## 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.

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



PCP Name:	Mailing Address (for IHC correspondence):
HFS Provider Number (Medicaid Number):	Mailing Address (cont.):
National Provider Identifier (NPI) Number:	
Person Completing Form ( <i>if different from above</i> ):	City: State:
Supplemental agreement date (Date attached agreement was signed):	Zip Code:
Provider Type:	
Physician	
Provider Specialty (e.g., Internal Medicine, Pediatrician, etc. List all):	
License Number:	Provider Gender: 🗌 Male 🗌 Female
Board Certified?  Yes No	

PCP Name:			HFS Provider Number (Medicaid Number):	
Hospital Privileges: Hospital Name:				
•				
Admitting Hospital Name:	Delivery	Arrangement <sup>1</sup> , List Phys	ician Name:	
Admitting Hospital Name:	Delivery	Arrangement, List Physi	cian Name:	
Admitting	Delivery	Arrangement, List Physi	cian Name:	
Hospital Name:				
Admitting	Delivery	Arrangement, List Physi	cian Name:	
Partners and Cross Cov	ering Physicians <sup>2</sup> :			2
Name of Covering Physic	zian:		HFS Provider Number ( <i>Medicaid Number</i> ):	Begin Date <sup>3</sup> :
Name of Covering Physic	cian:		HFS Provider Number ( <i>Medicaid Number</i> ):	Begin Date:
Name of Covering Physic	zian:		HFS Provider Number ( <i>Medicaid Number</i> ):	Begin Date:
Name of Covering Physician:		HFS Provider Number ( <i>Medicaid Number</i> ):	Begin Date:	

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

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> 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.

<sup>&</sup>lt;sup>3</sup> The date in which this physician can start covering for the Provider (*Date letter of agreement was signed*).

General Location	of Service Infor	mation									
PCP Name:					HFS Provider Nu	umber (M	ledicaid I	Number): Payee	Number (for the	is location) <sup>4</sup>	
Location of Service Name ( <i>Clinic or Group Name</i> ):					Office Contact Name (e.g., Office Manager, Billing Clerk, Credential			aling Staff):			
				7							
Address:					Office Contact Phone: Office Contact Email:						
				]							
Address cont.						Scheduling Cont	act Name	e (usually	v reception):		
City:				-		Scheduling Cont	act Phone	e:	Scheduling Con	tact Email:	
State:				Office Phone: Office Fax:							
Zip Code:	County:					Quality Improve	ment Cor	ntact: 5	Quality Improve	ement Contact P	hone:
Medical Appointment H	lours and Days:										
Monday:	Tuesday:	Wednesda	/:	Thursday:		Friday:		Saturd	ay:	Sunday:	
AM- PM	AM- H	PM AM-	PM	AM-	PM	AM-	PM		AM- PM	AM-	PM
Scheduling Information	not listed above ( <i>e.g.</i>	., "open every oth	er Saturda	y", "Walk-ins or	n Tuesda	y", etc.):					
				•							
After Hours Phone:		vill after hours acc Call Answering S		Call Call Phy		ome/Cell					
		Call Physician Pa	ger	Call Nur		al Provider					
Comments on after hour		Other (please spe	cify in con	nments)							

<sup>&</sup>lt;sup>4</sup> 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. <sup>5</sup> 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:			cess to a Telecommunications Des, please provide the number:	evice for the Deaf Teletype (TDD/TTY)?
Are Signing Services Available for the Deaf/Hearing Impaired?	Yes	No	Driving Directions (e.g., cross-s	treets, main intersection, landmarks, etc.):
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? If no, where does the provider refer patients for vaccines ( <i>i.e., Local Heal</i>	Yes <i>th Departmen</i>		Public Transportation Access (If	f yes, list forms, e.g., bus #s, train stop):
	in Departmen			
Does Location have Recipient Eligibility Verification (REV) agreement?	Yes	No		
Does the Practice include Special Needs Consumers?	Yes	No	Location of Service Comments	(e.g. parking access, etc.):
Are the Special Needs – Behavioral?	Yes	No		
Are the Special Needs – Physical? Are the Special Needs – Newborns ( <i>i.e., Preemies, prior NICU</i> )?	☐ Yes ☐ ☐ Yes ☐			
Mid-levels at Location of Service Information				
Please list any Nurse Practitioners, Physician Assistance, Mid-Wives, or Re Name of Mid-Level:	esident Physic		cation that will provide serves to <b>r Number (<i>if applicable</i>)</b>	the Provider's patients: Gender:
				Male Female
Provider Type (e.g., NP, PA, Resident) Full Time Equiva	alency %	Provider Spec	cialty (e.g., Internal Medicine, P	ediatrician, etc. <b>List all</b> ):
Name of Mid-Level:		HFS Provider	Number ( <i>if applicable</i> )	Gender:
Provider Type (e.g., NP, PA, Resident) Full Time Equiv	alency	Provider Spec	cialty (e.g., Internal Medicine, P	ediatrician, etc. <b>List all</b> ):
	%			
(Please attach additional pages if there are any other mid-levels at this locat	ion).			

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 <u>Illinois Health</u> <u>Connect</u> (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. <u>Please answer the following question</u> : I request a monthly mailed Panel Roster:YesNo. 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)?
Existing Patients Only Accepted? Is the Provider willing to accept only those patients who have any paid claims history with this provider?
Pregnant Woman Accepted? Yes No Is the provider willing to provide primary care to pregnant women in IHC?
Newborns Accepted? Yes No   Is the provider willing to accept IHC newborns regardless of existing patient status?
Family Members Accepted? Yes No Is the Provider willing to accept a new IHC patient that is included within the same Medicaid "case" of one of their current existing patients?
Counties (for all IHC patients): If the provider is restricting their IHC panel to only patients from particular counties, please list them here. Please leave blank if the provider is willing to accept patients from any county.
For the Auto-Assignment Process: (Auto-Assignment occurs when a patient does not choose a Provider and IHC chooses one for them)
Willing to Accept Auto-Assignment of New Patients? Is the provider willing to accept new patients through the auto-assignment process?
Willing to Accept Auto-Assignment for Existing Patients? Yes No Is the provider willing to accept patients through the auto-assignment process who have any paid claims history with this provider?
Willing to Accept Auto-Assignment for Family Members? Yes No Is the provider willing to accept patients through the auto-assignment process that are part of the same Medicaid "case" of one of their current existing patients?
NOTE: If this PCP has more then one location of service to be enrolled with IHC, please fill out and attach pages 3, 4 and 5 again for those additional locations