Agenda

- Who is MDwise
- MDwise Delivery Systems
- HEDIS Overview
- Pay for Outcome (P4O)
- P4O Measures for Hoosier Healthwise
- P4O Measures for Healthy Indiana Plan
- MDwise Quality and NIP Team
- Reporting
- MDwise Education and Programs
- Opportunities for Improvement
- Resources
- Questions
MDwise is:

- A local, not-for-profit company serving Hoosier Healthwise and Healthy Indiana Plan members

- Exclusively serving Indiana families since 1994
  - Over 400,000 members
  - 2,000 primary medical providers
What is a delivery system model?

- MDwise serves its Hoosier Healthwise and HIP members under a “delivery system model”

- The basis of this model is the localization of health care around a group of providers
  - These organizations, called “delivery systems” are comprised of hospital, primary care, specialty care, and ancillary providers
MDwise Delivery Systems

**Traditional Medicaid**
Medicaid eligible members are placed in Fee for Service Medicaid pending their selection of a managed care plan and primary care providers for the Hoosier Healthwise program or their selection of a care management organization and primary care provider for the Hoosier Care Connect program.

**Healthy Indiana Plan (HIP)**
(Medicaid for Inmates)
Coverage for qualified low-income Hoosiers ages 19 to 64

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*What is a Delivery System Model?*
MDwise serves its Hoosier Healthwise and HIP members under a “delivery system model.” The basis of this model is the localization of health care around a group of providers. These organizations called “delivery systems” are comprised of hospital, primary care, specialty care and ancillary providers. To serve Medicaid clients in the Hoosier Healthwise and HIP programs, behavioral health providers must be contracted as MDwise delivery system providers.
HEDIS Overview

• 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
• Administrative data is calculated by a claim or an encounter submitted to the health plan
  – Annual State mandated quality improvement initiative required of all Health plans
  – Hybrid reviews are a random sample of member medical records. Hybrid data can consist of administrative data and a sample of medical record data.
Pay for Outcome P4O - Score Barriers

When a member:

- Is not continuously enrolled
- Is new and previous medical records are not obtained or transferred to new PMP
- Has incomplete medical charts
- Is unable to schedule preventive services or be added to a PMPs panel

When a members claims:

- Are not submitted due to members that have third party liability
- Are submitted without the appropriate diagnosis or CPT codes that will count towards the measures
- Are submitted with a diagnosis code in error to erroneously add members to a measure denominator
P4O - Incentivized Measures

Pay for Outcomes Program 2017

The State of Indiana, through the Family and Social Services Administration (FSSA), contracts with health plans to provide health care services to Hoosier Healthwise and Healthy Indiana Plan (HIP) enrollees in Indiana. As a reward for providing care that meets the standards of high quality preventive care, FSSA offers Pay for Outcomes (P4O) opportunities for the health plans. On an annual basis, FSSA establishes benchmarks for a set of quality measures defined in the health plan contract and offers additional payment when the health plans meet established goals. These selected measures are typically nationally recognized HEDIS measures developed by NCQA for use in health plan accreditation.

MDwise has a unique delivery system model. MDwise partners with our family of delivery systems to create a quality program to support the providers and promote preventive care services for our MDwise members. Performance of network providers is tracked through claims received for services provided. The overall performance of MDwise as a plan, as evaluated and determined by FSSA, is based on the collective performance of our individual providers.

We value the providers in our delivery systems who promote and provide quality preventive care for their MDwise members. When Pay for Performance dollars are earned by the MDwise health plan overall, those funds are in turn used to reward the delivery systems and their providers who assisted in reaching the established quality goals.

How does it work?
To determine potential pay for outcomes or bonuses to providers, MDwise will review compliance rates for the patients of the primary medical group where the member is assigned. The review period includes dates of service between January 1, 2017 through December 31, 2017 and is based on the following performance measures:

<table>
<thead>
<tr>
<th>Provider Group Performance Measures</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well child 0–15 months</td>
<td>Well child 0–15 months</td>
<td></td>
</tr>
<tr>
<td>Well child 3–6 years</td>
<td>Well child 3–6 years</td>
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</tr>
<tr>
<td>Well child 12–21 years</td>
<td>Well child 12–21 years</td>
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<tr>
<td>Adult preventive care or new office visit</td>
<td>Adult preventive care or new office visit</td>
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</table>
2017 Pay for Outcomes Program for Providers of OB Services

The State of Indiana, through the Family and Social Services Administration (FSSA), contracts with health plans to provide health care services to Hoosier Healthwise and Healthy Indiana Plan (HIP) enrollees in Indiana. As a reward for providing care that meets the standards of high quality pregnancy care, FSSA offers Pay for Outcomes (P4O) opportunities for the health plans. On an annual basis, FSSA establishes benchmarks for a set of quality measures defined in the health plan contract and offers additional payment when the health plans meet established goals. These selected measures are often, but not always, nationally recognized HEDIS measures developed by NCQA for use in health plan accreditation.

MDwise has a unique delivery system model. MDwise partners with our family of delivery systems to create a quality program to support the providers and promote healthy pregnancy services for our MDwise members. Performance of network providers is tracked through claims received for services provided. Our collective performance as a plan, as evaluated by FSSA, is based on the collective performance of our individual providers.

We value the providers in our delivery systems who promote and provide quality pregnancy care for MDwise members. When Pay for Outcomes dollars are earned by the MDwise health plan overall, these funds are in turn used to reward the delivery system provider groups who helped MDwise in achieving the established quality goals.

How does it work?

To determine potential bonuses to provider groups, MDwise will review submissions or claims that providers submit for members on two performance measures:

- Notification of Pregnancy (NOP): Submissions
- Timeliness of postpartum visits (PPC): 21–55 days post delivery

Review periods will be based on deliveries occurring in 2017. NOPs will be attributed to the submitting provider group. For the Postpartum measure, members will be attributed to the provider group the member saw for their postpartum visit.

The amount of bonus a provider group can earn will be based on:

1. The total amount of money awarded to MDwise by FSSA. The amount earned is driven by the overall MDwise health plan performance on each measure.
2. Provider group performance on each measure.
3. The number of eligible members each provider group has in the denominator for each measure.

Note: Providers and provider groups must be contracted with MDwise at the time the bonus is paid. Bonuses are generally paid in the latter part of the calendar year, following the year services were rendered.
P4O - Incentivized Pay out Logic

• Scoring and reimbursement are calculated at the group NPI level
• Pay providers a flat amount per compliant member if they reach the 75% or 100% earnings threshold
• The flat pay out amount is great for the providers who reach the 100% earning threshold or tier
• Paying a per member amount rewards our highest volume providers more heavily for their contribution
2017 Incentivized P4O Measures for HHW

- Adolescent Well Care Ages 12–21
- Well-Care for Children Ages 3–6
- Well-Care for Children 0–15 months
- Timeliness of Postpartum Care (21–56 days after delivery)
- Notification of Pregnancy
P4O Measures for Hoosier Healthwise

• **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
P4O Measures for Hoosier Healthwise

• 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:
  – 99381, 99382, 99391, 99392, 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:
  – 99382, 99383, 99392, 99393
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:

- 99383, 99384, 99385, 99393, 99394, 99395
P4O Measures for Hoosier Healthwise

- Postpartum Care
  - Members who had their postpartum visit on or within 21–56 days after delivery
  - The claim must have the appropriate coding and submitted with the appropriate provider specialty to count towards these measures

- Notification of Pregnancy
  - The woman’s pregnancy must be less than 30 weeks gestation
  - The NOP must be submitted within 5 calendar days of the risk assessment and must also be billed for reimbursement
  - Only one NOP per member, per pregnancy to be eligible for reimbursement
2017 Incentivized P4O Measures for HIP

- Adults Access to Preventive/Ambulatory Health Services (AAP)

Adult Access To Preventative Care/Ambulatory Health Services (AAP)

- Members must receive one annual preventative or ambulatory care visit for acute care, new patient consultation, or preventive care services:
  - This measures a member’s access to primary care demonstrating their ability to obtain preventative services as needed.
  - The claim must have the appropriate coding to count towards the measure.
Adult Access To Preventative Care/Ambulatory Health Services (AAP)

- The following diagnosis codes or CPT codes make the member compliant:

  - 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 92002, 92004, 92012, 92014, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

How We Promote Quality Care:

- Provider and staff education
- Network Improvement Program (NIP) Team
- Billing and process audits
- Member education and incentives
- Provider Incentives
- Care management services for members
MDwise Quality and NIP Team

How NIP can help:

• Educating providers on HEDIS, NCQA, and OMPP standards through office visits
• Providing providers with information about their quality performance via reports
• Create and implement projects to improve quality of care
• Maximize the opportunity for MDwise, Inc. to recoup as much of the State withhold on quality as possible in the targeted Pay for Outcomes measures
• Diagnose office practices that may result in missed opportunities to provide care or cause services to not be billed correctly
• Member Outreach
  – Calls and IVR calls/Fax Back Program/Member Postcards
• Online Reporting
Online Quality Reports

- Quality reports, members in need of services, and provider panels available online and updated monthly.
## 2017 HEDIS COMPARISON REPORT

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<th>Meets Criteria</th>
<th>% Meets Criteria</th>
<th>W15 (Well-Care Ages 0-15 mo.)</th>
<th>Meets Criteria</th>
<th>% Meets Criteria</th>
<th>AAP (Adult Preventive Care)</th>
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Note: Data reflects eligibility as of 9/1/2016 with claims processed as of 8/23/2016.

* Missed Opportunity Members had visits with their assigned PMP group during the measurement year but no qualifying services were billed.
### ABC HEALTH CENTER 2016 VS 2017 YEAR TO DATE COMPARISON REPORT

<table>
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<td>83.87%</td>
<td>86.96%</td>
<td>-0.84%</td>
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**Graph representation:**
- **W15:** 50% Threshold: 61.22%, 75% Threshold: 61.02%, 100% Threshold: 59.76%, Rate Diff YTD: -0.21%
- **W34:** 50% Threshold: 59.12%, 75% Threshold: 56.04%, 100% Threshold: 59.76%, Rate Diff YTD: -3.08%
- **AWC:** 50% Threshold: 49.05%, 75% Threshold: 39.96%, 100% Threshold: 49.15%, Rate Diff YTD: -9.09%
- **AAP:** 50% Threshold: 69.67%, 75% Threshold: 68.83%, 100% Threshold: 79.60%, Rate Diff YTD: -0.84%
How to Code Well-Care Visits for Children and Adolescents
to meet NCQA’s HEDIS Quality Goals
and Receive Appropriate Reimbursement and Credit for Providing Quality Care
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
# 2017 Performance Measures

## Hoosier Healthwise & Healthy Indiana Plan

<table>
<thead>
<tr>
<th>Measure</th>
<th>Frequency</th>
<th>Spanning Term</th>
<th>Target</th>
<th>Opportunity</th>
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**Women Only Measures**

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<th>Frequency</th>
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<td>C-sections</td>
<td>Monthly</td>
<td>10,000</td>
<td>8,000</td>
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<tr>
<td>Hospitalization</td>
<td>Quarterly</td>
<td>20,000</td>
<td>18,000</td>
<td>20,000</td>
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<tr>
<td>ER Visits</td>
<td>Monthly</td>
<td>15,000</td>
<td>12,000</td>
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<tr>
<td>inpatient</td>
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<td>26,000</td>
</tr>
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</table>

* MDwise Education and Programs
* Tips for MDwise Providers
* Measures used to measure the performance of Hoosierwise and their providers are important patient and member outcomes. Based on the MDwise metric, most leads are an improvement over the previous year, but quality care for all those we serve.

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* Assumes the Hoosier Medicaid Boyle and Boyle
* Assumes 12 months for HBV lab work
* MDwise Education and Programs

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* Assumes the Hoosier Medicaid Boyle and Boyle
* Assumes 12 months for HBV lab work
* MDwise Education and Programs
Documentation for Well-Child Visits

- Developmental milestones
- Review diet/nutrition and BMI
- Previous problems addressed
- Address obesity and other chronic problems
- Ask about smoking, starting at age 10 yrs.
- Mental and physical assessment including unclothed exam
- Provide anticipatory guidance & counseling
- Routine testing (lead, vision, hearing)
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
  – Review outreach at 13 months

• Staff who does scheduling can identify members that need services to schedule in a timely fashion, pro active outreach

• 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
Provider Offices:

• Implement alerts to reflect the non-compliant members in the quality measures if EMRs (electronic medical records) are used

• Outreach to members to schedule preventative services, including non-compliant members

• Take the opportunity to provide preventive care and schedule a well-child visit if the member is due for services but in the office for another acute issue

• If a member is being seen for an initial prenatal/post partum visit, all the components of a preventive well care exam are provided
  – The appropriate preventive diagnosis code can be submitted as a secondary diagnosis code and count towards the AWC measure
Opportunities For Improvement

• 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 Z00.121 or Z00.129 as primary.

• If all components of EPSDT were not provided, remember to submit the appropriate E&M code along with the appropriate preventive diagnosis code to ensure the services count towards the 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 measure.
Resources

- MDwise website: MDwise.org
- INcontrol

- Care managers
- American Academy of Pediatrics / Bright Futures
- Bright Futures Tool Kit
- Provider and Member Incentives
- Provider Quality Visits
- MDwiseREWARDS
NIP Resources below are available on:
www.mdwise.org/ForProviders/Quality/HEDIS

- P4O Flyers
- Well Child Mini Poster
- Access to Care Guidelines
- Vaccine Schedule
- Fax Back Program (Tip Sheet and Form)
- IHCP EPSDT Manual
  – www.indianamedicaid.com
- NOP Tip Sheet
- HEDIS Performance Poster

- Lead Screening Poster
- Periodicity Schedule
- CAHPS Poster
- EPSDT Billing Guide
- W-15 Tip Sheet
- Well – Child Form
- Pharmacy Documents
Resources

• MDwise Provider Manuals

• MDwise Provider Relations Territory Map
  • http://www.mdwise.org/for-providers/contact-information/

• MDwise Customer Service
  • 1.800.356.1204

• IHCP Provider Modules
  – Indianamedicaid.com
Contact NIP Team Manager for additional outreach:

• Laura Trainor
  – ltrainor@mdwise.org
  – 317-442-5715

• MDwise Customer Service
  – 1-800-356-1204
Questions