MDwise 2019 Updates

Effective January 1, 2019, MDwise will restructure its Delivery System model. The restructure will improve claim payment timeliness and accuracy, streamline and reduce administrative redundancy, and provide greater access for our members. This will include one standard authorization list, one point of contact for all authorization requests, and one claims submission address. Be sure to check out the Provider News and Announcements on the Provider homepage for all of the latest updates.

For providers not currently contracted with MDwise Excel, you must obtain a MDwise Excel contract to continue providing services to MDwise members in 2019. If you are not currently contracted with MDwise Excel and would like to contract, please complete a Contract Inquiry Form and email it to prenrollment@mdwise.org. For providers who do not wish to contract with MDwise Excel, a Non-Contracted Provider Set-up Form is required to ensure providers are loaded correctly for claims payment. Forms can be found at MDwise.org.

If you are currently contracted with MDwise Excel, no action is needed on your part for the 2019 transition.

For questions regarding this announcement or contracting, please call Provider Relations at 317-822-7300 ext. 5800. There is also an FAQ on the 2019 updates at MDwise.org.

We thank you for providing quality service to MDwise members and look forward to continuing our partnership in 2019!
2019 Prior Authorization Changes

Beginning January 1, 2019, MDwise corporate medical management assumes responsibility for all medical and behavioral health authorization requests. Authorizations should be faxed to the MDwise corporate medical management fax numbers. These fax numbers are on the quick contact guide on our website, and on the 2019 revised universal prior authorization form.

The codes and services that require prior authorization in 2019 will be different so it is important to check the 2019 Excel prior authorization requirements list to identify whether the service or code requires authorization. Please remember all out of network services require prior authorization.

It is also important to remember that requests are considered urgent ONLY when a delay in care could jeopardize the life/health of the member, jeopardize the member’s ability to regain maximum function, or may subject the member to severe pain that cannot be adequately managed without the requested service. Authorization requests submitted untimely are not considered urgent.

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.

2019 RIDEwise Update

Effective January 1, 2019, Southeastrans, Inc. will become the Non-Emergent Medical Transportation (NEMT) broker for MDwise. The processes for scheduling transportation for members will not change. Southeastrans will begin taking calls for member’s 2019 transportation trips on December 17, 2018 and they can be reached by choosing ‘Transportation’ in the MDwise provider phone options.

IHCP Annual Workshop

MDwise would like to thank all our providers for joining us at this year’s IHCP Annual Workshops! All educational materials reviewed during our sessions are available on our website at MDwise.org. If you have any questions on these materials, or any other Provider Relations topics, please contact the PR department at 317-822-7300 ext. 5800.

Are you interested in learning more about MDwise?

Schedule a presentation with the MDwise outreach team! To learn more or to schedule a presentation, email Nicki Gilbert, MDwise Outreach Supervisor, at sgilbert@mdwise.org.
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!

HEDIS® Quick Links

With HEDIS® season approaching, it’s important to know where to find important HEDIS® documents on the MDwise website. Here are a few quick links:

HEDIS® Fax Back Form
HEDIS® Tip Sheet

Medical Record Documentation Standards

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. The list can be found at MDwise.org.

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.

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.

Comprehensive Well-Child Care

EPSDT services are required for all Medicaid members up to age 21.

Early Periodic Screening Diagnosis and Treatment (EPSDT), also known as Health Watch 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. 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 Quality Reports 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.
2018 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 2018. 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 2018, 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).
- Rating of Specialist (scale is between 1-10).
- Getting Care Quickly (getting care right away and/or an appointment as soon as needed).
- Health Promotion and Education (doctor talking about things to do to prevent illness).
- Coordination of Care (doctor informed and up-to-date about care from other providers).
- Rating of Personal Doctor (scale is from 1-10).

The chart below displays some of our scores for 2018 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 2018</th>
<th>Benchmark from Child Medicaid Health Plans</th>
<th>MDwise Adult Hoosier Healthwise 2018</th>
<th>MDwise Adult HIP 2018</th>
<th>Benchmark from Adult Medicaid Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting Needed Care</td>
<td>82.6%</td>
<td>84.5%</td>
<td>83.9%</td>
<td>83.0%</td>
<td>82.0%</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>89.9%</td>
<td>88.8%</td>
<td>76.8%</td>
<td>82.2%</td>
<td>81.8%</td>
</tr>
<tr>
<td>Health Promotion and Education</td>
<td>74.8%</td>
<td>71.7%</td>
<td>63.0%</td>
<td>73.2%</td>
<td>73.8%</td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>84.4%</td>
<td>82.9%</td>
<td>84.5%</td>
<td>79.8%</td>
<td>83.2%</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>94.0%</td>
<td>93.5%</td>
<td>93.7%</td>
<td>92.3%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>74.2%</td>
<td>78.7%</td>
<td>79.2%</td>
<td>79.8%</td>
<td>79.8%</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
<td>80.0%</td>
<td>76.1%</td>
<td>65.9%</td>
<td>61.9%</td>
<td>66.4%</td>
</tr>
<tr>
<td>Rating of Specialist</td>
<td>75.2%</td>
<td>73.9%</td>
<td>67.2%</td>
<td>65.1%</td>
<td>67.1%</td>
</tr>
<tr>
<td>Rating of Health Care</td>
<td>71.1%</td>
<td>69.3%</td>
<td>58.2%</td>
<td>55.3%</td>
<td>54.7%</td>
</tr>
</tbody>
</table>
Another important question on the adult CAHPS survey was whether the member smokes cigarettes or uses tobacco. Of Hoosier Healthwise adult respondents, 13.5 percent indicated using tobacco, while 40 percent of HIP adults reported using tobacco. The survey asked the member if their provider discussed cessation medications and strategies.

On the 2018 survey, MDwise members had the following responses:

<table>
<thead>
<tr>
<th>Category</th>
<th>Adult Hoosier Healthwise 2018</th>
<th>Adult HIP 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising Smokers and Tobacco Users to Quit</td>
<td>69.5%</td>
<td>75.1%</td>
</tr>
<tr>
<td>Discussing Cessation Medications</td>
<td>28.7%</td>
<td>53.4%</td>
</tr>
<tr>
<td>Discussing Cessation Strategies</td>
<td>30.1%</td>
<td>45.0%</td>
</tr>
</tbody>
</table>

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](http://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.