As 2018 is entering the fourth quarter, we want to thank you for providing the best care to our members. Your hard work and dedication to MDwise members is greatly appreciated!

Provider Access

An integral part of patient care is making sure patients have access to needed medical care. In accordance with OMPP policy and NCQA standards, MDwise establishes standards and performance monitors to help ensure MDwise members receive timely and clinically appropriate access to providers and covered services. For example, an initial appointment for a member who is not a pregnant adult is three months from the date the member requests the appointment.

MDwise also follows the OMPP outlined timeframes for provider follow up to members. For emergencies and urgent situations, members must be able to reach their PMP or designee by phone within 30 minutes, 24 hours a day, 7 days a week. The designee can be a person, or instructions for the member to call 911 if they believe they are experiencing a medical emergency. For non-urgent routine telephone messages, a return call must be made to the member within one working day.

For more information on these access requirements, visit our quality page at MDwise.org/for-providers/quality/hedis.

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Rethinking Primary Care – The Patient Centered Medical Home (PCMH)

What does PCMH really mean? According to the Agency for Healthcare Research and Quality (AHRQ), the medical home is not just a place, but a model of the organization of primary care that implements the core functions of primary health care (2018). PCMH embraces a new, evidence-based model of care that is built to obtain quality, accessible and efficient care for all patients.

5 Attributes of a PCMH:

1. Comprehensive Care.
2. Patient-Centered.
3. Coordinated Care.
4. Accessible Services.
5. Quality and Safety.

Shifting your practice toward Patient Centered Medical Home (PCMH) may seem daunting, but help is available! AHRQ’s PCMH Resource Center includes free tools, white papers and resource guides about implementing PCMH.

The American Academy of Family Physicians has created Practice Improvement Checklists to assist providers and office groups no matter where you are on your PCMH journey.

Want to do a deep dive into implementing PCMH? Check out AHRQ’s comprehensive Primary Care Practice Facilitation (PCPF) Curriculum.

References:

Claim Dispute Process

All in and out of network providers have the right to dispute a claim decision or action. The initial claim dispute must be filed within 60 days of the explanation of payment (EOP). When submitting a dispute, the dispute form, explanation of payment, and an explanation of the reason for disputing the claim should be submitted to cdticket@mdwise.org.

Reminder: The following items are not considered a claim dispute and should not be sent via the dispute process: new claims, corrected claims, a MDwise request for medical records or attachments, or a provider recoupment request.

For more information on the dispute process and to locate the Provider Dispute Form, go to MDwise.org/for-providers/claims and select the member program. You can also call 1-800-356-1204 to speak to a claims dispute representative.
Best Practices Learned from HEDIS 2018

The Healthcare Effectiveness Data and Information Set (HEDIS) 2018 project has officially come to an end. Big shout out to all our providers and office staff that sent in requested medical records. The HEDIS project would not be a success without your help!

After reviewing thousands of medical records, we want to share a handful of best practices gleaned from our reviews:

- **Utilize every interaction for postpartum care.** Life gets busy for mom after baby arrives. During medical record review, we saw acute visits 21 to 56 days after delivery, but postpartum care was not performed. It is a challenge for new moms to make their health a priority after delivery, so providers must take advantage of every opportunity that a new mom is in your office and offer postpartum care. You never know if you’ll see her back in your office. A simple notation of “postpartum care” or “PP check” meets documentation requirements for HEDIS purposes.

- **Use a template for well child visits.** This ensures all 5 HEDIS-required components are captured. HEDIS requires the following 5 components be present to constitute a well child visit.
  - Health history.
  - Physical development.
  - Mental development.
  - Physical exam.
  - Anticipatory guidance.

*Remember: The above are basic documentation requirements per HEDIS guidelines and must be considered in addition to EPSDT guidelines on required age-specific screenings and services.

- **Take a second blood pressure reading if the patient’s initial reading is elevated.** The Centers for Disease Control and Prevention (CDC) estimate 1 in 3 adults have high blood pressure, and only half have their blood pressure under control (2018). Medical record review showed the second blood pressure reading was often controlled and ‘compliant’ for HEDIS purposes.

- **Include a physical exam at contraceptive management visits.** This is part of utilizing every opportunity to engage adolescents in well care. Medical record review of these types of visits proved to have all required well child components for HEDIS, except a physical exam - a disappointing discovery. Contraceptive management visits might be the only time an adolescent female is seen during the year, so take advantage of the opportunity and turn these visits into a well child visit.
Population Health Management

Health care is ever changing and there is a new focus on value-based payments. Population Health Management (PHM) is one tool health plans utilize to analyze and address quality of care and services issues members experience. PHM is a model of care that follows or observes the member at all points of their care. PHM seeks to improve the health outcomes of a group, like members of a health plan, by identifying individuals within the group for targeted intervention. PHM processes aggregate data to assess the population. Using that data, care management and member outreach activities aim to improve clinical outcomes while lowering costs. The overall goals of PHM are to see better health outcomes, close care gaps and realize cost savings through a whole-person approach to health care that addresses health disparities.

MDwise targets populations through population health assessment and member risk stratification. We target interventions for identified members considering social determinants of health, as well as factors such as multiple chronic conditions, serious and persistent mental illness, and groups with common disease states and comorbidities.

Physician practices can help MDwise reach vulnerable members by coding with ICD-10 codes that capture Social Determinants of Health (SDOH). MDwise utilizes SDOH to implement new programming and target members where needed.

**A few examples of SDOH ICD 10 Diagnosis codes are, but are not limited to:**

**ICD-10 Codes to Identify SDOH**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z59.0</td>
<td>Homelessness.</td>
</tr>
<tr>
<td>Z59.1</td>
<td>Inadequate housing.</td>
</tr>
<tr>
<td>Z55.0</td>
<td>Illiteracy and low level literacy.</td>
</tr>
<tr>
<td>Z56.0</td>
<td>Unemployment, unspecified.</td>
</tr>
<tr>
<td>Z59.4</td>
<td>Lack of adequate food and safe drinking water.</td>
</tr>
<tr>
<td>Z59.5</td>
<td>Extreme poverty.</td>
</tr>
<tr>
<td>Z60.9</td>
<td>Problems related to social environment, unspecified.</td>
</tr>
</tbody>
</table>

Ensuring patients receive wellness and preventive services also promotes PHM.
Medically Frail and Case Management

The MDwise care management department has a designated team working with the medically frail program. Medically frail is an eligibility designation for HIP members which provides enhanced state plan coverage. Members can only get this benefit package if their eligible condition(s) is verified. Members can answer questions during the Medicaid application process to determine medical frailty, these questions can indicate if member has:

- A disabling mental disorder;
- A chronic substance abuse disorder;
- A serious and complex medical condition(s);
- A physical, intellectual, or developmental disability that significantly impairs the individuals’ ability to perform one or more activities of daily living; or
- A disability determination based on Social Security Administration criteria.

The medically frail team evaluates the eligibility of some members and confirms their status as medically frail, based on set criteria established by the state. The medically frail designation for members allows coverage for benefits such as:

- Vision/dental.
- Expanded therapy limits.
- MRO services (if eligible).
- Non-emergency transportation.

Although most program referrals come from claims or customer service, anyone can refer members to be considered for the medically frail program.

MDwise Quality Program Summary

Areas in which MDwise improved last year (2017):

- Weight assessment and counseling for children and teens.
- Well-care visits for teens (12–21 years of age).
- A serious and complex medical condition(s);
- Cervical cancer screenings for Hoosier Healthwise females.
- HbA1c testing and eye exams for HIP members with diabetes.

For children, MDwise is still working to make improvements in:

- Babies getting eight well child visits by 15 months of age.
- Babies getting all recommended immunizations (shots) by age two.
- All babies having a test for lead poisoning at 12 months of age (one year old) and again at 24 months (two years old).
- Teens getting a well exam each year and the immunizations (shots) they need.

For adults, MDwise is also working to improve in the following areas in 2018:

- After delivery of a baby, women getting in for their postpartum exam within 21–56 days.
- All members, especially pregnant women, quitting tobacco use.
- Getting adults in for well care and the health screenings they need every year.
- Getting HIP adult members in for a follow-up appointment within 7 days of a mental health inpatient hospital stay.
- Members using the emergency room wisely.
- Diabetic members getting the tests they need and keeping healthy sugar levels and blood pressure.
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 certain member rights and responsibilities are critical to the success of this partnership and the provision of appropriate medical care.

The MDwise Member Rights and Responsibilities Statement:
MDwise provides access to medical care for all its members. We do not discriminate based on religion, race, national origin, color, ancestry, handicap, sex, sexual preference or age.

MDwise members have the right to:

- Be treated with dignity and respect.
- Personal privacy. We keep medical records confidential as required by law.
- Be provided with information about MDwise, its services, its doctors and other health care providers and members’ rights and responsibilities.

- A clear explanation of their medical condition. The member has a right to be part of all treatment decisions. Options should be discussed with the member no matter what they cost or whether they are covered as a benefit.

continued on next page
In addition, members have the right to:

- Change their doctor by calling the MDwise customer service department.
- Timely access to covered services.
- Appeal any decisions we make about their health care. The member can also complain about personal treatment they received.
- Get copies of their medical records or limit access to these records, according to state and federal law.
- Amend their medical records.
- Get information about their doctor.
- Request information about the MDwise organization and operations.
- Refuse care from any doctor.
- Ask for a second opinion, at no cost.
- Make complaints about MDwise, its services, doctors and policies.
- Get timely answers to grievances or appeals.
- Take part in member satisfaction surveys.
- Prepare an advance directive.
- Get help from the Indiana Family and Social Services Administration (FSSA) about covered services, benefits or complaints.
- Get complete benefit information. This includes how to get services during regular hours, emergency care, after-hours care, out-of-area care, exclusions and limits on covered services.
- Request information about the MDwise physician incentive plan.
- Be told about changes to benefits and doctors.
- Be told how to choose a different health plan.
- Health care that makes the member comfortable based on their culture.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, in accordance with Federal regulations.
- When a member exercises these rights, the member will not be treated differently.
- Provide input on MDwise member rights and responsibilities.
- Participate in all treatment decisions that affect the member’s care.
- If MDwise closes or becomes insolvent, members are not responsible for MDwise debts. Also, members would not be responsible for services that were given to a member because the State does not pay MDwise, or that MDwise does not pay under a contract. Finally, in the case of insolvency, members do not have to pay any more for covered services than what they would pay if MDwise provided the services directly.

Through the MDwise member handbook and member newsletter, each MDwise member is advised of his or her rights and responsibilities. When the MDwise member is a child, the above list of rights and responsibilities apply both to the child and the child’s parent or guardian. All of the above rights also apply to the designated personal representative of the member.
Evaluation of MDwise Quality Improvement Program for Hoosier Healthwise and HIP

The overarching goal of the MDwise Quality Improvement Program is to assure that members have access to high quality health services that are safe, effective and responsive to their needs. The MDwise QI Program monitors and evaluates 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.

Below are examples of the improvements/activities noted in 2017.

NCQA Accreditation
MDwise maintained NCQA Health Plan Accreditation for Hoosier Healthwise and Healthy Indiana. After submission of HEDIS and CAHPS results in 2017, MDwise was rated 3.5 out of 5 among Medicaid health insurance plans.

The MDwise Pay for Outcomes (P4O) Program
MDwise made payments to provider groups in 2017. This was for their performance in 2016.

The awards for 2016 performance recognized provider groups who performed well on these key measures:

- Well Child (0-15 months; 3-6 years and 12-21 years).
- Frequency of prenatal care.
- Postpartum timeliness.
- Adult preventive care.
- 7-day follow-up after behavioral health inpatient stay.

Member profiles:
MDwise has a Member Health Profile portal that both PMPs and behavioral health providers can log into to view any appointments that members have had with other providers, as well as prescriptions that have been filled. This profile is designed to improve the coordination of care between medical and behavioral health care. Contact your MDwise Provider Relations Representative if you do not currently have access to this resource.

MTM:
MDwise has contracted with a Medication Therapy Management (MTM) service provider through our Pharmacy Benefit Manger (PBM). Following a therapeutic medication review, potential issues around adherence, cost, treatment guidelines, safety and interactions were identified. Attempts were then made to contact members to discuss the findings and complete a Comprehensive Medication Review in which questions and concerns are addressed and resolved. The pharmacists then reach out to prescribers regarding interventions for change in medication therapy.
MDwise Network Improvement Program (NIP)
The Network Improvement Program continues to provide tools and guidance to providers around improving HEDIS, CAHPS and OMPP performance measures. The NIP team representatives make sure their offices have the tools and feedback that they need to maintain their efforts.

Behavioral Health Care
MDwise continues to work with its Federally Qualified Health Center (FQHC) and Community Mental Health Center (CMHC) partners to increase the number of settings in the state where integrated care occurs. 16 CMHCs worked with MDwise to improve rates for Well Care, Adult Preventive Care, and Diabetes screening for those with Bipolar or Schizophrenia. They have also instituted “best practice” around the Antidepressant Medication Management (AMM) measure and tobacco cessation. All the CMHCs participating in this project earned an incentive in 2017 for improving the number of their members who complied with required appointments.

MDwise Star Performers
MDwise Star Performer Awards were given to 16 MDwise provider offices for their efforts at outreach, access, and cultural competency in addition to work on improving their preventive care scores.

MDwise current or planned activities for 2018 include, but are not limited to:
- Improve lead testing rates for children 12 and 24-months old.
- Changes to the MDwise member REWARDS program to reward HIP members for participation in tobacco cessation, care management, filling controller medications and intensive outpatient treatment for those with substance use disorder.
- Text messages to members who utilize the ER for non-emergent reasons, outreach to HIP Basic members and other HIP members who have not had preventive care in the past 12-months to schedule appointments with their doctors to improve AAP rates.
- Increase provider visits for Network Improvement Program through utilization of larger Provider Relations staff to expand capacity.
- Work with the Indiana Rural Health Association to implement telehealth in schools.
- Streamline provider enrollment.
- Improve Notification of Pregnancy (NOP) rates.

For a more detailed summary, please visit:
MDwise.org/MediaLibraries/MDwise/Files/For%20Providers/Quality/QI-Eval-2016-Web-Summary.pdf
Availability of UM Criteria

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.