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the Communicator

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Annual Monitoring For Patients On Persistent Medications

When it comes to medications, safety is very important. This is especially true for our members at an increased risk of adverse medication events from long-term use of angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARB), Digoxin and Diuretics.

Adult members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy must be monitored at least annually.

ACE or ARB: At least one serum potassium and a serum creatinine therapeutic monitoring test in the calendar year.

- A lab panel test (Lab Panel Value Set).
- A serum potassium test (Serum Potassium Value Set) and a serum creatinine test (Serum Creatinine Value Set).

Digoxin: At least one serum potassium, at least one serum creatinine, and at least one serum digoxin therapeutic monitoring test during the calendar year:

- A lab panel test (Lab Panel Value Set) and a serum digoxin test (Digoxin Level Value Set).
- A serum potassium test (Serum Potassium Value Set) and a serum creatinine test (Serum Creatinine Value Set) and a serum digoxin test (Digoxin Level Value Set).

Diuretics: At least one serum potassium and a serum creatinine therapeutic monitoring test during the calendar year:

- A lab panel test (Lab Panel Value Set).
- A serum potassium test (Serum Potassium Value Set) and a serum creatinine test (Serum Creatinine Value Set).

Note: Tests do not need to occur on the same service date, only within the same calendar year.

Utilization Management

Utilization Management (UM) decision making is based on appropriateness of care and services and the existence of coverage. MHS does not reward providers, practitioners, staff or any other UM decision maker for issuing denials of coverage or decisions that result in underutilization.

UM Review Criteria have been established to ensure services provided to members are medically necessary, conform to nationally recognized standards of care and are provided in a cost effective and quality manner. Criteria are based on Milliman Care Guidelines, federal and state mandates, MHS and Centene Corporation policy. They address medical and surgical admission, outpatient procedures and ancillary services. The criteria are used as a screening guide as part of the decision process. They are never used as a substitute for practitioner judgment as decisions are based on currently accepted medical and behavioral health care practices, member needs and local delivery system. Providers can request a copy of the criteria used to make a specific adverse decision by calling the MHS Peer-to-Peer line, 1-855-696-2613.

Disease Management

Disease Management (DM) programs for COPD, Asthma, Diabetes and Heart Failure/Coronary Artery Disease are available for members who would benefit from health and lifestyle management coaching for their chronic condition(s).

MHS Members who meet criteria are offered a health assessment to gather interest in the program, quality of life information due to symptoms and restrictions, external support and compliance with treatment plans and past programs. Responses are scored and ranked according to complexity, clinical risk and readiness to change. Members at the lower end receive educational material focused on their disease process, medication and self-management. Members at higher levels receive active coaching by telephone and the potential for in-home visits in addition to personalized education. Providers can directly refer MHS members for Disease Management by submitting the Care/Case/Disease Management request available through the mhsindiana.com website, forms section or by calling Member Services.

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2017 Mid-Year Update from MHS President & CEO Kevin O'Toole

MHS has started 2017 strong by adding new members, new programs and new benefits. A few highlights from the year so far:

Kevin O'Toole
MHS President & CEO

- In April, our fellow managed care entity (MCE) MDwise exited the Hoosier Care Connect market. As a result, approximately 13,000 Hoosier Care Connect members transferred to MHS and joined our strong Hoosier Care Connect program. MHS offers individualized care coordination services to all of our Hoosier Care Connect members, and we look forward to working with this new population to help them stay healthy. Our member services and provider relations teams worked extremely hard to make the transition to MHS as seamless as possible for our new members and our providers.

- MHS also witnessed a large increase in our Ambetter from MHS membership this year. Ambetter is our marketplace insurance product, offered in 32 counties across the state. Our Ambetter membership more than doubled, to about 50,000 current members.

- All Healthy Indiana Plan (HIP) members now have access to free transportation through MHS. We offer unlimited ride services to and from doctor appointments, to the pharmacy after a doctor visit, to Medicaid re-enrollment visits and to MHS member events. In the past this service was only offered to Hoosier Healthwise and Hoosier Care Connect members, but we never want transportation to be a barrier to getting needed care. We are proud to expand this service to all of our members.

- We're working on new programs to encourage members to POWER Up to HIP Plus, and to make the Health Needs Screening easier to complete. Read on for more information about these programs.

As always, we could not improve the health and lives of our members without the ongoing support of our community partners. Thank you for all you do for our members.

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, 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 Health Care Portal 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

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. 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.

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 to sign up for P4P and other provider communications.

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!