



REMINDERS: Referrals and Billing Illinois Health Connect Patients

Please read these **important** reminders:

- 1) It is extremely important to verify patients' eligibility and PCP at the time of service. Providers should obtain a referral for patients who are not on their panel or an affiliate panel on the date of service prior to rendering services. HFS will not reimburse PCPs for services provided due to a lack of a referral.
- 2) If the provider is not the client's IHC PCP and has a written office policy that allows for a service-by-service determination as to whether or not they accept the patient's insurance coverage, that policy may be applied to HFS patients for covered services. In all cases, the provider must inform the patient, before services are rendered, that they will be responsible for payment. The patient then has the choice to receive the services, go to their IHC PCP for services, or to find another provider who will accept their Medicaid coverage. If the provider bills HFS for a service, the provider must accept the Department's reimbursement determination as payment in full.
- 3) Providers should apply the same standing office policy they use to inform any patient of their responsibility to pay for a service. The Department does, however, recommend that the notification for IHC patients be in writing, dated and initialed, or signed by the patient and maintained in the patient's file.

Providers who have not made cash pay arrangements on the date of service with a patient who is not on their panel, or did not obtain a referral from the patients PCP, cannot charge the patient later if the claim is not reimbursed by HFS due to a lack of a referral.

For questions regarding the above information, call the
Illinois Health Connect Provider Helpdesk at (877) 912-1999
Monday-Friday 8am-7pm, or contact your Provider Services Representative.