

Illinois Department of Healthcare and Family Services
PCCM Provider Network Subcommittee
Meeting Minutes for June 12, 2013

Attendees:

Cari VonderHaar	IHC
Wendie Medina	HFS
Pam Bunch	HFS
Sharon Pittman	HFS
Erma Acosta	LCHD
Vince Keenan	IAFP
Mary Jo	Meridian Health Plan
Jill Sproat	DHS
Babs Binney	LFPC

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

Jonathan Jackson provided the following updates:

Client Enrollment Process

- Illinois Client Enrollment Services (formerly CEB) is now responsible for all initial Health Plan and PCP enrollment choices. If a client is making a Health Plan and PCP choice for the first time, the client should contact Illinois Client Enrollment Services at 1-877-912-8880. Clients who do not respond to their 60-day enrollment choice period will have a health plan and PCP selected for them through the auto-assignment process. Clients who are auto-assigned into IHC, or who are already assigned to an IHC medical home and want to change their PCP, can change their PCP one time per month. Clients can change their PCP by calling IHC or on the IHC Web site.
- Currently, newly Medicaid eligible clients who have an existing relationship with a provider are able to request being placed on the provider's panel. When this client request is made and the patient is placed on the provider's panel, IHC will send the provider a panel confirmation form in order to confirm that enrollment. It is important for the provider to make every effort to take immediate action on this form and return it to IHC within as soon as possible. The prompt attention to this form by the provider will help ensure that the patient has no delays in accessing their selected medical home.

IHC Provider Survey

- IHC will stop collecting surveys at the end of June. Offices are encouraged to fill out and return the survey as soon as possible. IHC does use feedback from the surveys to implement program changes for quality improvement. Surveys can be faxed to 847.995.0827 or filled out online at the following link: <https://www.surveymonkey.com/s/2013ihcprovidersurvey>

CCE Information Showing in MEDI

- Currently providers may see information showing on MEDI pertaining to the Medical Home Network (MHN). MHN is a Care Coordination Entity working on behalf of the State of Illinois in a pilot program serving the Medicaid population residing in the South and Southwest side of Chicago. MHN has partnered with several hospitals and clinics to help primary care providers of Medicaid recipients initiate follow-up visits when their patients accesses an ER or is admitted as an inpatient at one of the MHN partnering hospitals.

Self attesting for higher rates (HFS form 2352)

- Please remember to complete form 2352 prior to June 30th for an effective date of January 1st 2013. HFS has created a Primary Care Provider Incentive Payment Program webpage that contains a link to the MEDI system. Providers are asked to apply for the incentive program by completing the attestation online instead of using the paper format. HFS has created an ACA Approved Provider Listing by NPI number for providers who have successfully completed their attestation. Any providers, who have submitted an attestation to the department but their NPI is not on the list, should contact the Provider Participation Unit (PPU) by calling 217.782.0538.

Annual Medical Cards now Distributed to All Clients

- HFS has announced that it has completed the mailing for the new HFS medical cards. HFS medical cards are not proof of eligibility; providers must verify client eligibility and PCP assignment prior to each appointment on the date of service. This can be done using the HFS MEDI SYSTEM, a Recipient Eligibility Verification (REV) System, the Automated Voice Response System (800.842.1461) or the HFS Health Benefits Provider Line (800.226.0768, option 6). Federal regulations stipulate that for certain low income individuals covered under a Title XIX or Title XXI program, a provider cannot deny services due to a person's inability to pay a co-payment.

Cari VonderHaar, IHC Quality Assurance Nurse Manager, provided the following updates:

IHC 2013 Bonus Payment for High Performance

- Information for the 2013 Bonus Payment Program for High Performance has been posted on the IHC website. We are almost half way through this year, there is still plenty of time left for sites to take a look at how they are doing with services to meet the bonus measures for 2013. The Quality staff of IHC is always willing to assist PCP sites. If a site is not sure who their IHC Quality Assurance Nurse is, they can contact Cari or the IHC Provider Helpdesk. (877.912.1999 option 3). Data testing is currently being conducted by HFS for the calendar year 2012 bonus program. Payments for the 2012 bonus year will be sent later this summer.

IHC Spring 2013 Provider Profiles

- The Spring Provider Profile reports were sent out in April of this year. The Profile indicators are reported out on a semi-annual basis in the spring and fall. Please note that the asthma indicators were reported out in the spring profiles into four age brackets per HEDIS standards. Profiles can also be viewed on the IHC Provider Portal. If any site should need assistance with use of the Provider Portal, again, please contact Cari, a QA Nurse, or Provider Service Representative with IHC. (877.912.1999 option 3)

Jonathan Jackson ended the meeting informing the group he would send out the meeting minutes. The next Provider Network Subcommittee meeting will be on September 18th at noon.