2018 End of Year Wrap Up & Hot Topics

1118.PR.P.PP.1 3/19

Agenda

- MHS Overview
  - Product expansion
- Provider Analytics 2.0
  - Pay Above Initiatives
- Patient Analytics
- Pharmacy Updates
- MHS Online tools
  - Mhsindiana.com
  - MHS Portal
- Resources & Contacts
- Questions

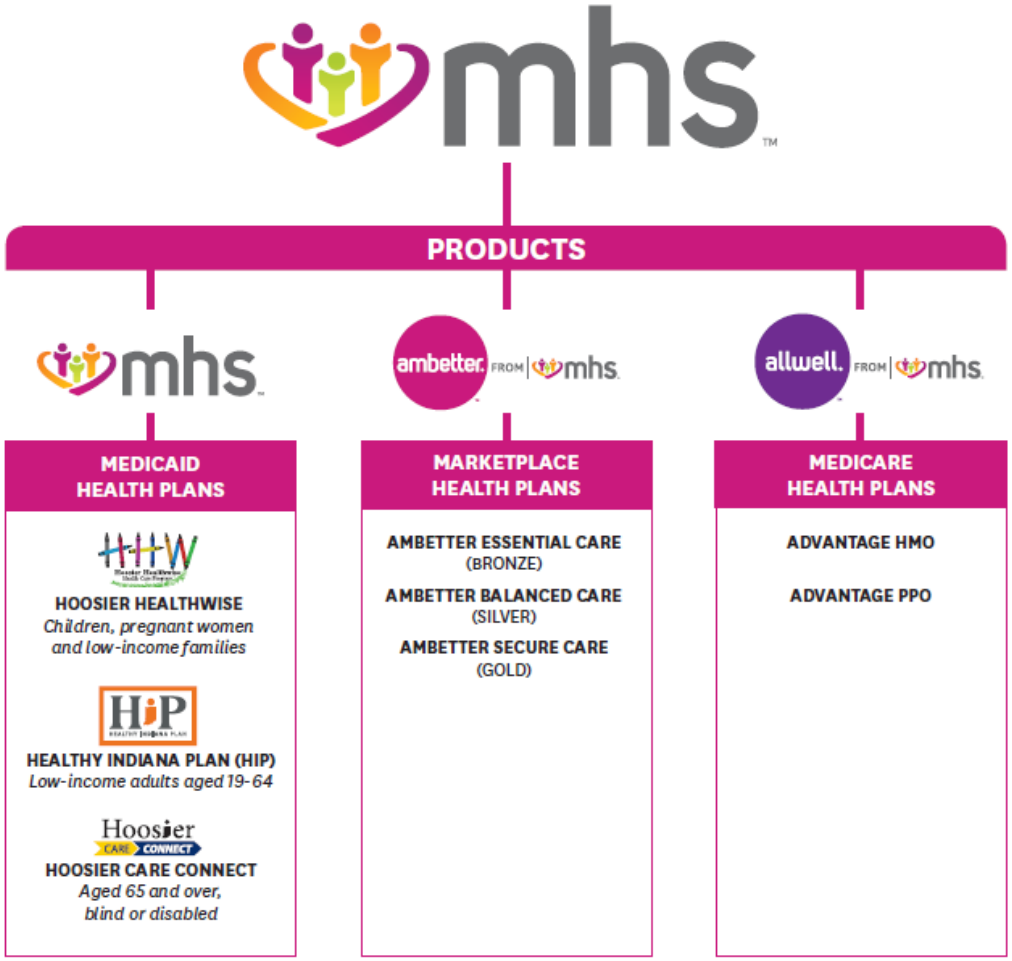
Who is MHS?

- Managed Health Services (MHS) is a health insurance provider that has been proudly serving Indiana residents for more than twenty years through Hoosier Healthwise, the Healthy Indiana Plan (HIP) and Hoosier Care Connect.

- MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS and a Medicare Advantage plan called Allwell from MHS. All of our plans include quality, comprehensive coverage, with a provider network you can trust.

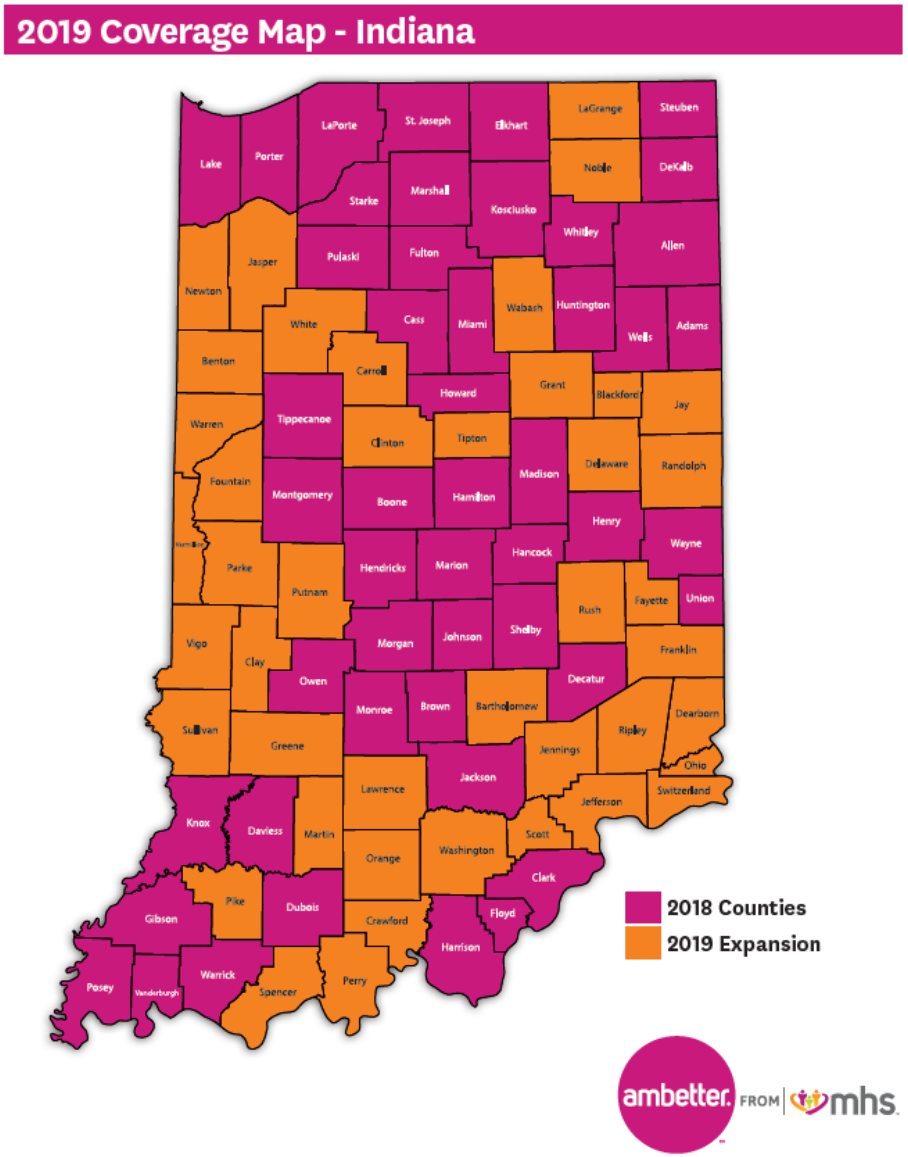
- **MHS is your choice for better healthcare.**

MHS Products



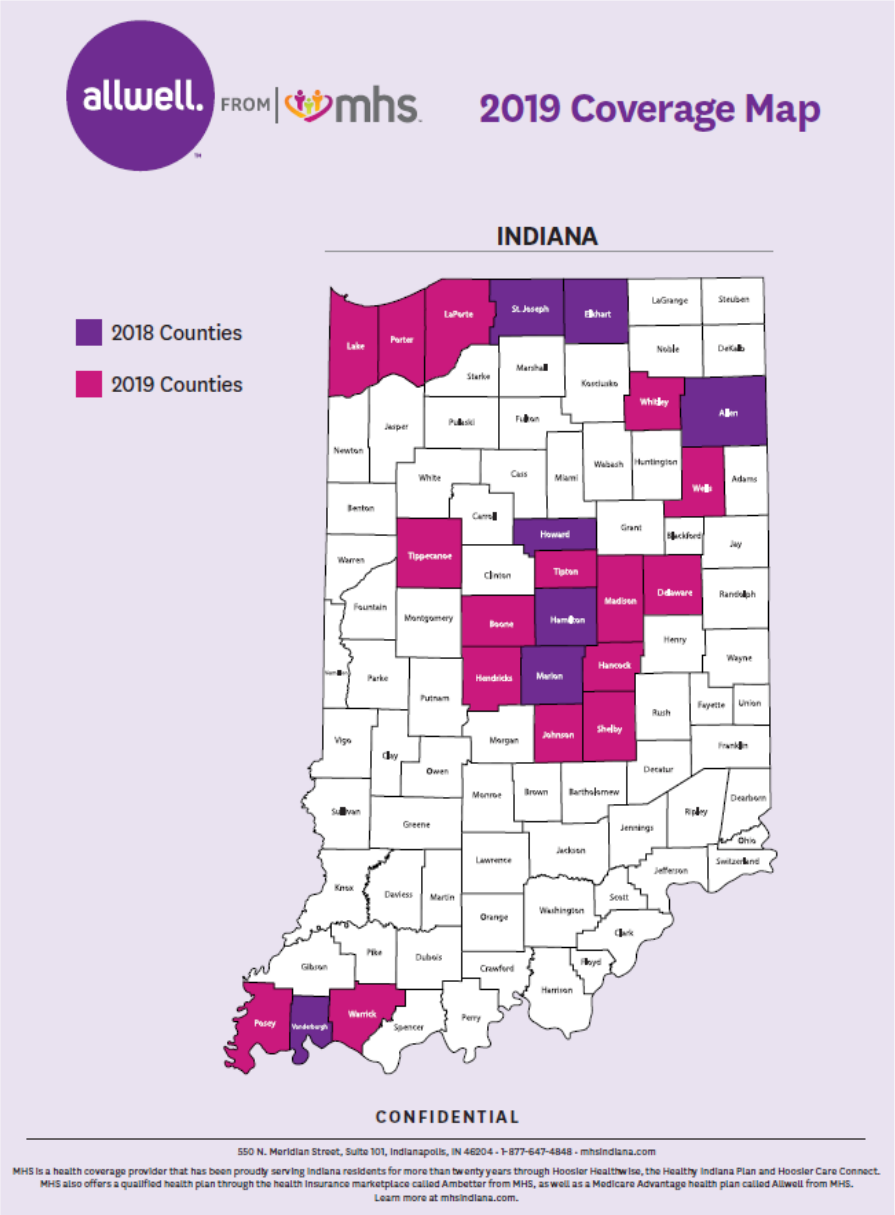
Ambetter

Statewide Coverage 2019
Member Open Enrollment
11/1/18 to 12/15/18



Allwell

Coverage in 2019
Member Open Enrollment
10/15/18 to 12/7/18

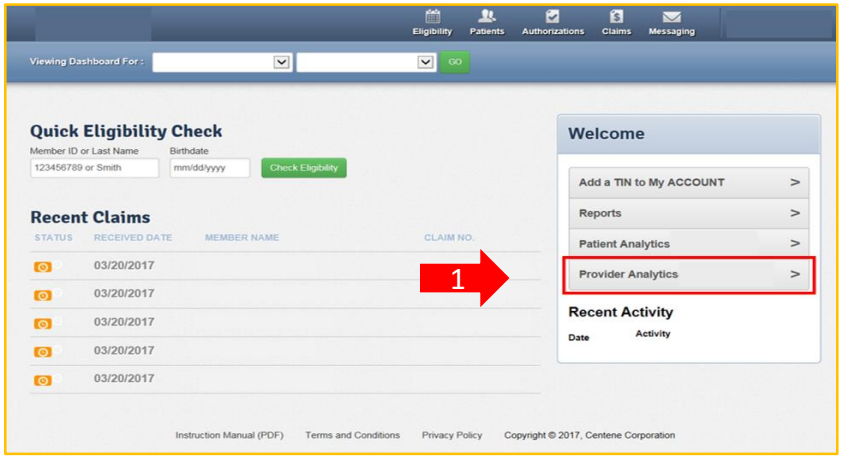


Provider Analytics 2.0

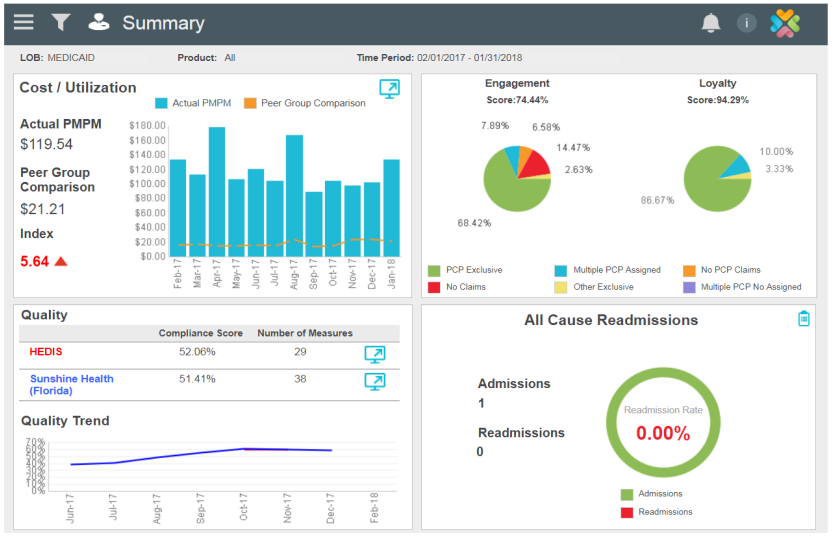
Overview and Navigation Guide

To navigate Provider Analytics:

1. From the Provider Portal, click on the ***Provider Analytics*** link to be directed to the landing page

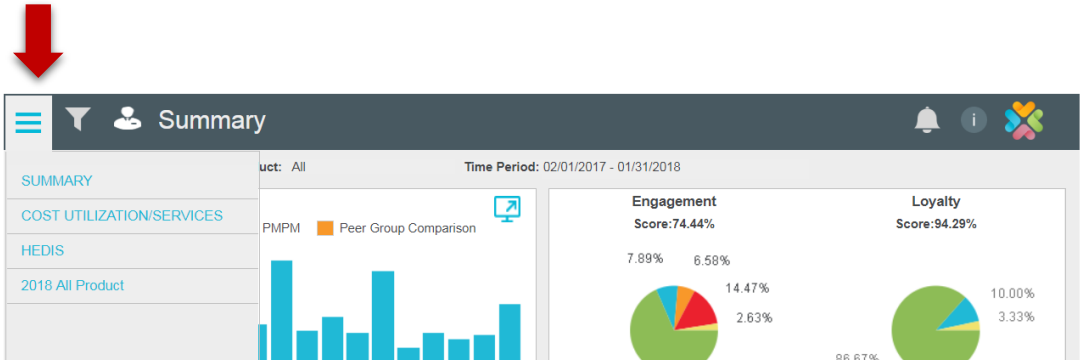


2. Here you will be able to view four dashboards:
   a. Cost/Utilization
   b. Engagement Analysis
   c. Quality
   d. Readmission by Disease State



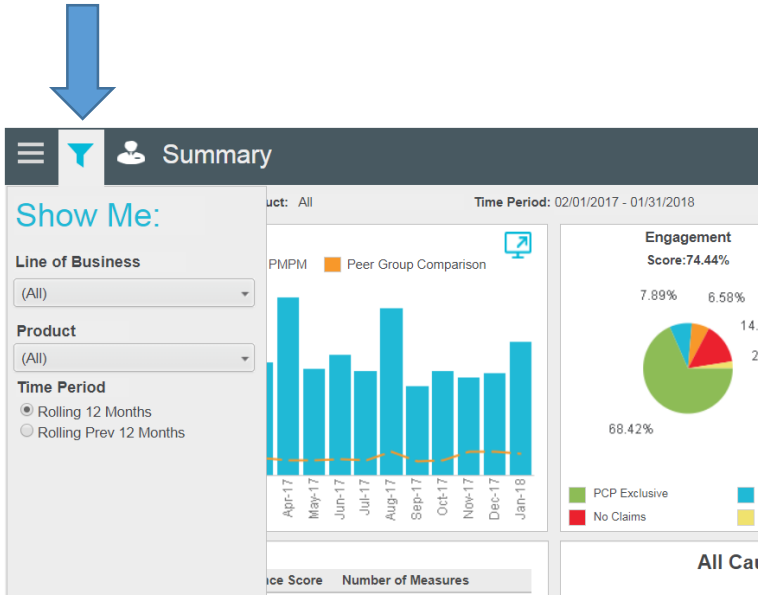
Landing Page Overview

- **Summary Banner:** The dark grey banner contains five icons that will help you navigate the information on the page. You can hover over each icon to view a definition of each icon's purpose.
  - Navigation Bar (three horizontal lines)
  - Funnel – Used to filter data
  - Person – Provider information
  - Bell – Alerts
  - An "i" with a circle – Information
- **Navigation Bar Drop Down:** The following options appear:
  - Summary
  - Cost/Utilization Services
  - Quality
  - Lab
  - Pharmacy
- Case studies have been developed that highlight detailed use cases for each tab.



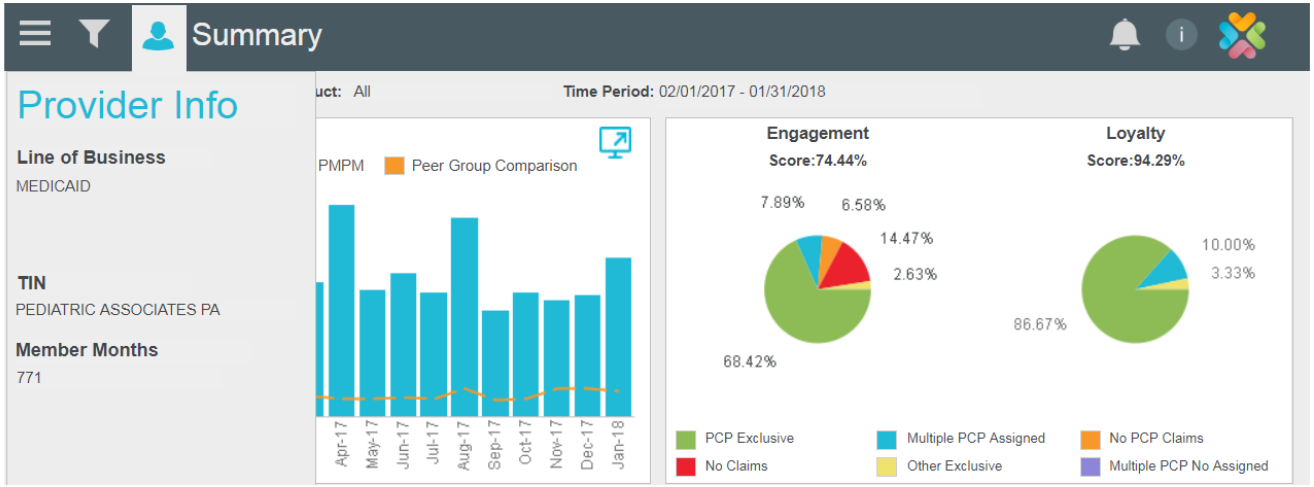
Landing Page Overview

- **Funnel Icon:** Use this to select an option to view data specific to selected criteria
  - Line of Business
    - Commercial
    - Medicaid
    - Medicare
  - Product
    - Medicaid
    - Marketplace
    - Medicare
  - Time Period
    - Rolling 12 months from current date
    - Previous rolling 12 months
    - Note: There is a 3-month data lag



Landing Page Overview

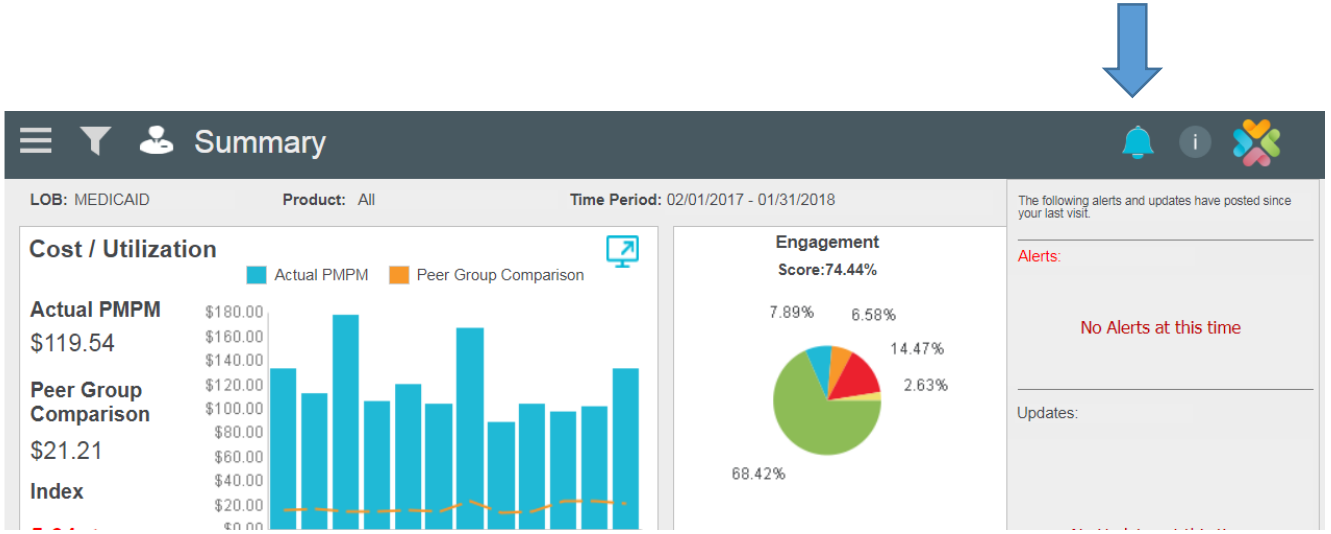
- Person Icon: Use this to select a provider information option to view data specific to selected criteria:
  - Line of Business (LOB)
  - TIN
  - Member Months*



A **member month is defined as **one member** being enrolled for **one month.** For example, an individual who is a patient of a provider for a full year generates 12 member months; a family of five enrolled for six months generates 30 member months*

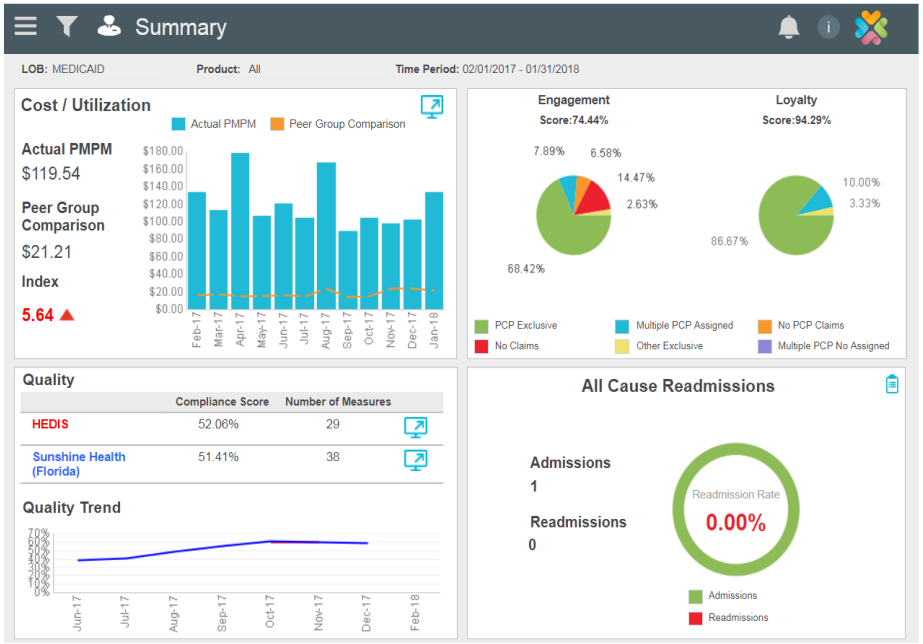
Landing Page Overview

- **Bell Icon:** Alert icon with two features
  - **Blue** bell – Indicates an update, such as a new feature being added to the dashboard or a data refresh
  - **Red** bell – Indicates an issue (can be specific to a particular health plan or can be for all users)
- Click on the bell for a description of the alert



Dashboard View

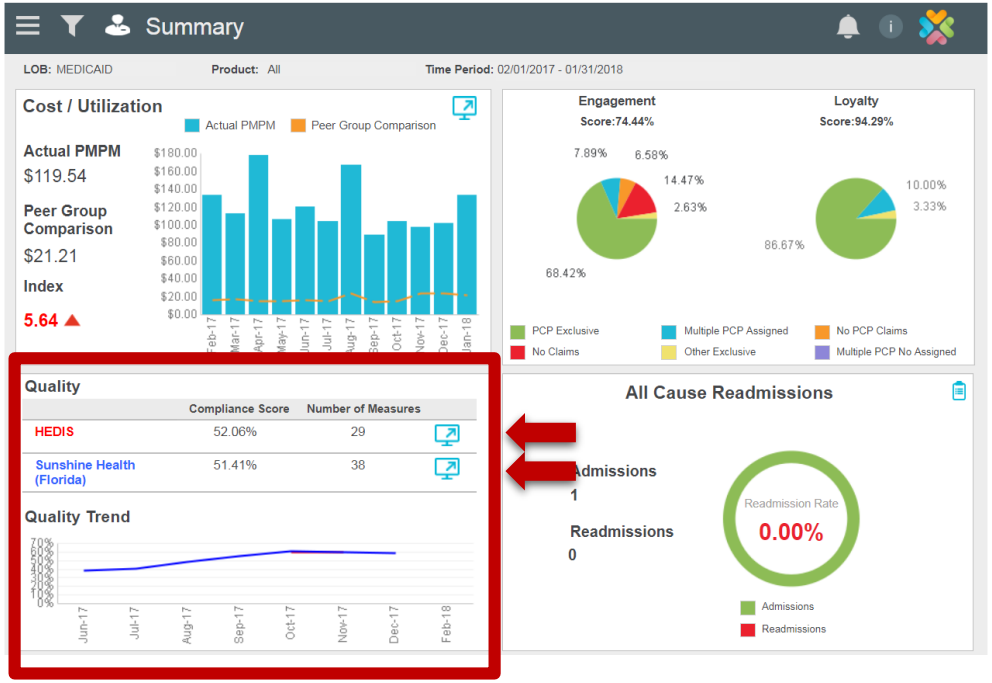
- **Cost/Utilization:** This dashboard will show your actual PMPM compared to expected PMPM on a monthly basis.
- **Quality:** The Quality dashboard in the lower left quadrant shows HEDIS and VBC performance
- **Engagement Analysis:** This dashboard will show a view of your members' utilization of PCP and healthcare services.
- **Readmission by Disease State:** This dashboard will show total inpatient visits and total readmits. It will show the number of total readmits and those without PCP follow-up and follow-up rate.



- The Cost/Utilization and Quality sections have dashboards providing more specific data down to the member level. To view this data, click on the **blue computer monitor icons.**

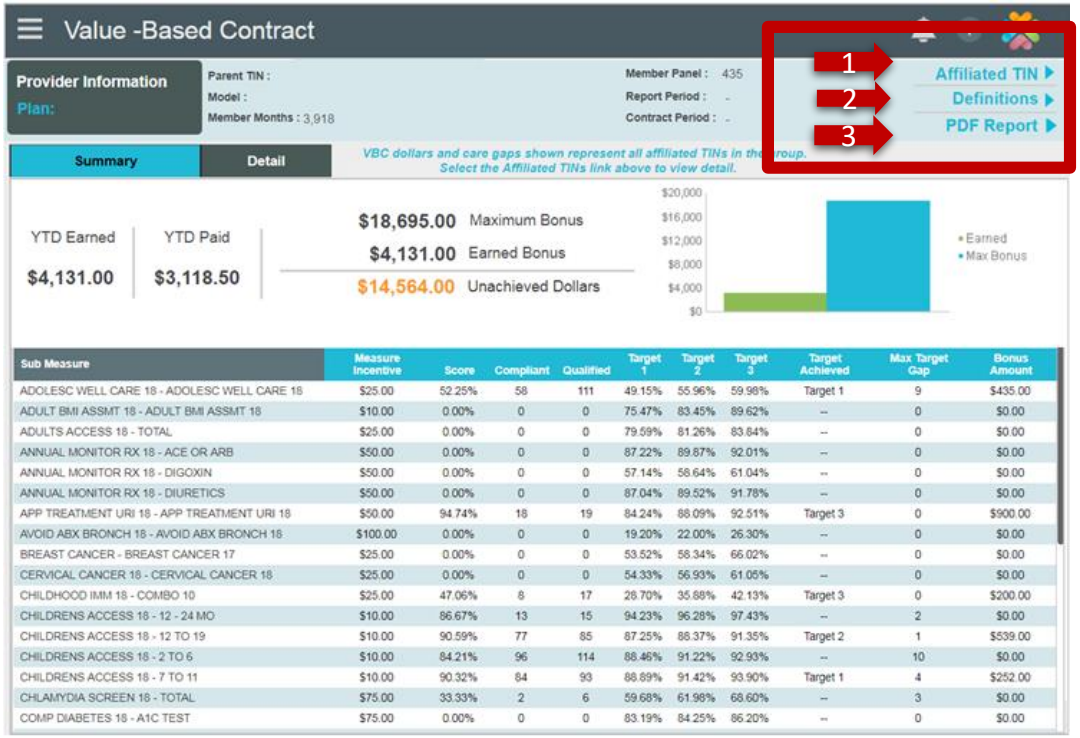
Quality HEDIS View

- Shows trends in closing HEDIS care gaps and earnings from any P4P programs
- Click the blue screen next to HEDIS to view performance in 100+ care gaps and export member-level reports
- Click the blue screen next to VBC PPM to see earnings from P4P program, amount outstanding and amount left to earn per measure



Quality HEDIS View: VBC

- For providers in P4P arrangement
- Value-Based Contract: Shows measure incentive, amount earned, and unachieved dollars
- In right hand corner:
  1. All TINs associated with P4P program
  2. List of definitions and meanings
  3. Scorecard summarizing provider's performance in Quality and VBC

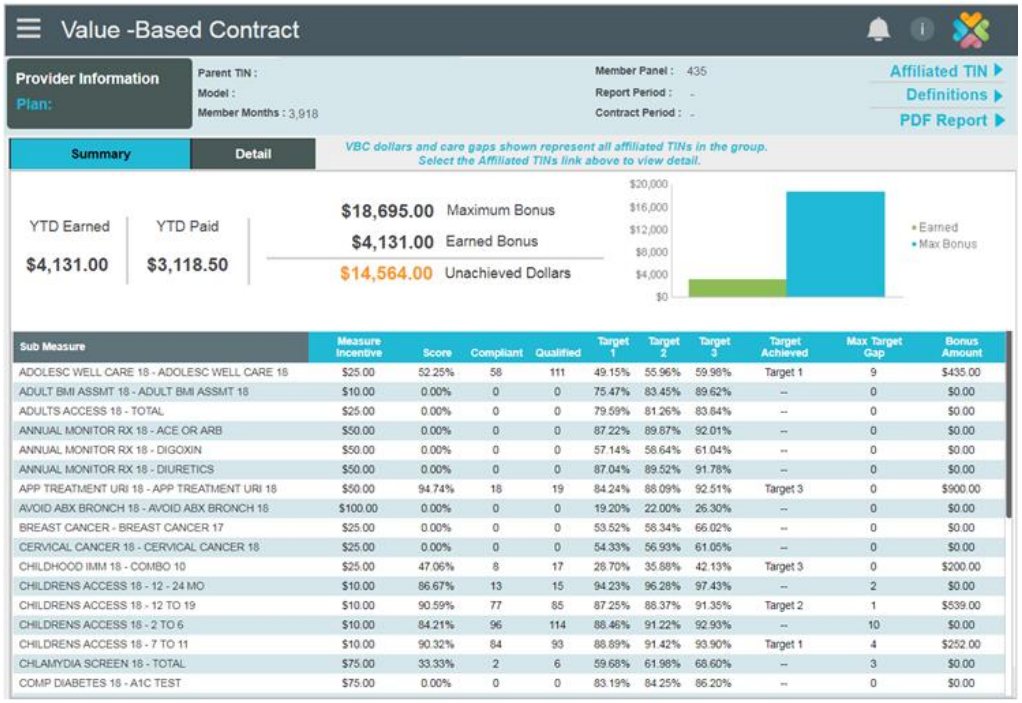


Sub Measure	Measure Incentive	Score	Compliant	Qualified	Target 1	Target 2	Target 3	Target Achieved	Max Target Gap	Bonus Amount
ADOLESC WELL CARE 18 - ADOLESC WELL CARE 18	$25.00	52.25%	58	111	49.15%	55.96%	59.98%	Target 1	9	$435.00
ADULT BMI ASSMT 18 - ADULT BMI ASSMT 18	$10.00	0.00%	0	0	75.47%	83.45%	89.62%	--	0	$0.00
ADULTS ACCESS 18 - TOTAL	$25.00	0.00%	0	0	79.59%	81.26%	83.84%	--	0	$0.00
ANNUAL MONITOR RX 18 - ACE OR ARB	$50.00	0.00%	0	0	87.22%	89.87%	92.01%	--	0	$0.00
ANNUAL MONITOR RX 18 - DIGOXIN	$50.00	0.00%	0	0	57.14%	58.64%	61.04%	--	0	$0.00
ANNUAL MONITOR RX 18 - DIURETICS	$50.00	0.00%	0	0	87.04%	89.52%	91.78%	--	0	$0.00
APP TREATMENT URI 18 - APP TREATMENT URI 18	$50.00	94.74%	18	19	84.24%	88.09%	92.51%	Target 3	0	$900.00
AVOID ABX BRONCH 18 - AVOID ABX BRONCH 18	$100.00	0.00%	0	0	19.20%	22.00%	26.30%	--	0	$0.00
BREAST CANCER - BREAST CANCER 17	$25.00	0.00%	0	0	53.52%	58.34%	66.02%	--	0	$0.00
CERVICAL CANCER 18 - CERVICAL CANCER 18	$25.00	0.00%	0	0	54.33%	56.93%	61.05%	--	0	$0.00
CHILDHOOD IMM 18 - COMBO 10	$25.00	47.06%	8	17	28.70%	35.68%	42.13%	Target 3	0	$200.00
CHILDRENS ACCESS 18 - 12 - 24 MO	$10.00	86.67%	13	15	94.23%	96.28%	97.43%	--	2	$0.00
CHILDRENS ACCESS 18 - 12 TO 19	$10.00	90.59%	77	85	87.25%	88.37%	91.35%	Target 2	1	$539.00
CHILDRENS ACCESS 18 - 2 TO 6	$10.00	84.21%	96	114	88.46%	91.22%	92.93%	--	10	$0.00
CHILDRENS ACCESS 18 - 7 TO 11	$10.00	90.32%	84	93	88.89%	91.42%	93.90%	Target 1	4	$252.00
CHLAMYDIA SCREEN 18 - TOTAL	$75.00	33.33%	2	6	59.68%	61.98%	68.60%	--	3	$0.00
COMP DIABETES 18 - A1C TEST	$75.00	0.00%	0	0	83.19%	84.25%	86.20%	--	0	$0.00

Quality HEDIS View: VBC

You can also view:

- Compliant Score
- Compliant and Qualified number per Sub Measure
- Target levels for compliant percentage needed to earn a payout
- Target level achieved
- Number of gaps needed to close to reach Maximum Target Level
- Bonus Amount earned



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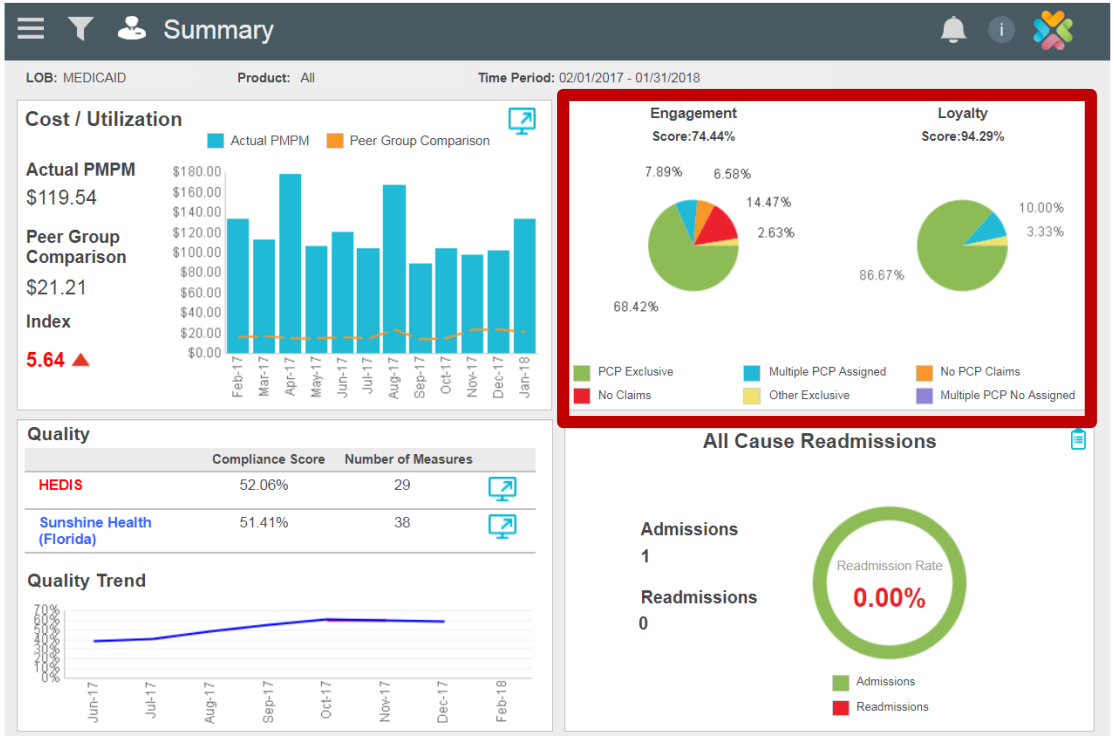
Engagement & Loyalty Analysis

Classifies member interactions with PCP services into two main categories:

- **Provider Engagement:** Measures provider's efficiency with engaging assigned members to be seen for a primary care visit annually; **includes all assigned members**
- **Provider Loyalty:** Measures the provider's ongoing effort to maintain exclusivity as the PCP for assigned panel once members have PCP activity; **excludes assigned members without any PCP visits**



Engagement & Loyalty Analysis

Provider Engagement vs. Provider Loyalty

Provider Engagement*	Provider Loyalty
Assigned PCP Exclusive	Assigned PCP Exclusive
Multiple PCP with Assigned Visits	Multiple PCP with Assigned Visits
Multiple PCP with No Assigned Visits	Multiple PCP with No Assigned Visits
Other Exclusive	Other Exclusive
No PCP Claims	
No Claims	

*In order to improve quality and cost, it's important to engage members who are not actively being managed; therefore, provider engagement provides the most inclusive view of member activity

Engagement & Loyalty Analysis

- Provider Engagement is broken into six sub-categories to help identify patient activity and prioritize for outreach

Patient Segment	Segment Traits	Engagement Strategy
PCP Exclusive	These patients have been assigned to you and have been seen by you or one of your partners	Identify which of these members have care gaps and close at their next appointment
Multiple PCP Assigned	These patients are assigned to you, but have been seen by your practice ***AND*** other PCP groups	Initiate a patient outreach plan, set an appointment if appropriate, close care gaps, discuss benefits of PCP loyalty
No PCP Claims	These are patients who seek all of their care from specialists, ER, and Urgent Care.	Outreach and set an appointment for a PCP visit, identify health risks and set follow-up appointments, discuss benefits of loyalty
Other Exclusive	These patients are assigned to you, but have been seeing another PCP group exclusively	Outreach to members to discuss updating their assigned PCP to the doctor they have been seeing for care
No Claims	These patients are assigned to you but have no claim data to indicate they have received any medical care from a PCP, emergency department or urgent care center	Outreach and set an appointment for PCP visit. Identify health risks and set follow-up appointments, discuss benefits of loyalty
Multiple PCP No Assigned	These patients are assigned to you, but have only been seen by other PCP groups.	Outreach to members to discuss benefits of loyalty and promote hours and availability, identify members with care gaps and set appointment for PCP visit

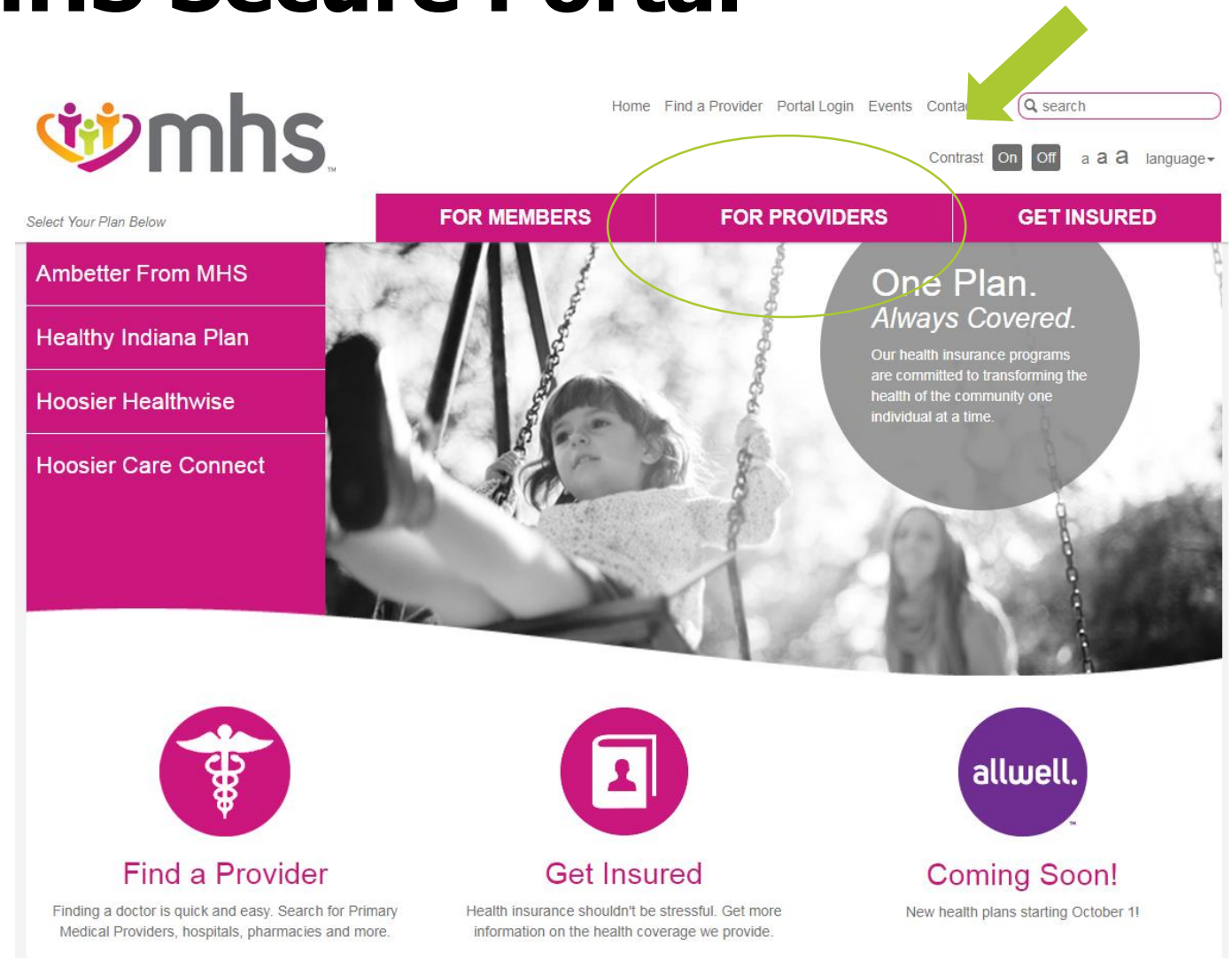
Pay Above Initiatives

- Comprehensive diabetes care-Hb1Ac tests
- Lead screening in children
  - Measure criteria: children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday

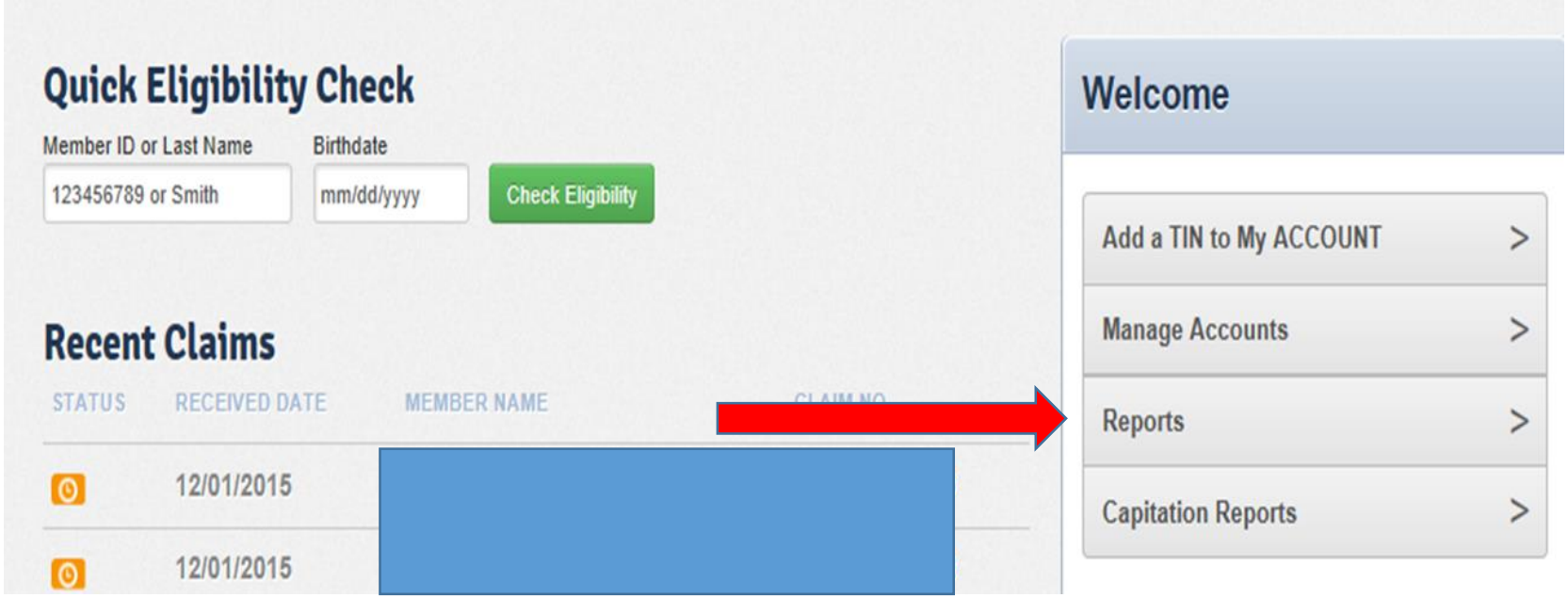
- $5O additional bonus for services rendered through 12/31/18
- PMP incentive-separate bonus
- Noncompliant listings on MHS portal

Patient Analytics

MHS Secure Portal

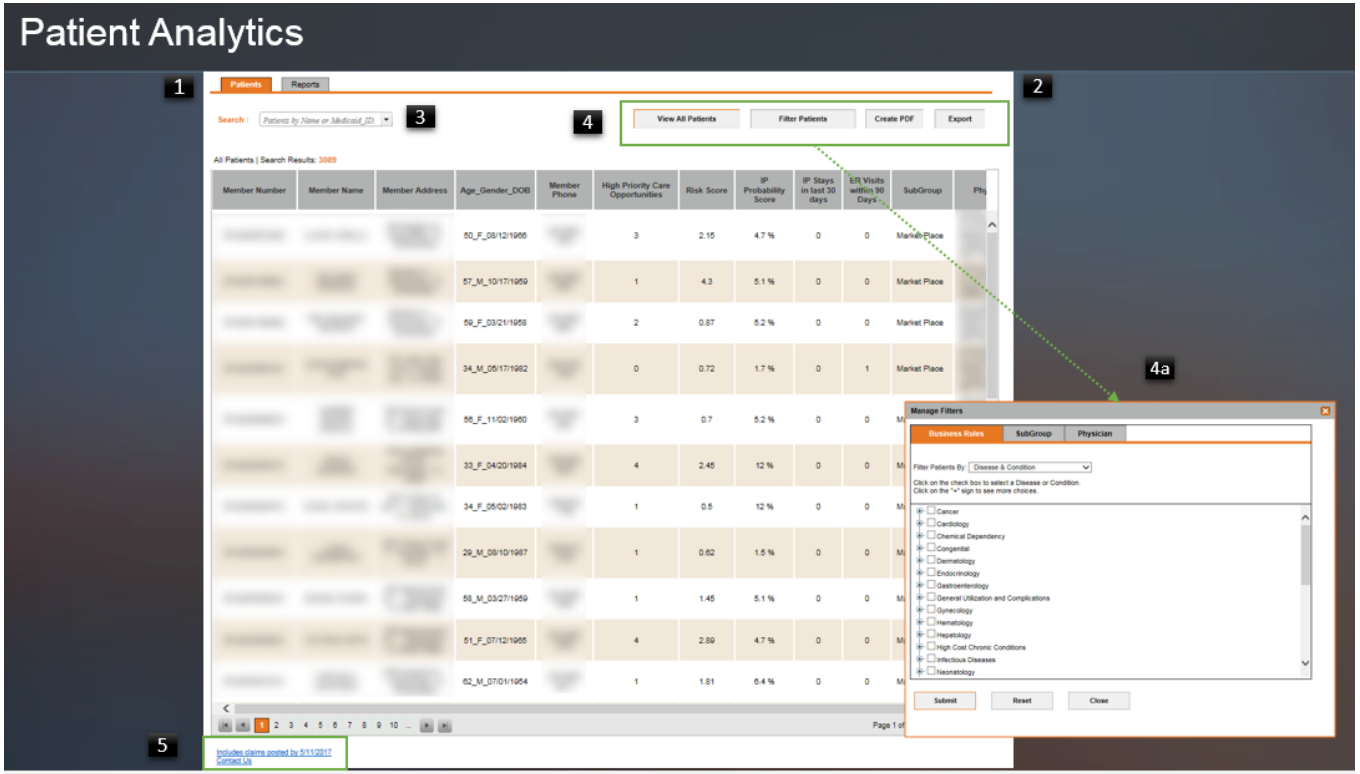


MHS Secure Portal



Reports – Patient Analytics

Functionalities of the **Patient Tab**



Patients Tab

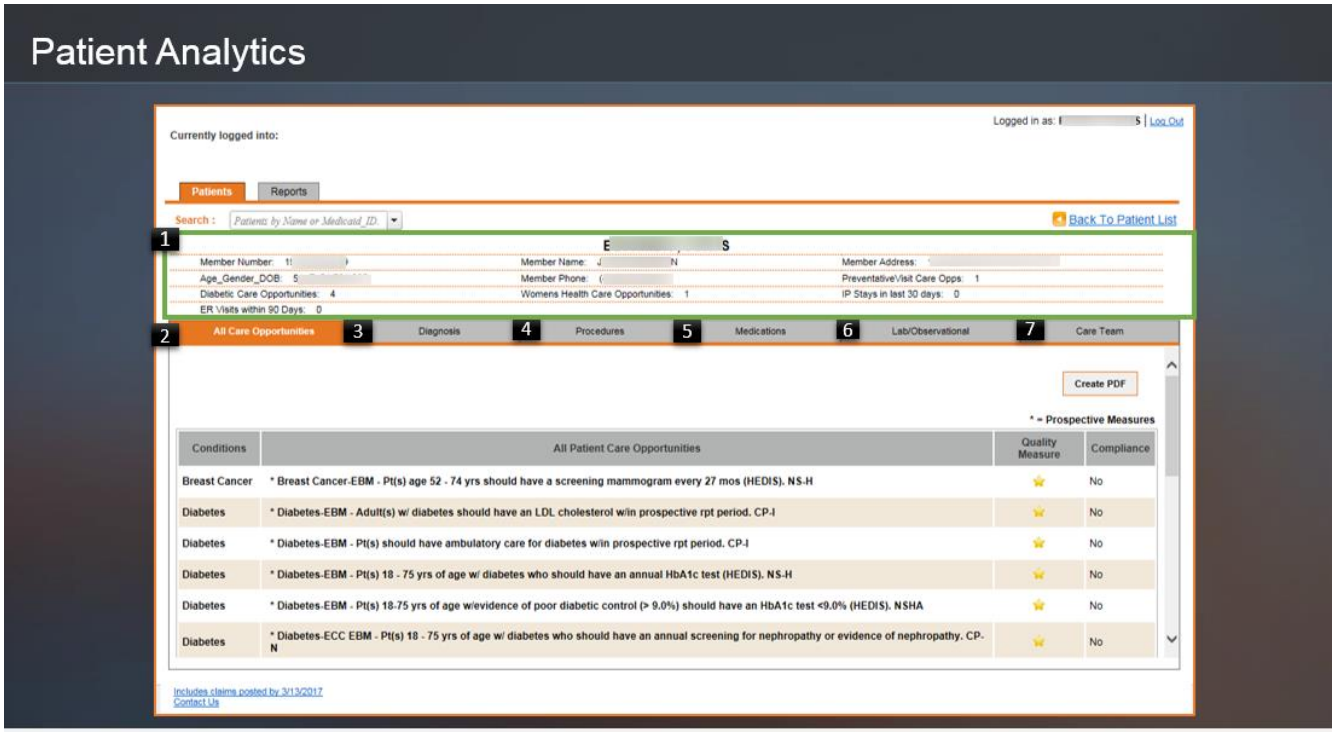
1. **Tabs:** Allows the providers to choose between the Patients information and Reports.
2. **Logout Button:** For security purposes, logout to protect patient information. Not shown, in upper right hand corner.
3. **Search:** Allows providers to search by the patient's name, Medicaid, Medicare or Marketplace ID number.
4. **Filters and Export Features:** Allows users to view all patients or filter by multiple criteria. The users will also have the ability to create a PDF document or export a detailed patient profile.

   4a. Manage Filters: Filter the patient list by business rules, subgroups, and physicians.
5. **Timeframe:** Provides the date when claims have been posted, followed by a link to contact for questions or concerns.

3

Reports – Patient Analytics

Each member has a detailed **Patient Profile**



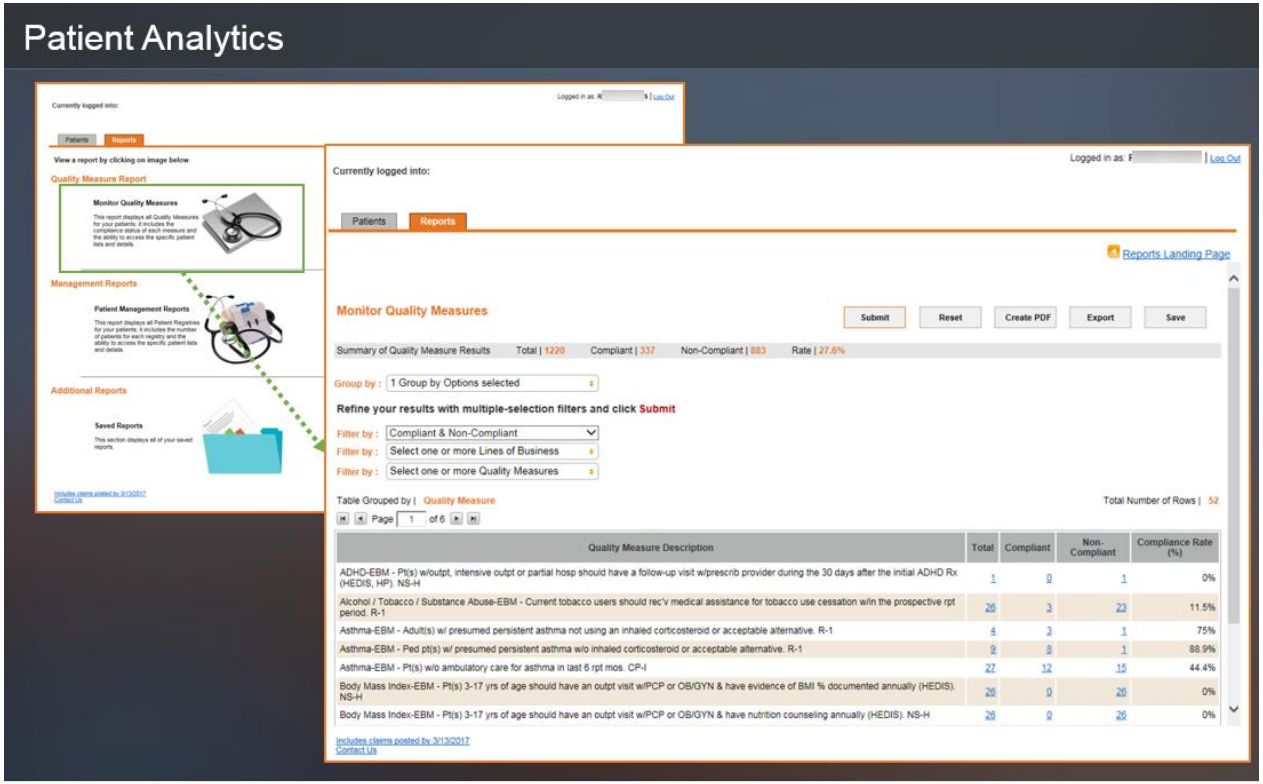
Patient Profile

1. **Member Demographics:** Displays information about the member.
2. **All Care Opportunities:** *The default landing page for patient details.* Displays care opportunities or measures that indicate if a patient has or has not received treatment for a health condition.
3. **Diagnosis:** Shows primary and secondary diagnoses from claims data.
4. **Procedures:** Shows patient procedures associated with primary and secondary diagnoses.
5. **Medications:** Displays a list of medications prescribed to the patient.
6. **Lab/Observational:** Shows lab values, interpretations, and trends.
7. **Care Team:** Allows users to view the patient's providers. Providers are labeled as Managing Doctor or Other Doctor.

5

Reports – Patient Analytics

Quality Measure Report by selected groups and filters



Quality Measure Report:

Monitor Quality Measures Report

- Users are able to view reports by selected grouping and filtering options.

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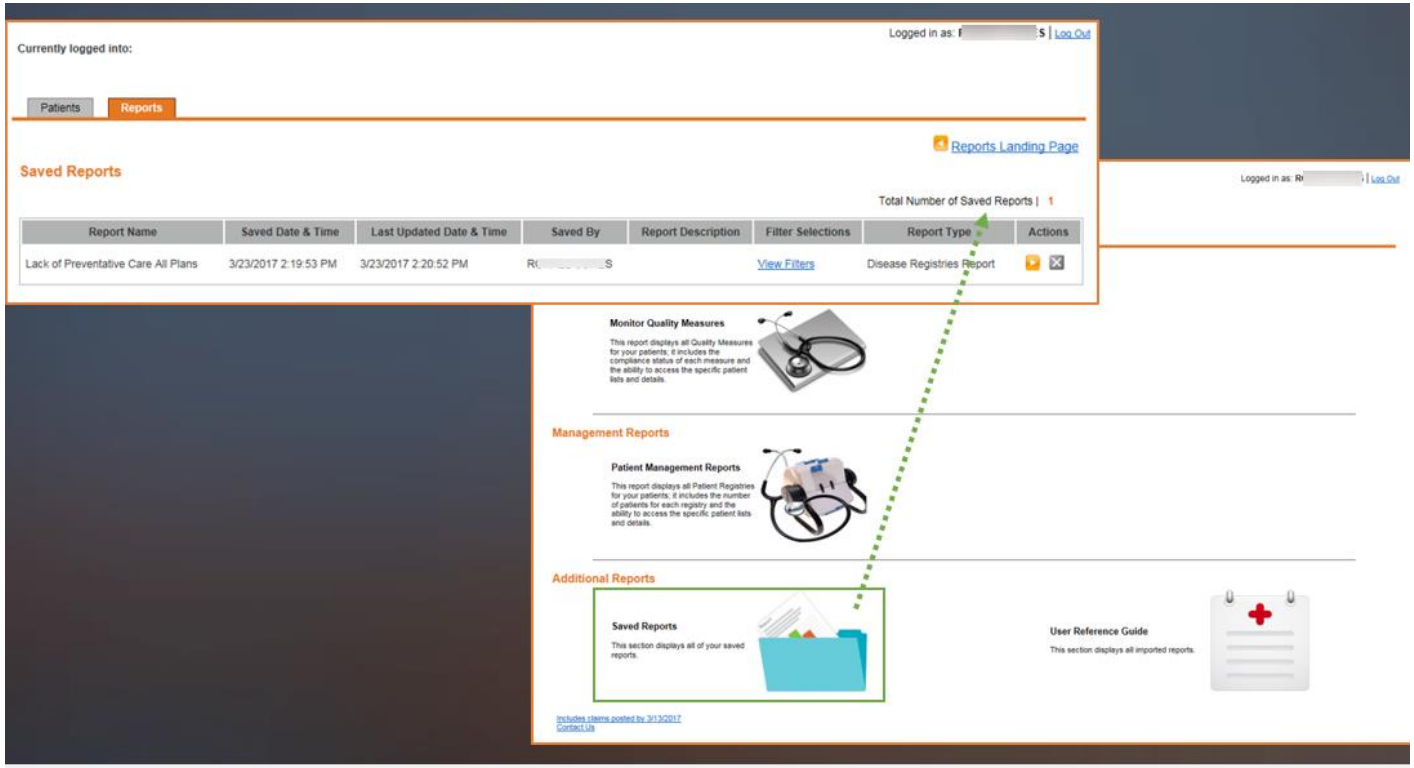
Reports – Patient Analytics

- Creating **Saved Reports** for frequent use



Additional Reports

Saved Reports:

- Shows reports saved by current user.

10

Pharmacy Updates

Pharmacy Requests

Envolve Pharmacy Solutions

- Preferred Drug Lists and authorization forms are available at mhsindiana.com/provider/pharmacy
  - PA requests
    - Phone 1-866-399-0928
    - Fax non specialty drugs 1-866-399-0929
    - Specialty drugs 1-866-678-6976
    - pharmacy.envolvehealth.com
- Formulary integrated into many EHR solutions
- Online PA submission available through CoverMyMeds
  - covermymeds.com
- Online PA forms for Specialty Drugs on mhsindiana.com

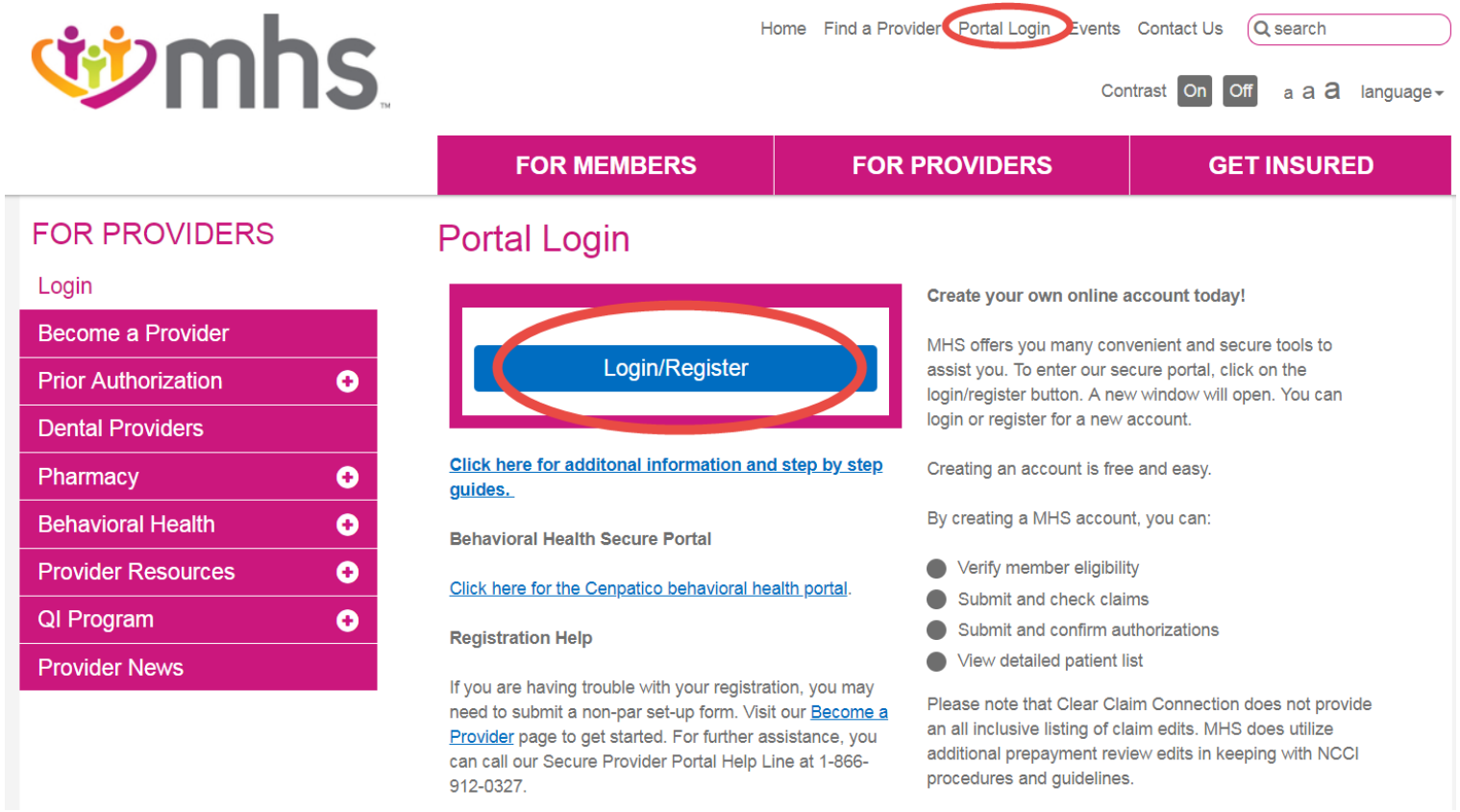
New! Pharmacy Look Up Tool

- mhsindiana.com/provider/pharmacy
- Quickly determines which drugs are preferred or non-preferred
- View drug limitations-quantity limit, age limit or PA requirements
- PA requirements
  - Link to the prior authorization form with clinical guidelines
  - The online search tool will identify specialty drugs

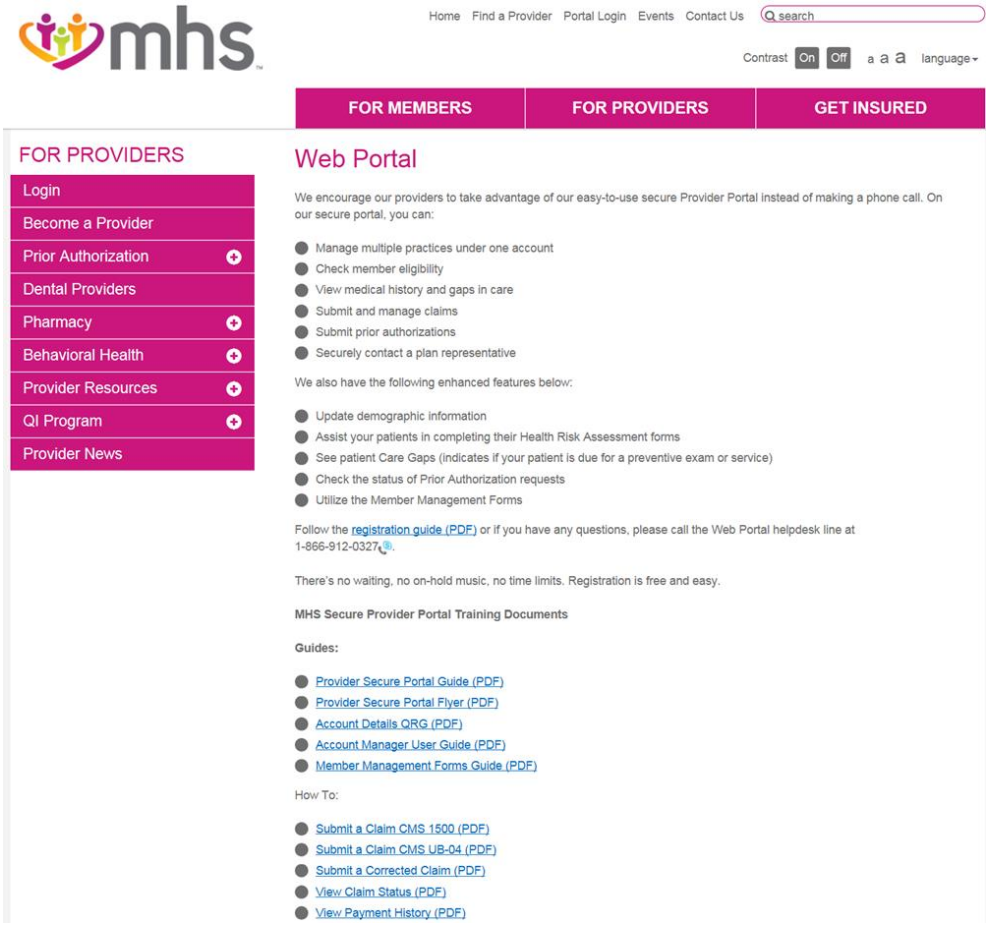
MHS Portal

Secure Web Portal Login or Registration

- Login/Register is the same for **MHS**, **Ambetter from MHS, Allwell from MHS** and **Behavioral Health** Providers



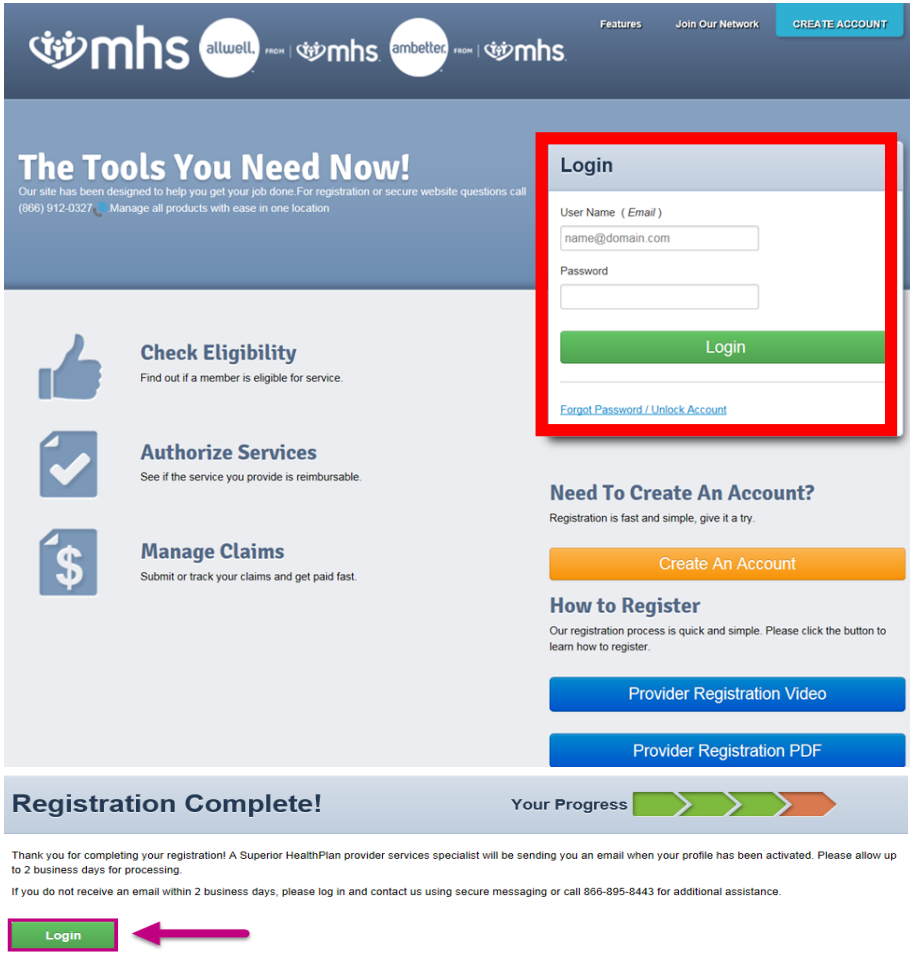
Web Portal Training Documents



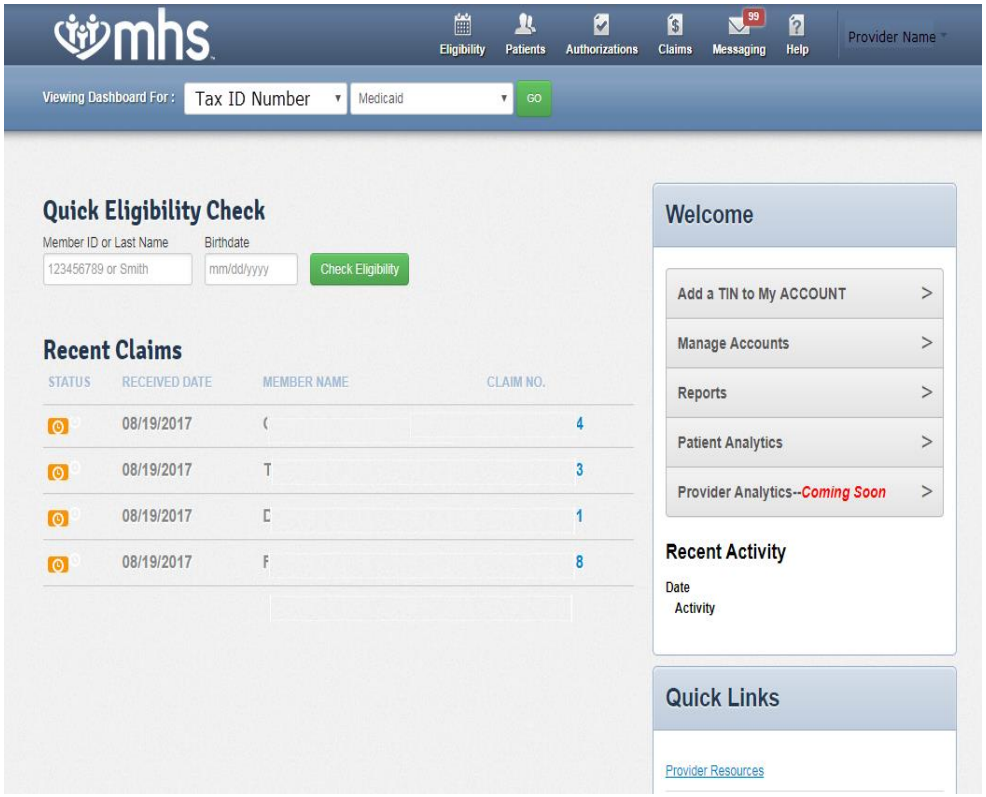
Documents Include:

- Registration Guide
- MHS Web Portal Functionality Guides
- How To Complete Specific Tasks on the MHS Web Portal

Complete Registration or Login



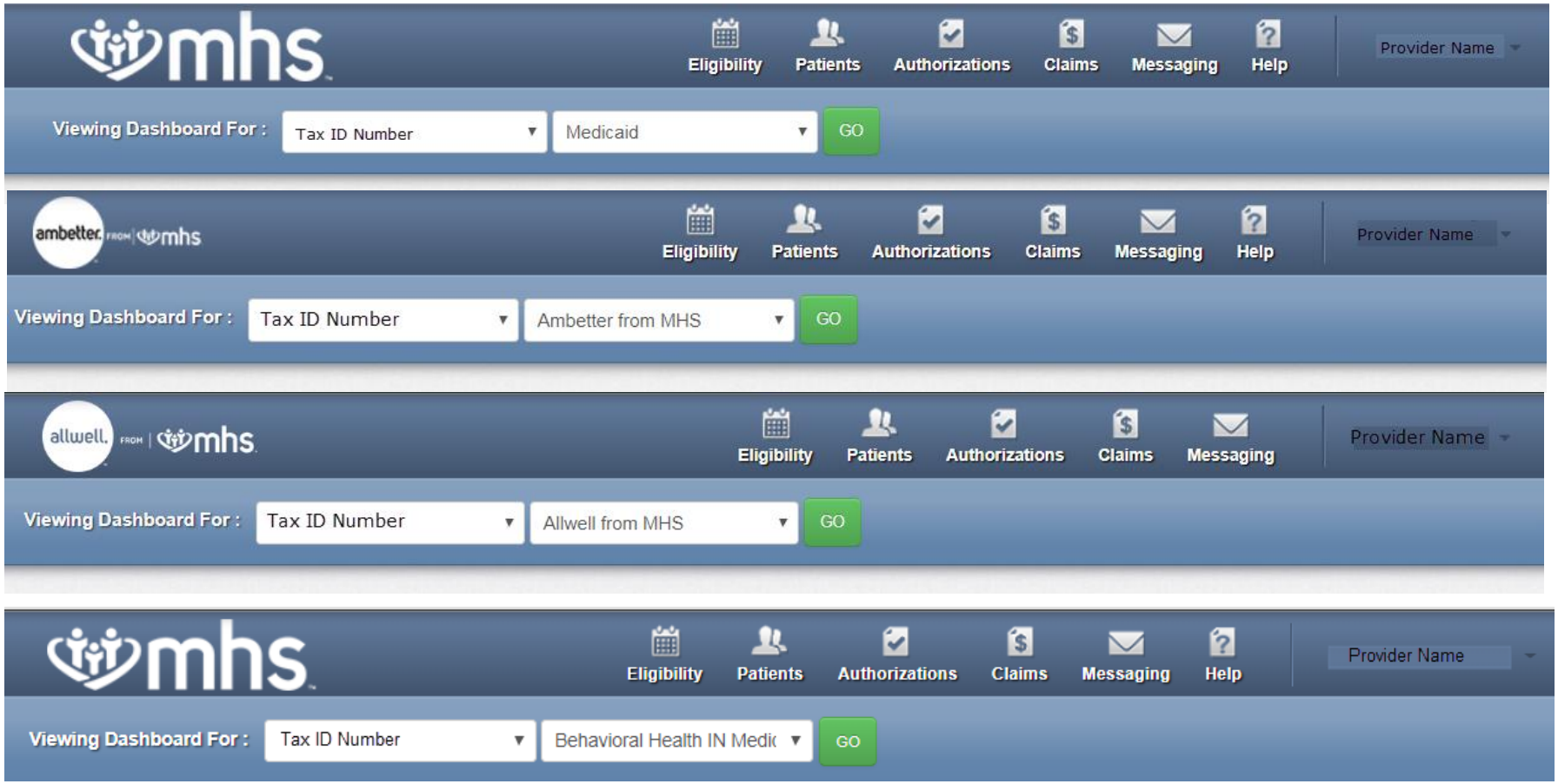
An email will be sent to the provider when they have access to specific tools.



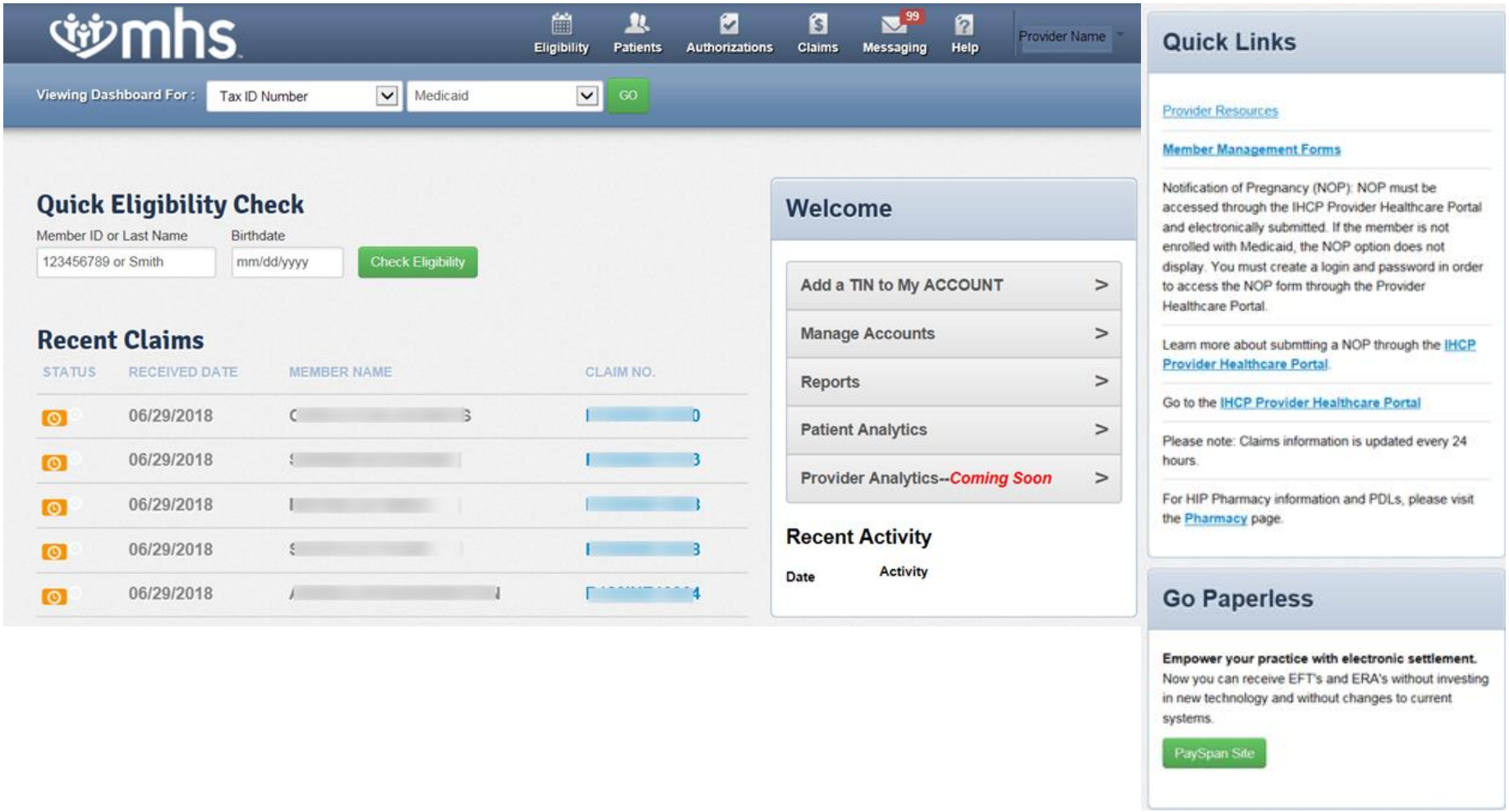
The Registration is complete and the Secure Portal homepage will be visible!

Dashboard Change

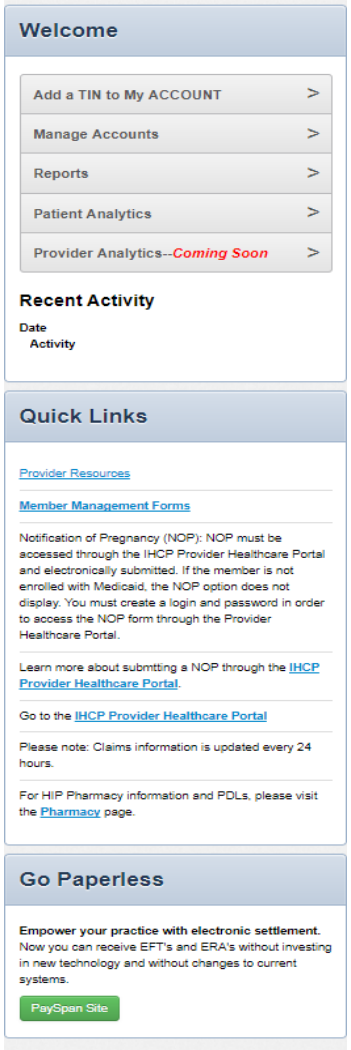
- User has the ability to change between **Tax IDs** added along with choices for: **Medicaid**, **Ambetter from MHS, Allwell from MHS** and **Behavioral Health IN Medicaid**



Homepage –MHS (Medicaid)



MHS Welcome and Quick Links



Welcome

- **Multiple TINs** can be managed from a single account.
- **Account Managers** can oversee the secure portal accounts of their staff/office. User can be added, disabled, and have their permissions changed.
- **Reports** are available here
- **Patient** and **Provider Analytics**

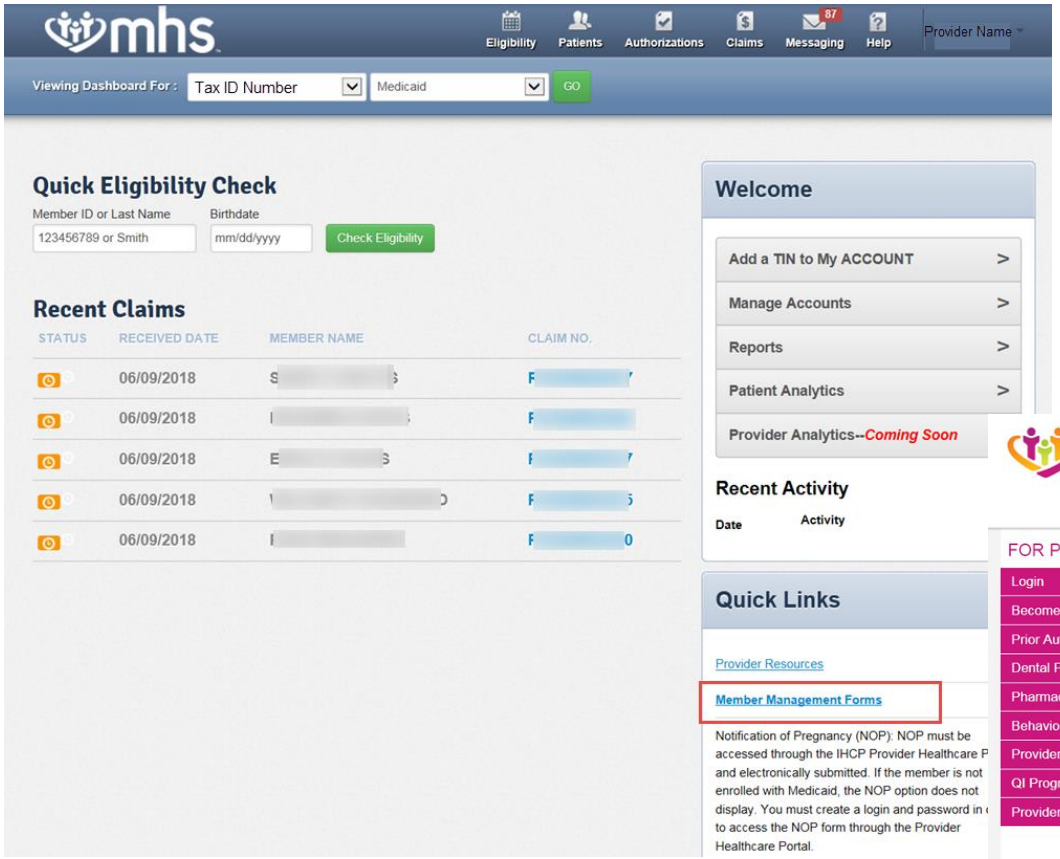
Quick Links

- Public link to **Provider Resources**
  - ❑ Demographic Update Tool
  - ❑ Preferred Drug Lists
  - ❑ Provider Education
- **Member Management Forms**
- **IHCP Provider Healthcare Portal link**
- **Pharmacy Information**

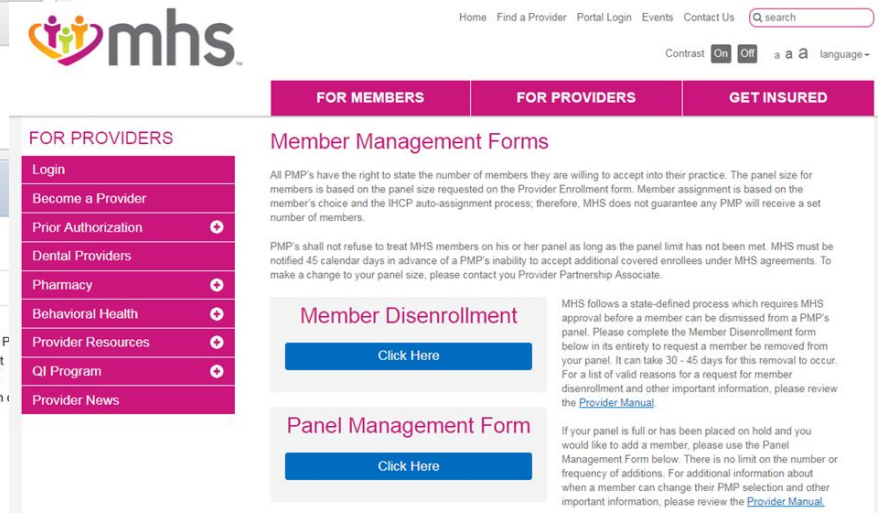
Go Paperless

MHS Member Management Forms

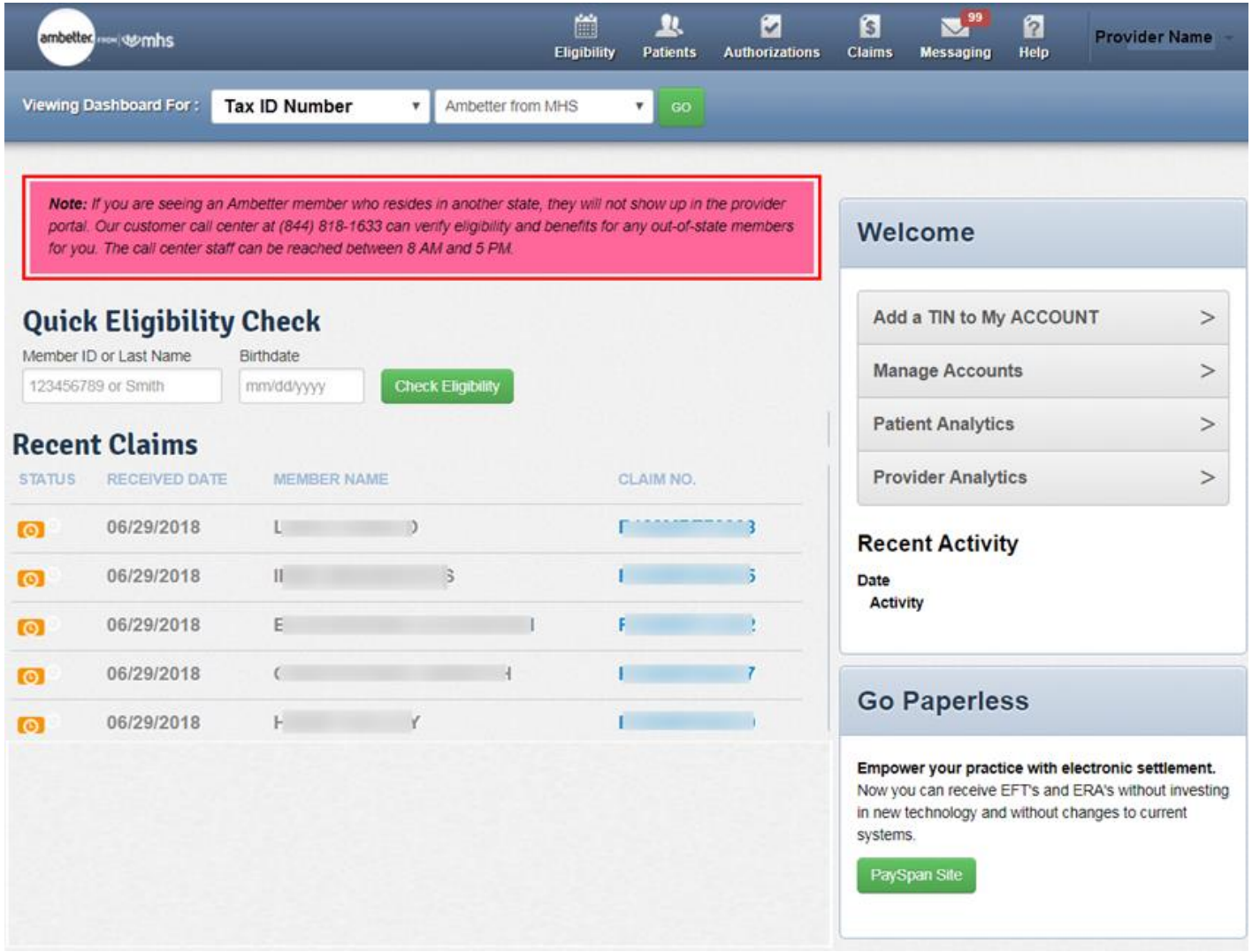
Click on **Member Management Forms** under **Quick Links**



- **Choose between**:
- Member Disenrollment Form
- Panel Management Form



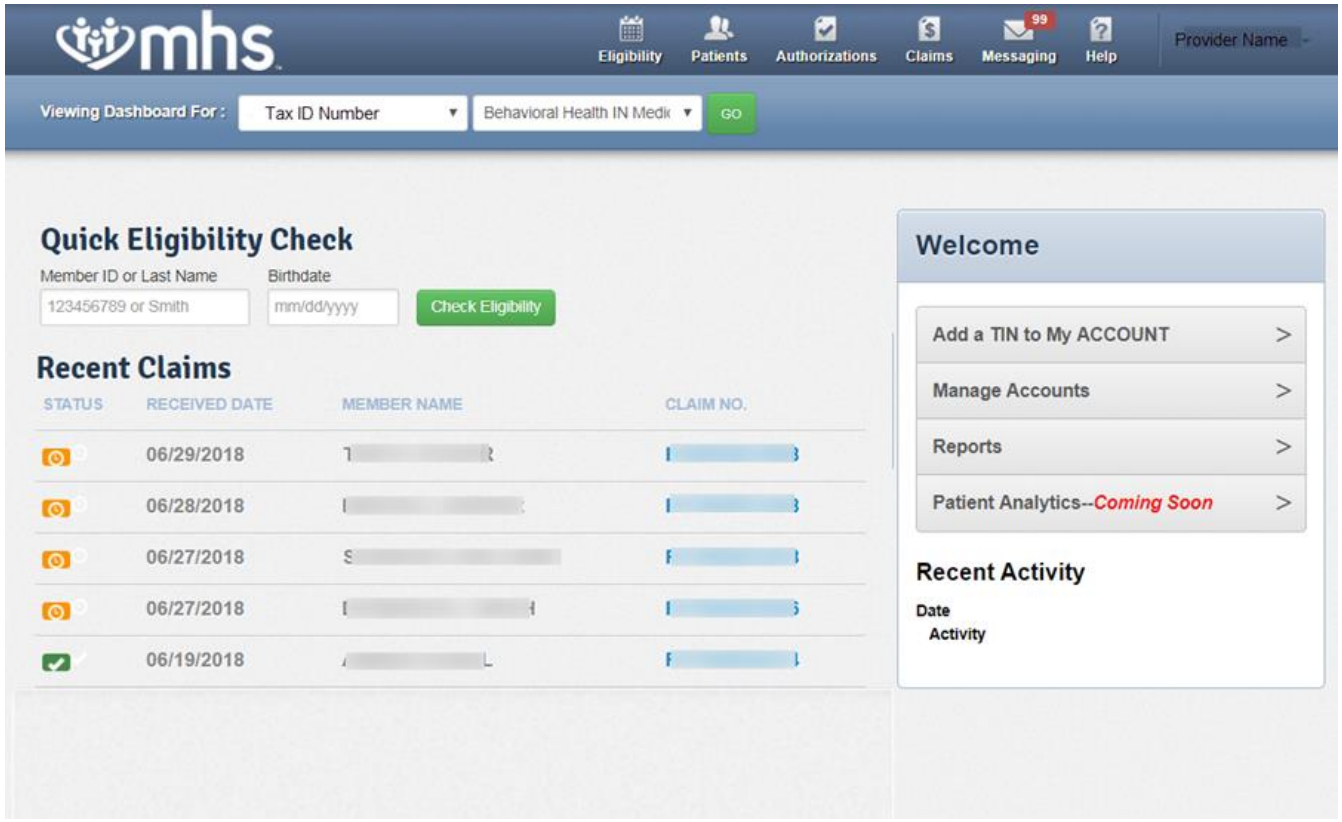
Homepage –Ambetter from MHS



Quick Links:

- Eligibility Check
- Add a TIN
- Account Manager
- Analytics
- Secure Messaging

Homepage –Behavioral Health IN Medicaid



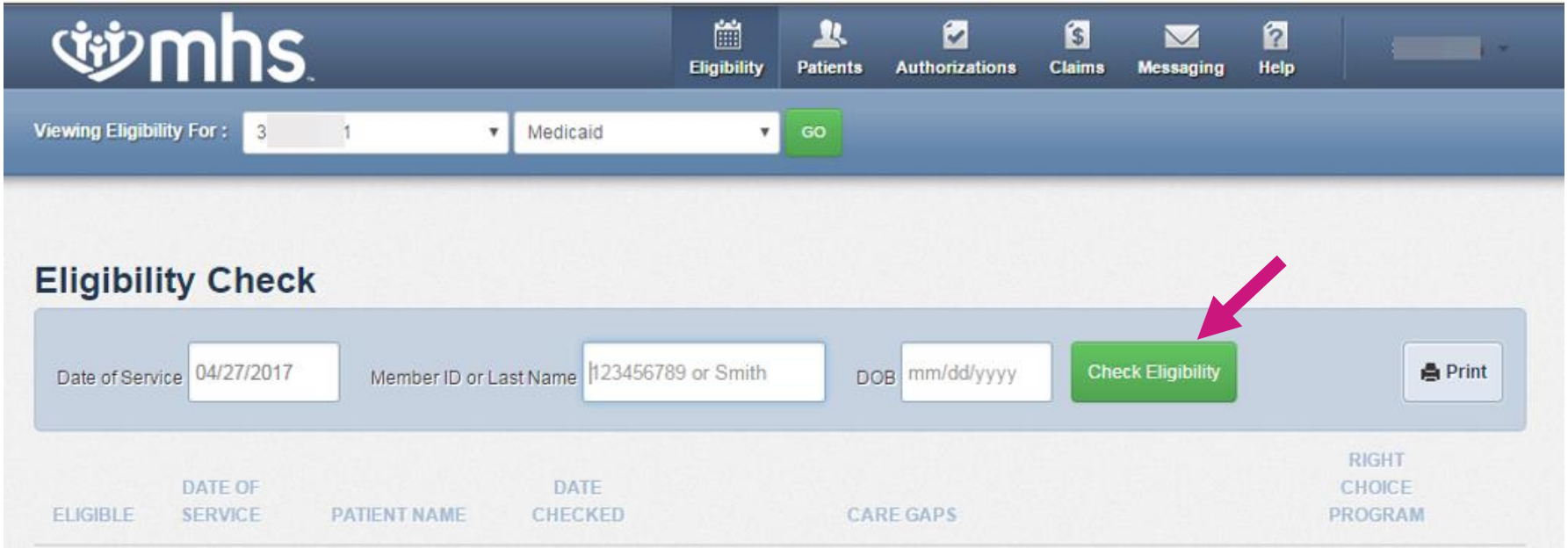
Quick Links:

- Eligibility Check
- Add a TIN
- Account Manager

Eligibility

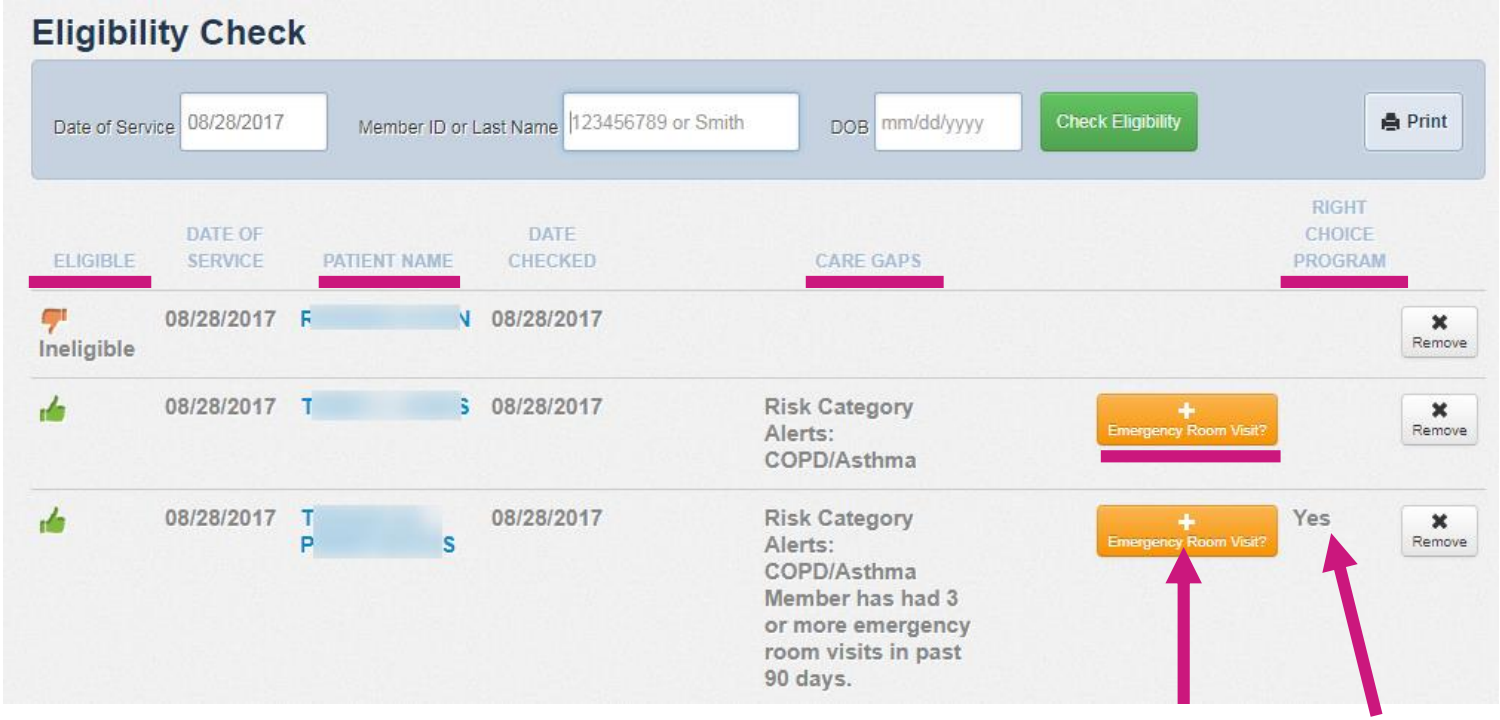
Check Eligibility

- The **Eligibility** tab offers an **Eligibility Check** tool designed to quickly check the status of any member.
  - Update the **Date of Service,** if necessary
  - Enter the **Member ID** or **Last Name** and **DOB (Date of Birth)**
  - Click **Check Eligibility**



Check Eligibility

- Eligibility status is indicated by a Green Thumbs-Up for **Eligible** and an Orange Thumbs-Down for **Ineligible**.



Details for any member can be viewed by clicking on the **Member's Name**.

Care Gaps can also be seen within the search results.

By clicking **Emergency Room Visit?**, an ER visit will be indicated.

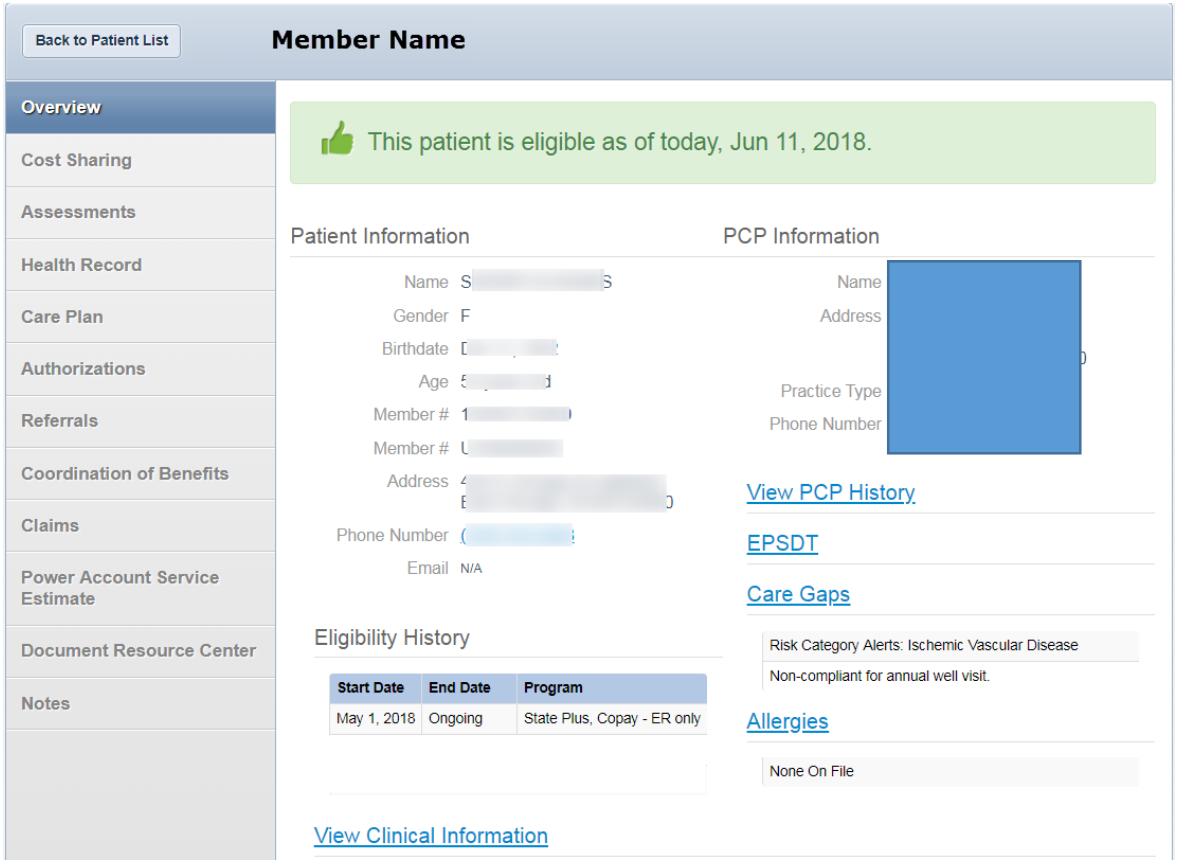
Right Choice Program indicator labeled **Yes**

Member Record

Member Record Details

- Member Overview
- Cost Sharing
- Assessments
- Health Record
- Visits, Medications, Immunizations, Labs, and Allergies
- Care Plan
- Authorizations
- Referrals
- Coordination of Benefits
- Claims
- Power Account Service Estimate *only HIP Members
- Document Resource Center
- Notes

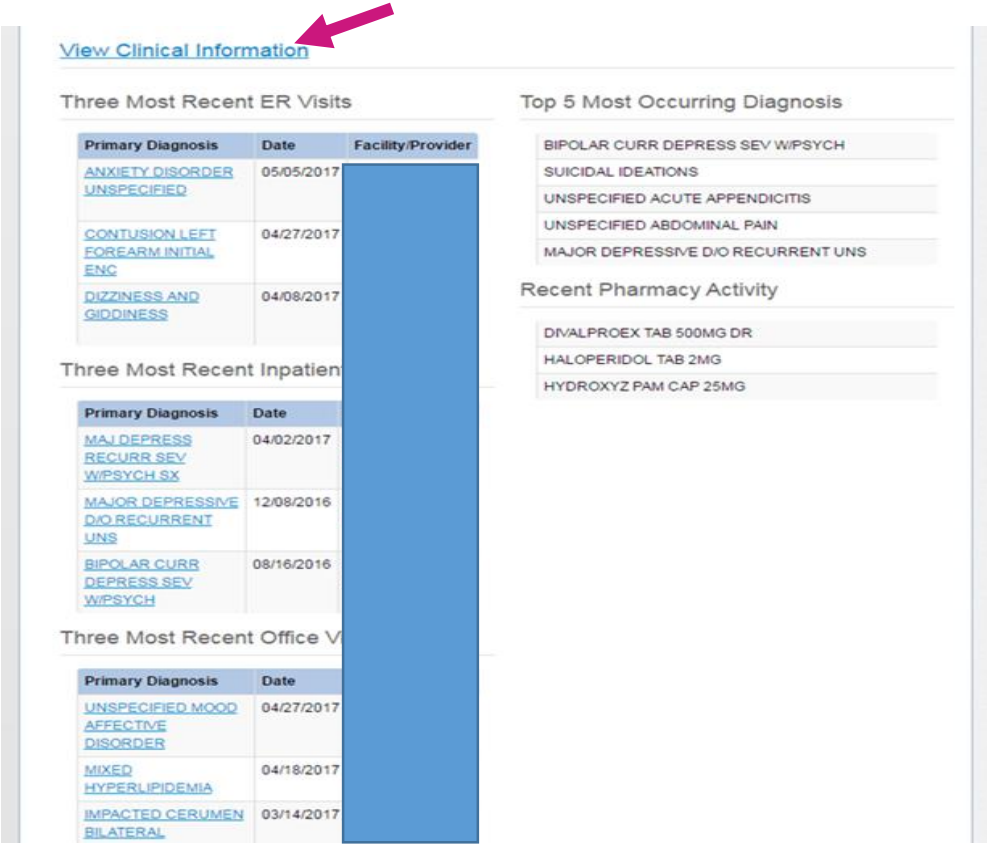
Member Overview



Overview Tab

1. Patient Information
2. Eligibility History
3. PMP Information and PMP History
4. EPSDT
5. Care Gaps
6. Allergies

View Clinical Information

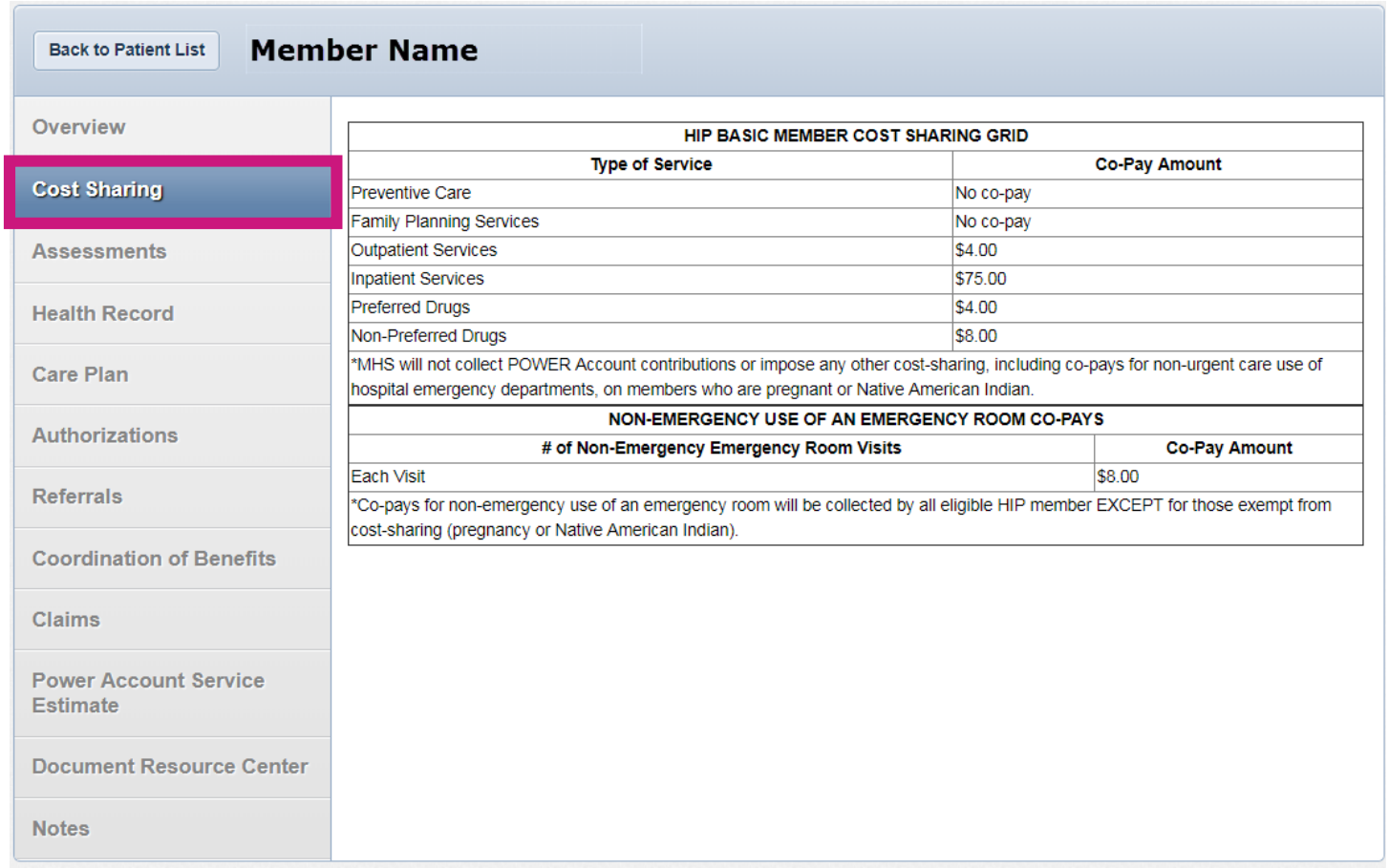


Clinical Information

- Three Most Recent ER Visits
- Three Most Recent Inpatient Admissions
- Three Most Recent Office Visits
- Top 5 Most Occurring Diagnosis
- Recent Pharmacy Activity

Cost Sharing

- **Cost Sharing** shows if a member has any co-payments

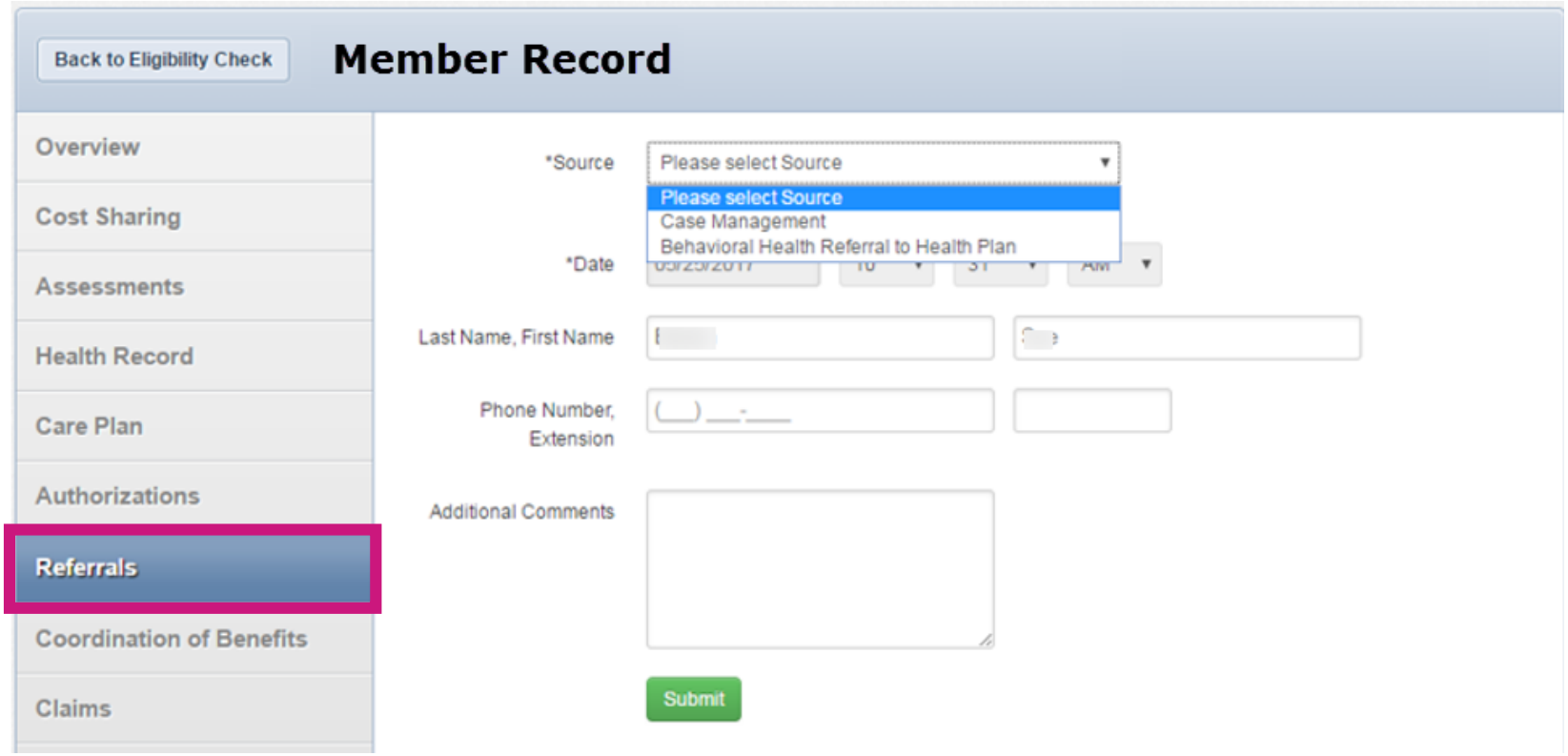


HIP BASIC MEMBER COST SHARING GRID	
Type of Service	**Co-Pay Amount**
Preventive Care	No co-pay
Family Planning Services	No co-pay
Outpatient Services	$4.00
Inpatient Services	$75.00
Preferred Drugs	$4.00
Non-Preferred Drugs	$8.00
*MHS will not collect POWER Account contributions or impose any other cost-sharing, including co-pays for non-urgent care use of hospital emergency departments, on members who are pregnant or Native American Indian.	

NON-EMERGENCY USE OF AN EMERGENCY ROOM CO-PAYS	
# of Non-Emergency Emergency Room Visits	**Co-Pay Amount**
Each Visit	$8.00
*Co-pays for non-emergency use of an emergency room will be collected by all eligible HIP member EXCEPT for those exempt from cost-sharing (pregnancy or Native American Indian).	

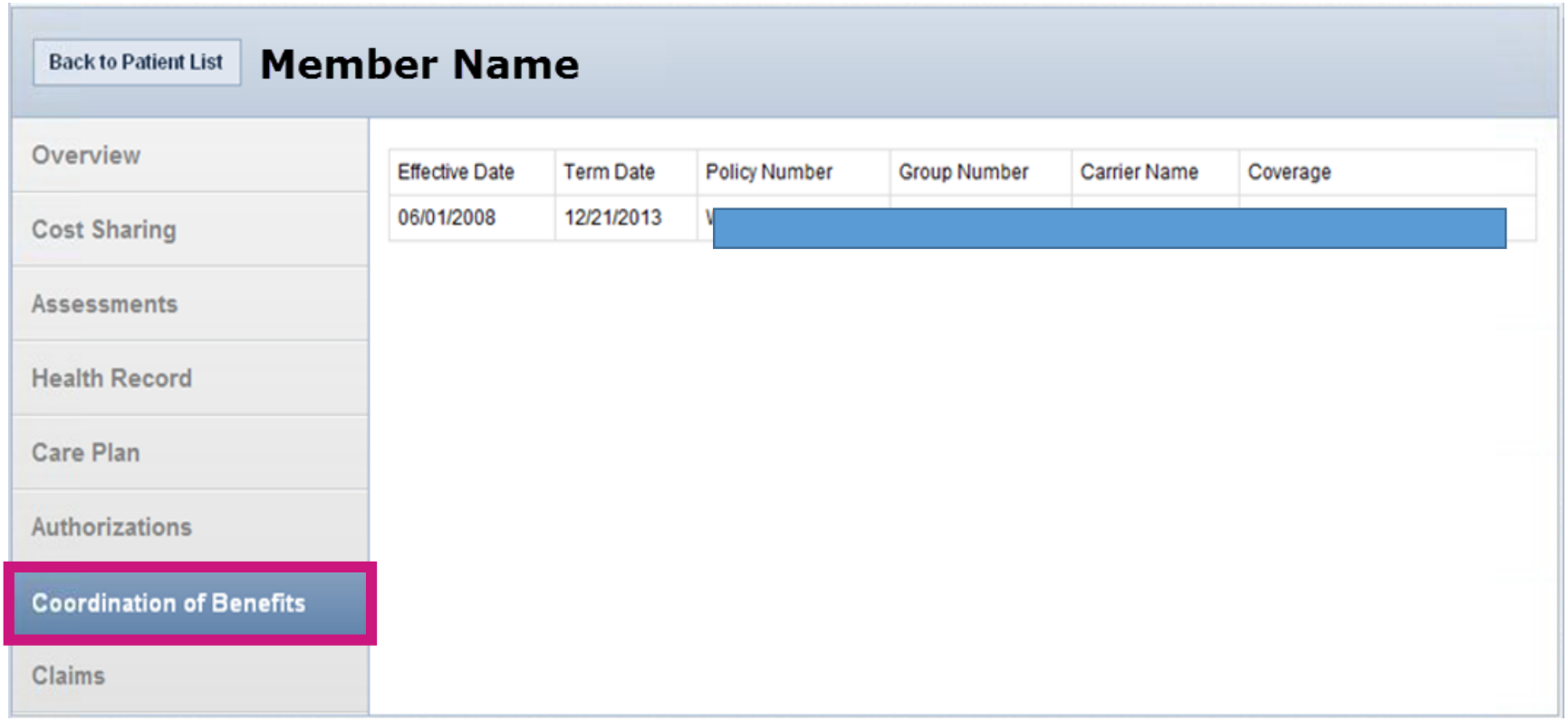
Referrals

- Refer a member to **Case Management** or **Behavioral Health**



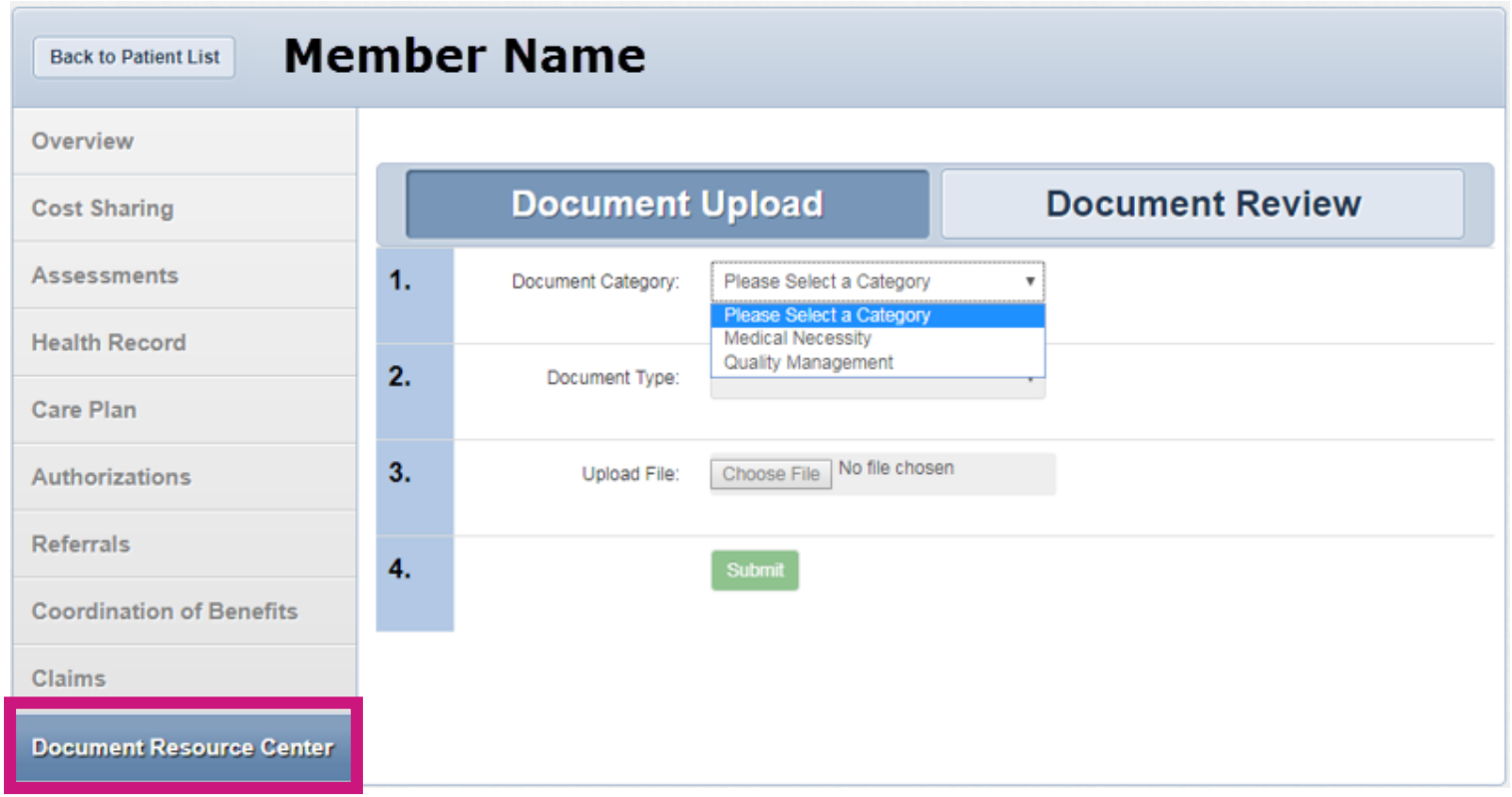
Coordination of Benefits

- This screen shows if a member has other insurance.



Document Resource Center

Medical Necessity or **Quality Management** Document Upload

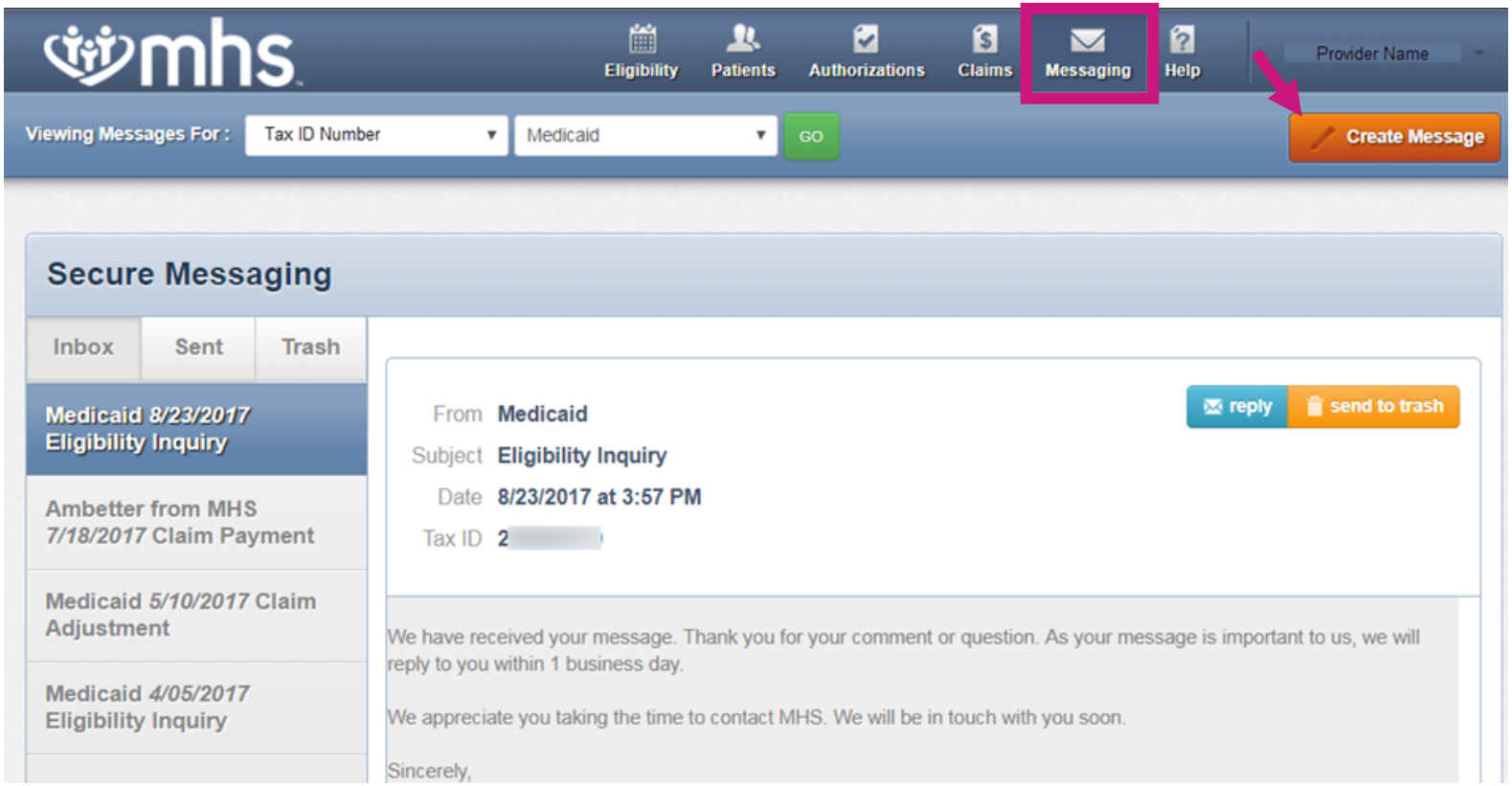


Secure Messaging

Secure Messaging

Create a **New Secure Message**

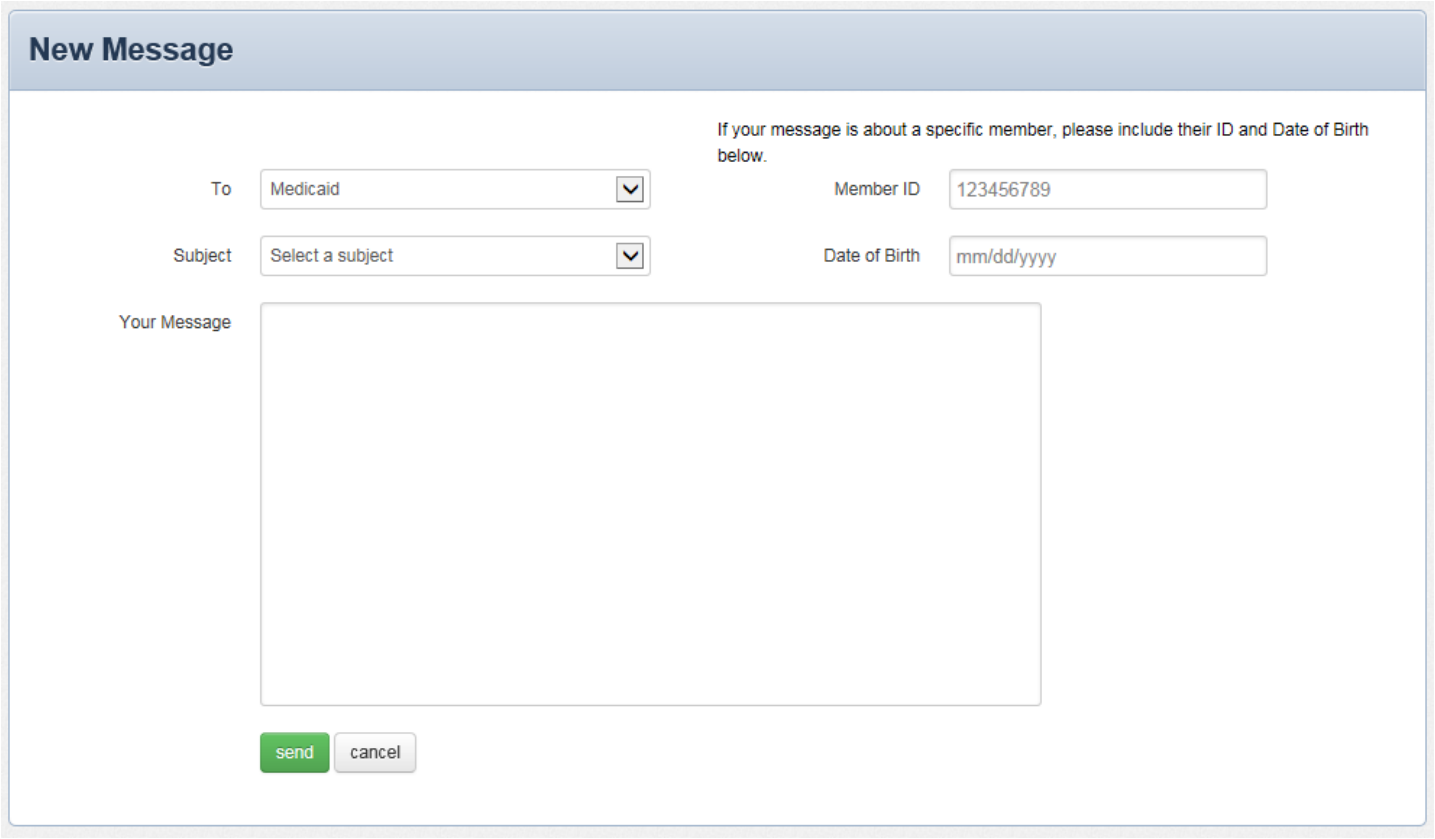
- Click **Messaging** tab from the Dashboard.
- Click **Create Message**



Secure Messaging

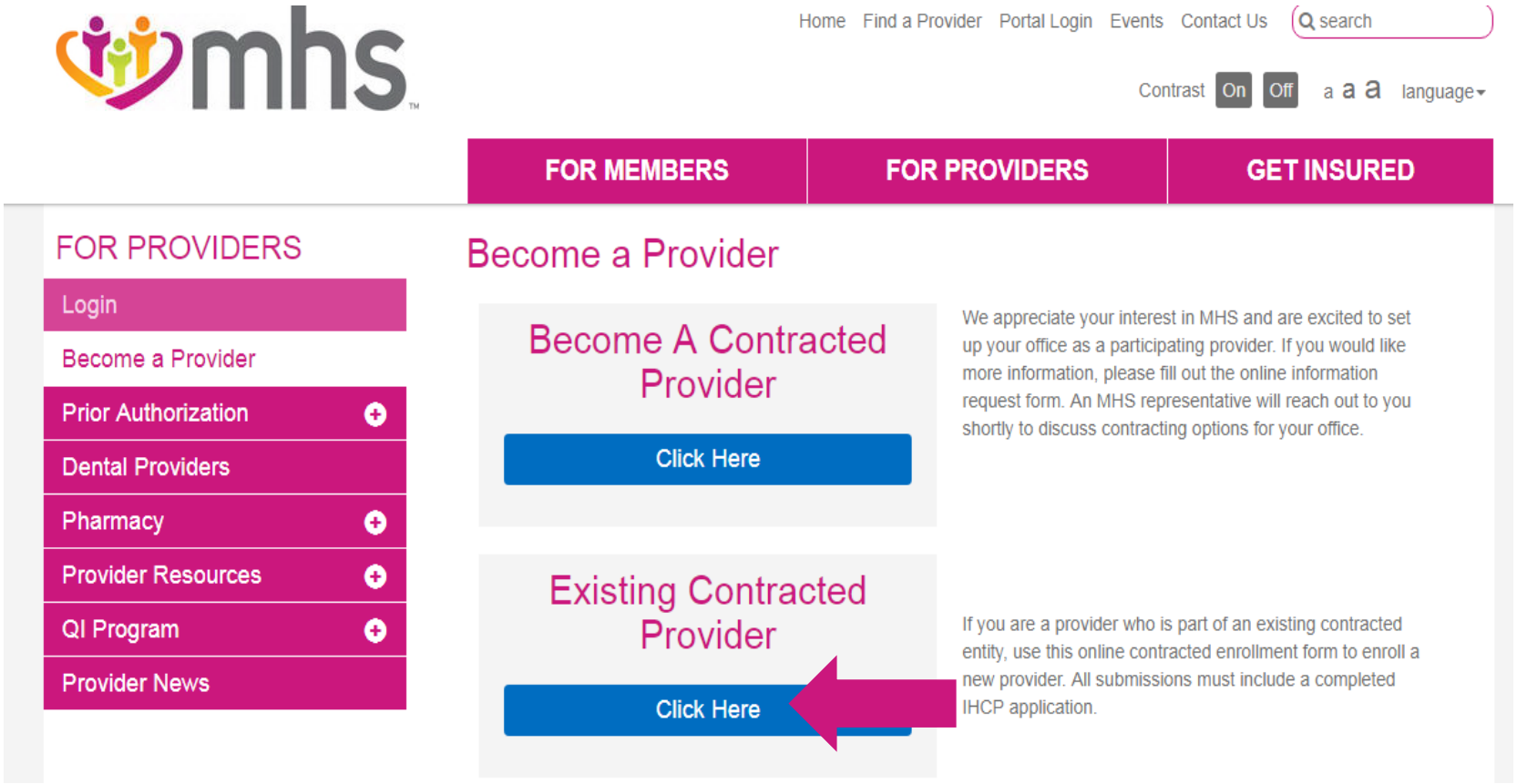
Contents of a Secure Message

- Select **Subject** and if applicable **Member ID and Date of Birth** along with your message then click **Send**
- A confirmation message appears that your message successfully sent.

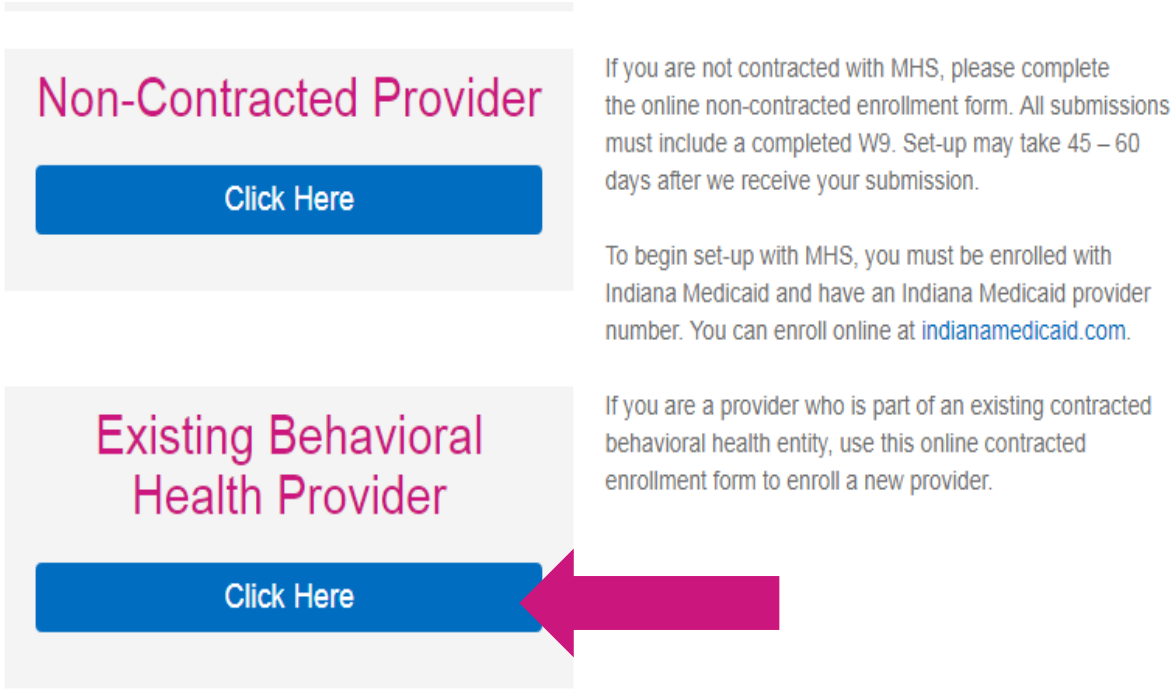


MHS Website

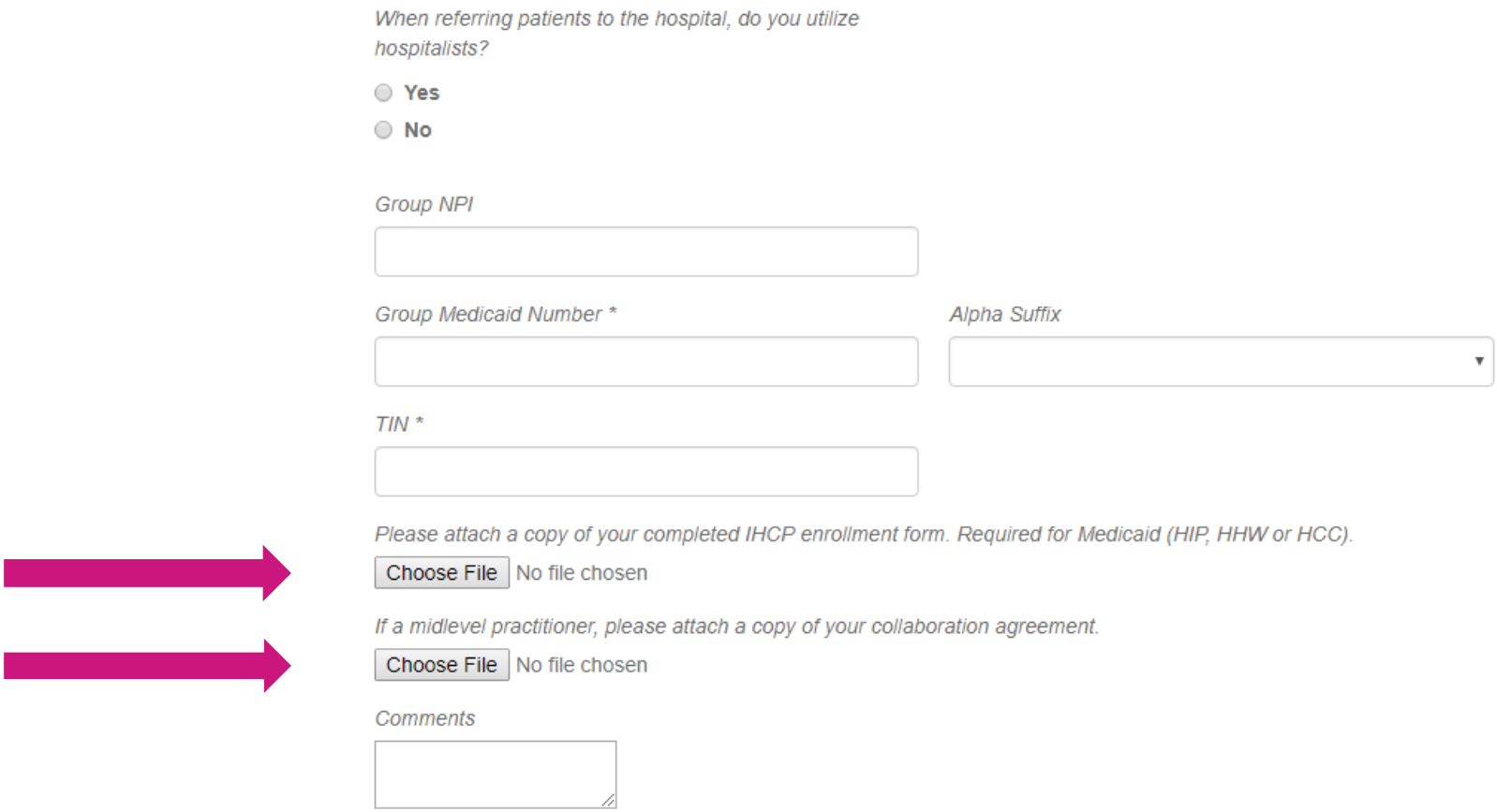
Provider Enrollment



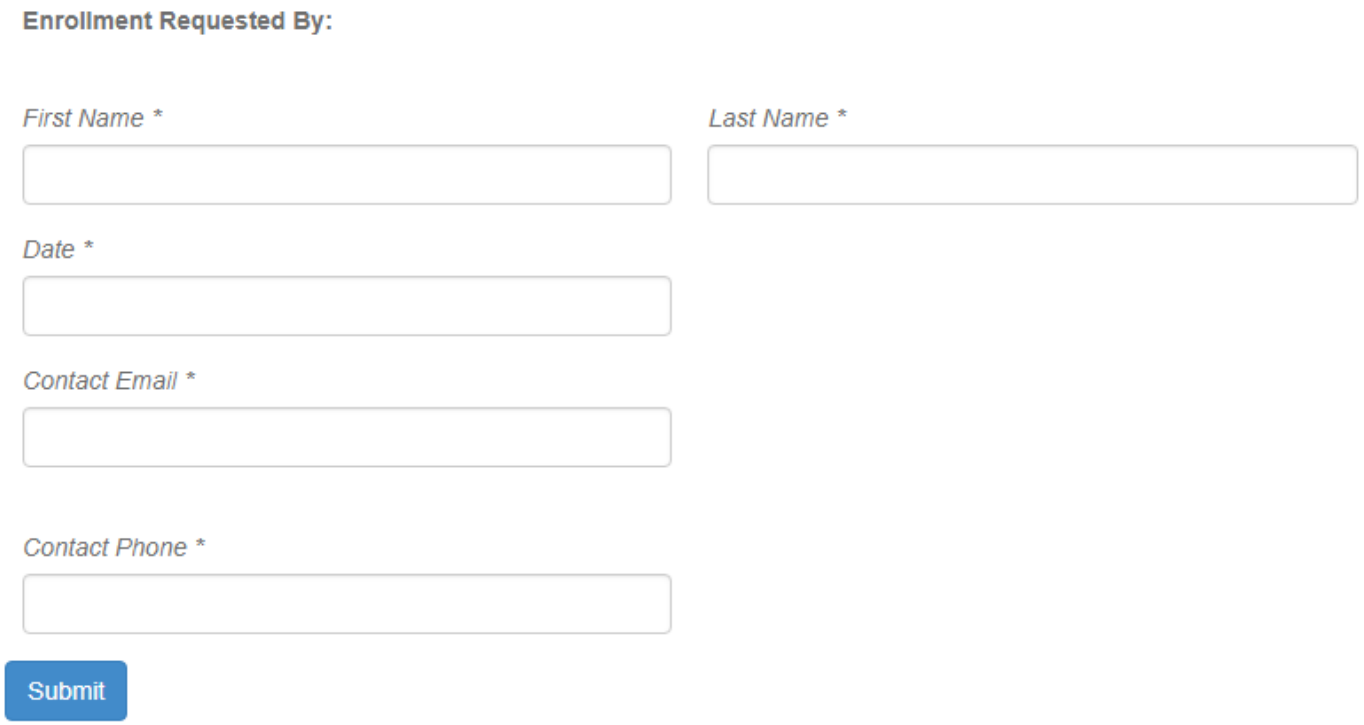
Provider Enrollment



Provider Enrollment



Provider Enrollment



MHS Behavioral Health Provider Enrollment

Please attach a copy of your completed IHCP enrollment form. *

Choose File No file chosen

Please attach a copy of your Health Service Provider of Psychology (HSPP) Attestation. *

Choose File No file chosen

Please attach a copy of your Behavioral Health Specialty Profile. *

Choose File No file chosen

Demographic Updates

Provider Demographic Updates

- Providers can utilize the Demographic Update Tool to update below information.
- Address Changes
- Demographic Changes
- Update Member Assignment Limitations
- Term an Existing Provider
- Make a Change to an IRS Number or NPI Number

Provider Demographic Updates

Demographic Update Tool

MHS is committed to providing our providers with the best tools possible to support their administrative needs. We have created an easy way for you to request updates to your information and ensure we receive what we need to complete your request in a timely manner.

Need to review your existing information or have a question? If you are a contracted provider you can visit our Provider Directory to review your information. Please note that hospital-based and midlevel providers will not show in the directory. If you are a non-contracted provider, please call Provider Services at 1-877-647-4848. Our Contact Us page is always available for general questions as well.

Ambetter only provider? Visit our Ambetter website.

What would you like to do?

- *MAKE AN ADDRESS CHANGE?*
- *MAKE A DEMOGRAPHIC CHANGE?*
- *UPDATE MEMBER ASSIGNMENT LIMITATIONS?*
- *TERM AN EXISTING PROVIDER?*
- *MAKE A CHANGE TO AN IRS NUMBER OR NPI NUMBER?*

MHS Resources &Contacts

Provider Resources

- **MHS Provider Inquiry Customer Service: 1-877-647-4848**

- Online Resources
  - mhsindiana.com/provider
    - MHS Provider Manual
      - Dispute resolution process
  - Secure Portal message option

Provider Network Territories (Update Coming soon)

Physical Health

PROVIDER NETWORK TERRITORIES

TAWANNA DANZIE
Provider Performance Associate
1-877-647-4848 ext. 20022
tdanzie@mhsindiana.com
Exception to map: Franciscan Alliance

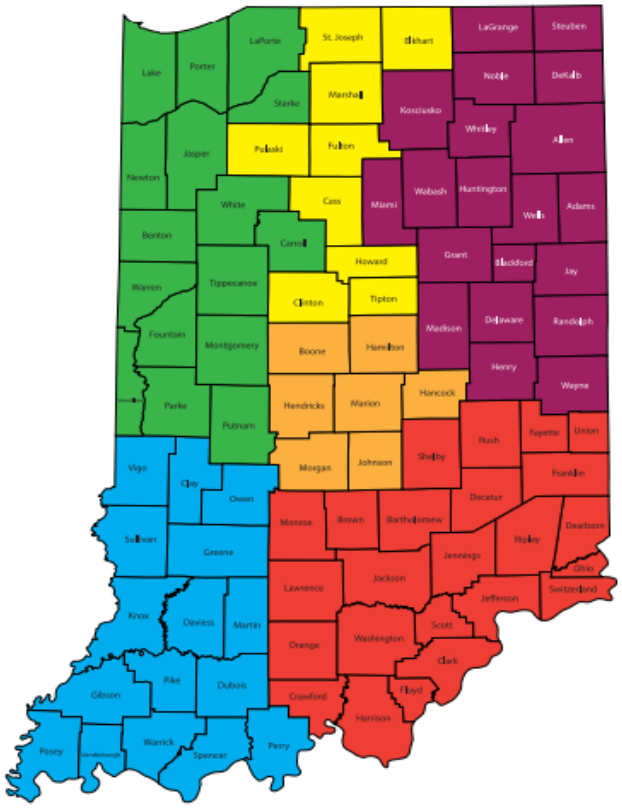
CHAD PRATT
Provider Performance Associate
1-877-647-4848 ext. 20454
ripratt@mhsindiana.com

TANEYA WAGAMAN
Provider Performance Associate
1-877-647-4848 ext. 20202
twagaman@mhsindiana.com

KAT GIBSON
Provider Performance Associate
1-877-647-4848 ext. 20959
kagibson@mhsindiana.com

ESTHER CERVANTES
Provider Performance Associate
1-877-647-4848 ext. 20947
escervantes@mhsindiana.com

JENNIFER GARNER
Provider Performance Associate
1-877-647-4848 ext. 20149
jgarner@mhsindiana.com
Exception to map: IU Health, Eskenazi Health



MHS Provider Relations Team:

Candace Ervin	Envolve Dental Indiana Provider Relations	1-877-647-4848 ext. 20187	Candace.Ervin@envolvehealth.com
Chad Pratt	Provider Relations Specialist – Northeast Region	1-877-647-4848 ext. 20454	ripratt@mhsindiana.com
Tawanna Danzie	Provider Relations Specialist – Northwest Region	1-877-647-4848 ext. 20022	tdanzie@mhsindiana.com
Jennifer Garner	Provider Relations Specialist – Southeast Region	1-877-647-4848 ext. 20149	jgarner@mhsindiana.com
Taneya Wagaman	Provider Relations Specialist – Central Region	1-877-647-4848 ext. 20202	twagaman@mhsindiana.com
Katherine Gibson	Provider Relations Specialist – North Central Region	1-877-647-4848 ext. 20959	kagibson@mhsindiana.com
Esther Cervantes	Provider Relations Specialist – South West Region	1-877-647-4848 ext. 20947	Estherling.A.PimentelCervantes@mhsindiana.com
LaKisha Browder	Behavioral Health Provider Relations Specialist - East Region	1-877-647-4848 ext. 20224	lakisha.j.browder@mhsindiana.com

Review

We hope you learned more about the following topics:

- What products are offered by MHS and 2019 expansion plans
- Details regarding Provider Analytics 2.0 and how this tool can enhance your quality performance to assist in closing member gaps
- How Patient Analytics may be utilized to examine your MHS membership
- New Pharmacy look up tool
- Benefits using the MHS Portal
- Online provider enrollment and demographic change applications
- MHS contacts

Questions?

Thank you for being our partner in care.