



Looking Ahead to 2024

Agenda

- Who Is MHS?
- MHS website and Provider Portal
- Claims
- Prior Authorizations
- Z Codes
- Case Conference Meetings
- National Culturally and Linguistically Appropriate Services (CLAS)
- Medicaid/Marketplace/Medicare Changes
- Webinars
- Member Programs
- MHS team

Who Is MHS?

- Managed Health Services (MHS) is a health insurance provider that has been proudly serving Indiana residents for more than 25 years through Hoosier Healthwise, the Healthy Indiana Plan (HIP) and Hoosier Care Connect.
- Marketplace – Ambetter from MHS
- Medicare – Wellcare By Allwell
- **MHS is your choice for better healthcare.**

MHS Products

**Ascension Complete
is changing its name
to Wellcare Complete,
a product of Wellcare By Allwell**



MHS Products



MHS Website

MHS

- Provider manual will be updated – watch for future announcements
- Website design will be changing in 2024

Claims

Claims

- Refund Address
 - Coordinated Care
 - P.O. Box 856420
 - Minneapolis, MN 55485-6420
- Coming soon - new address for claim appeals
 - Medical claim appeals
 - Managed Health Services
 - P.O. Box 3002
 - Farmington, MO 63640-3802
 - Behavioral health claim appeals
 - MHS Behavioral Health
 - ATTN: Claims Department
 - P.O. Box 6800
 - Farmington, MO 63640-3817

Prior Authorizations

Prior Authorizations

- Medicaid and Marketplace
 - Standard turn-around time changed from 7 days to 5 days
 - Urgent turn-around time from 72 hours to 48 hours
 - When requested clinical peer-to-peer should be provided within 7 business days
- Medicaid
 - Behavioral Health Outpatient Therapy Authorizations
 - 20 units per provider, per calendar year, starts over January 1, 2024
- Musculoskeletal authorizations
 - Beginning January 1, 2024, authorizations done by NIA
 - NIA's name changing to Evolent

Z Codes

Z Codes

- MHS will be adding a Z Code Dashboard for providers to improve health equity and social determinants of health (SDOH)
 - Dashboard will help us accurately identify SDOH-related items to improve quality outcomes for our members
 - Pilot with 10 to 20 providers
 - Providers in this program range in type from PMPs, FQHCs, community mental health centers (CMHCs), and regional health centers
 - Dashboard will allow MHS to assist members in addressing core needs alongside clinical outcomes
 - Dashboard will be located on our current Provider Portal

Z Codes

Z Code Ranges and Categories*

- Z55 – Problems related to education and illiteracy
- Z56 – Problems related to employment and unemployment
- Z57 – Occupational exposure to risk factors
- Z58 – Problems related to physical environment
- Z59 – Problems related to housing and economic circumstances
- Z60 – Problems related to social environment
- Z62 – Problems related to upbringing
- Z63 – Other problems related to primary support group, including family circumstances
- Z64 – Problems related to certain psychosocial
- Z65 – Problems related to other psychosocial circumstances

**Each range includes several sub-categories and individual codes.*

Case Conference Meetings

Case Conference Meetings

- Offered to providers to discuss how we can support the health goals of members who have engaged in our Care Management Programs
- Providers who participate in Case Conference Meetings are reimbursed at the rate of \$100 per patient
- Discuss the specific member-centered care plan and identify potential barriers, problems and issues
- Address goals, objectives and interventions to assist member in meeting the health goals they have established
- To schedule a conference, call 1-877-647-4848

National Culturally and Linguistically Appropriate Services (CLAS)

CLAS

- Any health and healthcare organization addressing mental, social, spiritual and physical well-being can benefit from the adoption and implementation of the National Culturally and Linguistically Appropriate Services (CLAS) Standards from the U.S. Department of Health and Human Services Office of Minority Health. The Standards aim to advance health equity, improve quality, and help eliminate health care disparities by providing a framework for implementing culturally and linguistically (language) appropriate services throughout an organization.
- MHS provides free services for provider offices' use.
- MHS is committed to ensuring the linguistic needs and cultural differences of our members are met and provides an array of services through internal sources and external partnerships.
- Access to individuals who are trained, professional interpreters. MHS offers face-to-face or telephonic interpreter services that may be arranged through MHS Member Services. MHS requests a 5-day prior notification for face-to-face services. This includes interpretation for spoken languages as well as for hearing impairment.
- Over-the-phone interpreter services are available 24/7, in approximately 150 languages, to assist providers and members in communicating with each other when there are no other translators available for the language. In addition, TTY access is available to members who are hearing-impaired. To schedule contact MHS Provider Services at 1-877-647-4848.
- The free MHS 24-Hour Nurse Advice Line can assist members with medical questions and triage care.

Medicaid/Marketplace/Medicare Changes

Medicaid/Marketplace/Medicare Changes

- Medicaid
 - HIP Rate Equalization BT2023149
 - Effective January 1, 2024
 - IHCP Professional Fee Schedule will be aligned with 100% of Medicare rates
 - Impacts rates for physician and ancillary services listed in bulletin BT2023149
 - Does not impact rates for inpatient hospital, pharmacy or outpatient hospital services
 - Elimination of 2% deduction for non-par providers
 - ABA Therapy Services BT2023169
 - Effective January 1, 2024
 - Fee schedule changes
 - New procedure code-modifier combinations

Medicaid/Marketplace/Medicare Changes

- Medicaid continued
 - Electronic Visit Verification BT 2023145
 - Personal care service providers have been required to use an EVV system since January 1, 2021
 - The date for requiring use of an EVV system for home health services is January 1, 2024
 - Interventional Pain Management (IPM) Program
 - Continues into 2024
 - October 1, 2023, NIA started management of non-emergent outpatient IPM procedures
 - Watch for future incentive programs
 - EPSDT
 - Front office incentives

Medicaid/Marketplace/Medicare Changes

- Medicare
 - Virtual credit card (VCC) – tentative date March 2024
 - Started in 2023 for Medicaid and Marketplace
 - Formulary changes
 - Updates can be found at wellcare.mhsindiana.com
 - Ascension Complete
 - Name change to Wellcare Complete effective January 1, 2024
 - New member ID cards for calendar year 2024
 - New telephone number to the Provider Relations Service Center is 1-800-977-7522
 - The claims mailing address and payor ID will remain the same
 - Sign up for the January 2024 for more information

Webinars

Webinars

- Monthly webinars with varying topics
 - mhsindiana.com/providers/resources/provider-training.html
- Monthly provider orientation webinar
 - mhsindiana.com/providers/resources/provider-meetings-and-orientations.html

Member Programs

Member Programs

- Smoking Cessation – Medicaid only
 - Program continues in 2024
 - MHS covers all tobacco and nicotine cessation counseling (counseling must be at least 10 minutes) when billed with CPT code 99407 or 99406
 - MHS also reimburses an additional \$50 for the initial counseling visit
- Mindoula
 - Program continues in 2024
 - Substance Exposed Pregnancy Program
 - No-cost program for pregnancy and postpartum women who are pursuing or currently in recovery from substance misuse
 - 1-888-339-9404 ext. 2
 - www.IAmStrongWell.com

Member Programs

- Members Empowered to Succeed (METS)
 - Program continues in 2024
 - METS is an outlier management program based on individual member utilization
 - Works directly with behavioral health outpatient provider and member
 - METS reviews the whole health of its members and works with both the members and providers to impact all aspects of the member's care and spend

MHS Team

MHS Team

MHS Provider Network Territories

Indiana

NORTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate
1-877-647-4848, ext. 20454

NORTHWEST REGION

For claims issues, email:
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Candace Ervin, Provider Partnership Associate
1-877-647-4848, ext. 20187

NORTH CENTRAL REGION

For claims issues, email:
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1-877-647-4848, ext. 20127

CENTRAL REGION

For claims issues, email:
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Mona Green, Provider Partnership Associate
1-877-647-4848, ext. 20080

SOUTH CENTRAL REGION

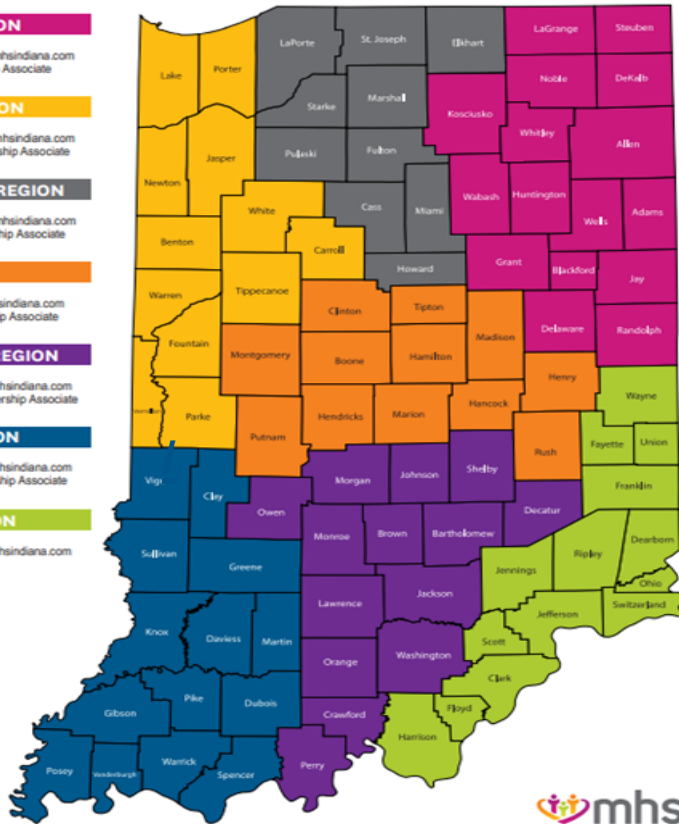
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Allwell from MHS • Ambetter from MHS • Healthy Indiana Plan (HIP) • Hoosier Care Connect • Hoosier Healthwise

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MHS Team

MHS Provider Network Territories

NETWORK LEADERSHIP

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ENVOLVE VISION, INC.

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ENVOLVE DENTAL, INC.

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PROVIDER GROUPS

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PROVIDER GROUPS

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PROVIDER GROUPS

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PROVIDER GROUPS

St. Vincent Medical Group
Ascension Complete
Franciscan Health

CHAD PRATT

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PROVIDER GROUPS

Lutheran Medical Group
Parkview Health System
Beacon Medical Group
Heart City Health Center

Questions

Thank you for being our
partner in care.
