



Become a fan of MHS
page on Facebook!



Are You In Our Provider Directory?

Managed Health Services' website is a resource for members who wish to locate primary care providers, specialists, hospitals, community health centers, pharmacies and other medical facilities. They can visit www.mhswi.com and select "Find a Provider" in the member section.

Members may also call our Member Services Department at **1-888-713-6180** for help finding a provider.

If any of your contact information has changed or is not listed accurately in our Provider Directory, call **1-800-222-9831**, Monday through Friday, 8 a.m. to 5 p.m.

Appointment Availability

Managed Health Services works with contracted providers like you to establish clear standards for availability and wait times.

When scheduling services, members should be able to make appointment as follows:

- ▶ **Emergency visit**—Immediately upon request of appointment.
- ▶ **Urgent visit**—Within 24 hours of request of appointment.
- ▶ **Non-urgent, symptomatic care**—Within seven calendar days of request of appointment.
- ▶ **Foster care physical**—Within 48 hours of request of appointment.
- ▶ **Routine physical exam (HealthCheck)**—Within 30 calendar days of request of appointment.
- ▶ **High-risk prenatal care**—Within two weeks of a request of appointment; within three weeks if the request is for a specific provider.

- ▶ **Physical or sexual abuse assessment**—Immediately upon request of appointment.

For office wait times, these standards should be followed:

- ▶ Wait times for scheduled appointments should not exceed 30 minutes.
- ▶ Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment.
- ▶ Emergency patients should be seen immediately.

After business hours, providers are required to offer arrangements for access to a covering physician, or have an answering service, triage service or voice message that directs members how to access urgent and emergency care.



How We Strive for Quality

Managed Health Services' primary quality improvement goal is to advance members' health through a variety of meaningful initiatives across all care settings.

We rely on our Quality Improvement (QI) Program to support this goal. The scope of our QI Program is comprehensive, addressing both the quality of clinical care and the quality of non-clinical aspects of service. The program monitors a variety of factors, including:

- ▶ Potential quality of care and quality of service complaints.
- ▶ Key performance measures such as access and availability.
- ▶ Ensuring members with chronic conditions are getting recommended tests and appropriate medications for their condition.
- ▶ Conducting member satisfaction surveys.
- ▶ Provider feedback via surveys, committee participation and direct feedback.
- ▶ Monitoring utilization management effectiveness.
- ▶ HEDIS® data reporting.

Learn more about the QI program online at www.mhswi.com or call us at **1-800-222-9831**.



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 that are published by nationally recognized organizations, government institutions and statewide initiatives. These guidelines have been reviewed and adopted by our QI Committee.

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

Preventive and chronic disease guidelines cover 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 through 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 the provider manual located at www.mhswi.com, Provider Resources, and select a manual of your choice. A copy may be mailed to your office as part of our disease management initiative or another QI initiative. Members also have access to these guidelines.

How to Promote Women's Screenings

Get to know the four key HEDIS measures for women's preventive care.

1. BREAST CANCER SCREENING

Women age 50 and older should have a mammogram every one to two years. (Women who've had bilateral mastectomies are an exception.)

Some medical practices take the fear out of mammography with fun, female-focused parties, where patients can network, get spa treatments and check the test off their lists in a relaxing environment.

2. CERVICAL CANCER SCREENING

It's natural for patients to put off those less-than-pleasant tests. Remind patients when they're due for a well-woman exam with emails or mailers. Consider suggesting getting the test on the same day every year. Some women choose their birthdays so they

never forget.

HEDIS requests one of two tests: cervical cytology every three years for women ages 21 to 64, or cervical cytology and HPV co-testing every five years for women ages 30 to 64.

3. CHLAMYDIA SCREENING

If your patient is 16 to 24 and sexually active, suggest an annual chlamydia test. Pharmacy and claims data can help you identify which patients might be sexually active and therefore benefit from screening. An annual physical exam may be a good time to mention it to your patients.

4. PRENATAL AND POSTPARTUM

For pregnant women, the timing of doctor visits is key. Your patients should see you within the first trimester and again between 21 and 56 days after delivery. Talk with patients about family planning goals and inform them of recommendations early on.

You Can Impact Our HEDIS Scores

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

At Managed Health Services, we review HEDIS rates on an ongoing basis, looking for ways to improve outcomes as part of our commitment to providing access to high-quality and appropriate care to our members.

Please take note of the HEDIS measures highlighted in this issue: women's health screenings and flu.





Resources for Providing Culturally Competent Care

Our providers must, whenever possible, provide care in a manner that is compatible with our members' individual cultural health beliefs, practices and preferred language. Here are some helpful ideas for treating patients from other cultures.

- ▶ Don't use family and friends for interpretation (MHS/NHP will provide interpreters during any covered Medicaid service. See our list of interpreters on the MHS Provider Resources page.
- ▶ Post signs and patient materials in languages common to your practice.
- ▶ Keep data on each patient's race, ethnicity and spoken/written language preferences in their chart.
- ▶ Ask patients about home remedies or folk medicine (these may include herbs, teas, cupping, coin rubbing, therapeutic burning or prayer).
- ▶ Assess for safety and try to work within the patient's belief system, when practical, by adding Western medicine to folk medicine.

MHS also provides resources on the provider section of our website: <http://www.mhswi.com/for-providers/cultural-competency>.



About the Flu Vaccine

As you know, the flu vaccine is one of the most important steps your patients can take to protect their health every year. HEDIS measures flu shots for people ages 50 to 65.

But myths abound, scaring some people away from this preventive measure. Lay their fears to rest with this helpful guide.

PATIENT CONCERN:

"I waited too long to get the vaccine."

It's ideal to get vaccinated by October, when seasonal outbreaks begin. But you can get the shot in January or later and still benefit. Flu season typically hits its peak in February.

PATIENT CONCERN:

"The shot will give me the flu."

The flu shot can't cause flu illness. The vaccine is made with either a flu virus that has been inactivated or with no flu virus at all. The most common side effects—soreness where the shot was administered, low-grade fever, body aches—disappear within two days.

PATIENT CONCERN:

"It's better to get the flu than the vaccine."

The flu can be fatal. Older adults, young

children and people with chronic illnesses, including asthma, diabetes and heart disease, risk complications. One little shot can protect you and loved ones from the flu, and make your illness milder if you do catch something.

PATIENT CONCERN:

"What if I'm allergic?"

Allergic reactions are extremely rare and happen quickly (within minutes or hours). These are life-threatening, but effective treatments exist.



Every flu season, 5 to 20 percent of Americans catch the flu, and 200,000 are hospitalized with complications, according to the Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/about/qa/disease.htm>

The CDC estimates that fewer than half of U.S. residents get the vaccine. Why? See what the Washington Post says: <http://www.washingtonpost.com/blogs/wonkblog/wp/2013/01/12/why-64-8-percent-of-americans-didnt-get-a-flu-shot/>



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

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

Published by McMurry/TMG, LLC. © 2014. All rights reserved. No material may be reproduced in whole or in part from this publication without the express written permission of the publisher. McMurry/TMG makes no endorsements or warranties regarding any of the products and services included in this publication or its articles.