by the Department or its designee ~~either a member of the Committee or a Department assigned physician consultant~~. For consideration to be given, the requesting physician must submit the following information and supporting documentation in a format specified by the Department or its designee which provides the following:

A) Complete name, mailing address, Illinois practice license number and Medicaid provider number, if any;

B) Declared practice specialty;

C) Listing of all practice locations;

D) Name and location of hospitals applied to for admitting privileges;

E) Status of each request, i.e., pending or closed (if closed, a reason must be given by the hospital for not granting privileges);

F) If application has never been made, a statement explaining why;

G) Name of physician with whom a formal agreement has been effected;

H) Illinois license number of Medicaid enrolled physician with hospital admitting privileges and name of hospitals where admitting privileges are in effect; and

I) Copy of formal agreement.

5)~~4)~~ The request is to be dated by the provider and forwarded to Healthcare and Family Services ~~the Illinois Department of Public Aid~~, Provider Participation Unit, P.O. Box 19114, Springfield, Illinois 62794-9114.

b) Case Management Providers

Case management providers' qualifications shall be in accordance with 77 Ill. Adm. Code 630~~, Subpart A~~. Case management will be provided to ensure access to medical care and better compliance with medical recommendations.

(Source: Amended at 29 Ill. Reg. _____, effective _____)