

PCC Plan Quarterly

MassHealth's Primary Care Clinician (PCC) Plan Newsletter ■ www.mass.gov/masshealth ■ www.masspartnership.com

MBHP Expands Service Offerings with Increased Focus on Integrated Medical and Behavioral Health Care

Starting in October 2012, the Massachusetts Behavioral Health Partnership (MBHP), the PCC Plan's behavioral health contractor, began rolling out new and enhanced services to support the PCC Plan's vision of a statewide, comprehensive, and integrated physical and behavioral health care system. New and improved services include:

- Member Engagement Center
- Health Needs Assessment
- Nurse Advice Line
- Integrated Care Management Program
- Management Support Services

The brand new **Member Engagement Center**, a call center currently based in the MBHP Boston office, is the starting point for Members to learn about the wide array of PCC Plan/MBHP services.

Member Engagement Specialists will assist Members with learning about and using these services; with completing a Health Needs Assessment (HNA); with health coaching and education; and with transitioning into care programs, among other tasks.

The **Health Needs Assessment** (formerly known as the Health Risk Assessment) is a series of questions designed to gather information about a Member's health needs. Members can access the HNA online at MBHP's website, www.masspartnership.com, or they may call the Member Engagement Center for assistance in its completion.

Another new service being offered by MBHP is the **Nurse Advice Line**, available 24 hours a day, 7 days a week. Members can call the Nurse Advice Line at any time to get help for their health questions or concerns from registered nurses.

Additionally, and perhaps most significantly, MBHP has partnered with McKesson Health Solutions to deliver the **Integrated Care Management Program (ICMP)**, which is an enhanced care management program. A predictive modeling tool analyzes behavioral health, medical, and pharmacy claims data to identify Members with the highest need for integrated physical and behavioral health services and care coordination. The ICMP also accepts referrals from providers and Members. Five regional service centers with clinical staff will provide integrated physical and behavioral health care management which may include direct, face-to-face care management visits with Members. As of October 1, 2012, Members in MBHP's former Intensive Clinical Management (ICM) program began transitioning to the new ICMP.



Important Numbers

Eligibility Verification System (EVS)
1-800-554-0042

Emergency Services Program (ESP)
1-877-382-1609

MassHealth Service Center
1-800-841-2900

- Member Services
- PCC Billing
- PCC Provider Enrollment

MBHP
1-800-495-0086

- BH Provider Enrollment and Credentialing
- BH Provider Billing
- Integrated Care Management Program (ICMP)
- Member Engagement Center
- PCC Plan Hotline

Nurse Advice Line
1-855-678-1703



(continued on page 2)

MBHP Expands Service Offerings *(continued from page 1)*

Lastly, the existing network management and quality improvement activities for PCCs known as Performance Improvement Management Services (PIMS) will become the **PCC Plan Management Support Services (MSS) program**. This program will include expanded network management/contract compliance and quality improvement activities as well as the following new services and activities for both PCC and behavioral health providers:

- Web-based reporting
- Increased focus on coordination and integration between PCCs and behavioral health providers and new integration activities
- Management of PCC and behavioral health network capacity
- Increased contract compliance oversight

With this significant expansion of services, MBHP is able to provide PCCs with additional resources to assist with the integration of care for PCC Plan Members who have medical and/or behavioral health needs and complex co-morbidities. To learn more, visit www.masspartnership.com.

Preventing Pertussis (Whooping Cough)

Pertussis is most dangerous for newborns and babies under one year of age who are too young to have full protection from the vaccine. In 2012, an infant in Massachusetts died from whooping cough. It was the first infant death due to whooping cough in the state in 10 years. Pertussis appears to be increasing in Massachusetts. There were twice as many confirmed cases of pertussis in Massachusetts in 2012 as in the same period in 2011 (approximately 150 versus 80).

The Advisory Committee on Immunization Practices (ACIP) recommends a single dose of Tdap:

- For persons aged 11 through 18 years who have completed the recommended diphtheria and tetanus toxoids and pertussis/diphtheria and tetanus toxoids and acellular pertussis (DTP/DTAP) vaccination series
- For adults aged 19 through 64 years who have not previously received Tdap
- For adults aged 65 years and older if they have or anticipate having close contact with an infant <12 months and previously have not received Tdap
- For pregnant women who have not recently had a booster shot (the CDC recommends it be given late in the second trimester or early in the third trimester)

Many adults don't realize that they need to be vaccinated. As a health care provider you may need to educate your adult Members that if they have received this vaccine as a child the protection fades over time.



If you have questions about whooping cough or the Tdap vaccine, you can also visit the CDC website at www.cdc.gov/pertussis or the Massachusetts Department of Public Health website at www.mass.gov/dph.

Source: CDC and Massachusetts Department of Public Health

Notwithstanding any of the information appearing in this *PCC Plan Quarterly* newsletter, the rules governing the state's PCC Plan, behavioral health, and pharmacy programs are governed by state and federal law and regulation, and by the state's PCC, behavioral health, and pharmacy contracts. In the event of any conflict between any provision set forth in this *PCC Plan Quarterly* newsletter and any other provision of law, regulation, or contract, the legal and/or contractual provision shall take precedence over the provision in this *PCC Plan Quarterly* newsletter.

Checking Member Eligibility



PCCs and behavioral health providers should verify Member information both when scheduling an appointment and again on the day of the appointment. Possession of a MassHealth ID card does not guarantee eligibility. Checking the Eligibility Verification System (EVS) is important, as a Member's enrollment and eligibility may change from day to day. By checking EVS before providing services, providers can reduce the risk of denied claims.

There are several ways to access EVS:

Provider Online Service Center:

<https://newmmis-portal.ehs.state.ma.us/EHSPProviderPortal/appmanager/provider/desktop>

EVSpC software:

<http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmispoc/training/evspc.html>

Automated Voice Response (AVR) System: 1-800-554-0042

Coordinating Care and Communicating Treatment Plans Among Members' Providers

The PCC Plan, in conjunction with MBHP and the other MassHealth managed care organizations, has a *Combined MCE Behavioral Health Provider/Primary Care Provider Communication Form*, known as the "two-way communication form," that was developed to improve efforts at care integration. PCCs and behavioral health providers can use this form to request information from physicians, psychiatrists, psychologists, social workers, and other health care providers on an ongoing basis. The primary purpose of the two-way communication form is to increase the **frequency and quality of communication** among the different providers that may be involved in a Member's care.

The two-way communication form can be found on the MBHP website at www.masspartnership.com in the "For PCCs" section under "Support Materials" and in the "For BH Providers" section under "Reports and Support Materials."

As with all requests for Member information, a signed release of information from the Member must accompany the request.



100 High Street
3rd Floor
Boston, MA 02110

In This Issue of PCC Plan Quarterly

| | |
|--|---|
| MBHP Expands Service Offerings with Increased Focus on Integrated Medical and Behavioral Health Care | 1 |
| Preventing Pertussis (Whooping Cough) | 2 |
| Checking Member Eligibility | 3 |
| Coordinating Care and Communicating Treatment Plans Among Members' Providers | 3 |
| HEDIS® 2013 | 4 |

HEDIS® 2013

Starting March 1, 2013, data collection from medical records for HEDIS® (Healthcare Effectiveness Data and Information Set) 2013 will begin. The MassHealth PCC Plan vendor, Masspro, may request to review records at PCCs' offices or request that PCCs fax or mail copies of randomly selected PCC Plan Members' records directly to them. In mid-May, data collection ends. Because HEDIS® is a time-sensitive project, it is imperative that PCCs respond to any request in a timely manner so that the PCC Plan is able to report complete and accurate rates. The PCC Plan appreciates the assistance of all PCCs in this effort.

Measures that will require medical record reviews for HEDIS® 2013 include:

- Controlling Hypertension;
- Prenatal and Postpartum Care;
- Frequency of Ongoing Prenatal Care.

Other measures for HEDIS® 2013 that will be calculated from claims data include:

- Breast Cancer Screening;
- Cervical Cancer Screening;
- Chlamydia Screening;*
- Comprehensive Diabetes Care A1c Testing;
- Antidepressant Medication Management;*
- Follow-up Care for Children Prescribed ADHD Medication;
- Follow-up After Hospitalization for Mental Illness;*
- Initiation and Engagement in Alcohol and Other Drug Dependence Treatment.

*These measures were also calculated in HEDIS® 2012. The performance rates for these measures and others were published in December 2012 and can be found at www.mass.gov/eohhs/docs/masshealth/research/hedis-2012.pdf.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).