

Illinois Department of Healthcare and Family Services  
PCCM Provider Network Subcommittee  
Meeting Minutes for Sept 18, 2013

**Attendees:**

Cari Outman	IHC
Alvia Siddiqi	IHC
Wendie Medina	HFS
Debby Cook	HFS
Vince Keenan	IAFP
Kelly Carter	IPHCA
Gerry Clark	DFCC
Brad Kupferberg	LCMH

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

*Alvia Siddiqi, Medical Director with IHC PCCM provided the following update:*

**IHC MEDICAL DIRECTOR INTRODUCTION**

It is with great pleasure that I introduce myself to you as your new Illinois Health Connect Medical Director. I am a Family Medicine physician and currently caring for underserved patients in the Northwest suburbs at the Vista Health Center of Cook County in Palatine, IL since March, 2012. Prior to this, I worked in both inpatient and outpatient clinical settings at Alexian Brothers Medical Group in Elk Grove Village, IL from 2008-2011. I completed my medical degree at Loyola University Stritch School of Medicine. During my Family Medicine residency training, I served as Chief Resident at MacNeal Family Practice Residency Program and co-facilitated an Introduction to the Practice of Medicine course for first year medical students at Loyola. I have been an active member of the Illinois Academy of Family Physicians, where I serve as Second Vice President.

*Jonathan Jackson with IHC PCCM provided the following update:*

**IHC NOT GOING AWAY IN OCTOBER 2013**

I would like to clarify the status of the State of Illinois' Primary Care Case Management (PCCM) Program, Illinois Health Connect, in light of the recent and upcoming healthcare changes within the Medicaid program. Illinois Health Connect (IHC) is not ending in October 2013. IHC will continue to operate as a statewide mandatory health plan choice for those individuals that are not required to participate in an Integrated Care Plan (ICP), Medicaid Medicare Alignment Initiative (MMAI), or a Care Coordination Entity (CCE).

*Alvia Siddiqi, Medical Director with IHC PCCM provided the following update:*

**CARE COORDINATION EXPANSION: ACE/CCE**

The CCE's have begun to rollout, there are five: Be Well Partners in Health (Chicago Area), Healthcare Consortium of Illinois (Chicago Area), and Together4Health (Chicago Area) are all scheduled for implementation in the upcoming Fall 2013 months. Macon County Care Coordination (now known as My Health Care Coordination) (downstate) and Precedence Care Coordination (downstate) are currently

in the process of being implemented. CCE's will have a direct link to IHC, as providers enrolled in a CCE must first be enrolled in IHC. This relationship was explained by Jim Parker at the last MAC meeting.

On August 1, 2013, HFS released the ACE solicitation requesting proposals from new entities by January 3, 2014, five months from the release of the Solicitation. The link to the Solicitation is below. Questions and comments can be directed to [HFS.ACE@illinois.gov](mailto:HFS.ACE@illinois.gov). *Gerry Clark asked: Is IHC going away in those counties?* Dr. Siddiqi replied that providers enrolled in an ACE must first be enrolled in IHC. In addition, this will be the fourth model providing "care coordination services" for Medicaid clients, and will have these elements: (1) will be organized by providers and will coordinate a network of Medicaid services; (2) will initially enroll children and their family members, with an option to enroll "newly eligible" adults under ACA; (3) will each be large enough to have impact for a population: at least 40,000 clients in Cook County, 20,000 in collar counties, 10,000 downstate; (4) will include at a minimum the following types of providers: primary care, specialty care, hospitals, and behavioral healthcare; (5) will have a governance structure that includes each type of provider; (6) will build an infrastructure to support care management functions among the providers in the network, such as health information technology, risk assessment tools, data analytics, and communication with Medicaid members; and (7) will be on a 3-year path to a new payment structure different from the current fee-for-service: shared savings within first 18 months, partial risk after 18 months, and full risk after 3 years. ACE enrollment begins July 2014 and ACEs can overlap in different counties.

*Alvia Siddiqi, Medical Director with IHC PCCM provided the following update:*

#### **ENHANCED PAYMENT HFS EMAIL NOTIFICATION 8.20.2013**

The department has begun processing the enhanced payments for primary care services as established under the Affordable Care Act (ACA). Services eligible for the enhanced payments will initially be paid at the department's fee schedule rate. The incremental increases, or the difference between the department's fee schedule rate and the rate allowed under the ACA, will be paid as adjustments. The department is currently processing adjustments for dates of service January 1, 2013 through June 30, 2013. After the initial adjustments are completed, they will be processed on a monthly basis.

*Jonathan Jackson, Provider Services Manager with IHC PCCM provided the following update:*

#### **SIGN UP FOR HFS NOTICES**

With all the changes going on with Care Coordination Expansion it is now more important than ever that everyone involved in health care stay abreast of all the changes by signing up for HFS notices at the [hfs.illinois.gov](http://hfs.illinois.gov) website.

*Alvia Siddiqi, Medical Director with IHC PCCM provided the following update:*

#### **FOUR RX LIMIT**

The department has begun allowing pharmacists to submit Four Prescription Policy prior approval requests (PA). Prescribers will continue to be able to submit requests as well. Prior to submitting a PA request, the pharmacists should conduct a review of a patient's complete medication regimen, consult with the prescribers regarding any concerns, and request a Four Prescription Policy PA for all drugs that the patient should continue. Pharmacists will be required to enter prior approval requests using the [Medical Electronic Data Interchange \(MEDI\) System](#). To simplify the prior authorization request process, the department has added the Four Prescription Policy Override Request

Form to the MEDI system. Requests entered into the MEDI system go directly into the department's drug prior approval adjudication database for review by a physician or pharmacist.

*Alvia Siddiqi, Medical Director with IHC PCCM provided the following update:*

#### **FREE RESOURCES FOR EHR and MEANINGFUL use: IL REGIONAL EXTENSION CENTERS (REC)**

Mr. Holloway, Co-Director of ILHITREC will be providing an IHC webinar later this year. ILHITREC received a 2M dollar grant to increase EHR adoption and steps towards meaningful use by Medicaid providers. 15% did use EHR in the past and that number is now up to 60% of provider offices in Illinois have EHR. The grant funding ends around Feb 2014, however this additional HFS grant may allow for an extension on this important REC resource. These resources are recommended for use

- ILHITREC/NIU: a consortium led by Northern Illinois University, serving all areas of Illinois outside the 606 zip codes (Statewide consortium) <http://ilhitrec.org/ilhitrec/>
- CHITREC: a consortium led by Northwestern University, serving the city of Chicago (Chicago consortium) <http://chitrec.org/>

*Alvia Siddiqi, Medical Director with IHC PCCM provided the following update:*

#### **IHC PROVIDER SURVEY RESULTS**

We appreciate all the provider offices and staff who took time out to complete this year's IHC Provider survey. We received 1436 surveys and are pleased to report the following results:

- 97% Strongly Agree/Agree that IHC keeps me updated about changes and requirements
- 95% Strongly Agree/Agree that IHC is beneficial to my patients
- 95% of those offices that received assistance from the IHC Quality Assurance Nurse found the education received was helpful in explaining the quality components of IHC, such as how to achieve maximum bonus payments or understanding the Profile Measures
- 92% are overall satisfied with the administration of IHC
- 91% Strongly Agree/Agree that IHC's implementation of the Phase 1 referral system requiring patients be seen in their own medical home has been a positive strength towards strengthening the medical home
- 89% Strongly Agree/Agree that IHC's Enrollee Services Call Center Staff respond satisfactorily to clients' questions and needs
- 86% Strongly Agree/Agree that my assigned IHC Provider Services Representatives who visited my office helped my staff and me to understand the program better
- 84% Strongly Agree/Agree blast faxes and blast emails from IHC keeps me informed of important updates
- 81% Strongly Agree/Agree that it is easy to reach my IHC Provider Services Representative
- 79% Strongly Agree/Agree that IHC Provider Services Help Desk Representatives available at 877-912-1999 satisfactorily answered my program questions

We did group noteworthy and recurrent free text comments that you provided for IHC to use to improve our program. Your valuable feedback was also provided to HFS, who will continue to work with IHC on improving our program.

We recognize some of the same specialties and subspecialties listed as having access issues for providers, especially for mental health and specialty care (GI, dermatology, etc). Telehealth and telepsychiatry are subjects that we are discussing at each BHS subcommittee meeting in order to improve awareness of these methods as a potential solution to help in access issues. Meryl Sosa of the IL Psychiatric Society has updated us and will continue to update us about her efforts at each of the Behavior Health subcommittee meetings.

*Vince Keenan asked HFS for a running tally of Medicaid-Medicare parity payments.* He states this strategy worked well for EHR adoption and attaining Medicaid meaningful use. Representative from HFS Debby Cook said they will consider this idea and asked for a written request by Dr. Siddiqi and Jonathan.

*Vince Keenan asked, will IHC publish the survey results?* Dr. Siddiqi stated the highlights will be published to the IHC website under Bulletin Board.

*Vince Keenan asked, when will IHC bonus payments be distributed?* Dr. Siddiqi stated these will be dispersed very soon and are pending HFS approval.

PCCM Provider Subcommittee Q4 Dates:

- a) Provider Network: 12/11/13
- b) Behavioral Health: 11/13/13
- c) Quality Management: 10/16/13

Jonathan Jackson ended the meeting informing the group he would send out the meeting minutes. The next Provider Network Subcommittee meeting will be on December 12/11/13 at noon.