Illinois Department of Healthcare and Family Services
PCCM Provider Network Subcommittee
Meeting Minutes for March 14, 2012

Attendees:

Margaret Kirkegaard, MD	AHS
Cari VonderHaar, RN	AHS
Vicky Hosey, RN	HFS
Kathy Moles	HFS
Sharon Pittman	HFS
Michelle Maher	HFS
Pam Bunch	HFS
Jodie Edmonds	HFS
Jim Parker	HFS
Robyn Nardone	HFS
Wendy Medina	HFS
Jonathan Jackson	AHS
Claudia Burchinal	Erie Family
Adalae Pagan	Erie Family
Marie Lindsey	ISAPN
Ken Ryan	ISMS
Stacy DeJaynes	Methodist, Peoria
Barb Krafka	APN, private practitioner
Kelly Carter	IPHCA
Vince Keenan	IAFP
Brad Kupferberg	Children's Memorial Hospital
Jill Sproat	DHS, School-based clinics
Omar Sawlani, MD	Christ/Hope Children's Hospital
Scott Allen	ICAAP
Gerri Clark	DSCC

Dr. Kirkegaard chaired the meeting. Introductions and roll call were performed. Dr. Kirkegaard noted that many subcommittee members had been attending these meetings for six years now and she thanked them for their contributions.

Durable Medical Cards:

Robyn Nardone from HFS provided a summary of the durable medical card procurement process. She noted that over the past year, HFS had been proceeding towards replacing the monthly paper cards with a durable plastic card. HFS had actually issued an RFP and made an award, but due to procurement issues, the award was cancelled. Given the current budget crisis, no new procurement was issued. Ms. Nardone indicated that HFS was exploring options to reduce the frequency of mailing the paper cards in order to save money. Kelly Carter inquired

as to what information would be removed from the cards. Ms. Nardone responded that any information that could change such as co-pays would be removed. Ms. Carter further inquired if a new card would be sent when a newborn was added to a case and Ms. Nardone responded yes. She went on to explain that all cards would be printed on white paper eliminating the various colors of cards currently. Ms. Carter asked if this included the "pink card" which denotes the Illinois Healthy Women's program and limited eligibility. Ms. Nardone replied that the pink paper would no longer be used and providers will have to check eligibility by using the MEDI system or a REV vendor. Gerri Clark asked what the target date was for stopping the monthly mailings. Ms. Nardone said that in order to make the changes on the cards, they would need to be reprogrammed and HFS was aiming to introduce this process in the next "couple of months". She also added that they were working to develop a client and provider education plan and would add an educational insert into the monthly client mailings prior to stopping them. She continued by noting that HFS was still exploring the possibility of creating an AVR system that clients could access to check their own eligibility. Dr. Sawlani asked if the change would require providers to check eligibility at every visit and Ms. Nardone responded yes. Marie Lindsey inquired if patients would need to present identification. Ms. Nardone responded that would be at the discretion of the provider. Dr. Kirkegaard asked for clarification if the identification needed to indicate an Illinois address. Jim Parker from HFS responded that providers have the right to refuse care to non-capitated patients at their own discretion. For example if the provider thinks that the patient is committing fraud, he/she may determine not to provide care. In the case of IHC patients who are listed on a provider's panel, the provider should report the address discrepancy to the HFS. Dr. Kirkegaard noted that many providers are used to the policy that if they have a photocopy of the card on the day of service, claims cannot be denied based on eligibility. Ms. Nardone acknowledged that changing provider patterns would be challenging. Dr. Kirkegaard suggested that HFS prepare a one-pager for IHC to distribute discussing the changes. Claudia Burchinal from Erie reviewed their process for checking eligibility and stated that they had streamlined the process and did not find it onerous.

Care Coordination:

Jim Parker from HFS talked about the recent solicitation for Care Coordination Entities (CCE). He noted that HFS received over 70 letters of intent (LOI). Thirty were from Cook County and nearly every county in IL was included in at least one LOI. He added that the HFS staff was now in the process of reviewing the LOIs. Providers may be in several proposed collaborations and HFS staff was looking for opportunities to combine similar collaborations. Mr. Parker indicated that HFS would create a spreadsheet of the geographic areas, chief collaborators and target populations represented in the LOIs and post this on the HFS Care Coordination website. The actual CCE proposals are due by the end of May and implementation of the CCEs is expected to start Jan 1 of 2013. Mr. Parker noted that HFS was working closely with federal CMS to ensure that the CCEs were in accordance with federal managed care statutes. He also noted that CMS had recently determined that shared savings for the dual-eligible capitated model and the managed FFS

models, which would include the CCEs, could not overlap in the same geographic region. HFS had originally targeted Cook, Collar Counties, and a 12 county region in mid-state for the dual-eligible capitated project. Marie Lindsey requested clarification and Jim Parker reiterated that CCEs requesting shared savings for dual eligibles and the dual-eligible capitation model could not overlap in the same geographic region. Dr. Sawlani inquired if there was a required percentage for target patients. Jim Parker responded that enrollment in the CCEs was voluntary and that CCEs could define their own geography. In rural areas, this was generally a county or several counties. In the urban, Chicago area, this could be limited to certain neighborhoods. The target patient groups could be defined by certain medical conditions such as HIV, serious mental illness or developmentally disabled but the care provided by the CCE has to be complete, comprehensive care. Dr. Sawlani further inquired if the CCE program was optional and Mr. Parker responded that it was optional for both providers and patients. However, if patients opt to enroll in a CCE, they will most likely be locked in to the CCE for 12 months.

EHR Incentive Program Update:

Pam Bunch delivered the update because Renee Perry was unable to attend. Ms. Bunch noted that HFS has received 2781 registrations for eligible providers and 1760 providers have successfully attested. Federal law requires HFS to audit all completed attestations and this was, of course, time-consuming. HFS will notify any eligible provider via email if additional documentation is required after the audit or when the audit is completed. The email will be sent to the email address provided when the provider registered with CMS. Ms. Bunch relayed the information that the federal rules had been recently approved by Illinois JCAR. HFS anticipates making payments to 500 eligible providers by the end of March, 2012. There were no additional questions.

Illinois Health Connect Updates:

Dr. Kirkegaard noted that the IHC website had been redesigned and encouraged all participants to review the new website. She noted that there was a feedback option directly available from the website homepage to give feedback about the website design. Dr. Kirkegaard added that the Provider Portal had also been updated and enhanced based on feedback from providers and encouraged all providers to look at the enhancements. She also added that the Panel Rosters had been revised to reflect more standard clinical recommendations for periodicity such as adopting the ACOG guidelines on pap smears for pap every 2 years before age 30 yrs and every 3 years after age 30 yrs. Dr. Kirkegaard highlighted the fact that IHC performs client outreach from the call center. This is targeted primarily at clients whose children are due for well-child visits. The well-child visit is considered the cornerstone of pediatric health care and essential to the medical home model. She noted that the call center made up to 140,000 outbound calls per month. Dr. Sawlani asked if a directory of participating pediatric subspecialists could be provided. Dr. Kirkegaard acknowledged that access to specialty care was an ongoing concern. She stated that IHC will work with both PCPs and clients when there is a need for specialty care and provide a list at that time of providers who

may be willing to see the patient. She also added that IHC maintained a relationship with Cook County Health and Hospital System (CCHHS) and could make an appointment for pediatric clients living within driving distance to CCHHS through their online reenrollment system called IRIS. Dr. Sawlani noted that some pediatric specialists were requiring a referral and asked if this was a standard IHC policy. Dr. Kirkegaard responded that no referral was necessary for specialty care at this time unless the provider was also registered as a PCP. She did note that many specialists required an informal referral indicating that the patient had been evaluated by the PCP and that IHC supported this policy as a way to enhance communication in the medical neighborhood.

Dr. Kirkegaard closed the meeting by thanking everyone and reminding all that it was time again for the Annual IHC PCP Satisfaction Survey and that all survey results were carefully reviewed and used to make improvements in the program.

The next meeting is scheduled for June 20th, 2012.