

Illinois Department of Healthcare and Family Services
PCCM / DM Provider Network Subcommittee
Meeting Minutes for May 28, 2008
Ad Hoc Meeting to discuss Group Panel Rosters

Attendees:

Margaret Kirkegaard, MD	AHS
Brant Pearson	AHS
Craig Tomino	AHS
Fred Hanks	AHS
Michelle Maher	HFS
Steve Saunders, MD	HFS
Tina Reagan	Loyola University
Kate McGovern	Loyola University
Shawn McCall	Carle
Karen Atkins	Carle
Sally Salmons	Carle
Sue Reardon	Carle
Cynthia Daniels	U of I
Kelly Carter	IPHCA
Lisa Weber	La Rabida
Mary Blusemen	Swedish American
Marie Lindsey, NP	Illinois Society of Advance Practice Nursing
Gary Fitzgerald	Harmony Health Network
Rick Leary, MD	McKesson
Kenzy Vandebroek	CDPH
Elizabeth Collaton	CDPH
Nancy Rivera	CDPH
Joan Schubert	Christie Clinic
Brenda Spatanski	Christopher RHC
Jack Matty	Christopher RHC
Brad Kupferberg	Children's Memorial
Omar Sawlani, MD	Pediatrician, Hope Children's Hospital
Tim McCurry, MD	Resurrection Family Medicine Residency

Dr. Kirkegaard chaired the meeting. The only item for discussion was soliciting input from medical home sites about the IT requirements for the creation of Group Panel Rosters.

Dr. Kirkegaard started the meeting by inviting some of the large groups to describe their current use of the Individual Panel Rosters.

Sean McCall from Carle Clinic offered this explanation. He stated that they have 95 individual PCPs registered with Illinois Health Connect. They review all of these Panel Rosters monthly to determine who is a new patient, who requires follow up for well-child checks and to determine what patients may have “dropped off” the panels. Karen Atkins from Carle noted that they would like to have a “quick summary” of their overall numbers such as the total number of patients enrolled in the Carle Clinic system. Sean

McCall noted that they have a centralized scheduling function that determines eligibility and compiling all 95 rosters was a difficult process.

Mary Blusemen from Swedish American stated that they wanted to be able to identify the PCP at the time of scheduling with an alpha listing of PCPs by tax ID numbers.

Kate McGovern from Loyola added that within their clinic systems they have several hundred points of entry and they needed to be able to have a centralized way of managing eligibility and, ultimately, referrals.

Elizabeth Collaton from CDPH inquired if the info would be available in a “flat file”. Dr. Kirkegaard inquired what a “flat file” was. Craig Tomino, IT manager for IHC, assured them that the file formats would be appropriate.

Craig Tomino continued by reporting that IT was envisioning a system where as the user entered the MEDI system and was confronted with the drop down box of all PCPs that that user was authorized to see, then the user could select a variable number of the PCPs to create various Group Panel Rosters. He stated that this would be available in a CSV file with a very similar format to the current Individual Panel Rosters and importable into an Access Database or other widely used programs. He added that two new columns would be added to the Individual Panel Roster format for the Group format and those were the PCP name, HFS number and IHC number.

Fred Hanks from AHS assured providers on the call that AHS was committed to the creation of the Group Panel Rosters and the call was to solicit input and feedback before the design was finalized.

Kenzy Vandebroek asked how long this development might take. AHS IT stated that AHS they must first determine the programming requirements based on the needs established in this conference call and could provide a timeframe once the needs analysis is completed.

Kelly Carter inquired if FQHCs with multiple sites could use the list to determine patients that were newly linked to the site. Craig Tomino responded that the link start date was one of the columns. She wondered if this might be altered to show new patients who were switching into a particular FQHC system and which patients were switching between sites in the same system. Craig Tomino did not think that was possible since AHS does not maintain association data between various sites.

Craig Tomino added that the Group Panel Roster database could be updated on demand but that by retaining copies of the database, sites could have a historical record of Panel Roster changes over time. He also answered questions about the sortability of the CSV files and stated that they could then be sorted by any of the fields included on the Panel Roster such as “due” for clinical services or by PCP name.

Sue Reardon from Carle Clinic asked if a Group Site Summary would be available that would show current numbers of patients and selected capacity. Craig Tomino did not think that the Group Panel Rosters would function in this way. The sites would still need to look at individual PCPs to determine whether each PCP was at or near capacity. Craig stated that the group panel roster is not a summary report, but would allow the provider to manipulate the data however they need to summarize it.

Kelly Carter inquired if the Remittance Advice from HFS could also show the individual site for each recipient. Michelle Maher responded that it would require adjustment from the Comptroller's office and she would put forth the idea internally for HFS to consider and review.

Kelly Carter also asked if the Clinical Data would be on the Group Panel Roster and Craig Tomino again reassured the group that all fields from the Individual Panel Rosters would be available and that the CSV format was compatible with Access, Notepad, Excel and even Mac formats.

Dr. Omar Sawlani questioned why Illinois Health Connect does not contract with groups because if a partner in a group was at max panel capacity, then the other partners could immediately and automatically absorb the new patients. Dr. Kirkegaard explained that HFS does not contract with groups so the IHC system needed to mirror the HFS system and also allow allocation of the PMPM fee. Fred Hanks added that if the patient had any claims with the partners, which was very likely in many group practices, or was auto-assigned based on geo-coding, that the patient would likely be assigned to the available partner anyway. Dr. Kirkegaard added that practices could inform patients to ask for the available partner and that Customer Services Representatives were trained to look for things like partner availability at the time of enrollment.

Brad Kupferberg stated that their concerns mirrored the other large providers on the call and that he would send a note to his IT people to see if they had any other comments.

Marie Lindsey stated that even the smaller groups have the same issues because they have fewer staff to do the work.

Dr. Kirkegaard asked for a consensus that the Group Panel Rosters as described by Craig Tomino would be acceptable. Several groups on the call indicated their approval. No groups voiced any disapproval. Dr. Kirkegaard encouraged participants to provide any additional feedback via email as soon as possible since programming was proceeding.

Dr. Kirkegaard indicated that if any groups were currently receiving a mailed Panel Roster but were using the online format, to please notify AHS so that we could stop mailing the Panel Rosters.

Fred Hanks reiterated AHS' commitment to furnishing tools to providers to make the system as workable as possible. The meeting was adjourned.