Updated Clinical Practice Guidelines

Updated Clinical Practice Guidelines (CPGs) are available on the MDwise website. The following clinical practice guidelines were revised according to the latest evidence base and approved by the Medical Advisory Council.

Behavioral Health Clinical Practice Guidelines:
- New! Postpartum Mood Disorder.
- Attention Deficit Hyperactivity Disorder.
- Anxiety disorders in children and adults.
- Autism Spectrum Disorder (formerly Pervasive Developmental Disorders).
- Bipolar disorder in adults.
- Developmental testing.
- Eating disorders.
- Depression in adults.
- Depression in children and adolescents.
- Monitoring the metabolic status in patients prescribed atypical anti-psychotic and anti-psychotic medications.
- Neuropsychological testing.
- Post-Traumatic Stress Disorder in adults.
- Post-Traumatic Stress Disorder in children and adolescents.
- Psychological testing.
- Substance use disorder in adults.
- Schizophrenia.

Clinical Health Guidelines:
- Chronic Kidney Disease.
- Hypertension.

They are available here.

Visit MDwise.org/providers for additional information and tools for providers.
General Practices for Medical Records for Providers

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 and 405 & 410 IAC 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.
Opioid Utilization Management Initiative

The State and the three managed care entities (MCEs) that service Indiana Medicaid members (both HIP and HCC) have developed utilization management criteria to address the growing epidemic of opioid misuse, abuse and addiction. Fee-For-Service Medicaid (OptumRx) has had these new opioid UM criteria in place for some weeks and the Indiana Medicaid MCEs are following suit in cooperation with the State.

This universal opioid UM initiative is being rolled out in a phased approach and will be complete by January 1, 2017.

MDwise will administer opioid UM in three phases:

- **Phase 1 effective October 17, 2016.**
  - Applies to new users of short-acting opioids (defined as those who do not have utilization in a 45 day lookback period); members with claims history within the 45 day lookback period are grandfathered.
  - Limits total daily dose of short-acting opioids to 60MED.
  - Maximum of 7 days supply per dispensing.
  - Maximum of 14 days supply in a 45 day timeframe.
  - PA would only be required to go beyond these limits.

- **Phase 2 effective November 16, 2016.**
  - Limits members to no more than one long-acting and one short-acting opioid concurrently.
  - Members with claims history of use of more than one short-acting and one long-acting will be allowed continuity of care for 6 months in order to make appropriate adjustments to therapy or submit for PA.

- **Phase 3 effective November 28, 2016.**
  - PA required for all new starts of long-acting opioids.
  - Members with claims history of existing long-acting opioids will be grandfathered.

For all phases, a PA process will allow for medical necessity review. Exceptions will be granted for specific populations (e.g., post-surgical pain, cancer, sickle cell disease, palliative care) under certain circumstances.

MDwise has created an opioid-specific medication request form (MRF) to aid prescribers in obtaining PA for their patients. Providers may access this form on our website.

Hours of Operation Parity for Hoosier Healthwise, HIP and Hoosier Care Connect

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 (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.

Affirmative Statement about Incentives

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 underutilization.
2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect.

MDwise contracts with a National Committee for Quality Assurance (NCQA) certified and Centers for Medicare & Medicaid Services (CMS) approved CAHPS® vendor, SPH Analytics, to conduct Consumer Assessment of Health Care Providers and Systems (CAHPS®) surveys on its Hoosier Healthwise and Hoosier Care Connect adult and child members and Healthy Indiana Plan (HIP) adult 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, HIP and Hoosier Care Connect from February through May of 2016. It is a mixed survey administration that includes both mail and telephone. A link was also provided to 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 health plan accreditation status and rating.

**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 programs to improve member satisfaction.

In 2016, the scores across all programs, compared to previous year scores and to other health plans, indicate that there are opportunities in:

- Getting care quickly.
- Customer service.
- Health promotion and education.
- Rating of personal doctor.
- Rating of specialists.
- Rating of health care.
- Rating of health plan.

<table>
<thead>
<tr>
<th>Type</th>
<th>Measure Focus</th>
<th>Category</th>
<th>Child Hoosier Healthwise 2016</th>
<th>Adult Hoosier Healthwise 2016</th>
<th>Adult HIP 2016</th>
<th>Child Hoosier Care Connect 2016</th>
<th>Adult Hoosier Care Connect 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite</td>
<td>Provider</td>
<td>Getting Needed Care</td>
<td>87.1%</td>
<td>80.6%</td>
<td>82.3%</td>
<td>85.9%</td>
<td>83.7%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Getting Care Quickly</td>
<td>92.3%</td>
<td>77.7%</td>
<td>82.4%</td>
<td>93.3%</td>
<td>82.2%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>How Well Doctors</td>
<td>94.1%</td>
<td>92.8%</td>
<td>89.8%</td>
<td>93.7%</td>
<td>89.2%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Communicate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDwise</td>
<td>Customer Service</td>
<td></td>
<td>87.7%</td>
<td>85.2%</td>
<td>83.3%</td>
<td>86.3%</td>
<td>86.0%</td>
</tr>
<tr>
<td>Provider</td>
<td>Shared Decision Making</td>
<td></td>
<td>78.9%</td>
<td>79.5%</td>
<td>83.0%</td>
<td>83.0%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Global Ratings</td>
<td>Provider</td>
<td>Rating of Personal Doctor</td>
<td>74.8%</td>
<td>65.0%</td>
<td>61.0%</td>
<td>74.8%</td>
<td>67.4%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Rating of Specialist</td>
<td>68.0%</td>
<td>69.8%</td>
<td>60.2%</td>
<td>68.4%</td>
<td>67.9%</td>
</tr>
<tr>
<td></td>
<td>Provider</td>
<td>Rating of Health Care</td>
<td>69.6%</td>
<td>52.0%</td>
<td>46.5%</td>
<td>59.4%</td>
<td>53.0%</td>
</tr>
<tr>
<td>MDwise</td>
<td>Rating of Health Plan</td>
<td></td>
<td>69.4%</td>
<td>52.2%</td>
<td>56.6%</td>
<td>61.0%</td>
<td>60.1%</td>
</tr>
<tr>
<td>Responses</td>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Response Rate</td>
<td></td>
<td></td>
<td>20.10%</td>
<td>12.40%</td>
<td>18.70%</td>
<td>16.40%</td>
<td>32.10%</td>
</tr>
</tbody>
</table>

*continued on the next page*
2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect. – Continued

Another important question on the adult member CAHPS survey is whether the member smokes cigarettes or uses tobacco. 16 percent of Hoosier Healthwise adult respondents indicated that they used tobacco, while 41 percent of HIP adults and 47 percent of Hoosier Care Connect adults reported using. It is important to note that most adults in the Hoosier Healthwise program are now pregnant women. The survey also asks the member if their provider has discussed cessation medications and strategies.

On the 2016 survey, MDwise members had the following responses:

<table>
<thead>
<tr>
<th>Category</th>
<th>Adult Hoosier Healthwise 2016</th>
<th>Adult HIP 2016</th>
<th>Adult Hoosier Care Connect 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising Smokers and Tobacco Users to Quit</td>
<td>71.3%</td>
<td>79.7%</td>
<td>83.5%</td>
</tr>
<tr>
<td>Discussing Cessation Medications</td>
<td>35.7%</td>
<td>54.2%</td>
<td>57.3%</td>
</tr>
<tr>
<td>Discussing Cessation Strategies</td>
<td>36.0%</td>
<td>52.0%</td>
<td>51.5%</td>
</tr>
</tbody>
</table>

The above data supports the need for tobacco cessation counseling. Physicians can directly refer a patient to the Indiana Tobacco Quitline. Fax forms can be found on the MDwise website. You can get additional information about the Quitline at quitnowindiana.com or call the Tobacco Prevention and Cessation Commission at the Indiana State Department of Health at 317-234-1787.

MDwise Member and Provider Race, Ethnicity and Language Data

Membership data:
MDwise reviews member demographics in order to better understand the MDwise membership’s language and cultural needs. It is important to share with the MDwise provider network.

Language
MDwise obtains member language data in two ways. Data comes on an enrollment file sent by the state (Spanish language only is identified) and data directly collected by MDwise Customer Service during the health risk screening process for new enrollees. We are collecting language information on only 2.8 percent of our Hoosier Healthwise (HHW), 28.1 percent of our Healthy Indiana Plan (HIP) and 23.3 percent of our Hoosier Care Connect (HCC) membership. English is not specified on the state enrollment file which contributes to the low overall percentage collected. The top five languages, other than English, for HHW, HIP and HCC members are:

- Spanish
- Burmese
- Arabic
- Karen
- Chin
- Vietnamese (HIP)
- Chinese (HCC)
- Gujarati (HCC)
- Punjabi (HCC)

Other languages were reported, although they were reported spoken by 12 members or less.
MDwise Member and Provider Race, Ethnicity and Language Data – Continued

Race/Ethnicity

We have also compiled race and ethnicity data on current members from information received by the state enrollment file and that collected directly through the health risk screener. We currently collect over 99 percent of race/ethnicity on the MDwise HHW, HIP and HCC membership. Here are the results:

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Hoosier Healthwise Members</th>
<th>Healthy Indiana Plan Members</th>
<th>Hoosier Care Connect Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian /White Non-Hispanic</td>
<td>55.58%</td>
<td>68.16%</td>
<td>63.75%</td>
</tr>
<tr>
<td>Black /Black Non-Hispanic</td>
<td>22.83%</td>
<td>20.84%</td>
<td>27.46%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.03%</td>
<td>5.62%</td>
<td>4.70%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.83%</td>
<td>1.70%</td>
<td>1.10%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>.07%</td>
<td>0.13%</td>
<td>0.15%</td>
</tr>
<tr>
<td>Other</td>
<td>1.5%</td>
<td>1.12%</td>
<td>2.84%</td>
</tr>
</tbody>
</table>

Provider data:

It is also important that we collect race, ethnicity and language information on physicians in the MDwise network as well. Our rate of collection is low. 19.6 percent of HHW, 19.4 percent of HIP and 17.9 percent of HCC Primary Medical Providers (PMPs), and 16.5 percent of HHW/HIP/HCC specialists report race/ethnicity information. Behavioral Health providers in the MDwise network report this important information 45.3 percent of the time.

As for language reported by PMPs, 24 percent of HHW, 21.4 percent of HIP and 24.7 percent of HCC PMPs report languages spoken. Of those that reported another language, Spanish is the most prevalent language spoken (60.7 percent), followed by Chinese (8.3 percent), Hindi (8 percent), Filipino (3 percent), Arabic (7.3 percent), French (5.8 percent) and Filipino (3.3 percent).

Why it is so important for providers to report this data?

While this is certainly not true of all patients, some do feel more comfortable with someone who shares a similar language or racial/ethnic background. Patient/provider communications and patient satisfaction are often enhanced when a common language or culture is shared. MDwise posts languages available in provider offices in the MDwise Provider Directory for members. Although we do not list provider race/ethnicity information in the provider directory, if that is important to a member and they ask us, MDwise must be able to share that information. MDwise also uses the information that we collect to map members and providers by language as well as race/ethnicity to determine where recruitment efforts are needed or there are other gaps in meeting member needs. If you have not already supplied this important information or have questions about MDwise member demographics, please feel free to contact your MDwise provider relations representative.
**EPSDT Services**

Early Periodic Screening Diagnosis and Treatment (EPSDT) is a federally mandated program which requires that Medicaid cover a very comprehensive set of benefits and services for children including “necessary health care, diagnostic services, treatment and other measures that are needed to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.”

HealthWatch is the name of Indiana’s EPSDT program. HealthWatch services are available for all Hoosier Healthwise, HIP and Hoosier Care Connect members under the age of 21. Physicians are accountable to make these services available to all Medicaid-eligible patients; however, members may choose not to participate.

The HealthWatch/EPSDT program utilizes the Bright Futures™ recommendations for preventive pediatric health care. Promoted by the American Academy of Pediatrics (AAP), Bright Futures™ is a set of principles, strategies and tools that is theory-based, evidence-driven and systems-oriented which can be used to improve the health and well-being of all children.

In order to meet quality of care standards for participants in the HealthWatch program and claim a higher level of reimbursement for EPSDT services, the following components of examination and screening must be provided and documented:

- A comprehensive health and developmental history, appropriate for the age and gender of the child, including an assessment of mental and behavioral health.
- An age-appropriate assessment of growth and development.
- A nutritional assessment.
- Developmental screening at ages 9, 18 and 30 months.
- Vital signs, including calculation of BMI percentile.
- An unclothed physical examination, head to toe.
- Simple oral and dental screening/observation.
- Referral for testing and services as indicated.
- Immunizations as indicated.
- Hemoglobin and lead testing as required by HealthWatch.
- A hearing and vision observation at each visit and objective testing with an audiometer at 4 years old.
- Health education including anticipatory guidance.

### Screenings and referrals

HealthWatch providers are responsible for completing the following screenings as part of every EPSDT visit, at indicated ages:

- Developmental surveillance and structured screening.
- Dental observation and screening.
- Vision observation and screening.
- Hearing observation and screening.
- Blood lead screening.

Comprehensive well-care exams should be provided at the intervals listed below or more often as medically appropriate. There are no annual limits to medically appropriate comprehensive well-care examinations for MDwise members.

Recommended Intervals for Well Child Screenings, as recommended by the American Academy of Pediatrics (AAP) are as follows:

- 2–5 days of age.
- By 1 month.
- 2, 4, 6, 9, 12, 15, 18, 24 and 30 months.
- Annually starting at age 3.

Primary medical providers (PMPs) are allowed to provide EPSDT services on the same day as the following services when coded properly:

- An E/M for a problem during the same appointment. The problem-oriented exam can be billed separately but accompanied by the 25 modifier (separate significantly identifiable E/M service). The problem must require additional moderate level evaluation to qualify as a separate service on the same date.
- School, sports, or camp physicals. All required components of examination and screening must be provided and documented in the medical record to qualify as an EPSDT visit.
- An initial comprehensive prenatal visit, as well as the postpartum visit, meet all the requirements of a preventive care visit and will count toward wellness care when coded properly. Use one of the routine well-care codes as a subsequent diagnosis code for an adolescent (ages 12–21 years) who has been seen for an initial comprehensive prenatal visit or a comprehensive postpartum visit.

Additional detailed information can be found:

- In the HealthWatch/EPSDT Provider Manual.
- On the MDwise website.
MDwise Disease Management Services

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 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.
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.

1.800.356.1204 or 317.630.2831
Hoosier Healthwise, HIP and Hoosier Care Connect

1.855.417.5615
MDwise Marketplace

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