

**More Americans depend on family physicians than any other medical specialty. In Illinois, 86% of our members see Medicaid patients and 70% accept new Medicaid patients.** The IAFP supports high quality care and believes all Medicaid programs should include a uniform range of mandatory services and state-approved optional services. Primary care is the foundation for cost containment and quality improvement, especially for vulnerable populations.

**Primary care physicians are most needed to care for patients with complex and chronic conditions:**

Patients with complicated, chronic health conditions see primary care physicians more than subspecialists for their care, according to research by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. In fact, **86 percent of visits for asthma occurred in primary care physician offices**, compared to 14 percent in subspecialist offices, and **84 percent of visits for chronic obstructive pulmonary disease (COPD) were in primary care physician offices**, compared to 16 percent in subspecialist offices. Many patients have multiple chronic conditions, so **physicians with expertise in the diagnosis and treatment of the whole person is instrumental to ensuring that all their health needs are met.**

IAFP members have helped us provide information directly to HFS with the goal of preserving and strengthening HealthChoice Illinois upon which so many of their vulnerable patients rely. [Here are some proven principles and suggested solutions for Medicaid Managed Care in Illinois:](#)

- Enhanced payments for primary care will lead to increased primary care physician participation in Medicaid and improved beneficiary access;
- Payment for primary care services should be at least equal to Medicare. Restore the increase of Evaluation and Management (E/M) and immunization management codes to Medicare rates as provided in 2013 and 2014. Indiana, Iowa and Michigan are among the [19 states currently pay at or above Medicare rates.](#)
- Blended payments that include monthly care management payments and robust quality rewards can help reduce inpatient and emergency department costs and utilization.

**Pay in an Appropriate and Timely Manner**

- Require consistent billing practices among MCOs including regularly monitoring compliance and initial claims denial rates for primary care.
- Appoint a physician ombudsman to moderate disputes between physicians and the MCOs
- Limit the time period wherein MCOs can recoup costs for paid claims to 90 days.
- Expand the time when physicians and practices can submit claims for payment to 365 days.

**Improve Quality of Care**

- Develop one set of QI metrics across plans where for quality bonuses will be paid. HFS should seek input from physician and community stakeholders and work with other state agencies to align metrics.
- Develop clear and consistent guidelines for timely payment of quality payments including determination of overall panel size.
- Support all physicians in reaching QI benchmarks through development of QI programs that also meet guidelines for maintenance of certification.
- Require consistent reporting among plans for QI and HEDIS measures.

**Eliminate Excessive Administrative Burden**

- Update MEDI to allow for single access point to determine eligibility, managed care plan, and assigned primary care provider.
- Limit the ability of MCOs to change formularies to once per year.
- Develop a consistent formulary among the plans to ensure that patients can access needed medication, especially for chronic conditions such as asthma.
- Allow for changes in doses for already prescribed drugs more than once per month.
- Review and recommend changes to prior authorization process to ease administrative barriers and ensure appropriate peer to peer review.

**Remove Barriers to Vaccines for Children**

- Restore the VFC program by integrating Title XXI and state funded children to create a seamless system for all children insured through the state.
- Increase the vaccine administration fee to the state maximum allowed by CDC to provide appropriate payment for vaccine programs, which will increase the number of family physicians, pediatricians, and health departments able to support programs in their office.
- Work with IDPH to reduce administrative barriers to participation in the VFC program and provide support for physicians and health systems participating in VFC.
- Conduct an audit of the MCOs to insure physicians are paid for vaccines provided since October 2016.

**Require Input from Family Physicians:** With 86% of family physicians accepting Medicaid, it is critical that HFS take advantage of the expertise provided by family physicians. Primary care providers, family physicians and pediatricians, alike, should have a venue to provide feedback on proposals or share their experiences to improve the healthcare of our most vulnerable population. Therefore, we ask that a subcommittee of physicians and Medicaid providers be developed to provide input on working with MCOs and the Medicaid program.

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