



Do we have your correct practice information? We are required to send you policy updates and other important news. Update your practice changes online for [behavioral health](#) or [medical](#).



## Impact of SDoH on Behavioral Health

Primary care providers are considered the main source of support for patients trying to achieve a higher quality of health. Today more than ever, you probably find yourself managing a multitude of health-related concerns.

The past couple of years have put incredible stressors on the world, and many individuals find themselves facing any number of life challenges, with anxiety and depression topping the list. Many of which can be attributed to social determinants of health (SDoH). SDoH can affect both physical and mental health.

According to the National Alliance on Mental Illness (NAMI), by collectively focusing on social determinants of health, we can improve mental health outcomes, including preventing mental illness.

MHS Health member benefits include comprehensive support for SDoH and behavioral health needs. Our network providers are critical in helping MHS Health identify members in need.

Since early 2020, MHS Health has seen a significant increase in the need for first-time behavioral health services. While some may just need ideas for coping, others may need further intervention to determine what factors may be causing them and help in finding treatment options.

Wellness visits provide an ideal opportunity to talk about SDoH, identify signs of distress, and educate members about how their mental health influences their physical health and overall wellbeing.

We understand that the time allotted for patient appointments is brief and much information needs to be gathered during that visit. There are convenient and easy tools to help you screen for SDoH, keep track of your patients' SDoH, and make referrals to helpful resources when needed.

- ▶ You can screen your patients using tools that may already be embedded in your EHR (i.e., Epic's SDoH Wheel, PRAPARE, etc.) or the [SDoH screener \(PDF\)](#) tool from the American Association of Family Physicians (AAFP).

- ▶ One of the best steps you can take to get a complete picture of your patients is to document and track their SDoH using Z codes.

SDoH-related Z codes are based on self-reported data and/or information documented in an individual's health care record by any member of the care team.

These Z codes, ranging from Z55-Z65, are the ICD-10-CM encounter reason codes used to document SDoH data (e.g., housing, food insecurity, transportation, etc.).



Analysis of Z code data can help improve quality, care coordination, and experience of care by

- Identifying individuals' social risk factors and unmet needs.
- Informing health care and services, follow-up, and discharge planning.
- Triggering referrals to social service that meet individuals' needs.
- Tracking referrals between providers and social service organizations

Using Z codes on your claims can also help MHS Health direct our care management services appropriately. If you want to learn more about Z codes or how to document SDoH, ask your Provider Relations Rep. If you are unsure of your Provider Relations Rep, email us at: [WI\\_Provider\\_Relations@mhswi.com](mailto:WI_Provider_Relations@mhswi.com).

- ▶ Referrals to community-based resources can be made to [Aunt Bertha's Find Help](#) site or through [211](#). You can always reach out to MHS Health directly if you need help for one of our members. Contact us by calling our Provider Inquiry Line at 1-800-222-9831 or through the secure Provider Portal at [mhswi.com](https://mhswi.com).

MHS Health members can learn more about their behavioral health benefits by visiting [mhswi.com](https://mhswi.com) or calling 1-888-713-6180.



## State Extends Soft Launch for Electronic Visit Verification



The Wisconsin Department of Health Services (DHS) is extending the soft launch phase of electronic visit verification (EVV). DHS required hard launch consequences will not go into effect on January 1, 2022 as originally planned. Provider agencies are still required to use EVV during the soft launch phase, which began one year ago. Provider agencies not using EVV are out of compliance with current DHS policy.

The new hard launch date is not set. During this soft launch extension, payers, provider agencies, and workers should use this time to become more efficient with EVV, streamline processes, and complete any training as deemed necessary.

### New and Improved Resources

The Wisconsin DHS has made the following updates to the electronic visit verification (EVV) webpage:

- The new [EVV Lifecycle flyer](#) provides an overview of how the EVV visit record fits into the general claims process.
- The improved [EVV ID help sheet](#) explains how provider agency administrators can find the different ID numbers needed for EVV.
- The improved [EVV worker visit card template](#) can be used to organize EVV visit information for workers. It now includes a service code table for easy reference.

Be sure to visit the [EVV Announcements webpage](#) for up to date information about EVV in Wisconsin.

### Choose the right training

DHS offers a full slate of training resources for provider agencies using the state-provided Sandata system:

- Provider agencies should use these [materials to train workers](#). [Other resources, including a Worker Visit Card template](#), are also available.
- DHS provides a [full review of the state-provided Sandata system](#) for administrators.
- Administrative staff who are new to Sandata's EVV system should use this [webpage](#), as well as Sandata's full series of training videos. You can access those self-paced videos using the directions outlined in [DHS' EVV Training Registration Quick Reference Guide](#).
- Administrative staff should also use the [Wisconsin EVV Supplemental Guide](#). This guide offers the Wisconsin-specific details needed to align with DHS policy.

We will notify our network providers as soon as we hear when the new hard launch date is set. If you have any questions, please reach out to [Yotzy.Perteet@mhswi.com](mailto:Yotzy.Perteet@mhswi.com).



*It's Fluvention Time!*  
**Help us spread the word**  
 Encourage your patients to join the millions of Americans who get their yearly flu shot.  
 Together, we can make a difference in keeping our communities healthy.

## 2022 Formulary Changes

### MEDICARE - WELLCARE BY ALLWELL

On January 1, 2022, some drugs will no longer be covered on our Medicare Part D formulary. To assist our providers, we have compiled a list of the most commonly prescribed drugs being removed along with the drug's 2022 formulary alternative(s).

- ▶ For the list of 2022 changes, visit our [News section](#).
- ▶ To complete a Coverage Determination request form for your patient, visit [wellcare.mhswi.com](http://wellcare.mhswi.com)

If you have any questions, please contact Medicare Pharmacy Services at 1-800-867-6564.



Our network of providers are critical contributors to MHS Health meeting its HEDIS measures. We need your help in the care for our members with COPD.

**HEDIS Measure:** Pharmacotherapy Management of COPD Exacerbation (PCE)

**Target:** Medicare and Medicaid members 40 years of age and older who had an acute IP or ED visit relating to a COPD (principal diagnosis) exacerbation.

**Compliance:** Requirement is two-fold:

1. Dispensed a prescription for a systemic corticosteroid on or within 14 days of the event.
2. Dispensed a prescription for a bronchodilator on or within 30 days of the event.

**What you can do:** For your COPD exacerbation patients, please consider prescribing a systemic corticosteroid and bronchodilator prior to discharge.

According to the Global Initiative for COPD:

*“Systemic corticosteroids are indicated for exacerbations of COPD to improve lung function and oxygenation, hasten recovery, and reduce risk of treatment failure and relapse.”*

For more information, please see page 4 of this newsletter.

**Provider Services:** 1-800-222-9831

**Behavioral Health Provider Services:** 1-800-589-3186

**Prior Authorization Requests Fax:** 1-866-467-1316

**Member Customer Service:** 1-888-713-6180

**24-hour Nurse Advice Line:** 1-800-280-2348

**Mailing Address:**

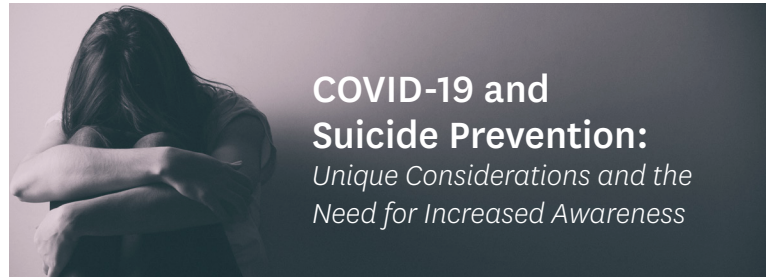
MHS Health Wisconsin  
Attn: Provider Relations  
801 S. 60th Street, Suite 200  
West Allis, WI 53214

**Medical Claims Address:**

MHS Health Wisconsin  
Attn: Claims Dept  
PO Box 3001  
Farmington, MO 63640

**BH Claims Address:**

MHS Health Wisconsin  
Attn: BH Claims Dept  
PO Box 6123  
Farmington, MO 63640



**COVID-19 and Suicide Prevention:**  
*Unique Considerations and the Need for Increased Awareness*

Join us for a clinician-focused webinar!

**Thursday, November 18 | 12:00 p.m. CT**

▶ [Click to LEARN MORE](#) ▶ [Click to REGISTER](#)

The COVID-19 pandemic has significantly impacted SDOH – from fear of job security to access to healthcare. These stressful life events are tied to risk factors for suicide. It is crucial for providers to understand the increased risk of suicide in today's environment and how to effectively identify and intervene with patients.

Through support from Centene Corporation, the Association of Clinicians for the Underserved is hosting a webinar to help providers understand COVID-19's impact on suicide. You will learn how to identify patients at risk for suicide, assess risks and respond with evidenced-based interventions, and what considerations need to be made when providing care via telemedicine to patients who are at risk for suicide.



## Upcoming COVID-19 Vaccine Clinics

MHS Health is hosting several COVID-19 Vaccine events in local communities. Health plan members will receive \$50 gift card for the first dose and \$100 for the second dose. Plus, \$500 gift card raffles and grocery giveaways also are available at most events.

November 18 3 - 6 pm	Sunnyview Expo Center 500 E County Road Y, Oshkosh
November 19 9 am - 4:30 pm	Milwaukee Health Services, Inc. Isaac Coggs Heritage Health Center 8200 W. Silver Spring, Milwaukee
December 2 9 am - 3 pm	Rotary River Center 1160 S. Riverside Dr, Beloit
December 7 2 - 5 pm	Calvary Lutheran Church 1301 S. Ridge Rd, Green Bay
December 9 3 - 6 pm	Sunnyview Expo Center 500 E County Road Y, Oshkosh
December 11 10 am - 12 pm	North Pointe United Methodist Church 3825 Erie St, Racine
December 17 9 am - 4:30 pm	Milwaukee Health Services, Inc. Isaac Coggs Heritage Health Center 8200 W. Silver Spring, Milwaukee
December 28 2 - 5 pm	Calvary Lutheran Church 1301 S. Ridge Rd, Green Bay

Appointments recommended at 1-844-908-0681  
Walk-ins welcome. Learn more at [mhswi.com/covid](http://mhswi.com/covid)

# MEDICATION THERAPY

## Pharmacotherapy Management of COPD Exacerbation (PCE)



### HEDIS Measure

#### Target:

Medicare and Medicaid members 40 years of age and older who had an acute IP or ED visit relating to a COPD (principal diagnosis) exacerbation.

#### Compliance – two-fold:

- (1) Dispensed a prescription for a systemic corticosteroid on or within 14 days of the event.
- (2) Dispensed a prescription for a bronchodilator on or within 30 days of the event.

### MHS Health Wisconsin Needs Your Help

According to the Global Initiative for COPD:

*“Systemic corticosteroids are indicated for exacerbations of COPD to improve lung function and oxygenation, hasten recovery, and reduce risk of treatment failure and relapse.”<sup>1</sup>*

For your COPD exacerbation patients, please consider prescribing a systemic corticosteroid and bronchodilator prior to discharge. See below list for quick reference. Thank you for your time and consideration.

Corticosteroids	Bronchodilators	
<ul style="list-style-type: none"><li>• Cortisone-acetate</li><li>• Dexamethasone</li><li>• Hydrocortisone</li><li>• Methylprednisolone</li><li>• Prednisolone</li><li>• Prednisone</li></ul>	<ul style="list-style-type: none"><li>• Acclidinium bromide</li><li>• Ipratropium</li><li>• Tiotropium</li><li>• Umeclidinium</li></ul>	<ul style="list-style-type: none"><li>• Albuterol-ipratropium</li><li>• Budesonide-formoterol</li><li>• Dyphylline-guaifenesin</li><li>• Fluticasone-salmeterol</li><li>• Fluticasone-vilanterol</li><li>• Fluticasone-umeclidinium-vilanterol</li><li>• Formoterol-acclidinium</li><li>• Formoterol-glycopyrrolate</li><li>• Formoterol-mometasone</li><li>• Indacaterol-glycopyrrolate</li><li>• Olodaterol hydrochloride</li><li>• Olodaterol-tiotropium</li><li>• Umeclidinium-vilanterol</li></ul>

1. Global Strategy for Diagnosis, Management, and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2013.