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Hours of Operation Parity

MDwise 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 MDwise’s (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.

Affirmative Statement About Incentives

MDwise medical management makes prior authorization decisions based on appropriateness of care and coverage rules. MDwise medical management does not receive incentives or rewards, financial or otherwise, for making denial decisions and are not rewarded for making UM decisions that decrease utilization of services by MDwise members.
Generalized Practice Medical Records

Poor Documentation Does Affect Patient Care

Insufficient documentation can lead to adverse patient care. Per the National Committee for Quality Assurance (NCQA), “consistent, current and complete documentation in the medical record is an essential component of quality patient care.”

With a fast-paced and complex healthcare delivery system, practitioners must thoroughly document examination findings, treatment plans, referrals and the list goes on to facilitate quality continuity of care for patients. NCQA has established 21 accepted standards for medical record documentation and the list can be found here: https://www.ncqa.org/wp-content/uploads/2018/07/20180110_Guidelines_Medical_Record_Documentation.pdf

Some practical, yet sometimes forgotten, standards include:

1. Patient name or ID number is on each page.
2. Every entry is dated.
3. Each entry includes author’s identification and credentials.
4. Problem List(s) and Histories are up to date.
5. Record is legible.

MDwise also outlines medical record requirements in the MDwise Provider Manual found here: https://www.mdwise.org/for-providers/manual-and-overview

As we head into HEDIS season, please remember individual authorization is not required for MDwise to perform medical record review. Privacy regulations permit the sharing of information between health plans and providers for purposes of health plan operations, which includes quality improvement activities.

Tobacco Cessation

Although tobacco use has declined over the past several years, 38 million Americans continue to use tobacco in one form or another. There is a large disparity within that population. Adults with mental illness or substance use disorders are 3 to 5 times more likely to smoke and smoke more frequently and in amount than Americans without those conditions. Tobacco use is associated with worse symptoms and outcomes among people with behavioral health and substance use conditions. It is also linked to an increase in suicidal behavior, in greater depressive symptoms, in a greater likelihood of psychiatric hospitalization, and an increase in substance use relapse. Providers are encouraged to ask every member about their tobacco use and provide cessation options. Tobacco cessation helps with improved outcomes for long-term substance use abstinence and should be encouraged when a member is seeking treatment for other substances. MDwise reimburses services for tobacco cessation therapy as well as nicotine replacement therapy options. Remember, make sure to ask patients about their tobacco use at every visit. Advise them of their tobacco cessation options. And arrange for appropriate treatment.

CAHPS Member Satisfaction Summary

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for Hoosier Healthwise and Healthy Indiana Plan

MDwise contracts with an approved CAHPS® vendor, SPH Analytics, to conduct an annual survey with its Hoosier Healthwise and Healthy Indiana Plan (HIP) members. The overall objective of the CAHPS® survey is to capture information on members’ experiences with health care. The survey measures how well we are meeting our members’ expectations and goals, which areas of service have the greatest effect on our members’ overall satisfaction and identifies opportunities for improvement. Many of the ratings involve member feedback on their interaction with MDwise providers.

SPH Analytics surveyed eligible members for Hoosier Healthwise and HIP from February through May 2019. The mixed survey administration included mail, telephone and a link that allowed members to complete the survey online. Once the survey was complete, SPH generated reports to compare MDwise to prior years and other health plans. NCQA utilizes CAHPS® scores in determining health plan accreditation status and rating.

Overall Scoring

In 2019, the scores across all programs, compared to previous year’s scores and to other health plans, indicated opportunities in:

- Shared Decision Making (with doctor on taking medications).
- Getting Needed Quickly (getting care /tests/treatments needed).
- Health Promotion and Education (doctor talking about things to do to prevent illness).

The chart below displays some of our scores for 2019 with the benchmarks from other Medicaid health plans across the country inserted for comparison.

<table>
<thead>
<tr>
<th>Category</th>
<th>MDwise Child Hoosier Healthwise 2019</th>
<th>Benchmarks from Child Medicaid Health Plans</th>
<th>MDwise Adult Hoosier Healthwise 2019</th>
<th>MDwise Adult HIP 2019</th>
<th>Benchmarks from Adult Medicaid Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Needed Care</td>
<td>84.2%</td>
<td>84.7%</td>
<td>82.0%</td>
<td>81.1%</td>
<td>82.4%</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>92.2%</td>
<td>89.5%</td>
<td>79.2%</td>
<td>82.4%</td>
<td>82.1%</td>
</tr>
<tr>
<td>Health Promotion and Education</td>
<td>71.6%</td>
<td>72.7%</td>
<td>58.6%</td>
<td>67.7%</td>
<td>73.5%</td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>88.0%</td>
<td>82.9%</td>
<td>91.1%</td>
<td>88.9%</td>
<td>83.4%</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>92.5%</td>
<td>93.7%</td>
<td>94.6%</td>
<td>94.3%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>79.4%</td>
<td>78.3%</td>
<td>76.8%</td>
<td>79.7%</td>
<td>79.7%</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
<td>76.0%</td>
<td>76.7%</td>
<td>73.0%</td>
<td>65.6%</td>
<td>67.1%</td>
</tr>
<tr>
<td>Rating of Specialist</td>
<td>79.1%</td>
<td>74.0%</td>
<td>62.5%</td>
<td>61.5%</td>
<td>67.1%</td>
</tr>
<tr>
<td>Rating of Health Care</td>
<td>69.2%</td>
<td>69.8%</td>
<td>59.6%</td>
<td>57.7%</td>
<td>55.2%</td>
</tr>
</tbody>
</table>
On the 2019 survey, MDwise members had the following responses:

<table>
<thead>
<tr>
<th>Category</th>
<th>Adult Hoosier Healthwise 2019</th>
<th>Adult HIP 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising Smokers and Tobacco Users to Quit</td>
<td>62.0%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Discussing Cessation Medications</td>
<td>22.0%</td>
<td>50.5%</td>
</tr>
<tr>
<td>Discussing Cessation Strategies</td>
<td>32.0%</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

The Summary Rate for the Advising Smokers and Tobacco Users to Quit measures is the percentage of members who indicated that they “Sometimes,” “Usually,” or “Always” received counsel to quit smoking or using tobacco from a doctor or other health provider. The Summary Rates for the Discussing Cessation Medications and Discussing Cessation Strategies measures are the percentage of members who indicated that their doctor or health provider “Sometimes,” “Usually,” or “Always” recommended cessation medications or provided cessation methods or strategies.

The above data supports the need for tobacco cessation counseling. Providers can directly refer a patient to the Indiana Tobacco Quitline. Fax forms can be found on the MDwise website. You can get additional information about the Quitline at: www.quitnowindiana.com or become a preferred provider by calling the Tobacco Prevention and Cessation Commission at the Indiana State Department of Health at 317-234-1787.

Well-Child Care and EPSDT

Comprehensive Well-Child Care

Early Periodic Screening Diagnosis and Treatment (EPSDT), also known as HealthWatch in Indiana, is a federal program in place to ensure all children receive comprehensive and timely screenings and services. EPSDT requirements focus on preventive services and early detection to catch potential problems before they develop into a more serious and more costly issue. EPSDT services are required for all Medicaid members up to age 21. Further, EPSDT requirements are evidence-based and follow the American Academy of Pediatrics’ Bright Futures™ guidelines. Bright Futures™ is considered the gold standard of all-encompassing pediatric care. Please refer to the Bright Futures™ Periodicity Schedule to determine which services and screenings are recommended and at which time intervals. IHCP also offers an EPSDT/Health Watch Provider Reference Module further detailing EPSDT screening services, exam components, billing guidelines and available community resources.

A crucial piece of the EPSDT/Health Watch program is screening and evaluating children on a routine basis. Partner with MDwise to engage members in their health care and make establishing a medical home a priority.

Looking for ideas on how to get members to schedule and keep routine preventive care visits?

- Host a health fair featuring well child check-ups and screenings (i.e. vision, hearing, lead testing).
- Partner with the MDwise Outreach Team and inquire about possible collaboration opportunities.
- Utilize monthly Progress Reports posted to the Quality Reports section on the MDwise Provider Portal and outreach to your assigned members in need of services.
- Promote the MDwiseREWARDS program – members can earn points for well child visits.
- Contact your Provider Relations Representative for additional ideas and questions.
**HEDIS “Tip Sheet”**

**HEDIS FAX BACK TIP SHEET – PURPOSE OF THIS FORM:**

This form allows providers to submit evidence of one or more of the following services, which include the three well child visits (W15, W34 and AWC), post-partum visit and/or lead test where a claim cannot be generated for a service. This information is used in calculating HEDIS-based performance rates for participating MDwise providers. Note: if a claim can be submitted for the service(s), please submit the claim(s) rather than this form.

**HOW TO FILL OUT THE FORM:**

*Means the information is required

- **Provider Name & LPI*** – Please provide the name and LPI for the provider who rendered the services.
- **Office Contact*** – Please provide the name of someone at the office we can contact if there are questions or issues.
- **Phone* & Fax** – Please provide the contact information for the individual who is listed as the office contact.
- **Member Name*** – Please provide the name of the member for whom this form is being submitted.
- **RID*** – Please provide the member’s RID number.
- **DOB*** – Please provide the member’s DOB.
- **Date*** – Please provide the date for which documentation is being submitted to meet the measure.

**WHAT DOCUMENTATION TO SUBMIT:**

- **Option One** – If a claim was submitted to another payer for this service (but not to MDwise), submit a copy of the superbill for that service (rather than medical record documentation).

- **Option Two** – If a claim cannot be generated and there is no superbill for the service, submit medical record documentation demonstrating that the required components were provided.
  - Required components of a well-child visit include:
    - A health and developmental history (physical and mental) **AND**
    - A physical exam **AND**
    - Health education/anticipatory guidance.
  - Required component(s) of a post-partum visit include:
    - A pelvic exam **OR**
    - Evaluation of weight, breasts (or breast feeding), BP and abdomen **OR**
    - A notation of “post-partum exam.”
  - Required component of a lead test include:
    - A copy of the lab report with result.

**Note:** depending on which option you choose, the documentation of services provided must include:

- Date of visit/test **AND**
- Member name **AND**
- Date of birth or RID **AND**
- Name of the provider who performed the services **AND**
- Date of delivery (for post-partum only).

**EXTRA TIPS:**

- Please only submit one form per member.
- If possible, submit a superbill instead of the member’s medical record.
- When submitting a medical record, try to highlight the information in the office note that meets the required components for that measure.
HEDIS Housekeeping – It’s That Time of Year Again

MDwise is well under way preparing for our annual HEDIS® (Healthcare Effectiveness Data and Information Set) audit. The State of Indiana requires the collection of data and reporting of HEDIS® rates by all participating Medicaid managed care plans. Every medical record we receive makes a difference!

As a participating MDwise provider, one or more of your patients may be randomly selected for the audit. To make this process as efficient and hassle-free as possible, the MDwise Quality Team will contact your office around February to ask your preference for medical record retrieval. The MDwise Quality Team can even come on-site to your office and copy or print the needed documentation so your staff does not have to!

Reminder – as outlined in the MDwise provider contact, MDwise does not pay for medical records. If your office utilizes a medical record vendor, then please let them know they cannot bill and hold those medical records. Please contact your Provider Relations Representative if you have any questions or call 317-822-7300 ext. 5800.

MDwise sincerely thanks you for your assistance with our HEDIS® medical record reviews and your help making this vital project a success!

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

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