ILLINOIS MATERNAL & CHILD HEALTH COALITION

1256 West Chicago Avenue ♦ Chicago, Illinois 60642
Tel: (312) 491-8161 ♦ Fax: (312) 491-8171 ♦ Email: ilmaternal@ilmaternal.org
Website: www.ilmaternal.org

Comments regarding key policy issues with the Coordinated Care Program
July 1, 2011

Since 1988, the Illinois Maternal and Child Health Coalition (IMCHC) has been fighting to improve the health of all women, babies, young people and families in Illinois. As an organization, we bridge the gap between policy makers and those affected by their decisions. Through education, we empower people to make healthy choices that strengthen families and communities.

IMCHC focuses on expanding access to health coverage, promoting effective health care delivery models, reducing service disparities and encouraging quality improvement in pivotal policy areas that contribute to improved health outcomes for women, children and families in Chicago and throughout the state of Illinois.

Thank you for the opportunity to provide comment about the implementation of coordinated care in Illinois. If you have any questions about responses provided in this document, please contact Kathy Chan at 312-491-8161x24 or kchan@ilmaternal.org.

Given that IMCHC does not provide direct health care services, but does engage with health care providers throughout Chicago and Illinois who serve low-income and working-class women, children, and their families, we have general comments to the questions posed in HFS's coordinated care document.

- In addition to primary and specialty care providers, coordinated care networks should also include oral health providers. Oral health must be considered in coordinated care to ensure that enrolled children are connected with a dental home and that adults who need restorative care are connected with participating providers. Additionally, some pediatricians have begun to play a greater role in providing education to new parents through their training in the Bright Smiles from Birth fluoride varnish application program. Similar efforts should be pursued to promote good oral health practices in the primary care setting and better coordination with a dental home.
- Illinois should build upon and enhance the current Primary Care Case Management (PCCM) program to meet the to-be-determined requirements of coordinated care. Given the projected volume of Medicaid enrollees in 2015 and the massive amount of education required to acclimate many of them to another new health care delivery system, it only makes sense to build upon a system that many enrollees and health care providers are already familiar with. Patient and provider satisfaction has been high with Illinois' PCCM program, but we agree that additional improvements to focus on better patient outcomes are necessary.

- In order to ensure continuity of care for enrollees likely to move between public and private coverage in the competitive health insurance marketplace (AKA, the Exchange), providers should be incentivized to participate in both Medicaid and private insurance plans that offer coverage through the Exchange. It is expected that many newly eligible for Medicaid will also be eligible for private coverage with the help of federal tax credits throughout the calendar year. While a consumer-oriented Exchange will help ensure continuous insurance coverage, switching primary care providers and health care networks when these insurance changes occur will only continue to promote fragmented and uncoordinated care.
- While we believe that a robust primary care system is critical to ensuring the health of Illinois' women and children, it is also important to have a strong specialty care network. This is especially important for children enrolled in Medicaid, who have been shown to have inadequate access to specialty care. To this end, IMCHC supports increased rates for pediatric specialty care services.
- Allow enrollees to choose a specialist to serve their primary care provider when it is the best option for their health condition and outcomes.
- And finally, HFS should consider allowing for billing codes for additional services and new classes of providers, who can help provide evidenced-based treatment and services in a coordinated care system. For example, state statue allows for Licensed Clinical Social Workers to bill for Medicaid, but this law has yet to be implemented. LCSWs are plentiful in Illinois and can provide mental health services to Medicaid enrollees that have been largely underserved by the sparse number of Medicaid enrolled psychiatrists. Additionally, given the national push to encourage greater rates of breastfeeding, Medicaid should consider paying for education and supportive services that help women breastfeed, such as breastfeeding peer counselors and lactation consultants.

Again, thank you for the opportunity to comment. IMCHC looks forward to working with HFS to offer our comments moving forward and to also use our network to help inform providers and other stakeholders about these issues.