

For payment consideration, claims for restricted medical services rendered by a provider other than the participant's designated primary provider type(s) must be authorized by the participant's designated primary provider type(s). Authorization is documented on a [Form HFS 1662](#). The HFS 1662 is used by the designated primary provider type to refer an RRP participant to another provider for necessary services which the designated primary provider type cannot provide.

A completed [Form HFS 1662](#) must be attached to all non-pharmacy paper claims for restricted services rendered by a provider other than the participant's designated primary provider type. Form HFS 1662 may authorize one service date only. Therefore, the date of service on a claim must be for the date specified on Form HFS 1662. Multiple services billed on a single claim form may be attached to a single Form HFS 1662 provided that all dates of service are the same. The [Form HFS 1662](#) and the appropriate billing form must be mailed to: [Illinois Department of Healthcare and Family Services](#), Post Office Box 19118, Springfield, IL 62794-9118.

These claims should not be resubmitted to the address listed above until a completed Form HFS 1662 authorizing the service(s) and date of service is obtained from the participant's designated primary provider type(s).

Claims submitted by a pharmacy for a participant receiving prescriptions from a prescriber (other than the physician or physician employed by the clinic that the participant is restricted to) should be submitted electronically whenever possible. If a paper claim (HFS 215CF – Drug Invoice) is prepared, then the Form HFS 1662 must be attached when submitted. See [Chapter P-200 — Handbook for Providers of Pharmacy Services](#) for detailed pharmacy billing instructions for electronic claim submissions for participants who are restricted under the RRP.

### 112.10 Claim Procedures for County Jail Inmates

*New Topic Added April 5, 2023*

The [County Jail Act](#) (730 ILCS 125/17) specifies that county jails are responsible for payment to providers of qualified medical expenses (other than hospital inpatient services) for an inmate.

- **Outpatient Claims - Providers should bill all qualified outpatient medical claims to the jail for persons who are incarcerated.** If the inmate is eligible for Medicaid, the county jail can seek reimbursement from the Department if the expenses exceed \$500.00. This is true only for inmates who were eligible for Medicaid when the inmate became incarcerated. For Medicaid-eligible inmates, the county jail is responsible for submitting provider claim form(s) detailing covered medical services to the Department to obtain the Medicaid reimbursement rate prior to reimbursing the provider. The county jail will reimburse the provider at the Medicaid reimbursement rate. If the expenses for the individual inmate exceed \$500.00, the county jail then submits a packet to HFS for bills paid by the county jail on behalf of a Medicaid customer for eligible services during incarceration.

- Inpatient Claims – Inpatient claims for inmates who are Medicaid eligible, and were Medicaid eligible upon incarceration, should be billed directly to the Department. If an inmate has no eligibility for Medical Assistance and is an inpatient, a county sheriff or designee may initiate an application for Medical Assistance. If the arrestee is determined eligible, he or she can receive Medical Assistance under the Public Aid Code for hospital inpatient services only. **In these cases, providers will bill the Department directly in the usual manner for inpatient services provided to an arrestee.** If the arrestee is determined **not** eligible, providers must submit inpatient claims to the jail for reimbursement.

The county jail requesting reimbursement for medical expenses must submit to the Department:

- 1.) Information necessary to adjudicate a claim for each service provided, including, but not limited to:
  - the name, birth date, Social Security Number and Recipient Identification Number of the individual receiving the medical service
  - the name, address and National Provider Identifier of the health care provider that provided the service
  - the service provided, including applicable diagnosis, procedure, and national drug codes; quantity
  - the provider charges and the amount paid by any third party entity or the county or arresting authority for the services.
- 2.) The date of confinement and, if applicable, the date of release or transfer to another criminal justice authority
- 3.) Verification that the services claimed for reimbursement correspond to the services rendered
- 4.) A copy of the ordinance or resolution providing for reimbursement for the cost of medical services at the reimbursement levels established by the Department for Medical Assistance pursuant to Article V of the Public Aid Code.

County jails must submit medical claim pricing and payment requests to:

Illinois Department of Healthcare and Family Services  
Bureau of Claims Processing  
P. O. Box 19118  
Springfield, Illinois 62794-9118

**Note:** When a county jail sends a request for reimbursement to the Department, a customer enrolled in an MCO for the date of service will be retroactively disenrolled from their MCO for all months during which the customer was incarcerated in the

county jail. The MCO will be instructed to recoup any claims paid to providers for those dates of service, and to inform the affected providers to bill the county jail.