

- Hoosier Healthwise
- Healthy Indiana Plan



In This Issue

Provider Appreciation	1-2
Behavioral Health Provider Access Standards.....	2
Medically Frail	3
MDwise Quality Improvement Program....	4
Provider Claims Issues/Dispute Process....	5
Patient-Centered Medical Home	6
Vision Eligibility Form.....	6
Immunization Schedule	7
Pay For Outcomes.....	8
COVID Updates.....	8



You may have heard that Hoosier Care Connect is having a plan selection period. This does not affect patients that have Hoosier Healthwise or HIP health coverage.

MDwise members in these programs don't need to take any action.

ProviderLink

Quarter 1, 2023



Provider Appreciation

The term "Healthcare Hero" was appropriately used to honor all healthcare providers early in the COVID pandemic. In 2022, we still consider all our providers to be heroes as you overcome many challenges to provide compassionate and high-quality care to our members. MDwise wants to thank each of our providers for making a difference every day. In this newsletter we will provide you with links to access the newest immunization schedules, links to the most up to date COVID-19 vaccination resources and information you will find helpful if you are considering transforming your practice into a **patient centered medical home** (PCMH) model.

The public health emergency has provided our world with a big challenge. MDwise wants to thank each of our providers for treating our members with professionalism and compassion. Every day you make a difference by doing what you do.

Thank you for being a Hero

Provider Access Guidelines

An integral part of patient care is making sure patients have access to needed medical care. In accordance with Office of Medicaid Policy and Planning (OMPP) policy and NCQA standards, MDwise establishes standards and monitors performance to help ensure MDwise members receive timely and clinically appropriate access to providers and covered services. For example, an initial appointment for a member, who is not a pregnant adult, should be within three months from the date the member requests the appointment.

MDwise also follows the OMPP-outlined timeframes for provider follow-up to members. For emergencies and urgent situations, members must be able to reach their PMP or designee by phone within 30 minutes, 24

hours a day, 7 days a week. The designee can be a person, or instructions for the member to call **911** if they believe they are experiencing a medical emergency. For non-urgent routine telephone messages, a return call must be made to the member within one working day.

For more information on these access requirements, visit page 14 of the [Provider Manual](#) on our website.

Behavioral Health Provider Access Standards

It is important to note that our behavioral health providers are held to similar access standards as medical providers. Behavioral health care services include both mental health and substance abuse services for the members.

Behavioral health providers should adhere to the following time frames:

- Non-life-threatening Emergency Care within six hours.
- Crisis appointments within 24 hours
- Urgent Care provided within 48 hours.
- Routine Office Visits within 10 working days.
- Provisional access/after-hours care available 24 hours a day.

MDwise performs audits each year per the guidelines established by the State of Indiana, CMS and NCQA. Steps are taken to work with any provider that does not meet access and performance improvement plans are implemented. Services provided via telemedicine would help you meet these requirements and are a great tool to add to your continuum of treatment options. If you have questions regarding behavioral health access standards, reach out to your MDwise dedicated provider representative. Services provided via telemedicine would help you meet these requirements and are a great tool to add to your continuum of treatment options. If you have questions regarding behavioral health access standards, reach out to your MDwise dedicated provider representative.



Medically Frail

Medically Frail is a program that may qualify HIP members for enhanced State Plan benefits if they meet specific criteria established by the state involving:

- Complex medical conditions.
- Disabling behavioral health disorders.
- Chronic substance abuse diagnoses.
- Social Security Disability Determination.
- Physical, intellectual, or developmental disability that significantly impairs the individuals' ability to perform one or more activities of daily living.

Most members who qualify as Medically Frail are identified automatically through claims processing. Others are identified by a designated team that examines medical and pharmacy records, member interviews, and claims review.

State Plan benefits of a Medically Frail designation include:

- Expanded therapy limits.
- MRO services.
- Non-emergency transportation.
- Vision and dental coverage.

Providers may refer members to the MDwise Medically Frail program for assessment or members can self-refer by contacting MDwise customer service at **800-356-1204**.





MDwise Quality Improvement Program

2021 was a catch-up year for our adult and child members to get their wellness care as COVID decreased. It is important to schedule and keep your well care visits. MDwise wants you to know what we are doing to help you and your family stay healthy.

Below you will see some of the areas in which MDwise improved (Measurement Year 2021):

- Lead screening in children.
- Medication management for people with asthma.
- Cervical cancer screenings for Healthy Indiana Plan (HIP) females.
- Controlling blood pressure (HIP adults).

Below you will see some of the areas MDwise will continue to work to improve, so our members stay healthy.

For children, MDwise is still working to make improvements in 2023:

- Children and adolescents getting well visits and immunizations.
- All babies having a test for lead poisoning at 12 months of age and again at 24 months.
- Children having an annual dental visit.

For adults, MDwise is also working to improve in the following areas in 2023:

- All members, especially pregnant women, quitting tobacco use.
- Getting adults in for well care and the health screenings they need every year.

- Getting HIP adult members in for a follow-up appointment within 7 days of a mental health inpatient hospital stay.
- Members using the emergency room wisely.
- Diabetic members getting the tests they need and keeping healthy blood sugar levels and blood pressure.
- Improving early identification of pregnancy to ensure adequate prenatal care.

For our providers, MDwise worked on the following projects in 2022:

- MDwise developed a comprehensive HEDIS Quality Toolkit for providers which is available on the MDwise Website (For Providers/Quality Toolkit).

For our providers, MDwise will work on the following projects for our providers in 2023:

- Increase promotion of the Member Gaps in Care to all providers.
- Promote Lead testing education and testing kit options.
- Increase quality focus during provider visits through further integration with Provider Relations and Outreach staff.
- Continue outreach to behavioral health providers by assimilating into Provider Relations Department activities.
- A Provider CAHPS tip sheet (member experience with providers).



Provider Claims Issues/Dispute Process

All in- and out-of-network providers have the right to dispute a claim decision or action. The initial claim dispute must be filed 90 days of the explanation of payment (EOP). When submitting a dispute, the dispute form, explanation of payment, and an explanation of the reason for disputing the claim should be submitted to cticket@mdwise.org.

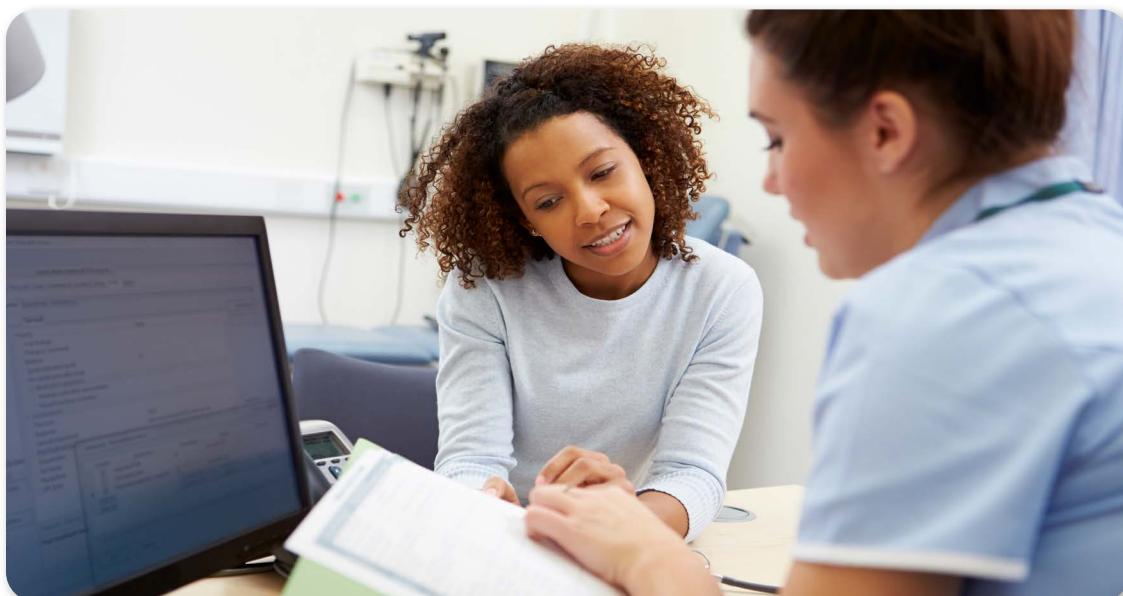
Additionally, providers can submit a **Claim Adjustment Request Form** to lessen the rigidity of the dispute process. The Claim Adjustment Request form allows providers 60 days from the latest EOP to submit for reconsideration of a claim.

This does not replace the dispute process and is not a form that is all-encompassing for issues for reconsideration. This form is not available to providers for claims that have already initiated the dispute process. Providers may use this form for payment reconsideration if the claim was paid inappropriately or was denied. Providers who wish to request an adjustment should resubmit the claim on paper form along with supporting documentation and a completed Claims Adjustment Request form.

Supporting documentation is required when the claim was denied for a lack of authorization, member having primary insurance, claim being denied as duplicate or responding to an MDwise request for medical records. Once submitted, you will receive notification only if the denial will be upheld. If the Claim Adjustment Request Form has all necessary information to correct the initial outcome of the claim, it will re-adjudicate for appropriate payment.

Reminder: The following items are not considered a claim dispute and should not be sent via the dispute process: new claims, corrected claims, a MDwise request for medical records or attachments or a provider recoupment request.

For more information on the dispute or claims adjustment process and to locate the appropriate forms, go to MDwise.org/for-providers/claims and select the member program. You can also call **1-833-654-9192** to speak to a claims representative.





Patient-Centered Medical Home

The Agency for Healthcare Research and Quality recognizes that revitalizing the nation's primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans. The primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.

Attributes of a PCMH:

1. Comprehensive Care.
2. Patient-Centered.
3. Coordinated Care.
4. Accessible Services.
5. Quality and Safety.

Shifting your practice toward a PCMH may seem daunting, but help is available! The Agency for Healthcare Research and Quality's PCMH Resource Center includes free tools, white papers and resource guides about implementing a PCMH.

Want to do a deep dive into implementing a PCMH? Check out pcmh.ahrq.gov for more information.



Vision Eligibility Form

Providers can send vision eligibility request forms to visioneligibility@mdwise.org. Please allow up to two business days for response. Your responses will be worked in the order they were received. To avoid duplicate requests, please allow up to the maximum days for a response. If you have not received a response, you may contact our MDwise Customer Service team at **1-800-356-1204** and select the appropriate prompts for vision eligibility requests.



Immunization Schedule

The CDC has updated its Immunization resources for patients and providers. You may find the following links beneficial.

Links to 2022 immunization schedules:

[Recommended Vaccinations for Infants and Children, Parent-Friendly Version | CDC](#)

[Recommended Vaccinations for Children 7 to 18 years Old, Parent-Friendly Version | CDC](#)

[Adult Immunization Schedule by Age | CDC](#)

Birth to 6 years.

Recommended Immunizations for Children from Birth Through 6 Years Old

COVID-19 vaccination is recommended for ages 6 months and older.

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	
HepB	HepB			HepB							
	RV	RV	RV								
	DTaP	DTaP	DTaP			DTaP				DTaP	
	Hib	Hib	Hib		Hib						
	PCV13	PCV13	PCV13		PCV13						
	IPV	IPV		IPV						IPV	
				Influenza (Yearly)*							
					MMR					MMR	
					Varicella					Varicella	
					HepAS						

Note: If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

7 to 18 years.

Legend

- These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.
- These shaded boxes indicate the vaccine **SHOULD** be given if a child is catching up on missed vaccines.
- These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- This shaded box indicates children not at increased risk **MAY** get the vaccine if they wish after speaking to a provider.
- This shade box indicates vaccination may begin in this age group.

Talk to your child's doctor or nurse about the vaccines recommended for their age. COVID-19 vaccination is recommended for ages 6 months and older.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Dengue	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
7-8 Years				MenACWY	MenB							
9-10 Years												
11-12 Years												
13-15 Years												
16-18 Years												
More Information:	Everyone 6 months and older should get a flu vaccine every year if they do not have contraindications.	All 11- through 12-year-olds should get one shot of Tdap.	All 11- through 12-year-olds should get a 2-shot series of HPV vaccine. A 3-shot series is recommended for those with weakened immune systems and those who start the series at 15 years or older.	All 11- through 12-year-olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.	Ages 10 years and older at increased risk should receive a serogroup B meningococcal conjugate (MenB) vaccine. Ages 16-18 years old who are not at increased risk may be vaccinated with a MenB vaccine.	ONLY in places where dengue spreads						

\$ Pay for Outcomes

Physician Pay for Value (P4V) Program

MDwise is committed to providing high quality, cost-effective health care to our members. By establishing our P4V Program, MDwise will maintain a strong partnership with our PMPs, resulting in improved quality and access to health care services. The goal of the program is to improve access and health outcomes for all members.

The award for 2022 will be issued in the Spring 2023 and recognizes performance based on these key measures:

1. Well-Child (W30)
2. Well-Child (WCV)
3. Lead Screening (LSC)

4. Childhood Immunization Status (CIS)
5. Asthma Medication Ratio (AMR)
6. Adult Access to Care (AAP)
7. Generic Prescribing Rate (GDR)
8. Breast Cancer Screening (BCS)
9. Eye Exams for Patients with Diabetes (EED)
10. Hemoglobin A1c for Patients with Diabetes <8.0 (HBD)
11. Blood Pressure Control for Patients with Diabetes (BPD)
12. Breast Cancer Screening [BCS]
13. Postpartum (PPC)
14. Comprehensive Diabetes Care (CDC)

Availability of Utilization Management Criteria

MDwise is an NCQA-accredited organization and complies with all NCQA Utilization Management (UM) standards including UM 2 regarding criteria availability. Please remember that if you receive notification of an adverse decision, which includes the determination to

deny, modify or reduce the services for which you requested authorization, you may request the clinical guideline or criteria that was applied to make the decision by calling the [Medical Management](#)

COVID Updates

The CDC has published updated COVID-19 resources for providers. With the significant increase in vaccine supply, you may find new challenges in keeping up with the newest recommendations. You will find the link below very helpful.

[COVID-19 Vaccination Clinical and Professional Resources | CDC](#)

I-800-356-1204 or 317-630-2831



Hoosier Healthwise and HIP

[MDwise.org/forproviders](#)



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