New Tools for E-Prescribing and Formulary Searching for HIP Providers

Starting in February 2015, pharmacy claims for MDwise HIP members are being processed by MDwise's pharmacy benefits manager (PBM), MedImpact. Providers and members can take advantage of several useful features and tools on MDwise.org. For this edition of the ProviderLink we are highlighting e-prescribing and searching for drugs in the MDwise HIP formulary. View our guide to e-prescribing and formulary searching to learn more about these new features.

Member Rights and Responsibilities

Medical care is based on scientific principles and on partnerships among the member, doctor, MDwise and other health care staff. MDwise is committed to developing these partnerships and recognizes that there are certain member rights and responsibilities that are critical to the success of this partnership and the provision of appropriate medical care. Please review the MDwise member rights and responsibilities statements:

- Hoosier Healthwise, HIP and Care Select member rights and responsibilities
- MDwise Marketplace member rights and responsibilities
Interpretation Services

MDwise members are eligible to receive interpretation services at no cost. This includes all foreign languages as well as sign language services. The legal foundation for language access lies in Title VI of the 1964 Civil Rights Act. The Health and Human Services (HHS) Office for Civil Rights is responsible for enforcing the Civil Rights Act and the Americans with Disabilities Act. They have issued guidance for providers to help clarify responsibilities. They suggest that given the nature and importance of health care services, health care providers have a special obligation to ensure language access for their patients. Once a health care provider accepts any federal funds (e.g., Medicare or Medicaid payments), the provider is responsible for providing language access to all of their patients.

Interpretation services can be provided by hiring an interpreter from a local or state organization that provides these services or through a number of language line options, many of which may be available through provider groups or hospital affiliations. Language options all have varied per minute (phone) or per hour (in-person) costs. If you do not have this resource or do not know how to obtain services for your patients, please contact your MDwise provider relations representative for assistance.

The use of family members and friends as interpreters is not recommended. It raises quality and confidentiality concerns. Here are a few examples of those concerns:

- Breach of confidentiality.
- Patients may be reluctant to disclose information critical to their situation/condition.
- Greater likelihood of medical errors.
- Mistakes in naming body parts.
- Family shame and other interfering issues.
- If inaccurate history is collected, inadequate treatment recommendations are made.

The use of professional, trained interpreters is critical. If you need additional information about accessing or use of interpretation services, please access the MDwise provider relations representative for assistance.

Potentially Preventable Readmissions

Many patients discharged from an inpatient stay find themselves back in the hospital within 30 days. Some of these readmissions are planned and others may be part of the natural course of treatment for specific conditions; but, increasingly, some hospital readmissions are being thought of as avoidable.

Patients covered by Medicaid who experience readmissions are likely to experience distinct challenges related to socioeconomic status. Risk factors such as medication nonadherence, post-discharge care environments and substance abuse comorbidities increase the risk of readmission among Medicaid patients.

Potentially preventable readmissions (PPRs) are estimated to contribute over $25 billion to wasteful health care spending annually in the United States. Reducing PPRs will have both economic and quality benefits for Medicaid beneficiaries and the Medicaid and CHIP programs.

The Agency for Healthcare Research and Quality is offering a free guide to help acute-care facilities expand their current Medicaid readmission efforts. The guide aims at helping health care facilities adapt or expand existing Medicaid readmission reduction efforts; develop a Medicaid reduction strategy using a road map with customizable online tools; comply with CMS’ Conditions of Participation requirements; and develop partnerships across other settings of the healthcare continuum.

Download the Hospital Guide to Reducing Medicaid Readmissions for use in your own organization.
News from MDwise Behavioral Health

MDwise has posted newly revised clinical practice guidelines for all types of psychological testing and new guidelines for PTSD for children/adolescents and adults. In addition, the behavioral health toolkit has been revised to include PTSD materials for members and providers. All of these materials can be found on our website at [MDwise.org/behavioralhealth](http://MDwise.org/behavioralhealth).

In 2014, MDwise behavioral health conducted its first member satisfaction survey with behavioral health services. For providers, several areas with a need for improvement were noted. There are key questions that have a strong relationship with overall satisfaction with behavioral health services and they are related to the provider’s delivery of services and timely access to care. These are the broad areas in need of improvement. MDwise is encouraging its behavioral health providers to focus on these key areas:

- Obtaining an appointment as soon as desired by the MDwise member. For routine issues, the MDwise standard is 10 business days. More urgent issues require appointments within 48 hours.
- Listening carefully to the member’s concerns.
- Explaining treatment and diagnosis in a manner that the member can understand.
- Showing respect to the member during appointments.
- Spending adequate time with the member during appointments.
- Increasing member involvement in the treatment process.

The member satisfaction survey will be conducted again in 2015 between July and September.

For primary care providers who have MDwise members receiving behavioral health services, you have been receiving profiles of these services on a quarterly basis via U.S. mail. Below is a sample profile:

The profile notes the behavioral health provider delivering the services, the type of service and diagnosis. At the bottom, the medications being prescribed for the member are listed. This profile is being provided in order to facilitate the coordination of care between behavioral health and primary care. MDwise is developing a provider portal that will contain this information and replace the paper copies sent in the mail. This portal is scheduled to go live in the second half of 2015.
Each year MDwise contracts with The Myers Group to conduct Consumer Assessment of Health Care Providers and Systems (CAHPS®) surveys on its Hoosier Healthwise adult and child members and Healthy Indiana Plan (HIP) members. The overall objective of the CAHPS® study is to capture information on MDwise members’ experiences with health care. Specifically, the objectives are to measure how well MDwise is meeting our members’ expectations and goals; to determine which areas of service have the greatest effect on our members’ overall satisfaction; and to identify opportunities for improvement. The majority of the ratings involve member feedback on their interaction with MDwise providers.

The Myers Group collected valid surveys from the eligible member population for Hoosier Healthwise and HIP from January through May of 2014. MDwise chose a mixed survey administration that included both mail and telephone. Once the survey is complete, The Meyers Group generates reports that compare MDwise to prior years and to other health plans. The National Committee for Quality Assurance (NCQA) utilizes these CAHPS® scores in determining accreditation status and health plan ranking.

**Highlights from the Surveys**

**Overall Scoring**

MDwise typically receives the highest scores in the Hoosier Healthwise child survey. Our lowest scores were on the Hoosier Healthwise adult survey. MDwise develops quality improvement strategies across all three programs to improve member satisfaction.

In 2014, the scores across all programs, compared to the previous year’s scores and to other health plans and indicate that there are opportunities in:

- Getting needed care (ease of getting care, tests, or treatment needed).
- How well doctors communicate.
- Coordination of care.
- Advising smokers and tobacco users to quit.
- Shared decision making (these questions were new to the survey in 2013 and are about doctors discussing medications with their patients).

<table>
<thead>
<tr>
<th>Type</th>
<th>Measure Focus</th>
<th>Category</th>
<th>Child Hoosier Healthwise 2014</th>
<th>Adult Hoosier Healthwise 2014</th>
<th>Adult HIP 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite summary rates</td>
<td>Provider</td>
<td>Getting needed care</td>
<td>86.6%</td>
<td>83.6%</td>
<td>84.5%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Getting care quickly</td>
<td>90.8%</td>
<td>82.7%</td>
<td>86.7%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>How well doctors communicate</td>
<td>93.0%</td>
<td>89.3%</td>
<td>91.2%</td>
</tr>
<tr>
<td></td>
<td>MDwise</td>
<td>Customer service</td>
<td>88.0%</td>
<td>89.0%</td>
<td>88.7%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Shared decision making</td>
<td>56.3%</td>
<td>50.3%</td>
<td>47.5%</td>
</tr>
<tr>
<td>Global ratings</td>
<td>Provider</td>
<td>Rating of personal doctor</td>
<td>71.1%</td>
<td>62.4%</td>
<td>64.6%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Rating of specialist</td>
<td>68.4%</td>
<td>56.9%</td>
<td>63.0%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Rating of health care</td>
<td>67.4%</td>
<td>49.7%</td>
<td>51.4%</td>
</tr>
<tr>
<td></td>
<td>MDwise</td>
<td>Rating of health plan</td>
<td>73.5%</td>
<td>55.9%</td>
<td>56.5%</td>
</tr>
<tr>
<td></td>
<td>Responses</td>
<td></td>
<td>1051</td>
<td>630</td>
<td>714</td>
</tr>
<tr>
<td></td>
<td>Response rate</td>
<td></td>
<td>38.2%</td>
<td>28.4%</td>
<td>54.9%</td>
</tr>
</tbody>
</table>

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Another important question on the adult member CAHPS® survey is whether the member smokes cigarettes or uses tobacco. The survey also asks the member if his or her provider has discussed cessation medications and strategies.

On the 2014 survey, MDwise members had the following responses:

<table>
<thead>
<tr>
<th>Category</th>
<th>Adult Hoosier Healthwise 2014</th>
<th>Adult HIP 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising smokers and tobacco users to quit</td>
<td>74.9%</td>
<td>83.4%</td>
</tr>
<tr>
<td>Discussing cessation medications</td>
<td>46.0%</td>
<td>55.8%</td>
</tr>
<tr>
<td>Discussing cessation strategies</td>
<td>46.0%</td>
<td>47.0%</td>
</tr>
</tbody>
</table>

The responses to these questions are considered when a health plan is accredited by NCQA. In addition, the Indiana Family and Social Services Administration set this as a pay for performance measure for the Hoosier Healthwise and HIP programs.

It is now time for the 2015 survey. From February through April of 2015, The Myers Group will collect valid surveys from the eligible MDwise member population for Hoosier Healthwise and the Healthy Indiana Plan.

### Requesting and Obtaining an Authorization for MDwise Marketplace

Quick reference guides and specific lists of services requiring prior authorization for medical review are distributed to the contracted providers by delivery system medical management staff and can also be found at [MDwise.org/forms/priorauthorization](http://MDwise.org/forms/priorauthorization).

The list of services requiring prior authorization is reviewed at least annually and updated as needed. For the most up-to-date and comprehensive list of services requiring prior authorization providers should contact their delivery system medical management department. See the MDwise Marketplace quick contact guide at [MDwise.org/quickcontact](http://MDwise.org/quickcontact) for contact information for each delivery system or call the MDwise provider relations department at 317.822.7300 ext. 5800.

Authorizations can be obtained from each delivery system by phone, fax, mail or delivery system online authorization tool (if available). Delivery system medical management contact information can be found on the MDwise Marketplace quick contact guide at [MDwise.org/quickcontact](http://MDwise.org/quickcontact).

### Valid Prior Authorization Requests

A valid prior authorization request is defined as one where:

- The request is initiated by the primary care provider (PCP/PMP), treating specialist, the treating provider or member.
- The member is enrolled with MDwise at the time of the service.
- The appropriate authorization form is completed for service requests.
- A physician prescription is included with a request for enteral formulas, infusion therapy and DME that requires authorization accompanies the request.
- Clinical documentation to support medical necessity is included in the request.

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Authorization Submission
For specific service requirements, see prior authorization guidelines at [MDwise.org/forms/priorauthorization](http://MDwise.org/forms/priorauthorization).

For faxed or mailed submission physical health providers should use the MDwise Marketplace prior authorization form, found on [MDwise.org/forms/priorauthorization](http://MDwise.org/forms/priorauthorization). There will be a separate MDwise Marketplace outpatient treatment request form for behavioral health providers. See the MDwise Marketplace quick contact guide for medical management phone and fax numbers.

Information submitted with a service request should include:

✓ Demographic information.
✓ Type of care.
✓ Frequency and duration (if applicable).
✓ Facility or provider.
✓ Diagnosis.
✓ Procedure.
✓ Date of service or onset date of services.
✓ Other pertinent clinical information to benefit coverage determinations.

Confirmation of Requested Authorizations
Network providers will obtain confirmation of received authorization requests and an authorization letter via fax or mail. Information provided will include the authorization identification number, authorization decision, number of days/visits and the duration approved or denied.

Only those requests made by the requesting servicing provider may be viewed by the requesting servicing provider. All requests are assigned an authorization identification number for tracking purposes independent of the approval status. It is imperative that providers validate the status of a specific authorization request.

All authorization decisions resulting in an adverse determination are also communicated to the requesting provider by phone and in writing.

A provider may request a copy of the criteria or guideline used to make a prior authorization denial decision by calling the telephone number indicated on the denial letter and asking the delivery system medical management staff for a copy of the criteria.
Prior Authorization and Referral Process for Hoosier Healthwise, HIP and Care Select

MDwise emphasizes the role of the primary medical provider (PMP) to guide members to the most appropriate treatment option and place of care. The PMP coordinates and oversees referrals to specialty care providers. MDwise medical management works to strengthen the link between the MDwise member and his or her PMP in an effort to coordinate care, prevent unnecessary utilization of services and ensure access to and utilization of needed medical care, including preventive care.

MDwise medical management facilitates PMP’s requests for authorization for primary and preventive care services, if an authorization is required, and assists PMPs in providing an appropriate referral for specialty services, second opinions, special needs and women’s services.

MDwise medical management functions are guided by specific policies and procedural steps to facilitate the review of a referral/authorization request based on the appropriateness of care and services for that individual member.

**General Information**

**Referral:** The label given to the process when the PMP determines that the member’s condition requires additional services provided by a provider other than a primary care physician.

**Prior Authorization (PA):** The actions taken, including review of benefit coverage and clinical information, to determine if the requested service meets the criteria for authorization.

**Authorization Requests:** Specific forms are available from medical management to submit for service authorization. The forms are to be completed by the requesting provider and any additional information the provider chooses to provide to support request.

**Please Note:** Incomplete forms or requests lacking required information to support the specific request will delay the authorization process.

**Service Types Requiring Prior Authorization:** Such services are grouped according to service type categories that include the following: physician services (in-network, out-of-network or non-contracted physicians); inpatient admissions; outpatient services/procedures; pharmacy; therapies, home health care, durable medical equipment; transportation; and self-referral services in accordance with IHCP requirements. These categories of services are listed in the MDwise prior authorization quick reference guides.

**Specific Authorizations by Federal and State Regulations:**

MDwise follows federal and state regulations related to authorizations of requests for second opinions, access to specialists for members with special needs and access to women’s health specialists for female members.

**Who To Contact To Obtain a Referral or Prior Authorization**

In the MDwise system, prior authorization is handled by the delivery system to which the patient’s doctor belongs. Providers should refer to the quick contact guide at MDwise.org/quickcontact for the phone numbers of their medical management staff.

Out-of-network providers can call the MDwise customer service department at 1.877.822.7196 or 317.822.7196 to be connected to the appropriate medical management staff.

**Quick Reference of Services Requiring Prior Authorization**

Quick reference guides and specific lists of services requiring prior authorization for medical review are distributed to the contracted providers by your delivery system medical management staff. The list of services requiring prior authorization is reviewed at least annually and updated as needed.

Medical management staff is available to discuss and assist the providers in understanding the prior authorization process. Providers can also access authorization information through the MDwise website as well as prior authorization forms at MDwise.org/forms/priorauthorization.

To ensure you have the latest and most comprehensive list of services requiring prior authorization, contact your medical management staff.

Prior authorizations for health care services can be obtained by contacting the medical management department by phone or fax. This information can be found in the quick contact guide at MDwise.org/quickcontact.

MDwise medical management identifies specific services and treatments that require prior authorization for medical necessity review based on several criteria, including federal and state regulations and policy. Many services and treatments available from MDwise in-network/delivery system providers do not require a medical review.
**CDC Vaccine Schedules App Announcement**

The following information is from an email announcement from the CDC:

CDC Vaccine Schedules app has been updated with the 2015 recommended immunization schedules and footnotes.

If you previously downloaded the 2014 app, you must download the 2015 version, release 2.0.1. Check your app store or app library for updates.

If you are new to the free Vaccines Schedules app, see instructions on downloading to iOS and Android devices at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html#download](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html#download).

This app is intended for health care professionals who recommend or administer vaccines. You can immediately access all CDC-recommended immunization schedules, tables and footnotes from your mobile device.

Optimized for tablets and useful on smartphones, the app visually mimics the printed schedules, which are reviewed and published annually. With two or three clicks you can identify the correct vaccine, dosage and timing.

To receive an email notice when this app and/or the immunization schedules are updated or changed, be sure to subscribe to immunization schedule email updates. (See [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html) and enter your email address for “Get email updates.”)