



the Communicator

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2017 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. 2017 scores that are higher than 2016 are in bold.

2017 CAHPS	Healthcare		Personal Doctor		Specialist		Health Plan	
	2016	2017	2016	2017	2016	2017	2016	2017
HHW adult	86%	87%	86%	87%	87%	80%	75%	79%
HCC adult	88%	87%	77%	82%	80%	86%	68%	75%
HIP	70%	76%	78%	83%	77%	75%	73%	76%
HHW child	88%	88%	88%	87%	85%	84%	86%	88%
HCC child	87%	87%	87%	88%	88%	89%	79%	84%

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 Rep 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.

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!

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

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 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.

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 Shirley Thomas

Shirley is a MemberConnections Representative based in Indianapolis.

How long have you been with MHS?

ST: I've been with MHS for a year and a half.

What is your favorite part about your job?

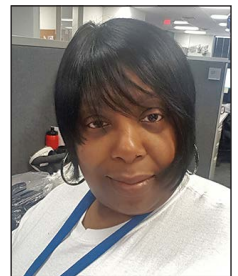
ST: My favorite part is educating our members, community partners, and the community at-large about the programs, benefits, and services MHS offers.

What projects are you currently working on?

ST: I'm currently working with providers to plan Healthy Lifestyle events. Healthy Lifestyle events are fun, free events where members learn about healthy cooking and exercise from experts. We also give information on nutrition, and offer free health screenings.

What do you do in your free time?

ST: I enjoy spending my free time with family, especially my grandchildren, and friends, as well as dancing, i.e., 8-Count Chicago Step.



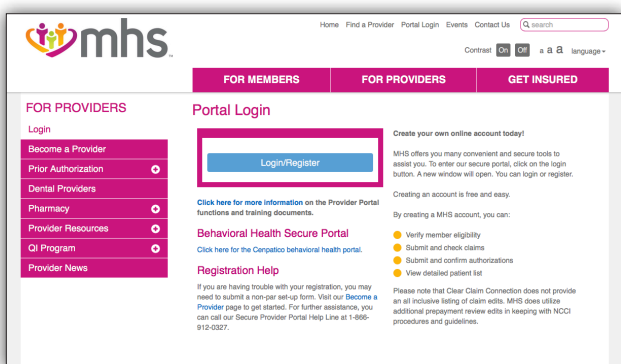
Provider Portal

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



Indiana's Opioid Epidemic Resource

MHS has a new resource available for your members, *Indiana's Opioid Epidemic: What you need to know*.

The handout addresses common questions such as:

- What is an opioid?
- What are other ways to treat pain?
- How can I prevent addiction to opiates?

You can learn more at mhsindiana.com. Click on *Indiana's Opioid Epidemic* in the Brochures section.

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.



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

MHS Honors Indiana Providers with Summit Award

MHS is pleased to announce the winners of the 2016 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 2016 Summit Award for Excellence in Care is given to:

- **INDIANAPOLIS INDEPENDENT PEDIATRICIANS, PC**
Indianapolis Independent Pediatricians is an independent pediatric practice located in Indianapolis, Indiana. Indianapolis Independent Pediatricians serve the central and westside of Indianapolis and care for patients with commercial insurance and Indiana Medicaid.

Dr. Daniel Hayford became president of Indianapolis Independent Pediatricians in 2008. Both he and his associate, Dr. Shana Zwick, are pediatric board certified. Their mission is to provide quality, comprehensive, cost-effective care to infants, children, adolescents and young adults. Indianapolis Independent Pediatricians is committed to providing medical services in a caring and cheerful environment.

- **THE SOUTH BEND CLINIC, LLP**
The South Bend Clinic has been serving families in the South Bend region for more than 100 years. The South Bend Clinic is more than 100 providers strong and offers everything from primary care to specialized care services, rehabilitation and a wound healing center. It provides affordable, convenient medical care on six different campuses throughout South Bend, Granger and New Carlisle along with staffing offices in Elkhart and Berrien Springs. The South Bend Clinic continues to grow and serve the Michiana community with high-quality, personalized care.

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!

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.

1115 Waiver Updates

In compliance with the 1115 Waiver, MHS is making changes to the Healthy Indiana Plan (HIP) Maternity program. Currently in HIP 2.0, members who became pregnant were either moved into Hoosier Healthwise for the duration of their pregnancy, or given a HIP Pregnancy status as well as a HIP Maternity ID card.

Beginning in February 2018, all members enrolled in HIP who become pregnant during their benefit year, will stay in the HIP program. Her cost sharing will be suspended and she will have no copayments and/or will not pay a POWER Account contribution. She will also have a standard HIP member ID card.

Additionally, Medicaid applicants who are pregnant at the time of application will be placed in the appropriate program based on their federal poverty level (FPL). If their FPL is above 138%, they will be enrolled directly into Hoosier Healthwise. If their FPL is at or below 138% FPL, they will be enrolled directly into HIP. Members will stay with their assigned program at the end of their pregnancy.

Learn more about the 1115 Waiver on our online provider resource center at mhsindiana.com/providers. If you have questions about Pregnancy in the HIP program please reach out to your Provider Partnership Associate or call Provider Services at 1-877-647-4848.