For patients that use tobacco, providers are encouraged to screen, advise and counsel at every visit. Providers can seek reimbursement for tobacco cessation counseling using the following guidelines.

According to the Indiana Health Coverage Programs (IHCP) Provider Manual, the IHCP reimburses for tobacco cessation treatment services rendered by the following licensed practitioners participating in the IHCP:

- Nurse practitioner
- Pharmacist
- Physician
- Physician’s assistant
- Psychologist
- Registered nurse
- Dentist

The following practitioners cannot obtain an IHCP rendering NPI number and must bill under the supervising practitioner’s NPI number:

- Physician’s assistant
- Psychologist
- Registered nurse

Reimbursement
The IHCP reimburses tobacco cessation at one 12-week course of treatment per member per calendar year.

- Treatment may include prescription of any combination of tobacco cessation products and counseling.
- Providers can prescribe one or more modalities of treatment.
- Providers must include counseling in any combination of treatment.

Providers must order tobacco cessation treatment services to be reimbursed for the services. Practitioners ordering tobacco cessation services should maintain documentation about the order in the same manner used for other covered services.

The IHCP does not require prior authorization for tobacco cessation products or counseling.

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Tobacco Cessation Treatment Services for Hoosier Healthwise, HIP and Care Select continued

Smoking Cessation Treatment Services for MDwise Marketplace

MDwise Marketplace encourages our providers to discuss tobacco cessation with members. MDwise Marketplace covers tobacco cessation counseling services.

Smoking cessation treatment is available for two individual smoking cessation counseling treatments per member per calendar year. Prior authorization is not required for this treatment. In accordance with BCCP 23, preventive services, smoking cessation is considered a preventive benefit and thus member cost-sharing (e.g. copays) does not apply.

Each attempt may include a maximum of four intermediate and/or intensive sessions, with a total benefit covering up to eight sessions per year per member who uses tobacco. The provider and member have the flexibility to choose between intermediate (more than three minutes but less than 10 minutes) or intensive (more than 10 minutes) cessation counseling sessions for each attempt.

Smoking cessation services are to be billed with a primary diagnosis code of 305.1, tobacco use disorder or V15.82, history of tobacco use.

Smoking cessation counseling services are to be reimbursed using the following procedure codes:

- **99406**: Smoking and tobacco cessation counseling visit; intermediate, greater than three minutes, up to 10 minutes.
- **99407**: Smoking and tobacco cessation counseling visit patient; intensive, greater than 10 minutes.
- **G0436**: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than three minutes, up to 10 minutes.
- **G0437**: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes.

When MDwise Marketplace providers and practitioners furnish a service to the general public at no charge, including smoking cessation counseling services, they cannot receive reimbursement for that service. Treatment services must be prescribed by a licensed practitioner within the scope of license under Indiana law.

Counseling

Some important rules to remember:

1. When providers and practitioners furnish a service to the general public at no charge, including tobacco cessation counseling services, they cannot receive IHCP reimbursement for that service.

2. Ordering and rendering practitioners must maintain sufficient documentation of respective functions to substantiate the medical necessity of the service rendered and to substantiate the provision of the service itself.

3. One unit is 15 minutes of service. Providers should not round up to the nearest 15 minutes.
   a. Providers must perform counseling for a minimum of 30 minutes (two units) and a maximum of 150 minutes (10 units) within the 12 weeks.
   b. Providers must bill counseling in 15-minute increments.

For complete billing information please refer to the IHCP Provider Manual, chapter 8, section 4, pages 8–302.
With the recent outbreak of Ebola virus in West Africa, the virus has become a major talking point. Since the virus is so rare, many people do not understand it. Although treatment options are scarce, there are new vaccinations and medications currently under development.

Understanding Ebola Virus
The Ebola virus is divided into five different species, each of which differs in virulence. The Zaire species, which is the most virulent, is the one causing the recent outbreak. This is by far the largest outbreak of Ebola virus ever recorded. Person-to-person transmission occurs through direct contact through broken skin or mucous membranes with a sick person’s body fluids. As the virus replicates within the human body, it causes systemic inflammation as well as coagulation defects. This can lead to small clots all over the body. Much of the clotting factors in the blood are used up in these small clots. The decreased amount of clotting factors increases risk of hemorrhage throughout the body. The loss of blood along with organ failure is what makes Ebola so deadly.

Treatment
There is currently no approved vaccine or medication to treat the Ebola virus. Efforts to develop a vaccine have been underway for over 10 years. A few vaccines have proved effective in nonhuman primates, but none have been tested in humans until very recently. One promising vaccine began trials in a small sample of healthy human subjects in early September 2014. Preliminary results from these trials will hopefully be available by the end of 2014.

The current treatment strategy for patients infected with the Ebola virus consists of supportive care, as symptoms are treated as they appear. Other basic stabilizing treatments include: providing intravenous fluids and balancing electrolytes, maintaining oxygen status and blood pressure and treating other infections as they occur. Medications to actually treat the virus have also been under development for some time. No medications have been studied in humans for safety and efficacy, but as the virus continues to be a menace, many different agents are getting their trial runs.

Zmapp
Zmapp is perhaps the most promising antiviral medication targeted against the Ebola virus. It is being developed by Mapp Biopharmaceutical Inc. It is composed of a cocktail of three different man-made monoclonal antibodies against Ebola and is grown in tobacco plants. It is given as an infusion over 12 hours. These humanized antibodies provide passive immunity to the virus by directly interacting with it. Zmapp has not undergone clinical trials in humans, but has proven effective in monkeys. It was first identified as a drug candidate in January 2014. During the current Ebola outbreak, Zmapp saw its first use in human patients.

The FDA approved its use in two American health workers who contracted Ebola while working in Liberia. Kent Brantly received the first dose nine days after becoming ill. Prior to beginning treatment with Zmapp, he had also received a blood transfusion from a boy who had survived Ebola. Nancy Writebol was also treated with Zmapp. Both patients were released from Emory University Hospital in Atlanta on August 21, 2014.

Liberia was able to secure enough Zmapp to treat three doctors who had been infected. One of the doctors died despite treatment and the other two recovered and were discharged on August 30, 2014.

A nurse from the U.K. working in Sierra Leone became infected with the Ebola virus. He was flown back to the U.K. and received Zmapp while still in the early stages of the disease. He recovered and was discharged September 3, 2014.

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Treatment Developments for Ebola Virus continued

Current
Recently, the first American, Thomas Duncan, was found to have come down with the Ebola virus on U.S. soil. Unfortunately, according to health officials, “There were a very small number of those doses [of ZMapp] in the world and they are all gone.” Consequently, two new drugs are going to be thrown into the fight against Ebola. TKM-Ebola by Tekmira Pharmaceuticals (which was also used in aforementioned patient, Kent Brantly) and Brincidofovir by Chimerix Biopharmaceutical Company (previously used against cytomegalovirus but has successfully treated Ebola in lab tests) have been permitted for emergency use by the FDA. Safety and efficacy in humans will be determined firsthand, as this patient attempts to recover from this deadly virus.

Future
With the current outbreak in West Africa getting worse and the virus actually hitting American soil, development in the treatment of Ebola has been put on the fast track. U.S. health officials have announced a $25 million contract with Mapp Biopharmaceutical to begin trials and ramp up production of Zmapp. Additionally, other manufacturers of experimental Ebola treatments around the world are also gaining funding to increase production and get clinical trials in motion. Last, but potentially most important, the NIH is also beginning clinical trials for an actual Ebola vaccine, which will be something to watch.

MDwise Medical Management Decisions
Medical management makes prior authorization decisions based on the appropriateness of care and services and the availability of benefits. Practitioners with the authority to make denial decisions are not rewarded for issuing denials of coverage. Financial incentives are not used to encourage medical management decisions that result in under-utilization.
MDwise Disease Management Services for Hoosier Healthwise, HIP and Care Select

People with chronic conditions generally use more health care services, including physician visits, hospital care and prescription drugs compared with the average population. Disease management programs aim to provide better care while reducing the costs of caring for the chronically ill. Disease management programs are designed to improve the health of individuals with specific chronic conditions and to reduce health care service use and costs associated with avoidable complications, such as emergency room visits and hospitalizations.

INcontrol is the MDwise disease management program, specially designed for patients with chronic conditions and special health care needs. Our program is developed in accordance with disease-specific, scientifically-based standards and guidelines. The MDwise INcontrol team is here to reinforce the messages you provide in your office. Members may need additional support to be successful in following your prescribed medical regimen. MDwise uses interventions such as counseling, education and appointment reminder systems to support our members who are dealing with chronic conditions.

Participation in the MDwise disease management program is voluntary. A member may choose to opt out or decline participation in the program. However, for high-risk members who elect to opt out, MDwise may contact the member’s primary medical provider (PMP) to encourage his or her patient to participate.

As a provider, you do not need to do anything to use our disease management services. Members with one of the following qualifying diagnoses are automatically enrolled in the INcontrol program:
- Attention deficit hyperactivity disorder
- Asthma
- Autism spectrum disorder
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Depression
- Diabetes
- Diabetes with comorbid hypertension
- Pregnancy

While members are mainly identified for enrollment in the INcontrol program through medical and pharmacy claims analysis, as a health care provider we welcome you to refer your MDwise patients to the INcontrol program. You can do so by calling 1-800-356-1204 or by using our online Case Management/Disease Management Referral Form.

The MDwise INcontrol program is available to assist providers with achieving positive health outcomes for our members with chronic conditions through the following interventions:
- Educate members about their disease(s), coping strategies and how they can better self-manage their condition(s).
- Encourage and empower members to understand their condition and monitor their symptoms more effectively, use medications properly and modify their behavior to include healthy lifestyle choices.
- Actively monitor members’ clinical symptoms, treatment plans and adherence to evidence-based guidelines.
- Coordinate care for members among all providers, including PMP, specialists, behavioral health providers, ancillary providers, hospitals, laboratories and pharmacies.
- Connect members with support groups or community programs that provide continuing education and counseling.
- Provide general coordination of care for recommended preventive services, including vaccinations and condition-specific screenings.
- Provide feedback on individual members and support to PMPs about their members’ status between office visits.
- Provide physicians with practice guidelines, based on clinical evidence, to ensure consistency in treatment across the targeted population.

Be in control of your health
General Practices for Medical Records for Hoosier Healthwise, HIP and Care Select

Consistent and complete documentation in the medical record is an essential component of quality patient care. MDwise providers are responsible for establishing and maintaining medical records for each member that are consistent with current professional and accreditation standards and requirements as established in 42 CFR 431.305 and 405 IAC 1-5 and MDwise policies and procedures.

Medical records are to be maintained in a manner that is current, detailed, organized and permits effective and confidential patient care and quality review. Medical records are required to reflect all services provided directly by the PMP and are to include all ancillary services, diagnostic tests and therapeutic services ordered or referred by the PMP (e.g., specialty physician’s reports, x-ray reports).

All MDwise participating provider offices must have defined, written practice guidelines for:

1. Maintaining confidentiality of patient information.
2. Release of information (form/process).
3. Telephone encounters (includes physician notification and documentation in medical record).
4. Filing/tracking of medical records within the office/system.
5. Organization of medical records.
6. Protection of records from public access.
7. Maintenance of record for each individual patient.
8. Patient record available at each encounter.
9. Requesting records of care received as inpatient (hospital discharge summary), in ER or as outpatient.
10. Providing copy of patient’s medical record upon reasonable request by member at no charge.
11. Facilitating the transfer of patient’s record to another provider at the member’s request.
12. Facilitating communication between primary care physician and behavioral health provider.
13. Maintenance of records for at least seven years.

Medical Record Review Criteria:

1. Patient name or ID number on each page of record.
2. Personal/biographical data are present in record (address, employer, home and work phone number, marital status).
3. Entries are signed by authorized personnel (author identification may be handwritten signature, unique electronic identifier or initials).
4. All entries are dated.
5. The record is legible to someone other than the writer.
6. Significant illnesses and medical conditions are indicated on problem list.
7. Current medication list is maintained and easily accessible.
8. Allergies and adverse reactions are prominently noted in record. If member has no known allergies or adverse reactions, notation of such is documented in record.
9. Past medical history (for patients seen three or more times) is noted and easily identified. History notation includes serious accidents, operations and illnesses. For children and adolescents (18 years and younger), history relates to prenatal care, birth, operations and childhood illnesses.
10. Information regarding use of tobacco, alcohol and substance abuse for patients 10 years and older is documented in record.
11. Record (history and physical exam) identifies appropriate subjective and objective information pertinent to presenting complaint(s).
12. Labs and other studies are ordered as appropriate.
13. Working diagnoses are consistent with findings.
14. Treatment plans and plans of action are consistent with diagnoses.
15. Encounter form or notes have a notation, when indicated, regarding follow-up care, calls or visits. The specific time is noted in days, weeks, months or as needed.
16. Unresolved problems from previous visits are addressed in subsequent visits.
17. There is evidence of appropriate utilization of consultants/specialists (review of under- and over-utilization).
18. Record contains consultant note whenever consultation is requested.
19. Consultation, lab and imaging reports filed in the chart reflect review of ordering practitioner by evidence of such person’s initials on reports.
20. Record includes reports of specialty referrals, inpatient (discharge summary), emergency care and outpatient services (diagnostic and ancillary services).
21. There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.
22. Immunization record for children is up to date or an appropriate history noted for adults.
23. There is evidence that preventive screening and services are offered in accordance with the practice/preventive care guidelines.
24. Discussion and documentation of advanced directives for every patient 21 years and older. If an advance directive has been executed, a copy should be present in the medical record.
25. Missed appointments and any follow-up activities are documented in the medical record.
Pharmacy Services for Hoosier Healthwise and HIP

The MDwise pharmacy benefit for Hoosier Healthwise and the Healthy Indiana Plan (HIP) is administered by the State of Indiana Office of Medicaid Policy and Planning through its pharmacy claims processor, Catamaran Corporation. Members are able to get their prescription supplies of covered pharmacy products through pharmacy providers and durable related medical supply providers that are contracted in the Indiana Health Coverage Programs (IHCP) network. Complete details of the State’s pharmacy benefit can be found in Chapter 9 of the IHCP Provider Manual.

The pharmacy benefit is comprehensive and is defined by the State Plan and approved by the Centers for Medicare and Medicaid Services (CMS). The coverage limitations of the pharmacy benefit and reimbursement to pharmacy providers are set out in the IHCP rule 405 IAC 5-24. Prescribing providers are to use the Indiana Medicaid preferred drug list (PDL) when determining prescribing options for the treatment of medical conditions presented in MDwise members.

While the state plan’s prescription drug benefit is comprehensive, members should always have a medical justification for drug therapy. A prescriber that determines drug therapy is necessary to treat a member’s medical condition should complete a drug order or prescription, regardless of whether or not the service is a legend drug product or an over-the-counter drug product. Legend drug products are covered as long as the drug is:

- Approved by the U.S. Food and Drug Administration (FDA).
- Not designated as a less than effective or identical, related or similar to a less than effective drug.
- Subject to the terms of a rebate agreement between the drug manufacturer and CMS.
- Not specifically excluded from coverage by Indiana Medicaid for being an anorectic or agent used to promote weight loss; topical minoxidil preparation; fertility enhancement drug; or a drug prescribed solely or primarily for cosmetic purposes.

Preferred Drug List

The state’s pharmacy benefit includes coverage of most legend drugs and certain over-the-counter drugs that are listed on the state’s over-the-counter (OTC) drug formulary. Prescribing providers should refer to the most current version of either the PDL or OTC drug formulary on the Indiana Health Coverage Programs PBM website at https://inm.providerportal.catamaranrx.com/providerportal/faces/PreLogin.jsp.

While most outpatient prescription and OTC drug products are covered services in the state pharmacy benefit program, other drug-related services may require approval and billing to the MDwise plan directly. Those drug-related services include procedure-coded drugs billed by providers other than the IHCP pharmacy network, most medical supplies and medical devices and enteral or oral nutritional supplements. Providers should contact the MDwise provider relations department for information about requirements surrounding the coverage and submission of claims for these services.

The state’s prescription drug benefit program strives to have system edits in place whenever possible to enforce program policy and parameters. However, it is not systematically possible to have edits for each and every dispensing situation. Pharmacy providers must ensure that services rendered to MDwise members are covered by the program, rendered in accordance with pharmacy practice law and all other applicable laws and do not exceed any established program limits. Payments that may result from a pharmacy provider’s failure to exercise due diligence in this regard are subject to recoupment.

Prior Authorization

Information about authorization requirements for drugs requiring prior authorization (PA) can be found at https://inm.providerportal.catamaranrx.com/providerportal/faces/PreLogin.jsp or by calling 1-855-577-6317. PA request forms are available at provider.indianamedicaid.com. Pharmacy providers and prescribing practitioners should direct any PA-related questions or requests to Catamaran. The Catamaran clinical/technical help desk number is 1-855-577-6317.
Indiana Care Select Pharmacy Benefits

The pharmacy benefit for Care Select members in the MDwise plan includes those drug products that are listed on:

- The Indiana Health Coverage Programs (IHCP) preferred drug list (PDL).
- The over-the-counter (OTC) drug formulary.

The PDL is not intended to show all drugs covered by the IHCP

Some drug classes are purposefully not shown on the PDL and most drugs in those classes are covered by the IHCP and do not require prior authorization. Legend drug products that are listed as non-preferred in the IHCP PDL require prior authorization.

The IHCP PDL and OTC drug formulary can be found on the IHCP PBM website at https://inm.providerportal.catamaranrx.com/providerportal/faces/PreLogin.jsp.

Pharmacy Drug List/Formulary Changes for MDwise Marketplace

From time to time changes are made to the list of drugs that are covered and how they’re covered. This includes drugs added to the list, removed from the list and changes in restrictions related to prior authorization, step therapy, age limit, gender limit and quantity limits. To search for information about drugs and how they’re covered please visit MDwise.org/providers/marketplace/pharmacy.

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