

# Provider Newsletter



Your **Healthcare Plus**  
Extra help for better health



## ? Did you know?

### Now Available: Illinois DocAssist

Illinois DocAssist is designed to improve the delivery and coordination of mental health and substance use care by supporting the work of HFS-enrolled primary care providers treating children and youth. Illinois DocAssist provides:

- Problem-based consultations to guide the mental health and substance use assessment of children and youth
- Education and technical assistance via web-based clinical resources, office-based training workshops, stepped-care algorithms to guide clinical decisions, and training for physicians and clinic staff
- Referral services to identify local community referral options

To contact Illinois DocAssist, call **1-866-986-ASST (2778)** or [www.psych.uic.edu/DOCASSIST](http://www.psych.uic.edu/DOCASSIST)

### Holiday Stress Help

The holidays can bring a mix of excitement and stress. In the holiday aftermath, while it is normal to feel down or sad, it is important to remember this is a high-risk time for new onset or recurring clinical depression.

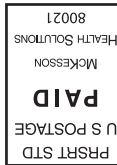
It is an especially important time to conduct a depression screening as part of your routine chronic disease care. Your Healthcare Plus offers depression screening tools, as well as a depression support program for its members.

Determine a patient's eligibility for the Your Healthcare Plus program by signing onto MEDI. You can then refer eligible members to Your Healthcare Plus by calling **1-800-973-6792**. ■

Visit the [Your Healthcare Plus](http://YourHealthcarePlus.com) and the [Illinois Health Connect](http://IllinoisHealthConnect.com) Web sites for information on upcoming events.

This newsletter is available on the [Your Healthcare Plus](http://YourHealthcarePlus.com) and [Illinois Health Connect](http://IllinoisHealthConnect.com) websites:  
[www.yourhealthcareplusdr.com](http://www.yourhealthcareplusdr.com) [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com)

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## Use of ACE Inhibitors and ARBs in Chronic Diseases

By: Rick Leary, MD

During my residency, captopril and enalapril were the new anti-hypertensive medications on the market. We heard about them from pharmaceutical reps and used them for hypertension, but there were few clear indications for specific populations. My how things have changed since then! In the 1990s, evidence began to emerge that ACE inhibitors reduced morbidity or mortality in congestive heart failure, coronary artery disease, diabetes mellitus, and chronic renal insufficiency. Now ACE inhibitors should be considered first for patients with any of these conditions. Obviously, they are not right for everyone, as they do have side effects such as cough or risk of hyperkalemia, and are contraindicated in pregnancy because of possible adverse effects on the unborn fetus. Rare, but more serious side effects include angioedema, hypotension, dizziness, leucopenia and renal failure.

Because angiotensin receptor blockers (ARBs) also work on the Renin-Angiotensin-Aldosterone (RAA) system and are generally well tolerated, they are often the best alternative for your patients who cannot tolerate ACE inhibitors.

There are strong Class I A indications for the use of these medications in various cardiovascular conditions. I have always found it useful to review current guidelines to see the consensus-opinion versus proven treatments, and I'd like to share my latest review with you. **These guidelines are Class I A evidence-based recommendations**, but all subject to the caveat of drug contraindication.

### Coronary Artery Disease<sup>1</sup>

- Start ACE inhibitors and continue indefinitely for all patients with left ventricular ejection fraction <40% and in those with hypertension, diabetes, or chronic kidney disease.
- Use ARBs in patients who are intolerant of ACE inhibitors and have heart failure or have had a myocardial infarction with left ventricular ejection fraction <40%.

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## A letter to providers from the Illinois Department of Healthcare and Family Services:

The Illinois Department of Healthcare and Family Services values the commitment you have made in helping to ensure that our participants receive the medical care and services they need during this economic downturn. As a result of reductions in state revenues due to the economy, the Illinois Office of the Comptroller is suffering from a severe lack of cash flow. Decreased sales tax, personal and corporate income taxes are the main contributing factors to this crisis.

This downturn is significantly impacting the release of Medicaid payments and delaying the current 30-day payment schedule for children's claims and the 60-day payment schedule for adult claims that the department has maintained since July 2006. The department would like to clarify that the current payment schedule delays are not related to the level of appropriation for physician payments, but are due to the cash flow issues. The department has sufficient appropriations this fiscal year to pay all physician claims in a timely manner. The Offices of the Governor, Comptroller and Treasurer agreed upon a plan to borrow \$1.4 billion dollars to pay backlogged state bills. As a result, approximately \$860 million in Medicaid bills were paid in late December.

A highly anticipated federal economic stimulus package from the Obama administration would provide fiscal relief in the form of increased federal matching funds on Medicaid expenditures.

The department recognizes that Illinois's current economic climate may be creating disruptions and considerable hardships in your practice. The department appreciates your continued cooperation and support of the Medicaid programs, and your ongoing patience and understanding as we work through the slowing payment schedules.

(Continued on page 2)

## Supporting Your Practice



### MEDI: Bringing value to your practice

Did you know? The secure HFS MEDI system not only houses the claims history of more than two million HFS enrolled beneficiaries in Illinois, but also offers several tools for participating physicians to help manage and coordinate care for their patients. These tools include:

- Monthly Illinois Health Connect Panel Rosters to help providers manage their patients' care by identifying patients that are due for screenings or check-ups based on a patient's paid claims.
- Semi-annual Illinois Health Connect Provider Profiles that summarize a PCP's performance on specified clinical indicators.
- Claims History Report that provides claims-based patient health summaries for the past two years that includes pharmacy claims, previous lab orders, ER visits, in-patient hospitalizations, other procedures, and at least four years of immunization claims.
- Links to web portals for both Illinois Health Connect and Your Healthcare Plus.
- Links to new online CME programs, brought to you by Illinois Academy of Family Physicians (IAFP) and Your Healthcare Plus.

To access all of this information and much more, you must register to become a MEDI user!

### Accessing MEDI

To ensure the privacy, security, and confidentiality of patient and provider information, HFS requires providers to enroll with the state's MEDI System if they wish to have online access to these tools and information about a patient's program eligibility. The MEDI system utilizes federally approved access protocols that allow only approved providers and their authorized staff to access sensitive patient and provider information. MEDI is developed and maintained by HFS.

To become a registered MEDI user, go to <http://www.myhfs.illinois.gov/gettingstarted.html> and click on "Register" or call the Illinois Health Connect Provider Relations Helpdesk at **1-877-912-1999**.

Once enrolled, using MEDI is as easy as following these steps:

- Enter your Provider ID and password
- Click through two sign-on screens
- Begin using MEDI resources from the home page

If you have any questions about becoming an enrolled MEDI user or accessing the MEDI system, please call the Illinois Health Connect Provider Relations Helpdesk at **1-877-912-1999**. You can also view a MEDI tutorial at [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com) under provider information. ■

allow. The Department of Healthcare and Family Services is also committed to doing all it can to ease the impact of this statewide fiscal crisis on your practice.

Please continue to communicate with your Illinois Health Connect Provider Service representative, or the Illinois Health Connect Provider Helpdesk staff at **1-877-912-1999** during this economic downturn. Our Illinois Health Connect Provider staff are dedicated to working with you and the department. ■

## Letter to Providers

*(Continued from page 1)*

Above all, your continued service to our participants during this period of economic difficulty is critical to the health of our participants and does not go unrecognized. The Illinois Office of the Comptroller has committed to work with its state agencies and state payees to minimize any disruptions created by these circumstances, and to make as many payments as possible on a daily basis as available revenues

## Supporting Your Patients



### Care Coordination Unit: EPSDT Outreach

The Early and Periodic Screening, Diagnostic, and Treatment program (EPSDT) is a comprehensive child health program that provides for initial and periodic examinations and medically necessary follow-up care. The Illinois EPSDT program, called **Healthy Kids**, helps to ensure all children and adolescents younger than age 21 who are covered by an Illinois Department of Healthcare and Family Services (HFS) Medical Program are provided with preventive health screening services like well child health examinations.

In order to improve the rates of preventive care for children, to help educate clients of the importance of well child checkups and to assist clients with scheduling well child visits, Illinois Health Connect has implemented a Care Coordination Unit. This unit reaches out to families when a child is due for their periodic well child visit screening, based on HFS claims data, and assists the family in scheduling appointments for the child's well child check-ups with their Primary Care Provider (PCP). The Care Coordination unit conducts a three-way call with the client and the client's PCP office to assist the client in making an appointment for this check-up. In addition, clients who call into the

Illinois Health Connect Client Helpline for enrollment assistance or for other reasons and are noted to be due for a well child visit receive additional education on the importance of well child check-ups from the Illinois Health Connect Client Service Representative and assistance in scheduling an appointment for a well child visit, if needed. When Illinois Health Connect assists a client schedule an appointment, a reminder notice is sent to the client's home seven days prior to the scheduled appointment. Illinois Health Connect is also sending annual Healthy Kids reminder notices to clients, 20 years of age and younger, 60 days prior to the client's date of birth. This notice educates clients on the importance of these check-ups and is a reminder to schedule their Healthy Kids visit.

HFS recommends and reimburses for interperiodic well child visits. If a child has had a well child visit for another reason throughout the year (such as pre-participation physical), HFS recommends an annual (or biannual visit after age 6) be completed at the child's birthday in order to improve preventive care.

Physicians can also check to see which of their patients are due for appointments and well checks by accessing their Illinois Health Connect provider panel roster via the secure MEDI system. For more information about MEDI, or to become a registered MEDI user, please visit the Provider Information page on the Illinois Health Connect website at <https://www.illinoishealthconnect.com>, or contact the Illinois Health Connect Provider Relations Helpdesk at **1-877-912-1999**. ■

## ACE Inhibitors and ARBs

*(continued from page 1)*

### Congestive Heart Failure<sup>2</sup>

- Use ACE inhibitors for all patients with symptomatic heart failure and reduced LVEF, functional class II-IV.
- Use ACE inhibitors for patients with left ventricular systolic dysfunction (LVSD) with/without symptoms after Acute Myocardial Infarct (AMI) or without AMI if LVEF is reduced, <40-45%.
- Use ARBs in those patients listed above who cannot tolerate ACE inhibitors.

### Diabetes Mellitus<sup>3</sup>

- Use ACE inhibitors for all diabetic patients with known cardiovascular disease

- Use ACE inhibitors or ARBs in the treatment of patients with micro- or macro-albuminuria.
- There is Class I B evidence that the use of ACE inhibitors or ARBs in patients >40 years of age with another cardiovascular risk factor, decreases the risk of future cardiovascular events.

(Do NOT use ACE inhibitors or ARBs for women contemplating pregnancy or who are pregnant.)

For more information on the use of ACE inhibitors or ARBs in these conditions, I would encourage you to view the free CME modules available from Your Healthcare Plus at [www.yhplus.com](http://www.yhplus.com) or on MEDI. ■

<sup>1</sup> AHA/ACC guidelines for secondary prevention for patients with coronary and other atherosclerotic vascular disease: 2006 update.

<sup>2</sup> ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult.

<sup>3</sup> American Diabetes Association 2008 Guidelines for the treatment of Adults with Diabetes Mellitus