



**Welcome to the
Monthly Care
Coordinator
Webinar
January 23, 2019**



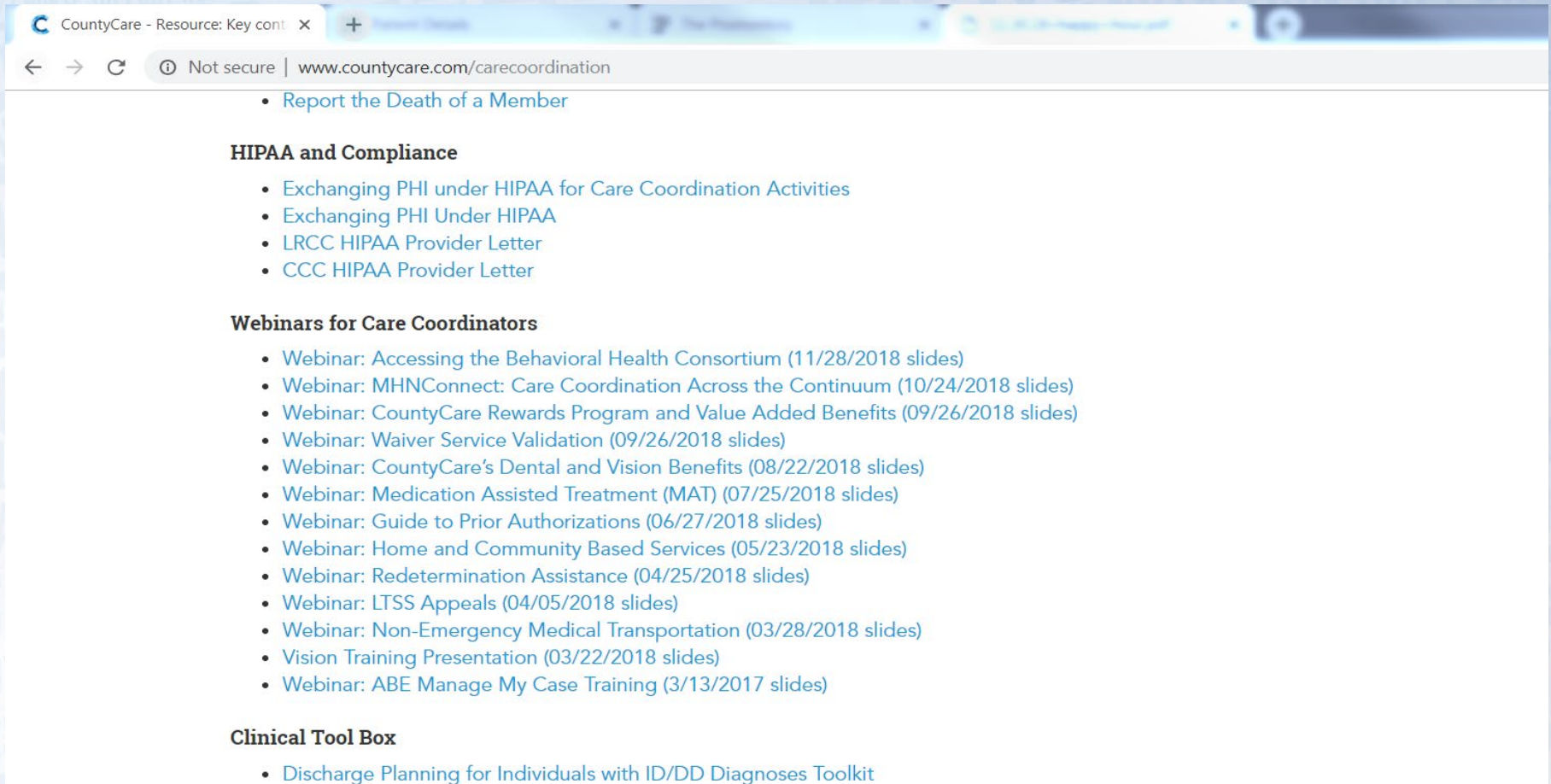
CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Webinar Agenda

- New Facilitator:
Lanisha Thadison, RN, BSN
Care Management Nurse
Coordinator
- Asthma Presentation
- HEDIS Measure Spotlight: MMA
- Community Spotlight: Early
Intervention Referrals for Lead
Screening
- NEW! Thank You Spotlight
- Questions



Just a reminder!



The screenshot shows a web browser window with the address bar displaying "www.countycare.com/carecoordination". The page content includes a list of resources under the heading "Report the Death of a Member". Below this, there are three main sections: "HIPAA and Compliance" with a list of four links, "Webinars for Care Coordinators" with a list of ten links, and "Clinical Tool Box" with a single link.

- [Report the Death of a Member](#)

HIPAA and Compliance

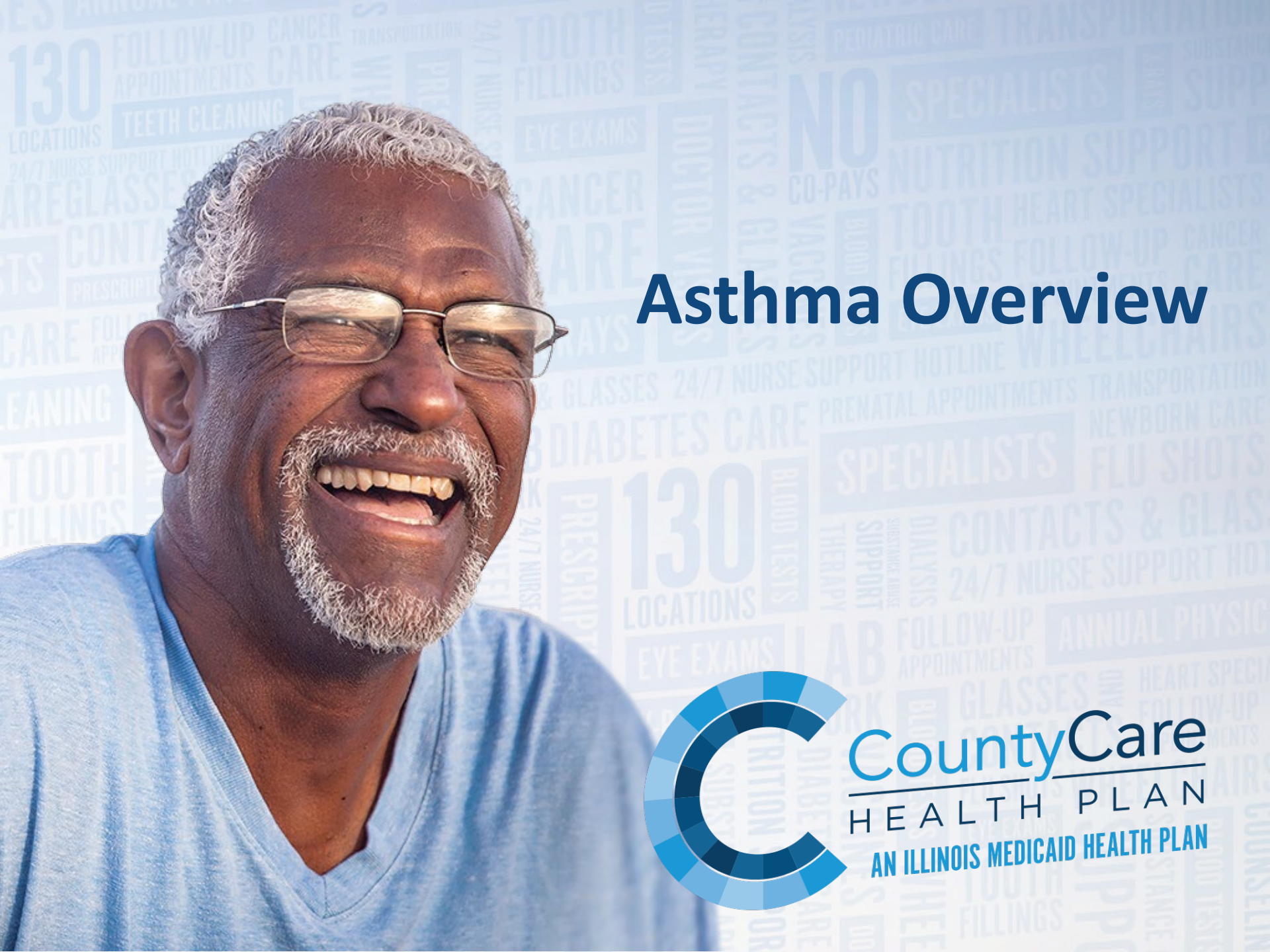
- [Exchanging PHI under HIPAA for Care Coordination Activities](#)
- [Exchanging PHI Under HIPAA](#)
- [LRCC HIPAA Provider Letter](#)
- [CCC HIPAA Provider Letter](#)

Webinars for Care Coordinators

- [Webinar: Accessing the Behavioral Health Consortium \(11/28/2018 slides\)](#)
- [Webinar: MHNConnect: Care Coordination Across the Continuum \(10/24/2018 slides\)](#)
- [Webinar: CountyCare Rewards Program and Value Added Benefits \(09/26/2018 slides\)](#)
- [Webinar: Waiver Service Validation \(09/26/2018 slides\)](#)
- [Webinar: CountyCare's Dental and Vision Benefits \(08/22/2018 slides\)](#)
- [Webinar: Medication Assisted Treatment \(MAT\) \(07/25/2018 slides\)](#)
- [Webinar: Guide to Prior Authorizations \(06/27/2018 slides\)](#)
- [Webinar: Home and Community Based Services \(05/23/2018 slides\)](#)
- [Webinar: Redetermination Assistance \(04/25/2018 slides\)](#)
- [Webinar: LTSS Appeals \(04/05/2018 slides\)](#)
- [Webinar: Non-Emergency Medical Transportation \(03/28/2018 slides\)](#)
- [Vision Training Presentation \(03/22/2018 slides\)](#)
- [Webinar: ABE Manage My Case Training \(3/13/2017 slides\)](#)

Clinical Tool Box

- [Discharge Planning for Individuals with ID/DD Diagnoses Toolkit](#)

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Asthma Education

Anna Poss, LCPC

Clinical Director, Healthy Lungs Initiative



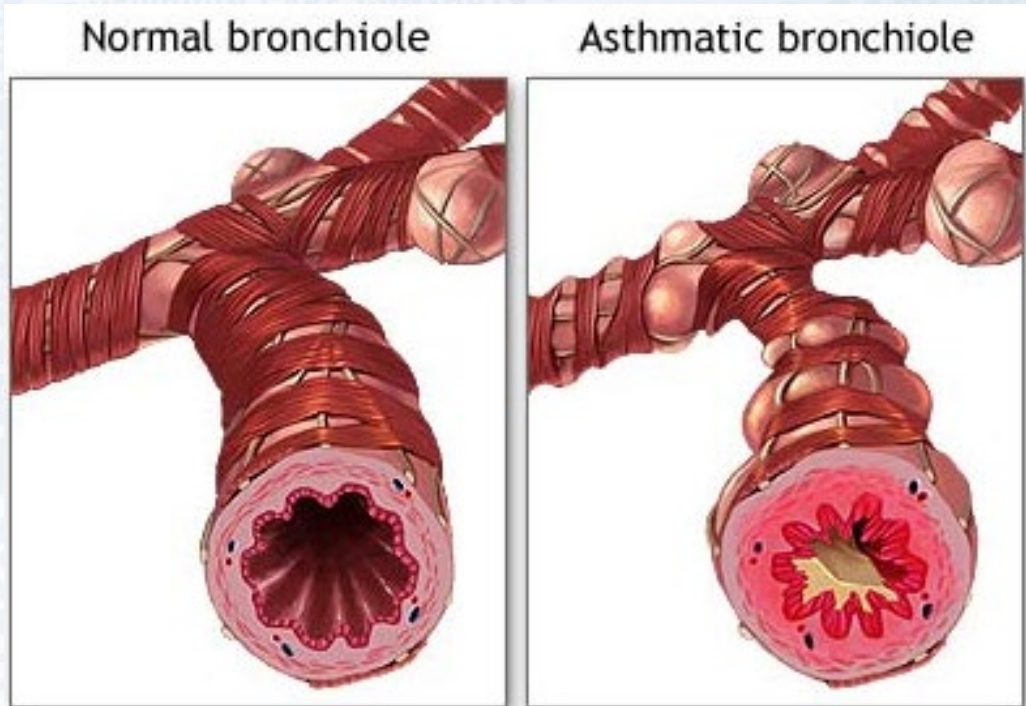
Healthy Lungs Initiative

- Staff of 7 Lung Health Educators
- Provides asthma/COPD education, including inhaler technique and spacer training
- Smoking cessation counseling including quit plans and medication education
- Located at Stroger, Provident, Oak Forest
- Work with inpatients at Stroger



What is Asthma?

- Chronic lung disease
- Inflammation of the airways
- Reversible narrowing of the airways (obstruction of the airways)



Who gets Asthma?

- More common in children, but you can get it at any age
- More common in lower income areas
- Genetic susceptibility (tendency to allergies)
- Exposure conditions (home, environment)

What are some symptoms of Asthma ?

- Cough
- Chest tightness
- Wheezing
- Shortness of breath
- Nighttime waking with cough, wheeze, or shortness of breath
- Unable to keep up in sports
- Unable to keep up with chores at work or home

Asthma Diagnosis

- Symptoms – cough, chest tightness, shortness of breath
- Exam – wheezing, nasal congestion
- Spirometry – test of breathing capacity
- Response to treatment

Asthma Treatment

- Medications
- Avoidance of triggers
- Education on self-care
- Follow-up and re-education as necessary
- Use of spacer with MDIs



Asthma Medications

- Quick relief inhaler
- **Controller inhaler (inhaled corticosteroid)**
- Allergy tablets
- Nasal steroids
- Other oral tablets
- Oral steroids





Short-acting beta₂-agonist bronchodilators

relax tight muscles in airways and offer quick relief of symptoms such as coughing, wheezing and shortness of breath for 3-6 hours

ProAir[®] HFA
albuterol sulfate
inhalation powder
NME A

ProAir[®] RespiClick
albuterol sulfate
inhalation powder
NME A

Proventil[®] HFA
albuterol sulfate
NME A

Ventolin[®] HFA
albuterol sulfate
NME A

Xopenex HFA[®]
levalbuterol tartrate
NME A

Long-acting beta₂-agonist bronchodilators

relax tight muscles in airways and offer lasting relief of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours

Arcapta[™] Neohaler[™]
indacaterol
inhalation powder
NME C

Foradil[®] Aerolizer[®]
formoterol fumarate
inhalation powder
NME A, C

Serevent[®] Diskus[®]
salmeterol xinafoate
inhalation powder
NME A, C

Striverdi[®] Respimat[®]
olodaterol hydrochloride
NME C

Inhaled corticosteroids

reduce and prevent swelling of airway tissue; they do not relieve sudden symptoms of coughing, wheezing or shortness of breath

Aerospan[®]
80 mcg
flunisolide
★ A

Alvesco[®] HFA
80 mcg, 160 mcg
ciclesonide
NME A

Armonix[®] Ellipta[®]
100 mcg, 200 mcg
fluticasone furoate
inhalation powder
NME A

Asmanex[®] HFA
mometasone
furoate
NME A

Asmanex[®] Twisthaler[®]
110 mcg, 220 mcg
mometasone
furoate
inhalation powder
NME A

Flovent[®] Diskus[®]
50 mcg, 100 mcg,
250 mcg
fluticasone
propionate
inhalation powder
NME A

Flovent[®] HFA
44 mcg, 110 mcg, 220 mcg
fluticasone propionate
NME A

Pulmicort Flexhaler[®]
90 mcg, 180 mcg
budesonide inhalation
powder
NME A

QVAR[®] (HFA)
40 mcg, 80 mcg
beclomethasone
dipropionate
NME A

Combination medications

contain both long-acting beta₂-agonist and inhaled corticosteroid

Advair Diskus[®]
100/50, 250/50, 500/50
fluticasone propionate and
salmeterol
inhalation powder
NME A, C

Advair[®] HFA
45/21, 115/21, 220/21
fluticasone propionate and
salmeterol
NME A

Breo[®] Ellipta[®]
100/25 mcg, 200/25 mcg
fluticasone furoate and
vilanterol
inhalation powder
NME A, C

Duflera[®]
100/5, 200/5
mometasone furoate and
formoterol fumarate
dihydrate
NME A

Symbicort[®] (HFA)
80/4.5, 160/4.5
budesonide and
formoterol
NME A, C

Anoro[®] Ellipta[®]
umecidinium and
vilanterol
inhalation powder
NME C

Stiolto[™] Respimat[®]
tiotropium bromide
and olodaterol
NME C

Anticholinergics

relieve cough, soothe irritation, relax and clear tightness associated with chronic lung diseases

Atrovent[®] HFA
ipratropium
bromide
NME C

Incrase[®] Ellipta[®]
umecidinium
inhalation powder
NME C

Spiriva[®] HandiHaler[®]
tiotropium bromide
inhalation powder
NME C

Spiriva[®] Respimat[®]
tiotropium
bromide
NME C

Tudorza[™] Pressair[™]
acclidinium bromide
inhalation powder
NME C

Combivent[®] Respimat[®]
tiotropium bromide
and albuterol
NME C

When should someone see a doctor about Asthma?

- Talk to your healthcare provider if you are not using a controller medication and you are having to use albuterol several times a month

Triggers and How to Avoid Them

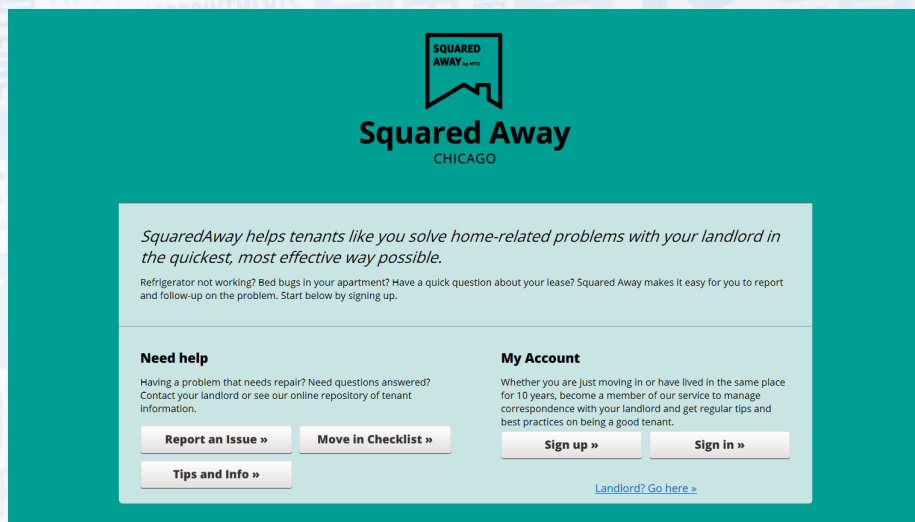
- Environmental Tobacco Smoke (ETS)
- Dust mites
- Mold
- Cockroaches and other pests
- Pets and other animals
- Nitrogen dioxide (indoor fuel burning)

Making Your Home Smoke-Free

- Choose not to smoke in your home or car.
- Do not allow others to do so.
- Choose not to smoke in the presence any children, or of people with asthma.
- Do not allow baby-sitters or caregivers to smoke in your house or near your children.
- Talk to your children's teachers and day care providers about keeping the places your children spend time smoke-free.

Metropolitan Tenants' Organization

- Tenants' Rights Hotline
 - (773) 292-4988
 - Monday- Friday, 1-5 PM
- Squared Away Chicago App
<https://www.squaredawaychicago.com/>



How to refer to the Healthy Lung Initiative (HLI)

- Smoking cessation for CCH patients
- Leave us a voicemail at (312) 864-4433 for telephone counseling
- If patient is inpatient, provider can make electronic order
- Asthma/COPD Education
- Patients are seen during appointments at Asthma, Pulmonary, or General Medicine Clinic appointments

Quit line

Stress less.
QUIT YES.

1-866-QUIT-YES
QuitYes.org

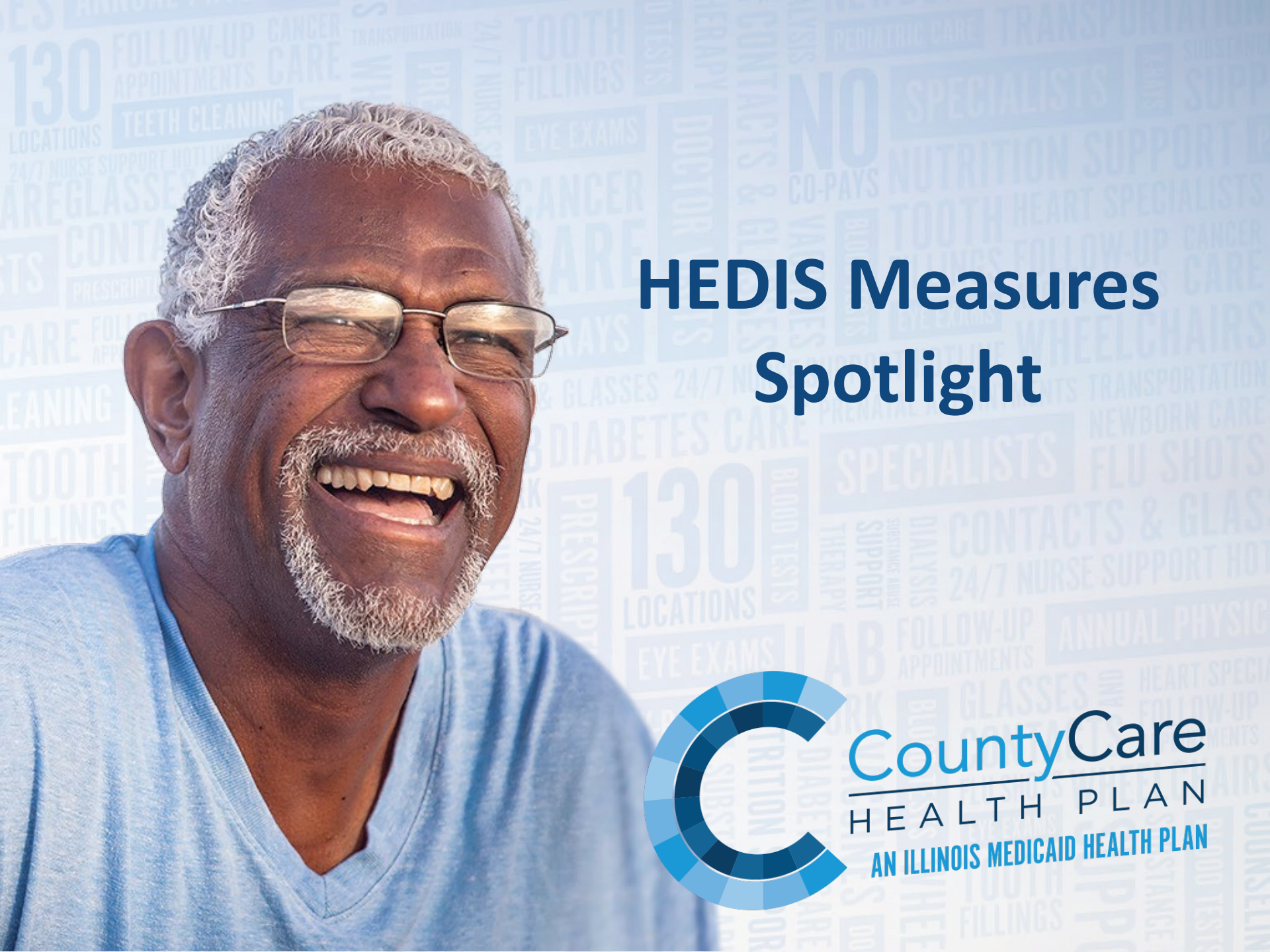


Further Resources

- HLI Educational Handouts:
<http://cchintranet.cchhs.local/Intranet/main.aspx?tid=574&mtid=1>
- CDC: <http://www.cdc.gov/asthma/default.htm>
- EPA: <http://www.epa.gov>
<http://www.epa.gov/asthma/index.html>
- American Academy of Allergy, Asthma, & Immunology:
<http://www.aaaai.org/>
- Chicago Asthma Consortium:
<http://www.chicagoasthma.org/>

Questions?

- Contact: Anna
- Phone: (312) 864-2758
- Email: aposs@cookcountyhhs.org



HEDIS Measures Spotlight



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*Medication
Management for
People with
Asthma (MMA)*

**Care Coordination
Interventions**



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Introduction to Medication Management for People with Asthma (MMA)

- New priority HEDIS measure for 2019
- Measures good quality care for asthma
- Encourages providers to prescribe the most effective medications for asthma
- Interdisciplinary care team (ICT) helps members stay on medications and support their care in other ways

The percentage of members 5–64 years of age who are identified as having **persistent asthma** and were prescribed **appropriate medication** that they remained on during **75%** of the treatment period

Who is included in this MMA measure?

- 5-64 years of age at the time of enrollment
- Have a diagnosis of moderate to severe persistent asthma
- Have one asthma related inpatient admission or two asthma related emergency department visits within 12 months
- Prescribed an inhaled corticosteroid
- Have an assigned PCP within the CountyCare network

What medications should be prescribed?

- Members with persistent asthma should be prescribed controller medication to decrease the use of rescue medications
- Controller medications reduce inflammation
- Should be taken daily regardless of symptoms
- Some Asthma Controller Medications (previously referred to as controller inhaler/inhaled corticosteroid)
 - Pulmicort
 - Symbicort
 - Fluticasone
 - Budesonide
 - Mometasone

Where do I find my MMA members?



Vision

Welcome

Viewing: All Data

Data refreshed

Home

Populations

Patients

Providers

Worklists

Measures

Reports

Measure set: County Care: HEDIS Year 2018 - Calendar Year 2017 (01/01/2017 - 12/31/2017) ▾

Measure performance

This measure set was last run on 06/23/2018.

Search...



LEGEND:

Event-based measures



indicates HEDIS

Age Group	Numerator	Denominator	%
5-11	69	436	15.8%
12-18	32	310	10.3%
19-50	169	810	20.9%
51-64	143	553	25.9%
TOTAL	413	2109	19.5%



HEDIS 2017: Medication Management for People With Asthma: Total 75% Compliant

Target
= 50%

COMING SOON...
HEDIS 2020 MMA Measure
data will be in Vision in March
2019

Living with Illness

Members living with conditions, like diabetes and asthma, get the care they need by getting tests, checkups, and the right medicines.

HealthChoice Illinois: 2017 HealthChoice Illinois Plan Report Card

Comparing HealthChoice Illinois Plans

This report card is for individuals in the HealthChoice Illinois Managed Care Program in **Cook County**. The report shows how the managed care plans compare to one another in key performance areas. The ratings for each plan are to help pick a plan that is best for you. The change for each performance area shows if the plan's rating got better, worse, or stayed the same from last year's report card.

Performance Rating		Performance Change
Highest Performance ★★★★★	Average Performance ★★★	Rating Got Better ↑
High Performance ★★★★	Low Performance ★★	Rating Stayed the Same —
	Lowest Performance ★	Rating Got Worse ↓

Overall CountyCare Score for Living with Illness measures (diabetes, high blood pressure & asthma)



Plan	Blue Cross Community Health Plans	CountyCare Health Plan	Harmony Health Plan	IlliniCare Health	Meridian Health Plan	Molina Healthcare	NextLevel Health Partners
People With Asthma Used the Right Medicine	★★	★	★	★★	★★★★★	★	★★★★★



[illegible][illegible]

What are the goals of Care Coordination in Asthma Care?

- Long-term follow-up care to maintain control of the disease
 - Decrease the likelihood of future asthma attacks and prevent a decline in lung function
 - Ensure the member is connected to PCP, specialists and other resources
- Assess and plan beyond asthma for overall health

What is my role as the care coordinator?

- Assess member needs and match services (care plan if needed)
- Provide education on asthma and self-management including trigger identification and avoidance, appropriate use and understanding of medications
- Conduct follow-up visits or telephone calls to monitor asthma control and reinforce education
- Conduct home visits to identify asthma triggers in the members home
- Coordinate providers and ICT...including pharmacist!
- Refer to smoking cessation counseling and other programs



Community Resource Spotlight



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***Early Intervention
for Children with
High Lead Levels***

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***Early Intervention
for Children with
High Lead Levels***

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Lead Screening Guidelines

**Children should minimally
be tested for lead at 12 and
24 months of age.**



Early Intervention Pilot

The goal of EI is to minimize potential effects of developmental delays and decrease the need for special education services later in life.

Child does not need to be showing delay

CFC 9 for Chicago Zip Codes and CFC 7 for West Suburbs ZIP codes.



- Family training, counseling, and home visits
- **Speech-language pathology services**
- **Occupational therapy**
- Psychological services
- Diagnostic/Evaluative medical services
- Assistive technology devices and services
- **Physical therapy**
- Vision services
- Health services to enable child to benefit from other services
- Social work services
- Transportation
- Nutrition services
- Service Coordination
- **Developmental therapy**

New Approaches



New Approaches to Childhood Lead-Poisoning:

Expanding Access to Early Intervention Services

INSTRUCTIONS TO REFER TO PILOT PROGRAM



You can AND SHOULD REFER any child *older than 9 and younger than 26 months of age* with a history of at least *one* positive venous blood lead test ($BLL \geq 5 \mu\text{g/dL}$) and who is living in select areas in *Chicago and Suburban Cook County*. Specifically, the child must reside in one of the following zip codes:

Chicago:

60601	60607	60632
60602	60608	60644
60603	60612	60661
60604	60616	
60605	60623	
60606	60624	

Berwyn:

60402

Cicero:

60804

Maywood:

60153

60155

Bellwood:

60104

Oak Park:

60301

60302

60304



Referral Form



State of Illinois
Department of Healthcare and Family Services

PILOT - New Approaches to Childhood Lead-Poisoning:
Expanding Access to Early Intervention Services

Standardized Illinois Early Intervention Referral Form

Please complete Sections 1 through 6 of this form to refer a child to Early Intervention (EI) for eligibility determination.

Section 1. Child Contact Information

Child Name: _____ If the child is known by another name enter it here: _____
Date of Birth: _____ Child Age: _____ Gender: Male ☐ Female ☐ Race: _____
Address: _____
City: _____ State _____ Zip Code _____ County _____
Type of Insurance Coverage: Medicaid ☐
Parent/Guardian Name: _____ Relationship to Child: _____
Primary Language: _____ Home Phone _____ Other Phone _____
Alternate or Emergency Contact Person: _____ Phone Number _____

Section 2. Reason(s) for Referral

Reason(s) for referral to EI (Please check all that apply):

- ☐ Identified condition or medical diagnosis (e.g., Spina Bifida, Down Syndrome): _____
☐ Suspected developmental delay based on objective developmental screening using (please note screening tool used) _____
(Please check area[s] of concern): ☐ Motor/Physical ☐ Social/Emotional
☐ Cognitive ☐ Speech ☐ Behavior ☐ Adaptive/Self-help Skills ☐ Language/Communication ☐ Vision/Hearing
☒ Other, specify **Elevated blood lead level $\geq 5\mu\text{g/dL}$. ICD-10-CM R78.71 ***Please attach lab results to this form.*****
Comments: Referral to the EI and Lead Pilot Program operating in CFCs 1, 7, and 9
☐ Environmental Factors ("at risk") (Please describe environmental risk factors): _____
☐ Other, (Please describe): _____
☐ Family is aware of reason for referral

Section 3. Referral Source Contact Information

If the Primary Care Provider is the source of referral, **skip Section 3**, go to Section 4 and check here ☒

Referral Date: _____
Name of Agency Making Referral: _____
Address: _____
City _____ State _____ Zip Code _____
Office Phone _____ Office Fax _____
E-mail _____ Contact Person at Referral Site: _____

Section 4. Primary Care Provider Contact Information

Referral Date: _____
Name of Child's Primary Care Provider: _____
Street Address: _____
City _____ State _____ Zip Code _____

HFS 650 (N-7-14)

Page 1 of 2



Referral Form (pg.2)

Office Phone _____ Office Fax _____
E-mail _____ Contact Person at
Primary Care Provider Office: _____

Child and Family Connection (CFC) Office, please send the following items:

- Date the family was contacted and outcome of the contact
- Eligibility for services and a list of services the child is eligible for
- A summary of the Individualized Service Plan (IFSP) • Other referrals provided by EI to the child/family

Section 5. Early Intervention CFC Office Referral Location

Insert the CFC number where the child is being referred: CFC #: **Circle one: CFC 1 CFC 7 CFC 9**

CFC Offices can be located using the DHS Office Locator available online at: <http://www.dhs.state.il.us/page.aspx?module=12>

Section 6. Authorization to Release Information

1. Referral to Early Intervention.

The purpose of this disclosure is to refer (print child's name) _____
to the Illinois Early Intervention program.

I, (print name of parent or guardian), _____
give my permission for my child's primary care provider, (print provider's name) _____
to share pertinent information about my child, (print child's name) _____

regarding suspected developmental delay or related medical conditions with the Early Intervention program. I understand that I may withdraw this consent by written request to my child's primary care provider, except to the extent it has already been acted upon.

2. Release Early Intervention Eligibility Determination and Service Information to Referral Source. The purpose of this disclosure is to release information from the Department of Human Services (DHS) to the Department of Healthcare and Family Services (HFS) about your child, including name, AllKids recipient identification number, date of birth, and information about your child's referral to and eligibility for Early Intervention, including services received and other referrals made by Early Intervention. Your consent allows HFS to share information with your child's assigned primary care provider (listed in Section 4 above) and treating doctors within the group, for care coordination. Care coordination allows your child's primary care provider to be notified of your child's Early Intervention assessment, eligibility for services and services received. Your consent allows HFS to use the information for analysis purposes and to measure the quality of the care coordination process between the primary care provider and Early Intervention. Information and reports resulting from data analysis will not be released with any individually identifying information about your child.

Your consent allows the Early Intervention program to share reports and results related to the previously referenced information with your child's primary care provider listed above in Section 4. Your consent allows the Early Intervention program to share reports and results related to previously referenced information with the referral agency listed above in Section 3, if any.

I understand that I may withdraw this consent by written request to Early Intervention, except to the extent it already has been acted upon. I certify that this Authorization to Release Information has been given freely and voluntarily. Information collected hereunder may not be re-disclosed unless the person who consented to this disclosure specifically consents to such re-disclosure and or the re-disclosure is allowed by law. I understand I have a right to inspect and copy the information to be disclosed.

Parent/Legal Guardian Signature* _____ Date _____

*Consent is effective for a period of 12 months from the date of your signature on this release.

Section 7. For CFC Office Use Only

Date Referral Received: _____ Name of person receiving referral: _____

HFS 650 (N-7-14) For Winnebago and Boone, fax referral to CFC 1: 815-654-6197
For Cicero, Berwyn, Bellwood, Maywood and Oak Park, fax referral to CFC 7: 708-449-7071
For Chicago, fax referral to CFC 9: 773-830-5201

Page 2 of 2



Referral Process

1. Confirm that child meets above requirements.
2. Discuss possible effects of low level lead exposure on a child's development and introduce the opportunity to receive Early Intervention services as a means of supporting the child's development with the hope of preventing any future delay that may be brought on by lead exposure.
3. Confirm that family is interested in receiving Early Intervention services for lead exposure even though their child may not yet be showing any signs of delay.
4. Give a 'pilot information folder' to the child's parent/guardian for review. If need be, these packets can be mailed to the parent/guardian. If possible, please review the benefits of pilot participation outlined in the parent/guardian handout.

Referral Process (Cont.)

5. Refer child to the appropriate CFC. Fill out the *pre-populated standardized referral form* provided in this packet with your patient's information. Be sure to indicate if you have any additional developmental concerns outside of the elevated blood lead level. Attach the lead test results to your referral, and please indicate ICD-10 code **R78.71.1**. Have parents sign the authorization to release information on the second page.
6. Fax the EI pre-populated standardized referral form to the appropriate Child and Family Connections Office.
 - i. Child and Family Connections Office # 9: (Chicago Central/West) Fax # 773-830-5201
 - ii. Child and Family Connections Office # 7: (Cicero, Berwyn, Oak Park, Maywood, Bellwood) Fax # 708-449-7071

When to Refer

From *now until the end of February 2019*

As soon as you identify a patient who qualifies for the study based on current age (older than 9 and younger than 26 months), history of a positive venous blood lead test at or above 5 µg/dL, and area of residence.

Please note, referrals to the pilot program will no longer be accepted once capacity is reached.



Thank You Program



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New “Thank You” Program!!!

- Each month we will take out the time to spotlight a care coordinator who has gone above and beyond for a member, co-worker or the organization.
- We would love to acknowledge your hard work!
- Please send your “Thank You” request to or any thank you notes your team has received to:

Lanisha.Thadison@cookcountyhhs.org



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Evaluation

- Your feedback is **VALUABLE!**
- A link will be added to the comment box and emailed to an webinar evaluation.
- Please complete the evaluation to help us determine how we can improve, what is working and what you would like to see in in future webinars.

Questions? Thank You!

https://docs.google.com/forms/d/e/1FAIpQLSdc8iT9tstyS98DeUydi4d4Vp-MV8bEBRNM1shsk0BvT_R8g/viewform?vc=0&c=0&w=1



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