

State of Illinois

Department of Healthcare and Family Services
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Answers to Common Questions about Illinois Health Connect



1-877-912-1999

www.illinoishealthconnect.com

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102306, IHCFAQ01, 5000

Frequently Asked Questions

GENERAL INFORMATION:

What is Illinois Health Connect?

Illinois Health Connect is Illinois' Primary Care Case Management Program (PCCM). Illinois Health Connect is a program of the Illinois Department of Healthcare and Family Services (HFS). Most people with an HFS or All Kids medical card who are not enrolled in a voluntary managed care organization will receive health care through Illinois Health Connect.

The Illinois Health Connect program enables enrollees to choose their own Primary Care Provider for their medical home.

The goals of Illinois Health Connect are to:

- Improve the quality of health care
- Reduce the usage of the emergency room for routine medical care
- Improve access to care through the availability of a provider network and expansion of providers
- Provide the most appropriate and cost-effective level of care

When and where is Illinois Health Connect available?

Illinois Health Connect will operate in all counties in the State of Illinois. Illinois Health Connect will start in the Cook and Collar Counties in February 2007 and then proceed in the Northwest Region and the Central and Southern Regions over 3 to 4 months.

Who administers Illinois Health Connect?

Illinois Health Connect is sponsored by the Illinois Department of Healthcare and Family Services (HFS). Automated Health Systems (AHS) was contracted by HFS to administer Illinois Health Connect. AHS will provide comprehensive outreach, education, enrollment, and ongoing support services to Illinois Health Connect providers and participants.

Who MUST Join Illinois Health Connect?

Most people with an HFS or All Kids medical card must join Illinois Health Connect.

Who CANNOT Join Illinois Health Connect?

- 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 DCFS (Department of Children and Family Services)
- Children under age 21 who are blind or who have a disability
- People who reside in nursing facilities
- American Indians and Alaska Natives
- People with Spend-down
- Refugees
- People who get Home and Community-Based services like the Community Care Program, the Home Services Program, or community services for persons with developmental disabilities
- People residing in Community Integrated Living Arrangements (CILAs)
- People in Presumptive Eligibility programs
- People enrolled in the following programs with limited benefits:
 - ✓ Illinois Healthy Women
 - ✓ All Kids Rebate, 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
- Populations Already Managed:
 - ✓ 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.

Is Illinois Health Connect, Managed Care and All Kids the same program?

All Kids is an eligibility program that makes participants eligible to receive medical assistance. The Primary Care Case Management Program (Illinois Health Connect) and voluntary managed care are service delivery models. Eligibility for Illinois Health Connect and the voluntary managed care program are very similar. The only substantial difference is that adults in the AABD category of assistance may enroll in Illinois Health Connect but may not enroll in the Voluntary Managed Care Program.

PROVIDER ENROLLMENT AND PARTICIPATION:

What provider types can enroll as a PCP?

The provider types listed below may serve as PCPs.

- General Practitioners, Internists, Pediatricians, Family Practitioners, OB/GYNs, Osteopaths and other specialists
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Other clinics including certain specified hospitals
- Certified local health departments
- School-Based/Linked clinics
- In certain instances, nurse practitioners, midwives, physicians assistants and advanced practice nurses may participate.
- Other qualified health professional as determined by HFS. Call for more information.

Why should I enroll as a Primary Care Provider in Illinois Health Connect?

Providers should enroll in Illinois Health Connect so they can continue to see and get reimbursement for care provided to their medical assistance patients who must enroll in Illinois Health Connect.

Illinois Health Connect offers additional financial incentives to participating providers. Illinois Health Connect PCPs will be paid a special care management fee for each Illinois Health Connect enrollee on their monthly panel as of the first of the month. PCPs will be paid:

- \$2.00 for children
- \$3.00 for parents
- \$4.00 for seniors and adults with disabilities.

This care management fee will be paid even if the enrollee does not receive services that month and will not be subject to the payment cycle. PCPs will continue to receive regular fee-for-service reimbursement from HFS.

What is the benefit to enrolling in Illinois Health Connect?

Benefits for PCPs in Illinois Health Connect include:

- * A Special Care Management Fee – monthly payment of \$2, \$3, \$4 per enrolled child, adult and disabled or elderly adult
- * PCPs automatically qualify for the enhanced maternal and child health rates.

- * All clean claims for physician services to children aged 18 and under will be paid within 30 days of receipt by HFS. All clean claims for physician services to adults will be paid within 60 days of receipt by HFS. Physicians will be paid weekly for claims for both children and adults.
- * Support services from AHS, including a Provider Helpline, Provider Service Representatives and Training Specialists. See below for more information on AHS Provider support services.

What support services does AHS offer Illinois Health Connect providers?

Illinois Health Connect provides key support services to enrolled PCPs. Support services include the following:

- **The Illinois Health Connect Provider Helpline (1-877-912-1999)** assists PCPs with:
 - Enrollee outreach and education
 - Appointment Scheduling
 - Getting answers to questions about Illinois Health Connect
- Providers can also call the Provider Helpline to access the **Referral Resource Directory**. This useful tool assists providers and participants in identifying medical professionals and community-based agencies that can help address patients' medical and other (e.g., WIC, transportation) needs.
- **Illinois Health Connect Provider Services Representatives and Training Specialists** are based regionally throughout the state. They meet face-to-face with providers to address issues and concerns, and answer billing and other questions. They conduct initial and ongoing training sessions to keep providers and their office staff up-to-date on HFS policies.
- **The Illinois Health Connect Participant Helpline (1-877-912-1999)** provides care coordination for patients; assists patients in finding a PCP, specialist or health/human services provider; and helps with scheduling appointments.
- **The Illinois Health Connect Website (www.illinoishealthconnect.com)** provides program information for both providers and participants, including important links, answers to frequently asked questions, and contact information.
- **Panel Lists** inform providers of patients that are linked to them and indicate each patient's preventive health care status (e.g., EPSDT screen due). PCPs may set panel size limits and opt out of auto-assignment.
- **Illinois Health Connect Profiles** provide an overview of service utilization by patients in a PCP's panel to help support the PCP's quality assurance efforts.

- **The Illinois Nurse Helpline** provides back-up support to patients who cannot reach their PCPs after-hours or on weekends as a means of minimizing unnecessary ED use and reconnecting patients to their PCPs.

What happens if I choose not to enroll as a PCP in Illinois Health Connect?

Patients who are included in the Illinois Health Connect populations must choose a PCP enrolled in Illinois Health Connect or they will be auto-assigned to a Illinois Health Connect PCP. In the counties covered by the Voluntary Managed Care Program, patients must choose a PCP in either Illinois Health Connect or one of the Managed Care Organizations under contract with HFS. In Cook County patients must choose between Illinois Health Connect, Harmony Health Plan or Family Health Network for their health plan. In Randolph, Perry, Washington, Madison, and St. Clair counties patients must choose between Harmony Health Plan and Illinois Health Connect for their health plan.

Can I terminate my enrollment as a Primary Care Provider?

Providers may terminate participation as a PCP upon 45 day written notice sent by certified mail to the Department of Healthcare and Family Services, 201 S. Grand Ave. East, Springfield, IL 62763. HFS may terminate a Provider's participation as a PCP in the Illinois Health Connect and MCH programs under this Agreement upon 45 days notice if the Provider fails to maintain any of the participation requirements. Such termination shall not be subject to HFS' rules and regulations on notice and hearing for a Provider's termination from participation in the HFS' Medical Programs.

Can a specialist be a PCP?

A specialist may participate as a PCP in Illinois Health Connect if the specialist is willing to meet all of the requirements of a PCP. If a specialist is not enrolled as the patient's PCP, the patient will need a referral from their PCP to have an appointment with a specialist.

If a physician is not certified by the Illinois Board, does she qualify to enroll as a PCP?

Any physician enrolled with HFS as a medical assistance provider, that meets the requirements of a PCP, may enroll as a PCP in Illinois Health Connect. There is no specific requirement in Illinois Health Connect that PCPs be board certified.

PROVIDER REQUIREMENTS

What are the requirements for PCP participation?

Illinois Health Connect PCPs must:

- Be enrolled with HFS as one of the allowed provider types

- Provide medically necessary care in a timely manner with a focus on the provision of primary and preventive health care services that support continuity of care and avoid unnecessary emergency room visits and hospitalizations
- Maintain hospital admitting or delivery privileges or arrangements for admission
- Make medically necessary referrals to HFS enrolled providers, including specialists, as needed
- Maintain office hours of at least 24 hours/week (solo practices) or 32 hours/week (group practices)
- Maintain appointment standards
- Institute a symptom-based action plan of care to be shared with enrollees with chronic diseases
- Provide access to enrollees through an answering service/paging mechanism or other approved arrangement for coverage 24/7. Automatic referral to hospital ER does not qualify.
- Meet other requirements detailed in the PCP Agreement. For a copy of the PCP Agreement, go to www.illinoishealthconnect.com/ and click on “Provider Downloads”. Or, you can contact the Illinois Health Connect Provider Helpline at 1-877-912-1999.

ACCESS

Am I required to provide 24/7 coverage or can I refer to the ER for after hours coverage?

Enrollees must have access through an answering service/paging mechanism where they can talk with a live person with adequate medical knowledge who can triage their medical concern. Automatic referral to an emergency department does not qualify. HFS will consider other arrangements for 24/7 coverage on a case-by-case basis.

The PCP agreement requires that PCPs maintain office hours at 24 hours/week for a solo practice, or 32 hours/week for group practices. Can these hours be accomplished between two or more locations, if a PCP has more than one site?

No. The hour requirements are for a single site. The intent of the requirement is to ensure adequate access to care at each site. HFS will consider special approval for offices with fewer hours depending on the location and coverage options for that office.

The requirement that “urgent care conditions not deemed emergency must be triaged within 24 hours”, does this mean that patients who have an urgent care condition must be seen within 24 hours for triage?

No. Urgent care conditions may be triaged over the phone by an appropriate medical staff member, and seen as determined necessary.

Is a PCP required to provide the Maternal and Child Health Services listed in the PCP agreement and meet the appointment standards established for pregnant women?

If the services are not within the scope of the PCP's practice, then this requirement would not apply. However, the PCP should make appropriate referrals for the patient to see a provider who will provide Maternal and Child Health Services. OB/GYN and Family Planning services are direct access service and do not require referral.

Do I have control over my panel of enrollees?

PCPs may control their panels by limiting their panel size, limiting enrollment to existing patients, identifying geographic area, restricting ages, limiting patient type (e.g., pregnant females, pediatrics), opening or closing the panel to auto assignment, etc. Illinois Health Connect works with each PCP to determine the appropriate panel for the PCP's practice. PCP's may change their panel limits at any time.

Can I request a patient be removed from my panel?

A Primary Care Provider (PCP) may request a change in Enrollee assignment in certain circumstances. Any standards established by the PCP for Enrollee reassignment must be practice-wide and apply to all patients, regardless of payer. Every effort will be made to honor such requests however the Illinois Health Connect program must follow federal guidelines that relate to PCCM programs, which can be found at 42 CFR, Part 438, Section 438.56 Disenrollment: Requirements and Limitations.

Any standards established by the PCP for patient reassignment must be practice-wide and apply to all patients, regardless of payer, such as:

- The patient's continued enrollment seriously impairs the PCP's ability to provide services to either the Enrollee or other Enrollees
- The patient refuses to comply with the suggested treatment plan
- The patient disagrees with the treatment plan
- The patient requires treatment or services more readily available through another PCP
- The patient violates office policy as applied to all patients
- The patient commits fraud or other misrepresentation
- The patient makes threats or physical acts constituting battery to the PCP or staff

A PCP **may not** request enrollee reassignments due to a change in an enrollee's health status, utilization of medical services or diminished mental capacity or uncooperative or disruptive behavior resulting from the enrollee's special needs except when continued assignment seriously impairs the PCP's ability to furnish services to the particular enrollee or other enrollees.

All requests for disenrollment must be submitted in writing to the Automated Health System's Medical Director for review. If you have any questions with the process or would like to discuss a specific situation, please call the AHS Medical Director at 1-888-912-9120 ext. 2218. The PCP and the enrollee will be notified by AHS 10 days before the reassignment is effective.

REFERRAL

Are physician services provided to patients who are admitted to the hospital through the Emergency Department reimbursed without a referral?

Yes. Hospital Emergency Department, inpatient and outpatient services are direct access and will not require a referral.

Will the referral system approve/reject referrals based on a review for “medical necessity”?

No. The referral system will not review for medical necessity. Nor will it approve/reject a referral for any reason. The purpose of the referral system is to log and track referrals made by an enrollee’s PCP.

Who decides if a referral is medically necessary?

The patient’s PCP decides when a referral is medically necessary.

PARTICIPANT ENROLLEE INFORMATION:

How can my existing patients join Illinois Health Connect?

Illinois Health Connect will be phased in regionally beginning in the Cook and Collar counties beginning in February 2007 and then proceed in the Northwest Region and the Central and Southern Regions over 3 to 4 months. Eligible participants will receive information about decisions they need to make about how they get their health care.

Participants living in counties where the Voluntary Managed Care (VMC) Program IS NOT available, will receive information about Illinois Health Connect as well as the need for them to select a PCP to avoid auto-assignment. Participants can enroll by:

- Completing and mailing their enrollment form to Illinois Health Connect
- Calling Illinois Health Connect at 1-877-912-1999 (TTY: 1-866-565-8577)
- Meeting with an Outreach and Education Specialist at a community location near them. (Participants can call 1-877-912-1999 to set up an appointment.)

Participants living in counties where the VMC Program IS available, will receive information about Illinois Health Connect and the MCO(s) available in their counties. Participants will be informed about their need to select the way they get health care (i.e., Illinois Health Connect or an MCO) as well as a PCP to avoid auto-assignment. Participants can enroll by:

- Completing and mailing their enrollment form to the Illinois Client Enrollment Broker
- Calling the Illinois Client Enrollment Broker at 1-877-912-8880 (TTY: 1-866-565-8576)
- Meeting with an Outreach and Education Specialist at a community location near them. (Participants can call 1-877-912-8880 to set up an appointment.)

Is there a push to put people into the Managed Care plans and is Automated Health Systems affiliated with one?

HFS' intent is for participants make an informed decision on what is the best medical home for them and their families. Managed care plans are free to provide services in any county in Illinois pending approval by and entering into a contract with HFS. These counties are in the Voluntary Managed Care Program (VMC). In the counties where Managed Care Plans operate it is HFS' responsibility to offer medical assistance participants a choice between those Managed Care Plans and the State's PCCM Program, Illinois Health Connect. PCCM is a hybrid between managed care and fee-for-service models. To ensure that participants are offered an unbiased choice between their health care options, the State of Illinois has contracted with Automated Health Systems as its enrollment broker. Currently, AHS is the enrollment broker for three states and has 25 years experience in administering a variety of large scale health programs for low-income families for State governments. It is not affiliated with any managed care plan, directly or indirectly.

CLIENT ELIGIBILITY:

How do I know if my patient is eligible to enroll or is enrolled in Illinois Health Connect?

PCPs may verify Enrollees' eligibility via the MEDI system online at <http://www.myhfs.illinois.gov> or the Recipient Eligibility Verification (REV) system at <http://www.hfs.illinois.gov/rev>. REV is available 24hrs a day, 7 days a week (24/7).

If upon verifying eligibility, a provider discovers that a patient is assigned to another PCP, but the patient indicates that they have recently submitted a request to switch PCPs to them, can or should they still see the patient?

It will take the system 24-48 hours to switch a client to another provider if they are in Illinois Health Connect (IHC), but longer if they are in one of the MCOs. Services should still only begin when eligibility can be verified.

Will the PCP name/phone number be listed on the HFS medical card?

The PCP name and phone number will not be listed on the Enrollees medical card. Enrollees can change their PCP, for any reason, once per month. Therefore to allow this change to be effective as soon as possible, HFS decided not to put the PCP on the medical card. It is recommended that providers verify eligibility through the MEDI system, or the REV system, which includes up-to-date information on patient eligibility. Additionally PCPs will receive a monthly panel roster listing their current patients.

Will participants' PCP name be listed in the MEDI System? If the MEDI System does track the participants' PCP, but one is not listed in the system when the patient shows up for the appointment, what direction should the provider take?

The participants' PCP name will be listed in the MEDI System. However, if the PCP's name is not listed in MEDI please contact AHS at 1-877-912-1999 to determine who the PCP is. If the participant is at the incorrect PCP, you will need to direct them to their selected/auto-assigned PCP. If you see the participant without a referral, services will not be covered.

If one of the Department of Healthcare and Family Services' medical programs is the secondary insurance for a patient, are they mandated to enroll in IHC or would they be part of the excluded population?

If the Participant has comprehensive third party coverage, they would fall into the "Excluded Population" and not be eligible to enroll in Illinois Health Connect.

With the new enrollment system, a drug-seeking patient could switch PCPs monthly in an attempt to continue accessing medications. How will this be tracked and rectified?

Automated Health Systems (AHS) will be tracking participant PCP changes. Participants identified as changing PCPs frequently will be targeted for critical attention and outreach efforts to circumvent their on-going behavior patterns.

AHS will work with the HFS Office of the Inspector General's Recipient Restriction Program to manage participants who continue to overuse medical or pharmacy services in excess of need or in such a manner to constitute an abuse of the program and restrict those individuals to a physician or pharmacy or both. Enrollees that request frequent changes of PCP may be referred to the Recipient Restriction Program for consideration of participation. Restricted recipients are locked-in to one physician and/or pharmacy and have their case managed for 12 or 24 months in an effort to curb the abusive patterns.

ALL KIDS, MOMS & BABIES, AND FAMILYCARE PROGRAMS:

What is All Kids?

All Kids is a complete healthcare program for every uninsured child in Illinois regardless of medical conditions or income. All Kids provides access to comprehensive, affordable health insurance and covers doctor visits, hospital stays, prescription drugs, vision care, dental care, eyeglasses, regular check-ups, immunizations, and special services like medical equipment, speech therapy and physical therapy for children who need them.

What is Moms & Babies?

Moms & Babies is a program for pregnant women and their babies. Moms & Babies pays for both outpatient and inpatient hospital services for women while they are pregnant, and for 60 days after the baby is born. It also pays for services to babies for the first year of the baby's life, if the mother is in Moms & Babies when the baby is born. There are no co-payments or premiums in Moms & Babies. There are income requirements for joining Moms & Babies.

What is FamilyCare?

FamilyCare is a program that offers coverage to parents living with their children 18 years or younger. FamilyCare also covers relatives who are caring for children in place of their parents. Like All Kids, FamilyCare covers doctor visits, dental care, specialty medical services, hospital care, emergency services, prescription drugs, and more. There are income requirements for joining FamilyCare.

What do All Kids, Moms & Babies, and FamilyCare have to do with Illinois Health Connect?

Most people with an HFS, All Kids, Moms & Babies, or FamilyCare medical card will be required to pick a PCP in Illinois Health Connect, or an MCO where available.

How does a PCP know the co-pay for patients included in the All Kids Program?

The patient's All Kids card will contain information that can be used to determine the amount of the co-pay based on the level of eligibility. A provider notice released June 26, 2006 contained information on co-pay amounts. That notice can be found at http://www.hfs.illinois.gov/assets/062706ak_copays.pdf. Information is available via the MEDI system online at <http://www.myhfs.illinois.gov/> or the Recipient Eligibility Verification (REV) system <http://www.hfs.illinois.gov/rev>.

Is a PCP required to collect co-pays for All Kids participants?

Providers are not required to collect co-pays, however, the provider should collect the patient's co-pay in All Kids Premium levels 2-8 to receive full reimbursement. HFS' reimbursement rates for those levels are reduced by the amount of the co-pay.

Can a provider refuse service to an All Kids or FamilyCare patient who does not pay their co-pay up front?

Providers cannot deny services to clients covered under All Kids Assist, Share or Premium Level 1 or any FamilyCare Enrollee due to an inability to pay the co-pay. This requirement does not apply to the All Kids Premium Levels 2 through 8. Providers may apply their own office policies relating to the co-payments to participants covered under the All Kids Premium Levels 2 - 8.

Interested in joining Illinois Health Connect?

Have more questions?

Want a Provider Services Representative to visit your office?

**Call Illinois Health Connect at
1-877-912-1999.**

Or go online at www.illinoishealthconnect.com