



the Communicator

WINTER 2016 • MHS' NEWSLETTER FOR PHYSICIANS

Ensuring HEDIS-Compliant Preventive Health Services

Here are a few best practice strategies for raising HEDIS and EPSDT on-site review scores, as demonstrated by top practices in the field.

- **Member Identification:** Use population health management software to identify patients in need of preventive health services.
- **Targeted Outreach:** Provide reminder calls to patients needing services identified in monthly reports.
- **Flexible Scheduling:** Revise practitioners' schedules to accommodate more patients (walk-ins, late arrivals, siblings of scheduled patients, etc.).
- **Well-Child Templates:** Develop your own well-child visit templates, or download and use the free templates on the MHS Provider Forms page.
- **MedTox Lead Screening:** Utilize this easy method to collect filter paper lead screenings in the office and receive faxed results at no charge.
- **The Opportunistic Visit:** Utilize all opportunities, including "sick" visits, to provide preventive health services.

Peer-to-Peer Review

MHS will send you and your patient written notification any time we make a decision to deny, reduce, suspend or stop coverage of certain services. The denial letter includes information on the availability of an MHS Medical Director to discuss the denial decision.

In the event that a request for medical services is denied due to lack of medical necessity, a physician can request a peer-to-peer review with the MHS Medical Director on the member's behalf. Requests for peer-to-peer reviews should be made within 10 calendar days of denial notification. To set up a call, please contact Medical Affairs at 1-855-696-2613.

The denial letter will also inform you and the member about how to file an appeal and how to contact MHS if assistance is needed. In urgent cases, an expedited appeal is available and can be submitted verbally or in writing.

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:

- **Detailed benefit package information**
- **Identification of co-payment requirements**
- **Improved pharmacy components**
- **Integration of dental and vision claims**
- **And more!**

We hope you find the provider portal useful. Need a refresher, or just want to make sure you're getting the most out of the portal? Mark your calendars for a webinar on April 21 at 1 p.m. that will focus on the provider portal and answer frequently asked questions.

Register for this and other monthly webinars at mhsindiana.com/webinars.



JUST A THOUGHT

BY DR. YANCY

Order urine microalbumin along with the HgbA1c. And, recommend an eye exam appointment for all diabetics.

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

Clinical Practice Guidelines

MHS preventive and clinical practice guidelines are evidence-based and based on the health needs of our members and opportunities for improvement identified as part of the QI program. MHS adopts preventive and clinical practice guidelines that are published by nationally recognized organizations or government institutions. These guidelines have been reviewed by our QI committee, which includes representation from MHS network physicians.

We encourage practitioners to use these guidelines as a basis for developing personalized treatment plans for our members and to aid members in making decisions about their healthcare. MHS measures compliance with these guidelines through monitoring of related HEDIS measures and through random ambulatory medical record audits. MHS utilization management, member education, coverage of services and other areas to which the guidelines apply are consistent with these guidelines.

Preventive and chronic disease guidelines, as well as those for behavioral health conditions, available through MHS include, but are not limited to:

CLINICAL

- Adult Preventive Care
- Asthma
- Back Pain
- Chlamydia Screening
- COPD
- Coronary Artery Disease
- Diabetes
- Heart Failure
- Hyperlipidemia
- Hypertension
- Immunizations
- Lead Screening
- Pediatric Preventive Care
- Perinatal Care
- Respiratory Illness
- Sickle Cell
- Weight Management

BEHAVIORAL HEALTH

- ADHD
- Anxiety Disorder
- Bipolar Disorder
- Major Depressive Disorder
- Oppositional Defiant Disorder
- Panic Disorder
- Schizophrenia
- Stress Disorder
- Substance Use Disorder
- Tobacco Cessation
- Use of Psychotropic Medication

As with any clinical guidelines, the adopted guidelines are intended to augment, not replace, sound clinical judgment. Guidelines are reviewed and updated at least every two years or upon significant change.

Current preventive and clinical practice guidelines are available online at mhsindiana.com and may be mailed to practitioners as part of disease management or other quality program initiatives. The guidelines are also available upon request to members.

Advance Directives

MHS is committed to ensuring that its members know of and are able to avail themselves of their rights to execute advance directives. MHS is equally committed to ensuring that its providers and staff are aware of, and comply with, their responsibilities under federal and state law regarding advance directives.

Any provider delivering care to MHS members must ensure that members receive information on advance directives and are informed of their right to execute advance directives. Providers must document such information in the member's medical record.

MHS will monitor compliance with this provision. Providers may be audited annually. If you have any questions regarding advance directives, please contact MHS Medical Management at 1-877-647-4848.

Practitioners' Rights to Review and Correct Information

MHS would like to remind practitioners of their right to request the status of their credentialing application with MHS at any time and to review information obtained by MHS to evaluate their credentialing or recredentialing application. This includes information obtained from any outside primary source such as the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank, malpractice insurance carriers, and the Indiana Professional Licensing Agency and Medical Licensing Board of Indiana. This does not allow practitioners to review references, personal recommendations or other information that is peer-review protected.

If you believe any of the information used in the credentialing or recredentialing process to be erroneous or if any information gathered as part of the primary source verification process differ from the submitted, you will have the right to correct erroneous information and to submit your comments and explanations for any other factual information.

To request release of information, submit a written request to MHS Credentialing at 1099 N. Meridian St., Indianapolis, IN 46204. On receipt of notice from MHS of the presence of apparently adverse information regarding the practitioner, he or she will have 14 days to provide a written response with a detailed explanation for the error or the difference in information to MHS. MHS' Credentialing Committee will then include this information to be considered.

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. To that end, 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 that is available 24 hours a day, seven days a week, including weekends and holidays. Members 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. The nurse line staff use state-of-the-art advice protocols and plan methodologies. All calls 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 Case Management at 1-877-647-4848.

Help Educate Your Patients: Viruses or Bacteria

Cold and flu season can bring issues with patients requesting a prescription for antibiotics, even if not the proper course of treatment. Use this opportunity to educate your patients on the difference between illnesses caused by viruses and those caused by bacteria. The CDC's Get Smart: Know When Antibiotics Work program has helpful resources for both patients and providers, including a mock prescription pad that can 'diagnose' a patient with a virus and 'prescribe' treatments such as drinking extra fluids, using a saline spray, or using over-the-counter medications. Download resources at cdc.gov/getsmart.



Transitioning from Adolescent to Adult Care

MHS is committed to helping our members in transitioning from a pediatric/adolescent medical home to an adult medical home. We also encourage our teenage members to understand and be able to self-advocate for their health care needs before their 18th birthday. It is important for both our teenage members and their parents or guardians to be prepared for this transition. American Academy of Pediatrics states that transition planning should be a standard of care regardless of health care needs.

The Six Core Elements of Health Care Transition include: Transition Policy, Transition Tracking and Monitoring, Transition Readiness, Transition Planning, Transfer of Care, and Transfer Completion. gottransition.org is a great resource for customizable templates for PMPs implementing adolescent transitioning, as well as adult specific providers taking new members transitioning to an adult medical home.

Implementation of transitioning into a teenage member's care plan can enhance their readiness to care for themselves. Some risks to not planning in advance include diminished health, decreased medical adherence, increased medical complications and medical cost, duplication of services, and compromised quality of care.

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 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 available on the MHS provider guides page for free download. If you would like paper copies of these templates, please contact your Provider Services Representative.

Minimum HEDIS standards require the following to be plainly documented for every well-child visit:

- health and development (both mental and physical)
- physical exam
- anticipatory guidance/health education

A complete EPSDT well-child exam requires additional documentation of the necessary screenings. Please refer to the HealthWatch/EPSDT Provider Manual for complete guidelines on required screenings and medical record documentation. You can also review our adopted clinical practice and preventive guideline for pediatric preventive care on our Practice Guidelines page. Utilizing a standardized well-child template will ensure your documentation is complete each and every time.

About HEDIS

Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. Through HEDIS, NCQA holds MHS accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership.

Calculating HEDIS Rates

HEDIS rates can be calculated in two ways: **administrative data** or **hybrid data**. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data.

Accurate and timely claim/encounter data reduces the necessity of medical record review. Measures typically requiring medical record review include:

- Comprehensive diabetes care
- Control of high-blood pressure
- Immunizations - childhood and adolescent
- Prenatal care including initiation of care, frequency of ongoing prenatal care and post-partum care
- Well-child care
- BMI assessment

Examples of measures typically calculated using administrative data include:

- Breast cancer screening
- Annual chlamydia screening
- Pap test
- Testing of pharyngitis
- Appropriate treatment for URI
- Medication management of people with asthma
- Antidepressant medication management
- Access to PMP services
- Utilization of acute and mental health services

Use of HEDIS Scores

As both State and Federal governments move toward a healthcare industry that is quality-driven, HEDIS rates are becoming more important, not only to the health plan, but to the individual provider as well.

State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician profiling and incentive programs.



Free Clinical Trainings for Providers

MHS is proud to offer free clinical trainings to our provider network. Our dedicated clinical trainer, **Christopher Christmas**, PhD, LMHC, NCC, offers in-person and 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. I offer trainings to providers to assist them in giving better care to members, especially in behavioral health.

■ What resources can you offer to providers?

We offer free trainings to members of our provider network, on a variety of topics. Trainings can be done in-person in your office, or as a webinar. We also offer regional trainings that are open to physical and behavioral health providers. All of our trainings are approved for continuing education for mental and behavioral health providers, and we're working on approval for CEU for nurses. We are always developing new trainings to meet the needs of providers and assist our members – so if there 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 DSM 5 training is popular. This is a general overview of the new approach and the changes to the DSM 5, since many mental health practitioners were trained on the DSM IV. For general practitioners, our motivational interviewing and our cultural competency trainings have been popular. Both have broad appeal for helping our members to engage in positive health behaviors and for helping providers make culturally appropriate interventions for 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 cohesive way. We're developing an integrated care overview for physical health providers that should be helpful. We don't want providers to practice outside of their scope, but we do want them to have the tools they need in order to recognize, screen, and refer for behavioral and mental health disorders. Many patients have comorbidity with physical and behavioral health issues, and we want to normalize that among providers and educate about the resources available. We're working on a Behavioral Health 101 training that 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.

■ How can a provider schedule a training?

Email me at CCHRISTMAS@cenpatico.com to schedule a training, or to discuss available topics or the specific needs of your practice.

CURRENT TRAININGS INCLUDE:

- Evidence Based Practices
- HIPAA
- Mental Health First Aid
- PTSD
- Poverty Competency
- Stages of Change
- Suicide Risk and Assessment
- Inpatient Documentation
- Mental Illness Signs and Symptoms
- Co-occurring Disorders
- Recovery Principles
- DSM 5
- Motivational Interviewing
- ASAM
- SMART Goals
- Cultural Competency
- Eating Disorders
- De-Escalation Techniques