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the Communicator

ISSUE 2 • 2023 • MHS' NEWSLETTER FOR PHYSICIANS

In This Issue:

Host an MHS Healthy Celebration Event

As a healthcare professional, your patients look to you for expert advice. So be sure to remind them that they are required to verify their eligibility every year or they risk losing their Medicaid coverage.

Let your patients know:

1) They should receive a letter a few months before their Medicaid anniversary date with instructions for verifying their eligibility.
2) It's very important that they follow through on these instructions or they risk having their coverage canceled.
3) If their eligibility is confirmed, they can continue their existing coverage. If they are no longer eligible for Medicaid, they can explore our Marketplace and Medicare options.

Thanks for all that you do for the health and well-being of your patients. If you have any questions, email us or call 1-877-647-4848 today.

EPSDT Well-Child Documentation

Ongoing review of both electronic and paper medical records demonstrates that not all of the components of a well-child visit are routinely documented. A standardized well-child template will help facilitate complete documentation to meet EPSDT (HealthWatch) and HEDIS standards. MHS has created well-child templates for each age group that meet criteria for both HEDIS and EPSDT requirements. The templates are conveniently located on the MHS provider guide's page for free download. If you would like paper copies of these templates, please contact your Provider Services Representative.

A complete EPSDT well-child exam requires:

- Health History
- Psychosocial/Family History
- Structured Developmental Screening
- Ongoing Developmental Surveillance
- Depression Screening/Risk Assessment
- Nutritional Assessment
- Physical Activity Assessment
- Measurements
- Physical Examination
- Vision Screening
- Hearing Screening
- Dental Screening
- Anticipatory Guidance/Healthy Education
- Immunizations
- Laboratory Tests

Please refer to the Indiana Medicaid HealthWatch/EPSDT Provider Reference Module linked below for complete guidelines on required screenings and medical record documentation. You can also review the MHS adopted clinical practice and preventive guideline for pediatric preventive care on our Practice Guidelines page. Utilizing a standardized well-child template will help ensure your documentation is complete, every time.

IHCP Provider Reference Module: in.gov/medicaid/providers/files/epsdt.pdf

REMINDER: Lead Screenings Are Required

Providers must confirm that all children under the age of 7 have been tested for lead. If they have not been tested, providers must offer this testing to the parent or guardian of the child (House Enrolled Act -HEA1313).

The Family and Social Services Administration (FSSA) requires that all children enrolled under Medicaid receive a blood lead screening test between:

- The ages of nine (9) and fifteen (15) months, or as close as reasonably possible to the patient's appointment. (If the child is at high risk for lead exposure, the initial screen should be done at the 6-month visit.)
- The ages of twenty-one (21) and twenty-seven (27) months, or as close as reasonably possible to the patient's appointment.
- Any child between twenty-eight (28) and seventy-two (72) months that does not have a record of any prior blood lead test must have a blood lead test performed as soon as possible.

If a provider can verify via the Children's Health and Immunization Registry Program (CHIRP),or the records from another provider, that blood lead testing has occurred at the required intervals, they are not obligated to repeat the procedure. If a parent or guardian refuses to allow their child to be tested, providers are encouraged to document the refusal in writing and have the parent or guardian sign an attestation of refusal. Providers are expected to keep a copy of the refusal, either digital or hard copy, with the patient record until the child reaches age 7. Providers are only required to keep a single refusal on file if a parent or guardian indicates they will not allow initial or follow-up testing.

A blood lead test result equal to or greater than 3.5 ug/dl obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample. Subsequent screenings are required for at-risk patients. Providers are required to report all results of blood lead tests received or analyzed to the Indiana State Department of Health (IDOH) no later than one week after the screening per IC-41-39.4-3. Prior authorization is not required for coverage of screening.

For more information on lead poisoning and blood lead screenings, MHS has free brochures that providers can give to their patients. Contact your Provider Relations Representative to request brochures.

Payment Policy Changes

MHS)is publishing its payment policies to inform providers about acceptable billing practices and reimbursement methodologies for certain procedures and services. MHS believes that publishing this information will help providers to bill claims more efficiently, therefore reducing unnecessary denials and delays in claims processing and payments.

We will apply these policies as medical claims reimbursement edits within our claims adjudication system. This is in addition to all other reimbursement processes that MHS currently employs.

These policies are developed based on medical literature and research, industry standards and guidelines as published and defined by the American Medical Association's Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society guidance, unless specifically addressed in the fee-for-service provider manual published by the state or MHS regulations.

We continually review and update our payment and utilization policies to ensure that they are designed to comply with industry standards while delivering the best patient experience to our members. We are writing today to inform you that the below policies have been revised or changed.

- CP.MP.242 Pulmonary Function Testing: Limits pulmonary function testing to members over the age of 3 and for medically necessary indications.
- Interim Claims: Based on CMS guidelines, bill type ending in XX2 or XX3 will be denied when discharge status 30 is not present on the claim.

For detailed information about these policies, please refer to our website at mhsindiana.com. For questions about this or any of our payment policies, please don't hesitate to reach out to our Provider Services team at 1-877-647-4848.

Learn the Details of the Anti-Kickback Statute [42 U.S.C. § 1320a-7b(b)]

As a medical provider, you are a target for kickback schemes, because you can be a source of referrals for your fellow providers. According to the United States Department of Health and Human Services, Office of Inspector General, "Many people and companies want your patients' business and would pay you to send that business their way. Just as it is illegal for you to take money from providers and suppliers in return for the referral of your Medicare and Medicaid patients, it is illegal for you to pay others to refer their Medicare and Medicaid patients to you."

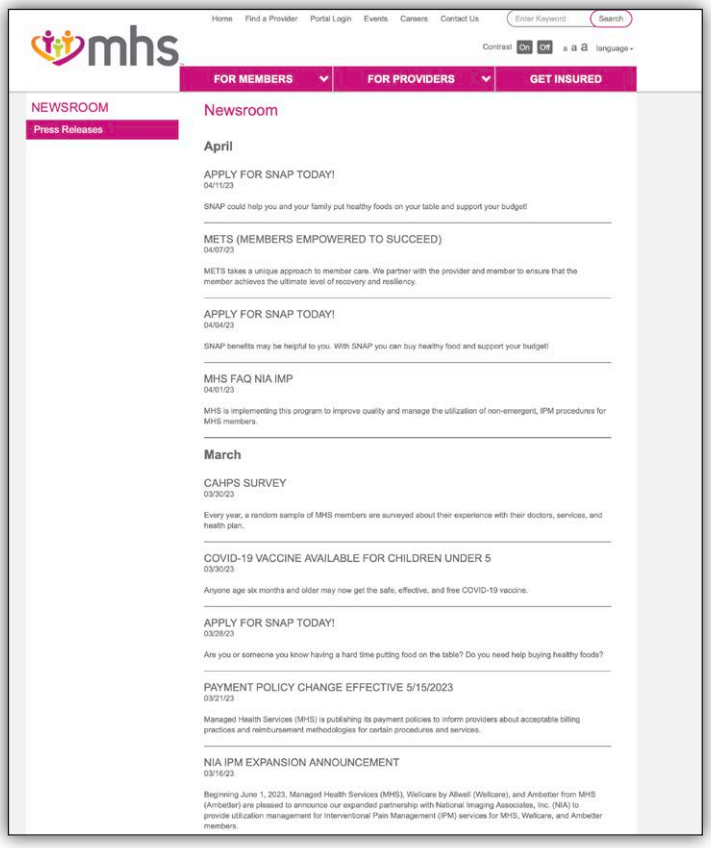
Criminal penalties and administrative sanctions for violating the AKS include fines, jail terms and exclusion from participation in the Federal health care programs. Physicians who pay or accept kickbacks also face penalties of up to $50,000 per kickback plus three times the amount of the remuneration.

For more information, reference the Fraud and Abuse Laws page: oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/

On the Blog Lately

Have you checked out the MHS blog recently? We share press releases, member and provider information, and more. Below are a few articles that might be of interest to you and your office.

- CAHPS Survey & Provider Resources
- COVID-19 Vaccine Available for Children Under 5
- NIA IPM Expansion Announcement
- Prior Authorization Change Effective 4/01/2023
- DME Reminder



FACES OF MHS:
Jennifer Garner, Manager of Provider Relations

We checked in with Jennifer to learn a little more about her work with the redetermination efforts at MHS.

Q: What is your role at MHS, and what all does that involve?

A: *I am the Manager of Provider Relations. I manage the provider-facing staff at MHS. That involves managing the Provider Partnership Associate team in making sure our provider partners are educated and aware of network updates, working to build positive/mutually beneficial relationships with our provider partners, and facilitate problem resolution for provider inquiries/concerns.*

Q: What is your role with MHS' redetermination efforts specifically?

A: *I am leading provider education efforts surrounding the MHS provider outreach plans within the health plan to make sure our provider partners are aware of the redetermination efforts. MHS has conducted provider outreach in form of email blasts, mailings, blogs and publications.*

Q: What can providers do to help with redetermination?

A: *Providers can assist in educating members that an action is required on their part to secure their Medicaid benefits. Providers and their staff can remind members that they must comply with their redetermination requirements.*

Q: What is the plan for the next few months regarding redetermination?

A: *The plan for MHS is to continue outreach efforts to members and providers so that members know they need to secure their Medicaid coverage through complying with the redetermination effort. As members approach their determination date, a team will make outreach calls to them and follow up with the link for next steps if needed. MHS is diligently working to notify members of their redetermination responsibilities.*

Q: What's something you would like the provider network to know?

A: *MHS and the Network team want to partner with our providers to be the "best partner in care" that we can.*

Q: Where can we find Jennie when she's not at work? What does life outside of MHS look like, and what hobbies do you enjoy?

A: *You can find me outside in my garden or camping when the weather is nice. I enjoy traveling, warm campfires and spending time with my family.*