ProviderReport

illinicare health™

Helping members
manage diabetes

Besides being a leading cause of death in the United States, diabetes is the main factor in kidney failures, lower-limb amputations and adult-onset blindness. IlliniCare Health offers members with type 1 and type 2 diabetes access to disease management programs to help them learn more about their condition and manage it better. Disease management for members with diabetes focuses on glycemic control and monitoring for possible complications of the disease.

For providers, this means monitoring several factors. Healthcare Effectiveness Data and Information Set standards measure the percentage of members ages 18-75 with diabetes who had the following tests:

- **Hemoglobin A1c (HbA1c)** test completed at least once a year. A result of more than 9 percent shows poor control, while a result of less than 8 percent shows control.
- **Retinal or dilated eye exam** every year or an eye exam showing no evidence of retinopathy in the year prior.
- **Nephropathy screening using a macroalbumin or microalbumin urine test** at least annually (unless there is documented evidence of nephropathy).
- **Blood pressure** control. A healthy blood pressure is generally under 140/90 mm Hg.

IlliniCare Health is here to help you keep members with diabetes healthy. We can assist your office in finding members a vision provider. Please call us at **1-866-329-4701**.

Supporting member health

IlliniCare Health's disease management programs help members with chronic conditions, such as diabetes, self-manage their health. The programs do this by ensuring that referrals are made to the proper providers, providing health education, promoting coordination among providers and encouraging adherence with care plans. We educate patients and provide support and tools needed to help them understand and control their condition, all with the goal of fewer complications.

In addition to disease management programs for members with chronic illnesses, we offer case management for members with complex medical and social service needs. If you have a member you think would benefit from these services, call us at **1-866-329-4701**.

HEDIS measures performance

HEDIS, the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most U.S. health plans to measure performance on important aspects of care and service.

HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of healthcare plans. Final HEDIS rates are typically reported to NCQA and state agencies once a year. Through

HEDIS, NCQA holds IlliniCare Health accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. IlliniCare Health also reviews HEDIS rates on an ongoing basis and continually looks for ways to improve our rates. It's an important part of our commitment to providing access to high-quality and appropriate care to our members.

Please consider the HEDIS topics covered in this issue of the provider newsletter: diabetes, hypertension and cardiac health. You can also review IlliniCare Health's clinical practice

guidelines and additional HEDIS information at **www.IlliniCare.com**. Providers can access their HEDIS care gap information through the provider portal at **Provider.IlliniCare.com**.

IlliniCare Health case management staff members are available to assist with patients who have difficulty managing their conditions, adhering to prescribed medications or filling their prescriptions. If you have a member you think could benefit from our case management program, please contact IlliniCare Health Member Services at **1-866-329-4701** and ask for medical case management.

HEDIS for cardiovascular care

Condition	HEDIS Measure
Controlling High Blood Pressure High blood pressure, or hypertension, increases the risk of heart disease and can lead to heart attacks, stroke, kidney disease and other serious conditions. Providers can help members control their blood pressure by prescribing and monitoring effectiveness of medications, as well as recommending lifestyle changes, such as getting exercise, eating a heart-healthy diet and quitting smoking.	This HEDIS measure assesses adults ages 18-85 who have been diagnosed with hypertension and whose blood pressure is adequately controlled: ▪ Ages 18-59, or 60-85 with diabetes: blood pressure of <140/90 mm Hg ▪ Ages 60-85 without diabetes: blood pressure of <150/90 mm Hg Learn more: **www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/controlling-high-blood-pressure**
Persistence of Beta-Blocker Treatment After a Heart Attack Beta-blockers lower the heart rate, reducing the amount of force on the heart and blood vessels. They have been shown to reduce mortality in patients who have had a heart attack. Providers should make sure that members who have had a heart attack take a beta-blocker to help prevent another attack from occurring.	This HEDIS measure assesses adults ages 18 and older who were hospitalized and discharged after a heart attack and who received beta-blocker treatment for six months afterward. Learn more: **www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/beta-blockers**

Should you recommend aspirin use?

Aspirin thins the blood and can prevent clots from occurring. This can be beneficial for those who have had a heart attack, or those with risk factors for cardiovascular disease. However, there are risks, such as bleeding.

In 2017, the NCQA retired the aspirin use measure due to changes in recommendations from the U.S. Preventive Services Task Force (USPSTF). When discussing the use of low-dose aspirin for the prevention of cardiovascular disease (or colorectal cancer), the USPSTF now recommends:

▪ **For adults ages 50-59 with a 10% or greater risk of developing cardiovascular disease within 10 years:** Recommended for those adults that are not at increased risk for bleeding, have a life expectancy

of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.

▪ **For adults ages 60-69 with a 10% or greater risk of developing cardiovascular disease within 10 years:** Each individual will need to weigh the risks and benefits and decide whether to take aspirin. Those who are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years are more likely to benefit.

▪ **For adults younger than 50 or older than 70:** The USPSTF says there is not enough evidence to assess the benefits and drawbacks of using aspirin.

Our members' satisfaction matters

To provide the best care, IlliniCare Health surveys our members annually about their healthcare experiences. The survey results show how members feel about the care they receive from our providers and the service they receive from the health plan.

IlliniCare Health uses the results to help improve care. Because you and your staff are such an important part of our members' healthcare experience, we also want to share the results with you. Providers can improve survey results by focusing on customer service year-round, improving communication and helping members feel connected to their providers and the plan.

Areas where we scored well in this year's survey include:

- Care coordination between the member, IlliniCare Health and providers
- IlliniCare Health customer service

Areas we are working to improve include:

- Getting needed care
- Overall rating of healthcare received

Results were gathered using the Consumer Assessment of Healthcare Providers and Systems survey. IlliniCare Health submits survey results to the National Committee for Quality Assurance to meet accreditation requirements.

Safely treating **chronic pain**

Deadly overdoses from prescription opioids are on the rise. According to the Centers for Disease Control and Prevention, of the more than 64,000 drug overdose deaths in 2016, 20,000 were from fentanyl and fentanyl analogs, or synthetic opioids.

Opioids can play an important role in treating pain. But providers need to use care when prescribing them to treat chronic pain and explore other treatment options first.

The CDC offers guidelines for providers on how to safely prescribe painkillers for chronic pain. Among the guidelines:

- Providers should recommend nonpharmacological and nonopioid therapies before trying opioids to treat chronic pain. Opioids should be prescribed only if their expected benefits outweigh the risks.
- Providers should establish treatment goals with members, including goals for level of pain and function. If the use of opioids is not leading to meaningful improvement, it should be discontinued.
- Providers should discuss the benefits and risks of opioid use with members before prescribing the drugs and agree on how to manage their use.
- Providers should start treatment by prescribing immediate-release opioids, rather than extended-release opioids, and prescribe the lowest effective dose.
- Providers should think about using urine drug testing before and during treatment to determine if members are using undisclosed prescription or illicit drugs.
- Providers should consult state prescription drug monitoring program (PDMP) data to review a member's history of prescription drug use. This can help prevent overdoses and dangerous drug interactions. The data should also be reviewed periodically during treatment.
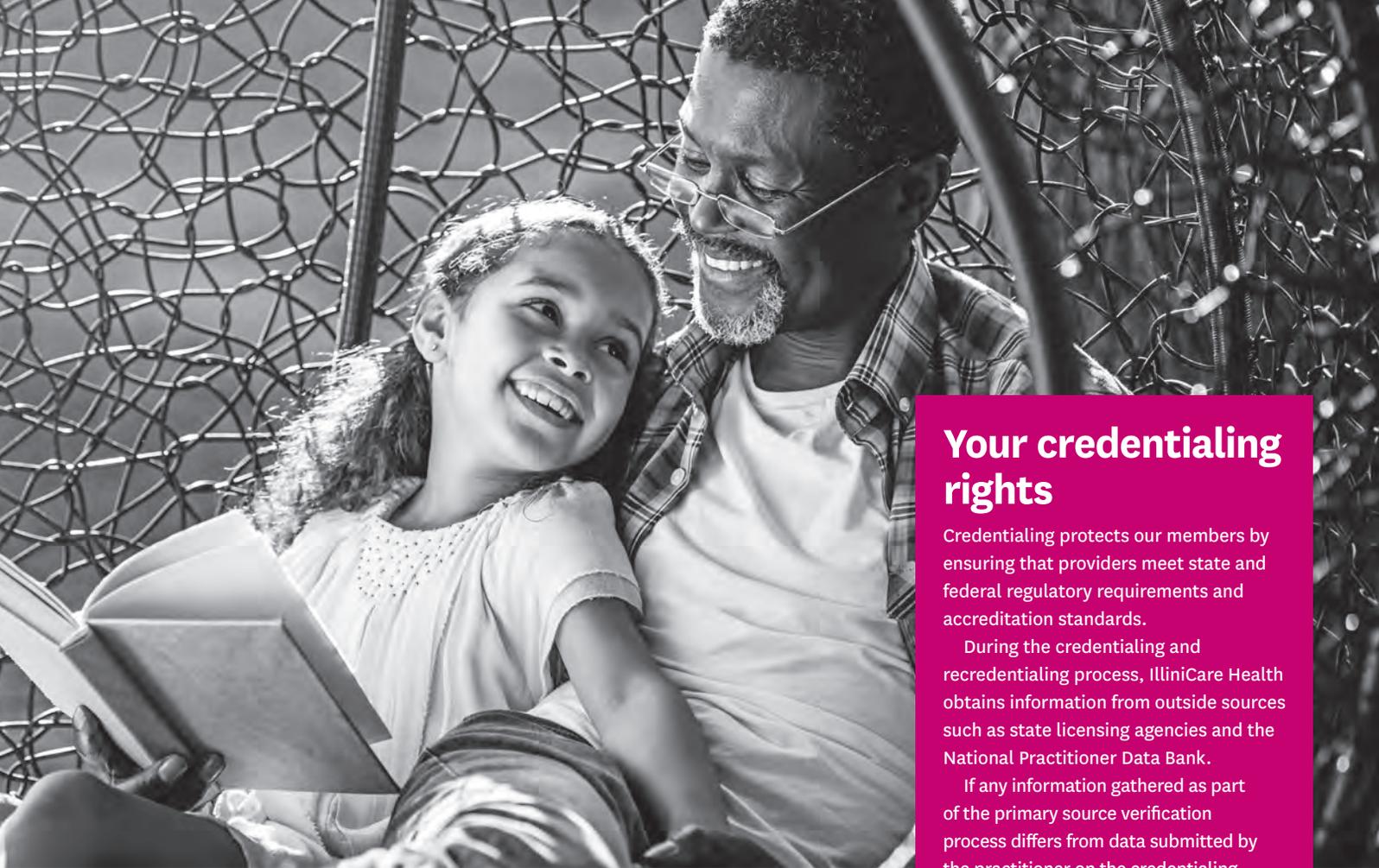
Learn more and read the complete guidelines at **www.cdc.gov/drugoverdose/ providers/index.html**.

Keep us informed

IlliniCare Health wants to provide the best care we can to our members. So it's important for us to know if you plan to move, change phone numbers or leave the network.

Call **1-866-329-4701** to update or verify your contact information or status. You can also check your information on our secure provider portal at **www.IlliniCare.com**. Please let us know at least 30 days before you expect a change to your information.

Your credentialing rights

Credentialing protects our members by ensuring that providers meet state and federal regulatory requirements and accreditation standards.

During the credentialing and recredentialing process, IlliniCare Health obtains information from outside sources such as state licensing agencies and the National Practitioner Data Bank.

If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, IlliniCare Health will notify the practitioner and request clarification.

A written explanation detailing the error or the difference in information must be submitted to IlliniCare Health to be included as part of the credentialing and recredentialing process. Information must be sent in a timely manner to avoid delays in the credentialing process.

Practitioners have the right to:
- Review primary source materials collected during this process.
- Request the status of their credentialing application.
- Ask questions about the credentialing process at any time.

Providers can learn more by contacting Provider Services at **1-866-329-4701.**

Helping members
plan ahead

According to the Centers for Disease Control and Prevention, only a third of adults have an advance directive. IlliniCare Health wants to make sure members are getting the information they need to execute these important documents for helping communicate the type of end-of-life care they want.

What providers can do:
- Talk to members about their end-of-life wishes and explain the role of advance directives in determining the care they receive.
- Inform members they should share a copy of an advance directive with the person or people designated to be involved in their care decisions. They should also add a copy to their medical records.
- Provide members with resources for beginning advance care planning, such as the National Hospice and Palliative Care Organization's CaringInfo website, which includes downloadable, state-specific advance directives. Learn more at **caringinfo.org**.

Providers are required to document advance care planning discussions and note whether an advance care plan is in the member's medical record.

illinicare health ™