Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes for May 21, 2009

Attendees:

Margaret Kirkegaard, MD	AHS
Brant Pearson	AHS
Cari VonderHaar, RN	AHS
Michelle Maher	HFS
Jim Parker, JD	HFS
Vicky Hosey, RN	HFS
Amy Harris	HFS
Mary Miller, RN	HFS
Steve Bradley	HFS
Scott Allen	ICAAP
Chris Fuchs	Access Community Health Network
Omar Sawlani, MD	Christ/Hope Children's Hospital
Tina Reagan	Loyola University
Sue Wicki	Loyola University
Rick Leary, MD	McKesson
Adair Galster	McKesson
Lisa Weber	La Rabida
David Yaeger	IPMA
Marie Lindsey, NP	ISAPN
Kelly Carter	IPHCA
Brad Kupferberg	Children's Memorial
Eric Douglas	Take Care Health
Dan Perez, MD	Private practitioner
Patty Kimmel	HFS
LaDonna Brown-Miller	TCA
Darin Jordan, MD	Central DuPage Hospital
Jill Sproat	DHS

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

Dr. Kirkegaard opened the meeting by making an announcement about client trainings that Illinois Health Connect was hosting throughout the state directed at community-based agencies and any workers who regularly come in contact with the HFS patient population. She noted that a full schedule was posted on the Illinois Health Connect website at www.illinoishealthconnect.com under the Events Calendar section. She added that there was a training scheduled in Rockford on 5/29 and a training scheduled in Peoria on 6/2.

Update on Physician Payment Rate Increases

Dr. Kirkegaard reminded the subcommittee that as of Feb 1, 2009, provider rates had been increased in several areas. These included: NICU care, adult preventive care, MCH add-ons expanded to adult acute care as well as child acute care for IHC PCPs and consultation rates for pediatric subspecialty consultation. She noted that rates for adult subspecialty consultation were scheduled for increases in June, 2009. More specific information is posted on the IHC website under Provider Information under the Important Announcement section. Dr. Kirkegaard also added that when the rate increases were programmed in Feb there was an error and many physicians did not receive the appropriate add-ons for either child care or adult care. She noted that these payments would be automatically adjusted and would be paid soon. Steve Bradley from HFS noted that this schedule for payment adjustments amounting to $7.8 million had been released to the comptrollers' office and would be paid as soon as the comptroller released the funds.

Payment Cycle Update

Dr. Perez inquired about the payment cycle for all claims noting that it appeared to have slowed down. Steve Bradley responded that the slowdown was in anticipation of a "buy down" for all providers to 30 day payment cycle in anticipation of the increased Federal matching funds from 50% to 60%. He noted that the state was in the process of borrowing 1 billion dollars that would be used to pay all providers including physicians, podiatrists, APNs, hospitals, nursing homes, etc. in the next 2 weeks.

MEDI Enrollment

Dr. Kirkegaard noted that providers who wish to have electronic access through the IHC Provider Portal to the variety of quality tools including the Panel Rosters must register on MEDI. Dr. Leary also noted that the MEDI administrators for each account have automatic access to the IHC and Your Healthcare Plus functions but that the MEDI administrators must "give permission" to other users at each site for them to be able to access the IHC and YHP functions. He stated that YHP had sent a blast email to the MEDI administrators at most FQHCs explaining this application and Kelly Carter indicated that no feedback had been received. Marie Lindsey noted that her office had not received a blast email. Dr. Leary clarified that the email was sent to FQHCs but that this added step of MEDI administrator giving permission to the office staff was applicable to any office. Marie Lindsey stated that the functions accessible through MEDI were "helpful" with population-based management. Dr. Perez noted that in order to access the Claims History function, 3 of 4 patient identifiers were necessary for each patient. This made accessing the system cumbersome. Dr. Kirkegaard responded that this was a HIPAA requirement for security that was required by HFS' legal counsel. Steve Bradley from HFS emphasized the same concerns about HIPAA security. Dr. Kirkegaard asked Dr. Yaeger if any podiatrists had accessed the Claims History because the site is available to any HFS practitioner and the goal was to assist in coordination of care between providers. Dr. Yaeger responded

that he wasn't aware of any users in the podiatric community but agreed to follow up with Dr. Kirkegaard about encouraging this use among Illinois Podiatric Medicine Association members.

IHC Bonus Payment Update

Dr. Kirkegaard announced that 4400 of the 5400 IHC medical homes were scheduled to receive a bonus through the 2008 Bonus Payment for High Performance program. The Provider Network and Quality Management subcommittees worked together in 2006 to select 5 measures to target for bonus payments which are: immunization rates, developmental screening, controller medications for asthma, mammography rates and Diabetic management with annual HbA1C testing. She noted that each qualifying PCP would receive a check and remittance advice listing the number of clients who qualified for bonus in each category. The payments will be $25 for each qualifying patient. Dr. Kirkegaard noted that detailed information listing every eligible patient name and every qualifying patient name would be posted on the IHC Provider Portal. Dr. Perez noted that information would be helpful but it would be even more helpful to have a listing of patients who are not complete with immunizations prior to the bonus payment determination. Dr. Kirkegaard noted that there were two major sources of discrepancy between the bonus payment or profile rates and physician-determined immunization rates. These were the fact that providers are held responsible for all two–year olds on the Panel Roster even if a chart has not been established and that improper billing and coding led to incomplete data that could never been recovered. Because of these potential sources and data error, the threshold to achieve a bonus payment had been set very low. Dr. Kirkegaard agreed that giving providers information about children who do not appear up-to-date with immunizations was a future goal for IHC. She noted that this had been tabled initially because of the development of the ICARE program which would include information on immunizations received through private insurance. HFS plans to share data with ICARE for the purposes of improving immunizations. Dr. Sawlani noted that ICARE was great database. Marie Lindsey inquired where the checks would be sent. Dr. Kirkegaard responded that the checks would be sent to the payee for the care management fees and that the Portal would also indicate where the check had been sent. Kelly Carter asked if any benchmarks had been adjusted. Dr. Kirkegaard responded no and noted that feedback would be obtained through this subcommittee and the Quality Management subcommittee for improvements with next year's bonus payment program. Dr. Sawlani asked about providers with direct deposit. Dr. Kirkegaard responded that all checks were coming from IHC not HFS and that they would be sent as checks NOT direct deposit. Steve Bradley from HFS reminded subcommittee participants that if they moved or needed to update their payee to do so with HFS. Dr. Kirkegaard also seconded that request and noted that while HFS and IHC exchange data about providers it was a good practice to inform both IHC and HFS of any changes. Dr. Sawlani also thought that future measures should include a measure of ED visits per panel member to encourage providers to manage patients efficiently and decrease ED usage. Dr. Kirkegaard noted that frequent ED users (as defined as 6 or more visits to the ED without a subsequent admission in the past 12 months) were eligible for additional services through YHP and that they were noted on the Panel Rosters.

IHC General Updates

EPSDT outreach

Dr. Kirkegaard informed the subcommittee participants that IHC makes approximately 15,000 outbound calls per week to households with children who are due for well-child exams. She noted that long hold times were preventing both IHC staff and clients from scheduling appointments. Since clients often pay for cell phones by the minute, clients could not afford to stay on hold for long times. She encouraged pediatric providers to be aware of the possible long hold times in their offices. Both Dr. Perez and Marie Lindsey noted that they had patients who had scheduled appointments due to a call from IHC and thought that this was beneficial to the patient population.

Adult preventive letters

IHC is now sending 1500 letters per day to adults around their birthday reminding them to make an appointment for a general health check-up. She asked the group to monitor the impact of the letters.

April profiles

Dr. Kirkegaard noted that IHC Profiles had been sent in April and were posted on the IHC Provider Portal for anyone who had not received one or misplaced it.

YHP Enhanced Provider Outreach

Dr. Leary noted that YHP had outreach that was both client-facing and provider-facing and that YHP staff were attempting to visit every practice that had more than 50 YHP patients. He indicated that they were interested in getting feedback from providers about the YHP program, get better demographic information on patients who had been seen in the provider's office and determine if there were any other clients who could use YHP assistance.

YHP/IAFP Collaboratives

Dr. Leary stated that the Illinois Academy of Family Physicians had created several CME modules to improve management of this patient population and these modules were free and available online. He noted that YHP and IAFP were expanding their collaboration in regards to provider education by creating Collaboratives where practices select a QI project and receive feedback through a series of webinars and meet with a mentor.

Recommendations to the Taxpayer Action Board

Jim Parker from HFS noted that Governor Quinn had appointed the Taxpayer Action Board (TAB) to assess "efficiencies" in state government. The Board has several subcommittees

including one to evaluate Medicaid. The subcommittee was staffed by a management company who made three recommendations: moving to more managed care, long-term care rebalancing (i.e. getting patients out of facilities and into the community) and restricting the use of certain prescription drugs. The subcommittee report to the overall TAB was due soon and Mr. Parker encouraged interested parties to review and submit comments. He noted that IAFP had submitted helpful information. (The TAB can be accessed through the website and there is a section for leaving comments. http://budget.illinois.gov/tab/) Dr. Sawlani asked if the TAB was considering questions like adopting a PPO vs capitated model. Mr. Parker responded that the role was to "find more efficient ways to run state programs and produce savings". Dr. Sawlani inquired if IHC was being compared to MCO models. Mr. Parker responded that much of the information for the TAB Medicaid subcommittee was drawn from national reports and that there was "not a lot of in depth analysis of IL data". He went on to explain that the YHP program has generated $104 million in savings in the second year of the program above the program costs paid to the contractor. These numbers were actuarially sound based on formulae established at the execution of the contract. He noted that IHC appeared to have saved another $100 million during fiscal year 2008 and that these numbers were harder to define because no baseline was established prior to the commencement of the program. He noted that the YHP client had been removed from the IHC analysis so that there was not "double counting" and that it appeared that IHC was effective in lowering the overall ED usage and inpatient admission rates. He noted that the state was "very happy with the program".

Q and A

Dr. Sawlani noted that some of his patients had been told by orthopedic surgeons that they had to pay cash for cast applications. Steve Bradley responded that if the surgeons had charged a surgical fee, any service provided in the 30 day post-op period were included in the surgical fee. He could not comment on the specific circumstances described by Dr. Sawlani without greater detail. Dr. Kirkegaard offered to work with Dr. Sawlani to contact either the orthopedic surgeon or clients involved and get more details. HFS is committed to streamlining the claims process to make it more congruent with commercial payers.

The meeting was adjourned with Dr. Kirkegaard thanking the participants and noting that their input was "critical" to the development and implementation of IHC and YHP. She added that the next meeting would be in September and to watch for an announcement via email.