



# the Communicator

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## MHS Quality Improvement Program

MHS is committed to managing a well-designed and well-implemented Quality Improvement (QI) program. MHS culture, systems and processes are structured around our mission to improve the health of all members.

**The Scope of the Program** — The scope of the QI program is comprehensive, addressing the quality and safety of clinical care and services provided to our members, including medical, behavioral health and vision care. The QI program is overseen by the MHS Medical Director, QI Director and our tiered QI committees. You can find a full list of the MHS QI committees in the MHS provider manual, available at [mhsindiana.com](http://mhsindiana.com). MHS incorporates all demographic groups, care settings and services in our QI activities, including preventive care, emergency care, primary care, specialty care, inpatient and outpatient care and ancillary services.

**Goals and Objectives** — MHS' primary QI goal is to improve members' health through a variety of meaningful improvement activities implemented across all care settings, aimed at improving quality of care and services delivered. This includes planning, implementing and monitoring programs. The QI program includes several components such as, but not limited to:

- Quantitative and qualitative analysis of NCQA-required care processes.
- Investigation and tracking of member complaints and potential quality of care concerns.
- Ongoing monitoring of key performance measures such as access and availability.
- Ensuring that members with chronic conditions are receiving recommended tests and appropriate medications.
- Member and provider feedback via surveys, committee participation, and direct feedback through customer service.
- Healthcare Effectiveness Data and Information Set® (HEDIS) data reporting, on a set of nationally established health process and outcome standards.

Learn more about the QI program online at [mhsindiana.com](http://mhsindiana.com) or call us at 1-877-647-4848.

## 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
Non-urgent	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 GUIDELINES
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

## MHSINDIANA.COM

MHS is a health insurance provider that has been proudly serving Indiana residents for two decades through Hoosier Healthwise, the Healthy Indiana Plan and Hoosier Care Connect. MHS also offers a qualified health plan through the Health Insurance Marketplace called Ambetter from MHS. MHS is your choice for affordable health insurance.

## Office Site Standards

MHS routinely conducts provider site visits. Site visits are conducted 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 is one of the items assessed in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) member satisfaction survey? We want our members to feel like they have a voice in the decisions made about their care.

Thank you for taking the extra time to speak with your patients about benefits, side effects, and medication concerns as these actions can significantly increase patient compliance and satisfaction.

## 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](http://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](http://mhsindiana.com) and look for the 'Sign up for Emails' link.

## 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](http://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](http://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.



## JUST A THOUGHT

BY 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

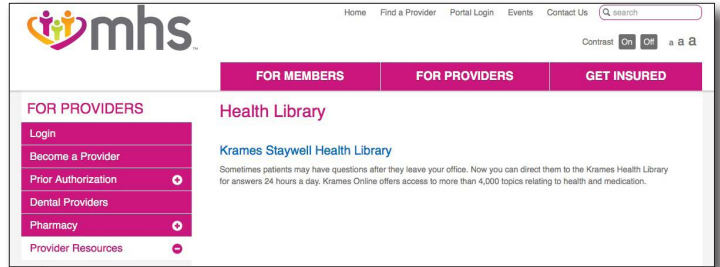
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## Health Library

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](http://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 on our Provider Guides page.



### Meet Marie Anaya-Cross

Marie is a MemberConnections Representative who has been with MHS for 16 years. She is based in MHS' Merrillville office and serves members in the northern part of the state.

### What is your favorite part about your job?

There are many favorite parts of my job! I love helping members get the services they need. For example, if they need transportation to an appointment, we offer unlimited rides to and from provider visits, so I can assist them in scheduling a ride.

A member may need clothing, food or help with their gas bill - we can refer a member to the services in their community and get them the help they need. What makes my job rewarding is when the member will call back and say thank you and that they were able to utilize the referrals.

We host Healthy Celebrations where members are seen by their provider. Afterwards they get to enjoy snacks, receive a goody

bag and play games. To see the smiles on their faces is a big plus. Educating members at events is a rewarding experience because they don't always realize all the great programs MHS offers.

### What are you working on now?

Today I'm going to an enrollment event at Gary City Hall to help attendees learn more about health insurance programs and how to sign up. I'm currently scheduling Community Influencer meetings, Healthy Celebrations, Baby Showers and community presentations.

### What do you wish members knew about your job?

I wish our members and providers knew how valuable Member Connections are and how we truly care about their needs, questions and concerns. We are here for them, and we want to help!

### What do you like to do outside of work?

I am a mother of six beautiful children, and have ten grandchildren and two great-grandchildren. During any free time I may have I spend it with my family and close friends.

## 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](http://mhsindiana.com/login) to get started.

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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.

Visit [mhsindiana.com](http://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.

### *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 the 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.

## MHS Honors Indiana Providers with Summit Award

MHS is pleased to announce the winners of the 2015 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 2015 Summit Award for Excellence in Care is given to:

### **Major Pediatrics – Shelbyville**

Major Pediatrics is a full service provider of pediatric care, and offers a full spectrum of services for all children at every stage of growth and development. Their board-certified pediatricians and nurse practitioners also stress health education and work to address parent concerns. Committed to providing children with the finest health and wellness care, the practitioners at Major Pediatrics have an underlying philosophy that each child is unique and every child is special.

### **Kids First Pediatrics on 30 – Dyer**

Kids First Pediatrics on 30 is an independent pediatric practice located in Dyer, Ind. It was opened in 2005 by Dr. Tae’Ni Chang-Stroman, who had a mission of practicing medicine with a more personal touch and using the latest technology to provide the best care possible while being cost-effective. Since its opening, Kids First Pediatrics has expanded to a group of four board-certified pediatricians and their support staff, striving to provide the best care and service to patients and parents. The practice has been voted Best of the Region by patients every year since 2009.

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!**

## Best Practice Guidelines for the Treatment of Opioid Use

In 2016, the Indiana General Assembly passed Senate Enrolled Act 297 which included the requirement for FSSA to develop clinical practice guidelines for office-based opiate treatment. The intent of the guidelines is to provide a standard of care for the treatment of opioid use disorders (OUDs) in the State of Indiana.

Based upon criteria from the American Society of Addiction Medicine (ASAM), the guidelines provide a comprehensive framework for the treatment of opiate addiction in an office setting. The guidelines were authored by Dr. Leslie Hulvershorn, who serves as the Medical Director for the Division of Mental Health and Addiction (DMHA). The guidelines were then reviewed within DMHA and circulated for review to stakeholders such as Mental Health America of Indiana, Addiction Psychiatry faculty and fellows from the Indiana University School of Medicine, and CleanSlate Centers.

The guidelines have the goal of opioid abstinence when appropriate or the minimal clinically necessary dose of medication.

Treatment providers shall provide comprehensive treatment options, including:

1. Opioid maintenance
2. Opioid detox
3. Overdose reversal
4. Relapse prevention
5. Long acting, non-addictive medication assisted treatment medications

Treatment for opioid use disorders shall be comprehensive and include:

1. Initial and periodic behavioral health assessments for each patient
2. Informed consent concerning all available opioid treatment options, including each option's potential benefits and risks, before prescribing medication
3. Appropriate use of providing overdose reversal medication, relapse prevention, counseling and ancillary services
4. Transitioning off agonist and partial agonist therapies, when appropriate, with the goal of opioid abstinence

These guidelines apply to inpatient and office-based opioid treatment (OBOT) providers and Opioid Treatment Providers (OTPs; i.e., "methadone clinics") in their use of buprenorphine and naltrexone. These guidelines are not intended to be a substitute for formal medical training in the treatment of substance use disorders.

