

B *BLESSING* Corporate Services, Inc.

Subsidiaries

Blessing Hospital
Blessing Affiliates, Inc.
BlessingCare Corporation
The Blessing Foundation
Denman Services, Inc.

B. Bradford Billings
President / Chief Executive Officer

July 1, 2011

Julie Hamos, Director
Illinois Healthcare and Family Services
201 South Grand Avenue East
Springfield, Illinois 62763-0002

Dear Director Hamos;

Thank you for the opportunity to comment on the development of a coordinated care system for the Illinois Medicaid beneficiaries. We look forward to the hearings that will follow this comment period.

Our comments come from the perspective of a provider of care in a rural area wanting the opportunity to contract with the state to coordinate care assuring the right care is provided at the right time, in the right place. This is done with the goals of reducing the overall cost of care and improving the outcomes of care. Blessing Corporate Services is the parent company of the Blessing Health System. The Blessing Health System members, Blessing Hospital, Illini Community Hospital, Blessing Physician Services, and Denman Services, Inc., serve the health care needs of residents in West Central Illinois.

As health systems build the infrastructure and competencies needed to become accountable for the care of defined populations, in this case the Illinois Medicaid beneficiaries, *it is important that they have the opportunity to receive funding for that new infrastructure.* The beneficiaries consuming the most resources are the ones that need the most care coordination and that takes manpower, process change and technology. If we are to know if this care coordination is successful, data must be gathered and reported. This also takes manpower, process change, and technology.

The responsibility of care coordination should be with the primary care provider. Primary care providers have been assessing health care needs and making treatment plans to meet the identified needs throughout history. What has been missing is the assessment of the social issues that get in the way of patients carrying out the treatment plans. Case Managers need to be put in place to perform social service assessments, make referrals, assist with transportation, assist with obtaining medication, follow-up to see if appointments are kept, assist with completing applications for programs, etc. Software is needed to document this work.

July 1, 2011
Page Two

Outcome measurement responsibility should also be with the primary care provider. They need to be able to see, on a real time basis, what the data is saying so they can react and change processes. Software is needed to document and report this data.

Primary care providers should not be required to obtain medical home certification but rather should be able to demonstrate their abilities through meeting outcome standards for the population they are accountable for.

The state should be willing to contract with rural providers as well as urban providers. The concern that the beneficiaries will not have choice if the state contracts with only a few providers in a rural area is unfounded. This is because in a rural area, there are only a few providers...with or without a contract! The rural beneficiary should have the same opportunity for the care coordination services that urban beneficiaries have.

Once again, thank you for the opportunity to comment.

Sincerely,

A handwritten signature in cursive script that reads "Connie Schroeder".

Connie Schroeder,
Vice President, Corporate Innovation & Integration
Blessing Corporate Services