

ProviderLink

Your Quarterly Connection to Smart Solutions For MDwise Providers
SPRING 2013 • VOLUME 11, ISSUE 1 • APP0122 (2/13)



NCQA Standard MED 1, Element E: Hours of Operation Parity

The organization requires the hours of operation that practitioners offer to Medicaid members to be no less than those offered to commercial members.

Medicaid law requires the organization to ensure that network practitioners offer hours of operation that are no less (in number or scope) than the hours of operation offered to non-Medicaid members. If the provider serves only Medicaid recipients, hours offered to Medicaid managed care enrollees must be comparable to those for Medicaid fee-for-service members.

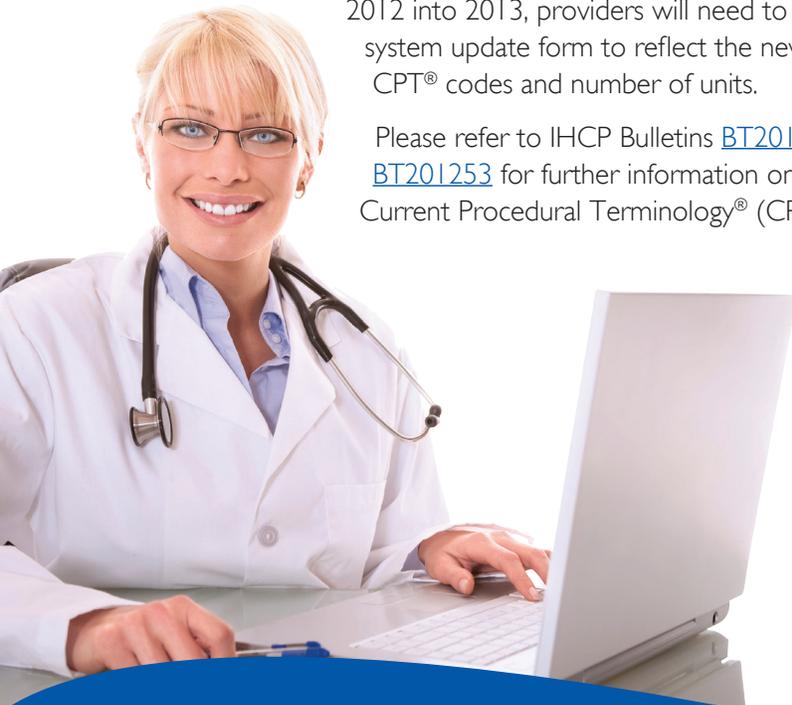
NCQA reviews the organization's materials (e.g., practitioner contract templates, practitioner manual, practitioner newsletters) for language that the practitioner's hours of operation are not less for Medicaid patients than for non-Medicaid patients.



Attention Behavioral Health Providers

For behavioral health providers who have submitted a prior authorization (PA) for a *Care Select* member where the date spans from 2012 into 2013, providers will need to submit a system update form to reflect the new psychiatric CPT® codes and number of units.

Please refer to IHCP Bulletins [BT201252](#) and [BT201253](#) for further information on the new Current Procedural Terminology® (CPT®) codes.



Network Improvement

The Network Improvement Program (NIP) team distributes provider-specific denominator lists to all MDwise providers via the delivery systems on a quarterly basis. The denominator list is an important tool that a provider can use in a proactive approach to meeting the 2013 MDwise performance measures for the three well-child measures and LDL measure. The denominator list details which members are in need of a specific preventive service, along with how that individual can be contacted for outreach. Provider offices received their first quarter denominator list in late February. If you did not receive the denominator list, please contact your delivery system provider relations representative.

2012 Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Each year MDwise contracts with The Myers Group (TMG) 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 regarding interactions with MDwise providers.

The Myers Group collected valid surveys from the eligible member population for Hoosier Healthwise and HIP from January through May of 2012. Survey questions were based on services received by members in 2011. MDwise chose a mixed survey administration that included both mail and telephone. Once the survey is complete, TMG generates reports comparing MDwise to prior years, TMG Medicaid Book of Business, CAHPS® databases and Quality Compass. The Myers Group also analyzes the data to identify those questions that are most highly correlated with MDwise member satisfaction 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 2012 CAHPS® survey are presented here. Performance varied by delivery system and product line.

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 programs to improve member satisfaction.

In 2012, the scores across all programs indicate that there are opportunities in:

- ✓ How well doctors communicate
- ✓ Coordination of care
- ✓ Advising smokers and tobacco users to quit
- ✓ Customer service
- ✓ Getting needed care

Type	Measure Focus	Category	Child Hoosier Healthwise 2012	Adult Hoosier Healthwise 2012	Adult HIP 2012
Composite Summary Rates	Provider	Getting Needed Care	84.9%	69.1%	83.4%
	Provider	Getting Care Quickly	88.4%	76.3%	83.0%
	Provider	How Well Doctors Communicate	91.5%	87.8%	88.4%
	MDwise	Customer Service	78.3%	77.8%	82.3%
	Provider	Shared Decision Making	70.0%	67.4%	65.8%
Global Ratings	Provider	Rating of Personal Doctor	84.7%	74.6%	76.3%
	Provider	Rating of Specialist	86.7%	77.0%	79.8%
	Provider	Rating of Health Care	81.8%	65.4%	70.6%
	MDwise	Rating of Health Plan	86.7%	69.9%	76.0%
			Responses	918	525
		Response Rate	34.5%	23.9%	56.0%

(continued on next page)

Another important question on the adult member CAHPS® survey is whether the member smokes cigarettes or uses tobacco. The survey also asks the member what their provider has discussed with them regarding tobacco cessation. The following are the survey questions about tobacco cessation that were asked of members:

- ✓ In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?
- ✓ In the last six months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting (e.g. nicotine patch, gum, prescription medications, etc.)?
- ✓ In the last six months, how often did your doctor or health provider discuss methods or strategies other than medication to assist you with quitting (e.g. telephone helpline, individual or group counseling, etc.)?



On the 2012 survey, MDwise members had the following responses:

Category	Adult Hoosier Healthwise 2012	Adult HIP 2012
Advising smokers and tobacco users to quit	68.6%	80.4%
Discussing cessation medications	38.5%	56.6%
Discussing cessation strategies	38.9%	49.1%

The responses to these questions are considered when a health plan is accredited by NCQA. In addition, the Indiana Office of Medicaid Policy and Planning has set this as a Pay for Performance measure for the Hoosier Healthwise and HIP programs.

For member resources on how to quit using tobacco, go to MDwise.org/wellness/smokefree/.



Billing Medicaid Members

MDwise and IHCP providers cannot balance bill members. Providers can only bill Medicaid members when certain circumstances are met. Before you send a bill to a MDwise member, contact your provider relations representative and make sure you are compliant with MDwise and IHCP rules for billing members. For more information, please reference pages 45 and 46 of the [MDwise provider manual](#).

Providers may also reference the [IHCP provider manual](#). Please see Chapter 4, Section 6, Billing Exceptions 4-58.

MDwise Claims Information

MDwise changed claims payers for several of our products and delivery systems effective January 1, 2013. All claims regardless of date of service will be processed by DST Health Solutions for the following lines of business and delivery systems.

Hoosier Healthwise product for the following delivery systems:

- MDwise Wishard (all claims)
- MDwise Methodist (all claims)
- MDwise Total Health (all claims)
- MDwise St. Vincent (family planning claims only)
- MDwise Saint Margaret Mercy (family planning claims only)
- MDwise St. Catherine Delivery System (family planning claims only)
- MDwise Hoosier Alliance Delivery System (family planning claims only)
- MDwise Select Health Delivery System (family planning claims only)

Healthy Indiana Plan for all delivery systems for all claims types.



Below is all the contact information for claims submitted after December 31, 2012:

MDwise, Inc.
P.O. Box 830120
Birmingham, AL 35283-0120
Claims Inquires Call: 1-800-356-1204 or 317-630-2831

Providers who are disputing a claims decision will be submitting claims disputes to a new mailing address. All in-network and out-of network providers for Hoosier Healthwise members of the MDwise Wishard, MDwise Methodist and MDwise Total Health delivery systems, as well as ALL Healthy Indiana Plan claims disputes, will be submitted to:

MDwise, Inc.
P.O. Box 441423
Indianapolis, IN 46244-1423

For providers who would like to submit a Prior Authorization request for MDwise Total Health effective January 1, 2013 please submit your request to:

MDwise, Inc.
P.O. Box 441423
Indianapolis, IN 46244-1423
Phone: 1-877-822-7191
Fax: 317-822-7191

There is a 90 day filing limit for in-network providers. There is a 365 day filing limit for out-of-network providers. There is a 60 day filing limit for disputes if the provider does not agree with adjudication.

Dispute forms can be found at:

Hoosier Healthwise: MDwise.org/hoosierhealthwise/providers/docs/claims/hhprov-claimsdispute.pdf
HIP: MDwise.org/healthyindiana/providers/docs/hipclaimsdispute.pdf

Rejected claims will have to be resubmitted by provider.

Corrected claims should be mailed to claims address:

WebMD/Emdeon McKesson/Relay Health
Institutional Payer ID: 12K81 Institutional Payer ID: 4976
Professional Payer ID: SX172 Professional Payer ID: 4481

HIP claim form billing instructions:

MDwise.org/healthyindiana/providers/docs/hipcardbillinginstruction.pdf

View claims and check eligibility on [myMDwise provider portal](http://myMDwise.providerportal).
New users can [request an account](http://request.an.account).



MDwise.org

Customer Service Department
1.800.356.1204 or 317.630.2831