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Pat Quinn, Governor
Julie Hamos, Director

E-news

July 2013



Illinois Department of Healthcare and Family Services

Welcome to another periodic edition of ***HFS e-news*** to keep you updated on program changes. To register for future editions, please visit [HFS E-News Online Registration](http://www.hfs.illinois.gov/eneews) or download for others who might be interested by visiting: [hfs.illinois.gov/eneews](http://www.hfs.illinois.gov/eneews). If you are a Medicaid client, this newsletter is not the official notification of any changes that may impact you, and you do not have to respond in any way. This is general information for the public.

Thank you,

Julie Hamos

Director, HFS

New Accountable Care Entities

Today, the Governor signed SB 26 into law, as [Public Act 98-104 \(pdf\)](#) – legislation that includes Medicaid expansion under the Affordable Care Act. We will be updating you on progress with its implementation. As described last month, the legislation also creates an Accountable Care Entity (ACE).

An Accountable Care Entity (ACE) is a new model of an integrated delivery system that will be organized by providers (at a minimum primary care, specialty care, hospitals, and behavioral healthcare) and will coordinate a network of Medicaid services for children and their family members (initially), with an option to enroll ACA Medicaid adults. ACEs will each be large enough to have impact for a population: at least 40,000 clients in Cook County, 20,000 in collar counties, and 10,000 downstate.

Under P.A. 98-104, the state will post a solicitation for Accountable Care Entity (ACE) models by the close of business on **August 1**. Look for it on the HFS website, under “Care Coordination”, “Accountable Care Entity”.

Today, we are seeking your guidance as we finalize the solicitation.

We are seeking input on the quality measures contained in the solicitation, specifically guidance on which top four (4) measures are the utmost important, such that doing well on those measures would result in a pay-for-performance bonus payment for the ACEs.

Attached is a list of 30 measures that the ACEs will be responsible for monitoring and reporting. If you have suggestions as to which 4 of these measures you believe are the best indicator of good quality for an integrated delivery system, please e-mail your suggestions, **by close of business on Friday, July 26, 2013**, to HFS.ACE@illinois.gov.

See the attached for the list of [30 quality measures \(pdf\)](#). We know this is a short timeframe, but the solicitation must be published by August 1 under the legislation. Thank you!

Illinois Department of Healthcare and Family Services
DRAFT Health and Quality of Life Performance Measures
For **Accountable Care Entities**

Categories		#	Acronym	Performance Measure	Specification Source	Data Source
Access and Utilization Measures	Access to PCP	1	AAP	Adults' Access to Preventive/Ambulatory Health Services; Age 20-65	HEDIS	Admin
		2	CAP	Children and Adolescents' Access to Primary Care Practitioners; Age 12 months - 19 years	HEDIS	Admin
	Ambulatory Care and Follow-up	3	AMB	Ambulatory Care - ED Visits; All ages	HEDIS	Not Defined
		4	IAPE	Ambulatory Care Follow-Up with a Provider within 14 Days of Emergency Department (ED) Visit; All ages	State	Admin
		5	IAPI	Ambulatory Care Follow-Up with a Provider within 14 Days of Inpatient Discharge; All ages	State	Admin
	Well-Care	6	W15/W34	Well-Child Visits in the First 15 Months and the Third, Fourth, Fifth, and Sixth Years of Life; Age 15 months - 6 years	HEDIS	Admin or Hybrid
		7	AWC	Adolescent Well-Care Visits; Age 12-21	HEDIS	Admin or Hybrid
	Readmission Rate	8	IIHR	Inpatient Hospital and Mental Hospital 30-Day Readmission Rates; All ages (Diagnosis match to the 3rd digit)	State	Admin
Prevention and Screening Measures	Body Mass Index	9	ABA	Adult BMI Assessment; Age 18-74	HEDIS	Admin or Hybrid
		10	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Body Mass Index Assessment for Children/Adolescents; Age 3-17	HEDIS	Admin or Hybrid
	Immunizations	11	CIS	Childhood Immunization Status; completed by 2 nd birthday (calculates a rate for each vaccine and combos 2-10)	HEDIS	Admin or Hybrid
		12	IMA	Immunizations for Adolescents; one Meningococcal and Tdap by 13 th birthday (CHIPRA_Immunization Status for Adolescents)	HEDIS	Admin or Hybrid
		13	HPV	Human Papillomavirus (HPV) Vaccine for Female Adolescents; 3 shots on or between 9 th and 13 th birthdays (New 2013 CHIPRA)	HEDIS	Admin or Hybrid
	Screenings	14	BCS	Breast Cancer Screening; age 40-69 (HEDIS 2014; Age 50-74)	HEDIS	Admin
		15	CCS	Cervical Cancer Screening; Age 21-64 (HEDIS 2014; allow two screening methods: cervical cytology every 3-years ages 21-64 and cervical cytology/HPV co-testing every 5-years ages 30-64)	HEDIS	Admin or Hybrid
		16	COL	Colorectal Cancer Screening; Age 50-75	HEDIS	Admin or Hybrid
		17	DEV	Developmental Screening In the First Three Years of Life; Age Birth-3 years	Oregon Health and Science University	Admin or Hybrid

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Categories		#	Acronym	Performance Measure	Specification Source	Data Source
Appropriate Care Measures	Diabetes	18	CDC	Comprehensive Diabetes Care; Age 18-75. Annual testing: HbA1c, LDL-C and Medical attention for Nephropathy	HEDIS	Admin or Hybrid
		19	PA1C	Annual Pediatric Hemoglobin (A1c) Testing; Age 5-17	NCQA	Admin or Hybrid
	Asthma	20	MMA	Medication Management for People with Asthma; Age 5-64 (Report HEDIS Ages 5-11, 12-18, 19-50, 51-64 & Total and CHIPRA ages 5-11, 12-18, 19-20 & Total)	HEDIS	Admin
	COPD	21	PCE	Pharmacotherapy Management of COPD Exacerbation; Age 40 and older	HEDIS	Admin
	Cardiovascular	22	PBH	Persistence of Beta-Blocker Treatment after a Heart Attack; Age 18 and older	HEDIS	Admin
		23	ICHF	Congestive Heart Failure; Age 18 and older (ACE/ARB, Beta Blocker and Diuretic 80% of time)	State	Admin
Behavioral Health Measures	Follow-up Care	24	FUH	Follow-Up After Hospitalization for Mental Illness; Age 6 and older. Two rates reported: 7 day & 30 day	HEDIS	Admin
	Medication Management	25	AMM	Antidepressant Medication Management; Age 18 and older. Two rates reported: Acute Phase and Continuation Phase	HEDIS	Admin
		26	SAA	Adherence to Antipsychotics for Individuals with Schizophrenia; Age 19-64	HEDIS	Admin
	Alcohol and Substance Abuse	27	IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment; Age 13 and older	HEDIS	Admin
Maternity Measures	Prenatal and Post Partum	28	PPC	Prenatal and Postpartum Care; All ages. Two rates reported -Timeliness of prenatal care and Postpartum Care Rate	HEDIS	Admin or Hybrid
		29	FPC	Frequency of Ongoing Prenatal Care; All ages	HEDIS	Admin or Hybrid
		30	SICB	Percentage of women who delivered a low for birth weight or preterm infant who received an interconceptual bundle: smoking and alcohol screening and brief intervention, offer of effective contraception, management of chronic illness amenable to preconceptual improvement, assessment and appropriate use of progesterone supplementation, nutritional screening and counseling, and review and reconciliation of medications .	State	Hybrid