Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes February 22, 2007

Attendees:

Phaona Gray-Rodriguez	AHS
Margaret Kirkegaard, MD	AHS
Jody Bierzychudek	AHS
Fred Hanks	AHS
Amy Harris	HFS
Michelle Maher	HFS
Kathy Moles	HFS
Mary Miller	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
TimMcCurry, MD	Resurrection Health care
Daniel Perez, MD	private pediatrician
Cesar Menendez, MD	private practitioner
Omar Sawlani, MD	Hope Children's Hospital
Kathy Hand	
Gladys Martinez	Advocate
Rick Leary MD	McKesson

Dr. Kirkegaard chaired the meeting.

Website Updates:
Dr. Kirkegaard indicated that the Illinois Health Connect website www.illinoishealthconnect.com had been updated. Joe Weimholt asked why a listing of PCPs was not available to the general public via the website. He expressed concern that case managers and other patient advocates would not be able to review the PCPs in order to assist clients with enrollment. Dr. Kirkegaard explained that the PCPs listing were intentionally not available to the general public in order to protect the privacy of the

physicians. Also, there are many details such as patient age limits set by the PCP that would influence whether a specific PCP was an appropriate medical home for a particular patient, so a comprehensive listing would not be very helpful. Case managers and other patient advocates who are working with patients can access the provider search function of the website by entering the client's RIN so the patient advocates can still continue to help clients with enrollment.

Overview of provider recruitment

Dr. Kirkegaard reviewed the status of primary care provider enrollment. Enrollment statistics were shared:

Region	**Recipients**	**PCPs**	**panel size**
Central	164,000	63	168,000
Southern	166,000	73	311,000
NW region	178,000	221	211,000
Cook county	800,000	1,332	2,069,000
Collar counties	251,000	508	358,000

There are approximately another 400 PCPs who have indicated intent to enroll with IHC but have not completed the enrollment process. 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. Dr. Sawlani suggested that AHS use medical staff meetings as a way of recruiting and informing PCPs of the changes. Dr. Kirkegaard responded that AHS has presented to over 100 hospital or physician gatherings over the past few months and a presentation to Hope Children's Hospital could easily be arranged. Dr. Kirkegaard also stated that she had sent a personal letter to all the department chairs of pediatrics, internal medicine and family medicine for all the hospitals in Illinois encouraging them to contact AHS to arrange presentations or to disseminate brochures in their medical staff mail rooms. Dr. Perez inquired if the distribution of pediatricians and adult physicians seemed adequate. Dr. Kirkegaard stated that there were many factors involved in determining patient capacity such as some internists are willing to see adolescents and some pediatricians are willing to see young adults. However, overall, the distribution of pediatric vs adult patient care capacity appears appropriate.

Dr. Kirkegaard confirmed that AHS was working to increase PCP capacity and encouraged the committee members to give suggestions and advice for recruiting strategies.

Client enrollment

Dr. Kirkegaard indicated that client enrollment in Cook and the Collar Counties had commenced on February 16, 2007. AHS would be sending approximately 20,000 letters to clients per day. Clients would then be able to enroll via the phone, internet or by mailing the enrollment form back to AHS. Dr. Kirkegaard was asked if the enrollment

schedule for the rest of the State had been determined and she responded that the schedule had not been finalized yet but enrollment in the NW region would likely begin in mid-March.

Several concerns about the client enrollment process were discussed. There was a lengthy discussion about the role of FQHCs in enrolling their patients. FQHCs are allowed to copy enrollment forms and directly enroll clients at their sites. If the FQHC is located in a county where the clients also have a choice of an MCO, the FQHC must also present this information to the patients and have the patients indicate that they understand that they have an option to choose an MCO. Kelly Carter inquired how HFS ensured that clients who enrolled over the internet had received this adequate education about their MCO choices. Michelle Maher responded that clients who enroll over the internet had to click a box indicating that they had read the information regarding their choices. Kelly Carter also asked if the enrollment process was likely to take 5-6 minutes. Dr. Kirkegaard estimated that enrollment would take that long unless the patients had a very clear understanding already of all the choices and had already selected a PCP. Dr. Bhatt inquired why private PCP offices could not assist patients with enrollment. Dr. Kirkegaard assured him that PCPs can assist patients in a variety of ways. PCPs can place flyers in the office about their participation in Illinois Health Connect or the other MCOs. PCPs can send letters to existing patients about their participation in Illinois Health Connect. The letters and flyers can be downloaded from the IHC website. PCPs can also assist patients who wish to enroll by providing them with a phone line or computer access at the offices. Dr. Kirkegaard acknowledged that PCPs provide a lot of information to patients about navigating our confusing health care system and, in fact, that is one of the reasons for connecting patients to a medical home. Dr. Perez expressed concern that there would be a phone "bottleneck". Dr. Kirkegaard responded that there were several QA parameters about call center operations that were being monitored such as number of rings, abandonment rate (clients hang up while on hold), hold times etc. AHS also has bilingual staff and access to the phone interpreter service to assist limited-English speaking clients. Dr. Most inquired if client enrollment was occurring simultaneously in Cook and Collar counties and Dr. Kirkegaard stated that it was proceeding in a checkerboard fashion in both Cook and Collar counties over the next month.

Another concern that was discussed was the marketing and enrollment practices of the MCOs. Kelly Carter inquired if AHS was following up on all current enrollment forms submitted by the MCOs . Fred Hanks replied that there was no follow up during the voluntary phase. However, with the mandatory enrollment phase, all enrollments would be handled through the Illinois Client Enrollment Broker (ICEB). Dr. Kirkegaard clarified that AHS has been hired by HFS to administer the Illinois Client Enrollment Broker. This entity is separate from the Illinois Health Connect. Client enrollment for Cook, Madison, Washington, Monroe, Randolph and St. Clair would be handled through the ICEB staff because clients in those counties have an option to choose an MCO. The staff would educate all clients about their choices between the MCOs and IHC and enter the enrollment choice of the client. Several participants voiced concerns over the amount of confusion that all these choices created for patients. Dr. McCurry specifically

indicated that he thought that the client enrollment materials delineating 3 choices in Cook County were confusing. Dr. Kirkegaard responded that every attempt had been made to address the materials at a 6th grade reading level and that clients could get more assistance by contacting the client representatives at ICEB. She also noted that ICEB had workers in most DHS offices in Cook County to also assist patients in understanding the materials. Michelle Maher indicated that giving patients a choice was a federal mandate and Illinois had to comply with the federal mandate. Several participants also voiced concerns about previous marketing practices of the MCOs. Dr. Kirkegaard responded that this was precisely why HFS had contracted with the ICEB.

Direct Access: Ob/Gyne and Psychiatrists

Dr. Kirkegaard reviewed the policy that all Ob/Gyne services would be direct access (not require a referral). Dr. Kirkegaard indicated that in addition to looking at ICD 9 codes that were easily identifiable as Ob/Gyne codes, HFS was also creating a database of Ob/Gyne doctors whose claims would not require referrals. Ken Ryan expressed concern that HFS was now requiring Ob/gyne doctors to "register" after reassuring them that they would be direct access. Michelle Maher clarified that HFS was working with IL Chapter of ACOG to identify Ob/Gyne doctors statewide. Kelly Carter asked about Ob/Gyne doctors who might not be a member of ACOG. Michelle Maher stated that Ob/Gyne physicians should check with the Provider Participation Unit of HFS to verify that they were correctly identified by HFS as an Ob/Gyne physician. Kathy Hand asked about deliveries that were covered by their physicians. Dr. Kirkegaard reminded that group that no inpatient services (including deliveries) would require a referral.

Dr. Kirkegaard also stated that services provided by psychiatrists as well as all mental health services provided by community mental health centers and community substance abuse centers would be direct access and not require referrals. HFS is currently also identifying all psychiatrists. Kelly Carter asked what process would be in effect for LCSWs and psychologists at FQHCs and Michelle Maher responded that this process was being investigated.

Urgent Care Center policies

Dr. Kirkegaard delineated the policy regarding referrals for Urgent Care Centers that had been announced at the most recent steering committee meeting. Urgent Care Centers that function as a department of a hospital (ED diversion) and bill Location of Service as the Hospital will not require referrals. UCC that bill as a physician visit will be required to have referrals for the visits.

Other business

Fred Hanks from AHS clarified that the Resource Referral Network would allow PCPs to more readily identify specialists who are willing to care for their HFS clients. The specialists would register with the Resource Referral Network and indicate their capacity for HFS clients. PCPs could call AHS to facilitate connecting the PCPs' patients with the

appropriate specialists. Specialists would be able to maintain complete control over the number of referrals or change their availability at any time. AHS has operated a Resource Referral Network in Pennsylvania very successfully in this model.

The next meeting is Wednesday, March 14, at 2:00 pm via teleconference. The call in number is: 1-877-900-4832 and the conference number is 7100 and the code is 2384#. Subcommittee members should forward agenda items to Dr. Kirkegaard.