Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes June 21, 2007

Attendees:

Phaona Gray-Rodriguez	AHS
Margaret Kirkegaard, MD	AHS
Rodney Walker	AHS
Brant Pearson	AHS
Steve Saunders, MD	HFS
Michelle Maher	HFS
Amy Harris	HFS
Kathy Moles	HFS
Brad Kupferberg	Children's Memorial Hospital, Chicago
Kelly Carter	IPHCA
Claudia Burchinal	Erie Family Health Center
Kate McGovern	Loyola University
Joe Weimholt	Illinois Maternal Child Health Coalition
Rick Leary, MD	Your Healthcare Plus
Omar Sawlani, MD	Christ Children's Hospital
Jondelle Jenkins, DPM	Illinois Podiatric Medical Association
Kirit Bhatt, MD	Private practitioner
Daniel Perez, MD	Private practitioner
Ken Ryan	Illinois State Medical Society
Sandy Reck	Lake County Health Department
Kathy Andersen	Swedish American, Rockford
Vince Keenan	Illinois Academy of Family Physicians
Stefan Miller	Crusader Clinic, Rockford
Margaret Cryda	UIC

Brief overview of provider recruitment

Dr. Kirkegaard chaired the meeting. The following statistics were provided on the agenda and reviewed during the meeting. Because each FQHC or RHC, regardless of the number of clinicians, is counted as one PCP, Illinois Health Connect is now reflecting the number of "Medical Homes" on this report rather than PCPs.

Progress Enrolling Doctors & Clients by Region 6-14-07

Region	Clients/Recipient Count	Medical Homes	Panel Slots Capacity
Cook	855,000	2,152	2,683,786
Collar	275,000	1,006	640,301
Northwest	187,000	522	380,000

Central	172,000	112	252,909
Southern	171,000	104	372,000
IA	0	12	23,830
IN	0	12	13,500
MO	0	3	13,275
WI		14	1,850
Total	**1,663,160**	**3,937**	**4,382,186**

Dr. Kirkegaard inquired whether any members of the subcommittee had any questions or comments about PCP recruitment. Dr. Bhatt noted that one of his patients had been informed by her caseworker that enrollment was optional. Dr. Kirkegaard noted that some patients are exempt from the program but Dr. Bhatt noted that this patient had a PCP listed in MEDI. Michelle Maher responded that regular updates are provided to all DHS offices and that AHS has workers in most DHS offices throughout Chicago to assist clients. Joe Weimholt from IL Maternal and Child Health Coalition noted that many patient advocacy organizations were still confused about all the details of IHC. Dr. Kirkegaard responded that AHS would be happy to provide training sessions for any community-based organizations that required additional information and also directed everyone to check the website regularly for updates. Michelle Maher also requested that providers bring specific concerns about DHS caseworkers or specific offices to the attention of HFS.

Dr. Perez inquired when the rejection of claims would start. Dr. Kirkegaard indicated that it would be fall of 2007 at the earliest and that appropriate education would be provided to physicians prior to any claims being rejected. Michelle Maher also noted that claims remittance advice notices would contain notes that certain claims should have been accompanied by a referral registration a few months prior to enforcing the policy and rejecting claims. Dr. Bhatt also noted that some clients are enrolled in the Recipient Restriction Program that requires the patient to use one PCP and one pharmacy and that this program was separate from IHC. Dr. Bhatt also asked about coverage issues. Dr. Kirkegaard reminded the subcommittee that any claims submitted by any PCP or any affiliate of that PCP would be accepted. She also noted that there is a 14 day window in which to obtain a retroactive referral so if a PCP were to go on vacation and not have a specific designated affiliate, he or she could issue retroactive referrals for any patient who was seen in the absence.

Stefan Miller asked what happens if patients change PCPs in the middle of the month. Angela Plunkett from AHS noted that both PCPs are reflected in the MEDI system until the end of the month and Michelle Maher added that claims from both PCPs would be honored until the end of the month. The timing of PCP changes was discussed and it depends on the timing of the daily file exchanges between HFS and AHS. Most PCP changes will be effective in 24 to 48 hours. Kelly Carter asked if online enrollment also required the 24-48 hour window to be effective and Michelle Maher responded yes. Dr. Jenkins asked if specialists needed to enroll. Dr. Kirkegaard explained that there is no defined specialist “network” like a traditional managed care plan. Specialists may

indicate their availability by registering with the Specialty Resource Database but this step was not necessary to submit claims or to receive referrals from PCPs. Dr. Kirkegaard offered to work more with the Illinois Podiatric Medical Society to help them understand about IHC.

Update on implementation dates for NW region and Cook County

Dr. Kirkegaard reviewed the implementation schedule for Cook County noting that enrollment had started in mid-February and then had been suspended to give all clients adequate time to make an active choice. Enrollment was now resuming and most clients had received their second letter indicating a PCP if they had not actively selected one. Confirmation of auto-assignment letters are scheduled to be sent from the end of June through July 20 and then client enrollment in Cook County will be complete.

Dr. Kirkegaard also reviewed the enrollment time frames for the NW region. Client enrollment started on May 29th in the NW region. Approximately 6,000 letters are mailed per day from 5/29 through 6/18. Clients have a 60 day period after they receive their first letter to actively enroll or a PCP will be assigned. Stefan Miller asked if clients who had selected a PCP with an FQHC through the voluntary phase would receive enrollment materials. Dr. Kirkegaard responded that all patients receive enrollment information and have the opportunity to make an active choice. Clients who enrolled in the voluntary phase would be auto-assigned to the current FQHC if they did not make any other choice during the enrollment phase.

Ken Ryan inquired about the geographic distribution of PCPs in the NW regions. Dr. Kirkegaard responded that careful geo-mapping was completed prior to initiating client enrollment in any region and that the distribution of PCPs was adequate. By and large, AHS estimates that over 95% of the PCPs who currently see HFS clients have enrolled with IHC so the Illinois Health Connect network is adequate for the number of clients.

Existing Patient definition

Dr. Kirkegaard noted that currently providers have the option of agreeing to see new patients or registering to see “existing patients only”. In the AHS system, an existing patient is any patient who has had a paid claim with that provider since January of 2004. Dr. Kirkegaard reported that HFS and AHS were seeking feedback about that time frame for linking a patient to a provider via a paid claim. Dr. Bhatt responded that 3 years seemed like a reasonable time frame to define an existing patient. Dr. Perez also agreed with this time frame. Kathy Andersen responded that the billing standard for when a provider could bill as a “new patient visit” was a 3 year window from the last claim. Ken Ryan also suggested that the CPT guidelines about billing and coding might be a useful reference to inform this decision.

Webinar topics

Dr. Kirkegaard informed the committee that AHS will be hosting regular Webinars every fourth Wednesday of the month. The upcoming Webinar for June is scheduled for June 27 at 8:30 am. Attendance is open and attendees should register via the Provider Relations Helpdesk. Dr. Kirkegaard also inquired about topics for upcoming Webinars. Suggestions from the committee were:

Quality indicators
Coding issues and reimbursement
HFS formulary issues
How to decrease ED utilization through phone triage

Ken Ryan from ISMS asked if there was any limit on the number of participants. Dr. Kirkegaard responded that an unlimited number of participants could participate. Later conversation with IT noted that the Webinar attendance is limited. However, AHS plans to repeat the session as many times as necessary to accommodate all registrants. Also, Ken Ryan asked if AHS could forward Webinar info to him to be shared with ISMS leaders. Dr. Saunders requested that IAFP and ICAAP also be informed, which has already been done.

Disease Management Baseline Clinical Measures

Dr. Saunders and Dr. Leary reviewed the attached baseline Clinical Measures for the disease management program, which was distributed prior to the teleconference via email. Dr. Leary commented that the numbers should not surprise anyone as most of this data had been presented in various committees and professional meetings previously. He asked for input regarding the readability of the format. Dr. Sawlani suggested that the asthma data should be divided into the common nomenclature of mild intermittent, mild persistent, moderate persistent and severe persistent. Dr. Leary was asked how "persistent asthma" could be defined from claims data. Dr. Saunders responded that the standard HEDIS definition was used. Dr. Kirkegaard noted that the asthma categories at the bottom of the page were slightly confusing. Dr. Leary noted that this profile would be sent to 10 FQHCs and 25 physicians as part of a beta-testing of the format. Your Healthcare Plus then intends to send the profiles to approximately 200-300 providers. After that, which providers receive regular profiles will be determined by the volume of DM eligible patients in the provider's care. Dr. Sawlani asked if MCO patients were included in this data. Dr. Saunders responded that the MCOs had their own QI systems. Dr. Sawlani also asked if any comparison between the MCOs and IHC was planned. Dr. Saunders explained that disabled adults were not eligible to choose an MCO so comparisons would require some sort of data adjustment to acknowledge that IHC had a number of disabled adults with a higher level of baseline morbidity. Dr. Sawlani inquired why disabled adults were not allowed to choose an MCO. Michelle Maher responded that it was partially dependent on federal restrictions and partially dependent on the MCO contracts.

Upcoming Meetings

QM Subcommittee: July 23, 10:00 am

PN Subcommittee: September 10, 12:00 noon