Illinois Department of Healthcare and Family Services
PCCM/DM Provider Network Subcommittee
Meeting Minutes for Jan 14, 2010

Attendees:

Margaret Kirkegaard, MD	AHS
Cari VonderHaar, RN	AHS
Fred Hanks	AHS
Michelle Maher	HFS
Vicky Hosey	HFS
Kathy Moles	HFS
Mary Miller	HFS
Tina Reagan	Loyola University
Kate McGovern	Loyola University
Kathleen Warnick	McKesson/YHP
Carrie Nelson, MD	McKesson/YHP
Caryn Jacobi, RN	McKesson/YHP
Adair Galster	McKesson/YHP
Kelly Carter	IPHCA
Allison Thomas	Take Care Health
Lynn Johnson	Take Care Health
Wayne Franklin, MD	ICAAP
Ben Schoen	Meridian Health Plan
Lori Goode	Meridian Health Plan
Eliza Caplan	Meridian Health Plan
Christine Tomzik	Meridian Health Plan
Marie Lindsey	ISAPN
LaDonna Brown-Miller	TCA
Dr. Nave	TCA
Jill Sproat	DHS, School-based clinics
Vince Keenan	IAFP
Karen Fyalka	Litchfield Family Practice
Diane Pelli	Lake Co HD
Cynthia Daniles	U of I, Chicago
Omar Sawlani, MD	Hope Children's Hospital
Daniel Perez, MD	private practitioner
Brad Kupferberg	Children's Memorial Hospital
Darin Jordan, MD	Central DuPage Hospital
Sara Sonin	Central DuPage Hospital

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

IHC: Referral System Updates

Dr. Kirkegaard started the meeting by providing an overview of the implementation of Phase I of the IHC referral system to date. She noted that the implementation had started in the NW region on October 1, 2009 and in the collar counties on December 1, 2009. She noted that there was increased call volume to the call center mainly for requests to change PCPs. She also noted that there were increased provider calls to the Provider Relations Helpdesk to update panel restrictions, ask questions and establish affixations. She indicated that all IHC staff members were working to ensure a smooth implementation. She did indicate that AHS was aware that providers could not self-enter a referral via the web-based system if the patient had subsequently changed PCPs and that AHS had established a manual work-around for this problem and was actively programming to allow PCPs to make referral for patients who had changed from them to another PCP. Dr. Kirkegaard noted that AHS was reviewing call center data and populations and extrapolating to forecast anticipated call volumes for when the referral system would be implemented in Cook County on Feb 1, 2010. She also added that AHS was working with the DHS offices in neighborhoods with high auto-assignment rates to ensure that all avenues of patient education had been utilized. AHS also plans to direct a call-fire (automatic calling) campaign to households with where clients were auto-assigned informing them that they can contact IHC to make an active choice. AHS anticipates shifting staff to busiest call times (eg Mon and Tuesday mornings) to accommodate higher call volumes.

Diane Pelli inquired how PCPs could access the "work-around" for entry of referrals after a PCP change was made. Dr. Kirkegaard informed her that she can contact the Helpdesk, her PSR or the Care Coordination Unit with that information. Darin Jordan, MD, asked what the expected timeframe was for confirming direct access status to urgent care provided by IHC PCPs. Michelle Maher at HFS responded that the policy was still under final review. She added that the policy should be finalized in the next 2 weeks. She indicated that the direct access status would only apply for claims that were submitted with place of service (POS) code 20 and where the urgent care location was not the same as the IHC PCP location. She also indicated that the policy would be retroactive to October 1 so that claims with dates of service after October 1, 2009, could be submitted for payment without a referral and previously rejected claims could be resubmitted. Dr. Kirkegaard noted that IHC would work to inform all doctors of when this policy was officially active. Sara Sonin from Central DuPage Hospital noted that they were having some difficulty with processing of the faxed restriction forms and that it was taking up to 45 days to add patient to their panels. Dr. Kirkegaard responded that IHC processed all PCP changes within 24 hours of receiving the fax back from the physician's office and that the file exchanges with HFS would add the patient to the panel within 48 to 72 hours. Ms. Sonin inquired if the PCP assignments could be made retroactive to the date that the form was signed. Dr. Kirkegaard indicated that this was not possible and if the PCP group wanted immediate PCP changes, they could open their panels. Dr. Kirkegaard offered to investigate the time lag for processing the forms if Ms. Sonin could provide some specific examples offline. Dr. Kirkegaard asked if any other PCPs participating in the call had similar experiences with time lags to process the restriction forms and no one had additional complaints. Dr. Kirkegaard reviewed all of the provider education strategies for the referral process and asked for feedback or suggestions on additional strategies. There were no more questions about the referral implementation.

IHC: Provider Requested Patient Removal

Dr. Kirkegaard reviewed the policy for provider requested patient removal. She indicated that the complete policy is outlined in the IHC Provider Handbook. A copy of the Handbook is sent to every PCP at the time of enrollment with IHC. For those who may have misplaced their copy of the IHC PCP Handbook, she noted that the Handbook was posted under Provider Information on the IHC website. Marie Lindsey asked for clarification about where exactly the Handbook was posted and Dr. Kirkegaard responded. Dr. Kirkegaard briefly outlined that terminating the provider-patient relationship was certainly allowed for the typical reasons such as abusive patient behavior, patient non-adherence to medical recommendations or chronic no-show for appointments. The policies must be uniformly applied to patients from all payers. Dr. Kirkegaard noted that IHC had created a form to assist providers with the patient termination process. The form is currently posted on the IHC website under Provider Information in the Important Notices section. Dr. Kirkegaard noted that IHC was undertaking a website reorganization in the near future that would make finding forms easier. Dr. Kirkegaard noted that IHC PCPs were responsible to continue to provide care to patients until the patient could be reassigned. She indicated that if IHC is notified of the request for termination as soon as the provider decides to terminate the relationship, that most often the patient can be reassigned in the 30 day window that is customary for patient termination and non-abandonment. She encouraged timely notification to IHC of request for patient termination so that patient would not be without access to a medical home. Dr. Sawlani inquired if he could use this form for patients who "age out" of his practice. Dr. Kirkegaard responded that this process was more for termination for cause and that patients should be instructed to call IHC to establish a medical home with an adult provider. Dr. Sawlani suggested that it was more difficult to find an internist who accepts HFS patients. Dr. Kirkegaard countered that there were actually more internists registered with IHC than pediatricians. She also noted that IHC works very hard to find a "best fit" medical home for every client and that young adults, regardless of insurance plan, who were transitioning to adult care were often confused about how to access care and IHC could assist them with understanding their options for care.

YHP: Chart Reminder Project

Carrie Nelson, MD, the new medical director for YHP introduced herself and noted that she might be known by her former name, Carrie Nankervis. She reviewed the YHP chart reminder project which was designed to notify the PCPs of potential gaps in diabetes care based on claims data. The reminders are filed with the patients' chart and then acted upon at the patients' next appointment. She noted that the program had been highly successful in reducing gaps and that on certain metrics the improvement was as high as 16%. She added that the program was going to be expanded to coronary artery disease and congestive heart failure patients including metrics such as ACE/ARB usage, lipid testing and prescription for cholesterol lowering medications. Dr. Nelson asked if any PCPs on the phone were familiar with the chart reminders and had any feedback. There was no response. Dr. Kirkegaard offered to include her email address in the minutes so that PCPs could contact her individually if they had any

feedback, questions or concerns about the chart reminder project. The email address is: carrie.nelson@mckesson.com. Wayne Franklin asked if these activities could be certified for maintenance of certification for PCPs with their specialty boards. Dr. Nelson indicated that the American Board of Family Medicine had refused certification of a similar QI project for YHP but that the American Board of Pediatrics had agreed to certify certain activities and she would be looking into that more closely.

YHP: Outreach Activities

Dr. Nelson also outlined the provider outreach strategies for YHP in 2010. She thanked offices for allowing her and her team to come into the offices and educate them on the various YHP tools for chronic disease management. She noted that they were working with high volume PCPs but that they were available to assist any practices. She also indicated that they were working with specific hospitals.

ED Overuse Reduction Strategies

Dr. Nelson noted the reducing inappropriate ED utilization was a significant focus of the YHP program. She outlined several drivers for inappropriate ED utilization including: poor ED-PCP communication, access problems in the PCP office, and behavioral patterns for patients. She noted that YHP was working closely with the hospitals and also with IHC to devise polices to reduce ED utilization. She asked for any feedback from providers participating on the call. Dr. Sawlani suggested that YHP connect with the bigger hospitals and determine if there were any strategies to apply in the ED. He felt that ED's should opt for "just-in-time" education or educating patients at the time of the inappropriate ED visit. Dr. Nelson indicated that YHP did have a pilot project using social workers in certain ED locations for that very purpose and that she would be reporting on the success for the pilot at future meetings. Dr. Kirkegaard also noted that IHC had created the "Who's My PCP?" function on the public IHC website at www.illinoishealthconnect.com. This function was intended to assist clients and client advocates in determining their PCP. Dr. Kirkegaard noted that most EDs would be using the MEDI system to determine the PCP and eligibility but that patient advocates who did not have access to MEDI could use the "Who's MY PCP?" function to assist clients in engaging with their medical home. She also noted that the "Who's My PCP" site contained additional information such as the PCP for family members and the address of the medical home. Dr. Sawlani commented that he thought this was a good function and that he would relay the information to his ED team.

Dr. Kirkegaard asked if there was any additional business for the subcommittee to consider. No one offered any suggestions. She noted that the IHC Phase I referral implementation for Cook County was scheduled for Feb 1 and for April 1 for the rest of the state. This subcommittee has been charged with monitoring the implementation process for the IHC referral system so meetings would be more frequent through the remaining implementation period. Next meeting: Thursday, March 4, 2010 at 12 noon.