

## Tobacco Cessation: Choosing the Right Option

Smoking and other tobacco use is an unhealthy lifestyle choice that is associated with many negative outcomes for patients. Tobacco cessation is difficult, but the benefits of quitting should be discussed during every appointment with patients who are tobacco users because the consequences of continued use can be severe.

Medicaid covers several options to make quitting a little easier for those who wish to do so. Preferred agents include bupropion SR 150 as well as nicotine replacement therapy options including Commit® lozenges, Nicoderm®, Nicorette®, nicotine gum and nicotine patches. These nicotine replacement therapy (NRT) options are also all available over-the-counter and with a prescription from the provider; these are free to most MDwise members. For MDwise Marketplace members, preferred agents include bupropion SR 150, Chantix®, Nicotrol® inhaler and Nicotrol® nasal spray. Other nicotine replacement options are available to MDwise Marketplace members for purchase over-the-counter.

Bupropion is a good option to decrease the desire for smoking, while nicotine replacement therapy options are good for gradually decreasing nicotine use, especially for those in whom bupropion would have drug interactions or contraindications.

Chantix® is also an option for those who meet established criteria for that drug. In order to meet the requirements, patients must be at least 18 years of age, must have had less than 12 weeks of tobacco cessation therapy in the last 365

days, and may not currently have an active claim for nicotine replacement therapy. A prior authorization is required for Medicaid.

### The Use of NRT in Pregnant Women

Smoking during pregnancy has been associated with a number of negative consequences for both the baby and the mother. These consequences include low birth weight, perinatal mortality, preterm birth, ectopic pregnancy and decreased maternal thyroid function. Pregnant women should be strongly advised to quit smoking and, ideally, pregnant women should stop smoking without the use of pharmacotherapy as it can be harmful to the fetus. Current pharmacotherapy options include nicotine replacement therapy, bupropion SR 150 and Chantix®. Nicotine products are classified as pregnancy category D while the other two options are classified as pregnancy category C.



There is often question as to whether NRT can be used during pregnancy if a woman is unable to quit smoking on her own. Currently, there is not enough evidence to conclude that NRT increases the rate of smoking cessation during pregnancy and nicotine is thought to have harmful effects on the fetus. It is, however, presumed to be safer than smoking, and if a woman is unable to quit smoking without pharmacotherapy, NRT products can be considered with great caution and consult from the woman's health care provider. The FDA has issued a warning on all over-the-counter NRT products stating, "If you are pregnant or breast-feeding, only use this medicine on the advice of your health care provider. Smoking can seriously harm your child. Try to stop smoking without using any nicotine replacement medicine. This medicine is believed to be safer than smoking. However, the risks to your child from this medicine are not fully known."

If NRT therapy is chosen, intermittent products such as the gum or the lozenge are preferred during pregnancy due to the lower daily dose of nicotine. If the patch is selected, patches should be removed while the woman is sleeping.



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## Utilization Management

MDwise is an NCQA accredited organization and complies with all NCQA UM standards including UM 2 regarding criteria availability. Please remember that if you receive notification of an adverse decision, which includes the determination to deny, modify or reduce the services for which you requested authorization, you may request the clinical guideline or criteria that was applied to make the decision by calling the medical management department. The medical management department will work with you to provide you with the guideline or criteria in the method that is most acceptable via fax, email, phone or mail.

## Reviewer Availability

As an NCQA accredited organization, MDwise complies with NCQA Standard UM 7. Our delivery system medical management departments have the availability of an appropriate practitioner to discuss medical or behavioral health cases with the treating or attending practitioner. If you or your office receives notification of an impending denial, you should also receive a reminder regarding the availability to have this discussion, also known as a peer to peer, and how to initiate the discussion.

If you have questions about the peer to peer review or need assistance, please contact the medical management department that you submitted the request to authorize or you may call MDwise customer service at 1.800.356.1204.

## Updated Behavioral Health Clinical Practice Guidelines

Updated clinical health guidelines are available on the MDwise website. The clinical health guidelines for ADHD, autistic spectrum disorder, depression in adults and depression in children and adolescents have been revised and are available at [MDwise.org/for-providers/tools-and-resources/clinical-health-guidelines](http://MDwise.org/for-providers/tools-and-resources/clinical-health-guidelines).

## 2014 MDwise Physician Satisfaction Survey Coming Soon

MDwise would like to improve the response rate to the physician satisfaction survey for 2014. MDwise will offer the opportunity to take the survey online, via mail or phone in 2014. The 2014 physician satisfaction survey will be available to provider offices in August or September. When you receive your survey, please take a few minutes and respond to this quick and easy survey. Your feedback is important and counts. MDwise values the feedback from our physicians and it helps us direct appropriate resources to make necessary improvements. We appreciate your time in taking the survey. If you have suggestions or comments related to this upcoming survey, please contact Marc Baker at 317.822.7390 or [mbaker@mdwise.org](mailto:mbaker@mdwise.org).

## Attention MDwise Marketplace Providers

MDwise apologizes that a recent update to the [myMDwise](http://myMDwise) provider portal had the unintended consequence of posting eligibility information that providers may find confusing. [Read the full notice.](#)



**Visit [MDwise.org/providers](http://MDwise.org/providers) for additional information and tools for providers.**

# Screen All Medicaid Pediatric Patients for Lead Poisoning

According to the Centers for Disease Control and Prevention (CDC), it is recommended that all children covered by Medicaid be screened for lead poisoning, no matter what environmental hazards exist in their homes.

HealthWatch is the name of Indiana's EPSDT program. HealthWatch services are available for all Hoosier Healthwise members. The Family and Social Services Administration (FSSA) requires that all children on Hoosier Healthwise be tested for lead poisoning and that children with elevated lead levels are identified and receive the recommended follow-up treatment.

**Children should be screened with a blood lead test at ages 12 and 24 months or at ages 36–72 months if they have not previously been screened.**

The HealthWatch manual can be found at: [http://provider.indianamedicaid.com/ihcp/manuals/epsdt\\_healthwatch.pdf](http://provider.indianamedicaid.com/ihcp/manuals/epsdt_healthwatch.pdf)

Lead can affect the following systems:

- ✓ Cardiovascular
- ✓ Developmental
- ✓ Gastrointestinal
- ✓ Hematological
- ✓ Musculoskeletal
- ✓ Neurological
- ✓ Ocular
- ✓ Renal
- ✓ Reproductive

Lead poisoning can cause:

- ✓ Learning disabilities
- ✓ Behavioral problems
- ✓ Seizures
- ✓ Coma
- ✓ Death

## Update on Blood Lead Levels in Children from the CDC

- ✓ Experts now use a reference level of 5 mcg/dL to identify children with blood lead levels that are much higher than most children's levels. This new level is based on the U.S. population of children ages one to five years who are in the highest 2.5 percent of children when tested for lead in their blood.
- ✓ This reference value is based on the 97.5th percentile of the National Health and Nutrition Examination Survey (NHANES)'s blood lead distribution in children. The CDC will update the reference value every four years using the two most recent NHANES surveys.

- ✓ Until recently, children were identified as having a blood lead level of concern if the test result was 10 or more mcg/dL of lead in blood. The CDC is no longer using the term level of concern and is instead using the reference value to identify children who have been exposed to lead and who require case management.
- ✓ In the past, blood lead level tests below 10 mcg/dL of lead in blood may, or may not, have been reported to parents. The new lower value means that more children will likely be identified as having lead exposure allowing parents, doctors, public health officials and communities to take action earlier to reduce the child's future exposure to lead.
- ✓ What has not changed is the recommendation for when medical treatment is advised for children with high blood lead levels. The new recommendation does not change the guidance that chelation therapy be considered when a child has a blood lead test result greater than or equal to 45 mcg/dL.
- ✓ Children can be given a blood test to measure the level of lead in their blood. These tests are covered by Medicaid and most private health insurance.

*Source: Centers for Disease Control (CDC)*



## MDwise Quality Improvement Program

The overarching goal of the MDwise Quality Improvement (QI) program is to assure that members have access to high quality health services that are safe, effective and responsive to their needs. The scope of the MDwise QI program is comprehensive and includes both the monitoring and evaluation of the delivery of clinical health care services, inclusive of medical, preventive and behavioral health services and administrative service issues that are relevant to MDwise members.

### Accomplishments for 2013 QI Program

- ✓ MDwise submitted its application for NCQA Exchange Add-On Accreditation.
- ✓ The Network Improvement Program (NIP) provides tools and guidance to delivery systems and their providers around improving HEDIS, CAHPS and OMPP performance measures. NIP tools include non-compliant member outreach lists, missed opportunity reports, educational toolkits for provider offices (e.g., posters of HEDIS/quality measures, coding guide for preventive services.) The premise of the NIP program is that significant improvements in most HEDIS measures are driven by the dedicated efforts of provider office staff committed to quality outcomes for their patients. The NIP team made over 200 provider visits in 2013.
- ✓ For the Hoosier Healthwise program earnings were awarded to MDwise for three of the eight pay for performance (P4P) withhold measures. The awarded measures included well-child visits 0–15 months, inpatient behavioral health seven-day follow-up and physician advising smokers to quit (CAHPS survey). Additional bonus earnings were awarded for meeting frequency of prenatal care. For the Healthy Indiana Plan earnings were awarded to MDwise for one of the three P4P withhold measures. The awarded measure was physicians advising smokers to quit (CAHPS). The program established consistent measures that providers could be awarded bonus earnings based on performance. The monetary awards recognize providers who performed well on these key measures:
  - Well-child visits 0–15 months
  - Well-child visits 3–6 years
  - Well-child visits 12–21 years
  - Postpartum timeliness
  - Adult preventive care (HIP)
  - Comprehensive diabetes care, LDL-C screening
- ✓ 2013 was the first full year of the MDwise Star Performer program where over 35 MDwise provider offices have been recognized not just for their HEDIS score, but also for their efforts at outreach, access and cultural competency. Star Performers are identified by MDwise delivery systems and an award celebration is scheduled with the delivery system and the office. The events have received press coverage in their local communities. Star Performers are also honored on the [MDwise website](#) where photos of staff are posted along with information about what best practices makes the office so successful.
- ✓ In 2013, MDwise continued work on its Culturally and Linguistically Appropriate Services (CLAS) organizational assessment and work plan. In addition to continuing many activities already in place, some accomplishments made in 2013 include: completion of provider toolkit; cultural assessments on MDwise membership and MDwise provider network; and CLAS activities presented to Community Advisory Councils for feedback and recommendations. MDwise is moving closer to meeting standards set by NCQA for their Multicultural Healthcare Distinction.
- ✓ MDwise ran its cost analysis of the impact of integrated healthcare on the cost of care. As in 2012, integrated care demonstrates the greatest impact on cost, with the most sick and most costly members in the Hoosier Healthwise population. MDwise continues to work with its federally qualified health center (FQHC) and community mental health center (CMHC) partners to increase the number of settings in the state where integrated care occurs and will continue to add FQHCs to its behavior health network to facilitate the provision of integrated care. MDwise continued monthly meetings with six CMHCs who are working on improving HEDIS rates for well care and diabetic LDL screening. They have also instituted best practice around the antidepressant medication management (AMM) measure and tobacco cessation.



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- ✓ MDwise seven-day day follow-up after hospitalization (FUH) rate continues to increase with statistically significant improvement in the rate since 2009 when the quality improvement plan was initiated. Provider visits and intensive case management continue as methods to address areas in need of improvement. New in 2013, quarterly FUH report cards were sent out to all inpatient providers in the MDwise behavioral health network. Each provider receives their rate for the quarter and how it compares to NCQA benchmarks.
- ✓ The MDwise Rewards program for members began its third year in 2013, having been originally implemented in April of 2011. The program awards members points for successfully obtaining preventive exams and screenings as well as completing an HRS and joining the [myMDwise](#) member web portal. In total 15,168 members redeemed their points for a gift card in 2013. This is a dramatic increase from 2012 of approximately 110 percent. MDwise has consistently observed increases in redemptions and activities to earn points over time, as more members become aware of the program.

### Key Clinical and Service Activities Identified for 2014 Include, But Are Not Limited To:

- ✓ Rewards expansion to *Care Select*
- ✓ Connect4health—Preventive health text messaging to members
- ✓ Disease specific automated calls
- ✓ Emergency room—Inpatient notification expansion
- ✓ Behavioral health—Antidepressant medication management audits
- ✓ Well-child booklet for new moms
- ✓ Care management interventions for transitions in care
- ✓ Pregnancy program
- ✓ Tobacco cessation toolkit and promotion of Quitline referrals
- ✓ Emergency room utilization reporting
- ✓ Expand telemedicine pilots
- ✓ Medication therapy management
- ✓ CLAS activities
  - Multicultural Healthcare Distinction
  - Improve collection of MDwise provider information on race and ethnicity
- ✓ NCQA Case Management Accreditation



**1.800.356.1204 or 317.630.2831**  
Hoosier Healthwise, HIP and *Care Select*

**1.855.417.5615**  
MDwise Marketplace

**[MDwise.org/providers](http://MDwise.org/providers)**