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Prior Authorization Updates

MDwise recently updated the behavioral health and substance use disorder prior authorization list. It is now a searchable list that can be found online. Recent changes include updating the Applied Behavioral Analysis therapy codes. Behavior identification assessment (CPT codes 97151 and 97152) now requires prior authorization. These codes replace 96150 and 96151. All ABA services requires prior authorization. Please see the prior authorization guide for more information on where to fax your request.

Lead Poisoning is Still a Relevant Concern – Make Lead Testing a Priority

The State of Indiana has increased the focus on the risk of lead poisoning in children and made lead testing a 2019 Pay for Performance (P4O) measure. It is a federal requirement to test all children enrolled in Medicaid at age 12 months and again by 24 months of age. Children ages three through six years should also be tested if not ever previously tested.

MDwise surveyed providers across all primary care settings to learn about barriers to lead testing and best practices; a Lead FAQ was developed based on feedback gathered directly from MDwise provider offices. Please review the Lead FAQ on our MDwise Quality webpage.
Managing Patients with Airway Disease

Help us to help your patients have better control of their airway disease. This means ensuring they are on appropriately prescribed asthma controller medications, such as long-acting inhaled Corticosteroids, and that they remain on the appropriately prescribed medications during the Treatment period.

Recently, MDwise started a pilot project with the goal of identifying patients with airway disease who may not use their medications appropriately. MDwise will review medical claims data and pharmacy records to identify members who are not adherent with medications. Adherence rates are calculated by the Proportion of Days Covered (PDC) from the pharmacy records. Members with lower than 80% use may lack the correct number of refills on one or more of the following kinds of medications:

- Short-acting or Long-acting inhaled beta-2 agonists.
- Inhaled steroid combination.
- Inhaled corticosteroid.

Once members are identified a letter is sent to their provider to inform them which members may be non-compliant and provide the prescription refill history of their patients. We hope these letters will be informative for treatment planning. The goal is for providers to encourage identified members to get their medications filled as appropriate.

We always encourage providers to educate patients about when it is appropriate to use the Emergency Department or Urgent Care facilities. MDwise care management teams contact members who over utilize or inappropriately use emergency department services. We also provide newsletters, special mailings and other education to our members.
Help your Patients Quit Smoking – Indiana Tobacco Quitline

MDwise covers smoking cessation services for Health Indiana Plan (HIP) and Hoosier Healthwise (HHW) members. These services, in coordination with pharmacotherapy that is available under the Indiana Medicaid FFS pharmacy benefit program, and can be very effective in helping MDwise members to quit smoking. It is important, that as providers, you talk with your patients about the risks of smoking at every encounter. Utilizing the “5 As” model to discuss tobacco cessation is also an essential tool provider should use.

- Ask
- Advise
- Assess
- Assist
- Arrange

Refer patients for tobacco cessation counseling to the Indiana Tobacco Quitline: or 1-800-quit now (1-800-784-8669) or for mobile phone or those with computer access, Text2Quit. Convenient “Quit Now” business cards and educational materials can be ordered, for free, from the Indiana Quitline website.

Refer MDwise members via fax by using the custom form on the MDwise website.

MDwise will be helping educate the community by hosting various tobacco cessation events around the state. For information about tobacco cessation events in your area please visit MDwise.org/events.

Sources
Agency for Healthcare Research and Quality. Five Major Steps to Intervention (The “5 A’s”) and Indiana Tobacco Quitline

Provider Relations Updates

2019 has been a year of positive change for MDwise, especially for our providers. We restructured our Delivery System model to reduce redundancy in everyday tasks like verifying eligibility or requesting an authorization; streamlined claims processing by bring adjudication in house and updated our claim submission information. Remember, these are date of service driven and should not be used for claims prior to January 1, 2019.

**Paper claims for Hoosier Healthwise and Healthy Indiana Plan should be mailed to:**

MDwise/McLaren Health Plans
P.O. Box 1575
Flint, MI 48501

**Electronic Claims should be sent to our new clearinghouse, Optum, at the following EDI numbers:**

Hoosier Healthwise Payer ID: 3519M
Healthy Indiana Plan Payer ID: 3135M

MDwise now has one authorization list for Hoosier Healthwise and Healthy Indiana Plan medical claims. Codes have been updated, so make sure you are viewing the most up to date version of the lists. Behavioral Health services have a separate list that can also be found on this page.

We greatly appreciate your patience and look forward to continuing to partner with you in providing quality healthcare for our MDwise members. For questions on this article or any of our 2019 updates, please reach out to your dedicated Provider Relations Representative or call 317-822-7300 ext. 5800.
Health Literacy – Impact on Overall Health

Limited health literacy is a public health concern, so much so, that it was identified as a Healthy People 2010 initiative. The CDC estimates nine out of ten adults struggle to understand and use health information when it is unfamiliar.

Health literacy impacts an individual’s ability to successfully manage their health. Research shows literacy is a stronger predictor of health status than age, income, employment status, education level or racial and ethnic group. Unfortunately, evidence shows that patients often misinterpret or do not understand much of the information given to them by clinicians.

Communication barriers caused by poor health literacy can lead to a misunderstanding of health care instructions, prescriptions and poor health outcomes and medical errors. For example, patients who must self-manage chronic diseases such as asthma or diabetes will have poorer outcomes if they cannot understand written instructions for using metered-dose inhalers or for monitoring and recording their own blood sugar levels.

Some tips to improve communication with patients:

1. Slow down.
2. Use plain, non-medical language.
3. Focus on need to know and need to do.
4. Show or draw pictures.
5. Limit the amount of information provided and repeat it.
6. Use the teach-back or show-me technique.
7. Create a shame-free environment and use patient friendly and culturally appropriate materials.

Additional information can be found in these health literacy resources:

US Department of Health and Human Services: Quick Guide to Health Literacy
The Joint Commission's "What Did the Doctor Say?"
AHRQ Health Literacy Universal Precautions Toolkit
Think Cultural Health
Centers for Disease Control and Prevention (CDC) – Health Literacy
MDwise Member and Provider Race, Ethnicity and Language Data

Membership data
MDwise assesses member demographics to better understand the MDwise membership’s language and cultural needs. A summary of race, ethnicity and language is then shared with the MDwise provider network.

Language
MDwise obtains member language data in two ways. Data comes on an enrollment file sent by the state (Spanish language only is identified for Hoosier Healthwise members) and data directly collected by MDwise Customer Service during the health needs screening process for new enrollees. The top five languages, other than English, for both HHW and HIP members are:

- English - 90.48%
- Spanish - 6.5%
- Burmese - .57%
- Arabic - .38%
- Chin - .30%

Race/Ethnicity
We also compiled race and ethnicity data on current HHW and HIP members from information received by the state enrollment file and collected directly through the health needs screener. The top 5 are listed below:

- Caucasian/White - 68.9%
- Black/African American - 18.31%
- Asian - 2.42%
- American Indian or Alaskan Native - .2%
- Mexican American - .1%

Provider Data Collection
It is important that we collect race, ethnicity and language information on physicians in the MDwise network as well. Our rate of collection is low.

Why is it so important for providers to report this data?
While this is certainly not true of all patients, some do feel more comfortable with someone who shares a similar language or racial/ethnic background. Patient/provider communications and patient satisfaction are often enhanced when a common language or culture is shared. MDwise posts languages available in provider offices in the MDwise Provider Directory for members. Although we do not list provider race/ethnicity information in the provider directory, if that is important to a member and they ask us, MDwise must be able to share that information. MDwise also uses the information that we collect to map members and providers by language as well as race/ethnicity to determine where recruitment efforts are needed or if there are other gaps in meeting member needs. If you have not already supplied this important information or have questions about MDwise member demographics, please feel free to contact your MDwise Provider Relations representative.

Visit MDwise.org/providers for additional information and tools for providers.

1-800-356-1204 or 317-630-2831
Hoosier Healthwise and HIP
MDwise.org/providers