Illinois Department of Healthcare and Family Services
PCCM Provider Network Subcommittee
Meeting Minutes for September 19, 2012

Attendees:

Margaret Kirkegaard, MD	AHS
Cari VonderHaar	AHS
Jonathan Jackson	AHS
Pam Bunch	HFS
Wendy Medina	HFS
Vicky Hosey	HFS
Adali Vilchis	Lake County HD
Jerry Clark	DSCC
Cynthia Daniels	UIC
Wayne Franklin, MD	UIC
Brad Kupferberg	Children's Memorial Hospital
Crystal Revai	UIC
Kelly Carter	IPHCA
Omar Sawlani, MD	Christ Hospital
Scott Allen	ICAAP
Kay Saving	ICAAP
Diane Pelli	Lake County HD

Jonathan Jackson, Provider Services Manager with Illinois Health Connect chaired this meeting, took names and performed roll call.

HFS Updates:

Four Prescription Limit

Pam Bunch of HFS provided the following: There were two HFS Provider Releases issued (June 29 and September 4)' with information regarding the SMART Act mandated four prescription limit per client within a 30 day period. Ms. Bunch said HFS began reviewing clients who have filled 10 or more prescriptions per month. HFS will allow more prescriptions with prior approval . Without prior approval, a fifth being filled by a pharmacy within a 30 day timeframe will reject and the provider will get a descriptive message. If rejected, the prescriber must request a prior approval form, supplied on HFS Web site. The prior approval form can be sent to HFS by fax, phone or through new application on HFS MEDI System. An update on how many of the prior approval requests have been received since this limit was imposed was not available. HFS is looking into those statistics.

Dr. Sawlani asked if patients with asthma who are on several monthly drugs that are not on the list, and getting antibiotics, and then become sick and require additional drugs would still be held to four-per month limit. Ms. Bunch said clients will be allowed to exceed the four scripts per month with prior approval, if needed, but noted that anti-retroviral agents, contraceptives, immunosuppressives,

oncolytics and antibiotics are excluded from the limit and will not affect it. Over the counter drugs and non-drug items such as glucose test strips are not subject to the four script limit.

A question was raised on turnaround time for the prior approval requests. HFS said that the Bureau of Pharmacy Services processes requests for prior approval within approximately one hour. Prior approval request decisions are not carried over to the next day unless staff reviewing is waiting on information from the provider.

Dr. Sawlani asked if urgent Care, outpatient, emergency room and specialists will be included in the four script limit. Would the ER be involved in the prior request approval process or does this fall on the primary care doctor? Ms. Bunch said scripts from other sources will also be included in the monthly limit and prior approval will be needed for more than four drugs per 30 days. In the case of a script written by an ER physician, HFS would allow a prior approval request from a pharmacy. The Department is in the process of publishing a clarification on this issue.

Dr. Franklin asked what the estimated cost savings are for HFS. HFS estimates a savings of $180 million.

Dr. Sawlani asked if the prior approval requests sent using MEDI are automated or if this approval given by a live person. Ms. Bunch said the prior approval requests are reviewed by a pharmacist and not by computer application.

Dr. Kirkegaard commented that the provider notice issued on June 29 includes information about a three-day emergency drug dispensing process for when HFS is closed at night, on weekends and during holidays. She said she hopes that if there are critical situations that the patient would be following up with their primary care doctor after the ER visit to get the full script filled.

Dr. Kirkegaard asked if limit is currently affecting patients with more than 10 monthly scripts. Ms. Bunch said the implementation started with clients with 10 or more scripts per month. She said that HFS will provide more definitive answer about further implementation when available. See HFS notice http://www.hfs.illinois.gov/assets/102612n.pdf

Dr. Kirkegaard said that IHC has pledged to work with HFS to assist providers in identifying those patients who have 10 or more scripts monthly and will provide assistance to managing this process. She indicates that IHC doesn't want any patient going without needed medication, but at the same time wants to facilitate appropriate medication management. She said that IHC is still developing this process and how to assist with implementation. She asked for feedback from providers on how well this process is going and for the group to share experiences.

Dr. Sawlani commented that making process run smoothly is key point to running the practice and online prior authorization is the preferred way to do this. He asked if online process is very smooth. Dr. Kirkegaard said that she has looked at the MEDI application and that it seems to be user friendly. She also recommended that HFS make screen shots available as well as webinars to show how to use application. She said MEDI application also allows users to check on prior request status.

Dr. Franklin asked for the criteria for denial of prior approval. HFS said if the drug is on the Four Prescription Limit Approvable Medications List, which can be found at http://www.hfs.illinois.gov/pharmacy/script, the request will be approved unless the reviewing pharmacist identifies the drug is duplicative of other drugs in the profile, or it is being used inappropriately, in which case, the reviewing pharmacist will notify the prescriber of the denial.

HFS co-pay cost sharing update:

Ms. Bunch said the cost sharing structure changed as of July 1. HFS has a chart on its Web site indicating eligibility groups and co-payments for services. Some clients have always had co-pay for ER visits but now there is new co-pay for non-emergency visits to deter inappropriate use of ER. If a client is in the office you can verify eligibility via MEDI which also provides category of eligibility information that can be used in conjunction with co-pay chart to determine amount to collect for services rendered.

Dr Sawlani asked how the co-pay is collected for non-emergency visits, and wanted to know who makes the decision and determines if it is not an emergency service. HFS said the co-payment will be deducted by HFS from claims received for non-emergent use of ER services. Implementation of this cost sharing seeks to deter inappropriate use of the emergency room and hospitals are allowed to collect this co-payment from HFS clients. Each hospital may determine the most efficient way to incorporate collection of co-pays for non-emergent use of the ER into its processes. Information on the new cost sharing requirements can be found at http://www.hfs.illinois.gov/assets/082012n.pdf

IHC Panel Roster update:

Mr. Jackson said IHC has integrated changes to IHC Panel Rosters based on provider feedback. IHC has added an indicator for an alternate contact phone number as well as a primary language indicator. These additions were done to assist with patient outreach.

VFC/ICARE merger update:

Cari VonderHaar reported that IHC Quality Assurance nurses recently attended regional immunization conferences to keep updated on the VFC/ICARE ordering criteria that will be mandated. Providers will have to be registered with ICARE to continue ordering VFC immunizations.

ICARE is completing summer enrollment trying to get the majority of providers registered with ICARE. The implementation timeline plans for continued ICARE transition through December 2012 and hopefully by March of next year have 75 percent of providers enrolled. This enrollment is for non-Cook County VFC providers at this time. Cook County will roll out at a later date. Feedback received so far is that it takes about 4-6 weeks for completion of the ICARE registration.

Dr. Sawlani asked if providers if there is a mechanism in place to catch data entry errors to keep inventory straight. According to ICARE, the stock inventory data is exchanged each night, so any errors noted during the day with documentation can be corrected. Dr Sawlani asked if it is acceptable to use VFC stock to give a non-VFC vaccine, or vice versa, and replace them when restocked. Ms. VonderHaar said this practice of non-VFC and VFC vaccine supply exchange is no longer permissible. For further

information on the ICARE requirement for VFC providers or any other related questions, contacts are: aboesen@illinoisaap.com or Teri.Nicholson@ilinois.gov

IHC Provider Survey results:

Dr. Kirkegaard informed the group that the 2012 IHC Provider Satisfaction Survey is complete and thanked everyone who participated as well as the professional societies who provided the survey link to members. IHC welcomes the feedback and uses the survey results to work on areas of concern for process improvement. IHC sent out surveys to all participating PCPs and received 1790, which is a 30 percent response rate. Copies of the results and a summary chart of results from previous surveys have been compiled and posted to the Provider Notices section of IHC Web site. IHC attempts to keep the survey consistent from year to year to allow for a more valid comparison. Dr Kirkegaard said we are pleased to note that we have seen an increase in responses that agree or strongly agree. This year IHC received approximately 480 written comments added to the end of the survey. Each comment was considered for potential program improvements. An example of this from previous years is the recent modification of the information provided on our Panel Rosters.

Dr. Sawlani said there is an issue with a need for more sub specialists especially in the pediatric area and for neurologists specifically. He said that there is either huge wait time for an appointment (i.e. you call in September but can't get an appointment until November) or there is difficulty finding one in the area close to patient as well as finding one who even accepts the medical card. Dr. Sawlani said some physicians prefer to only take private insurance due to HFS fee schedule and said these comments are based on his experience with patients.

Dr. Franklin said that finding any specialist is difficult period, especially in the pediatric neurology field, not just because of private insurance or Medicaid. There is a huge wait list and not just for IHC patients. And at UIC and Lurie Children's they do not just accept patients with private insurance only but acknowledges that there could be doctors out there that only accept private insurance.

Dr. Kirkegaard said that IHC understands the challenge out there for patients whether it is due to geography or payer status, but we know there is a national shortage of specialty care physicians. Based on survey results, the top five most difficult specialties to find providers in are: dermatology, orthopedics, neurology, mental health and ENT. The results are the same for pediatrics or adult care from year to year. She said she was pleased to note that in this year's survey the numeric indicators are showing that it is getting easier to access sub specialty care. For peds, the indicator is between 48 – 56 percent which is a 9 percent increase. In adults, the indicator is between 52 – 60 percent, which is an 8 percent increase. Dr Kirkegaard said she feels these indicators are fairly accurate as this is in direct response to their patients expressing their difficulties when asked, and the fact that the primary doctor is the one referring the patient to the sub specialty care. IHC is pleased with this tracking and will continue to track in the future. IHC has a database of specialists who are credentialed with HFS, but not necessarily registered with the IHC program. We encourage all specialists to register with IHC so we can provide the medical home provider or patient with more access to sub specialists and get them to the right provider for specialty care. We also track the calls to us from patients for specialty care providers

and we have one full time recruiter who works to register specialists targeting areas of difficulty in finding a provider. The IHC call center assists the patient or provider with finding a specialty care provider, taking some of the leg work off of the primary care provider in getting appointment times set up or finding the closest provider. She acknowledged that IHC cannot guarantee to always find something better or sooner or closer for your patient, but IHC has an expansive database and can provide a more extensive search avenue for your patients.

Dr. Sawlani said that he has used IHC to find specialists in the past and this has been a very helpful service. However, his concern is finding a specialist in his area. It is not always easy to coordinate the care for the patient when they are directed to another doctor who is not in the area. Dr. Kirkegaard acknowledged that IHC could do better in trying to organize the medical neighborhood and to get more specialists to register. IHC welcomes any suggestions or strategies that you think IHC could implement to improve this process.

Diane Pelli of Lake County HD relayed an experience of two patients needing high risk prenatal care and given referrals, by IHC, to a practice that did not take Medicaid patients. She wondered if IHC continually updates its database to provide accurate information to callers. Dr. Kirkegaard apologized for the time wasted and frustration with this process and indicates we do try out best to keep the information current on the specialists we have registered. Dr. Kirkegaard also noted that this is a constantly changing environment and even on a day to day basis these doctors may decide for whatever reason to change their mind on accepting the medical card or even new patients. She also stated if you have difficulty in the process when calling back, ask to speak to one of the supervisors or managers who have more extensive knowledge and might be able to assist further.

Dr. Sawlani commented that even with all of these concerns or issues brought up at this meeting that with the existence of IHC we are still able to provide 50 times better care for our patients in working with IHC. They are an organized group helping us to provide better care to our patients.

Dr. Kirkegaard said that many may not have had sufficient time to digest the survey results yet so when reading it if questions, concerns or suggestions arise please feel free to email her.

Mr. Jackson ended the meeting informing the group that he will send out meeting minutes and a date for the next meeting.