



IMCare News

IMPORTANT INFORMATION ROUTE:

- Administration _____
- Business Office _____
- Nursing Staff _____
- Credentialing Staff _____
- Providers (Physician, CNP, PA, Dentist) _____

Spring/Summer 2017

ITASCA MEDICAL CARE

Itasca Resource Center
1219 SE 2nd Avenue
Grand Rapids, MN 55744

Member Service:
218-327-6188
Toll Free:
1-800-843-9536
www.imcare.org

Editor
Juli McNeil
218-327-6145

Meeting Notices

Provider Advisory Committee

Wednesday
May 10, 2017
August 9, 2017
7:00 a.m. - 9:00 a.m.
Itasca Resource Center
Room 122

P & T Committee

Wednesday
May 17, 2017
August 16, 2017
7:00 a.m. - 9:00 a.m.
Itasca Resource Center
Room 122

**The IMCare Office
will be Closed on the
following dates:**

Memorial Day
May 29, 2017

Independence Day
July 4, 2017

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IMCare Update

Submitted by: Sarah Duell, IMCare Director

As you know, IMCare is a County Based Purchasing organization which provides access to health care services for members on Minnesota Health Care Programs (MHCP) and Medicare. This means that we are a non-profit, local (Itasca County only) health insurance company, founded in 1982 with a long, successful history.

Functionally, IMCare is similar to other insurance companies, but is operationally and financially different. Financially, IMCare is funded entirely by state and federal money but shares its capitation dollars with its local at-risk providers, meaning any proceeds are directed back to providers in appreciation of the accountability and assurance they provide the program. Historically, IMCare has paid all capitation dollars, after expenses, to providers. The majority of network, Itasca County, providers have been at risk for the plan, this means providers have either shared in the financial gain or helped pay for a loss.

In the past, the county has not had any direct financial risk in the program. The only gain we have realized is interest earned. Due to certain risk provider changes, and their desire to no longer share in the risk, IMCare is forced to change our risk model. IMCare will be asking Itasca County to change the model and accept the risk to ensure critical existence of this program.

The Itasca County Board has created an IMCare subcommittee to look at the numbers, and make recommendations on what business model is going to best serve our clients, our community and the County.

If you have any questions or concerns, feel free to reach out to me directly by email at sarah.duell@co.itasca.mn.us.

Code for all Diagnoses

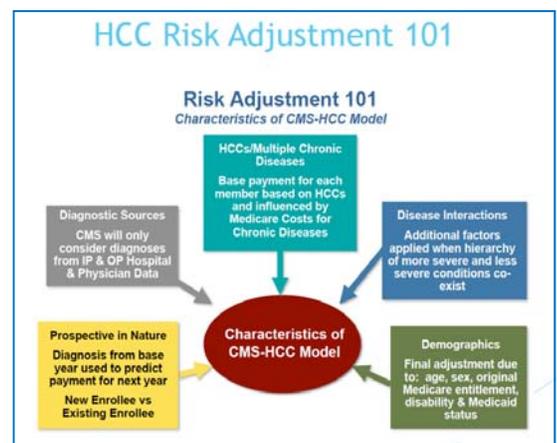
Submitted by: Sarah Duell, IMCare Director

ICD coding guidelines instruct coders to include all comorbidities for each encounter. List first the ICD-10-CM code for the diagnosis, condition, problem, or other reason for the encounter/visit. List any additional codes that describe any co-existing condition. Providers should code for all documented conditions that co-exist at the time of the encounter/visit and require or affect patient care, treatment or management. Co-existing conditions include chronic, ongoing conditions such as diabetes, congestive heart failure, COPD, etc. These diseases are generally managed by ongoing medication and have the potential for acute exacerbation if not treated properly, particularly if the patient is experiencing other acute conditions.

Using specific ICD diagnosis codes will convey the seriousness of the conditions being treated in each visit. Diagnoses should be coded to the highest specificity applicable and cause and effect relationships of diagnoses should be clearly documented.

Risk adjustment is a method of using diagnostic information to calculate the expected health expenditure, variation in health care spending, resource utilization of beneficiaries over a fixed interval of time such as a month, half year or year. IMCare is paid capitation from CMS and DHS based on risk adjustment; therefore, it is critical to correctly code all appropriate diagnoses at every visit. IMCare At-Risk providers are paid settlement money based on excess capitation, so accurate coding directly effects the bottom line for these providers.

Please review the IMCare Risk Adjustment coding presentation on our website at:



<http://www.co.itasca.mn.us/DocumentCenter/Home/View/480>

Accurately submitting claims for the work providers do allows IMCare to reimburse appropriately. IMCare At-Risk providers benefit financially from submitting the correct, valid and specific diagnosis codes. If you have questions, or you would like to request a presentation of these materials at one of your staff meetings, please contact Sarah Duell at sarah.duell@co.itasca.mn.us

Have the Code Ready When you Call

Submitted by: Brenda Oberg, Medical Support Specialist

Help us help you! When you call Member Services to check if a service/procedure will be covered for a member, please have the proper code(s) available. This includes Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT), and Current Dental Terminology (CDT) codes.

Having the code handy allows the Member Services representative to tell you if the service or procedure is covered and whether a Service Authorization is required.

If you have questions, please call Member Services at 218-327-6188 or 1-800-843-9536.

IMCare Performance Improvement Project (PIP)/Quality Improvement Project (QIP) Update

Submitted by: Dr. Shara Pehl, Medical Director

2015-2017 PIP: Elimination of Race and Ethnic Disparities in the Management of Depression

DHS selected the 2015-2017 PIP topic. All Minnesota Medicaid health plans were required to implement a project to address the topic, show significant improvement in the chosen outcome measure, and sustain the improvement over time. IMCare implemented the PIP for its Medicaid (PMAP and MNCare) populations in January of 2015, with the goal of improving the IMCare HEDIS Antidepressant Medication Management Effective Continuation Phase Treatment rate for the study population by an absolute 8% by HEDIS 2017, and sustain the improvement for HEDIS 2018. The baseline rate (HEDIS 2014) was 0%. The HEDIS 2016 rate was 50%, exceeding the project goal.

2016-2018 QIP: A Collaborative Approach to Optimize Depression Care for Seniors

CMS required all Special Needs Plans to develop and implement a three-year QIP that promotes effective management of chronic disease. IMCare chose depression as the topic of the 2016-2018 QIP. A comprehensive intervention strategy focused on member, provider and care coordinator education was implemented in January of 2016. The goal of the QIP is to increase the IMCare HEDIS Antidepressant Medication Management Effective Continuation Phase Treatment rate for the study population by 10% over baseline by HEDIS 2019. The baseline rate (HEDIS 2015) was 53.85%. The 2016 HEDIS rate was 80%, exceeding the project goal.

Prenatal Initiative

Submitted by: Faith Keenan, Disease Management Coordinator



Early and regular prenatal care is important for a healthy pregnancy. IMCare is committed to ensuring pregnant members receive the services and education needed to promote healthy pregnancies. IMCare's prenatal initiative program called "A Healthy Pregnancy" began in Sept. 2007. IMCare and Itasca County Public Health teamed together to offer a free prenatal support program to IMCare members. The purpose of this program is to reduce the number of low birth weight and pre-term births occurring in the population eligible for IMCare.

IMCare members are referred to "A Healthy Pregnancy" by the Primary Care Provider, the WIC program and/or self referral. Primary Care Providers are requested to complete pregnancy risk assessments for each IMCare member who is pregnant.

Once a member enrolls in "A Healthy Pregnancy" program, she will be matched with a Registered Nurse from Public Health. The member will be expected to make regular prenatal visits with her doctor, and accept home visits from a Public Health Nurse. During the prenatal period, IMCare members can receive up to \$70.00 in Target gift cards. During the postpartum period, the IMCare member must accept a visit from the Public Health Nurse AND have a postpartum visit with their PCP between 21 and 56 days after delivery. PCPs will be asked to sign a form confirming the member had a postpartum visit. Upon completion of the postpartum visit, the member will receive a \$30.00 Target gift card.



IMCare Controlled Substance Focus Study
Submitted by: Dr. Shara Pehl, Medical Director

IMCare started a Controlled Substance Focus Study (CS FS) in 2011. A monthly report is compiled of IMCare Medicaid enrollees under 65 years of age who had four or more controlled substance (CS) prescription fills during the previous month. An IMCare nurse then reviews the member's pharmacy claims history and MN Prescription Monitoring Program query to determine the need for member education, case management, Restricted Recipient Program warning/placement and/or investigation for fraud/abuse. Members may also be identified by provider/pharmacist referral or fax from the Itasca County Sheriff's Department (e.g., recent arrest involving illegal or prescription drugs).

2016 Results:

IMCare met nearly all CS FS goals in 2016. The total days-supply of controlled substances dispensed per IMCare member decreased 6%. The total number of members identified by the CS FS (≥ 4 CS fills in at least one month) decreased 26%; the number of "high-utilizers" (≥ 4 CS fills per month for at least three months) decreased 24%; and the average number of CS fills per high-utilizer decreased 6% from 2015. The use of multiple pharmacies for CS fills decreased 5%, which is a favorable trend. These successes are likely secondary to individual member interventions administered by IMCare nurses, as well as the implementation of CS prescribing policies and procedures at several IMCare network clinics.

IMCare is always open to provider suggestions regarding intervention ideas or other input. Please contact Shara Pehl, MD at shara.pehl@co.itasca.mn.us or (218) 327-5520.

IMCare Emergency Department Utilization Focus Study
Submitted by: Dr. Shara Pehl, Medical Director

IMCare started an Emergency Department Utilization Focus Study (ED FS) in 2011. Monthly and quarterly reports are compiled of IMCare Medicaid (under age 65) and Senior (age 65 and older) members who had at least two ED visit claims paid during the previous month or at least four ED visits during the previous quarter. An IMCare nurse or senior care coordinator then reviews the member's claims history to determine the need for member education, case management, Restricted Recipient Program warning/placement and/or investigation for fraud/abuse. Members may also be identified by provider referral or daily faxed ED census reports from network hospitals.

2016 Medicaid Results:

IMCare met nearly all ED FS goals for the Medicaid population in 2016. The total number of ED visits decreased 6% from 2015. The total number of members identified by the ED FS, the number of "high-utilizers" (≥ 4 ED visits during one quarter) and the average number of ED visits per high-utilizer all decreased and met goal. These findings are most likely secondary to prompt individual member interventions administered by IMCare nurses.

2016 Senior Results:

The total number of ED visits by seniors decreased 5% from 2015 to 2016. All other measurements did not meet goal, but by narrow margin. Given the relatively small population size, interpretation of the significance of small variations in rates from year to year is difficult. For example, in 2016, only 15 more members and one more high-utilizer were identified than in 2015. This could be due to a "sicker" population in 2016, or an acute event (e.g., influenza outbreak). IMCare plans to further evaluate the data to determine trends and potential additional interventions.

IMCare is always open to provider suggestions regarding intervention ideas or other input. Please contact Shara Pehl, MD at shara.pehl@co.itasca.mn.us or (218) 327-5520.

The Minnesota Prescription Monitoring Program (PMP)

Submitted by: Dr. Shara Pehl, Medical Director

If you are a healthcare provider who prescribes or dispenses controlled substances, IMCare highly encourages you to use the Minnesota PMP!

Licensed Minnesota prescribers, pharmacists and their delegated staff can access the PMP to get a list of all controlled substances and gabapentin dispensed to an individual patient. This invaluable tool provides a comprehensive picture of a patient's controlled substance utilization in order to adequately assess patient safety issues, drug-drug interactions and potential abuse/misuse.

Use of the PMP is especially important for primary care, specialty (e.g., surgeons), emergency department, mental health and dental providers to adequately assess patient safety issues prior to prescribing controlled substances.

For more information and to access the PMP, please visit <http://pmp.pharmacy.state.mn.us>

Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA)

Submitted by: Celeste Tarbuck, IMCare Claims Supervisor

If you are interested in receiving EFT/ERA's, please fill out the form on our website at www.imcare.org Providers & Partners/New Facility Claim Requirements/Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA) Authorization Agreement.

Please call 218-327-6118 if you have any questions.

Why Doesn't IMCare Cover Certain Generic Inexpensive Medications?

Submitted by: Dr. Shara Pehl, Medical Director

In the 1960s, the Food and Drug Administration (FDA) started the Drug Efficacy Study Implementation (DESI) program to classify all drugs that were on the market before 1962 as either effective, ineffective or needing further study. Drugs found to be no more effective than placebo were labeled less-than-effective (LTE) DESI drugs. CMS and DHS do not allow Medicare Part D and Medicaid plans, such as IMCare, to cover these drugs, even though they are often generic and inexpensive. Examples of LTE DESI drugs include certain cough suppressants (e.g., Tussionex), belladonna (e.g., Donnatal), nitroglycerin capsules and rectal hydrocortisone products (e.g., Anusol-HC, Anucort). Prior authorization requests for coverage of these drugs should not be submitted to IMCare, as drugs with this designation are never covered.

Baby's First Dental Visit

Submitted by: Dr. Shara Pehl, Medical Director

As soon as babies have teeth, they can get cavities. Too many children in our area require extensive dental surgery that could have been prevented. The American Dental Association recommends a first dental visit as soon as a child gets his/her first tooth and no later than the first birthday.¹ **Please encourage parents/guardians to schedule a dental visit for their child as soon as they get their first tooth and no later than their first birthday!** IMCare dental providers can be found in the Primary Care Network Listing (available on the IMCare website at <http://www.co.itasca.mn.us/386/Members>). If IMCare members need assistance making a dental appointment, please have them call IMCare Member Services at (218) 327-6188.

¹<http://www.mouthhealthy.org/en/babies-and-kids/>

Case Management and Care Coordination

Submitted by: Dr. Shara Pehl, Medical Director

IMCare offers Case Management/Care Coordination for:

- Members under age 65 who have certain chronic conditions, certain utilization patterns and/or who need assistance in navigating the health care system.
- All members age 65 and older.



If you are providing care to an IMCare member who:

- Has chronic medical problems and you feel could benefit from case management.
- Could benefit from a follow-up phone call from an IMCare Nurse or Senior Care Coordinator.
- Is frequently using the Emergency Department.
- You have concern about his/her controlled substance use.
- You suspect is inappropriately using IMCare benefits.

We Want To Hear From You! Please call IMCare at (218) 327-6188 and you will be directed to the appropriate nurse or care coordinator. ***Your help is greatly appreciated!***



The IMCare Medication Therapy Management Program (MTMP)

Submitted by: Dr. Shara Pehl, Medical Director

The Centers for Medicare & Medicaid Services (CMS) requires that all Medicare Part D sponsors incorporate an MTMP into their plan's benefit structure. All seniors with IMCare Part D coverage and the following criteria were eligible for the IMCare MTMP in 2016:

- Had three or more of the targeted chronic diseases (asthma, congestive heart failure, depression, diabetes, dyslipidemia, hypertension, ischemic heart disease, osteoporosis);
- Taking at least eight covered Part D maintenance medications; and
- Likely to incur an annual cost for covered Medicare Part D drugs in excess of \$3,507.

2016 MTMP interventions included:

- Comprehensive Medication Review (CMR) performed with each member by a pharmacist.
- Targeted Medication Review (TMR), which identified and addressed prescriber opportunities to improve adherence, appropriateness of therapy and/or drug safety issues.

The 2016 IMCare MTMP was administered by Mirixa. Whenever possible, the interventions were performed by an IMCare network pharmacist. In 2016, 26% of IMCare dual-eligible seniors met MTMP targeting criteria. Of these 152 members, 42 completed a CMR with a pharmacist, for an overall CMR completion rate of 27.6%. Local retail pharmacists did an excellent job engaging patients, with a CMR completion rate of 69.6%.

IMCare applauds the efforts by network pharmacies to complete MTMP requirements and thanks prescribers for cooperating with MTMP outreach!

Updated Practice Guidelines

Submitted by: Dr. Shara Pehl, Medical Director

As per Minnesota Department of Human Services contract, IMCare is required to annually adopt, distribute and measure evidence-based practice guidelines. IMCare has adopted the following practice guidelines for 2017, which will be measured in 2018. (Not all practice guidelines have to be measured.) Based on audit results, improvement strategies are instituted in the overall effort to improve patient care. **IMCare encourages you to review each practice guideline (at the websites listed below or provided to you by IMCare upon request) and share them with your partners and patients.**

2017 Practice Guidelines:

- American Academy of Family Physicians (AAFP) ‘*Summary of Recommendations for Clinical Preventive Services*’
- Institute for Clinical Systems Improvement (ICSI) ‘*Depression, Adult in Primary Care*’
- UpToDate ‘*Establishing and Maintaining a Therapeutic Relationship in Psychiatric Practice*’
- UpToDate ‘*Guidelines for Adolescent Preventive Services*’
- UpToDate ‘*Initial Prenatal Assessment and First Trimester Prenatal Care*’
- UpToDate ‘*Overview of Hypertension in Adults*’
- UpToDate ‘*Overview of Medical Care in Adults with Diabetes Mellitus*’
- UpToDate ‘*Prenatal Care (Second and Third Trimesters)*’
- UpToDate ‘*Preventive Care In Adults: Recommendations*’
- UpToDate ‘*Screening Tests in Children and Adolescents*’

2017 Practice Guideline Measurements (to be completed in 2018):

AAFP ‘*Summary of Recommendations for Clinical Preventive Services*’

- Healthcare Effectiveness Data and Information Set (HEDIS) Breast Cancer Screening measure
- HEDIS Cervical Cancer Screening measure
- HEDIS Colorectal Cancer Screening measure

ICSI ‘*Depression, Adult in Primary Care*’

- HEDIS Antidepressant Medication Management measure: Effective Acute Phase Treatment
- HEDIS Antidepressant Medication Management measure: Effective Continuation Phase Treatment

UpToDate ‘*Establishing and Maintaining a Therapeutic Relationship in Psychiatric Practice*’

- HEDIS Follow-Up After Hospitalization for Mental Illness measure: 30-Day Follow-Up
- HEDIS Follow-Up After Hospitalization for Mental Illness measure: 7-Day Follow-Up

UpToDate ‘*Overview of Hypertension in Adults*’

- Antihypertensive Medication Adherence
- HEDIS Controlling High Blood Pressure measure

UpToDate ‘*Overview of Medical Care in Adults with Diabetes Mellitus*’

- HEDIS Comprehensive Diabetes Care measure: HbA1c testing
- HEDIS Comprehensive Diabetes Care measure: HbA1c control (<8.0%)

UpToDate ‘*Preventive Care In Adults: Recommendations*’

- HEDIS Adults’ Access to Preventive/Ambulatory Health Services measure
- HEDIS Adult BMI Assessment measure

References

<http://www.aafp.org>

<https://www.icsi.org>

<http://www.uptodate.com>

IMCare Website Changes

Submitted by: Leah Huso and Juli McNeil

The IMCare website has a new look. The website redesign was a county wide collaborative effort. Our new website was designed to be more informative, educational, and easier to navigate. The improved website brings the user to our main page which is "IMCare Division". The blue area on the left will help users navigate through our site. IMCare's contact information is now on each page on the right hand side.

If you had previously bookmarked or saved our address in your favorites, please delete it. You can access our new site at www.imcare.org.



Please feel free to contact IMCare at 218-327-6188 or toll-free at 1-800-843-9536 if you have any questions or concerns navigating our new site.

HEALTHX Provider Portal

Submitted by: Terasa Anderson

***** Adjustment requests, claim status, general questions and COB updates should be submitted online within your claims detail screen. *****

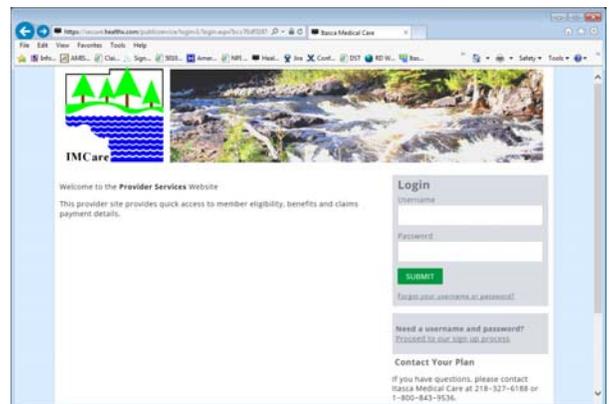
Please open an internet browser other than Internet Explorer (Google Chrome, Mozilla Firefox, etc.) Go to www.imcare.org

Hover over Providers & Partners and HealthX will be the first selection in the list.



For HealthX provider set-up or other technical questions call 218-327-5529.

Please complete the sign up process for immediate access to dates of service and eligibility. ***Only one Tax ID is allowed per user account.**



Please note - We no longer accept faxed status checks, adjustments, replacement claims or voids.
~ All medical replacement claims and voids should be submitted electronically.
~ Claims status checks and adjustments should be submitted via the portal.

Affirmative Statement

The purpose of IMCare's Prior Authorization process is to review services prior to being rendered to determine if the services are contractually eligible. Prior authorization is recommended for some services to help providers and members avoid unexpected expenses, benefit reductions, or claim denials.

The prior authorization process determines coverage for medically necessary services, supplies, or treatment. IMCare nurses and physicians make decisions based only on:

1. Appropriateness of care and service and existence of coverage.
2. IMCare does not reward physicians or other individuals for issuing denials of coverage or service care.
3. Financial incentives for Utilization Management (UM) decision makers do not encourage decisions that result in underutilization of services.

Health Care Directives

A healthcare directive is a written instruction, such as a living will or durable power of attorney, recognized under State law, relating to the provision of health care when the individual is incapacitated.

IMCare providers must:

- Ensure that it has been documented in an IMCare enrollee's medical records whether or not the individual has executed an advance directive.
- Not condition treatment or otherwise discriminate on the basis of whether an individual has executed a healthcare directive.
- Comply with State law on healthcare directives.

IMCare has added "documentation of healthcare directives" to our audit tool that we use for auditing IMCare enrollee's medical records. The auditors may also ask to view your Policies and Procedures as they pertain to healthcare directives.

For more information, refer to 42 CFR 489.100 through 489.104; Laws of Minnesota 1998, Chapter 399, section 38; and, 42 USC 1396a (a)(57).

IMCare Member Education

Do you have a patient who has questions about their health care coverage with IMCare? IMCare offers monthly education sessions for our members. They are held the third Wednesday of each month at the Itasca Resource Center (IRC) at 1:00 p.m. The room will be posted on the board at the IRC front desk.

For more information, contact IMCare at 218-327-6188.



ITASCA MEDICAL CARE (IMCare)
 1219 SE 2nd Avenue
 Grand Rapids, MN 55744

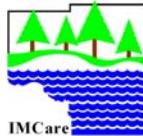
IMCare News

Reporting Fraud, Waste, And Abuse

**Submitted by:
 Laura Grover**

IMCare believes it is the responsibility of everyone to report suspected fraud, waste or abuse.

You can report anonymously by calling 1-866-269-0584.



Itasca Medical Care (IMCare)

1219 SE 2nd Avenue
 Grand Rapids, MN 55744

Toll Free..... 1-800-843-9536

Member Services 218-327-6188

Grievances/Appeals 218-327-6183

Provider Claims Services by Last Name

A-D 218-327-6133

E-H..... 218-327-5528

I-L 218-327-6797

M-R..... 218-327-5529

S-Z 218-327-5527

Case Management (under age 65) & Pharmacy questions by Last Name

A-G 218-327-5591

H-N 218-327-6754

O-Z..... 218-327-5519

Disease Management 218-327-5533

Senior Services (Age 65 and older) 218-327-6163 or

218-327-6180

TTY (hearing impaired)..... 1-800-627-3529 or 711