

**Illinois Department of Healthcare and Family Services
Quality Management Subcommittee
Meeting Minutes for Wednesday October 10, 2012**

Attendees per conference call attendance:

Cari VonderHaar, RN	Quality Manager, AHS
Amy Calvin, RN	QA Nurse, AHS
Kathy Ingram, RN	QA Nurse, AHS
Wendie Medina, RN	HFS
Pam Bunch	HFS
Vicky Hosey, RN	HFS
Kathy Moles	HFS
Sharon Pittman	HFS
Sherri Sadala	HFS
Sameena Aghi	HFS
Mary Harris-Reese	Lake County HD
Marcia Levin	CDPH/VFC Program
Vince Keenan	IAFP
Dr Yabut, MD	Private Practice
Bob Urso	PCC Wellness
Mary Elsner	ICAAP
Rachel Sacks	ICAAP
Stacey Lageman	SIHF
Dr Kamala Ghaey	Peds/Advocate
Barb Collins	Community Health Center, Decatur

Cari VonderHaar opened the meeting and thanked all for their participation.

2011 Bonus Payment Program for High Performance-Status and Summary Items:

Ms. VonderHaar reported that all 2011 IHC Bonus Payments and educational materials were sent out at the end of September 2012. This included letters to providers who did not qualify for a 2011 bonus payment. Payments were based on services provided in the calendar year 2011.

A total of 4,403 PCPs at 4,779 IHC sites qualified for a 2011 bonus payment. Bonus payments were \$25 per qualifying enrollee per qualifying event. The Illinois Department of Healthcare and Family Services (HFS) issued a total of \$5.3 million in 2011 bonus payments. Detailed information on the 2011 bonus program, including specifics on each measure is available on the IHC Web site www.illinoishealthconnect.com.

Vince Keenan asked if there were any “best practices” to possibly highlight in the next IAFP newsletter. Cari responded that information on those practices who demonstrated high performance is being collected at this time. There were no other comments.

Fall 2012 Provider Profiles-Status and Feedback:

Ms. VonderHaar then reported that the Fall 2012 Provider Profiles were sent out at the end of September. A total of 5,370 profiles were mailed to the locations of service and posted on the IHC Provider Portal. The quality of care indicators remained the same as in the spring, with a totaling 22 separate indicators. Ms. VonderHaar mentioned that as with bonus payments, examples of “best practices” with provider profile performance are being collected. Mr. Keenan then commented that IAFP has had positive collaboration and outcomes working with IHC, and questioned the status of the current PCCM program so that his members might be aware of continuence of reports such as the bonus program and profiles. Ms. VonderHaar reported that at a recent procurement hearing, the contract with Automated Health Systems (AHS) was approved for a 15 month extension which would extend until December of 2013. Pam Bunch of HFS commented that the approval was for AHS to continue to administer the PCCM program through 2013. She wanted to clarify that the extension through 2013 related to the contract itself versus the program. Mr. Keenan then asked if she could clarify further on the IHC program continuing. Ms. Bunch said that many factors are involved with new healthcare plan initiatives being planned for implementation and she had no specific information on plans for the future of the PCCM program. There were no further comments or questions.

Vaccines for Children (VFC) Update (Marcia Levin, CDPH):

Ms. Levin reported that as of January 1, 2013, underinsured children seeking to receive immunization services from private providers will no longer be eligible to receive any Vaccines for Children (VFC) supplied vaccine. These children will need to receive the immunizations from an FQHC, RHC, or a local health department. An underinsured child is one who has commercial (private) insurance, but the insurance plan does not cover immunizations, a child whose insurance plan only covers certain immunizations, or , a child whose insurance caps vaccine coverage at a certain amount. These children have been VFC eligible through the VFC Plus Program, but funds are no longer sufficient to supprt the Plus Program. She stated there are approximately 50-60,000 children that this will affect in Illinois, with 25,000 being in the Chicago area. Ms. Levin continued, reporting that Chicago has walk-in immunization clinics. However, some of the Chicago FQHCs will now only do the immunizations for walk-ins if the patient agrees to become that site’s patient. She had heard similar issues with FQHCs statewide. In addition, with the Affordable Care Act, immunizations are now included with preventive services under health plans.

Ms. Levin went on to say that CDPH is looking for how best to support providers with these changes. She said one way is to encourage providers to register with I-CARE (Illinois Comprehensive Automated Registry Exchange). I-CARE can help providers track and document immunization data. Ms. Levin did report that VFC providers will now be required to enroll with I-CARE. The City of Chicago will not be enrolling at this time. Mary Harris-Reese asked for clarification as to who is required to enrolle with I-CARE. Ms. Levin reported that there is a timeline for providers outside of Chicago to enroll, and this runs into 2013. Dr. Yabut asked about EMR vendors working with I-CARE. Ms. Levin reported that I-CARE has listing of a large number of EMR vendors that are compatible with I-CARE now, in addition to the “PH” node which can be used with electronic records and I-CARE. Dr. Ghaey questioned Ms. Levin about the shortage of Pentacel and that this can lead to children being behind on their immunizations. Ms. Levin replied that yes, vaccine shortages can occure at various times with various manufacturers. Pentacel is not expected to be in full supply until June or July of 2013. Ms. Levin recommended switching to Pediarix in the meantime, which will solve the problem and was the first to the market orginally. Providers historically switched from Pediarix to Pentacel due to the past Hib shortage. Ms. Levin said Hib plus Pediarix schedules match well, and is recommended due to pertussis cases. Dr Ghaey asked if there were any issues with coverage since different products to change over to. Ms. Levin replied no issues have been noted, and that it is better to cover the child.

Ms Levin welcomed any follow up questions and she can be contacted at marcia.levin@cityofchicago.org

Preschool Visions Screening Kits Initiative –Project Completion Report:

Ms. VonderHaar reported that the initiative between HFS, ICAAP and IHC to promote vision screening in 3-4 year olds with vision screening kit distribution has been completed. Ms. VonderHaar recognized Mary Elsner and Rachel Sacks from ICAAP, and extended appreciation to all involved in this important initiative. A total of 245 vision kits were distributed at no charge to medical homes with 175 going to sites in the Collar and Cook areas, and 70 in the rest of the state. Five kits remain for IHC nurses to utilize with ongoing site education on the importance of vision screening. Kits may be ordered through the ICAAP Web site at a reduced rate of \$25 versus the regular \$40 price.

Ms. Vonderhaar asked if any members on the call had feedback on kit usage. Barb Collins reported that she is aware that her sites are using, and has not had any negative feedback.

Other Business:

No other business was brought forward.

**The next PCCM Quality Management meeting is scheduled for January 16, 2013.
Meeting materials will be sent out closer to the date.**