

Illinois Association of Medicaid Health Plans Newsletter

Routine Health



Preventative care and routine check-ups can help find potential health issues before they become a problem. These routine physicals, screenings and management check-ups are pivotal when discussing overall population and member health. However, during the surge of COVID-19 many selected to skip routine care. IAMHP pulled together information to help support these important initiatives, tools or reminders, whether you are a Medicaid member or a health care provider.

Cancer Screenings

The COVID-19 pandemic has resulted in many elective procedures being put on hold and this has led to a substantial decline in cancer screening. If a Medicaid Member had an appointment for a screening that was postponed or cancelled, healthcare teams are encouraged to reach out about rescheduling. It is also important to remind Members that the US Centers for Disease Control and Prevention (CDC) has [recommendations for healthcare](#) facilities to reduce the risk of COVID transmission.

Remember screening increases the chances of detecting certain cancers early, when they are most likely to be curable. To learn what screening tests the American Cancer Society recommends visit the [American Cancer Society Guidelines for the Early Detection of Cancer](#). And check out [the defender health quiz](#) to get personalized tips to reduce your risk of cancer.



EXECUTIVE SUMMARY

It's hard to believe we're already in the second quarter of 2021! Time is flying by and as we head into the summer months and slowly reacclimate ourselves to outdoor activities, IAMHP and its member plans have been busy working on important initiatives to ensure a seamless transition for our healthcare system/providers and Medicaid members. One of the most important ways to do this is to reflect back on both the good and not so good practices that resulted from responding to COVID-19.

From mental health management to preventative screenings and the critical role of care coordination from both a provider and patient perspective, we have no doubt learned a lot! And we are excited to highlight some of our work in each of these areas, as well as providing insight from one of our Trusted Partner's on intimate partner violence (IPV), a topic that's been especially crucial to address during these times.

As we look forward to what's next, let's never forget to pause and take note of the many lessons learned as we continue our mission of achieving the best health outcomes.

In good health,
Samantha Olds Frey
CEO, IAMHP

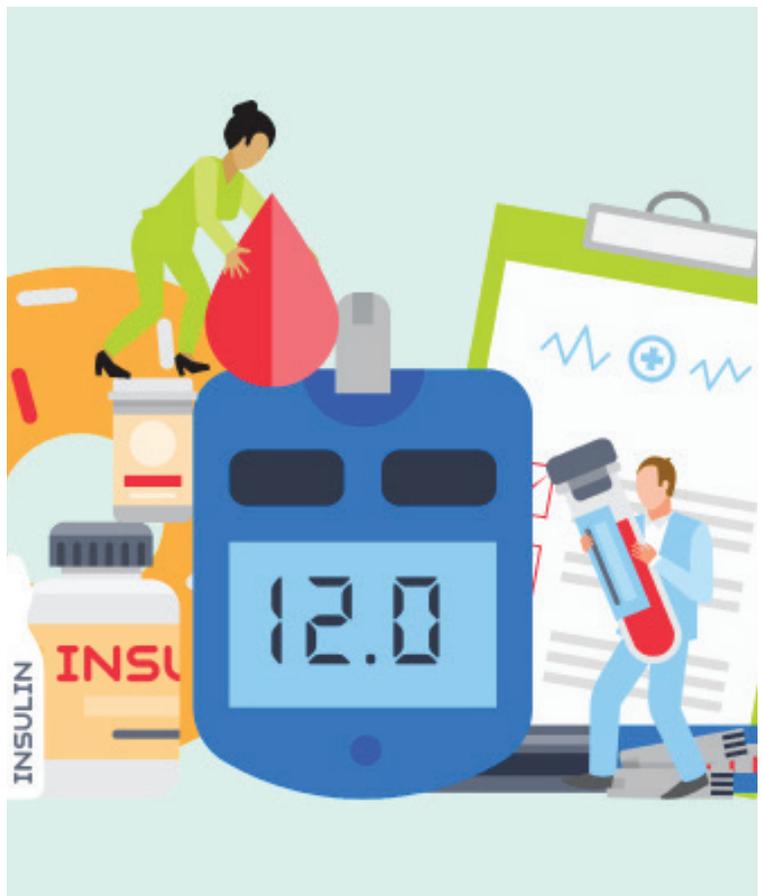
“Nearly 1 in 5 Americans with Diabetes have skipped doctor’s appointments since the start of the pandemic, principally due to fear of contracting the virus...”

Diabetes Management

A [new study](#) released by the American Diabetes Association found that a growing number of people with diabetes have not only put off needed medical care since the outbreak of COVID-19, but that alarming numbers are struggling to manage their blood glucose levels.

Nearly 1 in 5 Americans with diabetes have skipped doctor’s appointments since the start of the pandemic, principally due to fear of contracting the virus; 1 in 4 people with diabetes report having trouble controlling their blood glucose levels during the public health emergency; and 1 in 10 adults with diabetes say they have developed new health complications like high blood pressure, heart problems, peripheral artery disease, and eye disorders since last March.

To encourage routine diabetes management from the Health Plan and provider perspective and discuss the importance of diabetes prevention this quarter [IAMHP and CountyCare partnered to present a webinar on promoting health and reducing disparities in diabetes.](#)



The webinar took a deeper dive into how to develop health plan programs to promote diabetes care and meet Medicaid members’ unique needs, and included the National Diabetes Prevention Program and the Chicago Collaboration to Advance Reach, Equity, and Systems (CARES) to prevent diabetes, as well as the importance of lifestyle change coaches to support Medicaid members.

“With all the news surrounding the COVID-19 pandemic it can be difficult to understand how to manage your physical and mental healthcare needs. IAMHP partnered with National Alliance on Mental Illness (NAMI) Chicago to help people recognize changes in mental health and find ways to seek help. Check out the video on our YouTube Channel.”

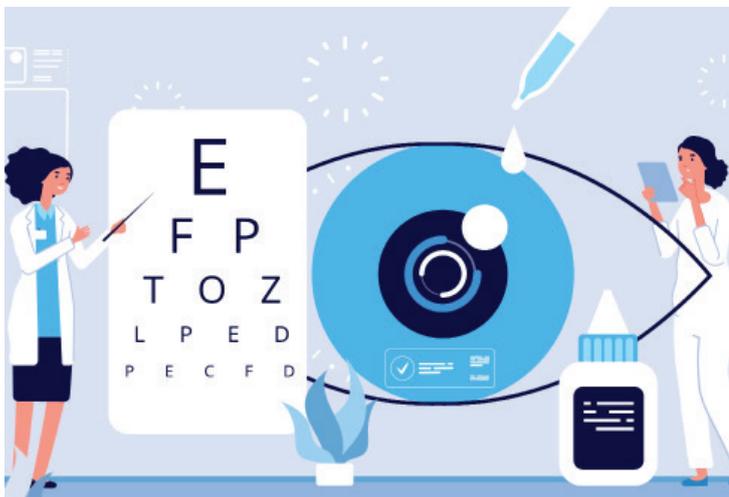
Mental Health Management

In Illinois, telehealth services were expanded and MCOs invested millions in telehealth. Nevertheless, high rates of drug overdoses and emergency room visits for mental health crises are occurring across the United States, and Illinois is no exception.

Whether you are a Medicaid member, or a health care provider, don’t let the pandemic lead you to postpone psychiatric appointments, including those that require in-person interactions. Regular visits for long-acting psychiatric drug injections, for example, or for drug screening tests and medicine pickups for patients in medication-assisted treatment programs need to continue uninterrupted.

With all the news surrounding the COVID-19 pandemic it can be difficult to understand how to manage your physical and mental healthcare needs. IAMHP partnered with National Alliance on Mental Illness (NAMI) Chicago to help people recognize changes in mental health and find ways to seek help. Check out the [video](#) on our [YouTube Channel](#).

And remember, adults have the ability to recognize and express anxiety, but children tend not to have the tools or language to understand or communicate the emotion. To learn more about supporting children’s mental health check out our [Executive Corner on Children’s Mental Health](#) , our SamSays Podcast discussion on [Children’s Mental Health](#), or our webinar on [Defining and Understanding Infant/Early Childhood Mental Health](#).



The Eye Doctor as First Responder

As coronavirus cases continue to spike around the world, many of us in healthcare are turning our attention to what's being called "a pandemic within a pandemic." Intimate partner violence (IPV) is on the rise in the United States. While social distancing measures haven't created new abusers, they do tend to shelter perpetrators, isolating their victims from the social resources that would have otherwise been available. And the isolation creates even more opportunities for control and violence.¹

One in four women and one in ten men are victims of IPV. The trauma can be emotional, physical, sexual, or psychological. And while it crosses all socioeconomic classes, individuals in marginalized communities (e.g., communities of color), are disproportionately affected. Social determinants of health (SDoH)—housing, employment, social support systems—may make escaping abuse more difficult.²

According to a recent Time feature, "While one in three white women report having experienced domestic violence [during the pandemic], the rates of abuse increased dramatically to about 50% and higher for those marginalized by race, ethnicity, sexual orientation, gender identity, citizenship status, and cognitive physical ability."¹

The Provider's Role

That's why it can be important for healthcare providers, especially those of us in the Medicaid arena, to begin, if we aren't already, screening our patients for signs of IPV.

A letter to the editor of American Family Physician Journal, implores doctors to screen all "women of childbearing age for IPV."³ (You can find screening tools here: <https://www.aafp.org/afp/2016/1015/p646.html>.)

Early indicators of domestic abuse may be seen by an eye doc-

1 <https://time.com/5928539/domestic-violence-covid-19/>, February 2021.

2 <https://www.nejm.org/doi/full/10.1056/NEJMp2024046>, December 2020.

3 <https://www.aafp.org/afp/2021/0101/p6.html>, January 2021.

The IAMHP team explores care coordination and its benefits for healthcare



For the month of May, IAMHP was excited to partner with our member health plans on its Sam Says Podcast Series, focused on the value of making connections, to discuss the vital role care coordination plays in achieving improved health outcomes, and implementing a more holistic approach in navigating the Medicaid healthcare system.

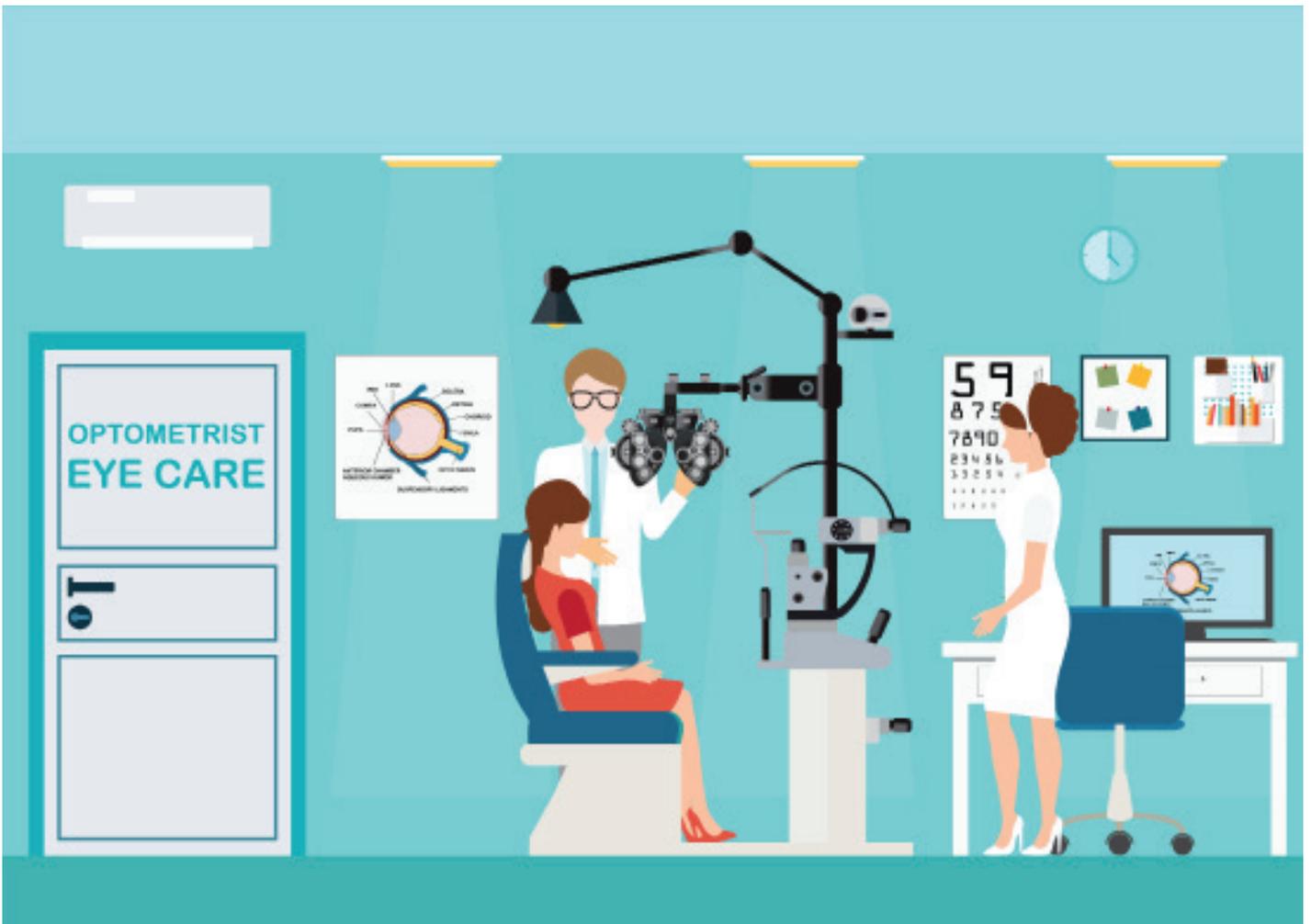
This past year has impacted the healthcare ecosystem and challenged us all to hone in on the value of care coordination, especially as it relates to addressing disparities, social determinants of health and underserved communities.

Listen as IAMHP CEO Samantha Olds Frey and our member plans help to highlight this important topic, all while recognizing the crucial role care coordination will assuredly continue to play in how we approach healthcare.

tor, as the most common sites for physical trauma are the head, neck, and face.⁴ It's not uncommon to see hemorrhages, facial contusions, or abrasions. And when a patient tells us, "I had an accident," we can often learn what really happened by performing a comprehensive eye exam that includes dilation.

Providers should also learn other signs of abuse such as failure to make eye contact, timid tone, and evasive answers to screening questions.

The eye doctor sees a patient front to back—from the front
4 <https://www.ncbi.nlm.nih.gov/books/NBK499891/>, February 2021



of the eye to the retina. IPV can cause significant ocular trauma to the front and back of the eye, causing cataracts, glaucoma, retinal issues, and eyelid abrasions or inflammation of the eye (iritis/uveitis). When we see these things, it's important to determine the cause and not rule out IPV.

Strategies for Supporting our Patients

In most states, eye doctors are mandated reporters, which gives us a legal obligation to report suspicions of domestic abuse in those states. Beyond that, it is our duty to do our best to prevent harm to our patients, including addressing the impact of domestic abuse on the individual and their family system.

Through our contractual relationships with health plans and our affiliation with multi-specialty practices, we typically have access to people who can connect our patients to resources that can help. This is especially true for the Medicaid managed care plans we serve, who are increasingly meeting the full range of medical, behavioral, and social needs of their members. This help includes connections to social workers, mental health professionals, local shelters (<https://www.domesticshelters.org>), and a variety of resources by state (<https://www.womenshealth.gov/relationships-and-safety/get-help/state-resources>).

At Avēsis, we understand the role of eye doctors in

helping to identify IPV. Our networks are made up of specialists who can help identify the impact of violence on ocular health. And we have designed innovative programs to help network providers learn how trauma-informed care can improve the overall health of their patients. Finally, our Contact Center and Member Education and Outreach teams frequently work with our state and health plan clients to coordinate support services to help enrollees achieve physical and emotional health.

If you are a provider, please see our flyer "[Recognizing Intimate Partner Violence](#)." If you are a health plan looking for an eye and oral health benefits administrator with programs for trauma-informed care, please visit <https://www.guardianlife.com/medicaid-medicare/trauma>.

DISCLAIMER: Material discussed is meant for general informational purposes only and is not to be construed as legal advice. Although the information has been gathered from sources believed to be reliable, please note that individual situations can vary. Therefore, the information should be relied upon only when coordinated with individual professional advice. This material is the opinion of Dr. Worth and not necessarily that of Guardian or its subsidiaries. Opinions are subject to revision as new evidence appears.

By David Worth, OD, Clinical Director, Utilization Management, Avēsis

TRUSTED PARTNER PROGRAM



Every business has a story to tell, something that connects potential partners to their brand. As a Trusted Partner you will have an opportunity to express your company's core values to others in the healthcare space, convene with the top leaders within the healthcare sector through multiple networking opportunities, and stay up to date on the latest industry related news.

BECOME A TRUSTED PARTNER TODAY. VISIT IAMHP.NET/MEMBERSHIP

VISIT IAMHP'S YOUTUBE PAGE

Children's Mental Health

Listen to IAMHP CEO
Samantha Olds Frey on
WVON Radio with Host
Perri Small

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[Visit our YouTube page](#) for recordings of our Executive Corner Series as well as clips and full episodes from Samantha Olds Frey's recent guest appearances with Perri Small on WVON 1690. Topics focus on an overview of Medicaid, children's mental health, vaccines and Black Maternal Health Week.



The Illinois Department of Healthcare and Family Services collaborates with the University of Illinois at Chicago College of pharmacy to provide academic detailing services in Illinois. Illinois Advance is a free and interactive academic detailing service, composed of clinical pharmacists who meet one-on-one with prescribers for 15-20 mins at their offices or via online video conferencing.

These unbiased, non-commercial meetings provide current drug information while offering new tools, solutions and support for Illinois Medicaid prescribers.

For more information, visit illinoisadvance.com, or email illinoisadvance@uic.edu. You can also find more information at IAMHP.net/insights.

The Medicaid Medicare Alignment Initiative Program

The Medicare Medicaid Alignment Initiative, or MMAI, is a voluntary healthcare program for people with both Medicare and Medicaid. MMAI provides an opportunity to simplify the way that you access your healthcare benefits. Through MMAI, beneficiaries can get all of their benefits through one health plan, instead of accessing different types of benefits separately through Medicare Part A, Medicare Part B, Medicare Part D, and Medicaid.

With MMAI, they can use just one health plan card when they go to the doctor, hospital, or pharmacy, instead of having to use separate cards depending on which 'piece' of coverage they are using. Beneficiaries must use the plan's network of doctors, specialists, hospitals, and pharmacies. MMAI is not a HealthChoice Illinois Program.

To learn more about the MMAI program and MMAI LTC billing visit <https://iamhp.net/insights/>.