

SKILLED CARE IN CRISIS: 30 YEARS IN THE MAKING

RESIDENTS DESERVE BETTER. STAFF DESERVE MORE.



Barriers to Access

- Managed care organizations (MCOs) require prior authorizations for admission to a skilled nursing facility, even when the Determination of Need threshold is already met.
- Prior authorizations create harmful delays in accessing vital medications and medically necessary services.
- Physicians and nurse practitioners are being forced to reduce the number of visits to residents due to limits placed by MCOs, causing unnecessary hospitalization
- Residents are losing long-standing relationships with healthcare providers who will no longer serve residents with Medicaid managed care.
- MCOs refuse to pay for physician-prescribed care, such as IV therapies.



Structural Flaws

- No minimum reimbursement rate exists in law or the state contract with the MCOs.
- Each MCO has its own standards for clean claims and timely filing periods.
- No safety net for unpaid claims when an MCO leaves the program.



Lack of Oversight

- MCOs have unchecked authority to deny claims.
- Clean claims are not paid, even after the state pays the MCO for that month of service.
- Disputed claims are left untouched until they are denied for "untimeliness."
- State refuses to intercede when MCOs offer contracts in conflict with state and federal laws and the MCOs' contracts with the state.

These issues may seem like business problems. However, there is a direct line between a skilled nursing facility's financial distress and quality care and quality jobs.

ACT NOW
FOR OUR ELDERLY

**PLEASE SUPPORT
SENATE BILL 43 /
HOUSE BILL 1603**

HCCI
HEALTH CARE COUNCIL OF ILLINOIS