



**Care Management  
Webinar  
October 23<sup>rd</sup>, 2019**



# Webinar Agenda

October 2019

2:00-2:05: Introductions

2:05-2:25: Pain Management

2:25-2:30: Questions

2:30-2:40: ABE Review

2:40-2:45: Questions

2:45-2:50: HEDIS

2:50-2:55: Critical Incidents

2:55-3:00 Care Coordinator Spotlight and Survey





# PAIN MANAGEMENT

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CCH Director Pain Services

Associate Chair, Department of Anesthesiology and Pain Management



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# Types of Pain



## NOCICEPTIVE SOMATIC

- Originates from the damage to body tissue, such as bone fracture, cuts, metastasis
- Described as “sharp,” “achy” or “stabbing”



## NOCICEPTIVE VISCERAL

- Originates in visceral organ, poorly localized
- Described as “deep, dull, cramping”

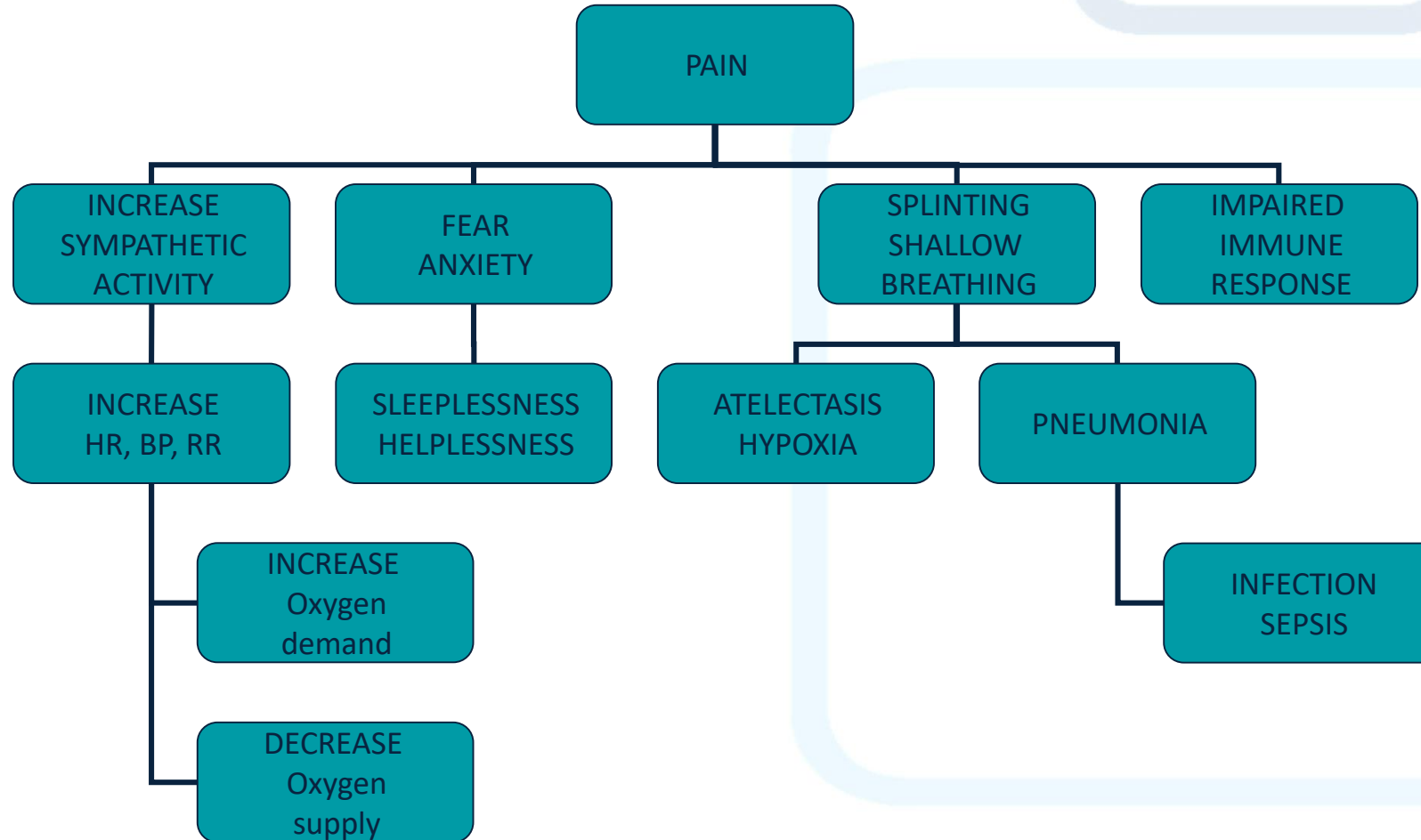


## NEUROPATHIC

- Originates in damaged nerves also arises from abnormal neural activity secondary to disease or injury of the nervous system
- Described as “burning”, “searing” or “tingling”



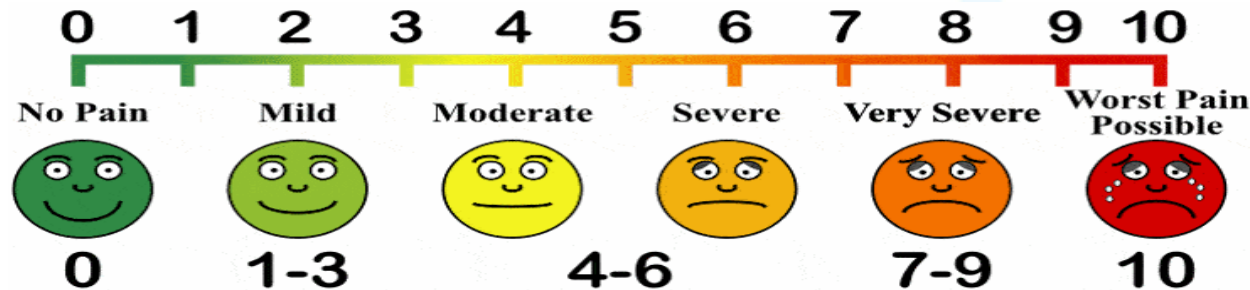
# Physiologic Changes of Uncontrolled Pain



# Assessment of Pain

## Pain History (PQRSTU Approach)

- **P:** Palliative/Provocative Factors (activity/rest)
- **Q:** Quality of pain (types: nociceptive, neuropathic, mixed)
- **R:** Region and/or Radiation of pain
- **S:** Severity (see pain scale)
- **T:** Temporal aspects (time of day, continuous or intermittent; response to medication)
- **U:** Untoward effects on activity or quality of life



Physical Examination

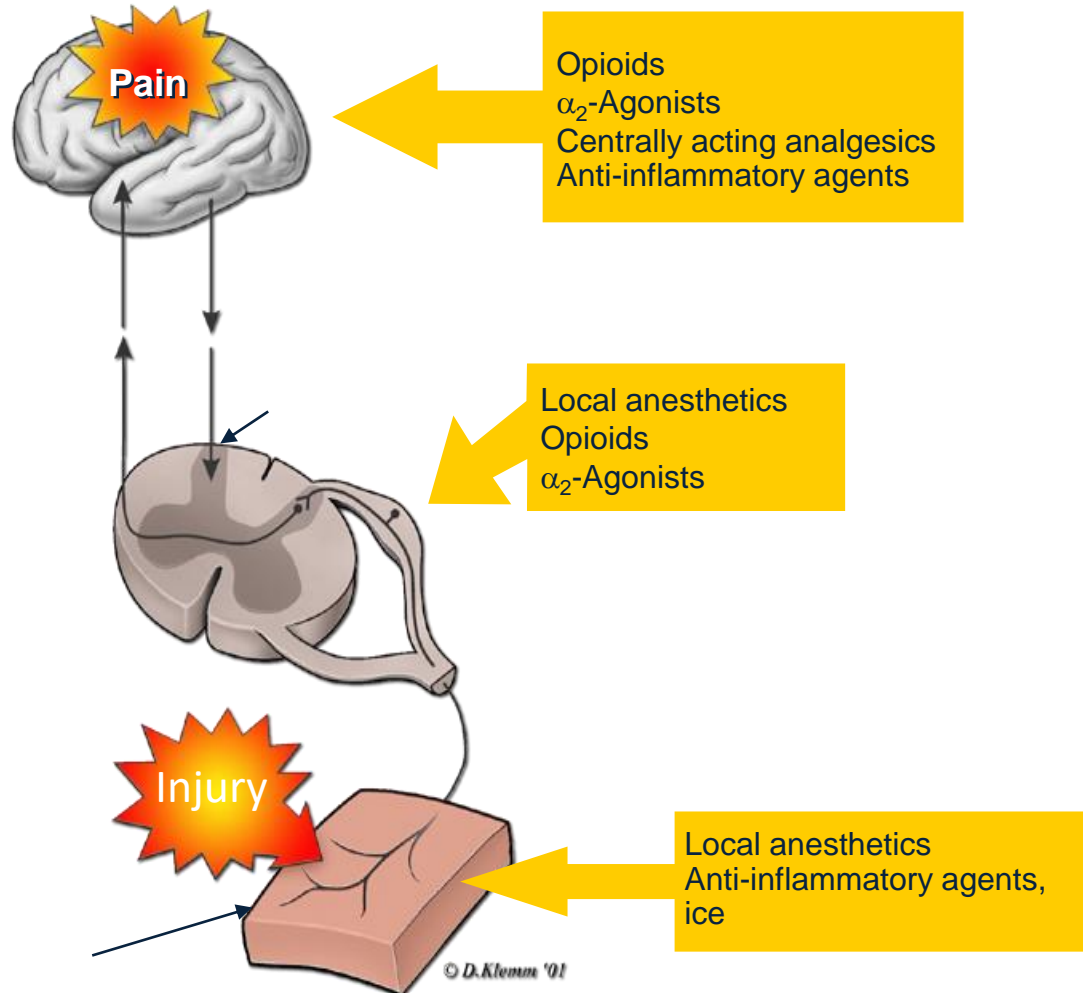
Radiographic and Laboratory Studies (if indicated)

Reassess, Reexamine and Readjust therapy



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# Treatment Modalities - Multimodal Approach



- Reduce dose of each analgesic
- Synergistic or additive effects
- Reduce the side effects of individual medications



# How do I Treat Pain?

## WHO 3-Step Ladder

### **1 mild (1-3)**

Acetaminophen

NSAIDs

Aspirin

*± Adjuvants*

### **2 moderate (4-6)**

Acet/Codeine\*

Acet/Hydrocodone\*

Oxycodone

Tramadol

*± Adjuvants*

\*Limited by acetaminophen

Adjuvants: tricyclics, anticonvulsants or  
corticosteroids, muscle relaxants

### **3 severe (7-10)**

Morphine

Oxycodone

Hydromorphone

Fentanyl

*± Adjuvants*



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# Medications

## Acetaminophen

- Analgesic, antipyretic, weak anti-inflammatory
- Less than 4 gm/day

## NSAID's: Analgesic, anti-inflammatory and antipyretic

- Reduces Opioid requirements
- IV Toradol useful in patients who are NPO
- Ceiling effect
- Adverse effects include: PUD, Renal dysfunction decrease platelet count and bronchospasm

## Tramadol

- Centrally acting analgesic - inhibits ascending pathways
- Mu opioid receptor agonist
- Weak inhibitor of serotonin, norepinephrine reuptake effective in neuropathic pain
- Withdrawal symptoms if discontinued abruptly
- Seizure risk - increased in patients receiving SSRIs, TCA's.



# Opioid Analgesics

**CHOICE** – type of pain, pts previous experience, route

- Short acting opioids – (IR)
  - start of therapy, breakthrough pain
- Long acting opioids – (SR, Cont.)
  - Expect prolong period of pain, baseline opioid consumption

**MODE OF DELIVERY**

- npo, acute, severe
- IV PCA

**TITRATION**

- Control pain with bolus, provide maintenance

**SIDE EFFECTS**

- Educate patient, predict, prevent

**CONTINUITY UPON DISCHARGE**

- Depends on expected course

**CONCERNS**

- Familiar with use of opioids, current laws, proper documentation, referral for chronic pain management

# Opioids

Analgesic effects mediated at mu receptors in CNS and Spinal cord

Most commonly used opioids are Hydrocodone, Oxycodone, Morphine, Hydromorphone and Fentanyl

- Most metabolized by liver and excreted by kidneys:
  - With normal renal function, steady state is achieved in 24 hours
  - Adjust dose in renal insufficiency/failure or change to an opioid that is not renally excreted
  - Opioid side effects: N/V, constipation, respiratory depression



# High Risk Patients

- HISTORY OF OBSTRUCTIVE SLEEP APNEA
- SEVERE COPD
- ELDERLY
- OPIOID NAIVE, SENSITIVE



# Safe Opioid Prescription

## A Partnership with Patients at CCHHS

Best Practice Guidelines by CDC for Chronic Pain Management:

- Agreements/Informed consents with opioid prescription
- Verifying ILPMP each time on Opioid prescription
- Prescribe small quantities and Frequent visits initially
- Single pharmacy
- Establish a refill and cross coverage system
- Urine Drug testing
- Pill counts
- Risk and Function Improvement Assessments
- Avoid prescribing opioid and benzodiazepines concurrently
- Prescription of Naloxone for opioid prescription >50 MME

(FSMB Guidelines 2004 [www.fsmb.org](http://www.fsmb.org), Gourlay DL, Heit HA.

Pain Medicine 2005, CRIT 2010, and CDC guidelines)



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**Opioid Dependency  
and  
High Risk Population**



**BRIDGE OVER TO  
MAT PROGRAM AND OVERDOSE  
PREVENTION**

# MAT : The gold standard for treating opioid use disorder

Combination of medication & behavioral health/social support

## Medications:

- Buprenorphine (common trade name: suboxone™)
- Naltrexone (common trade name: vivitrol™)
- Certain providers are specially trained to prescribe buprenorphine
- Refer patients to external methadone programs

## Behavioral/social support: Recovery coaches and Social Workers offer

- Individualized support
- Link patients to external support
- Address anxiety, depression, trauma, and other common behavioral health issues
- Help addressing transportation, housing, and other challenges

## Refer a patient to MAT: Heroin and Opioids

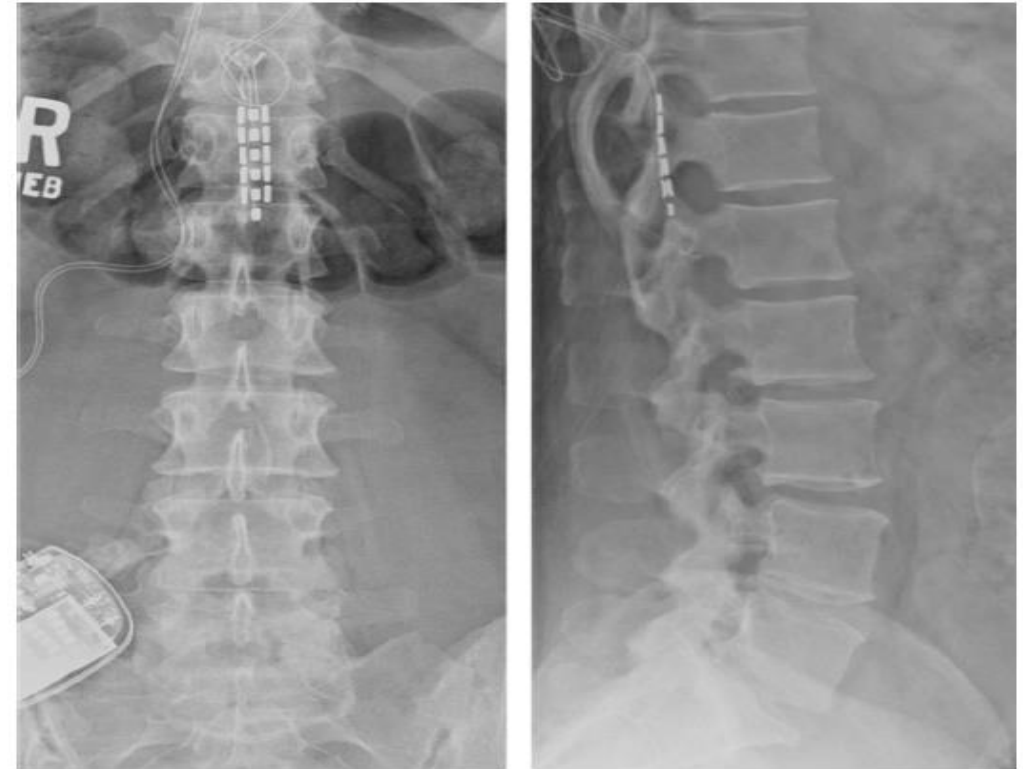
- Clinics with a recovery coach: Contact the coach directly or through Cerner message
- Clinics without a recovery coach: Contact the social worker



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# Interventional Pain Modalities

- Trigger point injections
- Peripheral and CNS blocks
- Sympathetic nerve blocks
- Neurolytic Blocks
- Facet Joint injections
- Radiofrequency ablation
- Spinal cord stimulation
- Implantable pumps





# Peripheral Nerve Blocks

## Diagnostic:

- Local anesthetic only, to clarify mechanism or simulate effects of therapy

## Therapeutic:

- Anesthetize a site or pathway temporarily (local anesthetic) or “permanently” (neurolytic agent), or reduce inflammation (corticosteroid)

## Used in acute postoperative/chronic pain

- **Post-op:** brachial plexus block – shoulder/arm surgery
  - interscostal blocks - breast and chest
  - lumbar plexus blocks – hip and leg surgery
- **Chronic pain:** used to identify and treat source of pain
  - local anesthetics/steroids

# Epidural Analgesia

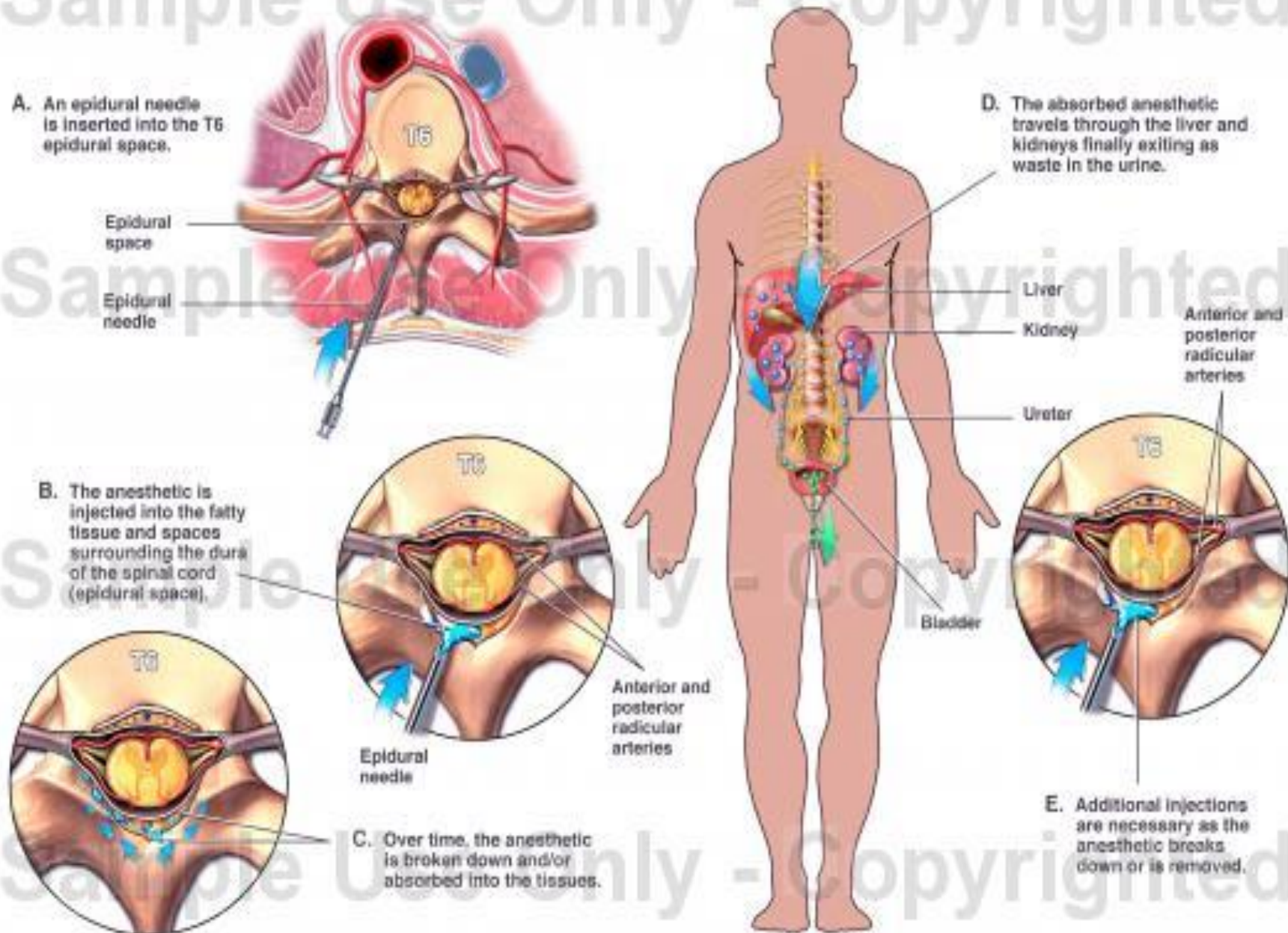
- Used pre/intra/post operative period to provide analgesia, and avoid analgesic gaps<sup>1</sup>
- Attenuation of the surgical stress response
- Associated with low incidence of pulmonary and cardiovascular complications<sup>2,3</sup>
- Provides significantly better postoperative analgesia compared to parenteral opioids<sup>4</sup>
- Single agents or combination (local anesthetics, opioids, other agents)
- Improves postoperative outcome<sup>5</sup>
- Improves quality of life and patient satisfaction<sup>6</sup>

1Block BM et al. *JAMA*. 2003;290:2455-2463. 2Liu S et al. *Anesthesiology*. 1995;82:1474-1506. 3Kehlet H et al. *Br J Anaesth*. 2001;87:62-72.

4Correll DJ et al. *Reg Anesth Pain Med*. 2001;26:400-449. 5Moraca RJ et al. *Ann Surg*. 2003;238:663-673.

6Carli F et al. *Anesthesiology*. 2002;97:540-549.

## Injection and Breakdown of Epidural Anesthesia



# Regional blocks associated complications

- Proper selection of patients
- Close monitoring and evaluation by nurses and physicians
  - infection (epidural abscess)
  - bleeding (epidural hematoma)
  - migration or dislodgement of the catheter
- Coagulation status



# Patient Referrals

- **Acute pain:** In-patients – post surgical or acute exacerbations
  - Acute Inpatient consults (312) 689-5664
  - Clinic appointments (312) 864-3220
- **Chronic pain:** LBP, OA, MSK/Myofascial, Neuropathic
  - Diagnostic work up complete
  - E-consults
  - Medical management, PT

# Patient Referrals

- Prior authorization required for CountyCare members
- PCP referral required
  - Econsult
  - Each clinic has own PCP referral system
- For CCH providers the main referral pathway is Cerner Orders with eConsult as an option.
- For partners with eConsult access, use Cerner Orders and fax the Outpatient Physician Visit Referral Form to CCH Referral Support Center (312-864-7039).
- For partners w/o eConsult - fax the Outpatient Physician Visit Referral Form to the CCHHS Referral Support Center (312-864-7039).

# Outpatient Physician Visit Referral Form



## OUTPATIENT PHYSICIAN VISIT REFERRAL FORM

Date of Request: [Click here to enter a date.](#) Visit Type: ☐ Routine ☐ Priority

Location Preference: ☐ Stroger ☐ Provident ☐ Oak Forest

### Referral Information

Referring Location:

Referring Physician:

Physician Contact Phone:  Office Fax:

Contact Person:  Contact Phone:

Service Requested:

ICD-10 Code/Diagnosis (required):

Reason for Referral:

### Patient Information

Patient Name:  DOB:  Sex:

Contact Phone #:  CCHHS MRN (if available):

Home Address:

Does the patient need an interpreter? ☐ Yes ☐ No If yes, language:

Insurance Provider:

### For CCHHS Internal Use Only

Appointment Date and Time:  Location:

Address:  Floor/Room:

Please fax completed form to the CCHHS Referral Support Center at (312) 864-7039.

# Referrals – Alternatives to CCH

- CountyCare Find-a-Provider <https://countycare.valence.care/member/#findAProvider>
- Enter adult specialty - > pain medicine - > any other search criteria (ex. zip code) -> SEARCH - > download PDF of search output



# Referrals – Alternatives to CCH

*CountyCare welcomes our new members!*

This page displays search fields to find in-network doctors and facilities. Search fields include by location or name of provider, type of provider, whether the provider speaks languages other than English, and the hospitals that the provider usually works with.

Do you need help finding a doctor or medical facility? [Click here](#) for tips to help you choose a doctor that will meet your health needs.

Click [here](#) to learn about the information in the Provider Directory, including what each field means, who gave us the information, how often we review and update the information, and any limitations to the information. Please report any directory errors to CountyCare by calling Customer Service @ [312-864-8200](tel:312-864-8200). Providers may notify CountyCare of any updates or changes by email at [Providerservices@countycare.com](mailto:Providerservices@countycare.com)

Click [here](#) to see definitions of types of doctors that are listed in the Provider Directory.

Check the most current accreditation status by visiting the appropriate accrediting agency site such as [Joint Commission](#), [Healthcare Facilities Accreditation Program](#), [American Osteopathic Association](#) and other accreditation entities.

The Behavioral Health Consortium of Illinois is group of 12 mental health and substance use providers. An intake representative is available to schedule behavioral health care services between 8:30 AM - 5:00 PM Monday through Friday by calling 844-433-8793.

If you need assistance, or for a hard copy version of the CountyCare Health Plan Provider Directory, please contact Member Services at [312-864-8200](tel:312-864-8200). All information provided online can be obtained via print or telephone.

[Privacy Policy](#) | [HIPAA Statement](#) | [Non-Discrimination Statement](#) | [Language Statement](#)

Provider Type (Optional)

Adult Specialty

Location

(eg: Zip Code or City)

Provider/Organization Name

(eg: Smith, Sally or Stroger Hospital)

Find

Specialty

Pain Medicine

# Take Home Messages

- Pain remains significantly undertreated and is associated with substantial short- and long-term consequences
- Healthcare providers need to evaluate treatment options and individualize these to their patients in order to provide pain relieve
- Pain is dynamic and assessment requires frequent evaluations
- Multimodal approach to pain relieve with clear set expectations
- Pain management is a complex and collaborative in nature, and must include good communication among the patient, family and practitioners involved in the care



Thank you. 



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# Care Coordination Redetermination Refresher

Courtney Thompson  
CCH Application Assistance Call Center



# *What is ABE?*

## *Applications and Benefits Eligibility*

### **Application for Benefits Eligibility (ABE)**

State of Illinois' Official website for applying for and managing Medical, SNAP and Cash benefits

**HFS Preferred Method to communicate and submit information**

[ABE.Illinois.gov](https://abe.illinois.gov)



# *Manage My Case*

## *Why use Manage My Case?*

1. Update information (address, phone number, etc.)
2. View upcoming FCRC (DHS) appointments
3. View notices (including cancellation/denial) and verification requests
4. Renew benefits
5. Apply for additional benefits
6. Upload documents
7. Check application status
8. Link to the online appeals portal to appeal a benefit decision
9. Email the FCRC

# ABE – Manage My Case

Step 1: Set up or log into existing ABE account

The screenshot shows the ABE website homepage. At the top left is the ABE logo with the text 'APPLICATION FOR BENEFITS ELIGIBILITY'. To the right is a language selector for 'Español' and a 'Login' button with a user icon. Below the logo is a banner for 'An official site of the State of Illinois | Bruce Rauner, Governor'. The main heading reads 'Welcome to ABE' followed by 'Helping people in Illinois lead healthy and independent lives'. Below this is a subheading: 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' There are three main buttons: 'Check if I Should Apply' (blue), 'Apply for Benefits' (blue), and 'Manage My Case' (green). Below these are links for 'ABE Partner Login' and 'Community Partner Registration'. At the bottom center is a green circular icon with a white downward arrow. A red arrow points from the 'Manage My Case' button to a login form on the right. The login form contains fields for 'Username' and 'Password', a green 'Login' button, and links for 'Forgot password?' and 'Create Account'.

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Español Login

An official site of the State of Illinois | Bruce Rauner, Governor

## Welcome to ABE

Helping people in Illinois lead healthy and independent lives

Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

Check if I Should Apply Apply for Benefits Manage My Case

ABE Partner Login

Community Partner Registration

Username Password Login

Forgot password? Create Account



# *ABE – Manage My Case*

## *Creating an ABE account*


- Create an MMC account:
  - Username
  - Password
    - Must be 8 characters from 3 of 4 categories: Uppercase, lowercase, numbers, special characters
    - May not contain the username
    - Password has to be changed every six months
- Answer security questions
  - Member needs remember answers to reset or recover a password
  - **Have member write down and keep in a safe place!**
- Username can NOT be recovered, if someone forgets it, need to create a new account
- Link ABE Account to their case information
- Must successfully go through Identity Proofing (federal requirement). The service is through Experian




# ABE – Manage My Case

## Creating an ABE account

- Linking an Account to a Case for MMC

**ABE**  APPLICATION FOR BENEFITS ELIGIBILITY

[Help](#) | [Print](#)

Logged in: happymee |  Logout

[Am I Eligible?](#) | [Apply For Benefits](#) | [Appeals](#)

Hello, Kim. You are logged in.

**Welcome**

Are you trying to link your account or apply for benefits?

☐ Apply for benefits (or view submitted applications)

☒ Link your account

[Exit](#)

[Link Your Account](#)

Official Site of  The State of Illinois

[Privacy Statement](#) [HFS Home](#) [DHS Home](#) [HFS Brochures and Forms](#) [DHS Forms](#) [DHS Brochures](#) [Frequently Asked questions \(FAQ\)](#)

[Contact Us](#) [Satisfaction Survey](#)

# ABE – Manage My Case

## Creating an ABE account

- Linking an ABE Account to Case Information
  - Any member may use MMC, whether they applied through ABE or not
  - When member logs into ABE for the first time and selects MMC, they will need to link their account and complete identity proofing

Members enter their date of birth and their Individual ID or SSN – Identity Proofing then occurs. Individual ID #s are on the Notice of Decision (360C) – they are new #s in IES - NOT the RIN

**Linking your ABE Account to your case**

This page should be used by individuals who have already applied or who have an existing SNAP/TANF/Medical/MSP case. If you would like to start a new application, please [click here](#)

If you have technical difficulties using this website please [click here](#)

Some items have a star (\*) next to them. You must fill these items in before you can go on to the next page.

Please follow the steps below to link your ABE Account to your case so that you can see if you are eligible for benefits and handle your account. ABE is a secure website run by the State of Illinois. By law, we must keep your information private and secure

**Personal Information**

First, please enter your date of birth and your Individual ID from your case. You can find your Individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number instead. **(You only need to give your SSN if you do not have your Individual ID)**

If you cannot locate your Individual ID and do not have your Social Security Number, please contact the Call Center at: (800) 843-6154

**\*Date of Birth:**  
If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY  
 /  /

**\*Please Confirm Date of Birth:**  
If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY  
 /  /

**\*Individual ID (10 digits):**  
You can find your individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number in the box below.

**If you cannot find your Individual ID please provide your Social Security Number**

**\*Social Security number:**

-  -


**\*Please Confirm Social Security number:**

-  -

# ABE – Manage My Case

## Creating an ABE account

- **ID Proofing Screens:** As part of an ABE application or when requesting to link an Account to a case, ABE will access the third-party identity proofing service, Experian, and display a set of multiple-choice questions that only the member would know the answer to, thus “proving” identity.

**ABE**  APPLICATION FOR BENEFITS ELIGIBILITY

[Help](#) | [Print](#)

Logged in: happy1540 | [Logout](#)

**Verify Your Identity**

To protect you from identity theft, and to confirm your identity, please answer these questions. If the correct answer isn't here, choose "None of the above". When you are done, click "Next".

1. Which of the following streets have you lived on?

☐ Sunnyside Rd.  
☐ Main St.  
☐ Michigan Ave.  
☐ Grand Ave.  
☐ None of the above

2. Which of the following phone numbers have you been associated with?

☐ 217-555-1212  
☐ 312-000-1234  
☐ 773-555-0000  
☐ 872-111-0000  
☐ None of the above

3. What street number have you lived at?

☐ 111  
☐ 34786  
☐ 14177  
☐ 300  
☐ None of the above

4. What is your mother's maiden name?

☐ Smith  
☐ Johnson  
☐ Williams  
☐ Brown  
☐ None of the above

5. What county do you currently live in?

☐ Cook  
☐ Adams  
☐ Sangamon  
☐ DuPage  
☐ None of the above

Next

# ABE – Manage My Case

## Creating an ABE account

- ABE Identity Proofing – Verification
  - Experian is **ABLE TO** verify the member's answers, ABE will direct the member to the MMC landing page
  - Experian is **NOT ABLE** to verify accuracy of member's answers or Experian does have enough information to offer verification questions, member is directed to help desk
    - When working with a member, if you don't have time to do this step you can

**Verify Your Identity**

We were unable to verify your identity based on the answers you provided.

Our Identity Verification service is hosted by Experian. Please call the Experian help desk and give them this reference number to verify your identity over the phone.

Help Desk Phone Number: 1-866-578-5409

Reference Number: 8c31-e9-68c6

Please answer the question below after calling Experian.

Were you able to verify your identity through Experian? ☒ Yes ☐ No

Click Next to complete the identify verification process

**Back**

**Next**

# ABE – Manage My Case

## Accessing Information: Case Summary Page



[Help](#) | [Print](#)

Logged in: testBB766 | [Logout](#)

[Am I Eligible?](#) | [Apply For Benefits](#) | [Appeals](#)

Hello, Test. You are logged in.

### ALERT



- You have not validated your email address. Please check your email to validate your email address. If you want us to send another validation email, go to the [Communication Preferences](#) page, update your email, and click Save & Exit.

**Case Summary**

**Benefit Details**

**Contact  
Information**

**Account  
Management**

#### Renew My Benefits

Your case is up for redetermination. Click this button to submit your redetermination for benefits.

#### Report My Changes

Click this button to report changes to your DHS or HFS Office.

#### Apply for Other Benefits

Click this button to apply for additional benefits.

#### Disaster SNAP

You may qualify for Disaster SNAP assistance. Click this button to apply for Disaster SNAP.

#### Midpoint Report Summary

Your case is up for Midpoint report. Click this button to submit your Midpoint report for benefits.

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your [benefit status](#), [verifications](#), [notices](#), [application](#) or [change report status](#).

We have taken a number of steps to keep your information private and secure. To learn more, [view your security and account management information](#).

As a head of household, you can [control benefit information displayed to other adults in your household](#).

Blue Buttons are for the member to send information to IES. **Renew my Benefits and Midpoint Report** will only appear if it's time to do those.

# ABE – Manage My Case

## Accessing Information: Case Summary Page

- Members can view verification requests/notices and check status of their redetermination

### What verifications are due?

No documents have been requested at this time. You can still upload a document at any time using the buttons below.

**View Upload History**

Click this button to view documents that have already been uploaded to your case.

**Upload Documents**

Click this button to upload verification documents to your case.

### What are my available notices?

To view the details about notices sent to you regarding your case, you can click on the "Click Here" link below. This information is current as of **June 29, 2016 02:01 PM**.

#### Available Notices

[View notices](#) sent in the last 12 months.

### What is the status of my ABE application, Redetermination, or Reported Change?

#### Reported Changes

Application Number	Date	Status	Details/Action
0000455601	July 13, 2016	Pending	<a href="#">Continue</a>

#### Status options:

- Pending** – not yet in;
- Submitted** – in
- Processed** – check for eligibility
- Expired** – pending for more than 45 days so purged. Need to start over



# ABE – Manage My Case





## Example of available notices

### What are my available notices?

Here is a list of the notices that have been sent to you in the last 12 months. You may click on the PDF icon to view the details. This information is current as of **September 18, 2017 11:13 PM**.

[Renew Your Benefits Now.](#)

[Upload documents](#)

Name	Date of Notice	Notice Name	Notice	Action Needed?
Robert Silman	September 16, 2017	IL444-360C Notice of Decision		No
Robert Silman	August 16, 2017	HFS 643RNW Courtesy Renewal Follow Up Letter		Yes
Robert Silman	July 31, 2017	HFS 643 Medical Benefits Renewal Form		Yes
Robert Silman	June 30, 2017	IL444-1893 Redetermination Application		Yes

You will need to have a program called Adobe Acrobat Reader to see and print these notices. If you do not have this program on your computer, you may install it for free by clicking on the icon below.




# ABE – Manage My Case

## Example of available notices - Redetermination

### MMC: Case Summary Notices



 State of Illinois  
Department of Human Services  
Department of Healthcare and Family Services

Date of Notice: March 24, 2015  
Case Number: 000000000  
Office Name: ADAMS COUNTY FORD  
Office Address: 3001 MAIN ST  
QUINDY, IL 62301  
Phone: 217-225-9550  
TTY: 866-720-8126  
Fax: 217-225-4787  
Please authorize us to appear on your behalf.

Individual Name  
111 S WACKER DR  
CHICAGO, IL 60606

**Medical Benefits: Time to Renew Notice**

Dear Individual Name,

It is time to renew your Medical benefits!

You must complete your redetermination to continue your Medical benefits after April 2015.

To learn how to renew your Medical benefits, read the first page of the Medical Benefits Renewal Form which is included in this envelope.

Call us at 1-855-458-4045 (TTY: 1-855-804-5458) if you cannot send everything on time or if you have questions. We may be able to help you get the proofs you need.

**Electronic Review of Eligibility for Medical Benefits**

We checked our electronic sources to decide if we can automatically renew your medical benefits. The tables below show the income information we have about your case.

Because we could not make a decision using only electronic sources, we need information from you to decide if you continue to qualify for medical coverage. You still must complete a redetermination or your benefits will end.

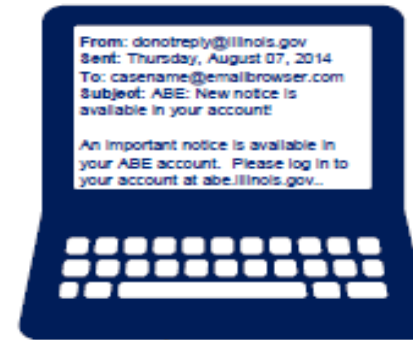
The following table shows the most recent income information in our records.

Individual Name	Employer/Income Type
Individual Name	Employer Name

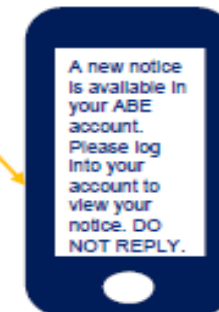
HFS (R-12-05) 23818 Medical, Cash and Snap Redetermination Notice Page 1 of 1

USPS Intelligent Mail Barcode allows for automated central printing and mailing of correspondence

Barcode helps organize, track and manage documents sent to customers and returned to the agency



Electronic alerts are available in both e-mail and text.



## *ABE – Manage My Case*

### *Important Reminders*

- ABE Manage My Case is the preferred method to submit redeterminations
  - Upon submission the system flags member's case so that member is not inadvertently canceled.
    - Case remains active until DHS reviews the submission
- Members that are unable to complete identity proofing:
  - Send request for member's barcoded redetermination forms to [callcenterquestions@cookcountyhhs.org](mailto:callcenterquestions@cookcountyhhs.org)
- Members can also be directed to 312-864-REDE
  - Staff will complete the rede with the member over the phone



## Questions

Courtney Thompson

708-633-6943

[thocou@cookcountyhhs.org](mailto:thocou@cookcountyhhs.org)



# HEDIS Measure IET

Laurel Chadde

Performance Improvement Project Analyst, CountyCare



## *Spotlight HEDIS Measure: IET*

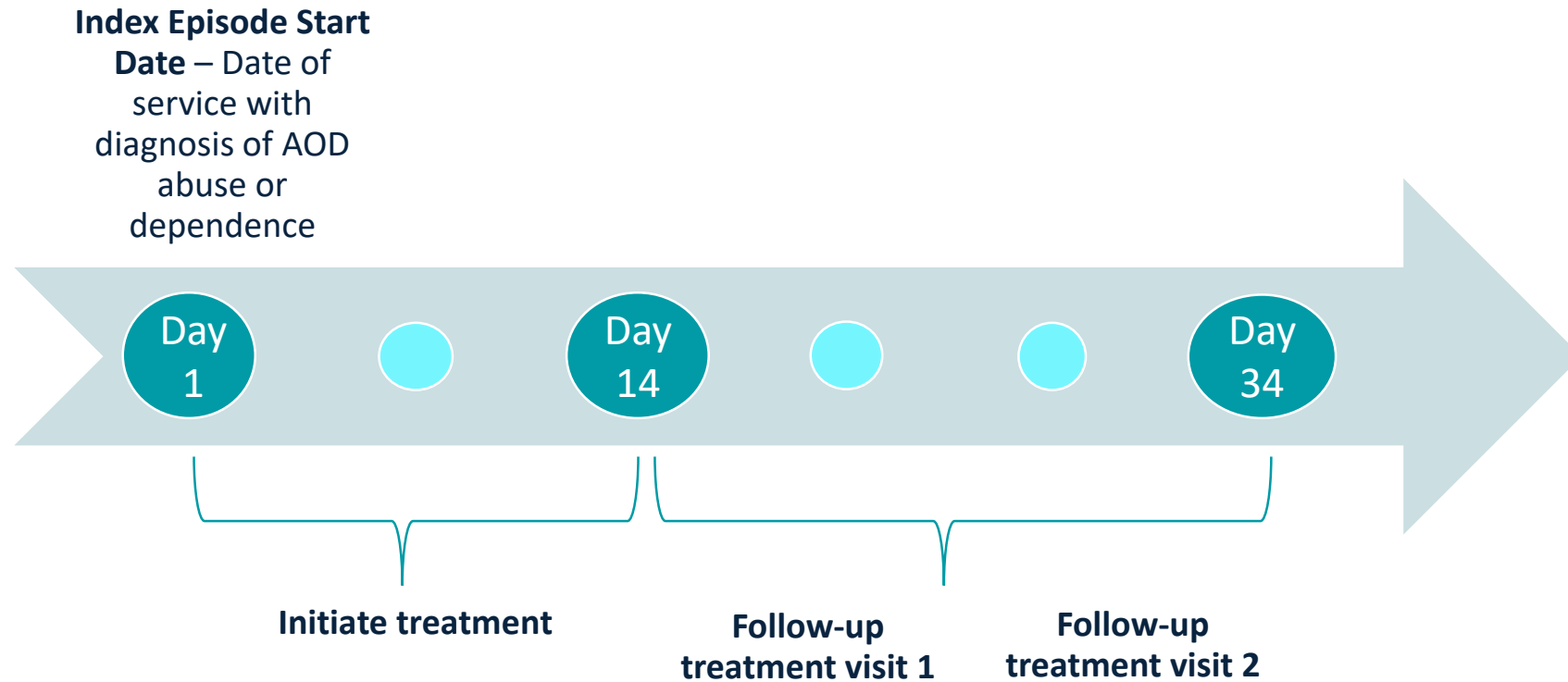
### *Initiation/Engagement of AOD Abuse or Dependence Treatment*

- Adolescent and adult members (13+ years) with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:
  - **Initiation of AOD treatment:** The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis.
  - **Engagement of AOD treatment:** The percentage of members who initiated treatment and who had two or more additional AOD services or MATs within 34 days of the initiation visit.
    - 2 different providers + same date of service = 2 engagement visits
    - MAT + 1 provider + same date of service = 2 engagement visits



# *IET Timeline*

## *Initiation/Engagement of AOD Abuse or Dependence Treatment*



## CountyCare IET HEDIS Performance

### Initiation/Engagement of AOD Abuse or Dependence Treatment

IET	HY2019/CY2018 Rate	HY2020/CY2019 Rate*	Percentile			
			50 <sup>th</sup>	60 <sup>th</sup>	75 <sup>th</sup>	80 <sup>th</sup>
Initiation	44.0%	40.9	42.2%	42.4%	46.5%	47.7%
Engagement	12.7%	11.1%	11.9%	13.6%	17.7%	18.9%

\*Claims and eligibility data through 06/30/2019

- CountyCare improved to the 60<sup>th</sup> percentile for IET – Initiation and the 50<sup>th</sup> percentile for IET – Engagement in HY2019/CY2018
- **HY2020/CY2019 GOAL:** 80<sup>th</sup> percentile

## *How can care coordinators help?*

### *Initiation/Engagement of AOD Abuse or Dependence Treatment*

- Screen members for substance abuse
- Encourage members to sign Part 2 consent form for sharing substance use disorder information
- Members need “high touch” during early stages of treatment to stay connected and motivated – help the member with scheduling at least 2 visits following the initiation visit
- Assist members with using the CountyCare transportation benefits
- Educate members on the effects of substance abuse and what to do in an event of a crisis
- Link members to community support resources
- Work closely and form partnerships with behavioral health agencies

# *Critical Incidents*

## *HSAG Health Safety Welfare/Critical Incidents Monitoring Review*

- CY 2018 Critical Incidents
  - 51/229 Critical Incidents were randomly selected and reviewed
- Overall Performance
  - Reporting of Incident 95%
  - Compliance with Investigating Authority Decisions 100%
  - Case Management Activities 85%
- Opportunities
  - Avg number of days between identification and resolution of the incident
  - Updating the care plan to address an enrollee's change in condition
  - Incidents were reported to the appropriate investigating authority

## *Critical Incidents*

### *HSAG Health Safety Welfare/Critical Incidents Monitoring Review*

HSAG's observations of CountyCare's CY 2018 processes

- CountyCare has thorough CI forms that allow for entry of key dates, as well as narrative information regarding an incident.
- The forms include applicable activities conducted to complete resolution of the event.
- CountyCare's policy requires that staff members conduct follow up with the investigating authority to determine investigation outcome.
- Education on ANE was provided annually to all enrollees

## *Care Coordinator Spotlight*

Featured Care Coordinator: Jorie Currie

Jorie is always helpful, answers all questions, and assists her members with anything they need. Thank you Jorie!



Great job!



To nominate a Care Coordinator, please email  
[maeve.dixon@cookcountyhhs.org](mailto:maeve.dixon@cookcountyhhs.org)

# Questions and Survey





**Thank You!**



**CountyCare**  
HEALTH PLAN  
AN ILLINOIS MEDICAID HEALTH PLAN