ProviderLink

Your Quarterly Connection to Smart Solutions For MDwise Providers

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MDwise

Hoosier Healthwise • Healthy Indiana Plan
Hoosier Care Connect • MDwise Marketplace

Preventive Health Guidelines and Immunization Schedules Updated

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 for needed vaccines is a strong predictor of the patient receiving recommended 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. The MDwise Childhood and Adolescent Immunizations and Adult Health Supervision preventive health practice guidelines were recently updated and approved by the MDwise Medical Advisory Council. They are accessible on MDwise.org.

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.

In This Issue

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MDwise Care Management Department Role and Referrals

MDwise members fall along on 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 ER 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 or subsequent scheduled appointments.
- ✓ 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 MDwise website and allows providers, members, caregivers and family members to request case management, care management or disease management services. The form is located on the MDwise website at MDwise.org. We are pleased that provider offices are able to access this referral form through the secure provider portal.

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 and communicating with providers, MDwise hopes to reduce the administrative burden faced by MDwise providers while at the same time improving member health outcomes and compliance.

E-Prescribing, Formulary Searching and Exception (Prior Authorization) Requests for MDwise Plans

Together with its Pharmacy Benefits Manager (PBMs, MedImpact), 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 PBM enables physicians to write an informed prescription at the point of care. The MDwise PBM interfaces with e-prescribing connectivity vendors to deliver these services to physicians who treat MDwise members. To learn more about e-prescribing, formulary searching and exception requests click here.

Clinical Practice Guidelines

The following Clinical Practice Guidelines have been updated and are posted to our website at MDwise.org.

Attention Deficit Hyperactivity Disorder

Autism Spectrum Disorder

Depression in Adults

Depression in Children and Adolescents

Schizophrenia

We additionally have Clinical Practice Guidelines for the following diagnosis that are updated annually on our website at MDwise.org.

Anxiety Disorders in Children and Adults

Bipolar Disorder in Adults

Developmental Testing

Eating Disorders

Metabolic Status

Neuropsychological Testing

Psychological Testing

PTSD in Adolescents and Children

PTSD in Adults

Substance Use Disorders in Adults

Updated Claim Dispute Forms

Claim dispute forms and 2nd level claim dispute forms for Hoosier Healthwise, HIP, Hoosier Care Connect and MDwise Marketplace have been updated and posted to our website. They are available here.

POWER Account

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 copays) to have the security of health insurance.

If a HIP member's total annual contribution (including POWER Account contributions and copays) exceed five percent of their gross annual income, the member will no longer be liable for contributions and copayments. 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 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 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 copayments 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

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

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