WE APPRECIATE YOU!

MDwise appreciates your hard work and dedication as part of our provider network. MDwise values your participation as you provide quality care to our MDwise members throughout 2016 and for years to come.

Availability of UM Criteria for 2016

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.

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

In This Issue

Blood Lead Screening for Medicaid Children ........................................ 2

Behavioral Health Standards for Accessibility of Services ..................... 3

Evaluation of MDwise 2015 Quality Improvement Program for Hoosier Healthwise, HIP and Hoosier Care Connect ...................... 4, 5

Evaluation of MDwise 2015 Quality Improvement Program for MDwise Marketplace.......................... 6

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Blood Lead Screening for Medicaid Children

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 under Medicaid receive a blood lead screening according to the current CDC guidelines:

• Testing all children at 9 months or 12 months and 24 months of age.
• If a child is at high risk, testing should be initiated at 6 months of age.
• Testing all children 36 months and 72 months of age, if they have never been tested for lead poisoning.

Lead screening is required for all children on Medicaid regardless of their risk factors.

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 blood. The CDC is no longer using the term ‘level of concern’ and is instead using the reference level of 5 mcg/dL to identify children who have been exposed to lead and who require case management.

Additional information regarding requirements for blood lead screening and medical management can be found in:

• The IHCP HealthWatch/Early and Periodic Screening, Diagnosis and Treatment Provider Manual
• The Indiana State Department of Health Lead and Healthy Homes Program, Lead Screening Requirements and Medical Management Recommendations for Children Ages 6 to 84 Months
• The Indiana State Department of Health Chemistry Laboratory guidelines for Blood Lead

Sources:
Centers for Disease Control and Prevention (CDC)
Indiana State Department of Health
Behavioral Health Standards for Accessibility of Services

NCQA accessibility of services: NCQA measures timely access to Behavioral Health Services and Telephone Access as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Timeframe</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>6 hours</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 that a provider does not offer, MDwise encourages the provider to make a warm transfer to a provider who does to be sure the 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 monitor that MDwise members are provided with appropriate access to needed behavioral health services.
Accomplishments for 2015 include, but are not limited to:

- **NCQA Accreditations:**
  - In May 2015, MDwise attained NCQA 3-year Case Management Accreditation for the Hoosier Healthwise (HHW) and Healthy Indiana Plans (HIP).
  - In November 2015, MDwise attained NCQA Health Plan Accreditation for Hoosier Healthwise and Healthy Indiana Plan at Commendable status.
  - In 2015, MDwise added accreditation for our Hoosier Care Connect (HCC) line of business through December, 2018.
  - MDwise was rated 4 out of 5 among health insurance plans in the National Committee for Quality Assurance (NCQA)’s Medicaid Health Insurance Plan Ratings 2015-2016 and was the top-rated Medicaid HMO in Indiana.

- The Network Improvement Program continued to provide tools and guidance to delivery systems and their providers around improving HEDIS, CAHPS and OMPP performance measures. In 2015, provider groups that worked with the NIP team improved at a greater rate than those that did not and ultimately achieved higher overall scores.

- For the Hoosier Healthwise program earnings (for CY 2014) were awarded to MDwise for nine of the ten Pay for Outcomes (P4O) withhold measures. The awarded measures included Well Child 0-15, Well Child 3-6, Adolescent Well Care, Inpatient Behavioral Health 7-Day Follow-up, Ambulatory Services in the Emergency Room, Timely Postpartum care and Physicians Advising Smokers to Quit (CAHPS). Additional bonus earnings were awarded for developing a plan to address tobacco use in pregnancy. For the Healthy Indiana Plan earnings were awarded to MDwise for two of the three P4O withhold measures. The awarded measures were ER admissions per 1,000 and Physicians Advising Smokers to Quit (CAHPS).

- 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 0-15 months
  - Well Child 3-6 years
  - Well Child 12-21 years
  - Postpartum Timeliness
  - Adult Preventive Care (HIP)

- 2015 brought another round of MDwise Star Performer Awards given to 16 MDwise provider offices for their efforts at outreach, access and cultural competency in addition to work on improving their preventive care scores. Appropriate leaders, legislators and media are invited to the event where a plaque, a check and refreshments are provided to honor the provider and office staff receiving the award. 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 2015 MDwise continued work on its Culturally and Linguistically Appropriate Services (CLAS) organizational assessment and work plan. Accomplishments made in 2015 include: press release on CLAS activities, audit of providers for Spanish language provision, provider newsletter article on provision of language services, diverse staff recruitment resources for MDwise human resources department, policy revisions and continued positive results to annual member survey regarding treatment due to race, ethnicity or economic status.

MDwise continues to work with its FQHC and CMHC partners to increase the number of settings in the state where integrated care occurs and will continue to add FQHCs to its behavioral health network to facilitate the provision of integrated care. MDwise continued monthly meetings with CMHCs who are working on improving HEDIS rates for well care and HbA1c screening. In 2015, 10 additional CMHCs joined this project for a total of 16. They have also instituted “best practices” around the AMM measure, Schizophrenia measures and smoking cessation. All of the CMHCs participating in this project earned an incentive for improving the number of their members who complied with required appointments.

The MDwiseREWARDS program for HHW, HIP and HCC members began its fifth year in 2015. The program awards points to members for successfully obtaining preventive exams and screenings as well as completing an HNS and joining the MDwise member web portal. A change that was implemented in 2015 was to gift card options. The Walmart gift card was replaced by Target and gift cards to Speedway and Kohls were added at the $30 and $50 levels. MDwise has seen an increase in activities completed to get points (well exams, etc.) In total, 11,021 members redeemed their points for a gift card in 2015.

Some of the Clinical and Service Activities Identified for 2016 include:

- Enhance MDwise OB program
- Pilot with CMHCs on opioid and alcohol use in pregnant women
- Improving access to addictions treatment
- Homelessness initiative with the Seriously Mentally Ill
- Initiatives to improve A1c levels for diabetics
- Evaluate MTM program
- Individual clinical summary report for members
- Community asthma education program
- Improve provider enrollment data and directory accuracy
- Care gap reports to providers on immunizations
- Reconciliation of providers’ member panels
- Improve accuracy of member enrollment data
- Improve data exchange with other systems/vendors
- Leverage IHIE lab data

For a more detailed summary, please click [here](#).
Evaluation of MDwise 2015 Quality Improvement Program for MDwise Marketplace

The overarching goal of the MDwise Quality Improvement 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 Marketplace members.

Accomplishments for 2015 include, but are not limited to:

- NCQA Accreditations:
  - In November 2015, MDwise attained NCQA Health Plan Accreditation for Hoosier Healthwise, Healthy Indiana Plan and MDwise Marketplace.

- The Network Improvement Program continued to provide tools and guidance to delivery systems and their providers around improving HEDIS and CAHPS performance measures. In 2015, provider groups that worked with the NIP team improved at a greater rate than those that did not and ultimately achieved higher overall scores.

- MDwise continues to work with its FQHC and CMHC partners to increase the number of settings in the state where integrated care occurs and will continue to add FQHCs to its behavioral health network to facilitate the provision of integrated care.

- In 2015 MDwise continued work on its Culturally and Linguistically Appropriate Services (CLAS) organizational assessment and work plan. Accomplishments made in 2015 include: press release on CLAS activities, audit of providers for spanish language provision, provider newsletter article on provision of language services, diverse staff recruitment resources for MDwise human resources department, policy revisions and continued positive results to annual member survey regarding treatment due to race, ethnicity or economic status.

- MDwise conducted its first QHP Enrollee Satisfaction Survey for Marketplace in 2015. This is a test year for the survey and results will not be counted. However, results will serve as a baseline for future surveys.

Some of the Clinical and Service Activities Identified for 2016 include:

- Enhance MDwise OB program
- Improving access to addictions treatment
- Initiatives to improve A1c levels for diabetics
- Individual clinical summary report for members
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- Improve provider enrollment data and directory accuracy
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- Leverage IHIE lab data

For a more detailed summary, please click here.

1.800.356.1204 or 317.630.2831
Hoosier Healthwise, HIP and Hoosier Care Connect
1.855.417.5615
MDwise Marketplace
MDwise.org/providers

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