## YHP Program Update

On June 30, 2011 after five years, the Your Healthcare Plus program contract will end (**http://www.hfs.illinois.gov/assets/040111n.pdf**). Most formerly eligible disease management members will continue to receive primary health care services and support through their medical home under the Illinois Health Connect program or through the new Integrated Care Program (**http://hfs.illinois.gov/html/021011n.html**).

The Your Healthcare Plus team is grateful to have worked with the Illinois healthcare community for the past five years. Providers have been instrumental in the improvement of the disease management program and in the numerous individual success stories, as well as significant benefits to the beneficiaries of the Illinois Medicaid program. We wish you continued success as you move forward in the provision of healthcare services in partnership with the Illinois Department of Healthcare and Family Services. Thank you again for your partnership in supporting the patients and families you serve. ■

**Visit the Your Healthcare Plus and the Illinois Health Connect web sites for information on upcoming events.**

**This newsletter is available on the Your Healthcare Plus and Illinois Health Connect websites:**
**www.yourhealthcareplusdr.com • www.illinoishealthconnect.com**

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# Provider Newsletter

ILLINOIS HEALTH CONNECT™ Your Home For Healthcare

Your Healthcare Plus™
*Extra help for better health*

## Impacting Emergency Department Overuse

Your Healthcare Plus (YHP) and Illinois Health Connect (IHC) have been closely collaborating in an effort to discover and test solutions for decreasing inappropriate emergency department (ED) overuse. After an extensive review of the literature and conversations with providers across the state, we determined that there is no one solution to this problem. Interventions must target various angles if we are to see improvement.

To that end, three pilot programs are in progress. Each of these takes a slightly different approach:

### ED Overuse Chart Reminder Pilot Project

The basis for this project is that primary care providers (PCPs) don't always know that their patients are using the ED excessively. Communication is particularly unlikely if a provider is not on staff at the given hospital. In addition, members may go to multiple emergency facilities.

ED chart reminders put this information in the hands of the PCP. The intention is to prompt a conversation with the patient about proper use of the medical home versus the ED, or to raise awareness that the care plan may need adjusting to facilitate better condition control.

With this intervention, claims data identify members who have used the ED four or more times in a six-month period. The provider then receives a one-page document communicating this pattern of usage. The reminder can serve as an opportunity to reach out to the patient, and when placed into the chart, it serves as a point-of-care reminder to discuss the ED usage when the patient next comes for a visit. The bottom half of the reminder is a tear-off that describes common conditions for which patients should choose the medical home versus the ED. Testing of this tool is under way at 22 sites throughout Illinois.

### Hospital-Clinic Pairs Pilot Project

In three communities we have brought clinic sites together with their local hospital(s). These hospital-clinic pairs are in the process of designing streamlined communication

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## Illinois Health Connect 2011 Bonus Payment for High Performance

The Illinois Department of Healthcare and Family Services (HFS) is proud to announce its Illinois Health Connect (IHC) Bonus Payment for High Performance Program for 2011. Under this program, IHC primary care providers (PCPs) are eligible to receive annual bonus payments for each qualifying service under a bonus measurement. The bonus measurements are as follows:

- **Immunization Combo 3:** Children who receive designated immunizations by age 24 months (benchmark 71%).
- **Developmental Screening:** Children who receive at least one objective screening by age 12 months (benchmark 65%), between ages 12 and 24 months (benchmark 55%), and between ages 24 and 36 months (benchmark 50%). A bonus will be available for each separate age group.
- **Asthma Management:** Patients with persistent asthma aged 5 to 11 years (benchmark 92.2%) and 12 to 50 years (benchmark 86.3%) who fill an asthma controller medication prescription. A bonus will be available for each separate age group.
- **Diabetes Management:** Patients with diabetes aged 18 to 65 years who receive at least one HbA1C test annually (benchmark 81.1%).
- **Breast Cancer Screening:** Women aged 40 to 69 who have had a mammogram in the last two years (benchmark 52.0%).
- **Lead Screening:** Children who receive at least one capillary or venous blood lead test by age 24 months (benchmark 71.6%).

These bonus measurements were selected by HFS based on input from participating PCPs, clinicians, and healthcare quality specialists who participate in the Quality Management Advisory Subcommittee. A qualifying PCP is an IHC PCP who meets or exceeds the 2010 HEDIS 50th percentile benchmark, as established by the National Committee for Quality Assurance (NCQA), collectively for all the IHC

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# Supporting Your Practice

## Illinois Healthcare and Family Services Prepares for the EHR Incentive Payment Program

As part of the American Recovery and Reinvestment Act of 2009 (ARRA), an Electronic Health Record (EHR) Incentive Program was developed and has set aside millions of dollars for professionals and hospitals in the form of incentives for providers who adopt, implement, upgrade, or have the ability to meaningfully use certified EHR technology.

The Illinois Department of Healthcare and Family Services (HFS) is planning for the administration of the program and expects to begin making incentive payments to qualifying providers in the summer of 2011. If you are interested in learning more about these incentive payments, please visit: **http://hfs.illinois.gov/ehr**.

### Who is eligible and how much is the incentive payment?

Eligible professionals (EPs) include

- physicians
- pediatricians
- dentists
- certified nurse-midwives
- physician assistants (PAs) practicing in a federally qualified health clinic or rural health clinic led by a PA

EPs who meet the program requirements (including meeting a minimum Medicaid patient volume threshold) can receive up to $63,750 over six years under the Medicaid EHR Incentive Program. EPs may not receive EHR incentive payments from both the Medicare and Medicaid programs in the same year.

Incentive payments for eligible hospitals (EHs), acute care, children's and critical access hospitals begin with a $2,000,000 base payment for those hospitals that qualify. Some EHs may be eligible to receive EHR incentive payments from both Medicare and Medicaid.

### What can providers do now to prepare for registration for the Medicaid EHR Incentive Program?

1. Verify you have met the federal program requirements: **http://www.cms.gov/EHRIncentivePrograms**
2. Be enrolled as an HFS provider: **http://www.hfs.illinois.gov/enrollment**
3. Register to use HFS's Medicaid Electronic Data Interchange (MEDI) system: **http://www.myhfs.illinois.gov**

Questions regarding this program can be submitted to **HFS.EHRIncentive@Illinois.gov**.

## Illinois Health Connect 2011 Bonus Payment *(Continued from page 1)*

enrollees on their panel roster for a particular measure, or in the case of developmental screening, the benchmark target set forth above. For each measure, HFS will count the number of qualifying patients enrolled on each PCP's IHC panel roster as of December 1, 2011. HFS will then determine which of those patients received the measured service during the measurement period. HFS claims data will be used to verify whether a service was rendered (for immunizations, ICARE and Cornerstone data will also be used). Although providers have 12 months from the date of service to bill in order to be paid for the service, the bonus payment will be based on claims after a three-month runout (January through March 2012), meaning all claims for these services must be submitted to HFS prior to April 1, 2012, to be counted in the bonus measurement for 2011.

PCPs do not have to report any special information to earn a bonus payment; they just need to submit a detailed claim for the services that are rendered as usual. A measured service is counted whether or not it was the current PCP or another provider who rendered the service during the measurement period.

If a PCP meets or exceeds the benchmark for a particular measured service, a bonus payment will be made for each patient that received the measured services. If the PCP does not meet the benchmark, there will be no bonus payment made for any patients, whether they received the service or not. The bonus payments will be at least $20 per patient (one patient could meet several measurements). The payments may be higher depending on the number of qualifying PCPs and the number of patients receiving a measured service from those PCPs.

More specific information about each bonus measurement and the target benchmarks can be found on the IHC website at **www.illinoishealthconnect.com** under the Quality Tools section, or can be obtained by calling the IHC Provider Help Desk at **1-877-912-1999**.



# Supporting Your Patients

## Biometric Monitoring for Patients Taking Atypical Antipsychotropics

You are likely familiar with the black-box warnings associated with all antipsychotics. Common verbiage is "WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS." And often there is more! The adverse effects of these drugs are potentially life changing or life threatening, and need to be very carefully monitored by all clinicians (whether or not you happen to be the prescriber).

Important monitoring steps include obtaining baseline biometric values before prescribing psychotropics. The frequency and type of monitoring thereafter depends on initial findings and the specific agent prescribed. The following are generally recommended for all atypicals:

- **Serum blood work, including**
  - *Complete blood count (CBC):* Patients with a history of a clinically significant low white blood cell count or drug-induced leucopenia/neutropenia should have a CBC monitored frequently during the first few months of therapy. Events of leucopenia, agranulocytosis and neutropenia have been reported temporally related to antipsychotic agents.
  - *Electrolytes, specifically potassium and magnesium levels:* Monitor regularly and caution should be used if diuretics are added to the medication regime.
  - *Fasting blood glucose and/or a hemoglobin A1C (fasting not needed):* A value between 5.7% and 6.5% indicates pre-diabetes and warrants quarterly monitoring.
    - Hyperglycemia can be extreme. Ketoacidosis, hyperosmolar coma, and death has been reported.
    - Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored for worsening of glucose control.
  - *Fasting lipid panel:* Increases in total cholesterol, LDL cholesterol, and triglycerides, as well as decreases in HDL cholesterol, have been reported. Such changes can occur as early as six weeks after initiation of treatment with antipsychotics. Check lipids *at least* annually.
  - *Liver panel, BUN, and creatinine test:* A baseline liver panel, BUN, and creatinine can assist with dosing in cases of renal and/or liver disease.
  - *Required* blood test monitoring in the use of clozapine is beyond the scope of this article. For more information, go to **http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.Overview&DrugName=CLOZAPINE**
- **Blood pressure screening:** Orthostatic hypotension may occur, especially during the initial dose titration period. In children and adolescents there may be increases in blood pressure. Monitor regularly (consider *at least* quarterly).
- **Weight measurements (BMI):** Monitor regularly (consider at least quarterly).
- **Examination of the lens:** Examination to detect cataract formation is recommended at initiation of treatment, and at six-month intervals during chronic treatment (does not apply to all antipsychotic agents).

Other biometric testing may be indicated. For detailed labeling information go to **http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm**.

In addition to the information, regarding risks/benefits discussed during the informed consent process, it is necessary to educate patients, caregivers, and family members about actions to take if and when side effects occur.

## Impacting Emergency Department Overuse *(Continued from page 1)*

strategies so that when a clinic's patients are seen at the ED, the clinic gets that information quickly and can facilitate follow-up. Better communication will also enable the clinic to better observe patterns of patient behavior so use of the medical home can be reinforced.

### Frequent ED Clinic Performance Improvement Pilot Project

Three residency programs have performed a practice self-assessment in order to identify opportunities to enhance patient flow. In these pilot projects, the residents are evaluating phone volumes, patient education, and triage protocols, with the goal of removing barriers to access.

Our intention with these pilot projects is to use them as learning labs to test changes that could then be more widely disseminated to the provider community in Illinois. A webinar is planned for June 2011 to share strategies and results.