

**Illinois Department of Healthcare and Family Services
PCCM/DM Quality Management Subcommittee
Minutes from May 21, 2008**

Attendees:

Margaret Kirkegaard, MD, Medical Director, AHS
Brant Pearson, QA Specialist, AHS
Cari Vonderhaar, QA Nurse, AHS
Debbie Macon, QA Nurse, AHS
Michelle Spranger, QA Nurse, AHS
Vince Keenan, IAFP
Scott Allen, ICAAP
Stephanie Hanko, HFS
Deborah Saunders, HFS
Paula Brodie, Southern Illinois Health Foundation
John Lekich, HFS
Adair Galster, McKesson
Kathleen Warnick, McKesson
Robin Hannon, St. Clair County Health Department
Vicky Hosey, HFS
Michelle Maher, HFS
Steve Saunders, MD, HFS
Mary Miller, HFS
Jodie Edmonds, HFS
Rajesh Parikh, MD, IPHCA
Kelly Carter, IPHCA
Heidi Spencer, Southern Illinois Health Foundation
Laura Leon, IL Maternal Child Health Coalition
Ken Ryan, ISMS
Kenzy Vandebroek, CDPH
Elizabeth Colloton, CDPH
Carl Toren, MD, Chicago Family Healthcare
Tammaji Kulkarni, MD, Harmony Health Plan
Kathy Pavkow, OSF

1. Introduction/Welcome:

Dr. Kirkegaard chaired the meeting. Attendees introduced themselves.

2. NPI Update:

Due to confusion about filing claims using the NPI number, Illinois Health Connect invited billing specialist, Jodie Edmonds, from HFS to explain how the NPI numbers should be used. She explained that an NPI number for the billing provider must be included on all claims after May 23, 2008 or they would not be processed. She further explained that HFS' policy for the billing provider NPI differed from Medicare (CMS') policy. Claims submitted to HFS must use an individual NPI as the billing provider and NOT a group NPI as the billing provider. She

added that providers must continue to use the one-digit payee number as the “pay to” provider. Ken Ryan from ISMS asked what happens if a claim does not contain the one-digit payee code, Ms. Edmonds responded that HFS would automatically default to payee #1 or reject the claim. She added that this information is contained in a Provider Notice released on April 11, 2008. Vince Keenan mentioned that HFS had previously undergone “testing” of the claims and indicated that 30% of the claims submitted at that time would reject in the new NPI system. He asked if any further updates or “testing” had been performed. Ms. Edmonds responded that HFS had not conducted further testing but they had received many claims that HFS could not process because the claims had been submitted with a group NPI as the billing provider and HFS could not link the claim to the correct individual billing provider.

3. Bonus Payment Program:

Dr. Kirkegaard reviewed the recently released Bonus Payment program. (Details about the Bonus Payment Program can be found on the Illinois Health Connect website at www.illinoishealthconnect.com under Quality Tools.) There was no discussion or questions asked about the Bonus Payment Program.

4. IHC Provider Profiles:

Dr. Kirkegaard explained that a pilot group of Provider Profiles had been sent to 100 PCPs and approximately 200 FQHCs in the state. No one on the call had received their Profile yet. Dr. Kirkegaard shared her own Provider Profile as an example for discussion. Ken Ryan asked if the HEDIS benchmarks for the Bonus Payment Program could be added to the Provider Profiles. Kelly Carter and Carl Toren were also in favor of adding the benchmarks. Dr. Kirkegaard did explain that the Provider Profiles should be used as a guideline to assess clinical performance on these measures and as a means of defining priorities for QI and not as a strict road map for achieving the Bonus Payments since the patient population could shift between the time of the Provider Profile data collection and the Bonus Payment determination.

Vince Keenan noted that the confidence interval representations on the graph were confusing. Steve Saunders indicated that this was likely due to small sample sizes.

Vince Keenan asked why some of the state-wide rates were missing. Steve Saunders explained that the data was not available for the pilot group and that some of the rates were actually incorrect and were being recalculated prior to the next mailing of Provider Profiles to all medical homes.

Dr. Kalkarni asked how providers would know what visits qualified for what metrics. Dr. Kirkegaard responded that a summary chart of all the codes for the denominators and numerators for the metrics had been created. It was included in the mailing to the pilot group and was posted on the website under Quality Tools.

Kelly Carter inquired why there was no measure included on the profile example for asthma control for ages 5 to 9 when this was included on the Bonus Payment Program. Dr. Kirkegaard explained that for any measure where there were no eligible enrollees, the measure was not shown. A discussion ensued about whether it was best to just leave off measures with eligible enrollees and to show them with zeros or a “NA” type indicator. Dr. Kirkegaard pointed out that most of the measures were for pediatric care and that profiles for adult providers would have lots of zeros or NA designations.

Dr. Toren clarified that for FQHCs the Provider Profiles would be aggregated by site rather than sent to individual providers. Dr. Kirkegaard confirmed that since FQHCs bill under one HFS number, each provider identified by an HFS number receives one Provider Profile.

Kenzy Vandebroek asked if the Provider Profiles would be available in an electronic format. Dr. Kirkegaard noted that they would be posted on the Provider Portal. The pilot group is not currently posted but all subsequent Provider Profiles would be available on the Provider Portal in a secure format.

Dr. Kalkarni confirmed that the MCOs would be receiving a “batch file” with initial information about their MCO enrollees. Debby Saunders reported that this was correct and that maintenance of the file would then be the responsibility of the MCO.

Kelly Carter reminded the group that immunization data was available by individual patient through the Claims History but that this was an unwieldy tool for providers with large numbers of children. She asked if there was any electronic tool to provide batch immunization data to providers. Debby Saunders indicated that she would support the development of such a tool. Dr. Kirkegaard noted that the well-child visit was the platform for most immunizations and that Illinois Health Connect had recently initiated their EPSDT outreach program where patients would be reminded of the need for WCCs, sent annual notification letters, assisted in making appointments with the medical home and sent appointment reminder letters. Debby Saunders also noted that the Healthy Kids Handbook had been revised. She thanked all contributors and reminded everyone that the Handbook was available on the HFS website and that IHC reps were distributing the Handbook to PCP offices.

5. Electronic Tools:

Dr. Kirkegaard informed the group that the Claims History and Drug Search Engine were now available and urged providers to try these tools and provide feedback. Information about the tools is being distributed to all PCPs and also posted on the IHC website.

6. YHP CME:

Vince Keenan noted that the flyer distributed with the agenda was a draft flyer and minor revisions were planned. All of the info about the CME such as dates and websites was correct. He noted that the Illinois Academy of Family Physicians has created 6 online CME modules that support the clinical work for common clinical conditions addressed in the disease management program, Your Healthcare Plus. He noted that the CME modules were also approved for credit in the Board recertification process for family physicians. They are available online and also as downloadable audio files.

7. Regional Quality Presentations:

Dr. Kirkegaard informed that group that Illinois Health Connect is moving from an enrollment phase to a quality assurance phase. As part of this transition, IHC plans to host several regional presentations about the quality parts of the program. She asked for any suggestions for appropriate venues. Kathy Pavkow asked how many attendees were necessary to qualify to host a regional presentation. Dr. Kirkegaard responded that IHC would be happy to provide local and onsite presentations as well as regional presentations about the Provider Profiles and other quality tools. She added that the QA nurses for IHC were meeting with providers at their offices to provide academic detailing about the quality measures and resources available for achieving the measures and the bonus payments.

Dr. Kulkarni concluded the meeting by complimenting Illinois Health Connect on the development of Provider Profiles and the Bonus Payment Program as a way of stimulating quality improvement in the health outcomes of this vulnerable patient population. Dr. Kulkarni stated that Harmony has a similar (PFQ) program for 3 years and it has gotten the attention of physicians/IPAs toward improving quality.

The next meeting has not been determined. Information will be available via email. Dr. Kirkegaard thanked all the participants for their ongoing contributions.