MDwise Quality Presentation

MDwise Quality–Make it Count

Exclusively serving Indiana families since 1994.
Indiana Health Coverage Programs

FSSA=Family & Social Services Administration
OMPP=Office of Medicaid Policy and Planning
Maximus= Enrollment Broker

FSSA

OMPP

MAXIMUS

Traditional Medicaid

Care Select

Healthy Indiana Plan

Hoosier Healthwise Risk-Based Managed Care

Behavioral Health Organizations

HP

MDwise

Advantage

Anthem Blue Cross Blue Shield

Enhanced Services Plan (ESP)

MHS

MDwise

MHS

Cenpatico

Anthem

Anthem
Who is MDwise?

• MDwise is a local, not-for-profit company serving Hoosier Healthwise, Care Select and Healthy Indiana Plan (HIP) members.
• MDwise believes that everyone deserves to have health coverage.
• MDwise Hoosier Healthwise covers 270,000 children, pregnant women and eligible families.
MDwise Delivery Systems

- MDwise Total Health
- MDwise St. Vincent
- MDwise St. Catherine
- MDwise Hoosier Alliance
- MDwise Methodist
- MDwise Select Health Network
- MDwise Wishard
- MDwise Franciscan St. Margaret & St. Anthony
What is Risk Based Medicaid?

- MCEs are paid a per member per month fee; this is called a capitated rate.
- The capitated premium covers the cost of care for all covered services for the patients.
- The MCE assumes financial risk for services of members; thus the name “Risk-Based” does not mean the patients are “high risk.”
### Hoosier Healthwise Benefit Packages

<table>
<thead>
<tr>
<th>Benefit Package</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Package A – Standard Plan</td>
<td>Full coverage for children, low-income families.</td>
</tr>
<tr>
<td>Package B – Pregnancy Coverage Only</td>
<td>Pregnancy-related, postpartum care, family planning, pharmacy, transportation, urgent care services for some pregnant women.</td>
</tr>
<tr>
<td>Package C – Children’s Health Plan</td>
<td>Preventive, primary, and acute care services for some children under 19 years old.</td>
</tr>
<tr>
<td>Package P – Presumptive Eligibility</td>
<td>Presumptive eligibility for pregnant women.</td>
</tr>
<tr>
<td>Package E – Emergency Only</td>
<td>Limited to treatment for medical emergency conditions.</td>
</tr>
</tbody>
</table>
Mission
To improve the quality of health care.

Vision
To transform health care quality through measurement, transparency and accountability.

Values
Our passion is improving the quality of health care.
We stand for accountability throughout the health care system.
A set of standardized performance measures

- Ensures that consumers have reliable information on the performance of MCEs.
- >90% of health plans use HEDIS to measure performance on important dimensions of care and service.
What is HEDIS?

HEDIS – Healthcare Effectiveness Data and Information Set

National Committee for Quality Assurance (NCQA) uses these performance measures for commercial insurance, Medicare, and Medicaid.

HEDIS is the most used set of performance measures in the Managed Care industry, developed and maintained by NCQA.
• Majority of HEDIS is measures from administrative results-claims, but some of the measures are pulled from hybrid results-medical record review.
• Administrative data is calculated by a claim or an encounter submitted to the health plan.
• Hybrid reviews are a random sample of member medical records. Hybrid data can consist of administrative data and a sample of medical record data.
• Annual State mandated quality improvement initiative required of all Managed Care Health plans.
• Retrospective review of medical care and services from the prior year.
• Data is reported to NCQA in June of the reporting year.
• Data reflects events that occurred during the measurement year (calendar year).
• Example:
  • HEDIS 2012 data is reported in June 2012.
  • Data reflects events that occurred in January – December 2011 (per specs)
  • HEDIS 2012 = 2011 data
HEDIS Overview

- Denominator – Eligible members of the population.
- Numerator – Members that meet the criteria of the measure.
- Anchor Date – The specific date the member is required to be enrolled to be eligible for the measure.
- Continuous Enrollment – The minimum amount of time a member must be enrolled to be eligible for a measure.
- Provider Specialty – Certain measures must be performed by a specified provider specialty.
HEDIS Score Barriers

- Claims not submitted due to members that have third party liability.
- Members that are assigned to the wrong Primary Medical Provider.
- Claims are submitted without the appropriate diagnosis or CPT codes that will count towards the measures.
- Claims submitted with diagnosis code in error to add members to a measure and denominator.
- The provider specialty does not count towards the measure.
- The member is not continuously enrolled.
- The services are not all documented in the members medical chart.
- All components of the required measure were not provided.
- New member and previous medical records are not obtained or transferred when a member changes PMPs.
- Appointment availability when a member tries to schedule preventive services.
- Appointment availability for new members on the PMP panel.
HEDIS Contains 76 Quality Measures

- Asthma Medication Use
- Persistence of Beta-Blocker Treatment after Heart Attack
- Controlling High Blood Pressure
- Comprehensive Diabetes Care
- Breast Cancer Screening
- Antidepressant Medication Management
- Childhood and Adolescent Immunization Status
- Advising Smokers to Quit & offering assistance to quit

....and others
2012 Incentivized HEDIS Measures for HHW

• Adolescent Well Care Ages 12–21
• Well-Care for Children Ages 3–6
• Well-Care for Children 0–15 months
• Emergency Room Bounce Back Within 30 days
• Physicians Advising Smokers to Quit
• Timeliness of Postpartum Care (21–56 days after delivery)
• Frequency of Ongoing Prenatal Care
• Follow-up after Hospitalization from Mental Illness Within 7 days
• LDL-C Screenings for Diabetic Members
HEDIS Measures

- Comprehensive Diabetes Care – CDC
  - Members 18–75 of the measurement year who received an LDL–C screening, and care of diabetes during the measurement year. The claim must have the appropriate coding to count toward the measure.
  - The following diagnosis codes add a member to the measure: 250, 357.2, 362.0, 366.41, and 648.0.
  - The following CPT codes make the member compliant for an LDL–C screening: 80061, 83700, 83701, 83704, and 83721.
  - Required testing and documentation:
    - Hemoglobin A1c (Test and Result)
    - LDL–C Lipid screening (Test and Result)*
    - Retinal Exam (Dilated eye exam/Retinopathy)
    - Urine screening (ACE or ARB medication therapy) (attention to Nephropathy)
    - Blood Pressure Documented (<130/80) (<140/90)
• **Well–Child Visits in the First 15 Months of Life – W15**
  - Members 0–15 months of age must receive 6 or more well–child visits with a PMP that document in the medical record the following:
    - health and developmental history (physical and mental) i.e. developmental questionnaires regarding sleep habits, feeding, motor skills, teething, interaction with others, walks alone, teething/chewing objects, and PCP observation.
    - a physical exam i.e. general appearance, height, weight, heart, lungs, abdomen, head circumference, deformities, reflexes present, fontanels, and alertness.
    - health education/anticipatory guidance i.e. injury prevention, circumcision care, thermometer use, choking prevention, bathing, car seat use, temper tantrums, and lead poisoning.
  - The claim must have the appropriate coding and submitted with the appropriate provider specialty to count towards the measure.
  - The following diagnosis codes or CPT codes make the member compliant for the well child measure: V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, and V70.9 and 99381, 99382, 99391, 99392, 99432, and 99461.
Well–Child Visits in the Third, Fourth, Fifth and Sixth Years of Life – W34

- Members 3–6 years of age in the measurement year must receive one well–child visit with a PMP each year that documents in the medical record the following:
  - health and developmental history (physical and mental) i.e. developmental milestones, disposition, communication with others, vocabulary, independence with dressing, and toileting.
  - a physical exam i.e. general appearance, height, weight, heart, lung, abdomen, BMI percentile, vision, hearing, abuse/neglect, eyes/strabismus, and alertness.
  - health education/anticipatory guidance i.e. balance meals with snacks, limit sweets, caution with strangers, second hand smoke, childcare planning, bed time, friends, and limit setting.

- The claim must have the appropriate coding and submitted with the appropriate provider specialty to count towards the measure.

- The following diagnosis codes or CPT codes make the member compliant for the well child measure: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, and V70.9 and 99382, 99383, 99392, and 99393.
HEDIS Measures

- Adolescent Well – Care Visits – AWC
  - Members 12 – 21 years of age in the measurement year must receive one well – child visits with a PMP that document in the medical record the following (school physical, preventive care visits with a Pap, prenatal, or post partum visit):
    - health and developmental history (physical and mental) i.e. developmental questionnaires regarding social and emotional development, school progress, physical activity, depression, menarche, and peer relationships.
    - a physical exam i.e. general appearance, height, weight, heart. Lung, abdomen, tanner stage, BMI, head eyes, heart, lungs, acne, and pap smears.
    - health education/anticipatory guidance i.e. balanced meals, sex education, safety, smoking, drug and ETOH avoidance, regular exercise, breast self exams, seat belt use, suicidal ideation, and partner selection.
  - The claim must have the appropriate coding and submitted with the appropriate provider specialty to count towards the measure.
  - The following diagnosis codes or CPT codes make the member compliant for the well child measure: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, and V70.9 and 99383-99385 and 99393-99395.
HEDIS Measures

• Frequency of Ongoing Prenatal Care – FPC
  • Members who delivered a live birth on or between November 6 of prior year to November 5 of measurement year and were continuously enrolled 42 days prior to delivery.
    • Documentation of all prenatal visits.
    • \( \geq 81 \) percent of expected visits.
HEDIS Measures

• Prenatal and Postpartum Care – PPC
  • Members who had a live birth in the measurement year who had their first prenatal visit within 42 days of enrollment or during the first trimester.

• Postpartum Care
  • Members who had their postpartum visit on or within 21–56 days of delivery.
  • The claims must have the appropriate coding and submitted with the appropriate provider specialty to count towards these measures.
Follow up After Hospitalization for Mental Illness – FUH

Members 6 years of age and older as of the date of discharge from an acute inpatient stay must receive an outpatient visit with a mental health practitioner within 7 days after the discharge.
HEDIS Measures-Follow-up After Hospitalization for Mental Illness

- Follow up After Hospitalization for Mental Illness – FUH
  - MCOs currently working with the inpatient and outpatient providers on relationship building, education on the clinical practice guidelines and the measure, and Bridge Appointments.
  - Providers can bill for bridge appointments in an outpatient setting with the 513 revenue code and procedure codes 99401 and 99402.
2012 Incentivized HEDIS Measures for HIP

- ER Admissions per 1000 Member Months
- Rollover Measure
- Physicians advising smokers to quit
• Adult Preventive Office Visit
  • Members must receive one well visits or alternate preventive care counseling visit with a PMP that document in the medical record the following:
    • health and developmental history (physical and mental)
    • a physical exam i.e. general appearance, height, weight, heart, lungs, abdomen,
    • health education/anticipatory guidance.
  • The claim must have the appropriate coding and submitted with the appropriate provider specialty to count towards the measure.
  • The following diagnosis codes or CPT codes make the member compliant for the measure: 99385-99387, 99395-99397, and 99401-99404 or codes for an alternate preventive care counseling visit must be coded with the following procedure codes and diagnosis codes 99201-99205 and 99211-99215 with V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 and women only V72.3, V72.31, V72.32 and V76.2.
Pay for Performance (P4P) Incentivized HEDIS Measures

• A contractual activity of MCEs
• P4P is an incentive for providers to meet quality measures in Hoosier Healthwise, Care Select, and the Healthy Indiana Plan
• A portion of the MDwise capitated payment is withheld, and paid to the MCE when quality goals are met
• MDwise partners with our family of Delivery Systems to create a quality program to support providers and promote preventive care services for our MDwise members.

• When P4P dollars are earned by the MDwise Health Plan overall, those funds are in turn used to reward providers who assisted in reaching the established quality goals.

• There will be six (6) performance measures below with review periods to include claims for January 1, 2011, through December 31, 2011, and January 1, 2012, through December 31, 2012:
  - Well Child 0–15 Months
  - Well Child 3–6 years
  - Well Child Ages 12–21
  - Postpartum visits
  - Adult preventive care (annual physical exam)
  - Comprehensive Diabetes Care – LDL-C Screening
How We Promote Quality Care

- Provider and staff education
- Network Improvement Program (NIP) Team
- Billing and process audits
- ManagedCare.com
- Member education
- Member incentives
- Provider Incentives
- Case management services for members
- Case management for members receiving behavioral health services
NIP Team Responsibilities

- Created to take improvement efforts to a higher level
- Educating providers on HEDIS, NCQA, and OMPP standards
- Providing providers with information about their quality performance
- Diagnose office practices that may result in missed opportunities to provide care or cause services to not be billed correctly
- Creating and distributing reference/educational materials and tools
- Initiating programs and tools that assist the Plan in meeting quality targets
- Communicating to delivery systems and providers about areas of opportunity for improving efficient healthcare resource utilization
- Maximize the opportunity for MDwise, Inc. to recoup as much of the State withhold on quality as possible in the targeted Pay for Performance measures
- Create and implement pilot projects to improve quality of care in medical and behavioral health
<table>
<thead>
<tr>
<th>Measure</th>
<th>% Meet</th>
<th>Denom</th>
<th>Meet</th>
<th>% Meet</th>
<th>Denom</th>
<th>Meet</th>
<th>% Meet</th>
<th>Denom</th>
<th>Meet</th>
<th>% Meet</th>
<th>Denom</th>
<th>Meet</th>
<th>% Meet</th>
<th>Denom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>63%</td>
<td>2,323</td>
<td>1,575</td>
<td>67.8%</td>
<td>85</td>
<td>146</td>
<td>58%</td>
<td>30</td>
<td>50</td>
<td>60%</td>
<td>22</td>
<td>48</td>
<td>46%</td>
<td>33</td>
</tr>
<tr>
<td>Well-Child Visits - Ages 3-6</td>
<td>83%</td>
<td>2,015</td>
<td>1,685</td>
<td>83.6%</td>
<td>63</td>
<td>100</td>
<td>63%</td>
<td>25</td>
<td>40</td>
<td>63%</td>
<td>16</td>
<td>30</td>
<td>53%</td>
<td>22</td>
</tr>
<tr>
<td>Six or More Visits</td>
<td>76%</td>
<td>525</td>
<td>395</td>
<td>75.2%</td>
<td>48</td>
<td>66</td>
<td>73%</td>
<td>12</td>
<td>17</td>
<td>71%</td>
<td>23</td>
<td>32</td>
<td>72%</td>
<td>13</td>
</tr>
<tr>
<td>LDL-C Screening</td>
<td>84%</td>
<td>66</td>
<td>42</td>
<td>63.6%</td>
<td>9</td>
<td>13</td>
<td>69%</td>
<td>3</td>
<td>4</td>
<td>75%</td>
<td>4</td>
<td>7</td>
<td>57%</td>
<td>2</td>
</tr>
<tr>
<td>Timeliness of Postpartum Care</td>
<td>74%</td>
<td>450</td>
<td>342</td>
<td>76.0%</td>
<td>24</td>
<td>34</td>
<td>71%</td>
<td>12</td>
<td>18</td>
<td>67%</td>
<td>5</td>
<td>9</td>
<td>56%</td>
<td>7</td>
</tr>
<tr>
<td>Follow-Up after BH Inpatient Stay (7)</td>
<td>64%</td>
<td>63</td>
<td>39</td>
<td>61.9%</td>
<td>11</td>
<td>16</td>
<td>69%</td>
<td>5</td>
<td>6</td>
<td>83%</td>
<td>3</td>
<td>5</td>
<td>60%</td>
<td>3</td>
</tr>
</tbody>
</table>
### Well-Child First

#### Seize Every Opportunity to Provide Well-Care

<table>
<thead>
<tr>
<th>CPT Procedure Codes</th>
<th>ICD-9-CM Diagnosis Codes</th>
<th>HEDIS Well-Child Measures</th>
<th>EPSDT Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>99301 – 99303</td>
<td>V022 as the primary diagnosis code.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>99319 – 99333</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EPSDT/Well-Care**

Provide preventive care following the EPSDT guidelines and documenting the components of the screening to allow for a higher level of reimbursement.

**Preventive Well-Care**

Provide and document preventive care at any visit include age-appropriate health and developmental history (both mental and physical), physical exam, and health education/antepartum guidance.

- A comprehensive prenatal visit meets all of the requirements for a preventive care visit.

<table>
<thead>
<tr>
<th>CPT Procedure Codes</th>
<th>ICD-9-CM Diagnosis Codes</th>
<th>HEDIS Well-Child Measures</th>
<th>EPSDT Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201, 99213, 99461, or 99475 – 99478</td>
<td>V025 – Routine infant or child health (check)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>99301 – 99303, 99309, 99319, or 99333</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sick Visit Plus EPSDT (2 visit codes)**

Provide a complete problem-focused visit exam for a presenting problem of moderate to high severity and a complete preventive visit documenting the EPSDT components of the screening exam. The claim will require work up of the additional diagnosis to support the provision of a separate and significant Evaluation and Management service of moderate severity or greater by the same physician on the same day. Documentation must support the use of modifier 25.

<table>
<thead>
<tr>
<th>CPT Procedure Codes</th>
<th>ICD-9-CM Diagnosis Codes</th>
<th>HEDIS Well-Child Measures</th>
<th>EPSDT Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>99301 – 99303, 99309, 99319, or 99333</td>
<td>V022 as the primary diagnosis code for the appropriate preventive visit and multiple diagnoses for the presenting problem focused evaluation.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>99303 – 99333, 99319</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE**: The completion of well-child care documentation templates such as Bright Futures and AAP approved forms facilitate inclusion of preventive services with every visit. The use of prenatal record forms such as ACOG approved and Michigan forms facilitate inclusion of all prenatal and preventive services.

For further information regarding the use of the 25 modifiers, refer to the MCO HealthWise Manual.

PS341 (07/09)
Opportunities For Improvement

• Maximize every member interaction to provide preventive and well-care
  – Well care visits for children when they are in for acute care
  – Schedule the 15th month EPSDT visit prior to the 15th month of life
  – LDL-C screens for diabetics when in for acute care
• Staff who does scheduling can identify members that need services to schedule in a timely fashion
• Ensure proper billing for services rendered
• Be sure that the documentation is complete
A primary medical provider (PMP) office could take the opportunity to convert a sick visit into a well–child visit when the member is in the office for acute care.

If the PMP office has electronic medical records (EMR), implement alerts to reflect the non–compliant members in the quality measures.

If the PMP office receives a list of non–compliant members, the office should reach out to the members and schedule preventive services.

If a member contacts the PMP’s office for a sore throat (acute visit) the office should take the opportunity to provide preventive care and schedule a well–child visit if the member is due for services.
Opportunities For Improvement

• If a member is being seen for an initial prenatal visit or post partum visit, all the components of a preventive well–child exam are provided. The appropriate V20.2 or V70.0 can be submitted as a secondary diagnosis code and count towards the AWC measure.

• If all components of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services were provided, remember to submit the appropriate procedure codes 99381–99385 or 99391–99395 with the diagnosis code V20.2 as primary.
• If all components of EPSDT were not provided, remember to submit the appropriate E&M code along with the appropriate diagnosis code V20.2, V70.0, or V70.3 to ensure the services count towards the HEDIS measure.

• If EPSDT services were provided along with acute care, be sure to submit the appropriate EPSDT code along with the E&M code and the 25 modifier to ensure the services are counted towards the HEDIS measure.
• Developmental milestones
• Review diet and nutrition
• Previous problems addressed
• Address obesity and other chronic problems
• Ask about smoking, starting at age 10 yrs.
• Mental and physical assessment
• BMI—record & discuss
• Unclothed exam
• Provide anticipatory guidance & counseling
• Do routine testing (lead, vision, hearing)
HealthWatch/EPSDT/Bright Futures

- Preventive healthcare program
- Emphasis is given to **early detection**
- For members from birth to 21 years old
- Required care for Medicaid recipients
- Assures availability and accessibility of required health care resources
- These components of care are a required part of the well-child assessment
What can a Care Manager do for your MDwise patient?

- Encourage the patient to follow the physician’s plan of care
- Review/reinforce proper use of the prescribed medication
- Provide educational materials to help the patient understand their disease
- Coordinate/identify need for social service agencies
- Help decrease no call / no show
- Assist your practice in meeting HEDIS guidelines
Resources

- MDwise website: MDwise.org
- INcontrol
- Your MDwise Provider Rep
- Case managers
- American Academy of Pediatrics
- CAHPS Poster
- Provider and Member Incentives
- Provider Education Visits
- www.indianamedicaid.com
- MDwiseREWARDS
Resources

- Performance Reports
- HEDIS Lists
- Well-Child First Poster
- 2012 Performance Poster
- Well 15 Tip Sheet
- Best Practices Booklet
- EPSDT Coding Guide
- Notification of Pregnancy Quick Reference Guide
- 40 Weeks of Pregnancy Provider Toolkit
- Revalidation Toolkit
- Diabetes Toolkit