

**ILLINOIS DEPARTMENT OF HEALTHCARE and FAMILY SERVICES (HFS)
PROVIDER RELEASES SUMMARY
FEBRUARY and MARCH 2009**

Discontinuance of Occurrence Codes 53 (Mother's Discharge Date) and 58 (Level II or Level III Perinatal)

The Illinois Department of Healthcare and Family Services issued an [informational notice](#) on February 27, 2009, to advise **hospitals reimbursed by the per diem reimbursement methodology** of a change in billing requirements. It does not impact hospitals reimbursed by the Diagnosis-Related Group (DRG) payment system. Pursuant to UB claim form coding guidelines, Occurrence Codes 53 and 58 are no longer valid. Effective with admissions on and after April 1, 2009, the department will no longer utilize Occurrence Codes 53 and 58 for claim payment determination. In processing claims, the department groups all inpatient claims to a DRG, regardless of payment methodology. Claims with admissions on and after April 1, 2009, that group to DRG 391 will be paid at zero. Claims with admissions on and after April 1, 2009, that group to any other valid DRG will continue to be paid based upon the hospital's per diem rate.

Elimination of the One-Digit Payee Code for Electronic Claim Submittals

The Illinois Department of Healthcare and Family Services issued an [informational notice](#) on February 27, 2009, that replaces the informational notice dated October 14, 2008, regarding the National Provider Identifier (NPI) implementation for the pay-to-provider (payee). **Effective July 1, 2009, the department will no longer accept the one-digit payee code and will begin using the Billing Provider NPI to derive the payee for claims submitted in the 837P electronic format.** This will not affect providers using the 837I billing format.

Chapter 100, Appendix E, Error Code Explanations

The Illinois Department of Healthcare and Family Services has updated Chapter 100, Appendix E, Error Code Explanations. [Click here](#) to view the updated version.

Health Information Exchange (HIE) Planning Grants

The HIE planning grants will be the first meaningful step in Illinois toward implementing Health Information Exchange statewide. Fifteen (15) Medical Trading Areas in Illinois have been identified by careful data analysis to address localized planning needs and assure rapid and effective planning for the implementation of HIE projects. The ultimate goal of the planning grants is to secure the commitment of a majority of stakeholder groups (e.g. physicians, hospitals, clinics, etc.) within each Medical Trading Area to participate in a health information exchange that will operate as a component of a state-level health information exchange in the future. A formal Request for Grant Applications will be released on April 1, 2009 and proposals will be due on May 15, 2009. For more information on HIE planning grants [click here](#).

Rate Year 2010 Determination for Disproportionate Share, Medicaid Percentage Adjustment, Critical Hospital Adjustment, and County Trauma Center Adjustment Payments

The Illinois Department of Healthcare and Family Services issued an [action notice](#) on March 20, 2009, that describes the information required to determine which hospitals will qualify for Disproportionate Share Hospital Adjustment Payments, Medicaid Percentage Adjustment Payments, Critical Hospital Adjustment Payments, and County Trauma Center Adjustment Payments in accordance with the 89 Illinois Administrative Code Sections, 148.120, 148.122, 148.290(c), and 148.295 in rate year 2010. **The majority of the deadlines for providing data to HFS for these payment determinations are July 1, 2009, with a few exceptions noted in the notice.**