

ILLINOIS HEALTH CONNECT FACT SHEET

ILLINOIS HEALTH CONNECT ELIGIBLE AND EXCLUDED POPULATIONS

ELIGIBLE Populations = 1.2 million (based on FY'2005)

- Children in the current All Kids Program (800,000)
- Parents in the FamilyCare Program (300,000)
- Adults with Disabilities (95,000)
- Elderly (13,000)

EXCLUDED Populations:

- People who have Medicare
- Children under age 21 who get Supplemental Security Income (SSI)
- Children in foster care and children who get Subsidized Guardianship or Adoption Assistance from DCFS (Department of Children and Family Services)
- Children under age 21 who are blind or who have a disability
- People who live in nursing facilities
- American Indians and Alaska Natives
- Individuals with Spend-down
- Refugees
- People who get Home and Community-Based services like the Community Care Program, the Home Services Program, or community services for persons with developmental disabilities
- Individuals residing in Community Integrated Living Arrangements (CILAs)
- Individuals in Presumptive Eligibility programs
- Individuals enrolled in the following programs with limited benefits:
 - ✓ Illinois Healthy Women
 - ✓ All Kids Rebate and FamilyCare Rebate
 - ✓ Illinois Cares Rx (formerly SeniorCare/Circuit Breaker)
 - ✓ Transitional Assistance, age 19 and older
 - ✓ Emergency Medical Only
 - ✓ Hospice
 - ✓ Sexual Assault, Renal and Hemophilia Programs
- Populations Already Managed:
 - ✓ Individuals with High Level Third Party Liability (TPL)/Private Insurance
 - ✓ Program for All-Inclusive Care for the Elderly (PACE) participants
- Children under age 21 whose care is managed by the Division of Specialized Care for Children (DSCC) of the University of Illinois at Chicago

ILLINOIS HEALTH CONNECT PROGRAM IMPLEMENTATION

Phase 1 – Voluntary

- Began July 1, 2006.
- PCPs limited to FQHCs, RHCs and Cook County Bureau of Health Services (CCBHS) to allow for immediate statewide presence.
- Enrollment materials available in FQHC/RHC/CCBHS offices for their existing patients who are interested in enrolling in the voluntary phase.
- Clients will mail their enrollment forms to the State or ask their PCP to fax their enrollments forms to the State.
- Enrollees may disenroll at any time.

Phase 2 – Mandatory

- **Geographical implementation:** Starting February 16, 2007 in the Cook and Collar Counties, and then proceeding in the Collar Counties, the Northwestern Region and the Central and Southern Regions.
- **Client Enrollments** handled by State Contractor – Automated Health Systems:
 - ✓ An Initial Client Enrollment packet will be mailed to households with potential enrollees.
 - ✓ The Initial Client Enrollment packet will include:
 - a cover letter
 - an Information Guide
 - Enrollment Tips for picking a PCP
 - an Enrollment Form, personalized with each client's name, ID number and date of birth (DOB)
 - a postage-paid return envelope.
 - ✓ The enrollment material will identify the potential enrollees in each household that must pick a PCP, explain client's health care choices, give a timeframe for making a choice and explain how to enroll.
 - ✓ Clients may choose their PCP and enroll by mail, phone, or online.
 - ✓ A Second Client Enrollment packet will be mailed to clients who have not responded to the Initial Client Enrollment packet within 30 days.
 - ✓ The Second Client Enrollment packet will include:
 - a cover letter with the name of the PCP to whom the client will be assigned if they do not make a choice within 30 days
 - a second enrollment form, personalized with each client's name, ID number and DOB
 - a postage-paid return envelope.
 - ✓ The auto assignment process will take into account existing provider-client relationships as determined by voluntary phase enrollment and HFS claims data, PCPs of other family members, location and language preferences, provider specialty and capacity limits.
- Clients already enrolled with an MCO or an FQHC/RHC/CCBHS under the voluntary program will go through mandatory enrollment process so as to provide all health care choices to beneficiaries. If they do not choose, they will be auto-assigned to their current provider/MCO.
- Enrollees may change their PCP, and if applicable their health plan, for any reason, once a month.
- Enrollees will receive a letter to confirm their enrollment.

- Each PCP will receive a monthly client roster for all clients enrolled with that PCP as of the first of each month.
- Providers should always check client eligibility/PCP assignment prior to providing service through the HFS website (MEDI system) or through the use of a REV vendor.
- PCPs will not be listed on the HFS or All Kids medical card.

ILLINOIS HEALTH CONNECT PRIMARY CARE PROVIDERS (PCPs)

Primary Care Case Management (PCCM) is a managed care model in which each enrollee has a medical home with a primary care provider (PCP). Enrollees may pick their own primary care doctor or clinic as their PCP if that provider is enrolled with HFS as a PCP and enrolled with Illinois Health Connect. For those who do not choose a PCP, they will be assigned to one.

A medical home ensures that each PCP knows about the health care their enrollees receive which:

- ensures enrollees get immunizations and other preventative health care
- prevents duplication of services
- ensures enrollees receive the most appropriate level of care
- improves the quality of care that an enrollee receives.

Providers Eligible to be PCPs: (must meet ALL PCP requirements)

- General Practitioners, Internists, Pediatricians, Family Practitioners, OB/GYNs, and other Specialists
- Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and other clinics including certain specified hospitals and Cook County Bureau of Health Service clinics
- Certified local health departments
- School-Based/Linked clinics
- Other qualified health professionals as authorized by HFS

Monthly Care Management Fee

PCPs will be paid a special monthly care management fee for each person whose care they are responsible to manage:

- \$2.00 per child
- \$3.00 per adult
- \$4.00 per disabled or elderly enrollee

This care management fee will be paid monthly, even if the enrollee does not utilize a service that month. PCPs will continue to receive reimbursement from HFS for their services using current established rates.

Panel Sizes

- Each physician enrolled as a PCP may have up to a maximum of 1,800 enrollees.
- For each nurse practitioner or physician assistant affiliated with the physician, the maximum increases by 900 enrollees.
- The maximum panel size for residency programs is 900 enrollees per resident.
- PCPs may limit the number of enrollees and may opt out of auto-assignment.

Nurse Practitioners, Midwives, and Physician Assistants

- HFS will allow nurse practitioners, midwives and physician assistants to participate by providing services with an affiliated physician.
- In areas where there may be a limited availability of PCPs to sufficiently meet the demand, HFS may approve advanced practice nurses to directly enroll as PCPs.
- This may be expanded if determined in the best interest of the program by HFS.

ILLINOIS HEALTH CONNECT PCP REQUIREMENTS

PCPs must agree to 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 initiatives and avoid unnecessary emergency room visits and hospitalizations.

Specific requirements include:

- Enroll with HFS as one of the allowed provider types.
- Maintain hospital admitting and/or delivery privileges or arrangements for admission.
- Make medically necessary referrals to HFS enrolled providers, including specialists, as needed.
- 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. Automatic referral to hospital ER does not qualify.
- Maintain office hours of at least 24 hours/week (solo practice) or 32 hours/week (group)
- Agree to maintain appointment standards:
 - ✓ Routine, preventive care available within five weeks from request, but within 2 weeks for infants less than 6 months, from the date of request for such care.
 - ✓ Urgent care appointments not deemed emergency medical conditions triaged and, if deemed necessary, provided within 24 hours.
 - ✓ Appointments for Enrollee problems or complaints not deemed serious available within 3 weeks from the date of request for such care.
 - ✓ Initial prenatal appointments without expressed problems: 1st trimester within 2 weeks, 2nd trimester within 1 week, 3rd trimester within 3 days.
 - ✓ Upon notification of Enrollee hospitalization or ER visit, follow-up appointment available within 7 days of discharge.
- Agree to provide and coordinate Maternal and Child Health Services (if providing services to pregnant women and children):
 - ✓ 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 and communicate with the case management entity.
- Agree to institute a symptom-based action plan of care to be shared with Enrollees with chronic diseases.
- Meet other requirements as detailed in the PCP Agreement.

DIRECT ACCESS SERVICES AND SERVICES REQUIRING A REFERRAL

Referrals are ordered and authorized by the PCP, **not** the Illinois Health Connect Administrator. The Illinois Health Connect Administrator only tracks referrals to guarantee payment is appropriately made to the specialist or other provider.

- Referrals may be registered on the Internet, by phone or by fax.
- Referral information will be available on a real-time basis so providers can verify that a referral has been made.
- Provider claims will not be rejected for lack of referrals until mid-2007 at the earliest.

Services that DO NOT Require a referral:

- Services provided to newborns up to 91 days after birth
- Family Planning and Obstetrical and Gynecological (OB/GYN) services
- Shots/Immunizations
- Emergency Room
- Emergency and Non-Emergency Transportation
- Pharmaceuticals
- Dental Services
- Vision/Optomtrist Services
- Speech, Occupational and Physical Therapy
- Mental Health and Substance Abuse services provided by Department of Human Services Community Mental Health Service Providers (provider type 36) and Department of Human Services Alcoholism and Substance Abuse Service Providers (provider type 75) and Psychiatrists
- Outpatient Ancillary services (radiology, pathology, lab, anesthesia)
- Services to treat sexually transmitted diseases and tuberculosis
- Early Intervention services
- Lead Screening and Epidemiological Services
- Hospital Services
- Home Health Care
- Services provided by:
 - ✓ School-Based/Linked clinics for children under age 21
 - ✓ School-Based clinics through Local Education Authorities for children under age 21
 - ✓ Local Health Departments
 - ✓ Mobile vans, with HFS approval
 - ✓ FQHC homeless sites and migrant health centers

Services Requiring a Referral:

- Services provided by:
 - ✓ Physicians, including another PCP (except OB/GYNs and Psychiatrists)
 - ✓ Nurse practitioners, midwives and physician assistants not affiliated with a PCP
 - ✓ Podiatrists and chiropractors
 - ✓ FQHCs, RHCs and other clinics
 - ✓ Audiologists
- All other services that are not Direct Access services.

Required Information for Referrals:

- Enrollee name, identification number, address and telephone number
- PCP name and HFS provider number
- Referred Provider name and HFS provider number
- Date range of referral authorization
- Referrals may also include diagnosis, reason for referral and any restrictions.

ILLINOIS HEALTH CONNECT ADMINISTRATOR'S DUTIES AND RESPONSIBILITIES

The Illinois Department of Healthcare and Family Services (HFS) has contracted with Automated Health Systems to administer the day-to-day operations of Illinois Health Connect.

Illinois Health Connect Administrator:

- Provider Services
 - ✓ Recruit and enroll new providers to be PCPs
 - ✓ Develop a PCP/Provider network
 - ✓ Recruit new specialists and sub-specialists
 - ✓ Monitor PCPs and track PCP capacity
 - ✓ Maintain provider referral tracking system
 - ✓ Maintain PCP Directory and operate provider hotline
 - ✓ Conduct provider education on PCP responsibilities, how to make referrals, enrollee verification, general billing, Quality Improvement program, complaint process, etc.
 - ✓ Maintain Provider Handbook
 - ✓ Develop provider profile reports with advisory groups' and HFS' input
- Client Services (only in counties without voluntary MCOs)
 - ✓ Conduct client enrollment activities, including mailing enrollment packets, handbooks and assisting with selection of a PCP
 - ✓ Process requests for PCP changes (statewide)
 - ✓ Provide staff in certain DHS local offices to educate and assist enrollees
- Operate client hotline to assist all Medical Program participants to locate providers
- Operate after-hours Nurse Consultation hotline
- Conduct auto-assignment of clients who do not choose a PCP or MCO
- Outreach to children who have not received recommended EPSDT services
- Maintain website for providers and clients

HFS has also separately contracted with Automated Health Systems to administer the day-to-day operations of the Illinois Client Enrollment Broker for clients living in Cook, Madison, Perry, Randolph, St. Clair and Washington counties. The Illinois Client Enrollment Broker will ensure impartial choice education between Illinois Health Connect and the Voluntary Managed Care Program MCOs – Harmony Health Plan and Family Health Network.

Illinois Client Enrollment Broker:

- Conduct all client enrollment activities including mailing choice education and enrollment materials and assisting with selection of a PCP in Illinois Health Connect or in an MCO in an unbiased manner.
- Process requests to change delivery systems (from Illinois Health Connect to MCO or vice versa) and to change from one MCO to another MCO.
- Provide staff in certain DHS local offices to educate and assist enrollees.

For More Information Contact Us

Illinois Health Connect

1-877-912-1999

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www.illinoishealthconnect.com

Illinois Client Enrollment Broker

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