Updated Clinical Practice Guidelines

Updated clinical practice guidelines are available on the MDwise website. The following clinical practice guidelines were revised according to the latest evidence-base and were recently approved by the Medical Advisory Council:

- Asthma.
- Chronic obstructive pulmonary disease (COPD).
- Diabetes.
- Tobacco use and dependence.
- Anxiety disorder.
- Bipolar disorder.
- Eating disorders.
- Metabolic status.
- Substance abuse.

They are available at MDwise.org/guidelines.

We appreciate you!

MDwise appreciates your hard work and dedication as part of our provider network. MDwise values your participation as you provide quality of care to our MDwise members throughout 2015 and for years to come.
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 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
- 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 primary medical providers 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.
Provider Rights and Responsibilities for MDwise Marketplace

MDwise Marketplace does not prohibit or restrict network providers acting within the lawful scope of practice from advising or giving treatment options, including any alternative treatment. To ensure effective relationships and to be consistent with our joint commitment to enhance the quality of life for all MDwise Marketplace members regardless of MDwise Marketplace health plan, we require network providers to:

1. Accept MDwise Marketplace members as patients to the extent other health plan members are accepted.
2. Make members aware of all available care options, including clinical care management through MDwise Marketplace.
3. Treat MDwise Marketplace members as equals to all other patients.
4. Be active participants in discharge planning and/or other coordination of care activities.
5. Comply with medical records requirements relative to proper documentation and storage, allowing access for review by individuals acting on MDwise Marketplace behalf and supporting appropriate medical record information exchange at a provider and/or member’s request.
7. Remain in good standing with local and/or federal agencies.
8. Be responsive to the cultural, linguistic and other needs of MDwise Marketplace members.
9. When applicable, inform members of advanced directive concurrent with appropriate medical records documentation.
10. Coordinate care with other providers through notification of findings, transfer of medical records, etc., to enhance continuity of care and optimal health. Report findings to local agencies as mandated and to MDwise Marketplace when appropriate.
11. Promptly notify MDwise Marketplace of changes in their contact information, panel status and other relevant provider enrollment information.

12. Respect and support MDwise Marketplace members’ rights and responsibilities.
13. Of equal importance, MDwise Marketplace providers have the right to:
a. Receive written notice of network participation decisions.
b. Exercise their rights and other options as defined within this manual and/or the MDwise Marketplace provider agreement.
c. Communicate openly with patients about diagnostic and treatment options.
d. Expect MDwise Marketplace adherence to credentialing decisions as defined earlier in this section of the manual.
MDwise requires the hours of operation that practitioners offer to Medicaid members to be no less than those offered to commercial members.

Medicaid law requires the organization to ensure that network practitioners offer hours of operation that are no less, in number or scope, than the hours of operation offered to non-Medicaid members.

If the provider serves only Medicaid recipients, hours offered to Medicaid managed care enrollees must be comparable to those for Medicaid fee-for-service members.

NCQA reviews MDwise's materials (e.g., practitioner contract templates, practitioner manual, practitioner newsletters) for language that the practitioner’s hours of operation are not less for Medicaid patients than for non-Medicaid patients.

MDwise is now offering a new service to Healthy Indiana Plan providers. Using the MDwise Prepayment Tool on myMDwise, providers can get prepayment for services rendered up front.

Benefits of using the MDwise Prepayment Tool

- Providers get prepayment for services rendered.
- Members have accountability and visibility to their health care costs.
- The new tool helps providers identify what services require prior authorization.
- There are no additional costs or equipment required to use this tool.

Provider types that can use the MDwise Prepayment Tool include the following:

- Behavioral health providers.
- Health clinics.
- Physician offices.
- Vision providers.
- Dental providers.*

*Note: Dental providers can use the MDwise Prepayment Tool and provide member receipts using the DentaQuest system, however they will not receive direct payment from the POWER Account.

Learn more about how to sign up for this new service today.

If you have questions, please contact MDwise provider relations at 317-822-7300 ext. 5800.
2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for Hoosier Healthwise and Healthy Indiana Plan

MDwise contracts with a National Committee for Quality Assurance (NCQA) certified and Centers for Medicare & Medicaid Services (CMS) approved CAHPS vendor, SPH Analytics formerly known as 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.

SPH Analytics collected valid surveys from the eligible member population for Hoosier Healthwise and HIP from February through May of 2015. It is a mixed survey administration that included both mail and telephone. New in 2015, was a link provided to adult respondents that allowed them to complete the survey online. Once the survey is complete, SPH generates reports that compare MDwise to prior years and to other health plans. 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 2015, the scores across all programs, compared to previous year scores and to other health plans, indicate that there are opportunities in:

- Getting needed care.
- Getting care quickly.
- Customer service.
- Health promotion and education.

<table>
<thead>
<tr>
<th>Type</th>
<th>Measure Focus</th>
<th>Category</th>
<th>Child Hoosier Healthwise 2015</th>
<th>Adult Hoosier Healthwise 2015</th>
<th>Adult HIP 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Summary Rates</td>
<td>Provider Getting Needed Care</td>
<td>Getting Needed Care</td>
<td>85.1%</td>
<td>81.6%</td>
<td>83.7%</td>
</tr>
<tr>
<td></td>
<td>Provider Getting Care Quickly</td>
<td>Getting Care Quickly</td>
<td>91.2%</td>
<td>77.7%</td>
<td>81.6%</td>
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<tr>
<td></td>
<td>Provider How Well Doctors Communicate</td>
<td>How Well Doctors Communicate</td>
<td>93.5%</td>
<td>88.5%</td>
<td>90.6%</td>
</tr>
<tr>
<td></td>
<td>MDwise Customer Service</td>
<td>Customer Service</td>
<td>88.5%</td>
<td>79.5%</td>
<td>89.0%</td>
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<tr>
<td></td>
<td>Provider Shared Decision Making</td>
<td>Shared Decision Making</td>
<td>79.9%</td>
<td>79.7%</td>
<td>79.5%</td>
</tr>
<tr>
<td>Global Ratings</td>
<td>Provider Rating of Personal Doctor</td>
<td>Rating of Personal Doctor</td>
<td>71.1%</td>
<td>59.2%</td>
<td>64.7%</td>
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<tr>
<td></td>
<td>Provider Rating of Specialist</td>
<td>Rating of Specialist</td>
<td>71.1%</td>
<td>62.8%</td>
<td>64.5%</td>
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<tr>
<td></td>
<td>Provider Rating of Health Care</td>
<td>Rating of Health Care</td>
<td>66.1%</td>
<td>51.6%</td>
<td>51.4%</td>
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<td></td>
<td>MDwise Rating of Health Plan</td>
<td>Rating of Health Plan</td>
<td>72.0%</td>
<td>53.5%</td>
<td>56.5%</td>
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<td></td>
<td>Responses</td>
<td>Response Rate</td>
<td>965</td>
<td>638</td>
<td>648</td>
</tr>
<tr>
<td></td>
<td>Response Rate</td>
<td></td>
<td>35.4%</td>
<td>28.7%</td>
<td>49.1%</td>
</tr>
</tbody>
</table>
Another important question on the adult member CAHPS survey is whether the member smokes cigarettes or uses tobacco. Adult respondents indicated that they used tobacco at a rate of 34 percent. The survey also asks the member if their provider has discussed cessation medications and strategies.

<table>
<thead>
<tr>
<th>Category</th>
<th>Adult Hoosier Healthwise 2015</th>
<th>Adult HIP 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising Smokers and Tobacco Users to Quit</td>
<td>71.6%</td>
<td>83.6%</td>
</tr>
<tr>
<td>Discussing Cessation Medications</td>
<td>39.4%</td>
<td>57.9%</td>
</tr>
<tr>
<td>Discussing Cessation Strategies</td>
<td>39.4%</td>
<td>49.7%</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 Outcomes measure for the Hoosier Healthwise and HIP programs.