



the Communicator

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Asthma Best Practices Summary

Good asthma control is achieved when a patient has achieved minimization of both impairment and risk:

- **Impairment** – typical frequency of daytime/nighttime symptoms; lung function; activity impairment; activity avoidance; rescue medication use
- **Risk** – frequency and severity of exacerbation

The presence of the following should indicate to the provider that the patient has uncontrolled asthma:

- Hospitalization
- Multiple ED visits per year
- >1 systemic steroid course per year
- Activity limitation OR activity avoidance
- Frequent albuterol usage (e.g. frequent albuterol refills)

Poor control can be caused by a number of factors, including (but not limited to):

- **Adherence**
- **Device technique**
- **Spacer usage/technique (for HFA inhalers)**
- Environmental exposures
- Comorbidities (allergic rhinitis, anxiety, obesity, OSA, reflux, vocal cord dysfunction)

Preferred agents:

- Inhaled corticosteroids: Flovent, budesonide (nebulizer)
- ICS/LABA: Dulera, Symbicort
- LTRA: montelukast

Best practices include:

- Examine **refill history** via pharmacy data, AMR, and/or MMA
- Open, non-judgmental conversation with patient/family regarding refill data and potential adherence issue
- Identify and address **barriers** to getting/taking medications
- Review inhaler **technique at each visit**
- Utilize **teach back** method
- Step up therapy if not well controlled
- Can consider a step down in therapy if well controlled > 3 months (for some patients longer period of control before stepping down will be appropriate)

Consider referral to asthma specialist at step 3-4 of therapy, particularly if control not improving.

- Can explore contributing factors
- Specialist may consider add on therapy/biologic agent: omalizumab, mepolizumab, benralizumab

Success From The Field

Kat Gibson, a Provider Partnership Associate, approached the HIP Operations team in early April to ask about the possibility of a health center in Northern Indiana covering POWER Account Contributions for HIP Plus members.

Kat and Brooke Lynne Houk, the Supervisor of the MRT teams, worked together to secure a partnership between MHS, Maple City Health Center (an FQHC in Goshen), and Goshen Community Hospital to help cover PAC contributions for HIP members using Maple City with the health partners providing payments as a third party payer.

Maple City and Goshen Community will cover monthly payments for more than 130 members so far, and MHS will work to ensure correct PMP assignment and add members to the listing so the provider partners can make additional payments on members' behalf. This will benefit members in multiple ways – it builds a relationship with their provider, they'll see their copayments eliminated, and we'll encourage them to visit their medical home for preventive services so they can receive CentAccount rewards. Congrats to all involved for this great effort!

Helping Children Transition to Other Care

It's important that members see the right provider for their age and health needs. The transition from a pediatrician to an adult provider is a critical one. MHS can help members who are aging out of their childhood provider find an adult provider if needed. Here's what we tell members:

Before turning 18, children should:

- Be involved in health care decisions
- Be comfortable talking to the doctor
- Be able to schedule appointments and follow up care
- Understand any health conditions and how insurance works
- Know when to see the doctor, visit urgent care, or go to the emergency room

Remember to encourage parents to help their children prepare to make their own healthcare decisions! Parents need to include their children in these decisions so they can be successful as adults.

Doctors who only care for children will continue to provide care up to the ages of 18-21. If a parent needs help changing their child's doctor to an adult health care provider, they can call MHS Member Services at 1-877-647-4848.

Free Clinical Trainings for Providers

MHS is proud to offer free clinical training sessions to our provider network. Our dedicated clinical trainer, Christopher Christmas, PhD, LMHC, NCC, offers in-person and live webinar trainings on a variety of topics.



What is your role with MHS?

I am a clinical provider trainer with a background in behavioral health. Most people don't really know what that means because MHS is the only Medicaid managed care entity that offers clinical training to our network of providers. My role is to travel throughout the state of Indiana presenting complimentary CE approved training for behavioral health and physical health providers with an emphasis on integrated care and evidence-based practice. As a licensed mental health counselor (LMHC) I focus on helping providers to recognize and address the complex behavioral health needs that are prevalent for our Medicaid members in Indiana.

What resources can you offer to providers?

I offer free live training sessions to our provider network on a variety of clinical topics. Trainings can be done in-person in your office, at a local venue (e.g. library, community center), or as a webinar. I also offer regional trainings that are open to physical and behavioral health providers. All of our trainings are CE approved for nurses, and most topics are CE approved for licensed behavioral health providers (LCSW, LSW, LAC, LCAC, LMHC, LMFT). Additionally, I have trained several non-licensed and/or entry level staff throughout the state. Anyone who works directly with patients/clients can benefit from clinical training. We are always developing new training topics to meet the needs of providers and assist our members – so if there is a specific topic that you'd like to see offered, let me know!

What is the most common training you provide?

For behavioral health providers, our Co-occurring Disorders and Helping the Helper are popular topics. Co-occurring Disorders focuses on the overlap between mental disorders and substance use disorders, and Helping the Helper addresses issues of compassion fatigue, burnout, and self-care. For general practitioners, our Motivational Interviewing and Cultural Competency trainings have been popular. Both have broad appeal for helping Medicaid members to engage in positive health behaviors and for helping providers make culturally appropriate interventions while working with patients.

What trends are you seeing in behavioral health?

We're seeing an increased emphasis on integrated care, taking care of the mind and body in a unified way. We've developed an Integrated Healthcare for Providers session and a suite of trainings called Behavioral Health 101 specifically for physical health/primary care providers. MHS wants our providers to have the tools they need in order to recognize, screen, and refer for mental health disorders. The Behavioral Health 101 suite gives an overview of 6 of the most common disorders – we can work with a provider's office to target the issues that they are seeing. In the behavioral health domain, there is an increasing emphasis on measuring outcomes in a standardized fashion. Many providers are not familiar with the various repeat measures that can be used to track client progress. I discuss this trend with my behavioral health providers and emphasize the importance of standardized measurement for improving client outcomes, reflective practice, and effective communication with managed care and insurance companies.

How can a provider schedule a training?

Email me at CCHRISTMAS@mhsindiana.com to schedule a training, or call 317-606-5416 to discuss available topics or the specific needs of your practice.

Current Trainings Include:

- ▶ Am. Society of Addiction Medicine Criteria
- ▶ Behavioral Health 101 – six disorders
- ▶ Co-occurring Disorders
- ▶ Cultural Competency
- ▶ Eating Disorders
- ▶ Ethics for Mental Health Providers
- ▶ Helping the Helper (Compassion Fatigue & Burnout)
- ▶ HIPAA
- ▶ Intimate Partner Violence
- ▶ Introduction to Integrated Healthcare
- ▶ LGBT Competency
- ▶ Motivational Interviewing
- ▶ Non-suicidal Self-Injury (NSSI)
- ▶ SMART Goals
- ▶ Social Determinants of Health
- ▶ Suicide Risk and Assessment
- ▶ Trauma Informed Care Overview
- ▶ Youth Mental Health First Aid

Do You Know Your MemberConnections® Representative?

MemberConnections is an outreach team of MHS staff who can help members one-on-one with understanding their health coverage and other community resources. The team can provide educational services at a member's home or over the phone. They will help members build a relationship with their doctor, and help members understand their health benefits and get care quickly. MemberConnections can help with transportation, food, shelter, or other health programs.

MemberConnections can also work specifically with MHS providers to plan educational events, including Baby Showers and Healthy Celebrations for members. You can find a copy of the MemberConnections territory map at mhsindiana.com. Go to For Providers, then click Provider Resources > Guides and Manuals.



Meet Juana Ramirez Rocio



Juana Ramirez Rocio is a MemberConnections Representative based in Elkhart.

How long have you been with MHS?

JRR: I have been with MHS since November 2016.

What is your favorite part about your job?

JRR: My favorite part about my job is informing our members about the services MHS provides that they might not know about. I am also a Medical Interpreter. I love being able to be that language barrier breaker between PMP and member, and to know that the member will leave the office well aware and informed about their health, that all

their questions and concerns were answered.

What projects are you currently working on?

JRR: Right now I am working on building relations with some community outreach programs in St. Joseph County, to be able to host events so members are aware of the programs MHS provides.

What do you wish members or providers knew about your job and what MemberConnections does?

JRR: I wish members knew that we are here to answer their questions, that we are a way to know more about MHS.

What do you do in your free time?

JRR: To me my family is very important in my life. They are who pushes me to do better. Also having a life with GOD being able to have that faith and peace he gives makes my life even better, any free time I have I will spend it with my family doing things for church.

Utilization Management

Utilization Management (UM) decision making is based on appropriateness of care and services and the existence of coverage. MHS does not reward providers, practitioners, staff or any other UM decision maker for issuing denials of coverage or decisions that result in underutilization.

UM Review Criteria have been established to ensure services provided to members are medically necessary, conform to nationally recognized standards of care and are provided in a cost effective and quality manner. Criteria are based on Milliman Care Guidelines, federal and state mandates, MHS and Centene Corporation policy. They address medical and surgical admission, outpatient procedures and ancillary services. The criteria are used as a screening guide as part of the decision process. They are never used as a substitute for practitioner judgment as decisions are based on currently accepted medical and behavioral health care practices, member needs and local delivery system. Providers can request a copy of the criteria used to make a specific adverse decision by calling the MHS Peer-to-Peer line, 1-855-696-2613. If you have a question or concern about UM, contact the UM team at 1-877-647-4848 and follow the prompts for Prior Authorization.

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Managed Health Services (MHS) is a managed care entity that has been proudly serving the state of Indiana for more than twenty 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.

Disease Management

Disease Management (DM) programs for COPD, Asthma, Diabetes and Heart Failure/Coronary Artery Disease are available for members who would benefit from health and lifestyle management coaching for their chronic condition(s).

MHS members who meet criteria are offered a health assessment to gather interest in the program, quality of life information due to symptoms and restrictions, external support and compliance with treatment plans and past programs. Responses are scored and ranked according to complexity, clinical risk and readiness to change. Members at the lower end receive educational material focused on their disease process, medication and self-management. Members at higher levels receive active coaching by telephone and the potential for in-home visits in addition to personalized education. Providers can directly refer MHS members for Disease Management by submitting the Care/Case/Disease Management request available through the mhsindiana.com website, forms section or by calling Member Services.

New in 2018! HIP members can receive enhanced incentives for participating in disease coaching. Find out more.



CHECKING IN WITH DR. YANCY

Did you know you can answer four simple questions about your pregnant patients, and earn \$60? The Notification of Pregnancy (NOP) is a form designed to identify risk factors for pregnant women enrolled in Healthy Indiana Plan (HIP), Hoosier Healthwise, Hoosier Care Connect, and women in the Presumptive Eligibility (PE) program. Providers are eligible for reimbursement of \$60 for successful submission of the NOP.

To qualify for reimbursement, the NOP must:

- ▶ Be submitted via Health Care Portal within five calendar days of the date of service
- ▶ Be submitted at less than 30 weeks' gestation
- ▶ Not be identified as a duplicate submission for the same member and pregnancy

Dr. Eric A. Yancy

MHS Chief Medical Officer and practicing pediatrician

Pharmacy Highlight: Preferred Drug List Changes

MHS routinely reviews the medications available on the MHS Preferred Drug List (PDL). Items are added, removed or modified periodically due to industry standards, market availability, and/or assessment of use. The MHS PDLs are designed to assist healthcare prescribers with selecting the most clinically and cost-effective medications available. MHS has reviewed the PDL in its entirety and will be removing agents that are no longer commercially available, or where there are clinically superior and more cost effective alternatives available.

Any provider and member that would be affected by this change will receive a notice in the mail. All PDL changes are posted on our MHS Provider Blog and the latest PDL is always available for review on our Pharmacy Benefit Information for Providers page. MHS works with e-prescribing vendors to make the MHS PDLs available through many commonly used EMR prescribing platforms.

Helping Members Use Emergency Services Appropriately

MHS wants to help make sure that our members are visiting their primary care doctor for their health needs. We offer an ER diversion program that is facilitated by our Medical Case Management team. Our Care Managers provide advice about when and where emergent care is appropriate for specific conditions. Members will be outreached to by telephone within 10 days of referral.

MHS also offers a nurse advice line to all members, available 24 hours a day, seven days a week, including weekends and holidays. Callers can talk to experienced nurses when they call. The main goal of the nurse advice line is to direct members to the appropriate level of care. Staff use state-of-the-art advice protocols and plan methodologies. All calls taken by nurse advice line staff are logged and tracked.

If you would like to refer a member to the ER diversion program, or if you would like to learn more about MHS Case Management programs, please contact MHS Case Management at 1-877-647-4848.

Pay for Performance (P4P) Notifications

Want to receive notifications when updated P4P scorecards are available on the Secure Provider Portal, as well as important updates related to P4P? Visit mhsindiana.com/email to sign up for P4P and other provider communications.

“The MHS provider portal has been very helpful and I’m excited to see new features. Thanks!”

Provider Portal Features

Have you visited the Secure Provider Portal at mhsindiana.com recently? Make sure you create and use an account on the portal to take advantage of many features and resources to help make your job easier.

Recent enhancements to current functionality and newly added features include:

- Integration of both medical and behavioral health information from one portal account
- Utilize the Member Management Forms online
- Addition of Patient Analytics reports
- Update demographic information
- And more!

