



the Communicator

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Engaging with Patients Who Have an Elevated Risk for COVID-19 via Provider COVID Hotspot Report (PCHR)

During this time of heightened need, it is more important than ever to build strong relationships with your patients – our members. As a reminder, our Provider COVID-19 Hotspot Report (PCHR) offers our providers insight into the COVID-19 disease and vaccine status for their assigned members that are considered high risk through a simple self-serve report in Provider Analytics via our secure provider portal. The PCHR provides the following features which can help strengthen vital connections with at-risk patients:

- Prioritization for Member outreach based on COVID Risk and Vulnerability and Loyalty Scores
- Date of last COVID test
- Member demographic details
- Case Management status
- Risk factors
- Vaccination details including date of 1st & 2nd dose received (if known) and brand
- Vaccination status – Fully Vaccinated, 2nd Dose Due, Late For 2nd Dose (based on CDC guidelines)
- Days since last dose counter
- Updated Member prioritization model now includes vaccine status

Together, we can protect vulnerable people and help stop the spread of this disease. Learn more at <https://www.mhsindiana.com/newsroom/covid-19-high-risk-member.html>.

Annual Dental Visit Talking Points

- Dental cavities are the most common form of chronic illness in American children-- five times more common than asthma, four times more common than early-childhood obesity, and 20 times more common than diabetes--and they are largely preventable.
- Dental disease has been linked to heart disease, stroke, diabetes, pneumonia, and can lead to malnourishment, bacterial infections, and difficulties in cognitive and social development. Scheduling regular dental appointments is the easiest and most effective way to avoid more serious oral health concerns.
- Many MHS members may also earn a \$20 My Health Pays® reward for completing a yearly dental well care visit (based on eligibility). All children age 1-20 have dental benefits, as do members with pregnancy coverage and Healthy Indiana Plan members (excluding HIP Basic).
- There are many benefits to receiving regular dental care:
 - Routine oral health exams reduce the risk of developing gum disease and cavities.
 - Fluoride varnish and sealant treatments can help prevent cavities.
 - Establishing an early relationship with a trusted dentist can lead to a willingness to attend dental appointments in the future.
 - Regular cleanings can help prevent the development of cavities and tooth decay.
 - Many children miss school and feel excluded from their peer group due to poor oral health.
 - Visit a pediatric dentist no later than the child's first birthday.

For assistance selecting a dentist, verifying dental coverage, scheduling an appointment or arranging transportation, members are encouraged to call the MHS Care Engagement Team at 1-844-817-9230.

Preferred Drug Lists

Providers can view the preferred drug list (PDL) for each program at [mhsindiana.com](https://www.mhsindiana.com). The PDLs contain important information on how members can use their pharmacy benefits; a list of preferred drugs; explanations of limits, prior authorization and step therapy; and requirements for generic medications when they are available.

Your Provider Manual includes additional information about MHS' Pharmacy procedures, including information required to support an exception request and process for generic substitution, therapeutic interchange and step-therapy protocols.

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Managed Health Services (MHS) is a managed care entity that has been proudly serving the state of Indiana for 25 years through the Hoosier Healthwise and Hoosier Care Connect Medicaid programs; and the Healthy Indiana (HIP) Medicaid alternative program. MHS also offers Ambetter from MHS in the Indiana health insurance marketplace, and Allwell from MHS, a Medicare Advantage plan.

Prescribing Antipsychotic Medications? Monitor Patients with Care

Antipsychotic medications are effective in treating symptoms of certain mental health illnesses such as schizophrenia and bipolar disorder. They may also be prescribed for symptomatic relief for a range of other emotional problems. Despite benefits for many, antipsychotics may have significant side effects such as:

- Considerable weight gain and obesity-related complications
- Diabetes
- Cardiovascular issues such as hypertension
- Hypercholesterolemia
- Movement disorders

It's important to perform a metabolic baseline test and ongoing annual testing for all patients (children through adults) who take antipsychotic medications.

Metabolic testing must include both LDL-C and HbA1c annually.

ENSURE ALL PATIENTS PRESCRIBED ANTIPSYCHOTIC MEDICATIONS HAVE BOTH AN LDL-C TEST AND AN HBA1C TEST EVERY YEAR.

CPT Codes: (Children**)	HbA1c Tests: 83036, 83037, 3044F, 3045F, 3046F Glucose Tests (other): 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LDL-C Tests: 80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F
CPT Codes: (Adults)	HbA1c tests: 83036, 83037 Glucose Tests (other): 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 LDL-C tests: 80061, 83700, 83701, 83704, 83721

** The HEDIS(R) measure for Metabolic Monitoring for children requires both LDL-C and HbA1c/Glucose testing.

Before Prescribing ...

- Conduct a thorough physical exam of your patient
- Ensure patients have been appropriately evaluated and diagnosed, and an alternative course of treatment does not exist
- Collaborate with and refer patients to mental health specialists/providers
- If intended as a short-term intervention, note the Stop Date and schedule the follow-up
- Educate patients about possible side effects like weight gain, movement disorders, and other risks that must be monitored with regular blood tests
- Tell patients why it's important to keep appointments with all treating providers and for preventive health care

Next Steps ...

- Talk with your patient about:
 - How to take the medications
 - How they work
 - Medication benefits
 - How long the patient should take them
 - Why it's important to keep taking medication even if the patient begins feeling better
- Schedule appointments for continued monitoring and metabolic testing
- Ensure appointment reminders are provided
- Continue to assess for medication side effects
- Educate patients on what to do if they have questions or concerns

We're here to help. We support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please contact us through your local Provider Partnership Associate if you need help with these recommendations.

MHS Quality Improvement Program

The scope of MHS' Quality Improvement (QI) program is comprehensive, addressing the quality and safety of clinical care, quality of service and member experience. The QI program is overseen by the MHS Medical Director along with the Vice President of Quality and Process Improvement and tiered QI committees. You can find a full list of the committees and subcommittees in the MHS provider manual, available at mhsindiana.com.

MHS incorporates all demographic groups, care settings and services in our QI activities, including preventive care, urgent and emergency care, primary care, specialty care, inpatient and outpatient care and ancillary services. To learn more about the QI program you will find the Program Description, annual report card and HEDIS(R) results online at mhsindiana.com.

Appointment Access Standards

MHS and Ambetter from MHS strive to ensure members have access to timely, appropriate care for all their healthcare needs. As a reminder, the below Medicaid appointment standards are for all Medicaid providers, as required by Indiana Health Coverage Programs.

APPOINTMENT TYPE	APPOINTMENT TIME FRAME
Urgent or emergent care	24 hours
Non-urgent symptomatic	72 hours
Routine physical exam	Three months
Initial appointment (non-pregnant adult)	Three months
Routine gynecological exam	Three months
New obstetrical patient	Within one month of attempting to schedule
Initial appointment well child	Within one month of attempting to schedule
Children with special needs	One month
Average office wait time	Equal or less than one hour
Specialist referral - Emergency	24 hours
Specialist referral - Urgent	48 hours
Non-life threatening behavioral health emergency	6 hours
Urgent behavioral health care	48 hours
Initial behavioral heal appointment	10 business days

The below appointment access standards are required for our Ambetter members.

APPOINTMENT TYPE	ACCESS STANDARD
PCPs - Routine visits	30 calendar days
PCPs - Adult Sick visit	48 hours
PCPs - Pediatric Sick visit	Three months
Specialist	30 calendar days
Initiall Visit - Pregnant women	14 calendar days

Office Site Standards

MHS routinely conducts provider site visits as part of the credentialing/recredentialing process, and may also be conducted in follow-up to member complaints or as part of a medical record audit. The site review includes the physical appearance of the office, adequacy of waiting and exam room space, patient safety, adequacy of medical records, appointment availability and after-hours coverage. These are general expectations for a practitioner's office:

- Office staff should be courteous and respectful.
- Signs identifying office and office hours must be clearly visible.
- Facility must be handicapped/wheelchair accessible.
- Office must be clean and free of clutter, with unobstructed passageways.
- Office must have a separate waiting area with adequate seating.
- Office environment must be physically safe.
- Network providers must have a confidential telephone line with 24 hour/7 days a week coverage.
- Member records and other confidential information must be maintained in an area away from public access.
- Medication prescription pads, syringes and sample medications must be locked up and inaccessible to members.

Please see the MHS Provider Manual for more detailed information about medical record keeping and documentation standards.

Shared Decision Making

Did you know that Shared Decision Making with regards to prescribed medication is one of the items assessed in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction survey?

Thank you for taking the extra time to ask your patients about their medication preference and providing the benefits along with any side effects. This can significantly increase patient compliance and satisfaction. It may even increase their CAHPS satisfaction rating!

Pay for Performance Updates

Periodically, MHS posts updated group and individual Pay for Performance (P4P) scorecards and member care gap lists on our secure portal. The latest FAQs and faxback template can also be found on the portal.

The secure portal is located at provider.mhsindiana.com for all product lines. Once you log in, you can view the most current P4P documents under the "Reports" section. If you don't have a login, you can request one by clicking the yellow "Create an Account" button on the portal home page. You can also sign up for email notifications when the latest scorecard is available. Just go to mhsindiana.com and look for the 'Sign up for Emails' link.

Free Services for MHS Members

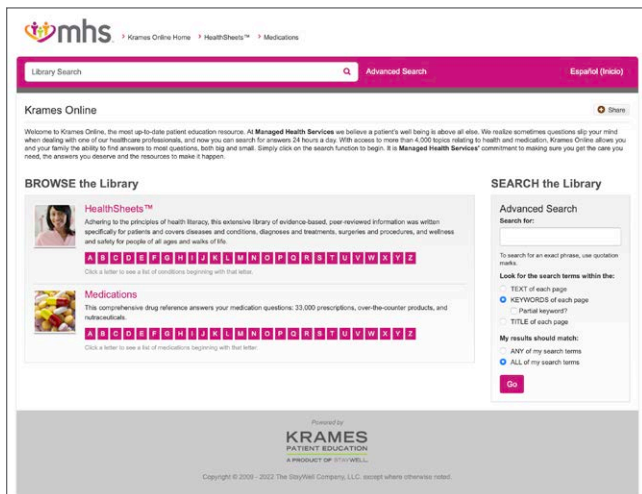
Did you know about the free services available to members? You can always direct a member to call Member Services at 1-877-647-4848 with questions about these or any other services.

- **SafeLink®** - Most MHS members are eligible to get a free SafeLink cell phone with 250 minutes and unlimited texts each month, including free calls to MHS. They can visit safelink.com to apply.
- **TEXT4BABY** - Pregnant women and women who have just given birth can get free texts about pregnancy and baby care in either English or Spanish. Learn more at text4baby.org.
- **24-Hour Nurse Advice Line** - MHS' nurse hotline at 1-877-647-4848 is available 24/7 for members to call and ask a nurse health questions any time of day or night. When discussing a serious health concern, we always ask members to call their doctor's office first.
- **Translation** - MHS offers American Sign Language, face-to-face or telephonic interpreter services that may be arranged through Member Services. MHS requests a five-day prior notification for face-to-face services. Telephonic interpreter services are available 24 hours a day, seven days a week and in approximately 150 languages to assist providers and members in communicating with each other when there are no other interpreters available.
- **Transportation** - All MHS members can receive transportation services to medical appointments, the pharmacy after a medical appointment, Medicaid re-enrollment visits, and some MHS member events. Transportation is free, except for Hoosier Care Connect members who have a small copay. Members can reach MHS' transportation vendor through MHS Member Services at 1-877-647-4848.
- **Indiana Tobacco QuitLine** - Free phone-based counseling service that helps Indiana smokers quit. Services include coaching, resources and support. A trained quit coach provides solutions tailored to each individual's needs. Members can call 1-800-QUIT-NOW (784-8669) or you can complete a referral form. Members can earn My Health Pays® rewards for enrolling with the Quitline. Members also qualify for prescription cessation aids like Nicotine gum, lozenges and patches. Make a point to talk to all your patients about tobacco use and cessation.

Health Library

Are you looking for education materials for MHS members? Do you address teen pregnancy when talking with your patients? You can find information on teen pregnancy and birth control choices at <http://mhsindiana.kramesonline.com/3,S,82203>

Patients appreciate being able to leave the office with information in-hand about their condition. Do you currently have a health information sheet resource available in your office? Visit mhsindiana.com to access a free health library with over 4,000 printable health information sheets to give to your MHS members. The health sheets are available in English and Spanish, with other languages available on request.



Provider Portal

Have you signed up for the MHS Secure Provider Portal? The portal provides real-time information in a protected online environment to help you manage your practice with quick information at your convenience.

Key Features:

- Check eligibility & view member roster
- Submit & check authorizations, claims and batch claims
- Access EOPs & capitation reports
- View care gaps for members
- Send secure messages to MHS

Visit mhsindiana.com/login to get started.

Tips for Working with Interpreters through CLAS

MHS is committed to ensuring the linguistic needs and cultural differences of our members are met through our Culturally and Linguistically Appropriate Services (CLAS). We are happy to work with providers who want to learn more about CLAS standards.

Encourage your patients to use a trained professional as an interpreter and not a family member. The family member is not trained and may use imprecise or incorrect language. A patient may also be embarrassed to discuss certain health concerns in front of other family members.

Here are some tips when working with interpreters:

- Give the patient eye contact, even though it may seem natural to speak toward the interpreter.
- Address the patient. Use phrases like “How are you feeling today?” versus “Ask my patient how she feels.”
- Make sure to remind both the patient and the interpreter that discussions are confidential.
- Use language that facilitates the interpreter’s job. Speak slowly, use short sentences, and be mindful that humor rarely translates well.
- Make sure the interpreter knows he or she can ask questions, especially if acronyms or jargons are common in your practice area.
- Don’t tell the interpreter something in front of the patient that you wouldn’t want the patient to hear. Don’t ask interpreters to “not” interpret something.

Visit mhsindiana.com and use the provider helpful links page to learn more. You can also call MHS Provider Relations for more information or to schedule an office visit to discuss CLAS standards.



CHECKING IN WITH DR. YANCY

Members do not need approval from their doctor or from MHS for annual women’s checkups, such as a Pap test, chlamydia test or mammogram.

Dr. Eric A. Yancy
MHS Chief Medical Officer and practicing pediatrician

Opioid Resource Centers

MHS has a resource available for your members. Hoosiers who are struggling with addiction can visit the online opioid resource center for helpful materials, information and links to statewide support services. Visit the member resource center to learn more.

MHS also has an online resource guide for providers that focuses on the opioid epidemic. The provider resource center has information about best practices for opioid treatment, prescribing limits and alternatives, and resources for patients.

MHS Offers 24/7 Confidential Crisis Text Line for Members

As a healthcare provider, you understand that your patients deal with issues that may be difficult for them to discuss. Substance use is just one example of a topic that a patient may not feel comfortable addressing face-to-face. MHS has partnered with Crisis Text Line to provide another avenue for our members to receive support.

Flyers to hang in your office are available from your Provider Partnership Associate. Points of emphasis are that Crisis Text Line is available 24 hours a day, 7 days a week, and is free, anonymous and completely confidential. MHS will not know who utilized the service. The Crisis Text Line is staffed by specially trained Crisis Counselors.

It is important to note that Crisis Text Line is not a replacement for therapy. Therapy includes a diagnosis made by a doctor, a treatment plan of action, and a patient/therapist relationship. Crisis Text Line is intended to help people in moments of crisis. Our member materials encourage members to follow up and discuss any issues with their primary care provider when they feel comfortable.

Members may contact the Crisis Text Line by texting “MHS” to 741741. You can learn more about the program at crisistextline.org.