Updated Preventive Health Guidelines

Updated preventive health guidelines are available on the MDwise website. Guidelines for adult health supervision, health supervision and Early and Periodic Screening, Diagnostic and Treatment (EPSDT)/HealthWatch in children and adolescents and childhood and adolescent immunizations have been revised according to the latest evidence-base and were recently approved by the Medical Advisory Council.

We appreciate you!

MDwise appreciates your hard work and dedication as part of our provider network. MDwise values your participation as you provide quality of care to our MDwise members throughout 2015 and for years to come.

Visit MDwise.org/providers for additional information and tools for providers.
Prior Authorization Requests for Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

We are here to partner with you in providing the best care to our members. In order to provide prompt response times for inpatient and outpatient prior authorization (PA) requests, please use the IHCP Universal Prior Authorization Form when faxing requests to MDwise. Be sure that the form is filled out completely to include ICD and CPT codes, and place of service and that any needed clinical supporting documentation is attached. Once MDwise has received a complete authorization request, the following time frames apply to our response.

**Turnaround Time for Prior Authorizations**

Please do not delay care needed to emergently treat or stabilize our members while requesting authorization.

- Emergent requests: Include symptoms suggesting an imminent life-threatening condition. Prior authorization is not required for emergency services. Notification of services must occur within two business days of the date of service.
- Urgent concurrent (emergent inpatient admissions) determinations will be completed within 24 hours of receipt of request.
- Pre-service urgent: A determination will be made within three business days as the member’s condition warrants.
- An urgent request is for services where the situation warrants an expedited response, e.g., a member is scheduled for discharge unexpectedly, treatment following stabilization of an emergency condition, the member is in extreme pain or delay in treatment may cause deterioration of the member’s condition.
- Urgent requests that are consistent with the examples above should be marked **URGENT** on the PA form.
- Note: Providers will be informed if the request does not meet the definition of urgent, explaining that either additional information must be submitted to meet the urgent definition or that the request will be processed as non-urgent.
- Pre-service non-urgent (e.g., elective procedure): A determination will be made within seven calendar days.

**Tips for Submitting Prior Authorization Requests**

- For pre-service non-urgent requests, request a date span rather than a specific date.
- Repeat phone calls or faxes to check the status of a requested PA or to ask for an expedited PA slow down the rate at which PAs can be completed. Please note our turnaround times above.
- Note: Requesting to speak to a supervisor or manager will not result in an expedited review.
- Please include complete clinical information at the time of the request.
- Please include a contact name and number for us to request additional clinical information if needed.
- Please be sure to provide your fax number and a secure voice mailbox number, so we can communicate with you in a timely manner and be in compliance with HIPPA regulations.
- If you have faxed your request, please ensure that your prior authorization request was faxed to the correct fax number and that you received a confirmation.

**Services that Require Prior Authorization**

Check our [website](#) to determine which procedures require prior authorization and where to fax the request.

**Delivery System Contact Information for Prior Authorization**

Please reference the MDwise delivery system prior authorization contact guide for a list of prior authorization contact numbers for all MDwise delivery systems and IHCP programs.
All Medicaid Children Need to be Screened for Lead

Screening for blood lead toxicity for all children enrolled in Medicaid is a federal requirement. The Family and Social Services Administration (FSSA) requires that all children enrolled in Medicaid receive a blood lead screening according to the Centers for Disease Control and Prevention (CDC) guidelines:

- Children should be screened with a blood lead test at ages 12 months and 24 months or at ages 36−72 months if they have not been previously screened.
- Lead screening is required for all children on Medicaid regardless of their risk factors. Medicaid covers these tests.

The CDC uses a reference level of 5 mcg/dL to identify children with blood lead levels that are much higher than most children’s levels. Previously, children were identified as having a blood lead level of concern if the test result was >10 mcg/dL of lead in the blood. The CDC no longer uses the term, “level of concern” and currently uses the reference level of 5 mcg/dL to identify children who have been exposed to lead and require case management.

Lead Screening Website Resources Available

Additional information about requirements for blood lead screening and medical management can be found through the following links:

- The Indiana Health Coverage Programs (IHCP) HealthWatch/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provider manual.
- The Indiana Lead and Healthy Homes Program lead screening requirements and medical management recommendations for children ages 6 to 84 months.

Sources: Centers for Disease Control and Prevention (CDC), Indiana State Department of Health and Indiana Lead and Healthy Homes Program

2014 Provider Satisfaction Survey Results

MDwise reaches out to its providers every year to gather feedback as to how we can improve services. A provider satisfaction survey was sent to 1,500 offices in 2014. The survey results are in. Survey results highlights:

- MDwise achieved a 69.8 percent overall satisfaction score for 2014. Although this did not meet our goal of 75 percent it is a significant increase from 61.4 percent in 2013.
- Our 69.8 percent overall satisfaction rate is much greater than the overall satisfaction of other Medicaid health plans at 65.9 percent.∗

MDwise relies on customer service, provider relations and medical management for process improvements. In 2014, we scored well in improving our network and in our medical management process. To continue to improve in all areas of service, MDwise encourages all providers to participate in the 2015 provider relations satisfaction survey. MDwise values the feedback from our physicians. It helps us direct appropriate resources to make necessary improvements.

New Provider Orientation Process

One area of improvement is the new provider orientation process. The survey indicated the need for MDwise to reach out to providers and work with them on the initial process for claims submission, provider enrollment and medical management authorizations. Provider relations is developing a new toolkit to address these needs and we would like providers’ input in helping us design a process that would garner better results. As your local, Indiana-based nonprofit health care company, MDwise values provider feedback.

If you have any questions related to the new provider orientation toolkit, provider enrollment, contracting, credentialing or claims please contact the MDwise provider relations department at 317.822.7300, ext. 5800.

∗MDwise compared its scores to all other Medicaid companies.
Pregnancy Care: Smoking During Pregnancy

According to the Centers for Disease Control and Prevention (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.
- Cleft lip or cleft palate.
- Higher risks of sudden infant death syndrome (SIDS).

Indiana continues to have one of the highest rates of smoking in the nation, ranking the fifth highest (CDC). The data in Table 1 shows births to mothers in Indiana who smoked during pregnancy compared with national results. The mothers were considered to be smokers if they reported smoking at least one cigarette daily during any trimester of pregnancy.

### Table 1

<table>
<thead>
<tr>
<th>Location</th>
<th>Data Type</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>Number</td>
<td>206,895</td>
<td>236,250</td>
<td>268,001</td>
<td>282,442</td>
<td>284,985</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Indiana</td>
<td>Number</td>
<td>15,771</td>
<td>14,395</td>
<td>13,901</td>
<td>13,755</td>
<td>13,030</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>18%</td>
<td>17%</td>
<td>17%</td>
<td>17%</td>
<td>16%</td>
</tr>
</tbody>
</table>


About 55 percent of women who smoked before pregnancy reported they quit smoking by the last three months of pregnancy. Of those who quit smoking during pregnancy, 40 percent relapsed within six months after delivery.

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 smokers’ quit line 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.

MDwise offers SMOKE-free program resources to providers at MDwise website. A Promoting SMOKEfree Pregnancies in Indiana toolkit is also available through this link. Providers can also use the form on the website to become a preferred provider with the Indiana Quitline.

### Additional Resources

- The CDCs Tobacco Use and Pregnancy: Resources for Smokers and Their Families.
- Call Indiana’s free Tobacco Quitline at 1-800-QUIT-NOW (1-800-784-8669) or visit their website.
An integral part of patient care is making sure patients have access to needed medical care. According to the Office of Medicaid Policy and Planning (OMPP) and the National Committee for Quality Assurance (NCQA) standards, MDwise and MDwise Marketplace establishes standards and monitors performance to ensure members receive timely and clinically appropriate access to care. MDwise standards address access to emergency, urgent and routine care appointments, after-hours care, physician response time, office appointment wait time and office telephone answering time. Adhering to these standards allows providers and members to create a patient-centered medical home and to avoid unnecessary visits to the emergency room.

Please keep in mind the following access standards are for different types of care. MDwise and MDwise Marketplace providers are expected to have procedures in place to see patients within the timeframes below.

### Appointment Access Requirements

<table>
<thead>
<tr>
<th>Appointment Category</th>
<th>Appointment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent/emergent care/triage</td>
<td>24 hours/day</td>
</tr>
<tr>
<td>Non-urgent symptomatic</td>
<td>72 hours</td>
</tr>
<tr>
<td>Routine physical exam</td>
<td>Three months</td>
</tr>
<tr>
<td>Initial appointment, non-pregnant</td>
<td>Three months</td>
</tr>
<tr>
<td>adult</td>
<td></td>
</tr>
<tr>
<td>Routine gynecological exam</td>
<td>Three months</td>
</tr>
<tr>
<td>New obstetric patient</td>
<td>Within one month of attempting to schedule</td>
</tr>
<tr>
<td>Initial appointment, well-child</td>
<td>Within one month of attempting to schedule</td>
</tr>
<tr>
<td>Children with special health care</td>
<td>One month</td>
</tr>
<tr>
<td>care needs</td>
<td></td>
</tr>
</tbody>
</table>

Also, according to Medicaid rules and regulations, MDwise is responsible for ensuring that members are receiving accessible services on an equal basis with a provider’s non-MDwise population. For example, making sure MDwise providers offer the same hours of operation for all members, regardless of coverage.

MDwise and MDwise Marketplace encourages all new members to have a primary medical provider (PMP) visit within 90 calendar days of when their benefits become effective. This helps to make sure our members receive necessary preventive and well-care. Similarly, it also helps with early diagnosis and treatment of medical needs so our members have a treatment plan established. This includes referrals to case management or disease management programs. Please help us by accommodating our new members within this 90-day timeframe.

As required by the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services Access Standards Section, 42 CFR 438.206, Availability of Services: The managed care entity (MCE) (who also serves commercial members) must ensure that the network providers offer hours of operation no shorter than those offered to commercial members. The MCE must also make covered services available 24-hours-a-day, seven-days-a-week, when medically necessary. In meeting these requirements, the MCE must:

- Establish mechanisms to ensure compliance by providers.
- Monitor providers regularly to determine compliance.
- Take corrective action if there is a failure to comply.

The MCE must provide the OMPP written notice at least 90 calendar days in advance of their inability to maintain a sufficient network in any county.

### Behavioral Health Standards for Accessibility of Services

The National Committee for Quality Assurance (NCQA) accessibility of services measures timely access to behavioral health services and telephone access as follows:

<table>
<thead>
<tr>
<th>Appointment Category</th>
<th>Appointment Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine office visits</td>
<td>10 working days</td>
</tr>
<tr>
<td>Urgent care</td>
<td>48 hours</td>
</tr>
<tr>
<td>Non-life threatening emergency care</td>
<td>Six hours</td>
</tr>
<tr>
<td>Life-threatening emergency care</td>
<td>Immediately</td>
</tr>
<tr>
<td>Provisional access</td>
<td>24 hour availability/after hours care</td>
</tr>
</tbody>
</table>

If there is a type of service providers do not offer, MDwise encourages them to make a warm transfer to a provider who does, to ensure that a member’s needs are met. It is a contractual obligation of MDwise providers to meet these NCQA standards.

MDwise completes a secret shopper audit annually to make sure MDwise members receive the appropriate access to needed behavioral health services.
Evaluation of MDwise 2014 Quality Improvement Program for Hoosier Healthwise, HIP and Care Select

The overarching goal of the MDwise quality improvement program is to ensure that members have access to high quality health services that are safe, effective and responsive to their needs. The scope of the MDwise quality improvement 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.

2014 Accomplishments (Not All-Inclusive):

- MDwise submitted its application for National Committee for Quality Assurance (NCQA) case management program accreditation (for review in 2015).
- The network improvement program (NIP) continued to provide tools and guidance to delivery systems and their providers around improving Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) and the Office of Medicaid Policy and Planning (OMPP) performance measures. In 2014, NIP replaced paper reports with electronic care gap reports, and along with the monthly reports, posted them to the myMDwise provider portal for provider offices to access. The reports on myMDwise include non-compliant member outreach lists, missed opportunity reports, emergency room utilization, member detail and member rosters. The MDwise website remained a key resource for NIP educational toolkits for provider offices (e.g., posters of HEDIS/quality measures, coding guide for preventive services.) By the end of 2014, new representatives were added to the NIP team to expand its reach.
- MDwise established consistent measures to award bonus earnings to providers 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 for HIP.
  - Comprehensive diabetes care, LDL-C screening.
- MDwise Star Performer awards were given to 17 MDwise provider offices for their efforts in outreach, access and cultural competency in addition to work on improving their preventive care scores. Appropriate leaders, legislators and media were invited to the events where a plaque, a check and refreshments were provided to honor the provider and office staff receiving the award. Star Performers were honored on the MDwise website where photos of staff were posted along with information about the best practices that make the office so successful.

Continued on page 7
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 in 2014 include: testing, monitoring and training of bilingual staff, review of measures for health disparities and implementation of a breast cancer screening intervention, increased collection of provider race and ethnicity, review of CLAS and MDwise member/provider assessments in community advisory councils for feedback and recommendations.

MDwise continued 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. MDwise will continue to add FQHCs to its behavioral health network to facilitate the provision of integrated care. MDwise continued working with six CMHCs on improving HEDIS rates for well-care and diabetic LDL screening. They have also instituted a best practice around the antidepressant medication management (AMM) measure and smoking cessation.

The MDwise seven-day follow-up after hospitalization (FUH) rate continued to increase with statistically significant improvement in the rate since 2009 when the quality improvement plan was initiated. Provider visits and intensive case management continued as methods to address areas in need of improvement. In 2014, quarterly FUH report cards continued to be 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 MDwiseREWARDS program for members began its fourth year. The program awards members points for successfully obtaining preventive exams, screenings, completing a health needs screening (HNS) and joining the myMDwise member portal. In 2014, a pilot to award points to members in care management continued and was evaluated. Results showed increases in the number of successful contacts between high-risk members and their MDwise care manager when compared to months preceding the program. Other changes that were implemented in 2014 include: extending the MDwiseREWARDS program to Care Select members, the ability to earn points for completion of a tobacco cessation program and a new rule that states member points expire after 12 months.

MDwise has seen an increase in activities needed to get points (well exams, etc.). In total 14,378 members redeemed their points for a gift card in 2014.

**Some of the Clinical and Service Activities Identified for 2015 include:**

- Identify intervention activities for use of 17 alpha-hydroxyprogesterone caproate (17P) with pregnant members.
- Medication therapy management.
- Evaluate efficacy of Voxiva text messaging program.
- Implement member advisory committees.
- Expand disease-specific automated calls program.
- Member profiles for providers—operationalize and evaluate the new provider portal.
- Evaluate efficacy of embedded case management program.
- In partnership with Anthem, develop a webinar for rural obstetric providers about working with pregnant members that use tobacco.
- CMHC HEDIS project will include 16 centers in 2015. HbA1c screening will replace LDL as a focus.
- NCQA health plan accreditation renewal.

View a more detailed summary on our website.
MDwise Marketplace Quality Improvement Program

The purpose of the MDwise Marketplace quality improvement program is to improve the quality and the safety of health care services provided to our membership. MDwise Marketplace works collaboratively with its partners in the development, coordination and evaluation of quality improvement activities. These activities promote and improve the quality and safety of medical, preventive and behavioral health services within the covered benefits and services for which MDwise Marketplace is responsible.

The program ensures compliance with all applicable regulations and accrediting bodies such as the Indiana Peer Review Statute, the Health Insurance Portability and Accountability Act (HIPAA), the National Committee for Quality Assurance (NCQA), the Indiana Department of Insurance (IDOI) and the Centers for Medicare & Medicaid Services (CMS). It also provides oversight of delegated activities.

The scope of the program encompasses members, providers and health care delivery systems across all dimensions of quality. These areas are included:

- **Quality Improvement**
  - Accessibility and availability of care.
  - Member, provider and practitioner satisfaction.
  - Development, implementation and adherence assessment of clinical practice and preventive health guidelines.
  - Member safety.
  - Clinical quality initiatives.
  - Review of quality of care incidents.
  - Quality of service.
  - Oversight of delegated activities.

- **Care Management**
  - Pregnancy and chronic condition management.
  - Continuity and coordination of care.
  - Assessment of quality of care for treatment of chronic conditions.
  - Assessment of care coordination and continuity of care.
  - Preventive health care services.

- **Utilization Management**
  - Monitoring of utilization including overutilization, underutilization and misutilization.

- **Member Services**
  - Member grievance and appeal processes and trends.
  - Activities to reduce health care disparities.
  - Activities to improve linguistic and cultural competence.

- **Credentialing**
  - Credentialing/recredentialing activities.

MDwise Marketplace has the following committees that support and evaluate its quality activities:

- Quality management team.
- Medical advisory council.
- MDwise Marketplace pharmacy benefit and design.
- MDwise Marketplace community advisory councils.
- MDwise Marketplace quality improvement program subcommittees (e.g. Culturally and Linguistically Appropriate Services (CLAS) steering committee and medical management committee).

The goals of the program are to:

- Improve access to care and quality of services provided to members.
- Exceed customer (member and provider) satisfaction.
- Facilitate the delivery of culturally competent health care to reduce disparities.
- Efficiently collect, analyze and report data.
- Avoid unnecessary costs by implementing measures to ensure the member is receiving the appropriate services in a timely manner and in the most appropriate setting.

Each year, MDwise Marketplace evaluates the effectiveness of its quality program and prepares a written summary. This will be available for the MDwise Marketplace product in 2016.
Availability of Utilization Management Criteria

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