



the Communicator

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MHS Honors Indiana Provider with Summit Award

MHS is pleased to announce the winner of the 2019 Summit Award for Excellence in Care. This national award, presented to a provider 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 2019 Summit Award for Excellence in Care is given to:
TERESA RUIZ, M.D.

Dr. Teresa Ruiz is located at Witham Pediatrics in Crawfordsville. Dr. Ruiz serves the Crawfordsville area and surrounding communities including Tippecanoe County, Boone County and other areas of Montgomery County. She provides care for both commercially insured and patients with state Medicaid including MHS. Her solo practice has had over 3,000 visits this year. Dr. Ruiz has been with Witham Health Services for 14 ½ years.

MHS is proud to recognize Dr. Ruiz and her team for providing exemplary service to MHS members in their community. With the Summit Award, we thank them. They continue to help Hoosier families live healthy lives. Congratulations to Dr. Ruiz and her team!



The Summit Award presentation was held on October 25, 2019 in Crawfordsville. From left to right: Brooke Hutchison, Gabriela Dominguez, Stephanie Reath, Dr. Teresa Ruiz, Dr. John Ellis, MHS Senior Medical Director & Jill Claypool, MHS Vice President, Network Development & Contracting.

Annual Dental Visit Talking Points

- Dental cavities are the most common form of chronic illness in American children-- five times more common than asthma, four times more common than early-childhood obesity, and 20 times more common than diabetes--and they are largely preventable.
- Dental disease has been linked to heart disease, stroke, diabetes, pneumonia, and can lead to malnourishment, bacterial infections, and difficulties in cognitive and social development. Scheduling regular dental appointments is the easiest and most effective way to avoid more serious oral health concerns.
- Many MHS members may also earn a \$20 My Health Pays® reward for completing a yearly dental well care visit (based on eligibility). All children age 1-20 have dental benefits, as do members with pregnancy coverage and Healthy Indiana Plan members (excluding HIP Basic).
- There are many benefits to receiving regular dental care:
 - Routine oral health exams reduce the risk of developing gum disease and cavities.
 - Fluoride varnish and sealant treatments can help prevent cavities.
 - Establishing an early relationship with a trusted dentist can lead to a willingness to attend dental appointments in the future.
 - Regular cleanings can help prevent the development of cavities and tooth decay.
 - Many children miss school and feel excluded from their peer group due to poor oral health.
 - Visit a pediatric dentist no later than the child's first birthday.

For assistance selecting a dentist, verifying dental coverage, scheduling an appointment or arranging transportation, members are encouraged to call the MHS Care Engagement Team at 1-844-817-9230.

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.

2019 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. 2019 scores that are higher than 2018 are in raspberry.

2019 CAHPS	HEALTHCARE		PERSONAL DOCTOR		SPECIALIST		HEALTH PLAN	
	2019	2018	2019	2018	2019	2018	2019	2018
HHW adult	82%	81%	86%	84%	92%	82%	82%	79%
HCC adult	70%	71%	84%	79%	84%	86%	77%	74%
HIP	76%	79%	81%	81%	78%	82%	82%	77%
HHW child	89%	88%	90%	90%	87%	94%	89%	90%
HCC child	87%	83%	88%	86%	86%	88%	83%	81%

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.

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](#).

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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.

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

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.

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:

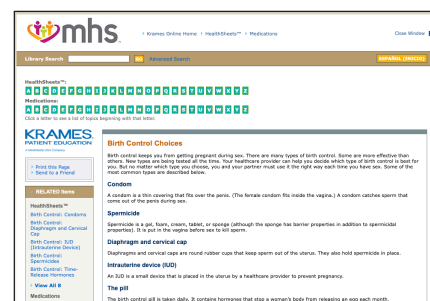
- Office staff should be courteous and respectful.
- Signs identifying office and office hours must be clearly visible.
- Facility must be handicapped/wheelchair accessible.
- Office must be clean and free of clutter, with unobstructed passageways.
- Office must have a separate waiting area with adequate 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.

Health Library

Are you looking for education materials for MHS members? Do you address teen pregnancy when talking with your patients? You can find information on teen pregnancy and birth control choices at <http://mhsindiana.kramesonline.com/3,S,82203>.

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.



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 My Health Pays® 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.

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.

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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.

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.



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

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!

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.

