

Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes January 17, 2007

Attendees:

Phaona Gray-Rodriguez	AHS
Rodney Walker	AHS
Margaret Kirkegaard MD	AHS
Jody Bierzychudek	AHS
Fred Hanks	AHS
Brant Pearson	AHS
Amy Harris	HFS
Michelle Maher	HFS
Jim Parker	HFS
Kathy Moles	HFS
Steve Saunders MD	HFS
Kevin Most MD	Central DuPage Hospital
Brad Kupferberg	Children's Memorial Hospital, Chicago
Kelly Carter	IPHCA
Marie Lindsey	IL Society for Advanced Practice Nursing
Claudia Burchinal	Erie Family Health Center
Kirit Bhatt MD	private physician
Joe Weimholt	Illinois Maternal Health Coalition
Kathy Soto	UIC
Kenzy Vandebroek	Chicago Department of Public Health
Lisa Weber	La Rabida Children's Hospital
Kathy Andersen	Swedish American, Rockford
Vince Keenan	Illinois Academy of Family Physicians
Diane Pelli	Lake County Health Department
Ken Ryan	Illinois State Medical Society
Scott Allen	Illinois Chapter of American Academy of Pediatrics
Jasim Din	Prime Care Chicago

Dr. Kirkegaard chaired the meeting. The Minutes from the Provider Network Subcommittee meeting from December 14, 2006 were reviewed. No additions or corrections were offered from the attendees.

Overview of provider recruitment and IHC general operations:

Dr. Kirkegaard reviewed the status of primary care provider enrollment. To date, AHS Provider Service Representatives have visited over 2,000 providers individually. 1,800 PCPs have completely completed the enrollment process. An additional 600 PCPs have agreed to enroll and are in the process of completing the applications. Enrollment statistics were shared:

Region	Recipients	PCPs	panel size
Central	147,635	41	157,642
Southern	148,978	67	312,241
NW region	158,500	160	161,626
Cook county	739,523	1245	2,036,231
Collar counties	224,143	385	340,946

AHS has mapped providers to zip code regions which suggests a broad distribution of providers. AHS has also performed geo-mapping the enrolled/pending PCPs to determine accessibility for patients and is now strategically targeting recruitment to areas where there appear to be more recipients than providers. Kevin Most asked Dr. Kirkegaard for clarification that even though the panel sizes appear adequate to enroll recipients in Cook and Collar counties that there was ongoing recruitment. Dr. Kirkegaard confirmed that AHS was working to increase capacity and also did not want to disrupt any current doctor-patient relationship if the physician wished to continue to see HFS clients. Dr. Kirkegaard also emphasized that placing clients in the most appropriate medical home (e.g. taking into consideration cultural and linguistic references) would require ongoing recruitment and enrollment of providers.

Jasim Din inquired about specialist enrollment. Dr. Kirkegaard responded that some large health care networks had enrolled their specialists in the Referral Resource Network but that specialist enrollment was a secondary priority in the initial phases of Illinois Health Connect implementation.

Ken Ryan pointed out that the December 1st deadline to begin client enrollment had passed and asked when client enrollment would begin. Michelle Maher responded that HFS wanted to make sure that the physicians who had indicated their desire to enroll as PCPs but had not completed the paperwork had a chance to complete the paperwork before client enrollment started. She also stated that a decision about the actual start date of client enrollment would be made in about 5 business days. She also stated that enrollment would likely proceed in checkerboard fashion in Cook and the Collar Counties working from zip codes where the PCP enrollment seemed to be most complete and allowing those zip codes with high numbers of pending applications a bit more time to complete the applications.

Ken Ryan also inquired about materials that physicians can use in their offices to indicate that they would be participating with Illinois Health Connect that would not violate the anti-marketing statutes. Dr. Kirkegaard stated that there was a set of letters that providers could send to existing patients and providers could get these letters electronically from her. Dr. Kirkegaard also stated that she would send them to ISMS, ICAAP, IAFP and IPHCA for distribution to members. Ken Ryan asked if there was a poster that providers could post in their offices. Michelle Maher stated that there was a poster that had been developed for the voluntary phase that could be adapted and agreed to provide this in a timely manner to AHS for distribution.

Dr. Bhatt inquired about the procedure for switching PCPs. Dr. Kirkegaard responded that patients could switch PCPs once a month but that “frequent switchers” would receive some educational intervention. Experience in Pennsylvania has shown very little switching of PCPs overall once the correct medical home has been established. Michelle Maher clarified that the rules that govern switching between MCOs or between Illinois Health Connect and an MCO would remain the same and might require 2 to 6 weeks to change health plans. Joe Weimholt asked if retroactive changing of PCPs had been considered. Michelle Maher responded that this had been considered at great length by HFS but that it had been decided that no retroactive changing would be allowed, however, patients could obtain a retroactive referral that would cover any urgent or emergency situations.

Kenzy Vandebroek asked if the AHS Client Enrollment Broker would continue to function after the initial phases of enrollment. Dr. Kirkegaard responded that the Client Enrollment Broker would continue to function to assist clients with enrollments.

Kathy Anderson asked for clarification on enrolling patients when a physician’s panel is closed. Dr. Kirkegaard responded that the providers could simply call AHS and indicate that they would accept the new patients and then they could be assigned to that practice.

Dr. Bhatt inquired about what would happen if a physician dies or leaves a practice. Fred Hanks and Michelle Maher responded that the patients would be reassigned to another PCP to ensure access to care, but would be allowed to switch PCPs if the reassignment was not acceptable to the patient.

Dr. Bhatt also encouraged HFS to consider some sort of designation on the HFS Medical Card to indicate which patients were enrolled in Illinois Health Connect and which patients were not enrolled.

Advanced Practice Nurse Billing Procedures

Michelle Maher reviewed the policy for APN billing procedures. APNs who have HFS numbers and currently bill HFS directly can continue to do so under Illinois Health Connect. The APN must enroll as an affiliate of a PCP who is also enrolled with Illinois Health Connect. Dr. Kirkegaard clarified that PCPs who collaborate with an APN can enroll in IHC but that does not mean that the PCP will assume any direct patient care responsibilities. However, the APNs will be listed in the directory as ancillary staff of the PCPs and cannot directly receive auto-assignment. Patients will be able to search for the APN by name so that they can register with that practice. Also, the PMPM fees will be paid to the PCP and not directly to the APN.

Update on Provider Handbook

Michelle Maher thanked the subcommittee for providing input into the development of the Handbook. Kelly Carter asked if the Handbook would be ready for distribution prior to implementation of the program. Michelle Maher responded that it was under final

revision and would be ready soon but not necessarily before the program begins. Kevin Most asked if the Handbook would be available online and Dr. Kirkegaard assured him that it would be available on the AHS website.

Overview of Case Management Services Available to PCPs

One subcommittee member had requested a discussion of this agenda item after the last subcommittee meeting. Dr. Kirkegaard outlined the various support services that would be available to PCPS through the new infrastructure of Illinois Health Connect. These include:

- 1) Providing panel rosters that list which patients are due for preventive services.
- 2) Reaching out to patients who are due for EPSDT services and helping them make appointments.
- 3) Working with McKesson and their Disease Management program, Your Healthcare Plus, for patients with difficult to manage chronic diseases.
- 4) Newsletters
- 5) Provider education in the form of CME targeting billing procedures and common clinical topics.
- 6) Calling “no-show” patients and rescheduling appointments
- 7) Assistance with coordinating with Family Case Management workers and HIV Case Management workers.
- 8) Semi-annual provider profile which will help providers track progress on quality indicators.
- 9) Ability to work with our Resource Referral Network to locate specialists

Marie Lindsey inquired how AHS would know about “no-shows”. Fred Hanks responded that in Pennsylvania, providers could actually fax a list of “no-shows” to the AHS office and that the AHS client services representatives would then call the patients to try to reschedule the appointments. He indicated that this had been successful and that providers appreciated the extra help.

Kelly Carter asked when all these services would be in place since client enrollment had been delayed. Fred Hanks responded that the panel rosters would be available immediately and that the other services would be available soon.

Other Business

Brad Kupferberg asked if there was any resolution regarding the Urgent Care Centers (UCC) and whether or not they would be open access. Jim Parker explained that the policy had not been finalized but that they were considering allowing the UCCs which are part of the hospital and function as ED diversion to be open access and that other free-standing UCC which function more as an open-access clinic would require a referral. Jasmin Din responded that open access to all UCC would harm the medical home concept. Dr. Most responded that not allowing open access to the UCC would likely cause an increase in ED patients. There was ongoing discussion about the billing

practices of UCC and whether providers bill under their own HFS numbers or bill under the hospital HFS number. Jim Parker responded that he hoped to finalize this policy by the next meeting.

The next meeting is Thursday, February 22 at 10:00 am via teleconference. The call in number is: 1-877-900-4832 and the conference number is 7100 and the code is 2384#. Subcommittee member should forward agenda items to Dr. Kirkegaard.