

## MDwise Achieves NCQA's Case Management Accreditation

MDwise recently earned the National Committee for Quality Assurance's (NCQA) Case Management Accreditation at the highest accreditation status for its Hoosier Healthwise and Healthy Indiana Plan programs.

Earning NCQA's Case Management Accreditation is an indication that a case management program is dedicated to care coordination, patient-centeredness and improving quality of care. The standards are intended to help organizations achieve the highest level of performance possible, increase adherence to care guidelines and create an environment of continuous improvement.

NCQA's Case Management Accreditation is a voluntary review process. Typically awarded to case management companies, MDwise is one of only two health plans in the nation to have earned the prestigious Case Management Accreditation honor.



## Patient Safety in Behavioral Health

Patient safety is an important consideration in any clinical setting. With recent violent events involving those with mental illness, there is an increased focus on behavioral health. Patient safety in the behavioral health setting involves both the patient and the provider. Facility safety plans must address keeping both patients and providers safe.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) published a list of national goals for behavioral health care in 2015. These goals include:

1. Identify individuals served correctly.
2. Use medicines safely.
3. Prevent infection.
4. Identify individuals served safety risks.

[View more detailed information on these goals.](#)

In an [article](#) written in 2011, the authors emphasize provider skills, preparation and training on safety practices and protocols. Providers' most valuable assets, according to the authors, are the ability to negotiate, an on-going awareness of occupational and personal safety and the ability to assess the treatment setting and surroundings. Safety processes and protocols must be built into policies and procedures for the facility.



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## Clinical Preventive Services Guidelines for Immunizations

Protection against vaccine-preventable disease at the earliest time possible is critical, especially for young children or other high-risk groups, for whom a disease can be especially serious. A recommendation by a patient's health care provider to receive recommended vaccines is a strong predictor of the patient actually receiving those vaccines. The Advisory Committee on Immunization Practices (ACIP), an advisory panel to the CDC, develops written recommendations for the routine administration of vaccines and publishes annual schedules regarding the appropriate timing, dosage and contraindications.

The ACIP recommends that health care providers should implement the immunization practice standards and routinely assess their patients' immunization status, strongly recommend the vaccines patients need, administer the vaccines or refer patients to a vaccinating provider and document vaccinations administered in state immunization information systems (vaccine registries) to increase vaccination rates and reduce illness, hospitalizations and deaths from vaccine-preventable diseases.

MDwise maintains clinical preventive services guidelines for immunizations based on the ACIP recommendations. [View the MDwise childhood and adolescent immunizations and adult health supervision preventive health practice guidelines on MDwise.org.](#)



## E-Prescribing, Formulary Searching and Exception Requests for MDwise Plans



Together with its pharmacy benefits managers (PBMs), MedImpact and PerformRx, MDwise provides physicians and other health care providers services to assist with the process of prescribing drug therapy for their patients. Prescribers have access to patient-specific prescription eligibility, medication history and basic formulary information

for consenting patients in both inpatient and outpatient settings. This exchange of essential intelligence between prescribers and the MDwise PBMs enables physicians to write an informed prescription at the point of care. The MDwise PBMs interface with e-prescribing connectivity vendors to deliver these services to physicians who treat MDwise members.

[View full article about e-prescribing and formulary searching and exception requests for MDwise plans.](#)

## Patient Safety: Health Literacy

Health literacy is defined in the Institute of Medicine report, [Health Literacy: A Prescription to End Confusion](#), as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." According to the 2008 National Assessment of Adult Literacy (NAAL), 38 percent of adults living in the United States (representing 81 million adults) either had limited health literacy or were unable to be measured because language barriers prevented participation in the assessment. Adults living at or below 125 percent of the federal poverty level (FPL) had a much lower average health literacy score than adults with higher income levels.

Health literacy impacts an individual's ability to successfully manage their health and health care. Research shows literacy is a stronger predictor of health status than age, income, employment status, education level or racial and ethnic group. Unfortunately, evidence shows that patients often misinterpret or do not understand much of the information given to them by clinicians.

### Some tips to improve interpersonal communication with patients:

- ✓ Slow down
- ✓ Use plain, non-medical language
- ✓ Show or draw pictures
- ✓ Limit the amount of information provided and repeat it
- ✓ Use the teach-back or show-me technique
- ✓ Create a shame-free environment and use patient friendly and culturally appropriate materials

Communication barriers caused by poor health literacy can lead to misunderstood health care instructions, prescriptions and appointment slips (no-shows), poor health outcomes and medical errors. For example, patients who must self-manage chronic diseases such as asthma or diabetes will have poorer outcomes if they cannot understand written instructions for using metered-dose inhalers or for monitoring and recording their own blood sugar levels; an infant with an ear infection will not benefit from treatment if her mother cannot understand that the antibiotic the clinic prescribed is to be given orally, not put in the child's ear.

### Additional information can be found in these health literacy resources:

- ✓ [Health literacy and patient safety: help patients understand \(AMA Video\)](#)
- ✓ [U.S. Department of Health and Human Services: Quick Guide to Health Literacy](#)
- ✓ [Joint Commission "What Did the Doctor Say?"](#)
- ✓ [AHRQ Health Literacy Universal Precautions Toolkit](#)
- ✓ [CDC Plain Language Thesaurus](#)



## MDwise Care Management Department Role and Referrals

MDwise members fall within a tremendous spectrum of health needs. Some suffer from multiple chronic health conditions requiring intensive and often complex treatment regimens. Others may be noncompliant with treatment, missing scheduled appointments or going to the emergency room for non-emergent care. The MDwise care management department works with all of our members to provide support and education to address health needs for all members along this spectrum.

Chronic health conditions and low health literacy often lead to debilitating health issues that acute medical services alone cannot alleviate. The MDwise care management department offers a diverse, intensive and coordinated approach to improving the health outcomes and quality of life for MDwise members. Our comprehensive care management model supports MDwise members, their primary medical providers (PMP), specialists and other caregivers to provide a multi-disciplinary approach, ranging from education and reminders to navigation and complex case management. This approach benefits members' health and supports the providers who are working for the best health outcomes.

Providers are encouraged to refer their patients for education when, in their judgment, the patient's health literacy is low or the behavior of their MDwise member is noncompliant. Both providers and caregivers may want to refer a member for coordination of care if a member is newly diagnosed with a condition, has an uncontrolled condition, has unmet psychosocial needs or may benefit from focused education. Care management and coordination of services through a single individual can lead to better health outcomes. Some reasons to refer a member to the MDwise care management department include:

- ✓ Multiple missed appointments.
- ✓ Pregnant members or infants missing the first scheduled appointment.
- ✓ Members newly diagnosed with a condition.
- ✓ Members not seeking provider-recommended or other necessary medical/preventive care.
- ✓ Inappropriate use of the emergency room.
- ✓ Poor medical and behavioral health self-management skills.
- ✓ Inappropriate use of out-of-network providers.
- ✓ Behavior that presents a security risk to others.
- ✓ Consistently not following medical recommendations in a manner that endangers the member's health.
- ✓ Members who demonstrate a poor understanding of their diagnoses and/or recommended treatment plan.
- ✓ Inappropriate utilization patterns of controlled substances.

Referring a member to the care management department is quicker and easier than ever. An electronic referral form is located on the [myMDwise](#) provider portal and allows providers, members, caregivers and family members to request case management, care management or disease management services. Once you are logged in to myMDwise, select the CM/DM form link. In response to provider feedback, the online referral form was recently moved from [MDwise.org](#) to the [myMDwise](#) secure provider portal. This change eliminated the need for closing and reopening the browser after submitting each individual referral.

Upon receipt of the referral, the MDwise care management staff will research the issue(s) and outreach directly to the member, providing individualized interventions unique to each referral. Multiple attempts are made to reach members; often providers and pharmacies are contacted to provide possible alternate member contacts. If members cannot be reached telephonically, the care management department will send written correspondence.

The care management department educates members and works alongside providers to reinforce treatment plans and improve health outcomes. By intervening directly with members, MDwise hopes to reduce the administrative burden faced by MDwise providers while at the same time improving member health outcomes and compliance.

## POWER Account Contributions

HIP Plus members make a financial contribution to their POWER Account that is applied toward medical, pharmacy prescription coverage and dental coverage. HIP Basic members make no contribution to their POWER Accounts. All HIP Members (Plus and Basic) contribute two percent of their gross annual family income (including POWER Account contributions and co-pays) to have the security of health insurance.

If a HIP member's total annual contribution (including POWER Account contributions and co-pays) exceed five percent of their gross annual income, the member will no longer be liable for contributions and co-payments. The five percent threshold evaluation is done quarterly. The contribution amount is dependent on income in relation to the U.S. federal poverty level (FPL).

The state calculates the individual's POWER Account contribution during the application process. Monthly contributions are also recalculated by the state throughout the benefit period as well as before a new coverage term begins (during redetermination), to account for any changes in the member's income. If some or all of a member's POWER Account balance is rolled over at the end of the coverage term, the monthly amounts of the member's POWER Account contribution during the new coverage term will be reduced by that account balance.

POWER Accounts are ultimately funded by both the state and the member in an amount equal to \$2,500. The state contributes to the member's POWER Account and members are also encouraged to seek contribution assistance from their employer or a non-profit organization. An employer or a

non-profit organization can assist with some or the member's entire POWER Account obligation. Employers or non-profit organizations interested in providing assistance can seek further information by accessing [MDwise.org/employer-nonprofit](https://MDwise.org/employer-nonprofit) or by calling MDwise customer service at 1-800-356-1204.

HIP Plus members must make their required contribution each month. MDwise provides a wide range of payment options for members to make sure that it is easy for them to make their contributions on time. Penalties for non-payment of contribution vary for members above or below 100 percent of FPL. If a member has a family income above 100 percent of the FPL and does not make a contribution within 60 calendar days of their grace period, coverage will be terminated. (Claims will be paid during this 60 day grace period.) If a member with a family income above 100 percent of the FPL loses their coverage because they failed to pay their contribution, they will be locked out of HIP and may not reapply for HIP for at least six months. Lockout exemptions do exist.

For members with family incomes below 100 percent of the FPL, participation in the HIP Plus plan is optional with the alternative choice being the HIP Basic plan. Members in this income range who miss required payments (initial or subsequent) would be placed into the HIP Basic plan instead of disenrollment. HIP Basic plan requires co-payments for all covered services except preventive care and members may not transfer to the HIP Plus plan until annual redetermination.



**1.800.356.1204 or 317.630.2831**

Hoosier Healthwise, HIP and  
Hoosier Care Connect

**1.855.417.5615**

MDwise Marketplace

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



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and tools for providers.**