

Illinois Department of Healthcare and Family Services
Illinois Health Connect Primary Care Provider Agreement

This Agreement pertains only to the relationship between the Illinois Department of Healthcare and Family Services (HFS) and the Provider under HFS' Primary Care Case Management (PCCM) and the Maternal and Child Health (MCH) programs. This Agreement does not affect any other relationship or agreement, including the general Provider Agreement, between HFS and the Provider. For purposes of this program and this Agreement, Provider will be called a Primary Care Provider (PCP).

HFS Responsibilities

HFS, or the PCCM Program Administrator with whom HFS has a contractual relationship, agrees to:

- establish and maintain enrollment and referral tracking procedures and systems
- pay a monthly case management fee for all individuals enrolled with the PCP as of the first day of each month
- provide profiles and practice management reports to the PCP
- pay enhanced rates to physicians that are PCPs for delivery services, primary care office visits and screening services provided to children
- provide information to PCPs about relevant issues such as the patient enrollment and verification processes, Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) services, referrals, administrative processes, covered services, and targeted areas of quality improvement, and assist PCPs in setting up a recall system by integrating relevant information into the panel list distributed to Providers on a monthly basis

Participation Requirements

As a PCP in the PCCM program, I agree to provide a medical home and adhere to the following requirements for enrollees of the PCCM program and, as appropriate to my practice, children and pregnant women in HFS Medical Programs:

- provide medically necessary care in a timely manner with a focus on the provision of quality primary and preventive health care services that support continuity of care and avoid unnecessary emergency room visits and hospitalizations
- maintain hospital admitting and/or delivery privileges or arrangements for admission
- make medically necessary referrals to HFS enrolled providers including specialists, as needed
- maintain office hours and access and availability requirements as required in the Attachment to this agreement
- institute a symptom-based action plan of care to be shared with Enrollees with chronic diseases including asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease
- provide direct access to enrollees through an answering service/paging mechanism or other approved arrangement for coverage twenty-four hours a day, seven days a week (24/7). Automatic referral to hospital ER does not qualify.
- MCH Services (as appropriate to my practice):
 - perform periodic preventive health screenings in accordance with established standards of care
 - perform risk assessments for pregnant women and children and provide obstetrical care or delivery services
 - schedule, or coordinate with a case manager to schedule, diagnostic consultation and specialty visits
 - communicate with the case management entity

Termination

Provider may terminate participation as a Primary Care Provider in the PCCM and MCH programs upon forty-five days written notice sent by certified mail to the Illinois Health Connect Medical Director at Automated Health Systems, 1375 E. Woodfield Road, Suite 600, Schaumburg, Illinois, 60173. HFS may terminate a Provider's participation as a PCP in the PCCM and MCH programs under this Agreement upon 45 days notice if the Provider fails to maintain any of the above participation requirements. Such termination shall not be subject to HFS' rules and regulations on notice and hearing for a Provider's termination from participation in the HFS' Medical Programs.

Agreement

I agree to comply with the participation requirements of a Primary Care Provider under the PCCM and MCH programs, as cited in this Agreement. I also agree that facsimiles of signatures shall constitute acceptable, binding signatures for purposes of this Agreement. I certify that all information provided in my PCP Application is correct.

Printed Name: _____ IL Medicaid ID# (if applicable): _____

Signature: _____ Date: _____

Attachment to the Primary Care Provider Agreement

The following list provides the key responsibilities and standards that Primary Care Providers (PCPs) participating in Illinois' Primary Care Case Management (PCCM) are expected to generally meet, consistent with their scope of practice. HFS recognizes that lack of patient compliance can prevent PCPs from meeting some of these standards, despite the PCP's best efforts to work with the patient.

1. Comply with generally accepted medical standards for preventive and primary care services, including:
 - a) Inform enrollees, in a manner that they can easily understand, of their treatment options and their right to participate in decisions regarding their health care, which includes the right to refuse treatment.
 - b) Initiating and authorizing referrals for specialty care, and other medically necessary services via the internet based system, telephone, fax or mail;
 - c) Participating in or coordinating Enrollee care during and after an inpatient admission;
 - d) Maintaining continuity of Enrollee care;
 - e) Providing Enrollees under age 21 all required EPSDT services, including comprehensive well child services in accordance with the AAP guidelines, the State's periodicity schedule: age appropriate comprehensive physical examination; health history; mental and developmental screening, including social emotional; risk assessment; nutritional assessment; height and weight measurement; hearing and vision screening; anticipatory guidance and ensure appropriate laboratory screening including lead and referrals, as needed.
 - f) Provide Enrollees age 21 or older comprehensive primary care services and covered preventive services, in accordance with the recommendation of the U.S. Preventive Health Services Task Force: medically indicated physical examinations, health education, laboratory services, referrals for necessary prescriptions and other services, such as mammograms and pap smears.
 - g) Provide pregnant and post partum women comprehensive perinatal services in accordance with the ACOG guidelines.
 - h) Provide or arrange for all appropriate immunizations for Enrollees.

2. Provide care to the Enrollee based on the standards of reasonable appointment availability. The PCP must satisfy the following access and availability requirements for enrollees:
 - a) The PCP in an individual (solo) practice must maintain office hours of no less than 24 hours per week.
 - b) The PCP participating in a group practice may have office hours less than 24 hours per week as long as their group practice office hours equal or exceed 32 hours per week.
 - c) Routine, preventive care appointments available within five weeks, and within two weeks for infants under 6 months, from the date of request for such care;
 - d) Urgent care appointments not deemed emergency medical conditions triaged and, if deemed necessary, provided within 24 hours;
 - e) Appointments for Enrollee problems or complaints not deemed serious available within three weeks from the date of request for such care; and
 - f) Initial prenatal appointments for women self-identifying as pregnant without expressed problems: first trimester within two weeks, second trimester within one week, and third trimester within three days.
 - g) Upon notification of Enrollee hospitalization or ER visit, follow-up appointment available within 7 days of discharge.

3. Provide or coordinate primary and preventive health care services for enrollees in the appropriate amount, duration and scope, and assist enrollees in making only necessary emergency room visits and hospitalizations. Make medically necessary referrals to HFS enrolled specialty or other providers for services that require such referral.

4. Establish/maintain hospital admitting and/or delivery privileges or arrangements for admission and notify Automated Health Systems immediately of any revocation, suspension or limitations placed upon those privileges or arrangements.

5. Upon disenrollment, transfer the Enrollee's medical record to the new PCP when requested by the new PCP and authorized by the Enrollee.
6. Set up a recall system to outreach to enrollees who miss an appointment to reschedule the appointment, as needed.
7. Educate patients, as identified in the PCP's panel list, to inform and remind them about preventive and immunization services, or preventive services missed or due, based on the periodicity schedule.
8. Not discriminate against, or use any policy or procedure that has the effect of discriminating against, individuals eligible to enroll on the basis of race, color or national origin or on the basis of health status or the need for health care services.
9. PCP shall not make any assertion, written or oral; that the participant must enroll with the PCP to obtain benefits or not to lose benefits or that the Federal or State government endorses the PCP. PCP shall not conduct door-to-door, telephonic or other 'cold-call' marketing or engage in activities that could mislead, confuse, or defraud participants, or misrepresent the PCP or HFS.
10. Provide information to be used in the PCP Directory and notify Automated Health Systems of any changes in the Directory information.
11. Review and use all provider profiles provided.
12. Maintain access to the Internet, unless granted an exception by HFS or Automated Health Systems.
13. Participate in the Vaccines for Children (VFC) program, or have an arrangement with a Provider that participates in the VFC program, if serving children. HFS recommends participation in the Illinois Department of Public Health Immunization Registry (TOTS, will be ICARE).
14. Coordinate care with community-based Providers, including State-certified health departments, school-based/linked clinics, local education agencies (LEAs), Early Intervention, Women, Infants and Children's (WIC) program, and Family Case Management program. Such coordination could include sharing patient information.
15. Notify Automated Health Systems in writing, within thirty days of any changes in the PCP's professional staff, including NPs, PAs and CNMs, that adversely affect the Providers panel limits in the PCCM Program.

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES ILLINOIS HEALTH CONNECT (IHC) CCE/ACE
PRIMARY CARE PROVIDER (PCP)
APPLICATION



General Provider Demographic Information

PCP Name:

HFS Provider Number (*Medicaid Number*):

National Provider Identifier (NPI) Number:

Person Completing Form (*if different from above*):

Supplemental agreement date (*Date attached agreement was signed*):

Provider Type:

Provider Specialty (*e.g., Internal Medicine, Pediatrician, etc. List all*):

License Number:

Mailing Address (*for IHC correspondence*):

Mailing Address (cont.):

City:

State:

Zip Code:

Provider Gender: Male Female

Board Certified? Yes No

List **ALL** Certifications:



PCP Name:

HFS Provider Number (*Medicaid Number*):

Hospital Privileges:

Hospital Name:

Admitting Delivery Arrangement¹, List Physician Name:

Hospital Name:

Admitting Delivery Arrangement, List Physician Name:

Hospital Name:

Admitting Delivery Arrangement, List Physician Name:

Hospital Name:

Admitting Delivery Arrangement, List Physician Name:

Partners and Cross Covering Physicians²:

Name of Covering Physician:

HFS Provider Number (*Medicaid Number*):

Begin Date³:

Name of Covering Physician:

HFS Provider Number (*Medicaid Number*):

Begin Date:

Name of Covering Physician:

HFS Provider Number (*Medicaid Number*):

Begin Date:

Name of Covering Physician:

HFS Provider Number (*Medicaid Number*):

Begin Date:

(Please attach additional pages if there are any other hospital privileges or partners and cross covering physicians).

¹ If this Provider does not have direct admitting or delivery privileges but has an arrangement with another physician to admit for him/her, please list here.

² List all physicians who might cover for this Provider for outpatient visits, or see the Provider's IHC patients. These covering physicians must have a HFS Provider Number, but do not have to be enrolled in Illinois Health Connect.

³ The date in which this physician can start covering for the Provider (*Date letter of agreement was signed*).

General Location of Service Information

PCP Name:

Location of Service Name (*Clinic or Group Name*):

Address:

Address cont.

City:

State:

Zip Code:

County:

Office Email:

MEDI Phone number (shown on MEDI website):

Medical Appointment Hours and Days:

Monday:

| | |
|-----|----|
| AM- | PM |
|-----|----|

Tuesday:

| | |
|-----|----|
| AM- | PM |
|-----|----|

Wednesday:

| | |
|-----|----|
| AM- | PM |
|-----|----|

Thursday:

| | |
|-----|----|
| AM- | PM |
|-----|----|

Friday:

| | |
|-----|----|
| AM- | PM |
|-----|----|

Saturday:

| | |
|-----|----|
| AM- | PM |
|-----|----|

Sunday:

| | |
|-----|----|
| AM- | PM |
|-----|----|

After Hours Phone:

How will afterhour's access be handled (*check one*):

- | | |
|--|--|
| <input type="checkbox"/> Call Answering Service | <input type="checkbox"/> Call Physician Home/Cell |
| <input type="checkbox"/> Call Physician Pager | <input type="checkbox"/> Call Nurse/Medical Provider |
| <input type="checkbox"/> Other (<i>please specify in comments</i>) | |

Comments on Scheduling Information and/or afterhour's access (*e.g., "open every other Saturday", "Walk-ins on Tuesday", etc.*):

Providers Start Date at this location: (mm/dd/yy) _____

HFS Provider Number (*Medicaid Number*): Payee Number (*for this location*)⁴

Office Contact Name (*e.g., Office Manager, Billing Clerk, Credentialing Staff*):

Office Contact Phone:

Office Contact Email:

Scheduling Contact Name (*usually reception*):

Scheduling Contact Phone:

Scheduling Contact Email:

Office Phone:

Office Fax:

Quality Improvement Contact:⁵

Quality Improvement Contact Phone:

Referral Contact Name:

Referral Contact Phone:

⁴ The payee number/code is a single digit associated with the provider's location and address. This number is used by HFS to distribute his/her reimbursement checks and can be found on the HFS Provider Sheet.

⁵ The contact name of the head nurse/medical nurse at this facility

General Location of Service Information (cont.)

List all languages in which the provider and/or office staff are conversant:

Does location have access to a Telecommunications Device for the Deaf Teletype (TDD/TTY)?

Yes No If yes, please provide the number:

Are Signing Services Available for the Deaf/Hearing Impaired? Yes No

Does location utilize the HFS MEDI system to verify eligibility? Yes No

Is Location Wheelchair Accessible? Yes No

Does Location Have Internet Access? Yes No

Does Location Submit Claims Electronically? Yes No

Is Location Enrolled in Vaccines for Children's Program? Yes No

If no, where does the provider refer patients for vaccines (*i.e., Local Health Department*)?

Does Location have Recipient Eligibility Verification (REV) agreement? Yes No

Does the Practice include Special Needs Consumers? Yes No

Are the Special Needs – Behavioral? Yes No

Are the Special Needs – Physical? Yes No

Are the Special Needs – Newborns (*i.e., Premies, prior NICU*)? Yes No

Driving Directions (*e.g., cross-streets, main intersection, landmarks, etc.*):

Public Transportation Access (*If yes, list forms, e.g., bus #s, train stop*):

Location of Service Comments (*e.g. parking access, etc.*):

Mid-levels at Location of Service Information

Please list any Nurse Practitioners, Physician Assistance, Mid-Wives, or Resident Physicians at this location that will provide services to the Provider's patients:

Name of Mid-Level:

Provider Type (*e.g., NP, PA, Resident*)

Full Time Equivalency

 %

Name of Mid-Level:

Provider Type (*e.g., NP, PA, Resident*)

Full Time Equivalency

 %

(Please attach additional pages if there are any other mid-levels at this location).

HFS Provider Number (if applicable)

Gender:

Male Female

Provider Specialty (*e.g., Internal Medicine, Pediatrician, etc. List all*):

HFS Provider Number (if applicable)

Gender:

Male Female

Provider Specialty (*e.g., Internal Medicine, Pediatrician, etc. List all*):

Provider's Panel Roster Information (at this Location of Service)

PLEASE NOTE: The accuracy of the information you provide in this section is very important. The criteria set below will determine the number and type of Illinois Health Connect (IHC) patients that will be allowed to choose this provider. Panel Rosters are updated daily and available online through HFS' Medical Electronic Data Interchange (MEDI) System. Providers who lack Internet access may request a monthly mailed Panel Roster. Please answer the following question:

I request a monthly mailed Panel Roster: ___ Yes ___ No. If you have any questions regarding this section please call Provider Relations at **1-877-912-1999**.

Provider's Full Time Equivalency (at this location): %

Maximum Number of IHC Patients at this Location:

A maximum of 1,800 enrollees is allowed for each physician who is 100% FTE. An additional maximum of 900 enrollees is allowed for each resident physician/nurse practitioner/physician assistant and advanced practice nurse who are 100% FTE (Please list these on page 4)

Patient Age Limit Low (for all IHC patients):

Patient Age Limit High (for all IHC patients):

Patients Accepted (for all IHC patients)? Female Male Both

Counties and/or Zip Codes (for all IHC Patients)

If the site is restricting their IHC panel to only patients from particular counties or zip codes, please list them here. Please leave blank if the site is willing to accept patients from any county.

NOTE: If this PCP has more than one location of service to be enrolled with IHC, please fill out and attach pages 3, 4 and 5 again for those additional locations