



Become a fan of MHS page on Facebook!



## ICD-10 Update

MHS Health is preparing for the implementation of ICD-10 on October 1, 2015. We are currently in the advanced stages of internal remediation and are continuing to work with all stakeholders on readiness activities.

We are monitoring progress and are in conversations with providers, clearinghouses, vendors and state agencies on their plans for a successful implementation. We will be ready to receive ICD-10 codes on claims with end dates on or after October 1, 2015, and on authorizations beginning on July 1, 2015, for services beginning on or after October 1, 2015.

ICD-10 updates will be made available to providers on our website and through Provider Relations staff. The website content will be published on a quarterly basis and will address our readiness activities and FAQs.

To prepare for a successful implementation, we will be conducting end-to-end testing with providers on a limited basis in early 2015. Testing will occur throughout Quarter 1 in 2015 and will be the only window available to providers for end-to-end testing. For more details on end-to-end claims testing, please reach out to MHS Health Provider Relations. If providers are not able to participate in end-to-end testing, claim “format” testing will still be made available throughout 2015.

## The Intersection of Asthma and Heart Disease

**We've long known** that heart disease may be accompanied by diabetes or depression. Researchers continue to explore a link between asthma and heart disease. Two recent studies, presented at the American Heart Association's annual meeting in 2014, suggest an association—though they do not prove a causal relationship.

One of the studies showed that individuals with active asthma had about a 70 percent higher risk of heart attack than those without asthma—even when controlling for risk factors like obesity, hypertension, smoking, diabetes and high cholesterol.

Another study found that those who take daily medications for their asthma have a 60 percent greater chance of heart attacks and strokes versus individuals without asthma.

The question remains whether there is a causal relationship between asthma and heart disease or whether

the association is the result of the same factors influencing both conditions.

The short-term takeaway, however, may be the need for increased awareness and education among asthma patients. Asthma patients may dismiss chest pain or discomfort as an asthma symptom and fail to get adequate treatment in time.

It's also important for physicians to help asthma patients manage their modifiable cardiovascular risk factors, researchers note.

The asthma medication adherence HEDIS measure takes into account patients ages 5 to 64 with asthma who receive medication for long-term control of asthma. Two rates are measured—the percentage of patients who stay on their asthma controller medication for at least 50 percent of the treatment period and the percentage who remain on their controller medication for at least 75 percent of the treatment period.

### HOW ARE WE DOING?

HEDIS MEASURE	HEDIS RATE	GOAL: NCQA %
Asthma Medication Ratio:		
▶ Medication Compliance 50%	57.28%	N/A
▶ Medication Compliance 75%	31.01%	34.96% (75th percentile)

# Member Rights and Responsibilities

## How to Refer to Case Management

Medical case management is a collaborative process that coordinates and evaluates options and services to meet an individual's health needs. It relies on communication and resources to promote quality and cost-effective outcomes.

MHS Health Wisconsin case management is intended for high-risk, complex or catastrophic conditions—including transplant candidates and members with special healthcare needs and chronic conditions, such as asthma, diabetes, sickle cell disease, HIV/AIDS and congestive heart failure.

Case managers can help patients understand why it's important to follow the treatment plan outlined by their physician. They are a resource for the healthcare team, the member and the member's family.

» Our case management team is here to support your team with non-adherence, new diagnosis and complex multiple comorbidities. Providers can directly refer members to our case management program at any time. Call **1-800-222-9831** to get information about the case management services offered or to initiate a referral. Learn more about our case management services at [www.mhswi.com](http://www.mhswi.com)

**MHS Health Wisconsin's** member rights and responsibilities policy addresses member treatment, privacy and access to information. We have highlighted a few key elements below. There are many more and we encourage you to consult your provider manual to review them.

Find the complete provider manual online at [www.mhswi.com](http://www.mhswi.com) or get a printed copy by calling **1-800-222-9831**.

Member rights include:

- ▶ Being treated with respect and with due consideration for his/her dignity and privacy.
- ▶ Participating in decisions regarding his/her healthcare, including the right to refuse treatment.
- ▶ Receiving complete information about his/her specific condition and treatment options, regardless of cost or benefit coverage.

Member responsibilities include:

- ▶ Providing, to the extent possible, information needed by providers for care.
- ▶ Making his/her primary care provider the first point of contact when needing medical care.
- ▶ Following appointment scheduling processes.
- ▶ Following instructions and guidelines given by providers.

## Disease Management Can Help Your Patients

As part of our medical management and quality improvement efforts, we offer members disease management programs.

Disease management programs aim to:

- ▶ Promote coordination among the medical, social and educational communities.
- ▶ Ensure that referrals are made to the proper providers.
- ▶ Encourage family participation.
- ▶ Provide education regarding a member's condition to encourage adherence and understanding.

- ▶ Support the member's and caregiver's ability to self-manage chronic conditions.
- ▶ Identify modes of delivering coordinated care services, including home visits.

These programs are intended for patients with conditions such as asthma, diabetes, COPD, heart failure and high-risk pregnancies. Learn more about our disease management services by visiting [www.mhswi.com](http://www.mhswi.com) or by calling **1-800-222-9831**.

## MEASURING PERFORMANCE

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures updated annually by the National Committee for Quality Assurance (NCQA).

HEDIS is used by most health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with information to compare healthcare plans. Final HEDIS rates are typically reported to

NCQA and state agencies once a year.

Through HEDIS, NCQA holds MHS Health Wisconsin accountable for the timeliness and quality of healthcare services (including acute, preventive, mental health and others) delivered to its diverse membership. We also review the HEDIS data for ways to improve rates. It's an important part of our commitment to providing access to high quality and appropriate care to our members.

You can help us improve our quality ratings. Familiarize yourself with the HEDIS topics covered in this issue of the provider newsletter. Also, review our clinical practice guidelines at [www.mhswi.com](http://www.mhswi.com).

We want to work with you. If you have any questions about coverage, claims, credentialing or contracting, call us at **1-800-222-9831** or visit [www.mhswi.com](http://www.mhswi.com). If you or one of our members would like a paper copy of anything found on our site, please call **1-888-713-6180**.

## The Unexpected Reach of Depression

Depression is a serious medical condition—one that can accompany other chronic diseases or present independently.

Many people with depression do not get the care they need. In fact, it's estimated that only about two-thirds of those with depression seek treatment. Additionally, it can take years to get a diagnosis and begin treatment after the onset of depression. That's why it's important for primary care physicians to be on the lookout for signs and symptoms of depression and to educate patients when possible.

Some research indicates that nearly 10 percent of primary care patients have a major depressive disorder. However, patients may be reluctant to use the word "depressed" and may deny having depression when asked.

Plus, symptoms of an illness being treated may overlap with the symptoms of depression, making it harder to identify mental illness. Look out for the following signs of depression:

- ▶ Unexplained weight loss and fatigue
- ▶ Anxiety
- ▶ Reduced concentration
- ▶ Lack of interest in activities
- ▶ Headaches
- ▶ Gastrointestinal problems
- ▶ Heart palpitations

Practitioners may also notice subtle signs of changing mental health—for instance, a patient who stops caring for his physical appearance or a patient who complains of sleep troubles. If you do identify depression in a patient, let them know that help is available. Therapy can be helpful for some people, while others find relief with medications or other treatments.

Whether you treat depression in your office or choose to refer patients, set patients up for success with realistic expectations: Let them know that relief is likely, but that it won't be instant, and be sure to prepare them for the potential side effects of treatment.

» **FOLLOW-UP IS KEY:** MHS Health Wisconsin can help your patients schedule appropriate after-care to improve the follow-up rates for members who have been hospitalized for a behavioral health condition.

A patient who has been hospitalized for a mental illness should be seen within 7 and 30 days of discharge.

Please contact MHS Health Wisconsin if you have a patient who has been recently hospitalized for a behavioral health condition and who is having difficulty arranging a post-discharge appointment. We will work with your staff to make these arrangements.

## Encouraging Regular Prenatal Care



**You know the statistics:** Women who do not receive prenatal care are three times more likely to have low birth-weight babies and five times more likely to lose the baby. Still, in a recent study, about 20 percent of women who gave birth didn't receive care until the second trimester, and 6 percent didn't receive prenatal care until the third trimester or at all.

Here are a few ways you can help make a difference for your patients.

▶ **Talk to women before they become pregnant.** For some women, there is a health literacy gap. And if she's only seeing you once a year, you can miss an opportunity to provide education about prenatal care if you wait until she becomes pregnant. Let women know that after a positive home pregnancy test, they should schedule a prenatal exam with an ob/gyn to confirm the pregnancy and begin prenatal care. This is also a good time to talk about prenatal vitamins and folic acid with women who hope to conceive.

▶ **Make it easy.** Make scheduling prenatal visits simple for pregnant patients. For example, encourage them to make their next appointment before they leave your office. Provide them with information at each visit, so they know what to expect. For

example, give women easy-to-understand instructions for blood work or tests and for registering for parenting, prenatal and breastfeeding classes.

▶ **Hand out a prenatal care schedule.** Share a prenatal care schedule (see sample below) with newly pregnant women so they understand that prenatal care starts immediately and continues throughout their pregnancy.

When you confirm a member's pregnancy, it's important to submit the necessary notification of pregnancy (NOP) form to MHS Health Wisconsin. Doing so helps us best use our resources to help you and your patients achieve a healthy pregnancy. Visit [www.mhswi.com](http://www.mhswi.com) for the NOP form.

### SAMPLE PRENATAL SCHEDULE:\*

- ▶ Weeks 4 through 28 – Once a month
- ▶ Weeks 28 through 36 – Every two weeks
- ▶ Week 36 through birth – Once a week

*\*Note: Women who are older than 35 or have what is considered a high-risk pregnancy may need to see their doctor more often. This is a sample schedule and not a recommendation for care or proof of coverage.*

## Caring for ADOLESCENTS

For parents, watching their children grow can cause mixed emotions. Growing into adulthood is a time of great transition—including changes in healthcare needs. MHS Health Wisconsin supports members of all ages getting the care they need.

Parents and providers should discuss whether growing children are seeing the right doctor. Children who are seeing pediatricians may need to switch to an adult doctor. Talk with parents about this transition. You can help ensure that there are no breaks in children's care.

MHS Health Wisconsin is required to provide information about how it can help members who are reaching adulthood choose an adult primary care practitioner.

It's important for children to see their doctor at least once a year. Members who need help finding the right doctor or making appointments can call our Member Services staff at **1-800-222-9831**.

» MHS Health Wisconsin providers, please notify us when you or your group have demographic changes.

The “Information Changes About Your Practice” form can be found in the Provider Resources link on our website. Please contact our Provider Inquiry Line at 1-800-222-9831 if assistance is needed.



## ADHD Diagnoses On the Rise

It used to be that 90 percent of all people who were prescribed Ritalin lived in the U.S. But that’s changing, as worldwide diagnoses of ADHD are on the rise. A paper questioning the reasons for this change recently received attention.

Sociologists Peter Conrad and Meredith Bergey published a paper in *Social Science and Medicine*, examining the growth of ADHD in the U.K., Germany, France, Italy and Brazil.

They suggest there are five non-medical reasons why ADHD diagnoses and Ritalin prescriptions are increasing:

1. Determined lobbying by pharmaceutical companies to allow direct marketing of medications.
2. The greater popularity of medication than counseling or other non-medical treatments.
3. Increased usage of the Diagnostic and Statistical Manual (DSM)—and acceptance of its broader ADHD standards—in Europe and South America.

4. ADHD advocacy groups raising awareness of pharmaceutical treatments
5. Online research that leads consumers to checklists or articles from drug companies, suggesting they ask their doctors about medication.

Bergey and Conrad note that these reasons do not have anything to do with medicine, warning doctors and consumers to be careful to distinguish between what is “part of the human condition” (e.g., we all fidget or are restless sometimes) and what is actually a disease.

The HEDIS measure for follow-up care for children ages 6 to 12 prescribed ADHD medication states that children who are receiving a new ADHD medication should have a follow-up visit to the prescribing doctor within 30 days of starting the drug. Then, after the initial follow-up visit, the child should have two subsequent follow-up visits during the next nine months.

### HOW ARE WE DOING?

HEDIS MEASURE	HEDIS RATE	GOAL: NCQA %
Follow-Up Care for Children Prescribed ADHD Medication:		
▶ Initiation Phase	41.71%	46% (75th percentile)
▶ Continuation and Maintenance Phase	53.85%	56% (75th percentile)

## ARE YOU AVAILABLE?

“Availability” is defined as the extent to which MHS Health Wisconsin contracts with the appropriate type and number of practitioners necessary to meet the needs of its members within defined geographic areas. The availability of our network practitioners is essential to member care and treatment outcomes.

MHS Health Wisconsin evaluates its performance in meeting these standards and appreciates providers working with us. Summary information is reported to the Quality Improvement Committee for review and recommendation and is incorporated into our annual assessment of quality improvement activities. The Quality Improvement Committee reviews the information for opportunities for improvement and provides recommendations.

Take note of our current geographic accessibility standards:

Network primary care providers (PCPs) serve as the medical home of MHS Health Wisconsin/Network Health Plan members. The “medical home” concept helps establish patient-provider relationships and leads to better health outcomes.

We consider clinicians in the following fields to be PCPs: family practice, general practice, internal medicine, obstetrics/gynecology and pediatrics. Ob/gyns may elect to be considered a primary care provider or a specialist in the MHS network.

MHS Health Wisconsin expects that network PCPs:

- ▶ Have a 24-hour answering service or a telephone recording instructing members how they can access care after regular office hours. An answering machine directing callers to the nearest emergency room is not sufficient to meet this standard.
- ▶ Respond to all pages/telephone calls within two hours
- ▶ Arrange appropriate coverage when absent from their practice for vacation, illness, education or other reason and notify MHS, in advance, of the names of the MHS clinicians who are covering. Coverage will be by other MHS network clinicians.
- ▶ Have hours of operation that do not discriminate against BadgerCare Plus and SSI enrollees.
- ▶ Schedule appointments regardless of type of insurance coverage.
- ▶ Schedule office appointments so that the average waiting time in the office before being seen by a clinician is no more than 30 minutes.
- ▶ Ensure that patients over the age of 18 years receive information on advance directives and are informed of their right to execute an advance directive. Providers must document such information in the patient’s medical record.



1-800-222-9831  
www.MHSWI.com