Utilization Management

MDwise is an NCQA accredited organization and complies with all NCQA 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 department. The medical management department will work with you to provide you with the guideline or criteria in the method that is most acceptable via fax, email, phone or mail.

Updated Behavioral Health
Clinical Practice Guidelines

Per NCQA standards, clinical practice guidelines must be reviewed every two years. Please visit MDwise.org to view the revisions. They are located on the For Providers tab under behavioral health. Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria will be referenced in these revisions.

Provider Access Guidelines

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<tr>
<th>Appointment Category</th>
<th>Appointment Standards</th>
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<td>Emergency Care</td>
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<td>Non-Urgent Symptomatic</td>
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<tr>
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<td>Within 1 month of date of assignment notification</td>
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Lead Screening for Children Under Two Years Old

Did you know?

- In Indiana, 13,000 children suffer lead poisoning each year, according to Dr. Judith Monroe, former Indiana Health Commissioner who is currently with the Centers for Disease Control and Prevention (CDC).
- According to recent HEDIS scores for Indiana Medicaid programs, only 50% of children are screened by the child's second birthday.
- The American Academy of Pediatrics (AAP) recommends that to prevent lead poisoning, lead screening should begin at 9–12 months and again by 24 months.
- The Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program requires blood lead screening for all children receiving Medicaid benefits at 12 months and 24 months.

Please make blood lead screening a priority for children in your practice. If you have questions about where to send samples for blood testing, contact your MDwise delivery system provider relations/account executive.

Thank you for your help in improving performance on this important measure of preventive health for children.
MDwise Quality Improvement Program

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

Accomplishments for 2012 QI Program

- MDwise’s Hoosier Healthwise and Healthy Indiana Plan product lines went through the National Committee for Quality Assurance (NCQA) reaccreditation process and received a Commendable status. NCQA awards a status of Commendable to organizations with well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

- The MDwise Network Improvement Program (NIP) team provided support and guidance to delivery systems and their providers around improving HEDIS, CAHPS and key performance measures. The NIP team has successfully created performance reporting for delivery systems and providers, non-compliant and member outreach lists for key measures, missed opportunity reports and toolkits for provider offices. The Network Improvement Program was created on the premise that significant improvements in most HEDIS measures of health plan performance are driven by the dedicated efforts of provider office staff committed to quality improvement activities within their own offices. To encourage and reinforce these efforts, the NIP team is committed to celebrating achievements with those provider offices. 2012 saw the introduction of the new MDwise Star Performers program recognizing MDwise provider offices that go above and beyond to provide care to their members. The goal of the program is to share best practices with other offices looking for role models and to positively reinforce the good work being done across the state.

- A significant portion of the MDwise Pay for Performance (P4P) earnings in 2012 (for 2011 services) was shared with both delivery systems and individual MDwise providers. Delivery systems’ earnings were tied directly to MDwise performance, while provider earnings were tied to individual provider performance.

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Provider-awarded earnings were used to recognize those who performed well on key measures. Many providers were recognized with both a monetary reward and a celebration thank you visit that included a cake for providers to share with their staff. The measures were:

- Well-child, 0–15 months.
- Well-child, 3–6 years.
- Well-child, 12–21 years.
- Postpartum timeliness.
- Adult preventive care.
- Diabetes care, LDL-C screening.

Inpatient behavioral health providers were also awarded for their performance on the seven-day follow-up after behavioral health inpatient stay. Five top inpatient providers were awarded along with the most improved performance from 2010 to 2011. Awards were celebrated by delivering a MDwise cake and presenting the checks in person to hospital leadership and the clinical teams responsible for their high scores.

The 40 Weeks of Pregnancy campaign was developed in late 2011. MDwise worked collaboratively with OMPP and the other Hoosier Healthwise MCEs to create a provider toolkit in support of the national and state-wide campaign on clinical safety to reduce early inductions and C-sections. The collaborative effort included the Indiana Perinatal Network, the March of Dimes, the Indiana Chapters of AAP and AAFP, the Indiana State Department of Health, the IU School of Medicine and others. The 40 Weeks of Pregnancy toolkit was created with a unique program logo, created by MDwise, and included some evidence-based information for providers and member education materials for use and display in provider offices. Training was developed for provider relations staff from all three MCEs. An introductory letter was sent by OMPP inviting OB providers to participate in the collaborative effort in the first quarter of 2012. The toolkit was then delivered by provider relations representatives from MDwise delivery systems in June through August 2012. A follow-up survey was conducted to assess providers’ opinions and experiences about the usefulness of the toolkit in September and October. Overall, providers indicated that the toolkit was useful, and they especially appreciated the member materials provided.

Again in 2012 claims were analyzed for five integrated primary care/behavioral health sites that have provided integrated health care for more than two years. As in 2011, integrated care demonstrates the most impact on cost in the most sick and most costly members in the Hoosier Healthwise population. MDwise continues to work with its FQHC and CMHC partners to increase the number of settings in the state where integrated care occurs and will continue to add FQHCs to its behavioral health network to facilitate the provision of integrated care. In the fourth quarter of 2012, MDwise initiated a pilot project with the Bowen Center to improve HEDIS rates in the well-care and LDL measures for clinical safety. Seventy-six percent of members who were on the non-compliant list completed the needed visits for these measures. This project has been expanded to include a work group with the Indiana Council of Community Mental Health Centers. Five more centers are involved in addition to the Bowen Center. This meeting began in November of 2012 and denominator lists for the target measures have been disseminated.

The MDwise Rewards program for members began its second year in 2012. The program allows members to earn points for successfully obtaining preventive exams and screenings, completing an HRS and signing up for myMDwise online. Some of the changes made for 2012 include:

- Developed new, small business-card/index card promotional tools for provider offices.
- Added cervical cancer screening as a way for member to earn points.
- Separated LDL-C screening and Hemoglobin A1c to enable members to earn points for each.
- Increased points for HRS completion, well-child exams and adult annual exams.

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MDwise also conducted a focus group of members to get feedback on messaging and structure of the Rewards program. MDwise has consistently observed increases in redemptions each month as more members become aware of the program.

**Key Clinical and Service Activities Identified for 2013 include:**

- Implement strategic measures (well-child, pregnancy, FUH and diabetes) work group recommendations through work plans created that capture all delivery system quality and medical management interventions. Develop intervention activity measures to evaluate progress and accomplishments.
- Involve key provider partners in enhancing and evaluating the NIP tool set to strengthen appeal for provider offices and strengthen the case in the value of participation.
- Increase the number of Everyone Needs Check-ups events in order to provide additional opportunities for members to access preventive care services.
- Expand the fax back program to promote an opportunity to capture claims that otherwise would not be generated.
- Continue rollout and website development for the MDwise Star Performers program. Highlight real provider-based best practices to showcase provider offices that perform well and provide a resource for providers interested in improving.
- Promote increased behavioral health integration by participating in the new work group with the Indiana Council of Community Mental Health Centers.
- Develop a telemedicine pilot project to provide improved access to behavioral health care in rural areas.
- Increase promotion of the MDwise Rewards program to incentivize preventive/wellness exams and screenings, in order to achieve care management and disease management goals.
- Implement a planned provider campaign to promote easy-to-use smoking cessation messaging and tools to members at every visit.
- Continue collaboration with OMPP and MCEs to further promote EPSDT to the provider community.