Complex Care Management Services

The primary goal of the MDwise care management program is to collaborate with providers, members, caregivers and others involved in the health care delivery in order to provide quality, cost-effective health care.

The care management team works in collaboration with utilization management, customer service, pharmacy, caregivers and community facilities to provide comprehensive and ongoing coordination of health care services appropriate to the individual member’s needs. The care management program encompasses care coordination for Hoosier Healthwise and Healthy Indiana Plan members with chronic medical illnesses, behavioral health care needs and pregnancy care as well as services for the aged, blind and disabled population enrolled in the Care Select program.

Care management services are provided by licensed social workers, registered nurses, care management technicians and health care advocates under the direction of the chief medical officer.

You can request referrals to care management by completing the care management referral form on MDwise.org. This form is under the provider tools section of our website.

Preventive Health Guidelines Update

The following preventive health guidelines have been updated:

- Childhood and Adolescent Immunizations
- Health Supervision and EPSDT/HealthWatch for Children and Adolescents
- Adult Health Supervision

They are accessible on MDwise.org at MDwise.org/hoosierhealthwise/providers/tools.html.
Provider Portal Update

MDwise is working to resolve the issues currently being reported on the MDwise claims portal. We want to make you aware of why you are seeing some claims disappear from the portal. There have been some issues with the shadow claim numbering scheme from DST that forced us to erase all of the claims that had been sent to the portal when they were originally pended or paid. We loaded files back continually during April to get the paid claims from the shadow claims process reloaded to the portal. We also made some additional data improvements with the display which included adding fields such as diagnosis and pay to address.

The current schedule of claims being updated to the portal for display includes a daily pended claim process from DST for both HIP and Hoosier Healthwise claims. We also added a process to modify the pended status of a claim from the “pend” status to “finalizing” once the pend errors are cleared from a claim and the claim is now ready for the next DST scheduled payment process. Once MDwise receives the shadow claim, the status is converted to “paid” as these files are processed at MDwise. If pend errors cannot be cleared then the claim will be changed to a “denied” status. The paid claims are currently updated on the portal three times per week for Hoosier Healthwise and one time per week for HIP.

Claims Research Center

MDwise currently has a claims research center that handles urgent claims questions, claims inquiries as well as claims disputes. With the transition to a new claims payer call volume has been extremely high. We offer many ways for providers to submit their inquiry to us. The most efficient way is to fax over a HHW/HIP claims provider inquiry form which can be found under the forms section of MDwise.org/providers. It takes approximately 24-48 hours to receive a response from an inquiry. This timeline can change depending on the urgent call volume. Other options are to leave a voice mail with member detail which will be returned in approximately 24-48 hours. Remember, MDwise will not leave information on a non-secured phone line. If your voice mail message indicates that it is a confidential voice mail then we will leave the information. The final option is to call customer service and remain on the line until a claims representative becomes available. While this option gets you an immediate response, it can be quite time consuming.

Provider Inquiry Form

Please check the appropriate box:

- Family Planning
- Hoosier Healthwise Wishard
- Hoosier Healthwise Methodist
- Hoosier Healthwise Total Health

Healthy Indiana Plan (HIP)

Fax To: 317-822-7444

Date of Inquiry: __________________________
Provider Name: __________________________
Group Name: ____________________________
Provider E-mail Address: ____________________

Phone: 1-800-356-1204 or 317-630-2831

Provider Phone Number: ___________________
Provider NPI: ____________________________

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HHW/HIP claims provider inquiry form

Please do not use this form for appeals.
Network Improvement Program Update

Focus on Missed Opportunities Drives Productivity and Pay for Performance (P4P)

The MDwise missed opportunity report is a powerful tool that gives providers insight into where opportunities to provide services are lost. In most cases, providers would be performing at the NCQA 90th percentile on most HEDIS measures if they took advantage of those times that patients visit for reasons other than preventive care.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Eligible Members</th>
<th>Current Numerator</th>
<th>Current % Meets</th>
<th>Missed Opportunity Members</th>
<th>Missed Opportunity Visits</th>
<th>Potential Rate*</th>
<th>2012 Missed Revenue</th>
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</thead>
<tbody>
<tr>
<td>W15</td>
<td>129</td>
<td>65</td>
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<td>$16,052</td>
</tr>
</tbody>
</table>

*Rate if members needing well-care received a well-care visit in combination with a sick visit.

Your MDwise provider relations and network improvement program representatives can provide you with tools and best practices around scheduling, flagging patients in need of preventive care and outreach. These tools, in combination with practice specific lists of members in need of services (referenced in Network Improvement article), can drive dramatic improvement in well-care and preventive care rates and corresponding P4P earnings for providers. Catching members in need of preventive care as they schedule other visits also improves productivity for busy practices.

Missed opportunity reports are available through your MDwise delivery system provider relations representative. Other MDwise network improvement tools are available for providers at MDwise.org/hoosierhealthwise/providers/tools.html.
Member Rights and Responsibilities

Medical care is based on scientific principles and on partnerships among the member, doctor, MDwise and other health care staff. MDwise is committed to developing these partnerships and recognizes that there are certain member rights and responsibilities that are critical to the success of this partnership and the provision of appropriate medical care. Please review the MDwise member rights and responsibilities statement.

Reviewer Availability

As an NCQA accredited organization, MDwise complies with NCQA Standard UM 7. Our delivery system medical management departments have an appropriate practitioner available to discuss medical or behavioral health cases with the treating or attending practitioner. If you or your office receives notification of an impending denial, you should also receive a reminder regarding the availability to have this discussion, also known as a “peer to peer”, and how to initiate the discussion.

If you have questions about the peer to peer review or need assistance, please contact the medical management department that you submitted the request to authorize or call MDwise customer service.

Provider Requirements

MDwise primary medical providers (PMPs) must provide or arrange for coverage of services 24 hours a day, seven days a week. They must offer members direct contact with their PMP, or the PMP’s qualified clinical staff person, through a toll-free telephone number 24 hours a day, seven days a week.

Each PMP must be available to see members at least three days per week for a minimum of 20 hours per week.

For life-threatening situations, the PMP must provide appropriate direction to the member to contact 911 or the nearest emergency department. The PMP must provide live-voice coverage after normal business hours. After-hour coverage for the PMP may include an answering service or a shared call system with other providers.