



ProviderLink

Your Quarterly Connection to Smart Solutions For MDwise Providers

It's HEDIS® Season—Your Office May be Contacted

MDwise is preparing for our annual HEDIS® (Healthcare Effectiveness Data and Information Set) audit. The State of Indiana requires collection of data and reporting of HEDIS rates by all participating Medicaid Managed Care Plans to assess the quality of care their members receive. Results from the annual HEDIS® audit are used to guide various quality improvement initiatives at MDwise. Our HEDIS® rates are also a major component of our accreditation with the National Committee for Quality Assurance (NCQA). As a participating MDwise provider, one or more of your patients may be randomly selected for review and we are asking for your cooperation in collecting this important information. MDwise will be collecting HEDIS® data this year for both our Hoosier Healthwise and Healthy Indiana Plan (HIP) members.



To determine if recommended services reported in HEDIS® were provided to our members, MDwise looks first in its claims (or encounter) data. If we are unable to identify that a particular service (e.g., a prenatal care visit, well-child visit, immunizations) was provided from our claims data, we then must review the member's medical record to determine if the service was actually provided but for some reason could not be found in the claims data. If any of your MDwise members are part of the random samples selected for medical record review, representatives from MDwise will contact your office to arrange an onsite visit, or to possibly request this information by fax/ mail if you have a small number of charts to review or are remotely located. If an onsite visit is arranged, our representatives will conduct a chart review to collect the necessary information, and then copy the specific chart form(s) that validate the findings.

We will be contacting provider offices in 2011 between February and May for HEDIS data collection. MDwise sincerely thanks you for your service to our members and for your assistance with our HEDIS® reviews.

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Project ICE Diabetes Education Opportunities via E-Learning

MDwise, the Office of Medicaid Policy and Planning (OMPP), ADVANTAGE Health Solutions, Anthony Wayne Services, Inc. and ASPIN are collaborating on a Project ICE which stands for Integrated Care through Education. Project ICE is a three-year program, funded through the Health Resources and Services Administration (HERSA), designed to improve the health and well-being of persons with mental illness and or intellectual disabilities who also manage diabetes and reside in a rural Indiana county.



The goals of Project ICE are to improve health outcomes through enhanced diabetes management achieved through the cross-training of care-providers on best practices of diabetes management and strategies for working with the targeted population. To further these goals, the Project ICE team developed a series of traditional face-to-face interdisciplinary presentations for care-providers on diabetes, mental illness and intellectual disabilities and how these delivery silos can support coordinated care for the targeted population. Care providers include Direct Support Professionals, Mental Health Case Managers, Clinicians, Certified Diabetes Educators, Psychiatric Nurses and any other health care professional that touches those impacted by diabetes and a mental illness or intellectual disability.

I should attend a Project ICE training if:

- I work in a Group Home and want to learn more about diabetic complications.
- I am not certain what a HbA1C test indicates.
- I want to learn more about the intellectually disabled population.
- I'm not familiar with the impact of some antipsychotic medications on weight gain.
- I want more information on how a *Care Select* Disease Manager can assist in locating resources for my client who is in the *Care Select* Medicaid program.

The initial, state-wide interdisciplinary trainings have been completed and have been converted to an e-learning format. The training topics feature individual subject matter experts delivering presentations on diabetes and intellectual and developmental disabilities and serious mental illness, how to promote nutrition, exercise, and medication management specific to diabetics faced with a mental illness or intellectual disability has been scheduled. These presentations are free and there are continuing education units (CEU) available per presentation and there is a \$20 CEU processing fee for four (4) CEUs. The three presentations available are:

- Understanding Diabetes, Intellectual and Developmental Disabilities, and Serious Mental Illness
- Improving Medication Adherence in Individual Facing an Intellectual Disability and/or Serious Mental Illness and Diabetes
- Increasing Physical Activity to Reduce Diabetes Risks in Individuals with Intellectual Disabilities and/or Serious Mental Illness
- Nutrition for Diabetes Management and Prevention in People with Intellectual Disabilities and/or Serious Mental Illness

Providers interested in improving their diabetes education can view these presentations at www.indianaprojectice.org/elearning. If you have additional questions about the project or e-learning opportunities, go to www.indianaprojectice.org or contact Greg Lorenz, LCSW, ASPIN Clinical Program Development Coordinator at 317-536-4683.

MDwise to Introduce New Rewards Program

Beginning in January 2011, MDwise will be offering a new program, called MDwise Rewards. MDwise Hoosier Healthwise and HIP members will have the opportunity to earn points by completing a variety of activities. Some are related to wellness while others will help MDwise to communicate with them more efficiently.

MDwise Rewards will replace the current BLUEBELLEbeginnings prenatal incentive. Currently, pregnant members receive a gift card for going to their prenatal and postpartum exams, when their doctor completes and documents a “visit record” for them. Effective January 2011, newly pregnant MDwise members will be able to earn points for making and keeping these important appointments. Members will be able to accumulate points, based on the claims received for services, and then select a gift. Thus pregnancy points will be included in the new MDwise Rewards program and the incentive for BLUEBELLEbeginnings, as you know it today, will end.

Additional information for members, including how to earn points and rewards they will be able to receive, will be available at MDwise.org/rewards.



Healthy Indiana Plan Enhanced Services Program (ESP)

Healthy Indiana Plan members with certain diagnoses identified by the State may qualify for the Enhanced Services Program (ESP). For members who qualify, this program provides additional services and benefits not available to the member in Healthy Indiana Plan and may mitigate costs and worry for members with certain catastrophic diseases. The diseases that qualify for investigation of ESP include, but are not limited to, cirrhosis, cancer, hepatitis, and diabetic complications like diabetic retinopathy.

In order for MDwise to determine whether the member qualifies for ESP, we must secure clinical information through an ESP questionnaire that must be completed and signed by the treating provider. These questionnaires are vital to the process of referring members who may benefit from additional resources to ESP. The questionnaires should be completed, signed and faxed back to the number indicated on the form.

We would appreciate your assistance in helping us assure qualified members have access to the ESP services by filling out the questionnaire your office may receive and sending it back in a timely manner.

Behavioral Health—Physical Health Integration in Action

In 2008, MDwise asked MDwise Hoosier Alliance to establish a behavioral health unit within their medical team to manage Hoosier Healthwise and the Healthy Indiana Plan. The State of Indiana had encouraged Medicaid managed care companies to integrate behavioral and physical health as much as possible. Rather than starting from scratch, MDwise Hoosier Alliance leveraged the behavioral health expertise of its sister company, PerformCare, to achieve this integration.

PerformCare, which is located in Harrisburg, Pennsylvania, dedicated staff to the Hoosier Alliance office to establish a behavioral health clinical department made up of social workers and clinicians licensed in Indiana with knowledge of the Indiana behavioral health systems. The behavioral health and medical clinical teams are physically co-located in Indianapolis to enable increased integration.

Since carving behavioral health back in with medical, MDwise has prioritized the HEDIS follow-up after inpatient hospitalization (FUH) rate. This rate measures how many members are seen by a licensed mental health clinician within seven and 30 days of discharge from a mental health inpatient admission. Research (see below for citations) has shown that if a member is actively engaged in outpatient treatment within the seven or 30 day HEDIS-recommended FUH timeframe, their chances of being readmitted to the hospital within 30 days decreases significantly. MDwise Hoosier Alliance's 2009 baseline rate was 22%. By the end of 2009, the HEDIS FUH rate for Hoosier Alliance was 50.1%, which exceeded the goal. The following describes the process that was made possible through collaboration between MDwise, MDwise Hoosier Alliance and providers.

This increase in the rate resulted from an integrated process that includes the Hoosier Alliance behavioral health and quality teams along with the MDwise provider team and their providers. Through coordination, collaboration and clear and consistent communication, specific interventions have targeted the inpatient provider, the outpatient provider and the member. Interventions are monitored and measured on an ongoing basis. Feedback occurs quickly so that interventions can be modified as needed and have an immediate impact on the rate.

The first step in increasing the HEDIS FUH rate is to ensure that members have a qualifying appointment scheduled within seven days of discharge from the hospital. Hoosier Alliance Behavioral Health Utilization Reviewers (UR) work closely with

the inpatient provider on discharge planning from the very first pre-certification contact. While assessing symptoms, treatment and medical necessity, the UR staff includes discharge planning in every conversation with the inpatient provider. UR staff identifies barriers to scheduling qualifying appointments. Barriers can include an inpatient provider's policies on aftercare scheduling along with a lack of access due to no openings with local outpatient providers. These barriers are communicated to the MDwise Hoosier Alliance Quality Team and MDwise. Together, MDwise and Hoosier Alliance work with the system and with providers to overcome those barriers. If the issue is with access, Hoosier Alliance and MDwise work with the outpatient providers in the community to increase this access. One systemic intervention MDwise has initiated is the addition of bridging appointments as a covered service. Hoosier Alliance



behavioral health staff has actively promoted this new service to outpatient providers to increase access for our members for timely aftercare supports. For more provider-specific barriers, the MDwise provider team follows up with providers on site to resolve them.

MDwise Hoosier Alliance has developed a program for behavioral health inpatient and outpatient providers in a community to come together to identify and resolve barriers that exist in their community. Through collaboration and communication, each community can best identify and overcome the barriers in that community. A session will be held in each region of the State, inviting all the behavioral health

inpatient and outpatient providers in that region. The program will involve an education component, provided by Hoosier Alliance, on the HEDIS FUH measure. Then Hoosier

Alliance will facilitate a work session for the participants to identify barriers specific to their community and come up with solutions. The goal is to develop a work plan for each region.

The second step is to ensure the member attends the appointment. Behavioral health staff provides appointment reminder phone calls to members whenever possible. If the member or caregiver is reached, Outreach Specialists (ORS) will educate them about the importance of attending scheduled appointments. Additionally, barriers to attending outpatient appointments and complying with treatment are identified and resources obtained to overcome. When a child is admitted to a hospital, ORS attempts to contact the parent while their child is still in the hospital to engage them in case management and educate about the follow up appointment. Hoosier Alliance also provided inpatient providers with a letter to give to members with information about their follow up appointments as well as how to contact Hoosier Alliance behavioral health staff if they are unable to attend the appointment.

A vital intervention Hoosier Alliance put into place in September 2009 was a system to provide real time data to the clinical team on the HEDIS FUH rate. Prior to this, the HEDIS FUH rate was solely obtained from claims, which have an inherent delay built in because providers have 90 days to submit a claim (365 days if not a MDwise network provider). This delay in data resulted in the team not knowing which interventions were helping and which were not. Tracking the score manually in real time requires many person-hours but has been instrumental in the success of the team. Hoosier Alliance added two new positions to the behavioral health clinical team to assist with these efforts. The tracking mechanism is a spreadsheet that tracks every eligible mental health discharge in a calendar month, its discharge date, the scheduled follow up appointment and whether the member attended it or not. The data is obtained from the UR staff who alerts the ORS that a qualifying discharge occurred. The ORS verifies that a qualifying follow-up appointment was scheduled and informs the administrative staff. This staff person places a reminder call to the member about the appointment. The administrative person then verifies that a member did or did not attend the qualifying appointment. Various interventions are also monitored on this tracking sheet so that there is real time feedback on the effectiveness of the specific intervention. The grid is provided weekly to the MDwise provider team for additional data about the providers to aid them in intervening where needed.

The last step in the process is to ensure the measured HEDIS rate is accurate. Due to issues with claims and other supporting evidence required by NCQA to validate the HEDIS score,

MDwise and MDwise Hoosier Alliance have established processes to obtain the needed documentation. Prior to this, Hoosier Alliance relied on claims data solely to measure the HEDIS FUH rate. However, claims are not always filed in a timely manner or not at all due to third-party payer liability issues and services that are carved out of managed care responsibility in Indiana. The claims based HEDIS FUH rate remains significantly lower than the manual HEDIS FUH rate. To close this gap, the manual list is bumped against an authorization-based report and a claims-based report. Any discrepancies are identified and investigated. If needed, providers are called and asked to provide the needed verification documentation. For 2009, this was done at the end of the year and resulted in a significant increase in the HEDIS FUH rate. For 2010, the score is being validated for each quarter and supplemental documentation is being obtained as needed.

In conclusion, through a strong collaborative relationship between the delivery system, MDwise and the providers, significantly more members are receiving timely aftercare treatment following a mental health inpatient hospitalization.

Research to Support the Effectiveness of Seven-Day Follow-Up Care:

McCranie, Edward W and Mizell, Terrence A. 1978. "Aftercare for Psychiatric Patients: Does It Prevent Rehospitalization?" *Hospital and Community Psychiatry*. September 1978, Vol. 29, Number 9.

Stein, Bradley D, Kogan, Jane N, Sorbero, Mark J, Thompson, Wesley and Hutchinson, Shari L. 2007. "Predictors of Timely Follow-Up Care among Medicaid-Enrolled Adults After Psychiatric Hospitalization." *Psychiatric Services*. December 2007, Vol. 58, No. 12.

Address for HIP Claims & Refunds

MDwise has experienced a number of claims and refunds being sent to the wrong address. MDwise HIP claims and refunds must be sent to the following address:

**MDwise HIP
P.O. Box 33049
Indianapolis, IN 46203-0049**

Behavioral Health Requirements For the New Contract Effective January 1, 2011

OMPP has revised the contract requirements around the frequency and content of information behavioral health providers must supply.

The RFS language required behavioral health provider contracts to make sure the providers notify plans and PMPs of each session summary, diagnoses, assessment findings, etc. (See RFS Section 5.7.4). Based on decisions made in the Behavioral Health Quality Strategy Committee meeting, OMPP is changing its requirements around the language that must be included in behavioral health provider contracts. Instead of requiring providers to share summaries of each treatment session and other information with PMPs and the plans, the behavioral health provider contracts must ensure the following:

- For members who are at risk for hospitalization or who have had a hospitalization, the behavioral health provider will provide to the plan and the member's PMP a summary of the member's initial assessment session, primary and secondary diagnosis, and medications

prescribed. This information must be provided after the initial treatment session.

- For members who are not at risk for hospitalization, behavioral health providers must, at minimum, provide a summary of the findings from the member's initial visit to the plan and PMP. This notification must include the behavioral health provider's contact information, visit date, presenting problem, diagnosis, and a list of any medications prescribed.
- Behavioral health providers must also notify the plan and PMP of any significant changes in the member's status, and/or a change in the level of care.

No other changes have been made to behavioral health provider contract requirements.

If you have concerns or questions about this, please contact Dr. Lynn Bradford at lbradford@mdwise.org.

Live Reminder Calls Can Yield Big Patient Care Results

If the experience of two MDwise Hoosier Alliance practice groups is any indication, taking the time to make personal, well-visit reminder calls to patients can be a crucial component in increasing patient visits. When the office and nursing staffs at Brinks Family Practice in Princeton, Indiana decided to call every patient on their MDwise Hoosier Alliance member quality list, they saw an overall 24 percent increase in office visits from those patients compared to the previous year (2008).

Brinks' live patient outreach calls include not only appointment reminders and requests to schedule checkups, but also follow up with patients who have missed their appointments. When nurses phone these patients and encourage them to come in for a visit, 90 percent of them reschedule and keep their appointments.

The Fort Wayne Medical Education Program has also experienced positive results with their live reminder calls. When this practice was having difficulty securing enough patient visits to meet their Hoosier Alliance network provider quality measures, the staff began calling their patients and urging them to schedule their needed check-ups and keep their appointments. Within 90 days, the group's no-show rate dropped from 18.3 to 15.7 percent. In addition, the staff's efforts resulted in a 15 percent increase in quality measures in just one year.



The Fort Wayne and Brinks Family groups conduct live outreach as a way to ensure they meet their quality measures. In addition, they make every effort to maximize their time with patients once they arrive. For example, if a patient comes in for treatment of an illness, the attending physician conducts a well-patient visit during the same appointment. They also use this time to educate their patients about how their MDwise Hoosier Alliance benefits can increase the quality of the member's health.

If your practice is interested in experiencing improved patient attendance, a reduction in no-shows and better quality results, consider conducting live patient outreach calls. Contact your MDwise Hoosier Alliance Account Executive to help you get started.

2010 Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Each year MDwise contracts with The Myers Group to conduct Consumer Assessment of Health Care Providers and Systems (CAHPS®) surveys on its Hoosier Healthwise adult and child members and HIP members. The overall objective of the CAHPS® study is to capture accurate and complete information on MDwise members' reported experiences with health care. Specifically, the objectives are to measure how well MDwise is meeting our members' expectations and goals; to determine which areas of service have the greatest effect on our members' overall satisfaction; and to identify areas of opportunity for improvement. The majority of the ratings involve member feedback on their interaction with MDwise providers.

The Myers Group collected valid surveys from the eligible member population for HHW and HIP from January through May of 2010. Survey questions were based on services received by members in 2009. MDwise chose a mixed survey administration that included both mail and telephone. Once the survey is complete, The Meyers Group generates reports comparing MDwise to prior years, The Myers Group Medicaid book of business, and (CAHPS®) databases and Quality Compass. The Meyers Group also analyzes the data to identify those questions that are most highly correlated with member satisfaction with MDwise and with the health

care they received. The CAHPS® benchmark and threshold reports are also important because The National Committee for Quality Assurance (NCQA) utilizes these CAHPS® scores in determining Accreditation status and Health Plan Ranking.

Corporate results from the 2010 CAHPS® Survey are presented here. Performance varied by delivery system and product line. The complete reports for all surveys, including all the detail behind each question, were distributed to each MDwise delivery system in August 2010.

Highlights from the Surveys

Overall Scoring

MDwise received the highest scores in the Hoosier Healthwise child survey. HIP survey scores were fairly close to the Hoosier Healthwise survey child scores. Our lowest scores were on the Hoosier Healthwise adult survey. MDwise is in the process of developing quality improvement strategies across all three plans to improve member satisfaction.

In 2010, all of the Indiana Medicaid Managed Care Entities (MCE) experienced a drop in HHW Adult Customer Service Scores. Together, MCEs are examining these rates and reasons for the lower scores.

Type	Measure	Category	Child HHW 2010	Adult HHW 2010	Adult HIP 2010
Composite Summary Rates	Provider	Getting Needed Care	83.5%	74.9%	81.0%
	Provider	Getting Care Quickly	89.0%	76.6%	84.2%
	Provider	How Well Doctors Communicate	93.5%	86.0%	89.2%
	MDwise	Customer Service	80.7%	69.1%	82.9%
	Provider	Shared Decision Making	66.1%	59.2%	59.5%
Global Ratings	Provider	Rating of Personal Doctor	85.4%	71.7%	76.4%
	Provider	Rating of Specialist	84.1%	75.7%	77.4%
	Provider	Rating of Health Care	78.9%	61.0%	68.4%
	MDwise	Rating of Health Plan	84.8%	67.1%	75.0%
Demographics		Responses	998	546	1437
		Response Rate	36.60%	28.2%	57.60%
		Mail Responses	541	307	1204
		Phone Responses	447	239	233
		Respondent Gender: Female	90.90%	89.3%	68.50%
		Member Race/ Ethnicity: White	77.60%	73.8%	83.40%

Integrated Care Initiatives

Lynn Bradford, PhD., HSPP
Director of Behavioral Health

In 2009, MDwise, with funds from the State of Indiana, awarded grants for integrated care projects. Four sites are currently providing integrated care with these funds. They are St. Vincent Primary Care, St. Francis Family Practice, Midtown Primary Care, and Community Health Network Family Practice Residency Program/Gallahue Community Mental Health Center. Healthnet clinics, which are also part of the MDwise network, are providing integrated care through a separate grant from the State. All of these projects presented their outcomes to date at a seminar on November 12, 2010.

All of the projects measure the same variables. They include access to behavioral health services, patient outcomes with regard to symptoms related to their diagnosis, emergency room utilization and readmissions to the hospital, either for medical or for behavioral health issues. The projects have been up and running from six months to two years. Access to behavioral health services is trending to the positive with time from referral to first appointment ranging from nine days to one month. All projects report increased efficiency for patients who need behavioral health services.

All patients in these projects are assessed with objective measures related to their diagnosis. It is too early in the data collection process to report improved patient outcomes. Emergency room use appears to be on the decrease based on an analysis of 15



months of data. In the age group 13–18, those receiving integrated care used the emergency room less than those who received usual care. These results were statistically significant. In the age group 19–65, results approached statistical significance. At this time, there was not enough data on readmissions to obtain meaningful results. Additionally, the St. Francis project looked at the impact on the cost of care, with results trending in the direction of decreased cost.

Data from these projects will be analyzed again in the next 12–18 months. It is hoped that there will be sufficient data at that point to obtain meaningful results on all the variables being measured. MDwise and its grantees plan to present outcomes again in the fall of 2011.

MDwise Consultation Billing Changes Effective January 1, 2011

Effective for claims with dates of service January 1, 2011, MDwise will no longer reimburse CPT Consultation Codes for the Healthy Indiana Plan (HIP). MDwise is complying with State guidelines, set forth in the HIP Reimbursement Manual and in accordance with the guidelines set forth by the Centers for Medicare and Medicaid Services, January 2010. (MLN Matters: MN6740-Change request)

The following codes will deny when submitted with dates of service on or after January 1, 2011 for the MDwise HIP plan:

- 99241, 99242, 99243, 99244 and 99245
- 99251, 99252, 99253, 99254 and 99255

Claims submitted with consultation codes and dates of service on or before December 31, 2010 will be paid at the appropriate Medicare rate. If there is not a published Medicare rate, the claim will reimburse at 130% of the allowable Medicaid rate.

Emergency Room Services Co-Payment for HIP Members

While there is no emergency room services co-payment in Hoosier Healthwise, there is a co-pay for HIP members in certain situations.

A co-payment will apply to non-emergency use of an emergency room by HIP members.

Providers will collect the co-payment from members, and POWER Account funds cannot be used by the member to pay the co-payment. MDwise includes the member's co-payment information on the member's ID card, as well as the name of the member's primary care physician or Primary Medical Provider (PMP).

Non-caretakers will be subject to a \$25 co-payment for all ER visits. The co-payment must be waived or returned if the member is admitted to the hospital on the same day as the visit.

Parents (caretakers) will also be subject to a co-payment for emergency room services, according to the following schedule:

- < 100% FPL – \$3
- 100-150% FPL – \$6
- 151–200% FPL – 20% of the cost of the services provided during the visit, or \$25, whichever is less

The co-payment must be waived or returned if the parent is found to have an emergency condition, as defined in section



1867(e) (1) (A) of the Emergency Medical Treatment and Active Labor Act, or if the person is admitted to the hospital on the same day as the visit.

The member must receive an appropriate medical screening examination under section 1867 of the Emergency Medical Treatment and Active Labor Act. Assuming a member has an available primary care physician, and a determination has been made that the individual does not have an emergency medical condition, the hospital must inform the member before providing non-emergency services that the hospital may require payment of the co-payment before the service can be provided.

Please direct any questions or comments concerning ER co-payments for HIP members to Dan Westlake at dwestlake@mdwise.org.

MDwise New Childhood Immunization Initiative

MDwise will be partnering with Pfizer on a new initiative to promote timely childhood immunizations for our members. This initiative targets MDwise members who are turning both eight and 17 months of age, whose claim data does not show they have received all of their age-appropriate immunizations. The initiative consists of an automated reminder call to the child's parents/guardians to advise them that our records indicate their child may have missed a recommended vaccine shot, and also a follow-up postcard reminder. The automated call and postcard will remind the parents/guardians that MDwise covers all recommended childhood immunizations. It will also instruct the parents/guardians to contact the member's physician or healthcare provider to check to make sure their child is up-to-date with all vaccine shots.

We are notifying MDwise providers of this initiative since the PMP offices will be receiving follow-up calls. While it is our

intent to only contact families of MDwise members who are not current on their immunizations, we realize there will be cases where parents/guardians receive a call and postcard and their child has received his/her immunizations from other sources (i.e. state or county health departments, school-based clinics), that will not be documented in our claim data since there was no claim generated. There will be some lag time involved for claim processing for immunizations that were given in the providers' offices.

It is MDwise's goal to ensure that all of our members are fully protected against pediatric vaccine-preventable diseases by their 2nd birthday, and we appreciate the cooperation and assistance of our MDwise PMPs in this effort. Childhood Immunization Status is also a HEDIS measure. We will be monitoring and measuring the impact of this initiative, and will report the results in a future ProviderLink newsletter.

Routine MDwise *Care Select* Prior Authorization Calls for Providers

Routine Call – Determining Whether a Service Requires PA in Indiana *Care Select*

Providers must check the Indiana Medicaid website at www.indianamedicaid.com to determine if a service requires PA in the Indiana *Care Select* and Traditional Medicaid Programs by using the Medicaid fee schedule and the Indiana Health Coverage Programs (IHCP) Provider Manual. Use of these products is free and made public to all providers regardless of enrollment status. It is the provider's responsibility to familiarize themselves with PA requirements that are specific to their specialty service area (IHCP Provider Manual Ch. 6 p. 6–7) rather than rely on the CMO for this information. The IHCP website is the preferred source to share information regarding Medicaid policies including PA. If the provider does not have access to the internet, they will need to discuss adding this capability with their internal management staff in order to comply with IHCP rules previously specified regarding knowledge of PA requirements for their specialty area. Providers should contact the CMO if they require education on how to use the fee schedule or understand basic PA guidelines.

Routine Call - Checking PA Status

HP's Web interChange is the preferred source to check claim status, PA status, and a member's eligibility. Providers have the ability to use HP's Web interChange free of charge to check the status of a PA regardless of the submission method used (i.e. mail, fax, or web or electronic PA submission) and should not rely on the member's CMO to provide them with this information. Enrollment in Web interChange's PA inquiry function can be handled through the provider's assigned database administrator for Web interChange functions or via HP at 1-877-877-5182. Providers should contact the CMO for more complex PA questions such as questions regarding a CMO's suspension of a PA for additional information or clarification of documents necessary to process a PA. If the provider does not have access to the internet, they will need to discuss this issue with their internal management staff so that they can determine PA status.

Providers should contact their HP Provider Relations field representative or HP's Electronic Solutions Helpdesk for questions regarding the use of Web interchange.

Notification of Pregnancy (NOP)

Early identification and evaluation of pregnant Hoosier Healthwise members is important in assuring members receive timely and comprehensive prenatal care to minimize maternal complications, limit neonatal complications, and improve neonatal outcomes.

Through the Notifications of Pregnancy we have been able to identify pregnant Hoosier Healthwise members with histories of high-risk pregnancies or women who are vulnerable to developing a high-risk pregnancy due to existing health conditions and/or psychosocial issues that may potentially impact the birth outcome.

Women identified through a completed Notification of Pregnancy (NOP) form who have an existing high-risk pregnancy or who are vulnerable to developing high-risk pregnancy receive numerous services provided by MDwise to promote healthy habits during pregnancy and to provide access to supportive services to reduce the effect of psychosocial issues. Examples include but are not limited to:

- High-risk pregnancy case management
- Promotion of tobacco cessation
- Access to community resources for services and supplies necessary to care for the baby after birth

MDwise is seeking your assistance to assure that Notification of Pregnancy (NOP) assessments are completed and submitted for all MDwise pregnant members seen in your office for prenatal care. When a Hoosier Healthwise eligible woman is determined

to be pregnant, a provider can complete the NOP form and electronically submit it via Web interChange. The submitted information will be used by the woman's Hoosier Healthwise managed care organization to determine her health risk level associated with the pregnancy and the need for prenatal care coordination.

Access the following link to log on to the Web Interchange: <https://interchange.indianamedicaid.com/Administrative/logon.aspx>

We need your help to assure that our pregnant members are screened for additional services that might benefit them and their families during pregnancy. Please make sure the staff completing the NOP are completing them correctly and with accurate information, including but not limited to, an accurate BMI. In addition, it is particularly important with this population that the psycho-social questions are completed, as this is a vulnerable population with issues that are less prevalent in a commercial population. The psychosocial information is also used to identify members with possible drug abuse issues, or an abusive relationship at home. MDwise has resources that can help a pregnant member with many of these psychosocial issues.

If you have any questions or need additional assistance regarding Notification of Pregnancy, please contact the MDwise Customer Service Department at 1-800-356-1204 or 317-630-2831.

PMPs and Members Benefit from Disease Management Support in the MDwise Care Select Program

As a result of changes to the Indiana *Care Select* (ICS) Program, MDwise has focused on providing disease management services and adding value to PMPs and members who opt to remain in the MDwise ICS Program. Many *Care Select* members suffer from chronically poor health and require intensive and often complex treatment regimens. Chronic health conditions and low health literacy often lead to debilitating health issues that acute medical services alone cannot alleviate. MDwise disease management services offer a diverse, intensive and coordinated approach to improving the health outcomes and quality of life for MDwise *Care Select* members. Member healthcare is often fragmented and poorly coordinated leaving the member with multiple health providers, case managers and care givers. Often there is not one person who is familiar with the member's overall care and treatment. Our approach is based on the belief that the needs of the member are best met by creating an environment that helps members organize, make sense of and navigate today's complex health care system. A proactive model that is holistic and robust, blending disease management, member education and outreach, and care management into one comprehensive program utilized by the Disease Management Team. This approach benefits the member's health and supports the PMPs who are working for the best health outcomes.

The following are some of the benefits enjoyed by members and their PMPs:

PMPs

- Evidence based member care plans
- Coordination of care including referrals
- Reinforce PMP's plan of care
- Comprehensive disease education
- Manage members collaboratively who require a lot of attention
- Access to transportation network for medical appointments
- Multi-disciplinary disease managers (i.e. medical and behavioral health)
- Quarterly pharmacy reports (medical and behavioral)
- Collaboration leads to improved member health outcomes and lower physician costs to work with *Care Select* membership

Members

- Access to multi-disciplinary care with a "live" disease manager
- Disease managers who build collaborative relationships with members
- Disease self-management education
- Care plans designed to meet the member's individual health goals
- Medical decision education and empowerment
- Access to transportation for medical appointments
- Positive progress managing chronic conditions
- Improved health outcomes
- Positive interaction with MDwise



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CAHPS® Smoking Cessation Measures

In addition to capturing accurate and complete information on MDwise members' reported experiences with health care, CAHPS® also measures effectiveness of care. Of special interest to MDwise and all Indiana Medicaid plans are the questions pertaining to smoking cessation. CAHPS® trending for these measures will be available in 2011. This measure is closely tied to HEDIS clinical measures and will be evaluated in the MDwise HEDIS reporting next year.

MDwise is working with our delivery systems and providers to raise our scores in these areas:

- Indiana Tobacco Prevention and Cessation (ITPC) training for MDwise providers to assist and provide them with the tools to treat and support their patients through the tobacco cessation process
- MDwise smoking cessation poster distribution to MDwise providers for use in their offices
- MDwise SMOKEfree program for members who want to quit smoking
- Working with OMPP and other community partners to reduce smoking among pregnant women. Interventions include promoting identification of members interested in quitting, referring members to the Indiana QuitLine and promoting the Medicaid smoking cessation benefit and QuitLine fax referral option to PMPs and OBs.



Smoking Cessation Planned Interventions for 2011 will focus on:

- Continuing to work with OMPP and other community partners to reduce smoking among all members and their families with an emphasis on pregnant women, parents of HHW child members, and members under the age of 18. MDwise will continue to promote identifying members interested in quitting, referring members to the Indiana QuitLine and promoting the Medicaid smoking cessation benefit and QuitLine fax referral option to PMPs and OBs. The QuitLine is available to individuals 18 and older. MDwise will explore other smoking cessation programs available to those under the age of 18.



Category	Adult HHW 2010	Adult HIP 2010
Advising Smokers and Tobacco Users to Quit	66.0%	78.7%
Discussing Cessation Medications	35.9%	54.9%
Discussing Cessation Strategies	36.2%	47.2%



Contact Us:

Customer Service Department
1.800.356.1204 or 317.630.2831

MDwise.org