

**Illinois Department of Healthcare and Family Services**  
**PCCM / DM Provider Network Subcommittee**  
**Meeting Minutes for August 7, 2008**

**Attendees:**

Margaret Kirkegaard, MD	AHS
Brant Pearson	AHS
Amy Harris	HFS
Steve Saunders, MD	HFS
Tina Reagan	Loyola University
Sue Wicki	Loyola University
Sally Salmons	Carle
Lisa Weber	La Rabida
Marie Lindsey, NP	Illinois Society of Advance Practice Nursing
Kenzy Vandebroek	CDPH
Brad Kupferberg	Children's Memorial
Diane Pelli	Lake Co Health Department
Sandy Reck	Lake Co Health Department
Claudia Burchinal	Erie CHC
Kay Soto	UIC
Mary Miller	HFS
Vicky Hosey	HFS
Debby Saunders	HFS
Allison Thomas	Take Care Clinics
Dan Fulwiler	Esperanza CHC
Laura Leon	IL Maternal Child Health Coalition
LaDonna Brown-Miller	TCA Health Center

Dr. Kirkegaard chaired the meeting.

Dr. Kirkegaard shared with the group the current statistics about the PCP network. She explained that the number of participating medical homes had stabilized at approximately 5,300 with relatively good geographic availability. The number of panel slots has remained stable at 5.3 million over the past 6 to 9 months. AHS continues vigorous provider recruitment and academic detailing performing approximately 200 provider visits per week.

Dr. Kirkegaard noted that the referral system was not yet implemented but programming was underway. The current plan is to implement the referral system in two phases where the first phase would restrict patients to only one medical home but patients could self-refer for specialty care. The second phase would require a referral from the medical home to seek any care outside the medical home except those services that had been designated direct access. Several participants asked if the exact implementation schedule was known yet. Dr. Kirkegaard replied that it was not known but that HFS would adhere to a 3 month transition phase to allow providers to adjust. She encouraged all medical homes to be working to enroll their regular patients and to not schedule appointments for patients linked to a different medical home.

Dr. Kirkegaard solicited feedback about the Claims History QI tool. She noted that relatively few providers had actually accessed the Claims History and asked for comments or suggestions on how to improve the utility of the tool or promote its use.

Kenzy VandeBroek at CDPH stated that she had used the Claims History and found it useful. Lisa Weber at La Rabida noted that the case managers at her clinics were also using it to coordinate care. She noted that the immunization histories did not always match their records but this may be secondary to inaccurate claims submission. Dan Fulwiler agreed that coding and claims submission was not always accurate since there was relatively little incentive but that the Bonus Payment program had stimulated interest in accurate documentation and that data would improve over time. Marie Lindsey added that “constant reminders” were necessary to get providers to try new applications. Dr. Kirkegaard reminded the group that AHS staff were available to assist with MEDI registration needed to access the Claims History.

Dr. Kirkegaard asked the group if the scheduled time for the monthly webinar (ie 8:30 on Wednesdays) was convenient. Marie Lindsey commented that no time would make everyone happy. Kay Soto and Tina Reagan commented that the 8:30 time was convenient. Marie Lindsey asked if the audio could be archived on the web along with the slides. Dr. Kirkegaard agreed that this was an enhancement that AHS was pursuing. Dr. Kirkegaard reviewed the dates and topics for the upcoming webinars and noted that registration materials could be found on the IHC website.

Dr. Kirkegaard reviewed the efforts by IHC staff to enhance EPSDT services by assisting clients in making appointments with their medical homes. She noted that IHC staff were often unsuccessful. Some of this was due to PCP offices not being willing to schedule appointments less than 365 days from the last appointment. Dan Fulwiler suggested that IHC needed to educate the medical home receptionists about this effort so that they would accommodate making appointments.

Debby Saunders noted that the CDC was hosting a webinar on the 2009 immunization schedule. Dr. Kirkegaard offered to disseminate this announcement to all PCPs through email.

Dr. Kirkegaard reviewed the components of the Panel Roster. Tina Reagan from Loyola noted that the group Panel Roster functionality was working well for their group. Dr. Kirkegaard inquired if mailing the Panel Rosters was absolutely necessary. There is currently an option to opt-out of receiving a mailed Panel Roster but this was underutilized. Several participants agreed that the mailed Panel Rosters were likely unnecessary. Dr. Kirkegaard also noted that the electronic Panel Rosters were updated daily and could be manipulated based on clinical criteria to assist with internal QI processes. Kenzy VandeBroek suggested that AHS consider mailing or emailing a reminder periodically to groups to remind them that the Panel Rosters were available online.

Dr. Kirkegaard initiated a discussion about the Provider Profiles. Profiles were sent to all PCPs in July. Providers with more than one site received an aggregated profile but Dr. Kirkegaard noted that subsequent profiles would be sent to each provider at each medical home. Dan Fulwiler inquired if there was any way to appeal or provide additional data about the receipt of services that might not be captured in claims data in order to qualify for the bonuses. Dr. Kirkegaard noted that there was not an appeal process and that the benchmarks for the bonuses had been deliberately set low to accommodate room for such things as patient who might have received services while on private insurance or cash pay so that they were not recorded in claims. (Further discussions with HFS have revealed that there is a mechanism for providers to “void and rebill” thereby getting credit for

claims that were not submitted at the time of service. More information about this will be forthcoming.) LaDonna Brown-Miller noted that the immunization rates seemed too low. Dr. Kirkegaard responded that Cornerstone Immunization data was not incorporated into the pilot Provider Profiles or the July Provider Profiles but would be incorporated into subsequent Provider Profiles. Marie Lindsey asked if there were any example superbills or “cheat sheets” that would assist practices with proper coding. Dr. Kirkegaard responded that this information was summarized in the cover pages of the Provider Profiles but Marie requested a more succinct version coupled with additional billing/coding assistance. Dr. Kirkegaard did note that the August webinar would be about billing and that IHC hosts a billing webinar every quarter. Dan Fulwiler offered to share the superbill from his office as an example. Debby Saunders noted that appropriate billing was the only way that HFS could assess quality parameters and stressed the importance of using correct codes for every service.

Meeting was adjourned.