



ILLINOIS HEALTH CONNECT FACT SHEET

ILLINOIS HEALTH CONNECT

Illinois Health Connect is the Primary Care Case Management (PCCM) program of the Illinois Department of Healthcare and Family Services (HFS) and is administered by Automated Health Systems (AHS).

The PCCM program is a model in which each enrollee has a medical home with a Primary Care Provider (PCP). Enrollees may pick their own family doctor or clinic as their PCP if that provider is enrolled as an HFS provider and enrolled as a PCP with Illinois Health Connect. Clients who do not choose a PCP will be assigned to one.

A medical home ensures that each PCP knows about the healthcare their enrollees receive. This

- ✓ ensures enrollees get immunizations and other preventive healthcare,
- ✓ prevents duplication of services,
- ✓ ensures enrollees receive the most appropriate level of care and
- ✓ improves the quality of care that an enrollee receives.

AUTOMATED HEALTH SYSTEMS

The Illinois Department of Healthcare and Family Services has contracted with Automated Health Systems to administer the day-to-day operations of Illinois Health Connect. Administration includes:

Provider Services

- ✓ Recruit and enroll new providers to be PCPs in the IHC Provider Network
- ✓ Recruit new specialists and sub-specialists
- ✓ Track PCP network capacity
- ✓ Maintain provider referral tracking system
- ✓ Operate provider helpline and website
- ✓ Conduct provider education on PCP responsibilities, how to make referrals, enrollee verification, general billing, Quality Improvement program, complaint process, etc.
- ✓ Provide access to quality tools for use by PCPs in their offices, including panel rosters, provider profile reports and claims history reports

Client Services

- ✓ Conduct client enrollment activities, including mailing enrollment packets, member guides and assisting with selection of a PCP
- ✓ Process requests for PCP changes
- ✓ Operate client helpline and website to assist all Medical Program participants to locate providers
- ✓ Conduct systematic auto-assignment of clients who do not choose a PCP for a medical home
- ✓ Outreach to children who have not received recommended Healthy Kids services
- ✓ Outreach to adults to remind them of the importance of annual well visits
- ✓ Operate an after-hours Nurse Consultation Helpline

Illinois Client Enrollment Broker

HFS has also separately contracted with Automated Health Systems to administer the day-to-day operations of the Illinois Client Enrollment Broker for clients living in **Adams, Brown, Cook, Henry, Jackson, Kane, Madison, Lee, McHenry, Mercer, Perry, Pike, Randolph, Rock Island, Scott, St. Clair, Washington and Williamson** counties. The Illinois Client Enrollment Broker will ensure impartial choice education between Illinois Health Connect and the Voluntary Managed Care Organizations (MCOs) – Family Health Network, Harmony Health Plan and Meridian Health Plan, including:

- ✓ Conducting all client enrollment activities, including mailing choice education and enrollment materials and assisting with selection of a health plan and PCP in an unbiased manner.
- ✓ Processing requests to change health plans.

ENROLLING CLIENTS

Client Enrollments are handled by Automated Health Systems

- ✓ An Initial Client Enrollment packet is mailed to households with enrollees.
- ✓ The Initial Client Enrollment packet includes:
 - a cover letter
 - an Information Guide
 - Enrollment Tips for picking a PCP
 - an Enrollment Form, personalized with each client's name, ID number and date of birth (DOB)
 - a postage-paid return envelope.
- ✓ The enrollment material identifies the potential enrollees in each household that must pick a PCP, explains client's healthcare choices, gives a timeframe for making a choice and explains how to enroll.
- ✓ Clients may choose their PCP and enroll by mail, phone, or online.
- ✓ A Second Client Enrollment packet is mailed to clients who have not responded to the Initial Client Enrollment packet within 30 days.
- ✓ The Second Client Enrollment packet includes:
 - a cover letter with the name of the PCP to whom the client will be assigned if they do not make a choice within 30 days
 - a second enrollment form, personalized with each client's name, ID number and DOB
 - a postage-paid return envelope.
- ✓ The auto assignment process takes into account existing provider-client relationships as determined by HFS claims data, PCPs of other family members, location and language preferences, provider specialty and capacity limits.
- ✓ Enrollees may change their PCP, and, if applicable, their health plan, for any reason, once a month.
- ✓ Enrollees receive a letter to confirm their enrollment.
- ✓ Each PCP has electronic access through the IHC Provider Portal, via the HFS MEDI system, to their client panel roster. The panel roster identifies clients that are enrolled with that PCP for their medical home.
- ✓ Providers should always check client eligibility/PCP assignment through the HFS MEDI System or through the use of a REV vendor prior to providing services.
- ✓ PCPs are not listed on the HFS or All Kids medical card.

ELIGIBLE AND EXCLUDED CLIENT POPULATIONS

Eligible Populations = 2.0 million

- ✓ Children in the current All Kids Program
- ✓ Parents in the FamilyCare Program
- ✓ Adults with Disabilities and Elderly

Excluded Populations:

- ✓ People who have 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 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
- ✓ Individuals with Spenddown
- ✓ People in Presumptive Eligibility programs
- ✓ 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
- ✓ Individuals enrolled for treatment in the Health Benefit For Persons with Breast or Cervical Cancer Program
- ✓ Individuals residing in Community Integrated Living Arrangements (CILAs)
- ✓ Children under age 21 whose care is managed by the Division of Specialized Care for Children (DSCC) of the University of Illinois at Chicago
- ✓ People in the Program for All-Inclusive Care for the Elderly (PACE)
- ✓ Individuals with High Level Third Party Liability (TPL)/Private Insurance
- ✓ *Individuals enrolled in the following limited benefits programs with no other medical eligibility:*
 - Illinois Healthy Women
 - All Kids Rebate and FamilyCare Rebate
 - Illinois Cares Rx (formerly SeniorCare/Circuit Breaker)
 - Transitional Assistance, age 19 and older
 - Emergency Medical Only
 - Hospice
 - Sexual Assault, Renal and Hemophilia programs

PRIMARY CARE PROVIDERS

Providers Eligible to be PCPs: (must meet PCP requirements)

- ✓ General Practitioners, Internists, Pediatricians, Family Practitioners, OB/GYNs, and other Specialists
- ✓ Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and other clinics including certain specified hospitals and Cook County Bureau of Health Service clinics
- ✓ Certified local health departments (PT52)
- ✓ School-Based/Linked clinics
- ✓ Other qualified health professionals as authorized by HFS

Monthly Care Management Fee

PCPs enrolled in IHC receive a monthly care management fee for each person whose care they are responsible to manage:

- ✓ \$2.00 per child (under age 21)
- ✓ \$3.00 per adult
- ✓ \$4.00 per disabled or elderly enrollee

This care management fee will be paid monthly, even if the enrollee does not utilize a service that month. PCPs will continue to receive reimbursement from HFS for their services using current established rates.

Illinois Health Connect Bonus Payment For High Performance

Qualifying Illinois Health Connect PCPs are eligible to receive annual bonus payments for each qualifying service under a bonus measurement. The bonus payments will be at least \$20 per patient. They may be more depending on the number of qualifying PCPs and the number of patients receiving a measured service from those PCPs. In 2008, 2009 and 2010, the payments were \$25 per qualifying patient. The 2011 benchmarks are:

- ✓ **Immunization Combo 3:** Children who receive designated immunizations by age 24 months (benchmark 71.0%).
- ✓ **Developmental Screening:** Children who receive at least one objective screening by the age of 12 months (benchmark 65%), between the ages of 12 and 24 months (benchmark 55%), and between the ages of 24 and 36 months (benchmark 50%). A bonus will be available for each separate age group.
- ✓ **Asthma Management:** Patients with persistent asthma, ages 5-11 years (benchmark 92.2%) and ages 12-50 years (benchmark 86.3%) who fill an asthma controller medication prescription.
- ✓ **Diabetes Management:** Patients with diabetes, ages 18 to 65 years who receive at least one HbA1c test annually (benchmark 81.1%).
- ✓ **Breast Cancer Screening:** Women ages between ages 40 and 69 who have had a screening mammogram in the last two years (benchmark 52.0%).
- ✓ **Lead Screening:** Children who receive at least one capillary or venous blood lead test by age of 24 months (71.6%).

Panel Sizes

- ✓ Each physician enrolled as a PCP may have up to a maximum of 1,800 enrollees.
- ✓ For each nurse practitioner or physician assistant affiliated with the physician, the maximum increases by 900 enrollees.
- ✓ The maximum panel size for attending physicians in a residency programs increases by 900 enrollees per resident.
- ✓ PCPs may limit the number of enrollees and may opt out of auto-assignment.

Nurse Practitioners, Midwives, and Physician Assistants

- ✓ HFS will allow nurse practitioners, midwives and physician assistants to participate by providing services with an affiliated physician.
- ✓ In areas where there may be a limited availability of PCPs to sufficiently meet the demand, HFS may approve nurse practitioners advanced practice nurses to directly enroll as PCPs.
- ✓ This may be expanded if determined in the best interest of the program by HFS.

PCP REQUIREMENTS

PCPs must agree to provide medically necessary care in a timely manner with a focus on the provision of quality primary and preventive healthcare services that support continuity of care initiatives and avoid unnecessary emergency room visits and hospitalizations.

Specific requirements include:

- ✓ Enroll with HFS as one of the allowed provider types.
- ✓ Maintain hospital admitting and/or delivery privileges or arrangements for admission.
- ✓ Make medically necessary referrals to HFS enrolled providers, including specialists, as needed.
- ✓ Provide direct access to enrollees through an answering service/paging mechanism or other approved arrangement for coverage 24 hours a day, seven days a week. Automatic referral to hospital ER does not qualify.
- ✓ Maintain office hours of at least 24 hours/week for a solo practice or 32 hours/week for a group practice
- ✓ Agree to maintain appointment standards:
 - Routine, preventive care available within five weeks from request, but within 2 weeks for infants less than 6 months, from the date of request for such care.
 - Urgent care appointments not deemed emergency medical conditions triaged and, if deemed necessary, provided within 24 hours.
 - Appointments for Enrollee problems or complaints not deemed serious available within 3 weeks from the date of request for such care.
 - Initial prenatal appointments without expressed problems: 1st trimester within 2 weeks, 2nd trimester within 1 week, 3rd trimester within 3 days.
 - Upon notification of Enrollee hospitalization or ER visit, follow-up appointment available within 7 days of discharge.
- ✓ Agree to provide and coordinate Maternal and Child Health Services (if providing services to pregnant women and children):
 - Perform periodic preventive health screenings in accordance with established standards of care.
 - Perform risk assessments for pregnant women and children and provide obstetrical care or delivery services.
 - Schedule, or coordinate with a case manager to schedule, diagnostic consultation and specialty visits and communicate with the case management entity.
- ✓ Agree to institute a symptom-based action plan of care to be shared with Enrollees with chronic diseases.
- ✓ Meet other requirements as detailed in the PCP Agreement.

REFERRALS

The Department of Healthcare and Family Services has implemented Phase I of the Illinois Health Connect Referral System to continue the ongoing efforts to connect Illinois Health Connect patients with their medical homes. Rolled out by region, Phase I was effective statewide on April 1, 2010.

Phase I requires patients to be seen by their own PCP or a physician or clinic affiliated with their PCP. PCPs seeing IHC clients, who are not enrolled on their panel, or an affiliate's panel, on the date of service, must obtain a referral from the patient's PCP in order to be reimbursed by HFS for services provided. PCPs are able to submit referrals for their IHC patients to see other IHC PCPs through the IHC Provider Portal via the secure HFS MEDI system and directly with IHC via fax or phone.

Specialists, who are not participating as an IHC PCP, will not require a referral to ensure payment in Phase I.

PCPs should continue to encourage patients seeking services in their office, but not enrolled on their panel or on an affiliated PCP's panel on the date of service, to see their PCP first. Reinforcement by PCPs of the medical home concept will encourage IHC enrollees to access services available with their PCP and build upon the foundation of the medical home, resulting in better coordination and continuity of care for these patients.

The following are services that will be direct access or require a referral under Phase I of the Referral System.

Services that REQUIRE a Referral under Phase I:

- ✓ IHC PCPs seeing patients enrolled in IHC but not enrolled on their panel, or on an affiliated PCP's panel on the date of service, must obtain a referral from the patients IHC PCP in order to be reimbursed by HFS for services provided.

Services that DO NOT REQUIRE a Referral under Phase I:

- ✓ Services provided by:
 - Physicians, not enrolled as a Illinois Health Connect PCP
 - Nurse practitioners, midwives and physician assistants not affiliated with a PCP
 - Podiatrists and chiropractors
 - Audiologists

Services that are Direct ACCESS under Phase I:

- ✓ Services provided to newborns up to 91 days after birth
- ✓ Family Planning and Obstetrical and Gynecological (OB/GYN) services (billed with appropriate modifier)
- ✓ Shots/Immunizations
- ✓ Emergency Room
- ✓ Emergency and Non-Emergency Transportation
- ✓ Pharmaceuticals
- ✓ Dental Services
- ✓ Vision/Optomtrist Services
- ✓ Speech, Occupational and Physical Therapy
- ✓ Mental Health and Substance Abuse services provided by Department of Human Services Community Mental Health Service Providers (provider type 36) and Department of Human Services Alcoholism and Substance Abuse Service Providers (provider type 75) and Psychiatrists
- ✓ Outpatient Ancillary services (radiology, pathology, lab, anesthesia)
- ✓ Services to treat sexually transmitted diseases and tuberculosis
- ✓ Early Intervention services
- ✓ Lead Screening and Epidemiological Services
- ✓ Hospital Services
- ✓ Home Health Care
- ✓ Medical Equipment and Supplies
- ✓ Services provided by:
 - School-Based/Linked clinics for children under age 21
 - School-Based clinics through Local Education Authorities for children under age 21

- Local Health Departments
- Mobile vans, with HFS approval
- Emergency Department Diversion Centers, with HFS approval
- FQHC migrant sites
- Homeless health centers

MORE INFORMATION

For more information about Illinois Health Connect or the Illinois Client Enrollment Broker, please contact us at:

Illinois Health Connect
1-877-912-1999
(TTY: 1-866-565-8577)
<http://www.illinoishealthconnect.com>

Illinois Client Enrollment Broker
1-877-912-8880
(TTY: 1-866-565-8576)
<http://www.illinoisceb.com>