In This Issue

MDwise Disease Management Services .......................... 2
Updated Clinical Practice Guidelines .......................... 2
General Practices for Medical Records for Providers .......... 3, 4
Pregnancy Care: Smoking During Pregnancy .................. 4
EPSDT Services ............................................. 5
Where can I find the Preferred Drug List (PDL) on MDwise.org? ........ 6
It’s HEDIS® Season – Your Office May be Contacted .......... 6
2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for Hoosier Healthwise and Healthy Indiana Plan ............. 7, 8
MDwise Member and Provider Race, Ethnicity and Language Data .... 8, 9

Connect with us!
facebook.com/MDwise
twitter.com/MDwiselnc
linkedin.com/company/MDwise-inc-
@MDwiselnc

Hours of operation parity for Hoosier Healthwise and HIP

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

Medical Management makes prior authorization decisions based on the appropriateness of care and services and the availability of benefits. Practitioners with the authority to make denial decisions are not rewarded for issuing denials of coverage. Financial incentives are not used to encourage Medical Management decisions that result in underutilization.
MDwise Disease Management Services

People with chronic conditions generally use more health care services, including physician visits, hospital care and prescription drugs compared with the average population. Disease management programs aim to provide better care while reducing the costs of caring for the chronically ill. Disease management programs are designed to improve the health of individuals with specific chronic conditions and to reduce health care service use and costs associated with avoidable complications, such as emergency room visits and hospitalizations.

INcontrol is the MDwise Disease Management Program, specially designed for patients with chronic conditions and special health care needs. Our program is developed in accordance with disease-specific, scientifically based standards and guidelines. The MDwise INcontrol team is here to reinforce the messages you provide in your office. Members may need additional support to be successful in following your prescribed medical regimen. MDwise uses interventions such as counseling, education and appointment reminder systems to support our members who are dealing with chronic conditions.

Participation in the MDwise Disease Management Program is voluntary. A member may choose to opt out or decline participation in the program. However, for high-risk members who elect to opt out, MDwise may contact the member’s Primary Medical Provider to encourage his or her patient to participate.

As a provider, you do not need to do anything to use our disease management services. Members with the following qualifying diagnoses are automatically enrolled in the INcontrol program:

- Attention Deficit Hyperactivity Disorder.
- Asthma.
- Autism Spectrum Disorder.
- Chronic Kidney Disease.
- Chronic Obstructive Pulmonary Disease.
- Congestive Heart Failure.
- Coronary Artery Disease.
- Depression.
- Diabetes.
- Diabetes with Comorbid Hypertension.
- Hypertension.
- Pregnancy.

While members are mainly identified for enrollment in the INcontrol program through medical and pharmacy claims analysis, as a health care provider we welcome you to refer your MDwise patients to the INcontrol program. You can do so by calling 1-800-356-1204 or by using our online Case Management/Disease Management Referral Form.

Updated Clinical Practice Guidelines

Updated Clinical Practice Guidelines (CPGs) are available on the MDwise website. They are revised according to the latest evidence base and approved by the Medical Advisory Council. The link can be found by clicking here.

Chronic Muscular/Skeletal Pain guideline has been added to the Behavioral Health Clinical Practice Guidelines list.
General Practices for Medical Records for Providers

Consistent and complete documentation in the medical record is an essential component of quality patient care. MDwise providers are responsible for establishing and maintaining medical records for each member that are consistent with current professional and accreditation standards and requirements as established in 42 CFR 431 and 405 & 410 IAC and MDwise policies and procedures.

Medical records are to be maintained in a manner that is current, detailed, organized and permits effective and confidential patient care and quality review. Medical records are required to reflect all services provided directly by the PMP and are to include all ancillary services, diagnostic tests and therapeutic services ordered or referred by the PMP (e.g., specialty physician’s reports, x-ray reports).

All MDwise participating provider offices must have defined, written practice guidelines for:

- Maintaining confidentiality of patient information.
- Release of information (form/process).
- Telephone encounters (includes physician notification and documentation in medical record).
- Filing/tracking of medical records within the office/system.
- Organization of medical records.
- Protection of records from public access.
- Maintenance of record for each individual patient.
- Patient record available at each encounter.
- Requesting records of care received as inpatient (hospital discharge summary), in ER or as outpatient.
- Providing copy of patient’s medical record upon reasonable request by member at no charge.
- Facilitating the transfer of patient’s record to another provider at the member’s request.
- Facilitating communication between primary care physician and behavioral health provider.
- Maintenance of records for at least seven years.

Medical Record Review Criteria:

- Patient name or ID number on each page of record.
- Identity of the provider rendering the service.
- Personal/biographical data are present in record (address, employer, home and work phone number, marital status).

- Entries are signed by authorized personnel (author identification may be handwritten signature, unique electronic identifier or initials).
- All entries are dated.
- The record is legible to someone other than the writer.
- Significant illnesses and medical conditions are indicated on problem list.
- Current medication list is maintained and easily accessible.
- Allergies and adverse reactions are prominently noted in record. If member has no known allergies or adverse reactions, notation of such is documented in record.
- Past medical history (for patients seen three or more times) is noted and easily identified. History notation includes serious accidents, operations and illnesses. For children and adolescents (18 years and younger), history relates to prenatal care, birth, operations and childhood illnesses.
- Information regarding use of tobacco, alcohol and substance abuse for patients 10 years and older is documented in record.
- Record (history and physical exam) identifies appropriate subjective and objective information pertinent to presenting complaint(s).

continued on next page
General Practices for Medical Records for Providers – Continued

- Labs and other studies are ordered as appropriate.
- Working diagnoses are consistent with findings.
- Treatment plans and plans of action are consistent with diagnoses.
- Encounter form or notes have a notation, when indicated, regarding follow-up care, calls or visits. The specific time is noted in days, weeks, months or as needed.
- Unresolved problems from previous visits are addressed in subsequent visits.
- There is evidence of appropriate utilization of consultants/specialists (review of under- and over-utilization).
- Record contains consultant note whenever consultation is requested.
- Consultation, lab and imaging reports filed in the chart reflect review of ordering practitioner by evidence of such person’s initials on reports.
- Record includes reports of specialty referrals, inpatient (discharge summary), emergency care and outpatient services (diagnostic and ancillary services).
- There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.
- Immunization record for children is up to date or an appropriate history noted for adults.
- There is evidence that preventive screenings and services are offered in accordance with the practice/preventive care guidelines.
- Discussion and documentation of advanced directives for every patient 21 years and older. If an advance directive has been executed, a copy should be present in the medical record.
- Missed appointments and any follow-up activities are documented in the medical record.

Pregnancy Care: Smoking During Pregnancy

Indiana still has one of the highest rates of smoking, ranking 42nd in the nation (CDC). According to the CDC, women who smoke during pregnancy are more likely than nonsmokers to have babies with one or more of the following conditions:

- Premature birth.
- Low birth weight.
- Small for gestational age or fetal growth restricted.
- Miscarriage and still births.
- Cleft lip or cleft palate.
- Higher risks of SIDS (Sudden Infant Death Syndrome).
- Impaired lung function in childhood.

A key contributor of success in tobacco cessation is a recommendation to quit from the patient’s physician. Although the physical and psychological addiction to cigarettes is powerful, studies have shown that an office-based protocol that systematically identifies pregnant women who smoke and offers treatment or referral increases quit rates. A short counseling session with pregnancy-specific educational materials and a referral to the Indiana Tobacco Quitline is an effective smoking cessation strategy.

The American Congress of Obstetricians and Gynecologists (ACOG) recommends that inquiry into tobacco use and smoke exposure should be a routine part of the prenatal visit. The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. The U.S. Public Health Service recommends that clinicians offer effective tobacco dependence interventions to pregnant smokers at the first prenatal visit as well as throughout the course of pregnancy.

Additional Resources:

Additional information, including a link to the Promoting Smokefree Pregnancies in Indiana toolkit, can be found on the MDwise SMOKE-free Resources for Providers page.

The Centers for Disease Control and Prevention (CDC) Tobacco Use and Pregnancy: Resources for Smokers and Their Families.

Dialing 1-800-QUIT NOW will connect the caller to the Indiana Tobacco Quitline. Additional provider resources can be found here.
EPSDT Services

Early Periodic Screening Diagnosis and Treatment (EPSDT) is a federally mandated program which requires that Medicaid cover a very comprehensive set of benefits and services for children including “necessary health care, diagnostic services, treatment, and other measures that are needed to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.”

HealthWatch is the name of Indiana’s EPSDT program. HealthWatch services are available for all Hoosier Healthwise and HIP members under the age of 21. Physicians are accountable to make these services available to all Medicaid-eligible patients; however, members may choose not to participate.

The HealthWatch/EPSDT program utilizes the Bright Futures™ recommendations for preventive pediatric health care. Promoted by the American Academy of Pediatrics (AAP), Bright Futures™ is a set of principles, strategies and tools that is theory-based, evidence-driven and systems-oriented which can be used to improve the health and well-being of all children.

To meet quality of care standards for participants in the HealthWatch program and claim a higher level of reimbursement for EPSDT services, the provider is responsible for completing and documenting the following components of examination and screening at each visit unless otherwise noted:

- A comprehensive health and developmental history, appropriate for the age and gender of the child, including an assessment of mental and behavioral health.
- An age-appropriate assessment of growth and development.
- A nutritional assessment.
- Developmental assessment.
- Structured developmental screening at ages 9, 18 and 30 months.
- Vital signs, including calculation of BMI percentile.
- Blood Lead testing.
- Vision and hearing screening and observation and objective testing with an audiometer at 4 years old.
- An unclothed physical examination, head to toe.
- Oral and dental screening/observation.
- Referral for testing and services as indicated.
- Immunizations as indicated.
- Hemoglobin and lead testing as required by HealthWatch.

- Health education including anticipatory guidance.

Comprehensive well-care exams should be provided at the intervals listed below or more often as medically appropriate. There are no annual limits to medically appropriate comprehensive well-care examinations for MDwise members.

Recommended intervals for well child screenings, as recommended by the American Academy of Pediatrics (AAP) are as follows:

- 2–5 days of age.
- By 1 month.
- 2, 4, 6, 9, 12, 15, 18, 24 and 30 months.
- Annually starting at age 3.

Primary medical providers (PMPs) can provide EPSDT services on the same day as the following services when coded properly:

- An evaluation management (E/M) for a problem during the same appointment. The problem-oriented exam can be billed separately but accompanied by the 25 modifier (separate significantly identifiable E/M service). The problem must require additional moderate level evaluation to qualify as a separate service on the same date.
- School, sports or camp physicals. All required components of examination and screening must be provided and documented in the medical record to qualify as an EPSDT visit.
- An initial comprehensive prenatal visit, as well as the postpartum visit, meet all the requirements of a preventive care visit and will count toward wellness care when coded properly. Use one of the routine well-care codes as a subsequent diagnosis code for an adolescent (ages 12–21 years) who has been seen for an initial comprehensive prenatal visit or a comprehensive postpartum visit.

Additional detailed information can be found:

- Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents:
- In the HEDIS section of the MDwise website
Where can I find the Preferred Drug List (PDL) on MDwise.org?

For Hoosier Healthwise, HIP and MDwise Marketplace, the PDLs can be found quickly by clicking on the “For Providers” tab, then on the right under “Quick Links,” the links are provided:

It’s HEDIS® Season – Your Office May be Contacted

MDwise is preparing for our annual HEDIS® (Healthcare Effectiveness Data and Information Set) audit. The State of Indiana requires collection of data and reporting of HEDIS® rates by all participating Medicaid managed care plans to assess the quality of care their members receive. Results from the annual HEDIS® audit are used to guide various quality improvement initiatives at MDwise. Our HEDIS® rates are also a major component of our accreditation with the National Committee for Quality Assurance (NCQA). As a participating MDwise provider, one or more of your patients may be randomly selected for review. We are asking for your cooperation in collecting this important information. MDwise will be collecting HEDIS® data this year again for both Hoosier Healthwise and Healthy Indiana Plan (HIP) members.

To determine if recommended services reported in HEDIS® were provided to our members, MDwise looks first in its claims (or encounter) data. If we are unable to identify that a particular service (e.g., a prenatal care visit, well-child visit, immunizations) was provided from our claims data, we then must review the member’s medical record to determine if the service was actually provided but for some reason could not be found in the claims data. We also are required to collect information that is not normally found in claims such as test levels and blood pressure readings. If any of your MDwise members are part of the random samples selected for medical record review, representatives from MDwise will contact your office to arrange an on-site visit, or to possibly request this information by fax/mail if you have a small number of charts to review or are remotely located. If an on-site visit is arranged, our representatives will conduct a chart review to collect the necessary information, and then copy the specific chart form(s) that validate the findings.

We will contact provider offices during between late February and May 2018 for HEDIS® data collection. MDwise sincerely thanks you for your service to our members and for your assistance with our HEDIS® medical record reviews.
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 to identify 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 of 2017. It is a mixed survey administration that includes both mail, telephone and a link that allows them to complete the survey online. Once the survey is complete, SPH generates reports that compare MDwise to prior years and to other health plans. NCQA utilizes these CAHPS® scores in determining health plan accreditation status and rating.

**Highlights from the Surveys**

**Overall Scoring**

In 2017, the scores across all programs, compared to previous year scores and to other health plans, indicate that there are opportunities in:

- Getting care quickly.
- Customer service.
- Health promotion and education.
- Rating of personal doctor.
- Rating of specialists.

<table>
<thead>
<tr>
<th>Type</th>
<th>Measure Focus</th>
<th>Category</th>
<th>Child Hoosier Healthwise 2017</th>
<th>Adult Hoosier Healthwise 2017</th>
<th>Adult HIP 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Summary Rates</td>
<td>Provider</td>
<td>Getting Needed Care</td>
<td>87.0%</td>
<td>83.1%</td>
<td>81.4%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Getting Care Quickly</td>
<td>89.7%</td>
<td>81.9%</td>
<td>79.6%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Health Promotion and Education</td>
<td>70.6%</td>
<td>67.1%</td>
<td>75.7%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Coordination of Care</td>
<td>86.0%</td>
<td>83.9%</td>
<td>77.5%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>How Well Doctors Communicate</td>
<td>95.6%</td>
<td>93.0%</td>
<td>91.6%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Shared Decision Making</td>
<td>77.6%</td>
<td>81.3%</td>
<td>80.3%</td>
</tr>
<tr>
<td>Global Ratings</td>
<td>Provider</td>
<td>Rating of Personal Doctor</td>
<td>76.8%</td>
<td>67.6%</td>
<td>61.9%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Rating of Specialist</td>
<td>72.4%</td>
<td>63.4%</td>
<td>66.7%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Rating of Health Care</td>
<td>69.0%</td>
<td>59.0%</td>
<td>54.9%</td>
</tr>
</tbody>
</table>

Another important question on the adult CAHPS survey is whether the member smokes cigarettes or uses tobacco. 20 percent of Hoosier Healthwise adult respondents indicated that they used tobacco, while 40 percent of HIP adults reported using. The survey also asked the member if their provider has discussed cessation medications and strategies.

*continued on next page*
On the 2017 survey, MDwise members had the following responses:

<table>
<thead>
<tr>
<th>Category</th>
<th>Adult Hoosier Healthwise 2017</th>
<th>Adult HIP 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising Smokers and Tobacco Users to Quit</td>
<td>73.8%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Discussing Cessation Medications</td>
<td>33.3%</td>
<td>56.5%</td>
</tr>
<tr>
<td>Discussing Cessation Strategies</td>
<td>30.5%</td>
<td>48.7%</td>
</tr>
</tbody>
</table>

The above data supports the need for tobacco cessation counseling. Physicians 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: QuitNowIndiana.com or call the Tobacco Prevention and Cessation Commission at the Indiana State Department of Health at 317-234-1787.

**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. We are collecting language information on only 3.96% of our Hoosier Healthwise (HHW) and 23.6% of our Healthy Indiana Plan (HIP) membership. English is not specified on the state enrollment file which contributes to the low overall percentage collected. The top five languages, other than English, for HHW and HIP members are:

<table>
<thead>
<tr>
<th>Hoosier Healthwise</th>
<th>HIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>Spanish</td>
</tr>
<tr>
<td>Arabic</td>
<td>Burmese</td>
</tr>
<tr>
<td>Burmese</td>
<td>Arabic</td>
</tr>
<tr>
<td>Chin</td>
<td>Chin</td>
</tr>
<tr>
<td>Swahili</td>
<td>Vietnamese</td>
</tr>
</tbody>
</table>

Other languages were reported, although they were reportedly spoken by a lower percentage of members. On the data collected by MDwise Customer Service, when members indicated that they spoke a language other than English, they were asked whether they could speak and understand English well. 95% of the HHW members who responded indicated Yes, while 96% of HIP respondents indicated Yes.
MDwise Member and Provider Race, Ethnicity and Language Data – Continued

Race/Ethnicity
We also compiled race and ethnicity data on current members from information received by the state enrollment file and collected directly through the health needs screener. We currently collect an average of 96% of race/ethnicity data on the MDwise HHW and HIP membership. Here are the results:

**Hoosier Healthwise Members**
- Caucasian/White Non-Hispanic 53.18%
- Black/Black Non-Hispanic 21.71%
- Hispanic/Latino 18.34%
- Asian 1.78%
- Native Hawaiian or Other Pacific Islander 0%
- American Indian or Alaskan Native .07%
- Other 1.84%

**Healthy Indiana Plan Members**
- Caucasian/White Non-Hispanic 68%
- Black/Black Non-Hispanic 20.49%
- Hispanic/Latino 5.96%
- Asian 2.20%
- Native Hawaiian or Other Pacific Islander 0.03%
- American Indian or Alaskan Native 0.17%
- Other 1.44%

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.