



Supporting **successful** transitions in care

MHS Health Wisconsin supports integrated care for its members. We can help providers find the appropriate facility, specialist or physician for members. Patients with complex or coexisting conditions, individuals who are receiving behavioral health services, and older adolescents particularly benefit from thorough transitions in care.

We support members of all ages in getting the right care for their needs. MHS Health Wisconsin can assist members who are reaching adulthood choose an adult primary care practitioner.

Members who need help finding the right doctor or making appointments can call our Member Services at **1-888-713-6180**. Providers can call **1-800-222-9831** for assistance.

When is the right time to shift to adult care?

The American Academy of Pediatrics recommends a transition to an adult care provider between 18 and 21 years old, considering each case individually and including discussion with the patient and his or her caregivers.

We encourage your staff to contact MHS Health Wisconsin for help transitioning a patient to a new physician, if needed. You can also find tip sheets and clinical resources at gottransition.org, a program of The National Alliance to Advance Adolescent Health.



We value your opinion

Our annual provider satisfaction survey helps MHS Health Wisconsin identify concerns and guide efforts toward improvement. The results of our latest survey will shape our priorities for the year ahead. Please return the survey if one is received; your responses will help us measure provider satisfaction with our health plan and best meet your needs.

Quality is a cornerstone

The MHS Health Wisconsin Quality Improvement (QI) Program has two primary goals:

1. To ensure the quality and safety of clinical care and services
 2. To ensure compliance with any relevant state and federal regulations and accreditation (e.g., NCQA, URAC) standards
- Toward this end, we've developed an extensive and comprehensive system to monitor compliance, member and provider experience, complaints, continuity and coordination of care, medical record documentation, as well as effectiveness of our case management and disease management services.

We define quality of care as care that is accessible, efficient and culturally sensitive and provided in the most appropriate setting. Wherever possible, delivery of care occurs within the member's community and is provided according to professionally accepted standards in a coordinated, continuous manner.

Our QI strategy is developed with the help of practitioners and members. If you are interested in contributing to our QI efforts or have questions about our QI program, call **1-800-222-9831**.

Examples of efforts underway to support our QI goals include:

- Our referrals team is including reminders to providers about open care gaps for our members who have authorization needs.
- MHS Health is offering enhanced reimbursement for smoking cessation counseling.
- Outreach continues to help members schedule mammogram van appointments.

Our QI goal is to advance members' health through a variety of meaningful initiatives across all care settings. In 2013, MHS Health received a Commendable rating from NCQA, and maintained that rating in 2014 and 2015. Our health plan just completed our 2016 NCQA accreditation survey and are awaiting final results.

Community Education

As patient visits increase due to general respiratory ailments, runny noses and sore throats, here's an easy way to educate about the difference between a sore throat and strep throat. **Print out this chart and post it in your waiting room.**



Sore or Strep



VIRAL SORE THROAT SYMPTOMS	STREP THROAT SYMPTOMS
Cough	Sudden throat pain and difficulty swallowing
Fever	Fever over 101°F
Mucous	Headache
Runny nose	Body ache
Watery eyes	Vomiting
Fatigue	Redness of the throat
There may also be redness in your throat, swollen lymph nodes or white patches on your tonsils.	Swollen lymph nodes
	White patches on the throat
REMEMBER: Antibiotics are not a cure for viral conditions. To ease symptoms of a sore throat, try pain reliever medication, fluids, warm water with salt and lozenges.	REMEMBER: Antibiotics treat strep throat. Your symptoms could go away without antibiotics, but they are needed to help avoid complications and stop the spread of infection.

Why does **HEDIS** matter?

Through **HEDIS**, NCQA holds MHS Health Wisconsin accountable for the timeliness and quality of healthcare services (acute, preventive, mental health, etc.) delivered to its diverse membership. MHS Health Wisconsin also reviews HEDIS rates regularly as part of its quality improvement efforts.

Please consider the HEDIS topics covered in this issue of our provider newsletter:

- Women's health screenings
- Flu



HEDIS health measures

Chlamydia screenings have remained relatively steady in the last few years—and that's a good thing since 75 percent of chlamydia screenings in women are asymptomatic.

However, there is still room for improvement. The Partnership for Prevention program estimates if screening rates could reach 90 percent (up from the current rate which lingers between 50 and 60 percent), thousands of cases of pelvic inflammatory disease could be prevented every year.

The HEDIS measure definition: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/chlamydia-screening#sthash.EdfAa6zf.dpuf>

Breast cancer screenings remain a critical way to improve survival rates. According to the American Cancer Society, among women with regional disease, the 5-year relative survival is 95 percent for tumors less than or equal to 2.0 cm, 83 percent for tumors 2.1–5.0 cm, and 65 percent for tumors greater than 5.0 cm.

The HEDIS measure definition: The percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/breast-cancer#sthash.HUK5UPR4.dpuf>

Cervical cancer is preventable, with effective screening. Yet, according to the National Cancer Institute, only 46 percent of cervical cancers are diagnosed when the cancer is localized and highly treatable. Each year cervical cancer results in 4,000 deaths in the United States.

The HEDIS measure definition: The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/cervical-cancer-screening#sthash.1l2s7CpZ.dpuf>

The flu vaccine is the best protection against flu and flu-related complications. Vaccinations can reduce flu-related hospitalizations by 71 percent, according to U.S. Department of Health & Human Services.

The HEDIS measure definition: Flu Vaccinations for Adults Ages 18–64. The percentage of Medicaid adults 18–64 years of age who report receiving an influenza vaccination.

Learn more: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2015-table-of-contents/flu-vaccinations#sthash.mH5KAQBK.dpuf>



Let our guidelines be **your** guide

Our preventive care and clinical practice guidelines are based on the health needs of our members and opportunities for improvement identified as part of our Quality Improvement (QI) program.

When possible, we adopt preventive and clinical practice guidelines published by nationally recognized organizations, government institutions and statewide initiatives. These guidelines have been reviewed and adopted by the Centene Clinical Policy Committee and our QI Committee.

We encourage providers to use these guidelines, for both preventive services as well as the management of chronic diseases, as a basis for developing personalized treatment plans for our members and to help members make decisions about their healthcare.

Preventive and chronic disease guidelines include the following:

- ADHD
- Adult and child preventive services
- Asthma
- Breast cancer
- Depression
- Diabetes
- Immunizations, including influenza and pneumococcal

We measure compliance with these guidelines by monitoring related HEDIS measures and may perform random audits of ambulatory medical records. Our preventive care and clinical practice guidelines are intended to augment—not replace—sound clinical judgment. Guidelines are reviewed and updated annually or upon significant change.

For the most up-to-date version of preventive and clinical practice guidelines, go to www.mhswi.com. A copy may be mailed to your office as part of disease management or other QI initiatives. Members also have access to these guidelines.

Your role

Providers play a central role in promoting the health of our members. You and your staff can help facilitate the HEDIS process improvement by:

- Providing appropriate care within the designated timeframes
- Documenting all care in the patient's medical record
- Accurately coding all claims
- Responding to our requests for medical records within 5 to 7 days

If you have questions, you can reach MHS Health Wisconsin provider services at 1-800-222-9831.

Provider web site

Get access to resources, education and training. Go to www.mhswi.com for the following materials:

- Preferred drug list
- Manual, forms, and resources
- Prior authorization online tool
- Provider news and educational information

On the secure portal, you can also:

- Check member eligibility and patient listings
- View historical health records and care gaps
- Submit claims and view claims status
- View and submit service authorizations
- Submit assessments
- Update demographic data



1-800-222-9831
WWW.MHSWI.COM

MHS/NHP REFERS TO THE BADGERCARE PLUS AND MEDICAID SSI MEMBERS OF MHS Health Wisconsin AND NETWORK HEALTH PLAN.

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