



# IAMHP

## Quarterly *Newsletter*

Illinois Association of Medicaid Health Plans



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## A Message from Our Executive Director



### Samantha Olds Frey

Executive Director ~ IAMHP

Thank you for reading the second edition of the IAMHP quarterly newsletter. Our association of Medicaid health plans understands and appreciates the complex nature and ever-changing landscape of our healthcare delivery system. A mix of items, including the Medicaid managed care Request for Proposals (RFP) from the Department

of Healthcare and Family Services, the prolonged budget impasse in Illinois, and efforts in Washington D.C. to overhaul the national healthcare system have contributed to a growing anxiety amongst providers, payors, and consumers alike.

IAMHP's quarterly publication is developed to be an information resource for providers and Medicaid consumers. It is our intention for this newsletter to assist in alleviating provider and Medicaid consumer anxieties by serving as an information resource.

With this intention in mind against the backdrop of uncertainty, we ask that you share with us how IAMHP can better serve as an information resource

for you. Please send ideas about issue areas to cover, information requests, etc. to [support@iamhpteam.org](mailto:support@iamhpteam.org).

Healthcare industry partners will never stop working to improve healthcare delivery systems. It is a never-ending job. In order to achieve positive change, industry partners must work well together, and always keep our shared primary goal in mind – improving healthcare outcomes. Together, we can continuously improve Illinois' Medicaid system, and, most importantly, healthcare outcomes for Medicaid members.

Warmest Regards,

**Samantha Olds Frey**  
Executive Director



# What is HEDIS and Why is it Important?

HEDIS stands for the Healthcare Effectiveness Data and Information Set. It is a tool used by most health insurance companies to assess a broad range of performance measures. In fact, it is used by more than 90% of all health plans in the country. The National Committee for Quality Assurance (NCQA) is a national accrediting body that brings together a broad group of employers, consumers, health plans and others to debate and decide on the content of HEDIS.

If a health plan is accredited by NCQA, they must annually report on HEDIS, which consists of 81 measures across five domains of care that are updated every year. In terms of Illinois Medicaid Managed Care, the Department of Healthcare and Family services utilizes a mix of HEDIS and HEDIS-like quality measures to evaluate the effectiveness of the MCOs. Here are the performance measures mandated by HFS:

Acronym	Performance Measure	Further Description
AAP	Adults' Access to Preventive/ Ambulatory Health Services	Percentage of member's age ≥20 years that had an ambulatory or preventive care visit during the measure year.
AMB	Ambulatory Care 1. Outpatient Visits 2. ED Visits	Two Rates Reported, per 1,000 member months
PPC	Prenatal and Postpartum Care 1. Timeliness of prenatal care 2. Postpartum Care	Two rates reported: 1. Percentage of deliveries with a prenatal care visit in the first trimester or within 42 days of enrollment 2. Percentage of deliveries with a postpartum visitation on or between 21 and 56 days after delivery
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment 1. Initiation of AOD Treatment 2. Engagement of AOD Treatment	Two rates reported. Members with a new episode of alcohol or other drug (AOD) dependence who received indicated services
W15	Well-Child Visits in the First 15 Months of Life (W15)	Percentage of members who turned 15 months old during the measure year and who had 0-6+ well-child visits with a PCP during the first 15 months of life.
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	Percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measure year.
ABA	Adult BMI Assessment	Percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year.
BCS	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or prior 18 months.
CCS	Cervical Cancer Screening	The percentage of women 21-65 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>• Women age 24-65 who had a Pap test in the measurement year or the two years prior</li> <li>• Women age 35-65 who had a Pap test and an HPV test on the same date of service in the measurement year or the four years prior.</li> </ul>
CHL	Chlamydia Screening for Women	Percentage of women age 16-24 who were identified as sexually active and who had at least one test for Chlamydia during the measure year.
CBP	Controlling High Blood Pressure	Percentage of members 18-85 years if age who had a diagnosis of hypertension and who's BP was adequately controlled during the measurement year.
CIS	Childhood Immunization Status	Percentage of children who had the indicated vaccinations by their 2nd Birthday. (report rate for each vaccine and combos 2-10)
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: 1. BMI percentile documentation 2. Counseling for nutrition 3. Counseling for physical activity	Percentage of members 3-17 years of age who had an outpatient visit including BMI percentile, Counseling for nutrition and Counseling for physical activity.

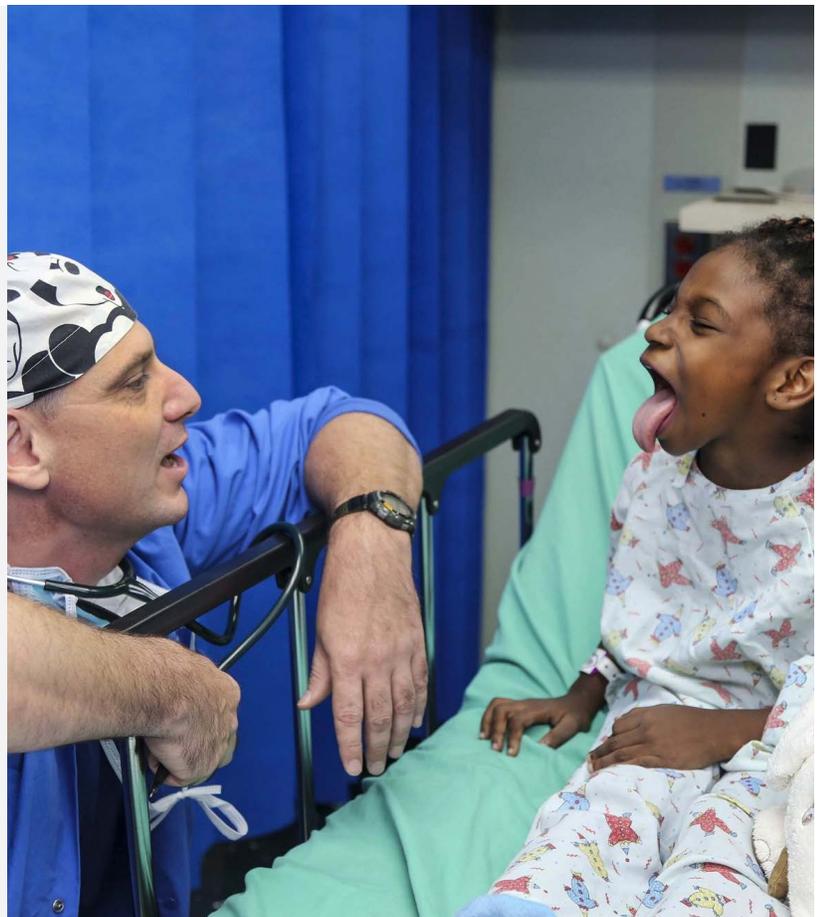
IMA	Immunizations for Adolescents	Percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and all required doses of the Human Papillomavirus (HPV) vaccine by their 13th birthday.
CDC	Comprehensive Diabetes Care (CDC) 1. Hemoglobin A1c (HbA1c) testing 2. Eye exam (retinal) performed 3. Medical attention for nephropathy	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had the following during the measurement year
SPD	Statin therapy for Patients with Diabetes 1. Received Statin Therapy Were dispensed a statin medication during measurement year 2. Statin Adherence 80%	Percentage of members 40-75 years of age with diabetes and who do not have clinical atherosclerotic cardiovascular disease who met the following: • Were dispensed a statin medication during measurement year • Remained on statin for 80% of treatment period
MPM	Annual Monitoring for Patients on Persistent Medications	Percentage of members 18 years who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent (ACE/ARB, digoxin, diuretics) and at least one therapeutic monitoring event for the therapeutic agent in the measure year.
MMA	Medication Management for People with Asthma 1. Remained on medication for at least 50% of treatment period. 2. Remained on medication for at least 75% of treatment period.	Percentage of member's age 5-64 years with persistent asthma who were dispensed appropriate medications.
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.
FUH	Follow-Up After Hospitalization for Mental Illness: 1. Follow-up within 7 days of discharge 2. Follow-up within 30 days of discharge	Percentage of discharges for member's hospitalized for treatment of selected mental health disorders that had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates reported:

## How does HEDIS impact providers?

If you are a healthcare provider, you are already aware that HEDIS data collection takes place on an annual basis. It is important for providers to actively participate in the data collection process, as they benefit by delivering industry recognized standards of care to achieve optimal outcomes. Furthermore, HEDIS data help providers and health plans collaboratively address areas in need of improvement – e.g., expanding breast cancer awareness beyond October, meeting all components of Comprehensive Diabetes Care, improving Follow-up after Mental Health Hospitalization (FUH).

## How does HEDIS benefit the consumer?

Similar to its impact on providers, HEDIS performance measures, and the annual re-evaluation of those measures, help to ensure our healthcare delivery system continuously addresses areas in need of improvement. HEDIS encourages high-quality healthcare outcomes, and provides consumers with a means of evaluating health plan performance.



# HFS Resources

The following is a list of resources found on the HFS website. These links include a broad range of information regarding Illinois Medicaid. These resources are provided for informational purposes only, and are taken directly from the HFS website. IAMHP is not responsible for the contents of the HFS website and any materials provided therein.

- **Medical Clients Homepage**
- **Care Coordination Homepage**
- **Medical Providers Homepage**
- **Long Term Services and Supports Homepage**
- **Behavioral Health Programs**
- **Pharmacy Homepage**
- **Hospitals and Institutional Providers Homepage**
- **HFS Provider Notices**
- **Medicaid Advisory Committee (MAC) Homepage**
  - **Subcommittee on Health Equality**
  - **Subcommittee on Long Term Services and Supports**
  - **Subcommittee on Public Education**
  - **Subcommittee on Quality Care**
- **Facts & Figures (includes Medicaid Enrollment Data, Transparency Law Data, Managed Care Enrollment, and budget information)**
- **HFS Phone Directory**
- **HFS Report Center**



## IAMHP BEP Fair

IAMHP is pleased to announce it will host a Business Enterprise Program (BEP) fair this fall in the Chicago area! The BEP program is designed to assist businesses owned by minorities, women, and people grow. IAMHP and its members support the mission of the BEP program and is seeking to offer business opportunities to BEP vendors.

The IAMHP BEP fair will benefit BEP vendors and entities interested in becoming BEP-certified.

1. Existing vendors will have the opportunity to meet with health plan representatives and discuss potential business opportunities.
2. Eligible entities interested in learning more about the benefits of becoming BEP certified and the certification process will be provided informational resources and the ability to discuss the BEP program with representatives from the Department of Central Management Services.





## Utilizing the IAMHP Website

### Managed Care Organization Key Contacts

In an effort to provide stakeholders with the most current MCO contact information available, we no longer maintain printed copies of our contact directory. Instead, the IAMHP website has a page dedicated to Illinois MCO key contacts. In addition to finding contact information for varying purposes, there is a tool to notify IAMHP of a needed contact change. In the event a contact provided on our site is no longer correct, use this tool to bring it to our attention and our team will update our directory accordingly.

### Provider Billing Guidelines

The Illinois Department of Healthcare and Family Services (HFS) holds managed care organizations (MCO) to specific standards and data elements regarding claims submissions and billing. IAMHP works directly with HFS to develop guidelines for providers to facilitate correct application of rules and requirements. For each issue area, we have provided guidelines in memorandum form, as well as coinciding PowerPoint presentations.

### Provider Handbooks

In one place, providers can find handbooks for each of the MCOs currently operating in Illinois. These handbooks, or manuals, are an excellent resource for providers to obtain information about working with each plan. Examples include:

- Member Eligibility
- Member Benefits
- Quality Improvement Program
- Prior Authorization and Utilization Management
- Rights and Responsibilities for Members and Providers
- Fraud, Waste and Abuse and Critical Incidents
- Provider Complaints, Member Grievances and Member Appeals

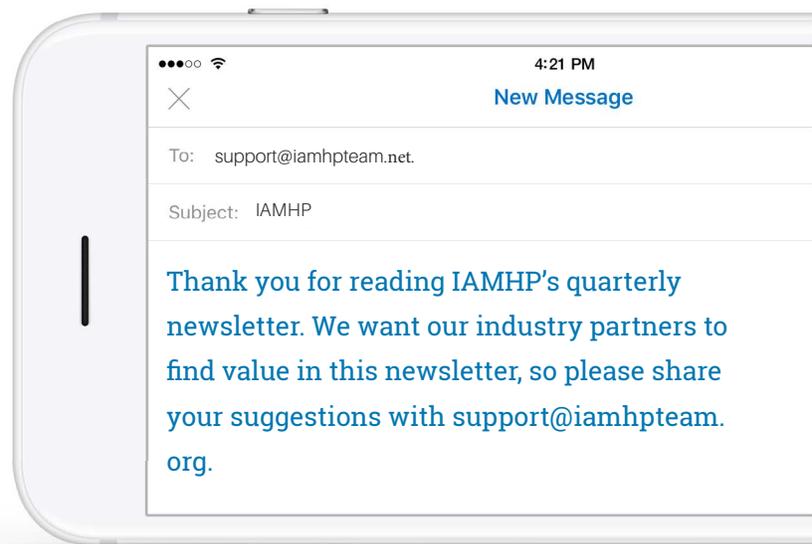
### ICD-10 MCO Information

Here you can find information from each MCO relative to the mandated transition to ICD-10. The International Classification of Diseases is a standard diagnostic tool. The federal government requires healthcare entities to use standard codes to indicate diagnoses, procedures, and transactions. ICD-10 is the current standard used.

### Pre-Authorization Links

This page provides links to information regarding prior authorizations relative to each MCO. Interested parties can find information about prior authorization requirements for different procedures with each MCO and Medicaid managed care program.

Currently, IAMHP members are developing a common paper prior authorization form. We hope to have this common form finalized and included in our next publication.



Find us online at [iamhp.net](http://iamhp.net)