Illinois Department of Healthcare and Family Services PCCM/DM
Provider Network Subcommittee
Meeting Minutes September 10, 2007

Attendees:

Margaret Kirkegaard, MD	AHS
Rodney Walker	AHS
Brant Pearson	AHS
Angela Plunkett	AHS
Octavia Mailey	AHS
Fred Hanks	AHS
Steve Saunders, MD	HFS
Michelle Maher	HFS
Amy Harris	HFS
Kathy Moles	HFS
Debby Saunders	HFS
Jim Parker	HFS
Brad Kupferberg	Children's Memorial Hospital, Chicago
Kelly Carter	IPHCA
Sylvia Espinoza	Erie Family Health Center
Kate McGovern	Loyola University
Tina Reagan	Loyola University
Joe Weimholt	Illinois Maternal Child Health Coalition
Rick Leary, MD	Your Healthcare Plus
Omar Sawlani, MD	Christ Children's Hospital
Kirit Bhatt, MD	Private practitioner
Cesar Menendez, MD	Private practitioner
Marie Lindsey	ISAPN
Ken Ryan	Illinois State Medical Society
Sandy Reck	Lake County Health Department
Kathy Andersen	Swedish American, Rockford
Mary Foss	Swedish American, Rockford
Vince Keenan	Illinois Academy of Family Physicians
Dennis Norem, MD	Rockford
Scott Allen	Illinois Chapter of AAP
Gerri Clark, MD	UIC, DSCC
Steve Stabile, MD	Cook County

Brief overview of provider recruitment and IHC operations

Dr. Kirkegaard chaired the meeting. The following statistics were provided on the agenda and reviewed during the meeting. Dr. Kirkegaard apologized and noted that the date of 6-14-07 indicated on the table sent with the agenda was incorrect and should have read 8-31-07. Marie Lindsey asked for clarification about how "Medical Homes" were

counted. Dr. Kirkegaard explained that each FQHC or RHC, regardless of the number of clinicians, is counted as one Medical Home. Individual PCPs are each counted as one Medical Home.

Medical Home Enrollment by Region 8-31-07

Region	Clients/Recipient Count	Medical Homes	Panel Slots Capacity
Cook	868,000	2,288	2,749,000
Collar	284,000	1,076	672,000
Northwest	190,000	619	443,000
Central	176,000	286	402,532
Southern	174,000	186	444,000
IA		19	28,000
IN		12	13,500
MO		4	14,000
WI		18	1,850
Total	**1,663,160**	**4,508**	**4,767,350**

Marie Lindsey also asked if enrollment was complete in Will County. Dr. Kirkegaard indicated that client enrollment was complete in Cook County, the Collar Counties (including Will) and the Northwest region and had begun in the Central and Southern Regions. Ms. Lindsey reflected that she thought that there were many clients in Will County who were unaware of the program and did not know their PCPs. Dr. Kirkegaard acknowledged that some clients may be unaware of their assigned PCPs due to bad addresses and returned mail. Some Medicaid clients are also not eligible for the program and therefore would not have a PCP. Dr. Kirkegaard indicated that offices, social workers and client advocates could determine the PCP by checking the MEDI system or by calling the Illinois Health Connect client helpline.

Mary Foss from Swedish American inquired if each user to MEDI required their own username and password. Dr. Kirkegaard indicated that due to security concerns, MEDI was being used as a portal for all patient sensitive Illinois Health Connect functions. (MEDI is the Medical Exchange Data Information System administered by HFS and access to MEDI requires registration with a digital certification process that links the user to the IL driver's license database. Administrators for each system can then designate certain individuals to have variable levels of access to the MEDI system.) Dr. Kirkegaard indicated that MEDI training had been provided in one of the previous information webinars hosted by IHC and that the topic would be repeated in an upcoming webinar scheduled for September 26th. Ms. Foss asked if their was any way to tell IHC eligibility or the PCP from the HFS medical card and Dr. Kirkegaard indicated that there was not due to the fact that clients can change PCPs in the middle of the month and therefore if a PCPs name were printed on the card at the beginning of the month, it might be inaccurate.

Dr. Sawlani asked how auto-assignment was determined in counties where clients had a choice between IHC and a MCO. Dr. Kirkegaard explained that patients, who were currently enrolled in Harmony Health Plan or Family Health Network and did not make an active choice during the 60 day enrollment period, would be auto-assigned into the same plan. The assumption is that patients who do not make an active choice are satisfied with their health plan choices and every effort is made to maintain continuity of care.

Dr. Bhatt asked about situations when it is permissible for the patient to pay cash for a visit. For example, if a patient desires to be seen at a non-medical home provider and is willing to pay cash, can the non-medical home provider see a patient and accept cash payment, even if he/she is a participating provider with Medicaid? Dr. Bhatt also inquired about the scenario where the patient does not indicate that he/she is eligible for HFS insurance and is seen. Jim Parker from HFS acknowledged that the introduction of Illinois Health Connect had generated many questions about accepting cash payments from patients and stated that HFS was working with their legal counsel and also with CMS to generate a clear, written statement about the rules governing accepting cash payments.

Dr. Sawlani noted that part of the intended outcome of Illinois Health Connect was to decrease unnecessary ED visits. He suggested that HFS/IHC prepare an educational pamphlet that could be distributed to clients at the time of their follow-up visit at the PCP's office that would reinforce appropriate ED usage. Dr. Bhatt noted that ED itself might exacerbate inappropriate ED usage by encouraging patient to return to the ED for follow-up.

Dr. Leary gave an overview of the Your Healthcare Plus program that targets approximately 30,000 frequent ED users as defined by 6 or more visits in one year without an admission. He noted that these patients would receive education from the YHP team of nurses, pharmacists, community educators and behavioral health providers. He also noted that YHP was working with 10 high volume hospitals to place a YHP team member actually in the ED to help coordinate follow up and encourage more important ED usage. Dr. Kirkegaard noted that both YHP and IHC were working with the Illinois College of Emergency Physicians (ICEP) to provide education to the ED providers about referring patients back to their medical homes for ED follow up.

Dr. Kirkegaard then closed the discussion about PCP recruitment and IHC operations by inquiring if there were any more questions and inviting subcommittee members to forward suggestions or concerns directly to her via email and to suggest agenda items for subsequent meetings.

Specialist Recruitment

Next, the subcommittee turned to the issue of specialist recruitment for participation in the Specialist Resource Database. Dr. Kirkegaard explained that the SRD had two functions. One was to facilitate the administration of the referral process. If specialists

register with the SRD and indicate their partners then one referral issued to any partner would "cover" any of the other partners in the group. The second reason for registering with the SRD is so that specialists can indicate capacity for serving HFS clients so that IHC can assist PCPs in locating appropriate specialty services for patients. Dr. Kirkegaard indicated that currently IHC staff was working with individual organizations to register specialists but that IHC was planning to mail a letter to most clinical specialists in the state in the near future.

Dr. Kirkegaard also announced that Cook County, despite its recent re-organization, was accepting referrals for specialty care, especially for pediatric specialty care. They had instituted a new referral number that was 312-864-KIDS. Kelly Carter inquired if this number was operational. Dr. Kirkegaard indicated that she had been instructed by Mary Driscoll, formerly of Cook County Bureau of Health Services, that the number was operational. Steve Stabile, MD, (Cook Co physician) indicated that the specialty clinics were able to accommodate patients but he was not sure if the number was operational. Rodney Walker from AHS immediately tested the number and indicated that it connected to a live operator at the Cook County Outpatient Clinic. Dr. Sawlani inquired if specialty services were provided only at the central Stroger hospital location. Dr. Stabile indicated that most services were provided there but that services were also provided at Provident Hospital and Oak Forest Hospital, which are both affiliated with Cook County Bureau of Health Services. Dr. Stabile indicated that he would get more information about the specialty clinics and the referral process. Dr. Kirkegaard was subsequently contacted by Dr. David Soglin from CCBHS who clarified that the 312-864-KIDS number is minimally operational. The number is staffed by live operators but that internal systems to assist the caller in making an appropriate specialty clinic appointment were largely lacking at this time. He indicated that this number was intended for use by physicians only and not for clients. This is congruent with the medical home model that requires care to be coordinated by PCPs and referrals to be registered for specialty care. Dr. Soglin indicated that the number would be available for widespread use very soon and stated that currently every effort would be made to accommodate referring physicians who called requesting specialty care.

Update on implementation dates for Central and Southern Illinois

Dr. Kirkegaard emphasized that PCP recruitment in the Central and Southern regions was ongoing but adequate to enroll clients. Client enrollment in these regions had started on August 10 and was proceeding in a checkerboard fashion across the region by counties. Almost all clients have received their first enrollment packet at this time. Dr. Kirkegaard noted that there were some special challenges in that several large provider organizations had deliberately delayed their enrollment in IHC and that IHC was simultaneously trying to enroll clients and PCPs. Dr. Norem asked what was happening in the NW region and had "heard" that a large provider group in the NW region had selected not to participate and that this had displaced a significant number of patients. Dr. Kirkegaard assured Dr. Norem that every effort had been made to engage participation of all providers who were currently caring for HFS clients so that there would be no interruption in health care. She estimated that nearly 95% of all eligible PCPs had enrolled in IHC. She also noted that

the medical home capacity across the state was greater than 4.7 million clients and that the overall IHC eligible population was only 1.7 million clients. Ken Ryan noted that some physicians were concerned that, despite an adequate number of medical homes, the geographic distribution of medical homes would not be adequate to serve all patients that other physicians might therefore be "overwhelmed". Dr. Kirkegaard reminded Mr. Ryan that PCPs set a limit on how many IHC patients that they are willing to take care of and the PCPs will not get more patients than their expressed limit. Therefore, no PCP should be "overwhelmed" without his or her own consent. To reassure the subcommittee about the geographic adequacy of the network, Dr. Kirkegaard shared some statistics from the auto-assignment process. All clients have 60 days to actively enroll in IHC and choose a medical home. Clients who do not make an active choice at the end of the 60-day period are "auto-assigned". Most clients are auto-assigned based on an algorithm that accounts for the existing doctor-patient relationships and patients are assigned to their previous PCP. Patients who do not have an existing relationship are assigned based on geography or "geocoded". The average distance between the patients' address and the medical home to which they were assigned is a reflection of geographic adequacy. Geo-coded clients in Cook County were auto-assigned an average of 0.88 miles from their homes, geo-coded auto-assigned clients in the Collar Counties were auto-assigned an average of 3.07 miles from their homes and geo-coded auto-assigned clients in the northwest region were assigned an average of 9.51 miles from their homes. Dr. Kirkegaard indicated that every effort was made to ensure geographic distribution of medical homes.

Referral System updates

Dr. Kirkegaard noted that the referral system programming had been completed and that AHS and HFS were conducting internal tests. Dr. Kirkegaard requested volunteers from the subcommittee to also test the system. Sandy Reck asked when claims rejection due to lack of a referral would start. Dr. Kirkegaard indicated that registration of referrals would likely start soon but that no claims would be rejected for lack of a referral before January 2008 at the earliest and that providers would receive a remittance advice with informational edits prior to actual claims being rejected.

Dr. Kirkegaard described the referral system and indicated that PCPs could easily enter a referral into the system via the web either by entering the patient's RIN or by searching on the name. Specialists' names would then also be searchable. Dr. Sawlani asked if all specialists would appear in the referral system or only those who had registered with the SRD. Dr. Kirkegaard indicated that all providers who were listed in HFS' Participating Provider file were loaded into the referral system database.

Dr. Menendez asked how providers would be notified about the referral system. Dr. Kirkegaard indicated that several strategies would be used to educate providers about the system such as webinars, provider mailings, blast faxes, and working with professional societies.

The next PN Subcommittee teleconference is scheduled for November 5, 12:00 noon to 1:00 pm.