

Illinois Health Connect Panel Roster
March 2012

Enclosed is your panel roster for the Illinois Health Connect Program.

IMPORTANT PROVIDER NOTICE

To all Illinois Health Connect PCPs

To ensure the privacy, security, and confidentiality of Patient and Provider information for the Illinois Health Connect Program (IHC), the Department of Healthcare and Family Services (HFS), will be requiring Providers to enroll with the State's MEDI System if they wish to have online access to their IHC Panel Rosters, Patients Paid Claims History, and the ability to register and view referrals via the online IHC Referral System. The MEDI system utilizes Federally approved access protocols that allow only approved providers and their authorized staff to access sensitive patient and provider information.

This requirement is anticipated to go into effect in approximately three weeks. Once implemented, providers will no longer be able to access their patient information directly through the IHC website. We will post notices on this cover sheet and the IHC Web Site to inform you of the implementation date.

Don't wait. Enroll now! We encourage you to enroll with the MEDI System before the transition occurs. To enroll, please go to <http://www.myhfs.illinois.gov/training/guides> and click on "Introduction to MEDI". Once enrolled, the MEDI system will allow providers and their authorized staff to link to their IHC Panel Rosters, Patients Paid Claims History and the IHC Referral System. In addition, MEDI will provide up-to-date eligibility information, including IHC PCP information, for all HFS clients.

If you have any questions, please call the IHC Provider Services Help Desk at 1-877-912-1999 and follow the prompts for Providers. Remember, you must enroll with the MEDI system to be able to access your IHC Panel Roster, Patients Paid Claims History and to register and view referrals via the IHC Referral System.

Thank you.

ILLINOIS FAMILY HEALTH CENTER
123 MAIN STREET SUITE 100
CHICAGO, IL 60634

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Provider Enrollee Panel Roster
March 2012

Provider HFS Number: 880088008800
 Illinois Health Connect Number: 82000088
 ILLINOIS FAMILY HEALTH CENTER (Fax (847) 888-9898)

Enrollee Information	Address/Phone	Begin Link Date End Link Date	Clinical Information	Preventive Services	Status	Services Reported to IHC
BUSYFAMILY, LAD	5694 RAILROAD AVE.	4/29/1999		Well Child Visit: Screenings - Developmental: Vision: Lead:		
449000213 4/29/1998 - 13y (Male) 2890909000028900	CHICAGO, IL 60644 Phone: (847) 850-4213					
						Last PCP Visit: 4/8/2010 Claim
BUSYFAMILY, YOUNGSTER	5694 RAILROAD AVE.	9/10/2003		Well Child Visit: Screenings - Developmental: Vision: Lead:	Due	
449000220 9/30/2002 - 9y (Male) 2890909000028900	CHICAGO, IL 60644 Phone: (847) 850-4213					
						Last PCP Visit: 9/15/2010 Claim
EXAMPLE, MALE	947 RIVER BLVD. GALVA, IL 61434	3/29/1981				
909090909 3/20/1948 - 63y (Male) 2900250027002809	Phone: (309) 998-0909		Meets Diabetes Criteria	HbA1c Test: Last PCP Visit:		8/29/2009 Claim 12/10/2009 Claim
						Last PCP Visit: 9/28/2010 Claim
HAPPYFAMILY, FEMALE	100 WINDWEST ROAD APT #10 CHICAGO, IL 60611	10/20/1999		PAP Test: HbA1c Test: Last PCP Visit:	Due	
101010101 1/1/1971 - 41y (Female) 2500260027002800	Phone: (847) 123-4567		Meets Diabetes Criteria			12/20/2010 Claim
						Last PCP Visit: 9/28/2010 Claim
HAPPYFAMILY, MALE	100 WINDWEST ROAD APT #10 CHICAGO, IL 60611	1/12/1995				
202020202 2/2/1972 - 40y (Male) 2500260027002800	Phone: (847) 123-4567		Frequent ED User			
						Last PCP Visit: 1/5/2010 Claim
ILLUSTRATION, TEENAGE	6490 NEWPORT DRIVE	4/13/2004		Well Child Visit: Screenings - Developmental: Vision: Lead:	Due	
550034501 6/8/1991 - 20y (Female) 2923090800023100	BRADFORD, IL 61421 Phone: (309) 390-9008		Meets Diabetes Criteria	HbA1c Test: Last PCP Visit:	Due Due	5/26/2009 Claim 7/23/2010 Claim

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Enrollee Information	Address/Phone	Begin Link Date End Link Date	Clinical Information	Preventive Services	Status	Services Reported to IHC
NEWFAMILY, BABY	350 SE 15TH AVE.	6/10/2005		Well Child Visit: Screenings - Developmental: Vision: Lead:		
390902802 5/15/2005 - 6y (Female) 2890909023495670	BRADFORD, IL 61421 Phone: (309) 594-0991					
				Last PCP Visit:		1/15/2011 Claim
NEWFAMILY, FATHER	350 SE 15TH AVE.	12/19/2010				
390800223 8/17/1981 - 30y (Male) 2890909023495670	BRADFORD, IL 61421 Phone: (309) 594-0991		Meets Diabetes Criteria	HbA1c Test: Last PCP Visit:		1/10/2010 Claim No Claims
NEWFAMILY, MOTHER	350 SE 15TH AVE.	12/19/2010				
390800220 4/7/1982 - 29y (Female) 2890909023495670	BRADFORD, IL 61421 Phone: (309) 594-0991			PAP Test:		00/00/0000 Claim
				Last PCP Visit:		No Claims
SAMPLE, WOMAN	945 CENTER AVE APT #1	9/25/1992				
789012234 5/4/1960 - 51y (Female) 1209030299813038	CHICAGO, IL 60611 Phone: (847) 908-4590	00/00/0000		PAP Test: Mammogram:		00/00/0000 Claim 00/00/0000 Claim
				Last PCP Visit:		2/20/2010 Claim

Provider Enrollee Panel Roster
March 2012

Questions? Call the Illinois Health Connect Provider Helpdesk at 1-877-912-1999. Hours: Monday – Friday 8 a.m. to 7 p.m.

Your panel roster provides the following information about your patients:

ENROLLEE INFORMATION: Illinois Health Connect enrollee's name (last, first, middle init) /HFS Recipient No. (RIN)/ Enrollee's birth date - age / IHC Case Number.
ADDRESS/PHONE: Enrollee's address and member telephone (if available).
BEGIN LINK DATE/END LINK DATE: PCP Linkage Information

CLINICAL INFORMATION:

Frequent ED User: Enrollee has received services through the ED 6 or more times in the past year without a subsequent inpatient admission.
Meets Diabetes Criteria: Enrollee has had office, outpatient, hospital or ED visits in past two years with diagnosis of diabetes. Please confirm with the clinical record.
HbA1c Test: Shows date of most recent claim for HbA1c testing.
Last PCP Visit: Shows the date of the most recent visit with current PCP based on claims data.

PREVENTIVE SERVICES BY AGE: May show the following services: Well Child Visit, Developmental Screening, Vision Screening, Lead Screening, PAP test and Mammogram.

STATUS: "Due" – if eligible and due for the preventive service listed. Blank - if not eligible or is not due for the preventive service listed. The status is determined by HFS claims data. Please verify enrollee's medical records.

HFS preventive services recommendations:

Well Child Visit: ages 2 weeks, 1 mon, 2 mon, 4 mon, 6 mon, 9 mon, 12 mon, 15 mon, 18 mon, 24 mon, 3 yr, 4 yr, 5 yr, 6 yr, 8 yr, 10 yr, 12 yr, 14 yr, 16 yr, 18 yr, 20 yr (panel roster shows "due" for all children continuously ages 0 to 18 months).
Developmental screening: between ages 0 to 12 months, between ages 12 to 24 months and between ages 24 to 36 months.
Mammogram: minimum every other year between ages 40 to 69 yrs.
Pap test: every other year between ages 21 and 29 years and then every 3 years for ages 30 yrs and older according to ACOG standards.
Lead screening: one test before age 12 months and a second test before age 24 months, if no screening done before age 24 months then screen at any time before age 6 years.
Vision screening: yearly ages 3yr through 6 yr, and then ages 8 yr, 10 yr, 12 yr, 15 yr, and 18 yr.

SERVICES REPORTED TO IHC: For each preventive service the following notations can be included:

Claim: Date of last claim paid for this service.
Scheduled: Enrollee reports a scheduled appointment or was assisted by IHC in scheduling an appointment.
Kept: Enrollee (or provider) reports that scheduled appointment was kept.

More clinical information about each enrollee can be obtained through the Claims History, which can be accessed through the HFS MEDI Provider Portal. The Claims History contains at least 4 years of immunization data, and 2 years of claims data including pharmacy claims. If you do not have access to MEDI, please contact your Illinois Health Connect Provider Service Representative or the Illinois Health Connect Provider Helpdesk at 1-877-912-1999. Additional information can be found on the Illinois Health Connect website at www.illinoishealthconnect.com under Quality Tools.

Age breakdown of enrollees:

Under 1: 0	19-20: 1	
1-2: 0	21-39: 2	
3-5: 0	40-49: 2	
6-9: 2	50-64: 2	
10-14: 1	65+ : 0	
15-18: 0	Total Active: 9	

	Eligible Enrollees	Due Enrollees	Percent Due
Well Child Visit:	0	0	0.00 %
Developmental Screening:	0	0	0.00 %
Vision Screening:	0	0	0.00 %
Lead Screening:	0	0	0.00 %
Mammogram:	0	0	0.00 %
Pap Test:	0	0	0.00 %