MDwise Quality Improvement Program
Evaluation 2015
For
Hoosier Healthwise
Healthy Indiana Plan
Hoosier Care Connect
MDwise Marketplace

Presented to:
Quality Management Team 5/23/16
Medical Advisory Council 6/01/16
MDwise Quality Improvement Program Evaluation 2015

Introduction

The overarching goal of the MDwise Quality Improvement Program is to ensure that members have access to high quality health services that are safe, effective, and responsive to their needs. The scope of the MDwise QI Program is comprehensive and includes both the monitoring and evaluation of the delivery of clinical health care services, inclusive of medical, preventive, and behavioral health services and administrative service issues that are relevant to MDwise members. MDwise has established and maintains a MDwise Quality Improvement (QI) Program that implements continuous, objective and systematic monitoring and evaluation of the quality, safety, and appropriateness of care and service provided to MDwise members.

Each year, the MDwise Quality Management Team identifies priority activities for driving improvement in key functional areas. Many of these activities are multiyear efforts requiring significant investment of resources and time to achieve and sustain desired outcomes. Improvement opportunities are identified through review of performance measures (e.g., annual HEDIS scores, Member and Provider Satisfaction Surveys, Departmental Dashboards), OMPP and federal program requirements or priorities, or other issues deemed important by the MDwise Quality Management Team. MDwise performance improvement activities are designed to achieve, through ongoing measurements and intervention, significant improvement in health outcomes for members and satisfaction for both MDwise members and providers.

In summary, MDwise believes the 2015 QI Program was mostly effective in helping to reach the organization’s goals for quality and safety of clinical care and quality of service. Resources to achieve subsequent goals are adequate. Committee structures are sound and effective. There is ample practitioner participation and leadership involvement in the QI program. MDwise, therefore, plans to retain the structure of the QI Program while implementing enhancements to help meet goals that may not have been met in the year analyzed herein and as are outlined in this document. Below is a sample of the improvements noted in 2015.

2015 Quality Improvement Activities Highlights

NCQA Accreditation
In May 2015, MDwise attained NCQA 3-year Case Management Accreditation for the Hoosier Healthwise (HHW) and Healthy Indiana Plans (HIP). In November 2015, MDwise attained NCQA Health Plan Accreditation for Hoosier Healthwise, Healthy Indiana Plan and MDwise Marketplace. We obtained Commendable status for our Hoosier Healthwise and Healthy Indiana Plan lines of business. For MDwise Marketplace, we secured accredited status which is the capped status for an initial survey. In 2015, MDwise added accreditation for our Hoosier Care Connect (HCC) line of business through December, 2018. MDwise was rated 4 out of 5 among health insurance plans in the National Committee for Quality Assurance (NCQA)’s Medicaid Health Insurance Plan Ratings 2015-2016. MDwise was the top-rated Medicaid HMO in Indiana.
The MDwise Pay for Outcomes (P4O) Program
MDwise received P4O earnings in early 2015 (for 2013 services) for HHW and HIP which were shared with MDwise providers. Similarly, MDwise was notified of the award and will receive earnings in early 2016 (for 2014 services) which will be shared with delivery systems and providers in 2016.

- The provider P4O program has established, consistent measures for which bonus earnings are awarded based on performance. The awards for 2014 performance recognize providers who performed well on these key measures:
  - Well Child 0-15months
  - Well Child 3-6 years
  - Well Child 12-21 years
  - Frequency of Prenatal Care
  - Postpartum Timeliness
  - Adult Preventive Care

Providers are recognized with a per member monetary reward that is based on their patient denominator and their performance on these measures.

- Inpatient behavioral health providers are also awarded for their performance on the 7-day Follow-up after Behavioral Health Inpatient Stay. Five inpatient providers are awarded based on their scores for this measure. There is one award delivered for the most improved performance on this measure from 2013 to 2014.

ER Utilization
In 2015, MDwise continued receipt of daily notifications from the Indiana Health Information Exchange (IHIE) regarding any MDwise HHW, HIP and HCC member who were seen in the ER to include the entire statewide network of participating hospitals. MDwise continued the process of triaging ER visit notifications into care management, outreach and Interactive Voice Recognition (IVR) call interventions based on documented chief complaint. The IVR call provides education about appropriate emergency utilization; a reminder that primary physician offices are available 24/7; and promotion of MDwise 24/7 nurse triage line, NURSE-on-call.

See table below for comparison of the most recent evaluation of IVR calls made:

<table>
<thead>
<tr>
<th></th>
<th>Members Contacted(Call)</th>
<th>Pre Call ED Visits</th>
<th>Post Call ED Visits</th>
<th>Average ED Visits Pre</th>
<th>Average ED Visits Post</th>
<th>Percent Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful Contacts</td>
<td>2041</td>
<td>8796</td>
<td>2926</td>
<td>4.31</td>
<td>1.43</td>
<td>-66.73</td>
</tr>
<tr>
<td>Control Group</td>
<td>353</td>
<td>1337</td>
<td>605</td>
<td>3.79</td>
<td>1.71</td>
<td>-54.75</td>
</tr>
</tbody>
</table>

These results reflect an 11.98% point difference between the two groups and their ER usage. MDwise will continue this project and monitor for success.
Disease Management/Care Management

All Disease Management Program Descriptions were updated in 2015 based on the latest evidence base and NCQA Standards updates. All medical and behavioral health clinical practice guidelines were reviewed in 2015, with several being updated based on changes in clinical evidence. MDwise implemented a new care management stratification process in 2015 in an attempt to be more proactive and to capture the appropriate members that may be high risk. We identify the top 0.5% Likelihood of Hospitalization (LOH) as the overall high risk trigger. After a detailed high risk assessment is completed the case manager will stratify the member to the appropriate care level of high, moderate or low and will complete disease specific assessments when indicated.

Patient Safety

- **Member profiles:** MDwise has a Member Health Profile portal that both PMPs and Behavioral Health providers can log into to view any appointments that the member has had with other providers as well as prescriptions that have been filled. This profile is designed to improve the coordination of care between medical and behavioral healthcare. The profile excludes any information regarding substance abuse and infectious disease due to Federal HIPAA Regulations.

- **FUH:** MDwise provides a quarterly report card to all acute inpatient psychiatric providers in our Behavioral Health Network. This report card provides the rate of compliance with 7 day follow-up appointments for members discharged from their facilities. MDwise also tracks Care Management outreach to members being discharged from inpatient. The Care Manager assists in getting the member engaged in Outpatient treatment and places reminder calls to attend their 7 day follow-up appointment.

- **MTM:** MDwise uses the dedicated MTM service provider contracted by our PBM which maintains a call center staffed by pharmacists and technicians. In 2015 all HCC members were evaluated for enrollment based on three criteria: (1) use of 6 or more chronic, maintenance medications, (2) inferred diagnosis of 2 or more of 7 targeted diseases, and (3) cumulative cost of pharmacy utilization within one quarter. Once identified, a therapeutic medication review (TMR) was completed and potential issues around adherence, cost, treatment guidelines, safety and interactions were identified. Attempts were made to make contact with members to complete a comprehensive medication review (CMR) in which issues and member questions and concerns were addressed and resolved. A review of 2015 data and performance demonstrated successful engagement rate of 17%; well above our first year goal of 10%. Interventions with providers were made on 56% of engaged members and 36% of those interventions were accepted by the prescriber. For 3Q of 2015, the first quarter for which complete outcomes assessment is available, there was a costs savings/cost avoidance of $1.28M.

- **RCP:** MDwise continues to provide appropriate disease, care and case management services to our RCP (Right Choices Program) HHW, HIP and HCC members by assisting them in utilizing the appropriate care at the appropriate place and time. Members are assigned to one
PMP, one pharmacy and one hospital. Referrals may be initiated by providers, customer service, and care or case managers or by a list of members based on utilization. RCP members are reviewed periodically to determine if the RCP restrictions should continue or if they can be graduated from the Program.

**Transitions of Care:** Program was implemented in 2014. The Program outlines the process to manage care transitions, identify problems that could cause care transitions and prevent unplanned transitions for members in complex case management. MDwise assures care coordination throughout a member’s transition process which is the period from identifying a member at risk for a transition through the completion of a transition.

**Delegation Oversight Process**
In 2015, MDwise employees and Delivery System delegates utilized the Delegation Oversight SharePoint site for organizing and sharing documents related to annual delegation oversight reviews. In July and August, 2015, MDwise conducted internal and external user surveys of the Delegation Oversight SharePoint site. Overall, survey results were favorable with all internal and external respondents. Delegation Oversight activities in 2015 were primarily completed in the first and second quarters with timely responses back to the Delivery Systems.

**MDwise Network Improvement Program (NIP)**
The Network Improvement Program continues to provide tools and guidance to delivery systems and their providers around improving HEDIS, CAHPS and OMPP performance measures. Performance for the majority of providers working directly with the NIP team has improved dramatically during 2015 as demonstrated in the following examples.

<table>
<thead>
<tr>
<th>Group</th>
<th>Measure</th>
<th>CP 3/24/15</th>
<th>CP 3/28/16</th>
<th>2015 Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDwise Excel NIP Providers</td>
<td>AWC</td>
<td>7.45%</td>
<td>53.55%</td>
<td>46.10%</td>
</tr>
<tr>
<td></td>
<td>W34</td>
<td>13.44%</td>
<td>68.15%</td>
<td>54.71%</td>
</tr>
<tr>
<td></td>
<td>W15</td>
<td>37.32%</td>
<td>65.68%</td>
<td>28.36%</td>
</tr>
<tr>
<td>MDwise Excel Non-NIP Providers</td>
<td>AWC</td>
<td>4.93%</td>
<td>45.32%</td>
<td>40.39%</td>
</tr>
<tr>
<td></td>
<td>W34</td>
<td>10.03%</td>
<td>61.38%</td>
<td>51.35%</td>
</tr>
<tr>
<td></td>
<td>W15</td>
<td>37.76%</td>
<td>62.97%</td>
<td>25.21%</td>
</tr>
</tbody>
</table>

In 2015, provider groups that worked with the NIP team improved at a greater rate than those that did not and ultimately achieved higher overall scores.
MDwise Rewards
The MDwise Rewards program for HHW, HIP and HCC members began its fifth year in 2015. The program awards points to members for successfully obtaining preventive exams and screenings as well as completing an HNS and joining the MDwise member web portal. Following a successful pilot program in 2014, award points to members in care management was expanded in 2Q 2015 to care managed members plan-wide. Another change that was implemented in 2015 was to gift card options. The Walmart gift card was replaced by Target and gift cards to Speedway and Kohls were added at the $30 and $50 levels. MDwise has seen an increase in activities completed to get points (well exams, etc.) In total 11,021 members redeemed their points for a gift card in 2015. Of the prizes selected at the $10 level, the Subway gift card was the most popular. At the $30 and $50 dollar level the Walmart or Target gift card was favored. MDwise has consistently observed increases in redemptions over time, as more members become aware of the program.

Community Advisory Councils (CAC)
MDwise hosts Community Advisory Councils across the state in seven regions. Regions include: Northwest (Lake and surrounding counties); North (St Joe and surrounding counties); Northeast (Allen and surrounding counties); North Central (Howard and surrounding counties); Southeast (Clark/Floyd and surrounding counties); West Central (Vigo and surrounding counties) and finally Central (Marion County). Each regional council meets two times each year and we average 10-12 attendees at each meeting. Participants complete an evaluation at each meeting and responses are trended over time. We have found a majority of positive responses, with a high percentage of participants reporting that they have had an above average to excellent experience and learned something new that they could utilize in their work in the community.

Some of the topics discussed in 2015 included:
- HIP 2.0 Implementation
- HCC Implementation
- Marketplace
- Immunizations
- Behavioral Health
- Medication Adherence
- Infant Mortality
- Mobile Health Units

Culturally and Linguistically Appropriate Services (CLAS)
In 2015, MDwise continued work on its Culturally and Linguistically Appropriate Services (CLAS) organizational assessment and work plan. Accomplishments made in 2015 include: press release on CLAS activities, audit of providers for Spanish language provision, provider newsletter article on provision of language services, diverse staff recruitment resources for the MDwise Human Relations Department, policy revisions and continued positive results to annual member survey regarding treatment due to race, ethnicity or economic status. MDwise is moving closer to meeting standards set by NCQA for their Multicultural Healthcare Distinction. Obtaining this distinction is a goal.
Behavioral Health Care
MDwise continues to work with its FQHC and CMHC partners to increase the number of settings in the state where integrated care occurs and will continue to add FQHCs to its behavioral health network to facilitate the provision of integrated care. MDwise continued monthly meetings with CMHCs who are working on improving HEDIS rates for well care and HbA1c screening. In 2015, 10 additional CMHCs joined this project for a total of 16. They have also instituted “best practices” around the AMM measure, Schizophrenia measures, and smoking cessation. All of the CMHCs participating in this project earned an incentive for improving the number of their members who complied with required appointments in 2014. Average member compliance across the 6 CMHCs was in the range of 59% to 83% for these measures. MDwise 7 day Follow-Up after Hospitalization (FUH) rate continues to increase with statistically significant improvement in the rate since 2009.

MDwise Star Performers
2015 brought another round of MDwise Star Performer Awards given to 16 MDwise provider offices for their efforts at outreach, access, and cultural competency in addition to work on improving their preventive care scores. We remain committed to these awards because of our belief that it is important to celebrate the work of providers and front line office staff who are often responsible for the good work that gets done. Appropriate leaders, legislators and media are invited to the event where a plaque, a check, and refreshments are provided to honor the provider and office staff receiving the award. Star Performers are also honored on the MDwise website where photos of staff are posted along with information about what best practices make the office so successful.

MDwise Quality Improvement Activity Reporting Activities
Throughout the year, MDwise tracks progress on our comprehensive Performance Improvement Workplan. Written and oral MDwise Activity and Analysis reports are required for both clinical and service related planned activities. The committee meetings provide a forum for robust discussion, analysis and evaluation of completed and ongoing quality improvement activities. The MDwise Activity and Analysis reports include quantitative analysis and trending of measures, barrier analysis and overall effectiveness measures.

Other Clinical and Service Activities that Occurred in 2015:
- CORE Project- Community paramedicine with identified MDwise members
- Identify intervention activities for use of 17P with pregnant members
- Evaluate efficacy of Voxiva text messaging program
- Implement Member Advisory Committees
- Expand Disease-Specific Automated Calls program
- Implement additional population health and wellness interventions
- Member Profiles- operationalize and evaluate the new provider portal
- Evaluate efficacy of embedded Case Management program
- In partnership with Anthem, develop a webinar for rural OB providers on working with pregnant members that use tobacco
- Antidepressant medication management audit
- Operationalize new HIP 2.0 program
• Operationalize new Hoosier Care Connect program

**Key Clinical and Service Activities Identified for 2016.**

Below is a short list of planned or continued activities to occur in 2016:

**Members:**
- Enhance MDwise OB program
- Pilot with CMHCs on opioid and alcohol use in pregnant women
- Improving access to Addictions treatment
- Homelessness initiative with the Seriously Mentally Ill
- Enhance Member Advisory Councils
- Initiatives to improve A1c levels for Diabetics
- Evaluate MTM program
- Individual clinical summary report for members
- Community asthma education program

**Providers:**
- Improve provider enrollment data and directory accuracy
- Embedded care managers at Eskenazi
- Care gap reports to providers on immunizations
- Reconciliation of providers’ member panels

**Operations:**
- Improve accuracy of member enrollment data
- Improve data exchange with other systems/vendors
- Leverage IHIE lab data
- Develop and implement a Key Indicator Report