



Caring for **adolescents**

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 adolescents and teens are seeing the right doctor. For example, children who are seeing pediatricians may need to switch to an adult doctor. Talk with parents. You can help ensure that there are no breaks in a child's care. It's important for children to see their doctor at least once a year.

MHS Health Wisconsin is required to provide information about how it can help 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 Customer Service staff at **1-888-713-6180**.

REMINDER:

Submit medical records

To help us process authorization requests accurately and efficiently, please submit sufficient medical information to justify the request and allow for timely processing. Submitting insufficient medical records can cause processing delays and increase the risk for denials.

If you have questions or concerns about the type of medical information required, contact our Medical Management Department at **1-800-222-9831**.

DISEASE MANAGEMENT SUPPORTS HEALTHY OUTCOMES

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

A major goal of our disease management program is to support the member's ability to self-manage chronic conditions. We strive to achieve this by ensuring that referrals are made to the proper providers, providing health education, promoting coordination among providers and encouraging adherence.

Learn more about our disease management services at www.mhswi.com or by calling **1-800-222-9831**.

A shared agreement

Member rights and responsibilities cover members' treatment, privacy and access to information. We have highlighted a few below. There are many more and we encourage you to consult your provider handbook to review them.

Member rights include, but are not limited to:

- Receiving all services that we must provide
- Assurance that member medical record information will be kept private
- Being able to ask for, and get, a copy of medical records, and being able to ask that the records be changed/corrected if needed

Member responsibilities include:

- Asking questions if they don't understand their rights
- Keeping scheduled appointments
- Having an ID card with them
- Always contacting their primary care physician (PCP) first for nonemergency medical needs
- Notifying their PCP of emergency room treatment

Access and availability

The availability of our network practitioners is essential to member care and treatment outcomes. We evaluate the performance in meeting these standards and appreciate you working with us to accommodate our members' clinical needs. In order to ensure appropriate care, we have adopted the geographic accessibility standards below.

PROVIDER ACCESSIBILITY STANDARDS		
MEDICAID PCP	MEDICAID SPECIALIST	AMBETTER PCP
Routine non-symptomatic visits: • Within 30 calendar days	Routine referral visits: • Within 60 calendar days	PCP routine non-symptomatic primary care visits: • Within 21 calendar days
Non-urgent symptomatic visits: • Within 7 calendar days	After-hours coverage: • 24 hours per day, 7 days per week	Non-urgent sick visit: • Within 72 hours
Urgent care visits: • Within 24 hours	Office wait times: • Within 30 minutes of scheduled appointment	Urgent care visits: • Within 24 hours
Emergency visits: • Immediately, 24 hours a day, 7 days a week and without prior authorization		Emergency visits: • Immediately, 24 hours per day, 7 days per week and without prior authorization
Initial high-risk prenatal care: • Within 2-3 weeks		Initial visit for pregnant women: • Within 14 calendar days
After-hours coverage: • 24 hours per day, 7 days per week		PCP pediatric sick visit: • Within 24 hours
Office wait times: • Within 30 minutes of scheduled appointment		After-hours coverage: • 24 hours per day, 7 days per week
		Office wait times: • Within 30 minutes of scheduled appointment

Thank you for complying with this assessment and providing the highest quality care for our members.

Care managers connect the dots

Care managers are advocates, coordinators, organizers and communicators. They are trained nurses and practitioners who can support you and your staff, as well as your patients.

Support and communication

Their goal is to promote quality, cost-effective outcomes by supporting patients and their caregivers. They are often assigned by the health plan to a member when the member's condition needs complex coordinated care that the member may not be able to facilitate on his or her own.

A care manager connects the member with the healthcare team by providing a communication link between the member, his or her primary care physician, the member's family and other healthcare providers, such as physical therapists and specialty physicians.

On your team

Care managers do not provide hands-on care, diagnose conditions or prescribe medication. The care manager helps a member understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician. In this way, they become the eyes and ears for the healthcare team, and a resource for physicians, the member and the member's family.

Our team is here to help your team with:

- Non-compliant members
- New diagnoses
- Complex multiple co-morbidities

Providers can directly refer members to our care management group. Providers may call **1-800-222-9831** for additional information about the care management services offered by MHS Health Wisconsin.



HEDIS SPOTLIGHT:
Antidepressant medication management

The HEDIS AMM measure includes two sub-measures:

- 1. Antidepressant medication management (acute phase).** Percent of health plan members 18 years and older with a diagnosis of major depression who were treated with an antidepressant medication and remained on the medication for at least 12 weeks.
- 2. Antidepressant medication management (continuation phase).** Percent of members 18 years and older with a diagnosis of major depression who were treated with an antidepressant medication and remained on the medication for at least 6 months.

Depression is the most common form of mental illness, affecting about 6.9% of American adults. Antidepressants have a significant role in treatment plans, but patient adherence is a notable challenge.

Make adherence a priority among patients who have been prescribed antidepressants. Ask patients to discuss side effects should they arise. Suggest patients track their feelings with a simple notation on their calendar—a plus or minus mark, a smiling or frowning face. At their next appointment, review overall trends along with medication compliance. For many patients, feeling involved in their treatment program can encourage adherence.

We help moms **Start Smart**

Start Smart for Your Baby® (Start Smart) is our special program for women who are pregnant. We want to help women take care of themselves and their babies every step of the way. To take part in this program, women can contact Member Services at MHS Health Wisconsin. As soon as you confirm a patient's pregnancy, submit a Notification of Pregnancy (NOP).

BEHAVIORAL HEALTH: POST-DISCHARGE APPOINTMENTS

Do you have a patient who was recently hospitalized for a behavioral health condition and is having difficulty arranging a post-discharge appointment? Let us help. Outpatient follow-up within 7 days of discharge—as well as another visit within 30 days of discharge—is vital to an individual's recovery. It is an opportunity to support their transition back into the community and to ensure they are taking prescribed medications correctly.

We have staff who will work with you to encourage the appropriate follow-up care. If you're an outpatient provider and you cannot meet the appointment needs of these

discharging members, or if you have more availability than is being utilized, contact your Cenpatico Provider Relations Specialist to let them know.

Cenpatico will continue to work diligently with our facilities, outpatient providers and members to help schedule these valuable appointments. Here are some ways we can assist:

- Scheduling support for follow-up appointments within the 7-day and 30-day time frames.
- Appointment reminder calls to members.
- Member transportation assistance



Asthma education: Go back to basics

A **comprehensive medication plan** is critical in order to successfully manage asthma. If patients are struggling to control their asthma symptoms, try discussing the basics: Ask them if they understand when and how to take their everyday maintenance medication, their quick-relief medication and any nebulizer medications.

Also, take advantage of these online resources to help educate patients and their caregivers:

1. The American Lung Association's (AHA) free interactive online course, "Asthma Basics," at www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-basics.html.
2. Lungtropolis®, an interactive website and game developed by AHA specially designed for children, at www.lungtropolis.com.
3. The CDC's asthma resources for schools and childcare providers, which features a video series on how to use an inhaler, at www.cdc.gov/asthma/schools.html.

ASTHMA HEDIS MEASURES

Medication management for people with asthma: Members ages 5 to 85	Two measures reported: 1. Members remaining on asthma controller medication for at least 50% of their treatment period. 2. Members remaining on asthma controller medication for at least 75% of their treatment period.
Codes	ICD-10: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998
How are we doing?	50% covered = 59.92% 75% covered = 35.71%



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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