



Memo: To All IHC PCPs
From: Margaret Kirkegaard, MD, MPH, Medical Director
Date: 12-14-11
Re: PCP Verification and Excluded Populations

As Phase I of the IHC Referral System was fully implemented on April 1, 2010, it is extremely important to verify client eligibility and PCP status prior to rendering service. There are several ways to confirm a client's PCP:

- Check the monthly mailed IHC panel roster. If a patient is listed on the provider's panel at the beginning of the month, that PCP can provide care to that patient throughout the whole month even if the patient has made a PCP change during the month.
- Check the online panel roster through the IHC Provider Portal accessed through MEDI. This is updated daily. MEDI can be access at <http://www.myhfs.illinois.gov/>
- Contact the IHC Provider Services Help Desk at 1-877-912-1999, extension 3.
- If you are using a REV vendor such as Nebo, Passport or E-care to confirm eligibility, this will also list the PCP.

The most secure way to determine both eligibility and the PCP at the time of service is by using HFS' Medical Electronic Data Interchange System (MEDI) which is available to all HFS providers at no charge. In order to access the MEDI system, providers need to register and establish a username and password. IHC Provider Services staff can assist any provider with MEDI registration.

If no PCP is listed on the MEDI system, the patient is not currently linked to a PCP and can be seen by any HFS provider.

The patient may be in the 60-day enrollment window or part of one of the excluded populations. Approximately 25 percent of all HFS (Medicaid) clients are excluded from the IHC program and do not have to select a PCP. While HFS encourages these clients to establish a medical home, care can be rendered by any HFS provider. Excluded populations are:

- People who receive Medicare
- Children under age 21 who get Supplemental Security Income (SSI)
- Children in foster care and children who get Subsidized Guardianship or Adoption Assistance from the Department of Children and Family Services (DCFS)
- Children under age 21 who are blind or who have a disability
- People who live in nursing facilities
- People with Spenddown
- Refugees, and Iraqi and Afghan immigrants
- Some People in Home and Community-Based Waiver programs, like persons with developmental disabilities or children who are medically fragile, technology dependent
- People enrolled for treatment in the Health Benefits for Persons with Breast and Cervical Cancer Program
- Individuals residing in Community Integrated Living Arrangements (CILAs)
- Individuals in Presumptive Eligibility programs
- Individuals enrolled in the following programs with no other medical coverage:
 - Illinois Healthy Women
 - All Kids Rebate and FamilyCare Rebate
 - Illinois Cares Rx, formerly SeniorCare/Circuit Breaker
 - Transitional Assistance, age 19 or older
 - Emergency Medical Only
 - Hospice
 - Sexual Assault, Renal and Hemophilia programs
- Populations Already Managed:
 - Individuals with High Level Third Party Liability (TPL)/Private Insurance
 - Program for All-Inclusive Care for the Elderly (PACE) participants
 - Children under age 21 whose care is managed by the Division of Specialized Care for Children (DSCC) of the University of Illinois at Chicago

For questions, contact the IHC Provider Services Help Desk at 1-877-912-1999, extension 3.