

UPDATE ON ILLINOIS HEALTH CONNECT: MOVING FROM ENROLLMENT TO QUALITY ASSURANCE



In June of 2006, the Illinois Department of Healthcare and Family Services (HFS) commenced implementation of a statewide Primary Care Case Management model of healthcare titled Illinois Health Connect. More than 5,600 primary care providers, federally qualified healthcare centers and rural health care centers have enrolled to serve as “medical homes” for these clients. IHC currently manages an HFS population of 1.8 million patients and has a capacity to care for more than 5.4 million clients with appropriate geographic distribution and cultural diversity. Securing a “best fit” medical home is the foundation for the provision of high quality, cost-efficient medical care. A review article by Starfield and Shi concluded, “International and with-in nation studies indicate that a relationship with a medical home is associated with better health, on both the individual and population levels, with lower overall costs of care and with reduction of disparities in health...” (Starfield and Shi, *Pediatrics* 2004;113:1493- 1498) One of the primary goals of Illinois Health Connect is to support the work of the medical home physicians and other providers and to provide quality assurance tools to the medical home. A summary of the quality assurance tools is listed here.

Claims History

Illinois Health Connect will provide electronic access to a summary of the claims for any current HFS client. Claims History contains all claims submitted to HFS for the past 2 years, including pharmacy claims, and contains at least seven years of immunization claims. Claims History complies with all state confidentiality laws. The Claims History only reflects claims received by HFS, so services paid by other payers are not included.

In order to protect patient confidentiality, this Claims History will only be available to an HFS provider or provider who has obtained a digital certification through HFS’ Medical Electronic Data Interchange (MEDI) System. A step-by-step tutorial on registering with the MEDI system and obtaining digital certification is available on the Illinois Health Connect Web site at <http://www.illinoishealthconnect.com>.

To access the Claims History, providers or provider designees will access the Illinois Health Connect Provider Portal through the MEDI system. Once on the Provider Portal, access to the Claims History can be obtained by clicking on the “Claims History” link and providing at least three pieces of identifying information about a specific client including name, RIN, DOB or SSN.

Drug Search Engine

HFS has developed a drug search engine which has been incorporated into its website. It allows providers to search for drugs by both generic and brand names to immediately determine if the drug requires prior authorization (PA). This web page also contains links to information regarding the PA process, PA forms and PA requirements so that prescribing for HFS clients can be streamlined. The web address is: <http://www.hfs.illinois.gov/pharmacy/> Click on "Search for Prior Approval Status by Drug" on the left hand side of the page. This search engine was developed and is maintained by the University of Illinois at Chicago College of Pharmacy (UIC).

Provider Profiles

HFS processes millions of claims. Accurate, complete and detailed submission of claims information will enhance the accuracy of the provider profiles. Data from these claims can be extracted to give providers a snapshot of performance on certain clinical measures. In order to assist busy clinicians in improving the quality of care for their patients, every IHC medical home will receive semi-annual (spring-fall schedule) Provider Profiles that measure the following standard clinical measures adapted from HEDIS measures:

- Immunizations
- Developmental screening
- Asthma management
- Diabetes management
- Well child care
- Adolescent well care
- Vision screening
- Breast cancer screening
- Cervical cancer screening
- Lead toxicity screening

Bonus Payments for High Performance

The IHC Bonus Payment for High Performance program began in 2008. Qualifying IHC PCPs are eligible to receive bonus payments for each qualifying bonus measurement. The bonus measurements and benchmarks for 2011 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 (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 mammogram in the last two years (benchmark 52.0%).
- **Lead Screening:** Children who receive at least one capillary or venous blood lead test by the age of 24 months (benchmark 71.6%).

HFS will count the number of qualifying patients for each measure enrolled on each PCP's Illinois Health Connect panel roster on December 1, 2011(determines denominator). HFS claims data will be used to determine whether a service was rendered during the measurement period (determines numerator). Providers must meet or exceed the target benchmark in order to receive a bonus payment for any patient in that clinical measure. Although providers have 12 months from the date of service to bill in order to be paid for the service, the bonus payment will be based on measurement year 2011 claims, after a three month run out (January through March of 2012). This means all claims for measurement year 2011 services must be submitted to HFS prior to April 1, 2012 to be counted. HFS will pay the bonus payments in summer of 2012. PCPs do not have to report any special information to earn a bonus payment; they just need to submit a detailed claim for the services that are rendered as usual. A measured service is counted whether or not it was the current PCP or another provider who rendered the service during the measurement period. The bonus payments will be at least \$20 per patient. In 2008, 2009 and 2010, the bonus was \$25 per patient.

Panel Rosters

Each medical home has the option of receiving a monthly mailing of all clients enrolled in that medical home. The Panel Rosters are also available electronically in a PDF format or a CSV format on the IHC Provider Portal. The Panel Rosters contain clinical information about each client and can be used as a "wellness registry".

Provider and Client Outreach

IHC has a team of Provider Service Representatives that will assist providers with enrollment and administration of Illinois Health Connect as well as the IHC Provider Services Help Desk (1-877-912-1999, extension 3) and the Illinois Health Connect Web site, <http://www.illinoishealthconnect.com>. On the IHC Web site, providers or their staff can access more detailed information about the IHC Quality Tools, the Illinois Health Connect program, and additional information for providers and their practices. There is also a team of Quality Assurance Nurses who are available to visit offices to discuss Provider Profiles, targeting clinical care indicators for improved performance. Quality Assurance Nurses can also assist with Provider Portal use, HFS claims procedures, and provider resources and tools within the office to assist with care.

IHC has also initiated client outreach to enhance pediatric preventive care. Clients who call for enrollment or other concerns will be reminded if they are due for a well child visit. Clients are assisted in making an appointment with their medical home through 3-way calling. Clients who receive assistance with scheduling an appointment will receive a reminder letter 7 days prior to the appointment. Clients will also receive annual notification letters at the time of their birthdates that they are due for a check-up.