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 2017 and for years to come.

Availability of Criteria in 2017

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.
Provider Access Guidelines

Providers are an integral part of the MDwise Plan. Each Hoosier Healthwise, HIP and Marketplace member is assigned to or selects a PMP to ensure an ongoing source of primary care, appropriate to the member’s needs. Each PMP who participates in a delivery system within the MDwise network must:

(i) provide services to members, either directly or through arranged coverage, 24-hours-a-day, 7-days-a-week;

(ii) have a mechanism in place to allow MDwise members contact with their PMP or a qualified clinical staff person via a toll-free telephone number, 24-hours-a-day, 7-days-a-week;

(iii) provide “live voice” coverage after normal business hours, which may include an answering service, shared-call system with other medical providers, or pager system;

(iv) provide after-hours callers with appropriate instructions for life threatening situations, including appropriate direction to contact 911 or the nearest emergency department; and

(v) ensure that the PMP or his/her designated physician can be reached by telephone within 30 minutes for emergencies and urgent situations.

Additionally, PMPs should adhere to the following timeframes for providing care to members:

<table>
<thead>
<tr>
<th>Service</th>
<th>Timeframe</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>30 days</td>
</tr>
</tbody>
</table>

Our behavioral health providers are also held to a similar access standard. Behavioral health care services include both mental health and substance abuse services for the MDwise Hoosier Healthwise, Healthy Indiana Plan and Marketplace.

Behavioral health providers should adhere to the following timeframes:

<table>
<thead>
<tr>
<th>Service</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-life Threatening Emergency Care</td>
<td>6 hours</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>48 hours</td>
</tr>
<tr>
<td>Routine Office Visits</td>
<td>10 working days</td>
</tr>
<tr>
<td>Provisional Access</td>
<td>24 hour availability/after hours care</td>
</tr>
</tbody>
</table>

MDwise performs an annual audit of its provider directory, per the guidelines established by the State of Indiana, CMS and NCQA. The results of that audit are provided to each delivery system administrator and any noncompliant providers are re-audited at a later date.

MDwise appreciates your partnering with us to provide quality care to our members. If you have any questions about these guidelines or other compliance related issues, please contact your delivery system administrator or the MDwise compliance department at compliance@mdwise.org.
Test All Medicaid Pediatric Patients for Lead Poisoning

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

- Test all children at 12 months and 24 months of age.
- Test children between the ages of 3-6 years of age, if they have never been tested for lead poisoning.

HealthWatch is the name of Indiana’s EPSDT program. HealthWatch services are available for all Hoosier Healthwise members. The HealthWatch manual can be found here.

The following are examples of factors that place a child or pregnant mother at high risk for lead poisoning:

- Children with high incidence of hand-to-mouth activity, such as thumb sucking or nail biting.
- Children with a history of pica (a medical disorder characterized by a craving for nonfood items, such as peeling paint, dirt and cigarette butts).
- Children living in housing constructed prior to 1978, who may be exposed to lead pipes or lead-based paints or who are exposed to other hazardous lead sources (such as children of lead industrial workers).
- Children living in older homes that are being restored.
- Children with poor nutritional status (increased fat, decreased calcium, iron, and other nutrients), predisposing them to enhanced lead absorption in the intestines.
- Children with a previously elevated blood lead level.
- Children with signs and symptoms of lead poisoning.
- Painted household surfaces such as cribs, window sills, toys, doors, radiators, or fallen paint chips, flaking areas and holes in the walls.
- Lead water pipes.
- Soil, dirt and dust inside and outside a dwelling.
- Imported brands of plastic mini-blinds.
- Paper, newsprint, magazine pages and metallic wrapping paper.
- Playground equipment with chipped lead-based paint.
- Water wells.

The complete list of factors can be found at: Indiana Medicaid Providers Modules under Provider Specific EPSDT.

The FSSA recommends that blood samples drawn for lead screening be sent to the ISDH Laboratories to ensure that testing is done on atomic absorption spectrophotometers (AAS) and to ensure that the results are known to the ILHPP. Blood samples should be sent to:

ISDH Laboratories Blood Lead Lab
550 West 16th Street,
Suite B Indianapolis, IN 46202

Providers that use the ICLPPP’s postage-paid kit cannot bill the IHCP a conveyance fee for conveying samples to the lab. However, providers can still use code 36415 – Collection of venous blood by venipuncture, to indicate that blood draws were made. The distinction must be made by diagnosis to differentiate between individuals being tested to rule out lead screening and those that have been diagnosed or are being treated for lead poisoning.

When forwarding blood samples to ISDH/ICLPPP, primary medical providers (PMPs) must include their provider number and authorization code for members on the paperwork accompanying the sample. If the member is enrolled in a managed care program, include the MCE PMP authorization and referral information.

Other helpful resources:

Indiana State Department of Health Chemistry Laboratory Guidelines for Blood Lead
The Indiana State Department of Health Lead and Healthy Homes Program, Lead Screening Requirements and Medical Management Recommendations

Source: EPSDT/HealthWatch Chapter 6
Centers for Disease Control (CDC)
US Food & Drug Administration (FDA) MedWatch 8/4/17
Dental Services

We are here to partner with you in providing the best care for our members. Many of our members in both HIP and HHW have dental benefits. As a rule, dental benefits are not available for HIP Basic members unless they are pregnant or 19/20 years-old.

An oral screening should be included as part of each EPSDT visit. This service is not separately billable. This EPSDT screening component includes an assessment of the following:

- Palate, cheeks, tongue and floor of mouth.
- Dental ridges (including erupting teeth).
- Gums for evidence of infection, bleeding and inflammation.
- Malformation or decay of erupting teeth.
- Need for daily fluoride intake.
- Need for dental referral regardless of age for a complete examination of all hard and soft tissues within the oral cavity.

Poor oral health has been related to decreased school performance, poor social relationships and less success later in life.

Physicians are recommended to refer children for dental services, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age.

IHCP EPSDT Dental Periodicity Schedule,
Adapted from the American Academy of Pediatric Dentistry (AAPD)

<table>
<thead>
<tr>
<th></th>
<th>6–12 months</th>
<th>12–24 months</th>
<th>2–6 years</th>
<th>6–12 years</th>
<th>&gt;12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical oral examination$^1$ to include:</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Assess oral growth and development$^2$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Caries-risk assessment$^3$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Anticipatory guidance/counseling$^4$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Injury prevention counseling$^5$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Counseling for nonnutritive habits$^6$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Counseling for speech/language development</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Substance abuse counseling</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Counseling for intraoral/perioral piercing</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Assessment for pit and fissure sealants$^7$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Transition to adult dental care</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Radiographic assessment$^8$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Prophylaxis and topical fluoride$^9$</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Assessment and treatment of developing malocclusion</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Assessment and/or removal of third molars</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
</tbody>
</table>

1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every six months or as indicated by child’s risk status/susceptibility to disease.
2 Includes assessment of pathology and injuries.
3 By clinical examination.
4 Must be repeated regularly and frequently to maximize effectiveness.
5 Timing, selection, and frequency determined by child’s history, clinical findings, and susceptibility to oral disease.
6 Appropriate discussion and counseling should be an integral part of each visit for care.
7 Initially play objects, pacifiers, car seats; then, when learning to walk, sports and routine playing, including the importance of mouth guards.
8 At first, discuss the need for additional sucking: digits versus pacifiers; then, the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching or bruxism.
9 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

continued on next page
Your Quarterly Connection to Smart Solutions For MDwise Providers

Dental Services – continued

Periodicity Schedule for EPSDT/HealthWatch Dental Observation and Screening

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Subjective (S) or Required (R)</th>
<th>Services Required or Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 12 months</td>
<td>S</td>
<td>Direct referral to a dentist for medically appropriate services, if warranted by injury, disease, congenital abnormality, or other cause.</td>
</tr>
<tr>
<td>12 to 24 months</td>
<td>S</td>
<td>Direct referral to a dentist, if medically appropriate.</td>
</tr>
<tr>
<td>24 months</td>
<td>R</td>
<td>Direct referral to a dentist for examination, preventive dental care, and anticipatory guidance.</td>
</tr>
<tr>
<td>24 months through 20 years</td>
<td>R</td>
<td>Regular dental assessments at intervals defined by the dentist (approximately every six months) for the individual patient. Assessments should include examination, preventive dental care and anticipatory guidance.</td>
</tr>
</tbody>
</table>

MDwise dental services are administered by Dentaquest. DentaQuest will provide resolution for any dental issues. Please contact MDwise customer service department at 1-800-356-1204 or 317-630-2831 in the Indianapolis area if you need help.

Members can also earn MDwiseREWARDS points for going to the Dentist twice a year, beginning at 6 months of age or older.

Source: Indiana Health Coverage Programs, Provider Reference Module, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/HealthWatch

Encouraging Tobacco Users and Smokers to Quit

Providers are encouraged to ask all patients about their tobacco use. The next step is to advise tobacco users about why they need to quit. If you assess that there is a readiness to quit, you can directly refer the patient to the Indiana Quitline with a fax referral form. The patient can also be referred to other tobacco cessation programs in your area.

MDwise covers tobacco cessation counseling. Prescription cessation aids are covered as well. Over-the-Counter (OTC) cessation aids are also covered if the provider writes a prescription for the cessation aid. Providers can refer patients age 13 and older to the Indiana Tobacco Quitline, 1-800-QUIT-NOW (1-800-784-8669). The Quitline offers education and coaching over the phone, web and texting. All services are confidential and provided free of charge to Indiana residents. If you fax refer a patient, the Quitline staff will fax a report back to your office to let you know whether the patient was enrolled in their services.

Ask your MDwise provider relations representative for patient and provider materials that further explain the Indiana Quitline program.
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 MDwise QI Program includes both the monitoring and evaluation of the delivery of clinical health care services, inclusive of medical, preventive, behavioral health services and administrative service issues that are relevant to MDwise members. Below is a sample of the improvements/activities noted in 2016.

**NCQA Accreditation**
MDwise maintained NCQA Health Plan Accreditation for Hoosier Healthwise and Healthy Indiana. After submission of HEDIS and CAHPS results in 2016, MDwise was rated 3.5 out of 5 among Medicaid health insurance plans. Also, MDwise has maintained Case Management Accreditation for the Hoosier Healthwise (HHW) and Healthy Indiana Plans (HIP) expiring in 2018.

**The MDwise Pay for Outcomes (P4O) Program**
MDwise made two payments to provider groups in 2016. This was for their performance in both 2014 and 2015. This means that for future P4O payments, provider groups will be paid for their performance/outcomes in a timelier manner (i.e. payment in 2017 for performance in 2016).

- The awards for 2014 and 2015 performance recognized providers who performed well on these key measures:
  - Well child (0-15months; 3-6 years and 12-21 years).
  - Frequency of prenatal care.
  - Postpartum timeliness.
  - Adult preventive care.
  - 7-day follow-up after behavioral health inpatient stay.

**Patient Safety**
- **Member profiles:** MDwise has a member health profile portal that both PMPs and behavioral health providers can log into to view any appointments that members have had with other providers as well as prescriptions that have been filled. This profile is designed to improve the coordination of care between medical and behavioral healthcare.
- **MTM:** MDwise has contracted with a Medication Therapy Management (MTM) service provider through our Pharmacy Benefit Manager (PBM). Following a therapeutic medication review, potential issues around adherence, cost, treatment guidelines, safety and interactions were identified. Attempts were then made to contact members to discuss the findings and complete a Comprehensive Medication Review in which questions and concerns are addressed and resolved. The pharmacists then reach out to prescribers regarding interventions for change in medication therapy.

**MDwise Network Improvement Program (NIP)**
The Network Improvement Program continues to provide tools and guidance to delivery systems and their providers around improving HEDIS, CAHPS and OMPP performance measures. The NIP team representatives make sure their offices have the tools and feedback that they need to maintain their efforts.

**MDwise Rewards**
The MDwiseREWARDS program awards points to members for successfully obtaining preventive exams and screenings and much more. In total 13,995 members redeemed their points for a gift card in 2016.

**Behavioral Health Care**
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. 16 CMHCs worked with MDwise to improve rates for Well Care, Adult Preventive
Evaluation of MDwise 2016 Quality Improvement Program for Hoosier Healthwise and HIP – continued

Care, and diabetes screening for those with bipolar or schizophrenia. They have also instituted “best practice” around the Antidepressant Medication Management (AMM) measure and tobacco cessation. All the CMHCs participating in this project earned an incentive in 2016 for improving the number of their members who complied with required appointments.

MDwise Star Performers
MDwise Star Performer Awards were 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.

Below are examples of activities planned for 2017:

• Expand immunization outreach to members.
• Add flu shots and dental exams to the member MDwiseREWARDS program.
• ER outreach calls to members that use the ER for non emergent reasons.

• Expand messaging platform to include smart phones for members with advanced interactive capabilities.
• Implement pilot with CMHCs on opioid and alcohol use in pregnant women to impact NAS.
• Work with the Indiana Rural Health Association to implement telehealth in schools audit of the MDwise provider directory.
• Pilot project to outreach to providers with a notification of asthma and COPD patients with controller medication adherence issues.
• Improve Notification of Pregnancy (NOP) rates.
• Outreach to behavioral health facilities to improve follow-up visits within 7-days of a mental health hospitalization.
• Implement pay for outcome criteria for outpatient behavioral health providers.
• Establish and improve performance of new MDwise claims payer—Valence.

For a more detailed summary, please visit our website.

Evaluation of MDwise 2016 Quality Improvement Program for 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 MDwise QI Program is comprehensive and includes both the monitoring and evaluation of the delivery of clinical health care services, inclusive of medical, preventive, behavioral health services and administrative service issues that are relevant to MDwise members. Below is a sample of the improvements/activities noted in 2016.

NCQA Accreditation
MDwise maintained NCQA Health Plan Accreditation for MDwise Marketplace.

Patient Safety

• Member profiles:
  MDwise has a member health profile portal that both PMPs and behavioral health providers can log into to view any appointments that members have had with other providers as well as prescriptions that have been filled. This profile is designed to improve the coordination of care between medical and behavioral healthcare.
Evaluation of MDwise 2016 Quality Improvement Program for Marketplace – continued

**MTM:**
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The Network Improvement Program continues to provide tools and guidance to providers around improving HEDIS and CAHPS performance measures. The NIP team representatives make sure offices have the tools and feedback that they need to maintain their efforts.

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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. 16 CMHCs worked with MDwise to improve rates for Well Care, Adult Preventive Care, and Diabetes screening for those with Bipolar or Schizophrenia. They have also instituted “best practice” around the Antidepressant Medication Management (AMM) measure and tobacco cessation.

For a more detailed summary, please visit our website.

1-800-356-1204 or 317-630-2831
Hoosier Healthwise and HIP

1-855-417-5615
MDwise Marketplace

MDwise.org/providers

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