

The Illinois Department of Healthcare and Family Services (HFS, formerly the Illinois Department of Public Aid) has moved to a Primary Care Case Management (PCCM) model for most medical program (Medicaid and All Kids) clients. This model of health care delivery is also known as the "medical home model" and has been shown to enhance primary and preventive care services. Twenty-nine other states have adopted similar programs for their clients and have shown a gradual decrease in ED usage, an increase in primary care and preventive services (such as immunizations) for patients, and decreased costs. In Illinois, this program has been named Illinois Health Connect and is being administered by Automated Health Systems.

Overall, 1.6 million patients including 1.1 million children enrolled in All Kids, 370,000 adults enrolled in FamilyCare and 107,000 elderly or disabled adults are eligible for Illinois Health Connect and will choose one Primary Care Provider (PCP) to act as their "medical home". Physicians willing to provide a medical home for patients must enroll as an Illinois Health Connect PCP. They can specify how many patients they want in their panel from 1 to 1,800 and limit the panel based on existing patients, age limits, counties or gender. PCPs will receive a monthly management fee in addition to the fee-for-service reimbursements for each visit. Primary care physicians who do not enroll will no longer be able to provide primary care to their Illinois Health Connect HFS patients without a referral.

PCPs will provide referrals for patients to see specialists. Referrals are registered with Automated Health Systems so claims by specialists will be paid. Referrals are NOT reviewed for medical necessity or "pre-authorized". Patients will NOT require a referral to receive care in the ED or hospital. Labs, diagnostic studies, PT/OT/ST will NOT require referrals.

Specialists do not need to enroll but will need to verify that a referral has been registered by the PCP before submitting a claim for services. Automated Health Systems is also developing a Specialty Resource Database (SRD) that will facilitate the administration of the referral system and allow a referral issued to a specific specialists to be valid for any other member of that specialty group. Registration in the SRD does not obligate a specialist to see any patient.

In January 2006, reimbursement rates for maternal child health codes were increased by 60-100%. The State has pledged to a 30 day reimbursement cycle for pediatric claims and a 60 day reimbursement cycle for adult claims. Most providers have seen a substantial boost in paid claims over the past year.

HFS has also implemented a parallel program for Disease Management called Your Healthcare Plus. This program is administered by McKesson Health Solutions and will target 205,000 Medicaid patients who have the highest utilization of services and specific medical conditions. Patients will receive a health assessment and educational intervention from a team of clinicians, social workers and pharmacists. The McKesson health team will contact you if you have patients enrolled in your practice who are eligible for this service.

## **Illinois Department of Healthcare and Family Services Illinois Health Connect Primary Care Provider Agreement**

This Agreement pertains only to the relationship between the Illinois Department of Healthcare and Family Services (HFS) and the Provider under HFS' Primary Care Case Management (PCCM) and the Maternal and Child Health (MCH) programs. This Agreement does not affect any other relationship or agreement, including the general Provider Agreement, between HFS and the Provider. For purposes of this program and this Agreement, Provider will be called a Primary Care Provider (PCP).

### **HFS Responsibilities**

HFS, or the PCCM Program Administrator with whom HFS has a contractual relationship, agrees to:

- establish and maintain enrollment and referral tracking procedures and systems
- pay a monthly case management fee for all individuals enrolled with the PCP as of the first day of each month
- provide profiles and practice management reports to the PCP
- pay enhanced rates to physicians that are PCPs for delivery services, primary care office visits and screening services provided to children
- provide information to PCPs about relevant issues such as the patient enrollment and verification processes, Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) services, referrals, administrative processes, covered services, and targeted areas of quality improvement, and assist PCPs in setting up a recall system by integrating relevant information into the panel list distributed to Providers on a monthly basis

### **Participation Requirements**

As a PCP in the PCCM program, I agree to provide a medical home and adhere to the following requirements for enrollees of the PCCM program and, as appropriate to my practice, children and pregnant women in HFS Medical Programs:

- provide medically necessary care in a timely manner with a focus on the provision of quality primary and preventive health care services that support continuity of care and avoid unnecessary emergency room visits and hospitalizations
- maintain hospital admitting and/or delivery privileges or arrangements for admission
- make medically necessary referrals to HFS enrolled providers including specialists, as needed
- maintain office hours and access and availability requirements as required in the Attachment to this agreement
- institute a symptom-based action plan of care to be shared with Enrollees with chronic diseases including asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease
- provide direct access to enrollees through an answering service/paging mechanism or other approved arrangement for coverage twenty-four hours a day, seven days a week (24/7). Automatic referral to hospital ER does not qualify.
- MCH Services (as appropriate to my practice):
  - 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
  - communicate with the case management entity

### **Termination**

Provider may terminate participation as a Primary Care Provider in the PCCM and MCH programs upon forty-five days written notice sent by certified mail to the Illinois Health Connect Medical Director at Automated Health Systems, 1375 E. Woodfield Road, Suite 600, Schaumburg, Illinois, 60173. HFS may terminate a Provider's participation as a PCP in the PCCM and MCH programs under this Agreement upon 45 days notice if the Provider fails to maintain any of the above 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.

### **Agreement**

I agree to comply with the participation requirements of a Primary Care Provider under the PCCM and MCH programs, as cited in this Agreement. I also certify that all information provided in my PCP Application is correct.

Printed Name: \_\_\_\_\_

IL Medicaid ID# (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Attachment to the Primary Care Provider Agreement**

The following list provides the key responsibilities and standards that Primary Care Providers (PCPs) participating in Illinois' Primary Care Case Management (PCCM) are expected to generally meet, consistent with their scope of practice. HFS recognizes that lack of patient compliance can prevent PCPs from meeting some of these standards, despite the PCP's best efforts to work with the patient.

1. Comply with generally accepted medical standards for preventive and primary care services, including:
  - a) Inform enrollees, in a manner that they can easily understand, of their treatment options and their right to participate in decisions regarding their health care, which includes the right to refuse treatment.
  - b) Initiating and authorizing referrals for specialty care, and other medically necessary services via the internet based system, telephone, fax or mail;
  - c) Participating in or coordinating Enrollee care during and after an inpatient admission;
  - d) Maintaining continuity of Enrollee care;
  - e) Providing Enrollees under age 21 all required EPSDT services, including comprehensive well child services in accordance with the AAP guidelines, the State's periodicity schedule: age appropriate comprehensive physical examination; health history; mental and developmental screening, including social emotional; risk assessment; nutritional assessment; height and weight measurement; hearing and vision screening; anticipatory guidance and ensure appropriate laboratory screening including lead and referrals, as needed.
  - f) Provide Enrollees age 21 or older comprehensive primary care services and covered preventive services, in accordance with the recommendation of the U.S. Preventive Health Services Task Force: medically indicated physical examinations, health education, laboratory services, referrals for necessary prescriptions and other services, such as mammograms and pap smears.
  - g) Provide pregnant and post partum women comprehensive perinatal services in accordance with the ACOG guidelines.
  - h) Provide or arrange for all appropriate immunizations for Enrollees.
  
2. Provide care to the Enrollee based on the standards of reasonable appointment availability. The PCP must satisfy the following access and availability requirements for enrollees:
  - a) The PCP in an individual (solo) practice must maintain office hours of no less than 24 hours per week.
  - b) The PCP participating in a group practice may have office hours less than 24 hours per week as long as their group practice office hours equal or exceed 32 hours per week.
  - c) Routine, preventive care appointments available within five weeks, and within two weeks for infants under 6 months, from the date of request for such care;
  - d) Urgent care appointments not deemed emergency medical conditions triaged and, if deemed necessary, provided within 24 hours;
  - e) Appointments for Enrollee problems or complaints not deemed serious available within three weeks from the date of request for such care; and
  - f) Initial prenatal appointments for women self-identifying as pregnant without expressed problems: first trimester within two weeks, second trimester within one week, and third trimester within three days.
  - g) Upon notification of Enrollee hospitalization or ER visit, follow-up appointment available within 7 days of discharge.

3. Provide or coordinate primary and preventive health care services for enrollees in the appropriate amount, duration and scope, and assist enrollees in making only necessary emergency room visits and hospitalizations. Make medically necessary referrals to HFS enrolled specialty or other providers for services that require such referral.
4. Establish/maintain hospital admitting and/or delivery privileges or arrangements for admission and notify Automated Health Systems immediately of any revocation, suspension or limitations placed upon those privileges or arrangements.
5. Coordinate with the Disease Management program (Your Healthcare Plus) including collaborating with case managers, as requested.
6. Upon disenrollment, transfer the Enrollee's medical record to the new PCP when requested by the new PCP and authorized by the Enrollee.
7. Set up a recall system to outreach to enrollees who miss an appointment to reschedule the appointment, as needed.
8. Educate patients, as identified in the PCP's panel list, to inform and remind them about preventive and immunization services, or preventive services missed or due, based on the periodicity schedule.
9. Not discriminate against, or use any policy or procedure that has the effect of discriminating against, individuals eligible to enroll on the basis of race, color or national origin or on the basis of health status or the need for health care services.
10. PCP shall not make any assertion, written or oral; that the participant must enroll with the PCP to obtain benefits or not to lose benefits or that the Federal or State government endorses the PCP. PCP shall not conduct door-to-door, telephonic or other 'cold-call' marketing or engage in activities that could mislead, confuse, or defraud participants, or misrepresent the PCP or HFS.
11. Provide information to be used in the PCP Directory and notify Automated Health Systems of any changes in the Directory information.
12. Review and use all provider profiles provided.
13. Maintain access to the Internet, unless granted an exception by HFS or Automated Health Systems.
14. Participate in the Vaccines for Children (VFC) program, or have an arrangement with a Provider that participates in the VFC program, if serving children. HFS recommends participation in the Illinois Department of Public Health Immunization Registry (TOTS, will be ICARE) and the Disease Management program (Your Healthcare Plus).
15. Coordinate care with community-based Providers, including State-certified health departments, school-based/linked clinics, local education agencies (LEAs), Early Intervention, Women, Infants and Children's (WIC) program, and Family Case Management program. Such coordination could include sharing patient information.
16. Notify Automated Health Systems in writing, within thirty days of any changes in the PCP's professional staff, including NPs, PAs and CNMs, that adversely affect the Providers panel limits in the PCCM Program.

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
ILLINOIS HEALTH CONNECT (IHC)  
PRIMARY CARE PROVIDER (PCP) APPLICATION



General Provider Demographic Information

PCP Name:

HFS Provider Number (*Medicaid Number*):

National Provider Identifier (NPI) Number:

Person Completing Form (*if different from above*):

Supplemental agreement date (*Date attached agreement was signed*):

Provider Type:

Provider Specialty (*e.g., Internal Medicine, Pediatrician, etc. List all*):

License Number:

Mailing Address (*for IHC correspondence*):

Mailing Address (cont.):

City:

State:

Zip Code:

Provider Gender:  Male  Female

Board Certified?  Yes  No

List ALL Certifications:

## PRIMARY CARE PROVIDER (PCP) APPLICATION

### Provider Affiliation Information

PCP Name:

HFS Provider Number (*Medicaid Number*):

**Hospital Privileges:**

Hospital Name:

Admitting     
  Delivery     
  Arrangement<sup>1</sup>, List Physician Name:

Hospital Name:

Admitting     
  Delivery     
  Arrangement, List Physician Name:

Hospital Name:

Admitting     
  Delivery     
  Arrangement, List Physician Name:

Hospital Name:

Admitting     
  Delivery     
  Arrangement, List Physician Name:

**Partners and Cross Covering Physicians<sup>2</sup>:**

Name of Covering Physician:

HFS Provider Number (*Medicaid Number*):

Begin Date<sup>3</sup>:

Name of Covering Physician:

HFS Provider Number (*Medicaid Number*):

Begin Date:

Name of Covering Physician:

HFS Provider Number (*Medicaid Number*):

Begin Date:

Name of Covering Physician:

HFS Provider Number (*Medicaid Number*):

Begin Date:

(Please attach additional pages if there are any other hospital privileges or partners and cross covering physicians).

<sup>1</sup> If this Provider does not have direct admitting or delivery privileges but has an arrangement with another physician to admit for him/her, please list here.

<sup>2</sup> List all physicians who might cover for this Provider for outpatient visits, or see the Provider's IHC patients. These covering physicians must have a HFS Provider Number, but do not have to be enrolled in Illinois Health Connect.

<sup>3</sup> The date in which this physician can start covering for the Provider (*Date letter of agreement was signed*).

## PRIMARY CARE PROVIDER (PCP) APPLICATION

### General Location of Service Information

PCP Name:

Location of Service Name (*Clinic or Practice Name*):

Address:

Address cont.

City:

State:

Zip Code:

County:

HFS Provider Number (*Medicaid Number*): Payee Number (*for this location*)<sup>4</sup>



Office Contact Name (*e.g., Office Manager, Billing Clerk, Credentialing Staff*):

Office Contact Phone:

Office Contact Email:

Scheduling Contact Name (*usually reception*):

Scheduling Contact Phone:

Scheduling Contact Email:

Office Phone:

Office Fax:

Office Email:

Medical Appointment Hours and Days:

**Monday:**

AM-	PM
-----	----

**Tuesday:**

AM-	PM
-----	----

**Wednesday:**

AM-	PM
-----	----

**Thursday:**

AM-	PM
-----	----

**Friday:**

AM-	PM
-----	----

**Saturday:**

AM-	PM
-----	----

**Sunday:**

AM-	PM
-----	----

Scheduling Information not listed above (*e.g., "open every other Saturday", "Walk-ins on Tuesday", etc.*):

After Hours Phone:

How will after hours access be handled (*check one*):

- |  |  |
|--|--|
| <input type="checkbox"/> Call Answering Service                      | <input type="checkbox"/> Call Physician Home/Cell    |
| <input type="checkbox"/> Call Physician Pager                        | <input type="checkbox"/> Call Nurse/Medical Provider |
| <input type="checkbox"/> Other ( <i>please specify in comments</i> ) |  |

Comments on after hours access:

<sup>4</sup> The payee number/code is a single digit associated with the provider's location and address. This number is used by HFS to distribute his/her reimbursement checks and can be found on the HFS Provider Sheet.

## PRIMARY CARE PROVIDER (PCP) APPLICATION

### General Location of Service Information (cont.)

List all languages in which the provider and/or office staff are conversant:

Does location have access to a Telecommunications Device for the Deaf Teletype (TDD/TTY)?

Yes  No If yes, please provide the number:

Are Signing Services Available for the Deaf/Hearing Impaired?  Yes  No

Does location utilize the HFS MEDI system to verify eligibility?  Yes  No

Is Location Wheelchair Accessible?  Yes  No

Does Location Have Internet Access?  Yes  No

Does Location Submit Claims Electronically?  Yes  No

Is Location Enrolled in Vaccines for Children's Program?  Yes  No

If no, where does the provider refer patients for vaccines (i.e., Local Health Department)?

Does Location have Recipient Eligibility Verification (REV) agreement ?  Yes  No

Does the Practice include Special Needs Consumers?  Yes  No

Are the Special Needs – Behavioral?  Yes  No

Are the Special Needs – Physical?  Yes  No

Driving Directions (e.g., cross-streets, main intersection, landmarks, etc.):

Public Transportation Access (If yes, list forms, e.g., bus #s, train stop):

Location of Service Comments (e.g. parking access, etc.):

### Mid-levels at Location of Service Information

Please list any Nurse Practitioners, Physician Assistance, Mid-Wives, or Resident Physicians at this location that will provide serves to the Provider's patients:

Name of Mid-Level:

Provider Type (e.g., NP, PA, Resident)

Full Time Equivalency

 %

HFS Provider Number (if applicable)

Gender:

Male  Female

Provider Specialty (e.g., Internal Medicine, Pediatrician, etc. **List all**):

Name of Mid-Level:

Provider Type (e.g., NP, PA, Resident)

Full Time Equivalency

 %

HFS Provider Number (if applicable)

Gender:

Male  Female

Provider Specialty (e.g., Internal Medicine, Pediatrician, etc. **List all**):

(Please attach additional pages if there are any other mid-levels at this location).

## PRIMARY CARE PROVIDER (PCP) APPLICATION

### Provider's Panel Roster Information (at this Location of Service)

**PLEASE NOTE:** The accuracy of the information you provide in this section is very important. The criteria set below will determine the number and type of Illinois Health Connect (IHC) patients that will be allowed to choose this provider. Panel Rosters are updated daily and available online through HFS' Medical Electronic Data Interchange (MEDI) System. Providers who lack Internet access may request a monthly mailed Panel Roster. Please answer the following question:

**I request a monthly mailed Panel Roster:**  **Yes**  **No.** If you have any questions regarding this section please call Provider Relations at **1-877-912-1999**.

Provider's Full Time Equivalency (*at this location*):  %

Maximum Number of IHC Patients at this Location:

***A maximum of 1,800 enrollees is allowed for each physician who is 100% FTE. An additional maximum of 900 enrollees is allowed for each resident physician/nurse practitioner/physician assistant and advanced practice nurse who are 100% FTE (Please list these on page 4)***

Patient Age Limit Low (*for all IHC patients*):  Patient Age Limit High (*for all IHC patients*):

Patients Accepted (*for all IHC patients*)?  Female  Male  Both

Existing Patients Only Accepted?  Yes  No

*Is the Provider willing to accept only those patients who have any paid claims history with this provider?*

Pregnant Woman Accepted?  Yes  No

*Is the provider willing to provide primary care to pregnant women in IHC?*

Newborns Accepted?  Yes  No

*Is the provider willing to accept IHC newborns **regardless of existing patient status**?*

Family Members Accepted?  Yes  No

*Is the Provider willing to accept a new IHC patient that is included within the same Medicaid "case" of one of their current existing patients?*

Counties (*for all IHC patients*):

*If the provider is restricting their IHC panel to only patients from particular counties, please list them here. Please leave blank if the provider is willing to accept patients from any county.*

#### **For the Auto-Assignment Process:**

*(Auto-Assignment occurs when a patient does not choose a Provider and IHC chooses one for them)*

Willing to Accept Auto-Assignment of New Patients?  Yes  No

*Is the provider willing to accept new patients through the auto-assignment process?*

Willing to Accept Auto-Assigned Existing Patients?  Yes  No

*Is the provider willing to accept patients through the auto-assignment process who have any paid claims history with this provider?*

Willing to Accept Auto-Assigned Family Members?  Yes  No

*Is the provider willing to accept patients through the auto-assignment process that are part of the same Medicaid "case" of one of their current existing patients?*

**NOTE:** If this PCP has more than one location of service to be enrolled with IHC, please fill out and attach pages 3, 4 and 5 again for those additional locations