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**Back to School Season – Utilize Every Opportunity**

Summer time also means a busy time for provider offices with back to school physicals and sports physicals. Children and adolescents need well child care every year; so the back to school rush is a prime opportunity to convert these physicals into a comprehensive well child visit. Review each child’s immunization record to make sure they’re up to date with current recommendations and school requirements. Be sure to also review CHIRP when updating a child’s immunization record. The Centers for Disease Control and Prevention (CDC) has the comprehensive child and adolescent immunization schedule as well as a catch up schedule available on the [cdc.gov website](http://www.cdc.gov). A Binational immunization resource, a side-by-side comparison of recommended vaccines in Mexico and the United States, is also available.

**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 2018 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 delivery systems 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 MDwise.org](http://www.mdwise.org).
Schedule Well Child Visits on a Calendar Year Basis

To deliver the best care, obtain optimal outcomes and maintain a healthy state for members, MDwise believes it is essential to maintain an emphasis on prevention-related health services. Obtaining regular preventive care services enables early detection, diagnosis and treatment of health problems before they become more complex and their treatment more costly. HEDIS guidelines are implemented to assist MDwise practitioners and members in making appropriate health care decisions. This means that members and providers are not required to wait 365+1 days between preventive care services for members ages 2 years and older for yearly preventive care services.

MDwise uses HEDIS methodology to measure preventive health screenings. MDwise has preventive health guidelines for children, adolescents and adults for immunizations. There are also guidelines for children and adolescents for EPSDT/Healthwatch. The guidelines are available on the MDwise.org website.

Additional resources can be found at the links below:
- Preventive Care
- MDwise Tools and Resources
- HEDIS Poster 2017

E-Prescribing, Formulary Searching, and Exception (PA) Requests for MDwise Plans

Together with its Pharmacy Benefits Manager (PBMs, MedImpact), MDwise provides physicians and other health care providers services to assist with the process of prescribing drug therapy for their patients. Prescribers have access to patient-specific prescription eligibility, medication history, and basic formulary information for consenting patients in both inpatient and outpatient settings. This exchange of essential intelligence between prescribers and the MDwise PBM enables physicians to write an informed prescription at the point of care. The MDwise PBM interfaces with e-prescribing connectivity vendors to deliver these services to physicians who treat MDwise members. Click here to learn more.

Provider Balance Billing

It is important to remember, except for a very few exceptions, a Medicaid member cannot be billed for health care services. Please review your provider manual for these exceptions and the criteria you must meet before billing a member.

If a provider has received payment on a Medicaid claim, the member may never be asked to pay an additional amount, or be balance-billed, for that claim. Providers may bill a HIP member for a co-pay if the member was unable to pay at the time of service. These co-pays are anywhere from $4 for an office visit to $75 for a hospital stay.

Updated Clinical Practice Guidelines

Updated Clinical Practice Guidelines are available on the MDwise website. The guidelines for asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes, hypertension, and pregnancy care have been revised. These guidelines adhere to recommendations asserted by accredited, professional health organizations. All Clinical Practice Guidelines have recently been approved by the MDwise Medical Advisory Council. They are available at MDwise.org.
2017 Provider Satisfaction Survey

Each year, MDwise reaches out to its providers to see how we can improve services.

A provider satisfaction survey was sent in 2016 to a sample of our provider network. MDwise asks a series of questions regarding overall satisfaction, procedures for obtaining prior authorization, accessing physician specialists in the network, and the quality of provider orientation process.

Some of the key takeaways are:

• MDwise decreased in overall satisfaction for 2017.
• MDwise saw a decline in performance across all scoring areas from the 2016 survey.
• MDwise's overall provider satisfaction rate was 55.5 percent; a decrease from 60.1 percent in 2016.

Goals for 2018 include the following:

• Increasing overall provider satisfaction with all aspects of our business to 70 percent.
• Online access to submit prior authorization submissions and inquiries.
• Work with providers to insure precise provider information for more accurate claims processing.

MDwise encourages all providers to take part in the 2018 Provider Satisfaction Survey as the feedback helps us direct appropriate resources to make necessary changes. The 2018 Provider Satisfaction Survey will be distributed in September 2018. Notifications for the survey will be sent via MDwise Portal email, the ProviderLink Newsletter and in the announcements section on MDwise.org/for-providers. Please stay tuned as there will be opportunities for those who complete the 2017 survey to enter into a drawing to win iPads.

Follow up After Inpatient Hospitalization is Important

Being admitted into the hospital, either for a medical or behavioral health/substance use reason, can be a stressful event for a member. It is important that the member has an appointment with the appropriate outpatient provider(s) scheduled within seven days from being discharged. The member should receive a summary of their hospitalization when they are discharged. All upcoming appointments related to their hospital stay should be included on that discharge summary and explained to the member so they understand the importance of seeing their outpatient provider(s). MDwise has care managers assigned to each member that is hospitalized. The care manager can assist in coordinating care between inpatient and outpatient providers as well as assisting in obtaining after hospitalization appointments.

When scheduling an outpatient appointment, the provider should state that the member is being released from the hospital. The member should get a copy of their discharge summary and be encouraged to share that with their outpatient provider. MDwise also rewards members with 25 rewards points when they follow up with their outpatient provider within 7 days after a mental health hospitalization. Rewards points can be used to earn gift cards.

There are resources available for Providers on the MDwise website. Go to MDwise.org/behavioralhealth for Clinical Practice Guidelines, PMP tool kit, and more.
Provider Portals

With the implementation of our new claims vendor Evolent (formerly Valence), MDwise created an additional provider portal with a more in-depth look at submitted provider claims. By accessing this claim-specific portal, you can view member claims, print EOB’s, check eligibility and verify other insurance, and access the Member Health Profile. To access the Provider Portals, go to MDwise.org/for-providers, and click on the myMDwise Provider Login link on the right under "Quick Links."

The Member Health Profile (MHP) allows the PMP/Behavioral Health provider to view their members’ medical and pharmacy claims for all of doctors that see the member. This information can assist in coordination of care by showing the member’s benefit service limitations and usage for the last 12 months. For example, if a member got a new pair of glasses in January from Dr. Jones, this will show in the MHP under the Member Medical Claims section. PMPs can use this information to identify the gaps in care and better manage the member's overall care plan.

To access the Member Health Profile, providers can request access by completing the request form on the Provider Portal.

For additional questions on access to the Provider Portal and the Member Health Profile, please contact the MDwise Provider Relations department at 317-822-7300 ext. 5800.
Increase Patient Safety – Engage Patients in their Care

Transitions of care pose a complex challenge for both providers and patients. Isolated communication, including inconsistent sharing of a patient’s plan of care, is a key attributing factor to patient safety errors. Members with complex health needs are especially vulnerable to patient safety errors. Health literacy concerns and delayed, or lack of, follow up from patients further exposes a patient’s safety. Research has shown that involving patients and their support system (family members, friend) in the plan of care decreases adverse events. Engage patients in planning and equip them with tools to be prepared for new appointments and to be an active participant in their health.

The Agency for Healthcare Research and Quality (AHRQ) has developed a comprehensive toolkit for providers to improve transitions across care settings. The toolkit includes an instruction guide, a slide presentation for training purposes, a pre-intervention assessment tool, new appointment checklist and an appointment aide for patients. Check out this incredible resource on the Agency for Healthcare Research and Quality website.

Internet Citation: Toolkit to Engage High-Risk Patients In Safe Transitions Across Ambulatory Settings. Content last reviewed December 2017. Agency for Healthcare Research and Quality, Rockville, MD.

Interpretation Services

MDwise members are eligible to receive interpretation services at no cost. This includes all foreign languages as well as sign language services. The legal foundation for language access lies in Title VI of the 1964 Civil Rights Act. Given the nature and importance of healthcare services, healthcare providers have a special obligation to ensure language access for their patients.

There are several ways that appropriate language access can be provided. Interpretation services can occur:

- Face-to-face by hiring an interpreter from a local or state organization that provides these services in-person at the provider office
- Telephonically through language line options, many of which may be available through provider groups or hospital affiliations

These language options all have varied per hour (in-person) or per minute (phone) costs. If you do not have this resource or do not know how to obtain interpretation services for your patients, please contact your MDwise provider relations representative for assistance.

The use of family members and friends as interpreters is not recommended! It raises quality and confidentiality concerns. Here are a few examples:

- Breach of confidentiality.
- Patients may be reluctant to disclose information critical to their situation/condition.
- Greater likelihood of medical errors.
- Mistaken naming of body parts.
- Family shame and other issues that may interfere.
- Inaccurate history collection can result in inadequate treatment recommendations.

The use of professional, trained interpreters is critical. If you need additional information about accessing or use of interpretation services, please access the MDwise Provider Toolkit on Culturally and Linguistically Appropriate Services.
HIP POWER Account

The Personal Wellness and Responsibility (POWER) Account is a personal healthcare account for Healthy Indiana Plan (HIP) members. The POWER Account is paired with a comprehensive benefit package offered by the state to all HIP members, much like a traditional Health Savings Account (HSA). The POWER Account is valued at $2,500 per adult to pay for medical costs. Contributions to the account are made by the State and each participant, based on their ability to pay. The POWER Account Contribution (PAC) amount is dependent on income in relation to the US Federal Poverty Level.

HIP Plus and HIP State Plan Plus members pay a monthly PAC of up to 2% of their income, instead of paying copays. HIP Basic and HIP State Plan Basic members do not make a PAC, but have copays for services. HIP members deemed medically frail will also make a PAC. No POWER Account Contributions or any other cost-sharing including copayments for non-urgent ER visits will be expected from pregnant members.

HIP Plus members must make their required contribution each month. MDwise provides a wide range of payment options for members to make sure that it easy for them to make their contributions on time. Penalties for non-payment of contribution vary for members above or below the 100% FPL. If a member with a household income 101% of the FPL or greater does not make a contribution within 60 calendar days of their due date, coverage will be terminated. Claims will be paid during this 60-day grace period. HIP Basic plan requires co-payments for all covered services except preventive care and members may not transfer to the HIP Plus plan until annual redetermination.

Providers collect the co-payment from members at the point of service. The member’s co-payment amount is NOT indicated on their HIP member ID card. You will need to verify eligibility before treating a member to know which plan they fit on and whether or not they will owe co-pays for the services you are rendering. POWER Account funds cannot be used by the member to pay the co-payment.

For questions or more information on the HIP POWER Account, call 1-800-356-1204.
MDwise Pay for Outcomes (P4O) Program

Providers that contribute to MDwise quality scores are rewarded!

MDwise is incentivizing contracted primary medical provider groups on their performance on the following measures for 2018:

- Well care for children 0-15 months. This measures the percentage of children 15 months of age who had six well care visits.
- Lead testing. This measures the percentage of children 2 years old who have had a lead test.
- Well care for children age 3-6. This measures the percentage of children age three to six who had an annual well care visit.
- Well care for adolescents. This measures the percentage of members age 12-21 who had an annual well care exam.
- Adult well care. The percentage of members 20 years and older who had an ambulatory or preventive care visit.

For OB/GYNs, or those working with MDwise pregnant members through pregnancy and delivery, we are incentivizing:

- Postpartum Care, measuring the percentage of delivering women who have a postpartum exam within 21-56 days of delivery.
- NOP Completion. This will reward providers for completing a Notification of Pregnancy form on pregnant members early in their pregnancy.

For Behavioral Health providers, MDwise will award:

- Inpatient facilities for their rate of follow-up after a mental health hospitalization within 7 days. Four facilities with the highest rate will be rewarded along with the facility that has the most improved rate from the previous year.
- Outpatient providers for their rate of follow-up after a mental health hospitalization within 7 days. The number of eligible members in each provider group who are successful in obtaining a follow-up appointment with 7 days, will determine the per member amount awarded.

The amount of bonus a provider group can earn will be based on:

1. The overall MDwise health plan “P4O” performance.
2. Provider and/or group performance on the individual quality performance measures. This is done at the group NPI level.
3. The number of eligible members each provider or provider group has in the denominator for each measure.

Provider groups must be contracted with MDwise at the time the bonus is paid. Bonuses are generally paid in the latter part of the calendar year, following the year services were rendered. Please visit MDwise.org for more information.