
Illinois Department of Healthcare and Family Services Focus on Children

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About HFS

(Healthcare and Family Services)

- Single State agency responsible for Title XIX, Title XXI and the *All Kids* Program, providing affordable health care for **all** uninsured children in Illinois
- Works closely with other state agencies, e.g., Department of Human Services (DHS) – Title V, Title X, Title XX; Department of Public Health (DPH) – Vaccine for Children; childhood lead
- Participant in the Commonwealth's/NASHP's ABCD II project – to assure better child health and development (in pediatric practices)
- Seamless system of health care, with comprehensive benefit package under EPSDT – all children

HFS Population - Background

- 2.4 million beneficiaries; 1.4 million child beneficiaries
 - About 390,000 children under age three; 575,000 children under age five
 - About 6% receive Early Intervention Services
 - Covers about 51% of the State's births and 95% of Illinois teen births (CY 2005) -- disproportionately high-risk population
 - Primarily Fee-For-Service (FFS) Delivery System
 - Pregnant women and children under age one – receive Family Case Management through DHS
 - Recently implemented mandatory “care management” statewide
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System Change

- Enhanced focus on access and quality, while managing costs
- HFS Needed to Address
 - Access to Care – assuring a “medical home”
 - Improvement in Primary and Preventive Care
 - Content of Care
 - Appropriate Utilization
 - Referral/Care Coordination
 - Outreach for EPSDT Compliance - well child visits; periodicity schedule; follow-up and recall systems

System Change (2)

- Enhanced quality and performance aspects of managed care (MCO) contract
 - Specified requirements/components of services - EPSDT
 - Required Performance Improvement Projects (PIPs)
 - Content of EPSDT under age three
 - Perinatal depression screening, assessment and treatment
- Monitoring HEDIS and HEDIS-like measures on both Primary Care Case Management (PCCM) and MCO
 - Establishing Baselines
 - Ongoing Provider Feedback, comparison with statewide average
 - Pay For Performance (P4P) Strategy

What is PCCM?

- A model of health care combining managed care, care management, and fee for service (FFS)
- Provides a “medical home” to each participant; excludes disabled children (waiver needed to include)
- Holds Primary Care Providers (PCPs) responsible for coordinating the provision of health services

What is PCCM? (2)

- Effort to increase utilization of primary care and preventive services
- Offers better continuity, coordination, and thus, quality of care
- Focuses on guidelines (e.g., content of care in well child screenings)
- Features selection, or auto assignment, if no selection

PCP Requirements

- Maintain hospital admitting and/or delivery privileges or have arrangements for admission
 - **Make medically necessary referrals to HFS-enrolled providers, including specialists, e.g., Early Intervention**
 - Provide direct access to enrollees
 - Maintain regular office hours
 - **Follow recognized preventive care guidelines (*Handbook for Providers of Healthy Kids Services*)**
 - Provide acute care – primary care
 - Manage chronic conditions
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PCCM Program Status

- Fall 2006 – Illinois Health Connect, PCCM Administrator responsible for provider recruitment, client enrollment, quality/compliance
- Current Status:
 - Statewide implementation completed
 - 1.7 million members enrolled; 173,000 in an MCO
 - Over 5.3 million “medical homes”
 - PM/PM each month: \$2/child; \$3/parent; \$4/disabled adults or elderly enrollee (non-dual)
 - Specialist could elect to be a PCP
 - FFS payment for each service provided
 - FQHCs and RHCs - required to provide detail of services on each encounter

PCP Support

- **Patient Roster**

- Mailed monthly
- Available electronically
- Provides information on needed preventive services – example:
 - Well Child Visits
 - **Objective Developmental Screening**

Provider Enrollee Panel Roster
March 2008

Provider HFS Number: 880088008800
Illinois Health Connect Number: 82000068
ILLINOIS FAMILY HEALTH CENTER (Fax (847) 888-9898)

Enrollee Information	Address/Phone	Begin Link Date End Link Date	Assessment	Preventative Services	Status	Scheduled Appointments Reported to IHC
6/8/1991 - 16y (Female) 2923090800023100 (#1)	Phone: (309)390-9008		Chronic Illness: N/A			
GRANT, MATT	5694 RAILROAD AVE.	9/10/2003	Pregnancy Due Date: N/A	Well Child Visit: Screenings - Developmental: Vision: Lead:	Due	2/10/2006 Kept 5/15/2006 10/31/2006 2/25/2005
449000220 9/30/2002 - 5y (Male) 2890909000028900 (#2)	CHICAGO, IL 60644 Phone: (847)850-4213		Is Seeing Specialist: NO Chronic Illness: N/A			
GRANT, MIKE	5694 RAILROAD AVE.	4/29/1999	Pregnancy Due Date: N/A	Well Child Visit: Screenings - Developmental: Vision: Lead:		2/10/2007 Kept 5/15/2006 10/31/2006 2/25/2005
449000213 4/29/1998 - 9y (Male) 2890909000028900 (#2)	CHICAGO, IL 60644 Phone: (847)850-4213		Is Seeing Specialist: YES Chronic Illness: N/A			
SMITH, JOHN 909090909 3/20/1948 - 60y (Male) 2900250027002809 (#1)	947 RIVER BLVD. GALVA, IL 61434 Phone: (309)998-0909	3/29/1981	Pregnancy Due Date: N/A Is Seeing Specialist: YES Chronic Illness: Kidney Failure Diabetes DM Eligible.			

PCP Support (2)

- **Provider Profiles**
 - HEDIS and HEDIS-like measures
 - System and provider-specific performance
- **Claims History – MEDI (secure, encrypted Web portal to HFS' data system**
 - Accessible by HFS-enrolled provider
 - Services, Diagnosis, Procedures, Pharmacy, other agencies, (e.g., Early Intervention)
 - Links to other data imported, e.g., immunizations
 - Links to PCCM Program – referral system; current list of patients; location of service information; claims history

PCP Support (3)

- Provider Service Representatives
 - Monthly Webinars
 - Trainings: EPSDT Support; Quality Assurance; Billing
 - Site Visits
 - Specialty Resource Database
 - Provider Services Help Desk
- Provider Newsletter and Web site – electronic/paper
- Pay for Performance
 - Bonus payment for meeting National 50th HEDIS percentile
 - Bonus paid for HEDIS-like measures (**e.g., objective developmental screening – at least one screening - under age 1; 1-2; 2-3**)

PCP Support (4)

■ Assistance with EPSDT

- ❑ Outreach to families to encourage preventive visits, targeting non-compliant families
- ❑ Follow-up with families who have not received appropriate screenings or immunizations
- ❑ Assistance to families in setting up appointments
- ❑ PCP trainings on EPSDT schedules, services and billing
- ❑ Assistance to PCP with referrals
- ❑ Client Newsletters – focus on relevant health issues, such as **development** and **what to expect at a well child exam**

Reimbursement Strategies

- Unbundling Well Child Screening Services = Identification of Services Provided
 - Examples: Exam; Vision; Hearing; Risk Assessment; Objective Developmental Screening
- Perinatal Depression Screening Reimbursement
 - Infant – up to a year (99420 HD)
 - Pregnant woman (H1000)
 - Post Partum (99420 HD)

Reimbursement Strategies (2)

- Measuring/monitoring/provider feedback – Key Indicators
 - **Well Child Visits under age 5:** Six visits under age 1; three visits between ages 1 and 2; annual visit at ages 3 and 4
 - Lead Screening
 - Childhood Immunizations
 - **Objective Developmental Screening**
- Pay for Performance (P4P)
 - **Well Child Visits under age 5:** Six visits under age 1; three visits between ages 1 and 2; annual visit at ages 3 and 4
 - **Objective Developmental Screening**

Objective Developmental Screening: Increase in Providers

Unique Providers Billing for Objective Developmental Screenings (06/07)					
SFY 2003	SFY 2004	SFY 2005	SFY 2006	SFY 2007	Change SFY 03 – 07
343	382	437	901	1,090	218%

Objective Developmental Screening: Increase in Number of Children with at Least One Developmental Screening (03/08)

Age Groups	SFY 05	SFY 06	SFY 07	Change SFY 05 - 07
Under 12 months	16,337	28,588	33,676	106%
12-24 months	6,573	16,555	21,418	226%
24-36 months	3,416	9,999	14,197	316%
Total	26,326	55,142	69,291	163%

Developmental Screenings and Subsequent Early Intervention (11/07)

Age Groups	SFY 2003	SFY 2004	SFY 2005	SFY 2006	SFY 2007	Change SFY 03 – 07
Under 12 months	429	510	672	808	1,262	194%
Between 12-24 months	982	1,184	1,531	1,904	3,151	221%
Between 24-36 months	575	751	964	1,485	2,962	415%

Perinatal Depression Initiative

- **Comprehensive – Many Partners**
 - **Public/Private Collaboration** has led to system-wide change at the fiscal, policy and practice levels!
 - **Children’s Mental Health – Early Childhood Committee**
 - **Conference of Women Legislators**
 - **University of Illinois at Chicago (UIC) Women’s Mental Health**
 - **Provider Organizations, Advocate Charitable Foundation**
 - **Other State Agencies** addressing MCH programs
 - **Advocate Organizations** – Ounce of Prevention Fund, Voices for Illinois Children, Illinois Maternal and Child Health Coalition, March of Dimes

Perinatal Depression Initiative (2)

- **UIC Perinatal Mental Health Project**
 - Provider Training on Screening, Assessment and Treatment
 - Provider Toll-Free Consultation Line
 - Medications Chart
 - Self Care Tool – in development
 - Step Model – in development
- **Provider Education: ABCD II and EDOPC (Enhancing Developmentally Oriented Primary Care)**
 - Healthy Steps Model; Various Approaches to Provider Education; Provider Organizations are **Partners!**

Perinatal Depression Initiative (3)

- 24/7 Client Hotline and Referral (Evanston Northwest Hospital)
 - Statewide resource identification
- Public Act 095-0469: Perinatal Mental Health Disorders Prevention and Treatment Act, effective January 2008
 - Requires women and their families be educated about perinatal mental health disorders in the prenatal and hospital settings
 - Women be invited to complete a screening, in the prenatal, postnatal and pediatric settings

Perinatal Depression Screening or Risk Assessment (03/08)

	SFY 04 (Baseline)	SFY 05	SFY 06	SFY 07	Change SFY 04 - 07
Number of Unduplicated Women	13,535	59,702	60,760	63,642	370%
Number of Screenings	14,968	82,712	90,324	95,805	540%

Policy Changes - Results

- Increases in Eligibility
 - **All Kids** – all uninsured children in Illinois, no income limits
- Reimbursement for screening helps to drive system
- EPSDT – expectation that **objective developmental screenings** occur
- Priority focus on promoting healthy social and emotional development in young children, including consideration of mental health needs of their mothers

Policy Changes – Results (2)

- Infants and toddlers with mental health illness diagnosis – automatically eligible for Early Intervention
- Screening and identification of mothers experiencing depression – increases with focus, evidenced in data
- DC 0-3 crosswalk underway

Lessons Learned from ABCD II

- Establish Collaboration and Partnerships
 - Involve Leaders and Champions
- EPSDT – detail expected – content of care
- Document Need and Benefit – garner support
 - **Identify Expertise**
 - **Involve Provider Organizations**
- Implement Reimbursement Strategies
- Provider Support is Necessary for Practice Change
 - Use Various Approaches to “educate” providers
 - Barriers to Practice Change are REAL
 - Team Approach/Entire Office Involvement works!

Lessons Learned from ABCD II (2)

- Ensure referral resources are known, accessible and involved in the initiative
- Provider Education/Consultation/Technical Assistance needs to be available
- In-office training pays off – need to change entire practice system to support effort
- Foster friendly competition
- Develop strategies to reach the “hard-to-reach” population
- Implement strategy in all delivery systems, e.g., MCO and PCCM

HFS Web Pages and Other Resources

- **HFS MCH:** <http://www.hfs.illinois.gov/mch/>
 - **HFS PCCM:** <http://www.hfs.illinois.gov/managedcare/>
 - **HFS Provider Handbook (Healthy Kids):**
<http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200>
 - **Illinois Early Intervention Program:**
<http://www.dhs.state.il.us/page.aspx?item=32359>
 - **National Academy for State Health Policy's ABCD Resource Center:** <http://www.abcdresources.org>
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**Please Don't
Give Up!**

**You Can Make
Change
Happen!**

*...My healthy
development
depends on it...!*

Questions?

Thank You!