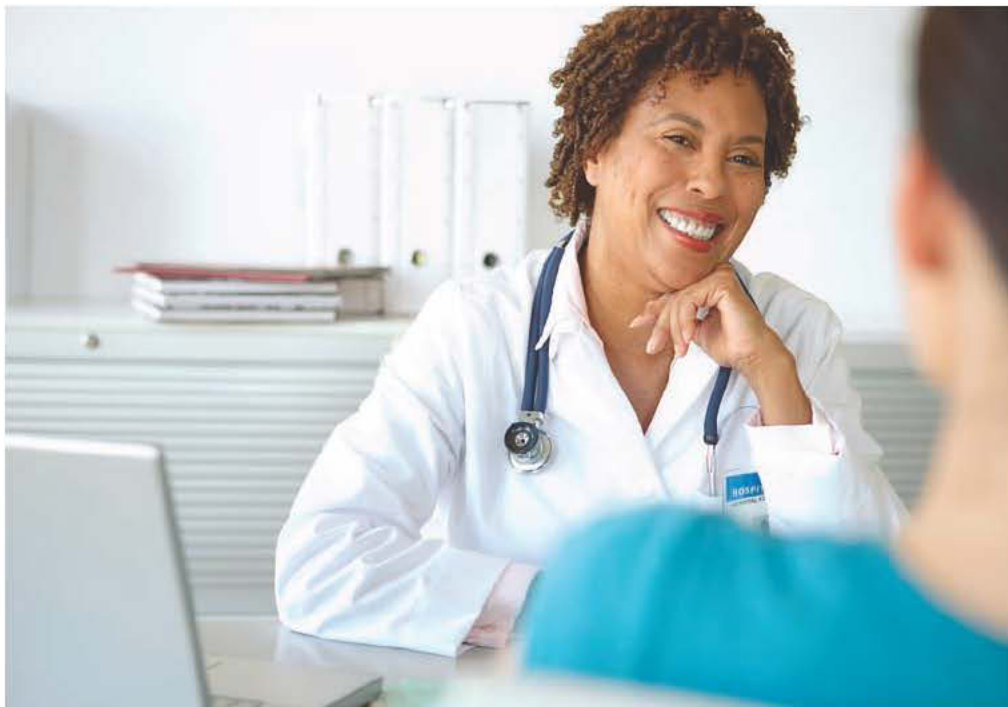


SPRING 2013



Changes to Claims Submission

We have implemented new technology to improve the optical character recognition (OCR) of claims forms.

Beginning April 1, 2013, we no longer accept hand-written red forms or black or copied claims forms. From now on, the only acceptable claim forms will be those printed in Flint OCR Red, J6983, (or exact match) ink.

Paper claims received by the plan are scanned using OCR technology. This scanning technology allows for the data contents contained on the form to be read while the actual form fields, headings, and lines remain invisible to the scanner. Photocopies cannot be scanned and are no longer accepted.

Although a copy of the CMS-1500 and CMS-1450 form can be downloaded, copies of the form cannot be used for submission of claims, since a copy may not accurately replicate the scale and OCR color of the form.

This change will improve quality and service, while also reducing cost and the potential for fraud and abuse. If you have any questions or concerns, please call **1-866-329-4701**.

IlliniCare Benefit Changes

IlliniCare recently sent out notices to our providers explaining the changes to members' benefits as a result of the Save Medicaid Access and Resources Together (SMART) Act. These changes were effective as of April 1, 2013. A few of the changes made to benefits included:

- Adult podiatry services limited to individuals with diabetes or a circulatory condition.
- Eyeglasses will be covered once every two years. IlliniCare's enhanced vision benefit including a \$100 allowance for glasses or \$80 allowance for contact lenses (instead of glasses) is still in place.
- Adult speech, hearing and language therapy services are limited to a maximum of 20 services per type of therapy annually.

- Incontinence supplies limited to 200 per month.
- Bed holds for nursing homes has been eliminated for adults 21 and over.

Benefits that IlliniCare will continue to provide as enhanced benefits for our members include:

- No copays for medical visits, hospital visits or prescription drugs.
- Annual preventive dental visit.
- Adult chiropractic services will continue to be covered for manipulation for subluxation of the spine.

For a comprehensive list of the changes that were made as a result of the SMART Act, please visit our website at www.IlliniCare.com.

Importance of the MEDICAL HOME: Access to a Member's Assigned PCP

In addition to HEDIS measures that IlliniCare consistently reviews to ensure our members are receiving quality care, there are certain state-defined measures that IlliniCare tracks and focuses on for improvement. This includes access to a member's assigned PCP.

The measure looks at members who have had an annual ambulatory or preventive care visit with the member's assigned PCP. The assigned PCP is the physician the member is assigned to in our system, and appears on their IlliniCare ID card. This measure has been a key focus of IlliniCare's Performance Improvement Committee (PIT). This is an internal committee comprised of front-line staff including member services, provider relations, members of our integrated care team, etc. The committee brainstorms on ways to improve our HEDIS and state-defined quality measures.

IlliniCare is doing targeted outreach to members who have not yet seen their assigned PCP. This includes verifying with the member who is their PCP at every point of contact. This ensures we have the most current information in our system. Additionally, we do outreach to members via postcards and automated calls, explaining the importance of an annual PCP visit.

→ We also look to our in-network physicians to assist us. When a member schedules an appointment with you, check their ID card. Make sure you are listed as their current PCP. If not, tell the member to contact us to switch his or her PCP.

Ensuring that members see their assigned PCP reinforces the medical home model, which is imperative for members to receive quality healthcare.

Help Us Improve HEDIS Rates

HEDIS is a set of standardized performance measures, updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is designed to give purchasers and consumers the information they need to reliably compare the performance of healthcare plans.

Final HEDIS rates are reported to NCQA and state agencies once a year. However, IlliniCare Health Plan reviews HEDIS rates on an ongoing basis and continu-

ally looks for ways to improve our rates, as part of our commitment to providing access to high-quality and appropriate care to our members.

You can learn more about HEDIS on our website, www.IlliniCare.com, where we offer the HEDIS Quick Reference Guide and other materials.

→ Below, we refer to the HEDIS measures for asthma and the state-specific quality measure of access to a member's Primary Care Physician.



Ongoing Support for Asthma Patients

As part of IlliniCare's effort to continuously provide our members access to high quality and effective care, we track the HEDIS measures related to asthma. Namely, we monitor whether members ages 19 to 50 with persistent asthma are being prescribed medications that are acceptable as primary therapy for long-term asthma control.

If your patients are having problems managing their asthma, the stumbling block may be that they don't truly understand the nature of their condition and what's required to keep it under control. You may be able to ramp up patient-education and compliance efforts by focusing on individualizing patient action plans.

The American Academy of

Allergy, Asthma and Immunology recommends the asthma action plan as a way to help patients manage the condition. Guide your patients through the asthma action plan, teaching them how to determine if they're in the green zone, yellow zone, or red zone—as well as which medication to take and when to call for help. Please review our site for our clinical practice guidelines, www.IlliniCare.com.

Ask your patients to bring in their medications to appointments, and confirm that they know when and how to use it properly.

Suggest creative resources that may help your patients. The American Academy of Allergy, Asthma and Immunology offers a library of tips and information. Visit aaaai.org/conditions-and-treatments/asthma.aspx.

What Else Will You Find Online?

IlliniCare offers a variety of member and provider resources online. Spend a few moments to take advantage of the following online information—and be sure to share this information with your patients:

- New member checklist
- Care coordination forms
- Disease management program information

A printed copy of any materials found on our website is always available. Just call **1-866-329-4701** to request.

The Most Up-to-Date Formulary

The Pharmacy Department at IlliniCare Health Plan is charged with providing the most clinically sound and cost-effective drug therapy for our members. Due to ever-changing market conditions, there is an ongoing evaluation of therapeutic classes and new drugs that arrive on the market.

Our Pharmacy and Therapeutics Committee, whose membership includes community-based physicians, pharmacists and other practitioners, make decisions for changes to the Preferred Drug List (PDL).

LEARN MORE: To get a printed copy of the most current PDL, which includes the procedures for prior authorization and other guidelines such as step therapy, quantity limits and exclusions, please call the Provider Relations Department at **1-866-329-4701**. You can also view the PDL online at www.IlliniCare.com.



Access to You Is Key to Care

Geographic proximity is one of our performance standards.

The availability of our network practitioners is essential to member care and treatment outcomes. We evaluate the performance in meeting these standards and appreciate providers working with us to accommodate our members' clinical needs. In order to ensure appropriate care, we have adopted the geographic accessibility standards below.

TYPE OF CARE	ACCESSIBILITY STANDARD
Primary Care Services— Urban Settings	Members will not be required to travel more than 30 minutes or 30 miles.
Primary Care Services— Rural Settings	Members will not be required to travel more than 60 minutes or 60 miles.

Members can elect to travel beyond these standards when choosing a provider.

Behavioral Health Follow Up

We can help your patients schedule appropriate after-care appointments.

IlliniCare Health Plan has been working aggressively to improve the follow-up rates for members who have been hospitalized for a behavioral health condition. Outpatient follow-up within seven days of discharge is vital to members' recovery. It is an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

Please contact IlliniCare if you have a patient who has been recently hospitalized for a behavioral health condition and who is having difficulty arranging a post-discharge appointment. We have staff who will work with your staff or facility staff to make these arrangements.

If you're an outpatient provider, and

you cannot meet the appointment needs of these discharging members, or if you have more availability than is being utilized, contact your Provider Relations Specialist or Network Manager to let them know.

IlliniCare will continue to work diligently with our facilities, outpatient providers and members to schedule these valuable appointments. Here are some ways we can help:

- Scheduling assistance to obtain follow-up appointments within the seven-day time frame.
- Appointment reminder calls to members.
- Member transportation assistance.

A Shared Agreement

What our members can expect and what is expected of them.

IlliniCare's member rights and responsibilities address members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your provider handbook to review them. You can find the complete provider handbook at www.IlliniCare.com or get a printed copy by calling **1-866-329-4701**.

MEMBER RIGHTS INCLUDE, BUT ARE NOT LIMITED TO:

- Receiving all services that IlliniCare must provide.
- Assurance that member medical record information will be kept private.
- Being able to ask for, and get, a copy of medical records, and being able to ask that the records be changed/corrected if needed.

MEMBER RESPONSIBILITIES INCLUDE:

- Asking questions if they don't understand their rights.
- Keeping scheduled appointments.
- Having an ID card with them.
- Always contacting their primary care physician (PCP) first for nonemergency medical needs.
- Notifying their PCP of emergency room treatment.



A Connection to Care

Care Coordinators are useful links to members' healthcare team.

A member's health situation often warrants additional resources in order to help the individual navigate complex treatment and recovery options. Our care coordination program is a valuable resource available to members that supports our providers' treatment plans.

ON THE JOB

Care coordinators are trained nurses and other healthcare professionals who coordinate the needs of patients. Typically, case managers work with chronically or catastrophically ill and injured patients. They are assigned by the health plan to a member when it's recognized the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own.

A care coordinator connects the member with the healthcare team by providing a link between the member, his or her primary care physician, the member's family or other support system and additional healthcare providers such as physical therapists and specialty physicians.

Care coordinators also collaborate to develop a plan for following treatment regimens including medication, diet and exercise recommendations.

ON YOUR TEAM

Care coordinators do not provide hands-on care, diagnose conditions or prescribe medication and treatment. The case manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become a resource for the healthcare team, the member as well as the member's family.

Our care coordination team is here to support your team for such events as:

- Non-adherence
- New diagnosis
- Complex multiple comorbidities

Providers can directly refer members to our case management program at any time. Providers may call **1-866-329-4701** for additional information about the case management services offered by IlliniCare, or to initiate a referral.



FIND US ON FACEBOOK
[FACEBOOK.COM/ILLINICAREHP](https://www.facebook.com/ILLINICAREHP)