

**MDwise Quality Improvement Program
Evaluation 2017**

For
Hoosier Healthwise
Healthy Indiana Plan

Presented to:
Quality Management Team 7/09/18
Medical Advisory Council 8/01/18

MDwise Quality Improvement Program Evaluation 2017

Introduction

The overarching goal of the MDwise Quality Improvement Program is to assure that members have access to high quality health services that are safe, effective, and responsive to their needs. The scope of the MDwise QI Program is comprehensive and includes both the monitoring and evaluation of the delivery of clinical health care services, inclusive of medical, preventive, and behavioral health services and administrative service issues that are relevant to MDwise members. MDwise has established and maintains a MDwise Quality Improvement (QI) Program that implements continuous, objective and systematic monitoring and evaluation of the quality, safety, and appropriateness of care and service provided to MDwise members.

Each year, the MDwise Quality Management Team (with input from MDwise delivery systems) identifies priority activities for driving improvement in key functional areas. Many of these activities are multiyear efforts requiring significant investment of resources and time to achieve and sustain desired outcomes. Improvement opportunities are identified through review of performance measures (e.g., annual HEDIS scores, Member and Provider Satisfaction Surveys, Departmental Dashboards, Key Indicators), Office of Medicaid Policy and Planning (OMPP) and federal program requirements or priorities, or other issues deemed important by the MDwise Quality Management Team (QMT). MDwise performance improvement activities are designed to achieve, through ongoing measurements and intervention, significant improvement in health outcomes for members and satisfaction for both MDwise members and providers.

MDwise believes the 2017 QI Program was effective in helping to reach the organization's goals for quality and safety of clinical care and quality of service. Resources to achieve subsequent goals are adequate. Committee structures are sound and effective. There is ample practitioner participation and leadership involvement in the QI program. MDwise, therefore, plans to retain the structure of the QI Program while implementing enhancements to help meet goals that may not have been met in the year analyzed herein and as are outlined in this document. Below is a sample of the improvements noted in 2017.

2017 Quality Improvement Activities Highlights

NCQA Accreditation

In November 2015, MDwise attained NCQA Health Plan Accreditation for Hoosier Healthwise and Healthy Indiana Plan expiring in 2018. After submission of HEDIS and CAHPS results in 2017, our Health Plan Accreditation status was "Accredited". MDwise was rated 3.5 out of 5 among health insurance plans in the National Committee for Quality Assurance (NCQA)'s Medicaid Health Insurance Plan Ratings 2017-2018.

Key Indicators

MDwise continued an organizational key indicator report, making improvements to the process and collection of data in 2017. This report contains key metrics from each department at MDwise. There are monthly, quarterly and annual indicators with a benchmark and/or goal for each. The following are some examples of metrics included:

- Member and provider call statistics
- Transportation utilization
- Enrollment
- Claims payment
- UM appeals and denials
- Readmission rates
- Pharmacy costs, prior authorizations and appeals
- Outreach events and presentations
- Timeliness of enrollment loads
- HEDIS
- CAHPS
- Provider enrollment
- Members in high risk Case Management

The MDwise Pay for Outcomes (P4O) Program

MDwise was notified of award and received earnings in mid-2017 (for 2015 services) which were shared with delivery systems and providers. MDwise made payments to provider groups in 2017 for their performance in 2016.

- For the Hoosier Healthwise program earnings were awarded to MDwise for eight of the nine 2015 P4O withhold measures. The awarded measures included Utilization of ambulatory services in ED visits (AMB), Well Child 0-15, Well Child 3-6, Adolescent Well Child, Inpatient Behavioral Health 7-Day Follow-up, Frequency of Prenatal Care, Timely Postpartum Care and the Bonus measure of referrals of tobacco using pregnant women to the Indiana Quitline. For the Healthy Indiana Plan earnings were awarded to MDwise for two of the four P4O withhold measures. The awarded measures were Rate of ED admissions per 1,000-member months (AMB) and Adult Preventive Care (AAP).
- The provider P4O program has established, consistent measures for which bonus earnings are awarded based on performance. The awards for 2016 performance (in 2017) recognized providers who performed well on these key measures:
 - Well Child 0-15months
 - Well Child 3-6 years
 - Well Child 12-21 years
 - Frequency of Prenatal Care
 - Postpartum Timeliness
 - Adult Preventive Care

Provider groups are recognized with a per member monetary reward that is based on their group's denominator and performance on these measures.

- Inpatient behavioral health providers were also awarded for their 2016 performance on the 7-day Follow-up after Behavioral Health Inpatient Stay (FUH). Five inpatient providers are

awarded based on their scores for this measure. There is one award delivered for the most improved performance on this measure from the previous year.

Quality Committee Structure

In 2017, additions were made to the quality committee structure. A Quality Steering Committee was formed, and a mission statement developed. This committee was designed to delve into HEDIS and CAHPS scores and to make decisions about priority measures/initiatives for the coming year. At the direction of the steering committee, smaller, short-term workgroups would be formed to determine interventions necessary to meet priority measures. In 2017, the following workgroups met and developed initiatives: Adult Preventive Care, Immunizations, Behavioral Health, pregnancy and ER.

Disease Management/Care Management

All medical clinical practice guidelines were reviewed in 2017 and early 2018, with Medical Advisory Council approval in 2018. All were updated based on changes in clinical evidence.

MDwise continued to use a care management stratification process to proactively capture members that may be high risk. MDwise identifies the top .5% Likelihood of Hospitalization (LOH) as the overall high-risk trigger. LOH identifies members at risk of hospitalization and allows case managers the ability to optimize the member's health status through coordination of care to prevent avoidable admissions, prevent untoward clinical events and identify emerging risk in member evaluation. After a detailed high-risk assessment is completed the case manager will stratify the member to the appropriate care level of high, moderate or low and will complete disease specific assessments when indicated.

Patient Safety

- **Member profiles:**

MDwise has a Member Health Profile portal that both PMPs and Behavioral Health providers can log into to view any appointments that the member has had with other providers as well as prescriptions that have been filled. This profile contains information on the services provided, the provider seen and medication prescriptions that were filled. This profile is designed to improve the coordination of care between medical and behavioral healthcare. The profile excludes any information regarding substance abuse and infectious disease due to Federal HIPPA Regulations.

- **FUH:**

MDwise provides a quarterly report card to all acute inpatient psychiatric providers in our Behavioral Health Network. This report card provides the rate of compliance with 7-day follow-up appointments for members discharged from their facilities. Member detail is included in the report card, so providers can engage in improvement activities so MDwise members get needed care after discharge. MDwise also tracks Care Management outreach to members being discharged from inpatient. Members are assigned a Care Manager for at least 90 days after discharge from inpatient. The Care Manager assists in getting the member engaged in outpatient treatment and places reminder calls to attend their 7-day follow up appointment. MDwise has a transition home visit program that offers incentives to members for attending an FUH home visit appointment.

The following table demonstrates our HEDIS, FUH rates trended for each program. HHW rates have varied but remained in the 75th percentile for HEDIS 2017, while HIP rates appear to be on the rise with 2016 and 2017 HEDIS. In 2017 the HEDIS FUH specifications changed, removing same day appointments as counting toward the measure. We anticipate this will impact HEDIS 2018 FUH rates for both HHW and HIP.

HHW 2015	HHW 2016	HHW 2017	HIP 2015	HIP 2016	HIP 2017
60.45%	67.81%	64.64%	35.25%	38.91%	41.81%

- **MTM:**

MDwise has contracted with a Medication Therapy Management (MTM) service provider through our Pharmacy Benefit Manger (PBM). The MTM vendor maintains a call center staffed by pharmacists and technicians. The MTM vendor has direct access to claims information, member demographics and provider/prescriber demographics data directly from our PBM. For members placed in MTM, MDwise spent an average individual amount of \$2,595 and used 9.4 prescriptions and were evaluated based on three criteria:

- (1) use of 6 or more chronic, maintenance medications,
- (2) inferred diagnosis of 2 or more of 7 targeted diseases, and
- (3) cumulative cost of pharmacy utilization within one quarter.

The initial target disease states included Asthma and COPD, however those members also had other diagnosis involved, including things like hypertension, heart disease and diabetes. Following a therapeutic medication review (TMR), potential issues around adherence, cost, treatment guidelines, safety, and interactions were identified. Attempts were then made to contact members to discuss the findings and complete a Comprehensive Medication Review (CMR) in which questions and concerns are addressed and resolved. Following the CMR, the pharmacists reach out to prescribers regarding interventions for change in medication therapy. Each member who receives a completed CMR is given the opportunity to complete an evaluation of their satisfaction with the program, which produced a 100% satisfaction rating. Follow up was repeated quarterly and measures of outcomes and cost avoidance were reported and evaluated. A review of 2017 targeted disease data and performance demonstrated engagement rate of 89% with interventions being achieved at 18% by year end, 2 percentage points below prior year of 20%.

- **RCP:**

MDwise continues to provide appropriate disease, care and case management services to our Right Choices Program (RCP) HHW and HIP members by assisting them in utilizing the appropriate care at the appropriate place and time. Members are assigned to one PMP, one pharmacy when it is determined they are overusing or abusing services, and/or have a history of doing so. After a review process, members are placed in the complex case management program, which includes member education and increased care coordination. Referrals may be initiated by providers, customer service and care or case managers or through a list of potential RCP members based on utilization. RCP members are reviewed

periodically to determine if the RCP restrictions should continue or if they can be graduated from the Program.

- **Transitions of Care:**

This Program outlines the process to manage care transitions, identify problems that could cause care transitions and prevent unplanned transitions for members in complex case management. MDwise assures care coordination throughout a member's transition process which is the period from identifying a member at risk for a transition through the completion of a transition. The process includes planning and preparing for the transition and follow-up care once the transition is complete. Interventions implemented in managing the transition and sharing of information includes:

- Sharing care plans with the sending and receiving care setting
- Conducting medication review and reconciliation with the member and the member's family or designated representative.
- Notifying the member's PMP of the transition within five business days
- Communicating with the member and family or designated representative as applicable about the care transition within two business days of the transition
- Communicating with the member and family or designated representative within two business days when there is a change in the member's health status and/or plan of care
- Providing the member with a consistent person or unit who is responsible for supporting the member throughout the transition within two business days of the transition starting
- Tracking the status of the transition

Inpatient admissions are identified through the PA process and the daily Indiana Health Information Exchange (IHIE) inpatient notification report.

MDwise Network Improvement Program (NIP)

The Network Improvement Program continues to provide tools and guidance to delivery systems and their providers around improving HEDIS, CAHPS and OMPP performance measures. The following table compares provider group performance on the Adolescent Well Care (AWC), Well Child 3-6 (W34), Well Child for 0-15 months (W15) and Adult Preventive Care (AAP) HEDIS measures in the Excel delivery system.

	AWC	W34	W15	AAP
Provider Groups with frequent NIP visits (panel size 100 +)	51.59%	65.69%	39.90%	81.19%
Provider groups with NIP visits every 6 months (panel size 50-100)	42.42%	61.01%	38.11%	80.26%
Provider groups with no NIP visits (below 50 members)	40.69%	64.53%	46.06%	83.19%

For AWC, provider groups that worked with the NIP team frequently resulted in better rates by almost 11 percentage points, while on the W34 measure, the rate was slightly higher by 1.16 percentage points, than those groups with no NIP intervention. However, on the W15 and the AAP measures, while the provider groups that worked with NIP frequently scored better than those that had NIP visits two times in the year, they did not fare better than those groups that had no visits. This may be impacted by low denominators in determining rate. It will be a goal to improve these results as NIP expands in 2018.

MDwise REWARDS

The MDwise REWARDS program for HHW and HIP allows members to earn points for successfully obtaining preventive exams and screenings, doing an Health Needs Screener, completing a tobacco cessation program and much more. In 2017 the ability to earn points for Dental exams, annual flu shot and a follow-up appointment after a 7-day mental health inpatient stay were added. A Walgreens gift card, replaced the CVS card as a reward option. Also, in 2017, a new program was implemented called REWARDS to PAC (POWER Account). This program assists MDwise HIP members to use their unused REWARDS points to upgrade to the HIP Plus plan, which has additional benefits. There was one targeted member postcard about the rewards program distributed to member households in October of 2017. In total 12,971 members redeemed their points for a gift card or applied their points to their HIP PAC payment in 2017. Of the REWARDS selected at the \$10 level, the Subway gift card was the most popular. At the \$30 and \$50-dollar level, the Target gift card was favored. MDwise has consistently observed increases in redemptions over time, as more members become aware of the program.

Community Advisory Councils (CAC)

MDwise hosts Community Advisory Councils across the state in seven regions. Regions include: Northwest (Lake and surrounding counties); North (St Joseph and surrounding counties); Northeast (Allen and surrounding counties); North Central (Howard and surrounding counties); Southeast (Clark/Floyd and surrounding counties); West Central (Vigo and surrounding counties) and finally Central (Marion County). Each regional council meets two times each year and we average 10-12 attendees at each meeting. Participants complete an evaluation at each meeting and responses are

trended over time. We receive positive responses, with a high percentage of participants reporting that they have had an above average to excellent experience and learned something new that they could utilize in their work in the community.

Some of the topics discussed in 2017 included:

- Medicaid and Marketplace program updates
- Dental benefits and information
- Pharmacy
- Lead Testing

We classify and distribute key findings to:

- OMPP
- MDwise Delivery Systems for follow-up
- MDwise departments for consideration and action
- Research and responses back to the group

Culturally and Linguistically Appropriate Services (CLAS)

The MDwise CLAS Steering Committee continued to meet in 2017. The committee reviewed HEDIS measures and CAHPS by race and ethnicity to determine any disparities and reviewed the organization's CLAS workplan. Other organizational accomplishments include presentation to MDwise QMT, incorporating CMS messaging in 15 languages to mailed correspondence and a review and analysis of member and provider race, ethnicity and language.

Behavioral Health Care

MDwise continues to work with its Federally Qualified Health Center (FQHC) and Community Mental Health Center (CMHC) partners to increase the number of settings in the state where integrated care occurs and will continue to add FQHCs to its behavior health network to facilitate the provision of integrated care. MDwise continued monthly meetings with CMHCs who are working on improving HEDIS rates for Well Care, Adult Preventive Care, and Diabetes screening for those with Bipolar or Schizophrenia. There is a total of 16 Community Mental Health Centers involved in this project. They have also instituted "best practice" around the Antidepressant Medication Management (AMM) measure and smoking cessation. The CMHCs participating in this project earned an incentive in 2017 for improving the number of their members who complied with required appointments in 2016. Average member compliance across the 16 CMHCs was in the range of 19% to 67% for these measures.

MDwise Star Performers

2017 brought another round of MDwise Star Performer Awards given to 16 MDwise provider offices for their efforts at outreach, access, and cultural competency in addition to work on improving their preventive care scores. We remain committed to these awards because of our belief that it is important to celebrate the work of providers and front-line office staff who are often responsible for the good work that gets done. Office staff are rarely recognized for their commitment and hard work. Appropriate leaders at their respective offices and/or institutions, legislators and media are invited to the event where a plaque, a check, and refreshments are provided to honor the provider and office staff receiving the award. The events are very much appreciated by providers and their staff, and many providers have received press coverage in their local

communities. Star Performers are also honored on the MDwise website where photos of staff are posted along with information about what best practices makes the office so successful. The website is available for members, providers, and other interested guests.

Other Key Clinical and Service Activities Identified for 2017.

Below is a short list of activities representing planned or continued activities occurring in 2017, along with a brief status update:

- Expand Immunization Outreach calls to 6-month old's
 - Status: This was developed in late 2017 and accomplished in 2018. Calls started in February.
- Add birthday card reminders (for 12-month well child visit) to all 10-month old's
 - Status: This was developed in late 2017 and accomplished in 2018. Reminders started in February.
- Expand Integrated Messaging and Engagement Platform to include smart phones for members with advanced interactive capabilities
 - Status: MDwise successfully partnered with a vendor to begin text messaging to members. New smart phones were promoted to members and distributed to those that successfully applied and were eligible. In 2017 Wellpass sent a total of 371,939 phone messages. Messaging campaigns included:
 - Welcome and Onboarding
 - Redetermination reminders
 - Gap in Care (well visits, Health Needs Assessment, diabetes and blood pressure checks, refill reminders)
 - Text4baby health coaching program has more functions and is tailored to individual members
 - Care4Life Diabetes health coaching program (text, videos, online app, Care Management interface)
 - Txt4health - Adult Wellness and Prevention
 - Text4kids - Pediatric Wellness and Prevention
- Implement pilot with CMHCs on opioid and alcohol use in pregnant women to impact NAS
 - Status: MDwise had two members enrolled in this program in 2017 and both have delivered. We are scheduled to meet with other participating MCEs and CMHCs to review data and discuss continuing this project in the future.
- Homelessness initiative with the Seriously Mentally Ill
 - Status: MDwise is working with the Office of Medicaid Policy and Planning and the three other Medicaid Managed Care Entities to build a database to store information and identify the homeless population. MDwise is also working on improved ways to

identify homeless MDwise members through the initial Health Needs Screening, as well as Care Management assessment.

- Outreach by Care Management to members with Asthma and COPD, that have controller medication adherence issues
 - Status: Care Management outreached to members based on medication adherence rates. During the outreach calls, care managers discussed the importance of taking medications as prescribed, ensured they were connected to providers that are managing their Asthma or COPD and identified any other barriers that prevent member from getting their medication or taking it as prescribed. Follow up calls are scheduled to ensure they have the appropriate connections and reduce barriers to care.

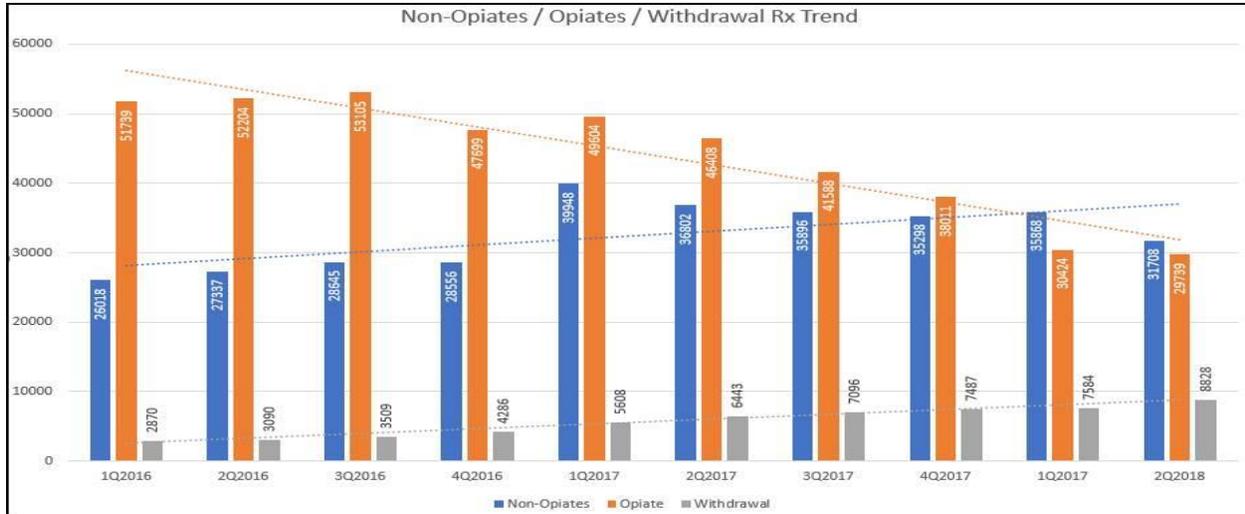
- Improve identification and processing of HIP Medically Frail applicants.
 - Status: Two manual processes have been added: Members that MDwise records show as frail but FSSA has not processed as frail are manually resubmitted to the state for processing; and records submitted as Frail by FSSA are checked to ensure appropriate processing. The RMUGs list is generated twice per month, with and without claims lag, lists of potentially frail members are generated from re/admissions data on diagnoses that correlate with SMUGs confirmations and close coordination with the Pharmacy department to identify members prescribed medication that correlates with SMUGs confirmations are other improvements implemented. Claims data is also queried frequently for ICD-10 and CPT codes that don't result in confirmations via RMUGs but are known to correlate with SMUGs confirmations. Three new RN positions were added to the Medically Frail Team and regular team conferencing on interpretation and debit point calculation questions has been established to ensure consistency and accountability in regular internal and external auditing.

- Care management outreach to members with Schizophrenia or Bipolar Disorder that are taking an anti-psychotic medication, about diabetic screening and medication adherence
 - Status: The Care Management Department received education on the necessity of a diabetic screening for anyone taking an anti-psychotic medication. The Care Management Team then provided outreach to members taking anti-psychotic medications that were engaged in Care Management and provided education and care coordination for a diabetic screening. Many members were unaware of this additional screening.

- Audit of the MDwise provider directory
 - Status: The MDwise Provider Directory audit was completed in October and November. MDwise achieved over 92% accuracy in office location and phone numbers for primary medical providers (PMPs). The accuracy in hospital affiliations for PMPs was slightly below 90%. The vendor effectively reached and completed the audit with all 169 PMPs included in the sample.

- Pilot project to outreach to providers with notification of asthma and COPD patients with controller medication adherence issues

- Status: This project was launched in 4Q 2017 with the MDwise Excel Delivery System. Measurement of effectiveness will begin in 2018.
- Implement new limitations on opioid prescribing by limiting days dosage and monitoring patients who exceed Morphine Equivalent Dosage(MED) dosages
 - Status: The new limitations on opioid prescribing were put into place in late 2017. We've seen dramatic reductions in opioid prescription count and a slow increase in withdrawal medications such as SUBOXONE with little or no change in non-opiate analgesic activity. The graph below shows three sets of claim counts:



- Ensure antipsychotics are not being prescribed off-label for non-FDA approved indications
 - Status: MDwise has done some initial work on off-label use of antipsychotics. We have chosen to begin working directly with Community Mental Health Centers (CMHCs) to see if some improvement in this area can be achieved by working closer with those CMHCs on pharmacy related issues.
- Outreach to low performing OB providers to improve Notification of Pregnancy (NOP) rates
 - Status: Care Management began outreach and education to targeted provider offices on the importance of NOPs. Discussions with provider offices included the process of entering information and submitting a claim for reimbursement. Also, the importance of the notification to Care Management for follow up with the member to provide additional support, education and resources was shared. Some offices were very engaged, and we assisted them in implementing the NOP completion in their daily workflow.
- Outreach to behavioral health facilities with low FUH rates to improve follow-up visits within 7-days of a mental health hospitalization
 - Status: MDwise Behavioral Health department continued work with the lowest performing facilities on the FUH measure. The Behavioral Health Manager had monthly meetings with the identified facilities to develop improvement plans and to partner the facilities with a local CMHC to assist in providing access for these visits.

- Utilize member email to improve HNS completion rates
 - Status: MDwise Customer Service launched this initiative in 2017 which resulted in an average of 6 percentage point improvement in completion rates compared to a control group. The activity will continue.
- Develop proposals to meet requirements of the HIP 2.0 waiver
 - Status: Proposals were developed and approved to increase incentives to HIP members in the areas of tobacco cessation and chronic disease which were to launch 2/1/18. Additional incentives are set to be developed and implemented 7/1/18.

Key Clinical and Service Activities Identified for 2018.

Below is a short list of activities representing planned or continued activities to occur in 2018:

Member:

- Improve Lead Testing rates through a monthly call to 10 and 22-month-old member parents who have not received the test
- Weekly text messages to members that utilize the ER for non-emergent reasons based on IHIE information and daily notifications
- Live outreach to HIP Basic members and other HIP members that have not had preventive care in the past 12-months, to schedule appointments with their doctors to improve AAP rates
- Review and update Customer Service member messaging
- Care Management will be divided into regions, where CMs will specialize in providers and resources in each member region

Provider:

- Increase promotion of the Member Profile to all providers
- Promote Lead testing toolkit and testing equipment options
- Increase provider visits for Network Improvement Program through utilization of larger Provider Relations staff to expand capacity
- Centralize credentialing for all IHCP providers
- Improve provider directory audit
- Expand outreach to behavioral health providers by assimilating into Provider Relations Department activities
- Ensuring low-dose antipsychotic medications are not being inappropriately prescribed in suboptimal doses for treating insomnia
- Ensure antipsychotics are not being prescribed off-label for non-FDA approved indications
- Explore the process for providers to directly submit a prior authorization request into to the MDwise prior authorization system to improve getting needed care
- The MDwise PA list will be reviewed and revised to better meet provider experience

Operations:

- Implement increased incentives in four OMPP priority areas
 - Tobacco Cessation

- Chronic Disease
 - Substance Use Disorder
 - Employment Activities
- Review and revise the initial Health Needs Screener
- Systematic referrals from Customer Service and Care Management (Jiva) to the Indiana Quitline, for those members indicating they want to quit.
- Develop a population health strategy
- Streamline provider enrollment
- Cultural Sensitivity Training for all MDwise staff
- Work with FSSA to capture accurate language at the time of application or DFR review and pass along to the health plans on the 834
- Outreach staff will be certified as Community Health Workers
- Work towards implementing new claims payer
- MDwise will develop means to better capture social determinants of health such as employment and education