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the Communicator

SPRING 2016 • MHS' NEWSLETTER FOR PHYSICIANS

A Connection to Care: Care managers are useful links to members' healthcare team

A member's health situation often warrants additional resources in order to help the individual navigate complex treatment and recovery options. Our care management programs are a valuable resource available to members that support our providers' treatment plans.

On the Job: Care managers are trained nurses and other healthcare professionals who coordinate the needs of patients. Typically, care managers work with chronically and/or catastrophically ill and injured patients. They are assigned by the health plan to a member when it's recognized the member's particular condition needs complex coordinated care that the member may not be able to facilitate on his or her own. A care manager connects the member with the healthcare team by providing a communication link between the member, his or her primary medical provider, the member's family or other support system, and additional healthcare providers such as physical therapists and specialty physicians. Care managers also collaborate to develop a plan for following your treatment plan regimens including medication, diet and exercise recommendations.

On Your Team: Care managers do not provide hands-on care, diagnose conditions or prescribe medication and treatment. The care manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become the eyes and ears for the healthcare team, and a resource for physicians, the member, and the member's family. Our case management team is here to support your team for such events as: • *Non-adherence* • *New diagnosis* • *Complex multiple co-morbidities*

Providers can directly refer members to our case or disease management programs at any time. Providers may call 1-877-647-4848 for additional information about these services, or to initiate a referral.

The MHS care management team includes:

- Children with Special Needs
- Behavioral Health
- OB Care Management
- Early Childhood Development
- Complex Care Management for Asthma, Diabetes, COPD, CKD, CHF, CAD, Hypertension, Lead

Hoosier Care Connect Frequently Asked Questions

Are you a contracted provider with Hoosier Care Connect? If not, we would love to have you on board! Please visit our Become a Provider page for more information or if you are interested in contracting with MHS. Thank you for being our continued partner in care.

What is Hoosier Care Connect?

Hoosier Care Connect is a coordinated care program for Indiana Health Coverage Programs (IHCP) members age 65 and over, or with blindness or a disability who are residing in the community and are not eligible for Medicare. Members will select a managed care entity (MCE) responsible for coordinating care in partnership with their medical provider(s). Hoosier Care Connect members will receive all Medicaid-covered benefits in addition to care coordination services.

Hoosier CARE CONNECT

Always check the web interchange or the MHS website for member package and benefit information.

Find a full Hoosier Care Connect Frequently Asked Questions at mhsindiana.com/2015/04/30/hoosier-care-connect-frequently-asked-questions.

JUST A THOUGHT

BY DR. YANCY

Per the NCQA HEDIS measure for ADHD, children with newly prescribed ADHD medication should receive at least three follow-up care visits within a 10 month period, one of which should occur within 30 days of when the first ADHD medication was dispensed

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

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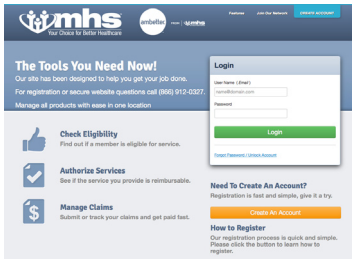
Have you signed up for the MHS Secure Provider Portal?

The MHS secure provider 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
- View care gaps for members
- Access EOPs & capitation reports
- Send secure messages to MHS

Notification of Pregnancy

Complete a Notification of Pregnancy 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 (HHW), Hoosier Care Connect, and women in the Presumptive Eligibility (PE) program. Recognized providers are eligible for reimbursement of $60 for successful submission of the NOP.

It's fast and easy as 1, 2, 3!

1. Complete a Notification of Pregnancy (NOP) form for your pregnant patients. The revised NOP is just four simple questions about member demographics, high-risk pregnancy indicators and basic pregnancy information.

2. Submit the NOP via Web interChange. NOP must be submitted within five calendar days of the date of service and at less than 30 weeks gestation. It must not be a duplicate submission for the same member and pregnancy.

3. Earn $60 per completed NOP. Providers must bill MHS for the NOP incentive payment using Current Procedural Terminology (CPT®1) code 99354 with modifier TH. The date of service (DOS) on the NOP claim should be the date of the office visit on which the information on the NOP is based.

MHS Health library at mhsindiana.com/health

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? Go to mhsindiana.com/health, then click on "KRAMES Online Health Library" 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.

MHS Member Rights and Responsibilities

MHS Members have certain rights and responsibilities under state and federal laws. You can find a copy of these rights and responsibilities in the MHS Provider Manual, or the MHS Member Handbook, available on the MHS website, mhsindiana.com. You may request printed copies of any materials found on our website. Just call MHS Provider Services at 1-877-647-4848 to request.

Monitoring and Evaluating Diabetes

Uncontrolled diabetes can affect a person's entire well-being. People with diabetes are twice as likely to develop depression as those without diabetes. Similarly, those with diabetes are two to four times more likely than those without diabetes to die from a heart attack or stroke. Diabetes is also the leading cause of new blindness in adults.

Due to the disease's extensive reach, it is imperative to closely monitor and evaluate your patients with diabetes. NCQA® has set multiple diabetes-related HEDIS® measures in place to monitor the quality of diabetes evaluation and treatment. HEDIS requires the following services for those patients identified as living with diabetes:

- At least one Hemoglobin A1C screening each year AND a value of < 7.0
- A retinal exam, each year, by an eye care professional if diabetic retinopathy is present. A retinal exam is only required every other year if no signs of retinopathy are present.
- Urine screening for albumin or protein, each year, to monitor for nephropathy (if the patient has no pre-existing renal disease).
- Blood pressure control of <140/90
- At least one LDL screening each year AND a value < 100

Visit the Provider Guides section at mhsindiana.com/for-providers for further details and billing codes in our Quick Reference HEDIS Guides.

Advise Smokers to Quit: The Two-Question Approach

Providers are encouraged to discuss tobacco cessation with all patients, advising and imploring smokers to quit. Ask these two simple questions "do you smoke?" and "can I help you quit?" to start a dialogue with your patient about their tobacco use.

MHS covers tobacco cessation counseling according to IHCP policy. Counseling must be provided as follows: A minimum of 30 minutes (two units) and a maximum of 150 minutes (10 units) within the 12 weeks. Counseling will be billed in 15-minute increments.

Diagnosis Code	HCPCS Procedure Code	Unit of Service
F17.200-F17.299 Nicotine dependence	99407 U6 – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes; per 15 minutes	1 Unit = 15 minutes

Prescription cessation aids are covered as well. Providers are encouraged to refer patients age 18 and over to the Indiana Tobacco Quitline, 1-800-QUIT-NOW. The Quitline offers education and coaching over the telephone. The services offered by the Quitline are confidential and provided free of charge to Indiana residents. The Quitline staff will fax a report to your office to tell you that the client was enrolled in services.

Ask your Provider Relations Specialist for patient and provider materials that further explain the Quitline program.

Preferred Drug Lists

Providers can view the preferred drug list (PDL) for each program at mhsindiana.com/for-providers. The PDLs contain important information on how members can access/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.

Help Your Patients 'Get Smart About Antibiotics'

The CDC has developed materials for providers to help educate patients about when it is and is not appropriate to prescribe antibiotics, and to explain why antibiotic resistance is such a pressing health problem. Materials include fact sheets, a sample letter, and 'prescription pads' suggesting alternate treatments that can be given to patients in lieu of prescribing an antibiotic. All materials are free of charge and available to download at cdc.gov/getsmart.

MHS' Commitment to CLAS

Culturally and Linguistically Appropriate Services (CLAS) refers to healthcare services that are respectful of and responsive to the cultural and linguistic needs of your patients. MHS is committed to ensuring the linguistic needs and cultural differences of our members are met, and we provide an array of services through internal sources and external partnerships.

- Access to individuals who are trained, professional interpreters. MHS offers 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.
- Language line services are available 24/7, in approximately 150 languages, to assist providers and members in communicating with each other when there are no other translators available for the language.
- TDD access is available to members who are hearing-impaired.
- MemberConnections® helps MHS Members that need social services to facilitate successful medical treatment.
- Family Education Network meets personally with MHS Members and teaches them about MHS programs and services (facilitated through our partnership with the Indiana Minority Health Coalition).
- MHS Ombudsman helps advocate for MHS members that are having difficulty navigating MHS services.
- 24 hour free nurse advice hotline that can assist members with medical questions and triage care.
- LCP Transportation manages the transportation benefit for MHS.