



the Communicator

ISSUE 4 • 2018 • MHS' NEWSLETTER FOR PHYSICIANS

ExactCare Partnership

MHS has partnered with ExactCare to achieve better health for complex patients, and better outcomes for prescribers. This service provides comprehensive medication management to help complex, chronic patients overcome the challenges of polypharmacy, simplify complex daily medication routines and improve adherence.

It's also more efficient for you! Benefits include:

- Complete medication reconciliation
- Refill synchronization
- Support managing prior authorizations and/or formulary rejections

Find out more about our [partnership with ExactCare](#).

Preferred Drug Lists

Providers can view the preferred drug list (PDL) for each program at [mhsindiana.com](#). The PDLs contain important information on how members can 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.

Your Provider Manual includes additional information about MHS' Pharmacy procedures, including information required to support an exception request and process for generic substitution, therapeutic interchange and step-therapy protocols.

MHS Honors Indiana Providers with Summit Award

MHS is pleased to announce the winners of the 2017 Summit Award for Excellence in Care. This national award, presented to two groups of providers in Indiana, is given for providing quality care and services and achieving outstanding performance scores in regard to Healthcare Effectiveness Data and Information Set (HEDIS) and quality measures.

The 2017 Summit Award for Excellence in Care is given to:

Penny W. Kallmyer, M.D., PC

Dr. Penny Kallmyer is an independent solo pediatric practitioner in Indianapolis. She is located on the Westside in the Eagle Creek Park area. Dr. Kallmyer serves the Indianapolis area and draws from the surrounding counties providing care for both commercially insured and patients with MHS Indiana Medicaid.

Dr. Kallmyer has been a pediatric board certified pediatrician for nearly 25 years. Dr. Kallmyer and her staff work to provide the highest quality of care and services to all pediatric and adolescent patients. Together they manage well care and chronic medical conditions, provide immunizations as well as same day or next day appointments for ill children.

Windrose Health Network

Windrose Health Network (WHN) is a Federally Qualified Health Center (FQHC) that operates largely as a multi-specialty health center with an emphasis on primary and preventative care. It has six health centers that serve medically underserved residents in a six-county service area in Central Indiana. The counties include: Johnson, Shelby, Bartholomew, Brown, Morgan and southern Marion.

WHN currently has approximately 20,000 active patients and will provide more than 70,000 outpatient visits in 2018.

MHS is proud to recognize these healthcare providers for providing exemplary service to MHS members in their communities. With the Summit Award, we thank them. They continue to help Hoosier families live healthy lives. Congratulations!

MHSINDIANA.COM

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.

MHS Quality Improvement Program

The scope of MHS' Quality Improvement (QI) program is comprehensive, addressing the quality and safety of clinical care, quality of service and member experience. The QI program is overseen by the MHS Medical Director along with the Vice President of Quality and Process Improvement and tiered QI committees. You can find a full list of the committees and subcommittees in the MHS provider manual, available at mhsindiana.com.

MHS incorporates all demographic groups, care settings and services in our QI activities, including preventive care, urgent and emergency care, primary care, specialty care, inpatient and outpatient care and ancillary services. To learn more about the QI program you will find the Program Description, annual report card and HEDIS results online at mhsindiana.com.

Appointment Access Standards

MHS and Ambetter from MHS strive to ensure members have access to timely, appropriate care for all their healthcare needs. As a reminder, the below Medicaid appointment standards are for all Medicaid providers, as required by Indiana Health Coverage Programs.

Appointment Type	Access Guidelines
Urgent or emergency	24 hours
Nonurgent	72 hours
Routine physical exam	3 months
Initial appointment (non-pregnant adult)	3 months
Routine gynecological exam	3 months
New obstetric patient	Within 1 month of date of attempt to schedule appointment
Initial appointment (well-child visit)	Within 1 month of date of attempt to schedule appointment
Children with special healthcare needs	1 month
Average office wait time	Equal to or less than 1 hour
Specialist referral: Emergency	24 hours
Specialist referral: Urgent	48 hours

The below appointment access standards are required for our Ambetter members.

Appointment Type	Access Standard
PCPs – Routine visits	30 calendar days
PCPs – Adult Sick Visit	48 hours
PCPs – Pediatric Sick Visit	24 hours
Specialist	30 calendar days
Initial Visit – Pregnant Women	14 calendar days

Office Site Standards

MHS routinely conducts provider site visits as part of the credentialing/recredentialing process, and may also be conducted in follow-up to member complaints or as part of a medical record audit. The site review includes the physical appearance of the office, adequacy of waiting and exam room space, patient safety, adequacy of medical records, appointment availability and after-hours coverage. These are general expectations for a practitioner's office:

- Office staff should be courteous and respectful.
- Signs identifying office and office hours must be clearly visible.
- Facility must be handicapped/wheelchair accessible.
- Office must be clean and free of clutter, with unobstructed passageways.
- Office must have a separate waiting area with adequate seating.
- Office environment must be physically safe.
- Network providers must have a confidential telephone line with 24 hour/7 days a week coverage.
- Member records and other confidential information must be maintained in an area away from public access.
- Medication prescription pads, syringes and sample medications must be locked up and inaccessible to members.

Please see the MHS Provider Manual for more detailed information about medical record keeping and documentation standards.

Shared Decision Making

Did you know that Shared Decision Making with regards to prescribed medication is one of the items assessed in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction survey?

Thank you for taking the extra time to ask your patients about their medication preference and providing the benefits along with any side effects. This can significantly increase patient compliance and satisfaction. It may even increase their CAHPS satisfaction rating!

Pay for Performance Updates

Periodically, MHS posts updated group and individual Pay for Performance (P4P) scorecards and member care gap lists on our secure portal. The latest FAQs and faxback template can also be found on the portal.

The secure portal is located at provider.mhsindiana.com for all product lines. Once you log in, you can view the most current P4P documents under the "Reports" section. If you don't have a login, you can request one by clicking the yellow "Create an Account" button on the portal home page.

You can also sign up for email notifications when the latest scorecard is available. Just go to mhsindiana.com and look for the 'Sign up for Emails' link.

MHS Offers 24/7 Confidential Crisis Text Line for Members

As a healthcare provider, you understand that your patients deal with issues that may be difficult for them to discuss. Substance use is just one example of a topic that a patient may not feel comfortable addressing face-to-face. MHS has partnered with Crisis Text Line to provide another avenue for our members to receive support.

Flyers to hang in your office are available from your Provider Relations Representative. Points of emphasis are that Crisis Text Line is available 24 hours a day, 7 days a week, and is free, anonymous and completely confidential. MHS will not know who utilized the service. The Crisis Text Line is staffed by specially trained Crisis Counselors.

It is important to note that Crisis Text Line is not a replacement for therapy. Therapy includes a diagnosis made by a doctor, a treatment plan of action, and a patient/therapist relationship. Crisis Text Line is intended to help people in moments of crisis. Our member materials encourage members to follow up and discuss any issues with their primary care provider when they feel comfortable.

Members may contact the Crisis Text Line by texting "MHS" to 741741. You can learn more about the program at crisistextline.org.

Free Services for MHS Members

Did you know about the free services available to members? You can always direct a member to call Member Services at 1-877-647-4848 with questions about these or any other services.

- **SafeLink®** – Most MHS members are eligible to get a free SafeLink cell phone with 250 minutes or texts each month, including free calls to MHS. They can visit safelink.com to apply.
- **TEXT4BABY** - Pregnant women and women who have just given birth can get free texts about pregnancy and baby care in either English or Spanish. Learn more at text4baby.org.
- **24-Hour Nurse Advice Line** - MHS' nurse hotline at 1-877-647-4848 is available 24/7 for members to call and ask a nurse health questions any time of day or night. When discussing a serious health concern, we always ask members to call their doctor's office first.
- **Translation** - MHS offers American Sign Language, 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. Telephonic interpreter services are available 24 hours a day, seven days a week and in approximately 150 languages to assist providers and members in communicating with each other when there are no other interpreters available.
- **Transportation** – All MHS members can receive transportation services to medical appointments, the pharmacy after a medical appointment, Medicaid re-enrollment visits, and some MHS member events. Transportation is free, except for Hoosier Care Connect members who have a small copay. Members can reach MHS' transportation vendor through MHS Member Services at 1-877-647-4848.
- **Indiana Tobacco QuitLine** - Free phone-based counseling service that helps Indiana smokers quit. Services include coaching, resources and support. A trained quit coach provides solutions tailored to each individual's needs. Members can call 1-800-QUIT-NOW (784-8669) or you can complete a referral form. Members can earn \$20 in CentAccount rewards for enrolling with the Quitline. Members also qualify for prescription cessation aids like Nicotine gum, lozenges and patches. Make a point to talk to all your patients about tobacco use and cessation.



CHECKING IN WITH DR. YANCY

Members do not need approval from their doctor or from MHS for annual women's checkups, such as a Pap test, chlamydia test or mammogram.

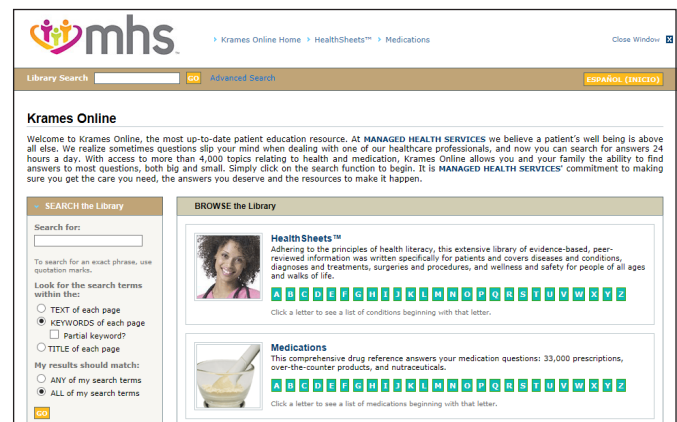
Dr. Eric A. Yancy

MHS Chief Medical Officer and practicing pediatrician

Health Library

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?

Visit mhsindiana.com 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.



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 Christie Burgess



Christie is a MemberConnections Representative based in Fort Wayne.

How long have you been with MHS?

CB: I have been with MHS a total of 15 awesome years!

What is your favorite part about your job?

CB: I love being out in the community building partnerships with organizations and meeting new people.

What projects are you currently working on?

CB: I am on the planning team for the Tim Tebow Night To Shine Prom for people with different abilities! We have an amazing team of leaders! This prom brings so much joy and happiness to all that attend and volunteer. I am looking forward to February 9, 2019!

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

CB: I wish providers knew how hard we worked on planning, preparing for events like the Healthy Celebration and Baby Showers. I wish the members also knew how hard we worked for them, so they could have a great MHS experience!

What do you do in your free time?

CB: I am blessed with two amazing children. They are my world and why I work so hard at everything I do. I am currently in school for my Bachelors in Healthcare Management at WGU.

Contact Christie at 1-877-647-4848, Ext. 20451 or at cburgess@mhsindiana.com.

Provider Portal

Have you signed up for the MHS Secure Provider Portal? The 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
- Access EOPs & capitation reports
- View care gaps for members
- Send secure messages to MHS

Visit mhsindiana.com/login to get started.

Opioid Resource Centers

MHS has a resource available for your members. Hoosiers who are struggling with addiction can visit the online opioid resource center for helpful materials, information and links to statewide support services. Visit the [member resource center](#) to learn more.

MHS also has an online resource guide for providers that focuses on the opioid epidemic. The [provider resource center](#) has information about best practices for opioid treatment, prescribing limits and alternatives, and resources for patients.

MHSINDIANA.COM

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.

Tips for Working with Interpreters through CLAS

MHS is committed to ensuring the linguistic needs and cultural differences of our members are met through our Culturally and Linguistically Appropriate Services (CLAS). We are happy to work with providers who want to learn more about CLAS standards.

Encourage your patients to use a trained professional as an interpreter and not a family member. The family member is not trained and may use imprecise or incorrect language. A patient may also be embarrassed to discuss certain health concerns in front of other family members.

Here are some tips when working with interpreters:

- Give the patient eye contact, even though it may seem natural to speak toward the interpreter.
- Address the patient. Use phrases like “How are you feeling today?” versus “Ask my patient how she feels.”
- Make sure to remind both the patient and the interpreter that discussions are confidential.
- Use language that facilitates the interpreter’s job. Speak slowly, use short sentences, and be mindful that humor rarely translates well.
- Make sure the interpreter knows he or she can ask questions, especially if acronyms or jargons are common in your practice area.
- Don’t tell the interpreter something in front of the patient that you wouldn’t want the patient to hear. Don’t ask interpreters to “not” interpret something.

Visit mhsindiana.com and use the provider helpful links page to learn more. You can also call MHS Provider Relations for more information or to schedule an office visit to discuss CLAS standards.

2018 Medicaid Member Survey Results

Every year MHS asks a randomly selected group of Medicaid members to complete the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

CAHPS measures consumer satisfaction with their experience; the quality of care provided by doctors and specialists and services provided by the health plan. Results are collected in a standardized mixed mode mail/internet/telephone protocol.

Members rated their healthcare, personal doctor, specialist and health plan on a zero to ten scale, with ten being the best. Table 1 reports the percentage of members who responded with a positive rating- 100% is the highest. 2018 scores that are higher than 2017 are in bold.

2018 CAHPS	Healthcare		Personal Doctor		Specialist		Health Plan	
	2017	2018	2017	2018	2017	2018	2017	2018
HHW adult	86%	82%	87%	84%	80%	82%	79%	79%
HCC adult	73%	71%	82%	79%	86%	86%	75%	74%
HIP	76%	79%	83%	81%	75%	83%	76%	77%
HHW child	84%	88%	88%	90%	84%	94%	88%	90%
HCC child	83%	83%	88%	86%	89%	88%	84%	80%

The remaining survey results that decreased or did not show improvement have been targeted for improvement with interventions focused on customer service and getting needed care, especially appointments with specialists.

We welcome your ideas on steps we can take to improve. Talk with your Provider Partnership Associate or send us an email through the provider portal.