

Illinois Department of Healthcare and Family Services
PCCM Provider Network Subcommittee
Meeting Minutes for June 20, 2012

Attendees:

Margaret Kirkegaard, MD	AHS
Cari VonderHaar, RN	AHS
Jonathan Jackson	AHS
Michelle Maher	HFS
Pam Bunch	HFS
Kathy Moles	HFS
Sharon Pittman	HFS
Vince Keenan	IAFP
Susan Gaines	IPHCA
Jason Roth	Swedish American Hospital
Gerri Clark	DSCC
Jill Sproat	DHS, School-based clinics
Julie Garcia	VNA
Dan Perez, MD	private practitioner
Marie Lindsey	ISAPN

Dr. Margaret Kirkegaard and Jonathan Jackson co-chaired this meeting. Dr. Kirkegaard took names and performed roll call, then introduced Mr. Jackson as the chairperson for future meetings. Mr. Jackson, provided the group with his contact information, phone number 630-306-8582, jjackson@automated-health.com, and informed them to contact him with any questions, comments, or concerns regarding the PCCM program.

HFS Updates:

Care Coordination Innovations Project

Michelle Maher from HFS informed the group that of the 75 letters of intent, HFS received 20 CCE proposals by the June 15 due date. She stated these bidders and the geographic areas they propose to serve will be evaluated over the next several months. HFS will post a summary of the proposals on its Web site in the near future. Ms. Maher also indicated a projected start date for some CCEs of January 1, 2013.

Medicaid/Medicare Dual Alignment Initiative

Ms. Maher stated the proposals were due June 18, 2012, covering Chicago/Collar and Central Regions. She indicated there were nine Health Plan bidders for the two regions. There were eight bids in the

Greater Chicago area, and four bids in Central Illinois. HFS released the bidders' names on its Web site this week. She also indicated that the evaluation of dual alignment will begin first, due to CMS timeline.

Recent Medicaid Reform and Budget Cuts

Ms. Maher informed the group that these cuts were needed because Illinois Medicaid was on the "brink of collapse", however the good news is that rates for physicians, FQHCs, Safety Net Hospitals, RHCs, APNs and Dentists will not be cut. Ms. Maher also indicated that HFS is in the process of filing emergency rules this week. When the final rules are submitted to the Joint Commission on Administrative Rules (JCAR), there will be a 45-day comment period, and this info will be posted to the General Assembly Web site (<http://www.ilga.gov>). A summary of the budget cuts and policy changes can be located on the HFS Web site at <http://www.hfs.illinois.gov>.

Dr. Kirkegaard stated that there are a few changes that will have impact on PCCM. She noted that the FamilyCare eligibility threshold will be reduced from 185 percent of the federal poverty limit (FPL) down to 133 percent FPL starting July 1, 2012. She asked if this July 1 date was firm, because several physicians had suggested that receiving prior notification of patients who were going to lose eligibility may allow the ability to visit their PCPs and receive any last minute care/prescriptions prior to their lose coverage date. HFS reiterated that this date is firm and that the programming has already been completed. Ms. Maher confirmed that dental care changes for adults, moving forward, will cover only emergency extractions. Dr. Kirkegaard then asked about the change in prescriptions and how that will be handled now that clients will need prior authorization for more than 4 prescriptions per month.

Jim Parker of HFS stated that the prescription limit will apply to everyone and that prior approval will be needed to go over the limit. He indicated that co-pays are increasing from \$2 to \$3.65 on non generic prescriptions and to \$2 for generics. He also indicated that there will be a co-pay of \$3.65 on use of the emergency department when there is no emergency. Mr. Parker indicates that hospitals will use a code on their billing claims to indicate whether the visit was a true emergency, and HFS will deduct the amount when billed. Mr. Parker also stated that the new emergency co-pay is an attempt to modify behavior and at this time it is unknown exactly how hospitals will implement this new policy, but thinks hospitals may try to collect co-pay at time of visit.

Illinois Health Connect Updates:

Client Outreach: integrating motivational interviewing techniques for engaging clients

Dr. Kirkegaard reminded the group that PCCM Enrollee Services reminds IHC clients about due well child visits on every inbound call, as well as with letters and outbound phone calls to stress the importance of care. She communicated that the results of the client satisfaction survey showed that clients express satisfaction with IHC outreach calls. In order to improve the effectiveness of the outreach calls, Dr. Kirkegaard indicated that she would like to get input from the advisory subcommittee to have IHC phone representatives start using new verbiage that indicates that, "IHC is calling on behalf of the provider's office". Clients are often skeptical about the purpose of the call and reassuring them that IHC is working towards improving healthcare may be helpful. Both Jill Sproat and Jason Roth believed that this will cause confusion among clients, who may already be confused about the difference between their PCP,

IHC, and DHS/HFS. Julie Garcia also agreed that this may be confusing to clients. Dr. Kirkegaard then asked the group how they outreach to their patients and Ms. Garcia responded that her organization sends letters and makes phone calls. After this comment, Ms. Sproat made a suggestion that perhaps IHC should say, "We work 'with' your doctor's office", and both Mr. Roth and Ms. Garcia agreed that this verbiage would be better comprehended by IHC clients. Dr. Dan Perez suggested that IHC should try to implement auto calls to panels of patients with their doctor's voice providing instructions. Dr. Kirkegaard noted this is a good suggestion that will need more thorough discussion due to the large number of PCPs who participate with IHC.

Supplemental PCV 13 Campaign:

Dr. Kirkegaard noted that approximately 2 years ago, the pneumococcal vaccine (PCV) was changed from a 7-valent vaccine to a 13-valent vaccine. The CDC recommends that children, less than age 60 months, who completed the PCV series without receiving at least one 13-valent vaccine, receive one supplemental PCV-13 dose; IHC has been performing provider education regarding this recommendation over the past six months through blast faxes and information included on the cover page of the panel roster. Dr. Kirkegaard noted that preliminary data analysis suggests that there are 160,000 children with HFS insurance ages 18 months to 60 months who are currently eligible to receive the PCV13 vaccine. She stated that IHC plans to start notifying the families through the Televox program that will send a postcard to families followed by an automated reminder phone call. IHC has used this program over the past year to notify families who are due for the initial pneumococcal vaccine series. Dr. Kirkegaard also noted that ICAAP, VFC, IPHCA and IAFP had already volunteered to educate members about the CDC recommendations and inform members of the IHC PCV13 supplemental campaign.

PCP Survey: Data Collection Completed:

Mr. Jackson started by thanking everyone who completed the survey, and assured the group all suggestions taken from the survey are used to enhance the overall quality of the PCCM program. He noted that there were roughly 1,700 respondents, responses have steadily increased from year to year, and there are 25 pages of comments to read through. He also informed the group that more updates on the survey will follow once data collection has been complete.

Other Business:

Mr. Jackson asked if anyone has any other business to discuss and there was no additional business. He thanked the group for their input and noted the next meeting is scheduled for September 19, 2012 and that an agenda would be forthcoming.