



# the Communicator

SUMMER 2016 • MHS' NEWSLETTER FOR PHYSICIANS

## 2016 Mid-Year Update from MHS President & CEO Kevin O'Toole



I am pleased to announce MHS has been awarded the ability to negotiate a contract for Hoosier Healthwise and Healthy Indiana Plan beginning in 2017. This line of business will allow MHS to continue our mission of providing health coverage and personalized services through member, community and provider partnerships to promote better health outcomes at lower costs.

We are excited to put into place new programs and services in 2017 that we believe will greatly benefit our members. Our Hoosier Healthwise members will have access to pharmacy and dental benefits next year, in alignment with the services already offered to Healthy Indiana Plan (HIP) and Hoosier Care Connect members. Coordinating all services simplifies life for our members. We are also looking forward to working with a new dental vendor to increase the quality of care provided.

Our team is constantly developing new programs to serve our members. We will be offering new CentAccount Rewards for members who stay up-to-date on their preventive care and make other healthy choices. MHS is excited to roll out a new MyMHS mobile app that will allow our members to stay connected to their care, even on the go. An innovative new partnership with Clean Slate will help members who are struggling with substance use issues, and we're launching a field quality improvement program aimed at providers. Behind the scenes, new programs are being put into place to ensure that our members can always access the care they need.

I'm proud of the MHS staff and all of the hard work that went into our procurement efforts. We are also grateful for our network of quality providers that care for our members. We appreciate your support and partnership as we continue to make MHS the choice for better healthcare.

## 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.



## JUST A THOUGHT BY DR. YANCY

Did you know you can answer 4 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 (HHW), 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 Web interChange 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*

## HEDIS® Audit Follow-Up

Thank you to all offices that forwarded records or welcomed MHS on-site to collect data for the recent HEDIS audit. We would like to share some valuable “tips for success” that we gleaned from our experience:

The easiest way to guarantee HEDIS success is to utilize accurate claims codes with sufficient specificity to fully describe the care event. HEDIS Quick Reference Guides, which list HEDIS-compliant codes for each of the referenced measures, are available at [mhsindiana.com](http://mhsindiana.com) on the Provider Guides page.

Documentation is more often HEDIS compliant (and Pay for Performance (P4P) program-compliant as applicable) if:

**Prenatal Care** visit components are recorded via the ACOG Antepartum Form (which has also been utilized by many EMR vendors in the development of their pregnancy modules)

**Well-Child Visits** are documented via a template that includes prompts for each required component, including:

- Health History
- Physical Developmental History
- Mental Developmental History
- Physical Exam
- Health Education/Anticipatory Guidance

For your convenience, MHS has developed a set of age-specific EPSDT-compliant well-child visit templates, available at [mhsindiana.com](http://mhsindiana.com) on the Provider Information Resource Center. They can also be obtained in bulk by contacting Staci Johnson, QI Coordinator II, at [stajohnson@mhsindiana.com](mailto:stajohnson@mhsindiana.com).

### Additional recommendations:

Use of the CHIRP database to record Immunizations

Awareness of a HEDIS measure that has become more relevant to our adult membership, Annual Monitoring for Patients on Persistent Medications. This measure assesses therapeutic monitoring events in the measurement year for adults who have been treated for at least 180 days with:

- ACE Inhibitors/ARBs:  $\geq 1$  (each) serum potassium and serum creatinine test
- Digoxin:  $\geq 1$  (each) serum potassium, serum creatinine and serum digoxin test
- Diuretic:  $\geq 1$  (each) serum potassium and serum creatinine test

Please contact Mary Barnard, Manager of QI Analytics, at [mbarnard@mhsindiana.com](mailto:mbarnard@mhsindiana.com) regarding any HEDIS-related questions.

## Plan Points: Utilization Management Criteria

Utilization Management (UM) is the process of objectively evaluating and determining coverage for an appropriateness of medical care and services, as well as providing needed assistance to the clinician and patient, in cooperation with other parties to ensure appropriate use of resources.

MHS has adopted MCG utilization review criteria as a screening guide for medical and surgical admissions, outpatient procedures and referrals to specialists and ancillary services. Criteria are refined by specialists representing a national panel from community-based and academic practice. They are updated with appropriate involvement from physician members of our Quality Improvement Committee.

MCG is a guide; it is not intended as a substitute for provider or practitioner judgment.



## How UM Decisions are Made

UM review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances of each case that may require deviation from the norm stated in the screening criteria. We make UM decisions based on appropriateness of care and existence of coverage. We do not reward practitioners or other individuals for issuing denials of coverage, services or care.

Providers and practitioners may contact MHS Utilization Management and request the criteria used for a specific UM decision or to schedule time to discuss a UM denial with a physician, pharmacist or another appropriate reviewer.

You can reach MHS Utilization Management Monday through Friday, 8 a.m. to noon and 1 p.m. to 5 p.m. Call 1-877-647-4848, and follow the prompts for medical authorizations. After hours you may leave a message. A nurse and physician are on call after hours and on weekends for emergency transfer and other requests.

## POWER Account Point of Service

Did you know providers can be paid in real-time for services rendered for HIP members? Simply use the POWER Account Funds Calculator to determine the amount that can be charged at the Point of Service, then swipe the POWER Account card to collect payment.

### Get HIP Payments in Real-Time in just 4 Simple Steps:

- 1 Login to the MHS secure Provider Portal and enter member details in the Quick Eligibility Check section to access member eligibility and copayment info. Then click on the member's name.
- 2 Click on POWER Account Funds Calculator to begin transaction and read and accept user agreement.
- 3 Enter required fields and click Lookup to confirm approved amount to fund POWER Account card.
- 4 After approval click Fund Card to confirm funding, then swipe the POWER Account card to collect real-time payment.

Remember, this tool can only be used for office visit services, and providers are still required to submit a claim.

### Need help?

MHS has created a Provider Resource Page with a detailed, step-by-step training guide, a provider FAQ, and more. You can also call Provider Services at 1-877-647-4848 if you need training or have questions.

## 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](http://cdc.gov/getsmart).

## 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](http://mhsindiana.com/email) to sign up for P4P and other provider communications.

## 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, 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.

## Provider Portal Features

Have you visited the Secure Provider Portal at [mhsindiana.com](http://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!

The screenshot displays the MHS Provider Portal interface. At the top, there are logos for MHS (Your Choice for Better Healthcare), Ambetter, and MHS. Navigation links include 'Features', 'Join Our Network', and 'CREATE ACCOUNT'. The main content area is titled 'The Tools You Need Now!' and includes a message: 'Our site has been designed to help you get your job done. For registration or secure website questions call (866) 912-0327. Manage all products with ease in one location'. Below this are three service tiles: 'Check Eligibility' (Find out if a member is eligible for service), 'Authorize Services' (See if the service you provide is reimbursable), and 'Manage Claims' (Submit or track your claims and get paid fast). On the right side, there is a 'Login' form with fields for 'User Name (Email)' and 'Password', a 'Login' button, and a link for 'Forgot Password / Unlock Account'. Below the login form is a 'Need To Create An Account?' section with a 'Create An Account' button and a 'How to Register' section with a link to learn more.