Illinois Department of Healthcare and Family Services
PCCM DM Provider Network Subcommittee
Meeting Minutes for Sept 18, 2009

Attendees:

Margaret Kirkegaard, MD	AHS
Cari VonderHaar, RN	AHS
Michelle Maher	HFS
Kathy Moles	HFS
Amy Harris	HFS
Mary Miller, RN	HFS
Sharon Pittman	HFS
Scott Allen	ICAAP
Omar Sawlani, MD	Christ/Hope Children's Hospital
Claudia Burchinal	Erie Family Health Center
Kate McGovern	Loyola University
Tina Reagan	Loyola University
Sue Wicki	Loyola University
Rick Leary, MD	McKesson/YHP
Kathleen Warnick	McKesson/YHP
Kelly Carter	IPHCA
Brad Kupferberg	Children's Memorial
Ryan Forman	Take Care Health
Amanda Doeden	Take Care Health
Darin Jordan, MD	Central DuPage Hospital Convenient Care
Dan Perez, MD	Private practitioner
Tim McCurry, MD	Resurrection Family Medicine Residency
Ken Ryan	ISMS
Wayne Franklin, MD	ICAAP
Kirit Bhatt, MD	private practitioner
Cynthia Daniels	U of Illinois, Chicago
Pat Bickhoff	Litchfield Family Practice RHC
Ben Schoen	Meridian Health Plan
Kim Perez-Frierson	Lake County Health Department
Vicky Jackson	DHS, School Based Clinics
Marie Lindsey	ISAPN

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

YHP Medical Director Replacement

Dr. Rick Leary from Your Healthcare Plus (YHP) opened the meeting by announcing that YHP had secured a new medical director to take his place. However, he was unable to make a final

announcement about the name of the new medical director and indicated that the new medical director would be introduced at the upcoming Steering Committee meeting next week.

YHP Diabetes Chart Reminders

Dr. Leary explained that diabetes management is one of the target conditions for the disease management program. YHP was piloting a new program by creating chart reminders for each patient showing "gaps" in care. The chart reminders were delivered to the medical homes of the patients and placed on the medical record so that the next time a patient called or came into the office; the chart reminder would serve as a guideline for needed clinical services. Dr. Leary noted that the feedback about the chart reminder program was excellent. Dr. Leary stated that YHP would be tracking the results of the chart reminders for the pilot sites over the next 3 to 4 months and thanked the pilot sites for their participation.

Task Force on Frequent ED Users

YHP introduced the Task Force on Frequent ED Users. Patients who use the ED six or more times in 12 months without a subsequent admission are noted as "Frequent ED Users" and are eligible for additional services through YHP. After discussion about strategies to reduce frequent ED use by the Steering Committee, a Task Force was created to address the issue. The first meeting of the Task Force was earlier this week. YHP asked if there were any other members on the PN Subcommittee who would like to join the Task Force. Dr. Sawlani indicated that he would like to serve on the Task Force. He also noted that targeting the highest utilizers may miss a lot of inappropriate ED use and recommended focusing on all patients who had inappropriate ED visits regardless of the number of visits. He recommended researching the reasons that patients use the ED unnecessarily. Dr. Leary responded that some of the data had been compiled looking at diagnosis codes and acuity levels for ED visits. YHP agreed to forward data to Dr. Sawlani and get him enrolled in the Task Force. Darin Jordan, MD, also volunteered to serve on the Task Force and Dr. Kirkegaard agreed to forward his email address to HFS to be included. Scott Allen from ICAAP asked for a listing of the Task Force members to ensure that pediatric ED practitioners were represented. Dr. Bhatt stated that more vigorous client education was necessary. He noted that clients are "used to going to the ED" and that there was no co-pay for ED use and lack of disincentive was a factor in inappropriate ED use. Dr. Leary agreed that client education was a key component. The IHC Call Center does educate clients about the medical home model. Dr. Leary indicated that education about appropriate ED use should also come from the providers and educational strategies were being discussed with the Task Force. Ken Ryan asked if the Task Force had any "downstate" representation or representation from ISMS and agreed to review the member list and nominate additional members.

Dr. Sawlani suggested that HFS create a "hotline" during the next few months to provide medical information about the H1N1 flu and prevent patients from unnecessarily going to the ED. Dr. Kirkegaard stated that HFS and IHC were discussing any potential role for IHC in H1N1 education for both providers and clients.

IHC Referral System

Dr. Kirkegaard provided a brief overview of Phase I of the IHC Referral system which is being implemented according to the following schedule: NW region- Oct 1, Collar Counties- Dec 1, Cook Co- Feb 1, 2010 and Central/Southern Counties- April 1, 2010. She noted that Phase I meant that a referral would be required for any IHC PCP to see a patient not on his/her own panel or on a panel of an affiliate. No referrals would be required for any direct access services or for any specialty care. Dr. Kirkegaard noted that IHC had embarked on a vigorous provider and client education campaign which included frequent webinars for providers, training presentations scheduled in the various geographic regions to coincide with the implementation schedule, flyers sent to clients and notification of clients through flyers in their medical cards.

Dr. McCurry inquired why the PCP could not be listed on the medical card. Dr. Kirkegaard explained that clients do have the option of changing PCPs in the middle of the month and therefore the cards would be inaccurate. Michelle Maher at HFS also indicated that HFS was moving towards a yearly medical card system. Dr. Kirkegaard went on to review all the mechanisms where a provider can verify the PCP. She noted that providers can use MEDI, HFS' free, electronic data interchange system. The MEDI system will confirm both HFS eligibility (a monthly card does not guarantee eligibility at the time of service) and the PCP name. If providers use a Recipient Eligibility Vendor (REV vendor) such as Nebo/Passport or E-care, this will also name the PCP. At the time of enrollment, clients do receive a confirmation letter naming their PCP. Additionally, clients are sent annual reminder letters for check-ups and these letters now include the name of the PCP so that patients have another reminder about updating their PCP information. Dr. Kirkegaard also explained that IHC had created a new web-based function for clients to verify their PCP by logging into the IHC website and checking the "Who's my PCP? function.

Dr. Sawlani asked about newborn care. Dr. Kirkegaard explained that newborns have direct access status in the first 91 days of life but that newborns may also have a PCP selected before this time and providers can decide if they want to render care as a direct access service or refer the patient back to the PCP listed. Ken Ryan from HFS asked if newborns go through the same auto-assignment algorithm and Dr. Kirkegaard confirmed that they do if they do not make an active choice and that IHC is working on more vigorous outreach to families with newborns to engage them in active selection of a PCP for the newborn child. Dr. Perez inquired how a new practitioner would acquire any new patients since it appeared that the referral system would restrict patients from trying a new doctor. Dr. Kirkegaard noted that clients have the opportunity to switch PCPs up to once a calendar month and that providers can build a practice in the traditional ways through referrals from other clients. They can also register with IHC for auto-assignment and therefore would get patients assigned to them who do not select a medical home.

2008 Claims Data

Dr. Kirkegaard explained that all providers received a letter with the number of clients who had been seen in 2008 who did not belong to the PCP as a medical home and the total dollar amount of care represented by those claims. An electronic listing of the actual patient names and dates of service is posted on the IHC Provider Portal. Dr. Sawlani inquired if this included data for affiliates. Dr. Kirkegaard explained that the PCP listed on the 2008 Claims Data is the *current* PCP. After receiving care on the date of service listed, the client may have switched to the PCP listed which could be an affiliate or the providers may have created an affiliation agreement that was not active at the time of service. Dr. Bhatt asked if this listing of patients was available to all providers or just high volume providers. Dr. Kirkegaard answered that the 2008 Claims Data with patient specific information was posted on the IHC Provider Portal which could be accessed through the secure MEDI system. Dr. Sawlani wanted to clarify the role of nurse practitioners in the system. Dr. Kirkegaard responded that nurse practitioners were usually listed an ancillaries to the PCP and would not require referrals. Dr. Sawlani also asked if referrals were necessary when referring a patient to another PCP for specialty care such as ADHD management. Dr. Kirkegaard indicated that referrals were required for care rendered by IHC PCPs to patients not currently linked on their panels. Dr. Bhatt asked if he would lose revenue while on vacation for 2 weeks. Dr. Kirkegaard explained that if the cross-covering physician was not an IHC PCP, no referral would be necessary. If the cross-covering physician was an IHC PCP, then the practice could issue retroactive referrals up to 60 days after rendering care. Also, PCPs have the option to affiliate and may want to do that for a planned prolonged absence so no referrals would be necessary. Dr. Sawlani noted that some PCPs do not give vaccines. Dr. Kirkegaard noted that most children who are eligible for IHC are linked to a provider who does participate in the VFC program and that IHC was working with providers who are not part of the VFC program to provide education and resources about participating in the program. Dr. McCurry asked if there was any disincentive not to give referrals. Dr. Kirkegaard responded that there were no disincentives however, patients who were routinely seen outside the medical home might not be managed as carefully and therefore the practice may not qualify for bonus payments as readily. Mr. Forman from Take Care Health asked if the roll-out schedule was available anywhere and Dr. Kirkegaard directed him to the IHC website for more information and explained that IHC was also revising their website to create a special section exclusively for information about the referral system. Michelle Maher noted that IHC was doing a good job with the overall implementation and provider education for the referral system.

Dr. Sawlani inquired if HFS was moving toward a capitated program since this had recently been discussed in the news. Michelle Maher from HFS indicated that discussions within the department were ongoing but no plan had been made yet.

Dr. Kirkegaard asked if there were any additional questions. Since there were no responses, the meeting was adjourned. The next Provider Network Subcommittee meeting will be held on November 9 at 12 noon via teleconference.