Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes for February 25, 2009

Attendees:

Margaret Kirkegaard, MD	AHS
Brant Pearson	AHS
Cari VonderHaar, RN	AHS
Fred Hanks	AHS
Debbie Macon, RN	AHS
Octavia Mailey	AHS
Michelle Maher	HFS
Jim Parker, JD	HFS
Amy Harris	HFS
Mary Miller, RN	HFS
Mary McGinnis	HFS
Laura Zaremba	HFS
Tim McCurry, MD	Resurrection Health System
Omar Sawlani	Christ/Hope Children's Hospital
Denise Kapit	Lake County Health Dept
Tina Reagan	Loyola University
Sue Wicki	Loyola University
Rick Leary, MD	McKesson
Adair Galster	McKesson
Caryn Jacobi	McKesson
Patrick Gallagher	ISMS
Marie Lindsey, NP	ISAPN
Kelly Carter	IPHCA
Mike Temporal	SIHF
Cynthia Daniels	UIC
Sally Salmons	Carle Clinic
Connie Hopkins	Carle Clinic
Karen Fyalka	Litchfield Family Practice Center
Brad Kupferberg	Children's Memorial
Amber Green	Take Care Health

Dr. Kirkegaard chaired the meeting. Introductions and roll call were performed.

Electronic Medical Record adoption

Mary McGinnis and Laura Zaremba from HFS led the discussion about EMR adoption. Ms. Zaremba stated that HFS was seeking feedback from the provider community about adoption of health technology. She indicated that the Health Information Exchange Planning grant had been funded for $3 million during the fall veto session. This grant would be for regional planning for adoption of health technology within "medical trading areas". A "medical trading area" is

defined as an area where at least 85% of the population seeks care within those boundaries. HFS was assessing both public Medicaid and private Cigna (health insurer for HFS employees) to define the medical trading areas. The goal of the regional planning would be to eventually move to a state level health information exchange. This was recommended by the EMR Task Force created by the IL legislature that was working in collaboration with Illinois Department of Public Health.

Ms. Zaremba also discussed the recent federal economic stimulus package. She noted that the package contained language for enhanced rates for the "meaningful use of the Electronic Medical Record." She acknowledged that the rules were still being written by federal CMS but "meaningful use" for EMR would likely include an e-prescribing component, allow the exchange of information to promote care coordination, and allow for reporting on quality measures. The e-prescribing rules would be consistent with Medicare that requires e-prescribing by 2012. Ms. Zaremba indicated that HFS was seeking feedback about any potential stimulus program.

Marie Lindsey from ISAPN stated that she had attended a recent conference in Washington DC about the same issue and was concerned that the language which targeted the economic stimulus to "hospitals and physicians" was too narrow and would exclude APNs. Ms. Zaremba stated that she thought that the language was inclusive of APNs and that she would verify this information. The law identifies the following "eligible professionals" with regard to Medicaid incentive payments: physicians, dentists, certified nurse midwives, nurse practitioners, and physician assistants practicing in a rural health clinic or FQHC. Ms. Lindsey also wondered if physical therapy, occupation therapy and speech therapy would also be excluded. Mary McGinnis from HFS questioned whether PT/OT/ST were independent practitioners or more likely to be part of a hospital system. Ms. Lindsey replied that, in her experience, both types of practice arrangements were common.

Tim McCurry, MD, asked if the Health Information Exchange grants were for developing a "repository". Ms. Zaremba replied that a repository might be one component but that these were *planning* grants and not *implementation* grants so the final plans would be dependent on the results of the planning process.

Laura Zaremba concluded the discussion by noting that HFS was hosting two teleconferences designed to get more feedback. Anyone who was interested in participating in the focus groups could respond to Dr. Kirkegaard.

Payment Updates

Jim Parker from HFS led this discussion. He noted that payments to HFS providers slowed down considerably over the fall but that the state executed some short-term borrowing at the end of December that allowed all Medicaid claims to be paid to physicians. He noted that currently the claims were paying at less than 30 days.

Mr. Parker continued by noting that the federal economic stimulus package increased the federal matching rate for Medicaid from 50 % to 60% or 10% increase over 9 quarters and that this was retroactive to October 1, 2008. This will amount to an extra $3 billion dollars in federal money

over the 9 quarters. The federal government is working to release the money quickly so he was optimistic that HFS would be able to pay all providers very soon. He indicated that in order to continue to be eligible for the enhanced federal match, HFS had to pay 90% of all practitioner claims within 30 days and 99% with in 90 days; and that by June 1, HFS was aiming to pay hospital and nursing homes in these parameters as well. Mr. Parker summarized by noting that the federal economic stimulus package would create "significant fiscal relief very shortly."

Dr. Sawlani suggested that HFS work to pay Medicaid services according to the same rules as private insurances. He noted an example of where a hospital visit and a procedure for an incision and drainage were not payable on the same day. Mr. Parker responded by stating that HFS was working to streamline payments. As of March 1, 2009, EKG and Echocardiograms would be payable on the same day as a consultation.

Dr. Sawlani noted that because many things such as sutures, immobilization, etc were not payable on the same day as an office visit, children were needlessly referred to the ED for care.

Mr. Parker continued by explaining the recent increased rates. He noted that rates were increased for 4 categories of service. One, office consultation codes for pediatric subspecialty visits were increased as of Feb 1, 2009 and HFS was planning to increase adult care consultation codes by Jun 1, 2009. Two, neonatal intensive care rates were increased. Three, add-ons would now apply to adult preventive care as well as children's preventive care. And four, the current add-ons which apply to children under the age of 21 would now apply to adults. (For more info, please see the IHC website at www.illinoishealthconnect.com under Provider Information in the Important Announcement section.)

Dr. McCurry asked Mr. Parker to verify that add-ons would now apply to adults. Mr. Parker responded that the usual E/M codes for office visits such as 99213 would now receive an add-on for adult care as well as care for children.

Dr. Sawlani commented that increased rates should help expand access to care. Mr. Parker agreed that these rate increases were intended to ease access to sub-specialty care. Dr. Sawlani asked if consultation in ED rates had been increased. Mr. Parker did not know if the consultation rates applied to ED visits but he stated that he would check and that he had been in contact with the Illinois College of Emergency Physicians about increasing rates for care provided in the ED. In follow-up to this discussion, the consultation codes that were increased were 99241 – 99245. These are "office or other outpatient consultations" as defined in the CPT and include places of service office and outpatient hospital which includes the emergency room. The add-ons for children were effective 02/01/09. The Department will notify providers when the add-ons for adults will be effective.

Mr. Parker stated that HFS recognized that these rate increases were an "initial step" and that further rate increases would be necessary to provide access to care. Dr. Sawlani stated that this should make a "tremendous difference" and asked how the information was being communicated to subspecialists. Mr. Parker noted that HFS was sending a Provider Notice and that AHS was working with specialty societies.

Marie Lindsey asked for clarification about who is eligible to receive that increased rates. Mr. Parker stated that the consultation code and the neonatal care increases applied to any provider. The adult preventive add-ons and the adult add-ons for E/M codes only applied to IHC PCPs or providers who had previously obtained a Maternal Child Health designation.

Dr. Sawlani continued to say that ENT specialists were most difficult to locate. Mr. Parker noted that the increased consultative codes were chosen because they cut across all subspecialties but that "everything was on the radar screen" for evaluation and he welcomed feedback directly to HFS by contacting him via email to discuss where rates could be increased to address access issues.

Topics for Client Newsletters

Brant Pearson from HFS noted that AHS sends all IHC clients semi-annual newsletter. The newsletters cover both operational topics about how IHC works and clinical advice such as smoking cessation. He asked the group for feedback about possible topics to include in the future. Newsletters are posted on the IHC website for review.

Policies for removing clients from panel

Dr. Kirkegaard led the discussion. She noted that in the interest of time, that she would briefly introduce the topic and that subcommittee members could offer feedback via email or that a separate follow-up teleconference for this topic could be held. She noted that there were three situations currently when a client could be removed from a provider's panel. One, if IHC makes a mistake such as assigning an adult client to a pediatrician. Two, if the provider disagrees that an "existing patient relationship" exists. For example, AHS bases the definition of "existing patient" on claims data and a provider may have filed a claim for care provided in the ED or cross-coverage without having established a provider-patient relationship. And three, clients could be removed from the panel if the provider is terminating the provider-patient relationship for causes outlined in the Provider Handbook such as chronic no-shows or verbal abuse.

Dr. Kirkegaard indicated that some providers had asked to have some patients removed from their panels because they failed to establish a provider-patient relationship after a period of time. She noted that there were several reasons that providers were asking for this. One was concerns about legal liability for patients who have never been seen but formally linked to the provider. Two, were concerns to open more space in the practice for patients who wanted and needed to be linked to the provider. And three was that providers were concerned about these patients diluting their performance metrics. She asked the group to consider what actions would be considered due diligence for outreach to clients and how "failing to establish" a provider patient relationship might be defined.

Your Healthcare Plus Updates

Dr. Leary led the discussion. Dr. Leary stated that Your Healthcare Plus continues to send quarterly provider profiles. The most recent profile was currently "at the mail house". These are

sent to 2,300 providers who have more than 5 patients who quality for the disease management program. Dr. Leary also indicated that the profiles were available through MEDI. Dr. Leary asked for specific feedback on how to address metrics that were not achieving the benchmarks. He suggested that a focused teleconference only on one metric might be helpful.

Dr. Leary indicated that, according to claims data, ED usage among Your Healthcare Plus eligible clients had not declined. He asked for feedback on how YHP could help "foster the medical home concept" and prevent ED usage. Dr. Sawlani asked if nurses were assigned to high volume EDs as planned. Dr. Leary responded that nurses were assigned to 8 high volume EDs to try to intercept patients and assist with establishing them in the medical home. Dr. Leary stated that not enough evidence had been collected to assess the effectiveness of the intervention. Dr. Sawlani noted that some high volume EDs had actual pediatric clinics to divert less sick patients to a clinic setting rather than use the ED. Dr. Sawlani also noted that it was difficult to coordinate semi-acute care such as X-rays and IV hydration outside the ED. Dr. Leary wondered if there was a way to re-direct patients to use the after-hours nurse consultation line. Dr. Sawlani stated that all PCP offices should have information about the nurse consultation line to distribute to clients. Dr. Leary indicated that fostering alternative settings instead of ED care was preferred. He indicated that some FQHCs have an after-hours arrangement with certain hospitals to provide care. Kelly Carter from IPHCA clarified that not all FQHCs have this arrangement and clients should not be directed to FQHCs after hours just because the FQHC might have extended hours.

Q and A

Amber Green asked if the referral policy had been implemented yet.

Dr. Kirkegaard responded that IHC was encouraging voluntary enforcement of the medical home but that a referral was not required. Michelle Maher indicated that HFS was working internally to refine the referral system before deployment. Amber Green asked for clarification if any date had been set yet. Ms. Maher responded that no date for implementation had been set.

Due to the large number of issues requiring feedback, Dr. Kirkegaard sent a follow-up email on 2-26-09 to the subcommittee. The follow-up email summarized the recent rate increases and gave Mr. Parker's email address so subcommittee members could communicate directly to him about further suggestions for rate increases. The email also included an email address for Brant Pearson from AHS so that subcommittee members could send suggestions for topics to be covered in upcoming client newsletters. Dr. Leary's contact information was included as he had requested feedback about strategies to decrease ED usage and finally, subcommittee members were invited to participate in two teleconferences about EMR adoption and how to design an economic stimulus program. Interested members could contact Dr. Kirkegaard.

The next Provider Network Advisory Subcommittee teleconference is scheduled for Thursday, May 21 at 12 noon.