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# **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

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# 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

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## 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

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## 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

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## 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

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# 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

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# 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.			

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# 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

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# 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 50<sup>th</sup> HEDIS percentile
  - Bonus paid for HEDIS-like measures (**e.g., objective developmental screening – at least one screening - under age 1; 1-2; 2-3**)

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# 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**

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# 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)

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# 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**
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# Objective Developmental Screening: Increase in Providers

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

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

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

# Developmental Screenings and Subsequent Early Intervention (11/07)

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

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# 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

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# 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!**

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# 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)

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

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# 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

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## 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

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# 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!

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## 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

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# 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...!*

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Questions?

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**Thank You!**