MDwise Quality Improvement Program Evaluation 2019
For
Hoosier Healthwise
Healthy Indiana Plan

Presented to:
Quality Improvement Committee 4/13/20
Medical Advisory Council 5/06/20

MDwise Quality Improvement Program Evaluation 2019

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 Improvement Committee 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 Improvement Committee (QIC). 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.

The health issues of children, adolescents serve as the foundation in prioritizing quality initiatives and focus on well care/preventive care as most of the Hoosier Healthwise population that MDwise serves falls into these categories. Preventive care, service utilization, and special health care needs exhibited by members, including pregnant women, in the Healthy Indiana Plan guide the quality initiatives and design and implementation of the case management/disease management programs, in accordance with the Indiana OMPP requirements for these programs.

MDwise believes the 2019 QI Program was mostly 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 2019 as well as analysis of barriers identified and interventions to help overcome.

2019 Quality Improvement Activities Highlights

NCQA Accreditation

In November 2018, MDwise attained NCQA Health Plan Accreditation for Hoosier Healthwise and Healthy Indiana Plan expiring in 2021. In October 2021, MDwise will undergo an NCQA on-site survey for a Renewal Health Plan Accreditation. After submission of HEDIS and CAHPS results in 2018, 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 2019-2020. NCQA lists private, Medicare, and Medicaid health insurance plans based on three types of quality measures: measures of clinical quality; measures of consumer satisfaction and results from NCQA's review of a health plan's health quality processes.

The MDwise Pay for Outcomes (P4O) Program

MDwise was notified of award and received earnings in 2019 (for 2017 services) which were shared with delivery systems and providers. MDwise made payments to provider groups in 2019 for their performance in 2018.

- Delivery systems earnings were tied directly to MDwise performance, while provider earnings were tied to provider group performance. For the Hoosier Healthwise program earnings were awarded to MDwise for five of the five 2016 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 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 fourof the seven P4O withhold measures. The awarded measures were Adult Preventive Care (AAP), Prenatal and Postpartum Care, and Comprehensive Market Strategy Plan.
- The provider P4O program has established, consistent measures for which bonus earnings are awarded based on performance. The awards for 2018 performance (paid to providers in 2019) recognized providers who performed well on these key measures:
  - Well Child 0-15months
  - Well Child 3-6 years
  - Well Child 12-21 years
  - Postpartum Timeliness
  - Adult Preventive Care

  Provider groups were 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 2018 performance on the 7-day Follow-up after Behavioral Health Inpatient Stay. Five inpatient providers were awarded based on their scores for this measure. There was one award delivered for the most improved performance on this measure from the previous year. When possible, awards are celebrated by presenting the checks in person to hospital leadership and the clinical teams responsible for their performance.

Quality Committee Structure

In 2019, the Quality Steering Committee established in 2017 continued to meet regularly. 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 were formed to determine interventions necessary to meet priority measures. In 2019, the following workgroups met and developed initiatives:

- Behavioral Health workgroup focused on improving rate of follow-up appointments after hospitalization for behavioral health
- Member/Provider workgroup focused on improving lead screenings, well-child care services, annual dental services, and pre-natal and postpartum care
- Pharmacy workgroup worked on medication management for asthmatic members

Population Health Management: Disease Management/Care Management

MDwise complete a population health assessment for our entire population, and segmented the entire population based on the assessment. MDwise also used the population health assessment to determine if internal and community resources were appropriate and sufficient for our population. MDwise continued to use a care management stratification process to proactively capture members that may be high risk. MDwise identified the top .5% Likelihood of Hospitalization (LOH) as the overall high-risk trigger. LOH identified members at risk of hospitalization and allowed 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, case managers stratified the member to the appropriate care level of high, moderate or low and complete disease specific assessments when indicated.. MDwise created Care Management dashboards. The dashboards contained multiple utilization metrics by line of business and enrollment figures for risk stratification, Right Choices program (RCP), Community Mental Health Centers, and Notification of Pregnancy (NOP). They also contained member detail for medical and behavioral health readmissions as well as members age 12-24 months who have no record of blood lead testing.. We added the breakdown of substance use/abuse admissions, readmissions, spend and an average length of stay. Member detail of Substance Use/Abuse readmission within 30 days were also added, as well as HHW Dental utilization metrics and member ER visits with identification of non-emergent visits. Trends in Medically Frail and RCP enrollment were also included.

MDwise developed a Population Health Management Strategy focused on:

- Keeping members healthy.
- Managing members with emerging risk.
- Patient safety and outcomes across settings.
- Managing multiple chronic conditions.

Patient Safety

- **Member profiles:**

MDwise continued with 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 HIPAA Regulations.

- **FUH:**
  MDwise worked closely with primary medical providers on the HEDIS FUH measure and provided education on how to improve compliance with the 7-day follow up appointment. MDwise targeted areas and the primary medical providers in that area that have a high volume of members. in need of the 7-day follow up appointment. MDwise also assisted inpatient and outpatient providers in partnering to collaborate on the FUH measure. MDwise tracked 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. When a member is non-compliant with a 7-day follow up visit, the Care Manager reached out to the member to assist in identifying barriers so that they can be addressed and avoided in the future. MDwise continued 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 continued in the 50th percentile for HEDIS reporting year 2019, and HIP rates remained in the 25th percentile. MDwise rates closely mirror the other Managed Care Entities in Indiana. In 2017 the HEDIS FUH specifications changed, removing same day appointments as counting toward the measure. In 2018 the specifications changed to include only outpatient appointments provided by behavioral health providers. We anticipated these changes would impact HEDIS 2019 FUH rates for both HHW and HIP..

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HHW 2016	HHW 2017	HHW 2018	HHW 2019	HIP 2016	HIP 2017	HIP 2018	HIP 2019
67.81%	64.64%	51.53%	47.86	38.91%	41.81%	36.20%	29.20

- **MTM:**

  MDwise has contracted with SinfoniaRx, a Medication Therapy Management (MTM) vendor, through our Pharmacy Benefit Manger (PBM), MedImpact. SinfoniaRx maintains a call center staffed by pharmacists and technicians. SinfoniaRx uses claims information, member demographics and provider/prescriber demographics data provided by our PBM. Our most recent date for the period of 10/1/2018 to 9/20/2019 provides these key points related to our MTM initiative:
  - Savings of $704K
  - $569K – Adherence
  - $ 97K – Patient Safety
  - $ 20K – Cost Avoidance

☐ $ 17K – Guideline Recommendations.
Criteria for inclusion remained the same, based on OMPP/FSSA guidance which is patterned off of the CMS Medicare Part D inclusion criteria. Those criteria include:

(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 primary disease states are asthma and COPD, however those members also have other chronic disease diagnosis such as hypertension, heart disease and diabetes.
Following a therapeutic medication review (TMR), potential issues around adherence, cost avoidance, treatment guidelines, patient safety, and drug-drug as well as drug-disease interactions are identified. Members are contacted to discuss the findings and complete a Comprehensive Medication Review (CMR) in which questions and concerns are addressed and resolved. Following a CMR, SinfoniaRx reaches out to prescribers regarding interventions for appropriate change in medication therapy. Members receiving a completed CMR is given the opportunity to complete an evaluation of their satisfaction with the program, which continues to produce 100% satisfaction ratings. Follow up was repeated quarterly and measures of outcomes and cost avoidance were reported and evaluated. Outcome results are measured at 180 days from initiation.

A review of 2019 targeted disease data and performance demonstrated engagement rate remains strong of 82% through December, a slight downturn but still very respectable.   The percentage of members with interventions increased ever slightly from 37% in 2018 to 39% in 2019. Our strong multi-disciplinary approach to outreach allows us to maintain this success.

Savings improved from $231K in 2018 to $704K in 2019, a significant improvement, although it may be slightly skewed due to 2018 savings only reflecting partial year measurement.

- **RCP:**
  MDwise continued 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 and 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. Members are selected for review based on their behavior patterns and utilization practices compared with other members of the same population. Referrals may be initiated by providers, customer service and care or case managers or by the 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. RCP Membership continues to decline for HHW and HIP.
  HHW had 1 member for Quarter 1 and Quarter 2 and did not have any members for the remainder of the year. Quarter 1 started with 4, dropped to 1 in Quarter 2 and then 0 for Quarter 3 and 4. HIP has had a steady decline from 56149 in Q1, 45113 Q2, 3993 Q3, and

337 in Q4. The decreased numbers are due to member graduations from the program, including several long-standing members.

- **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 assured 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 included:
  - 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
  - Care Management divided into Regions:

    - Care Management is divided into geographical regions. There have been 4 identified Regions where CMs will specialize on providers and resources in each member region. Within each region there is a Case/Care Manager that is subject matter expert in the following areas: Medical conditions, Behavioral Health Conditions and Pregnancy. Each Region has developed a tool for community-based resources which allows the CM staff to quickly link members to services.

  Inpatient admissions were identified through the PA process and the daily Indiana Health Information Exchange (IHIE) inpatient notification report. MDwise HHW Medical readmissions within 30 days (all causes) ranged steadily from a high of 10.2% in August 2019 to a ow of 4.4% in December 2019. MDwise HHW Behavioral Health readmissions within 30 days ranged steadily from a high 16.2%% in April 2019 to a low of 5.7% in November 2019. MDwise HIP Medical readmissions within 30 days (all causes) ranged steadily from a high of 13.0% in October 2019 to a low of 8.8% in February 2019. Overall MDwise HIP Behavioral Health readmissions within 30 days ranged steadily from a high 10.1% in March 2019 to a low of 8.9% in July 2019.

Delegation Oversight Process

In 2019, MDwise employees and MDwise delegates utilized the Delegation Oversight SharePoint site for organizing and sharing documents related to annual delegation oversight reviews. Additionally, in 2019, MDwise continued the Vendor Oversight review process to ensure vendor

compliance with established metrics. MDwise staff responsible for specific vendor contract compliance complete audits on a quarterly basis and report results and any recommended plans of action through the Compliance Committee.

MDwise Provider Relations
The Provider Relations department continued to provide tools and guidance to providers around improving HEDIS, CAHPS and OMPP performance measures in 2019.   The Provider Relations department focuses on 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.

MDwise REWARDs
The MDwise REWARDs program for HHW and HIP members began its ninth year in 2019. The program allows members to earn points for successfully completing preventive exams and screenings. For 2019, the MDwiseREWARDS program had 66,429 total redemptions between Hoosier Healthwise and the Healthy Indiana Plan. This is a decrease from 2018 (76.593). Of the 66,429 total redemptions, an estimated 84% (56,096) were HIP members. This number also included the MDwiseREWARDS to PAC program, which promotes HIP members to use their REWARDs points towards their PAC payments for the HIP Plus plan, in 2019; 44,986 HIP members utilized this program. Members continue to prefer the Subway gift card at the $10 redemption level and the Amazon and Target gift card at the $25 and $50 redemption level. We promote the MDwiseREWARDS program in the following ways: new member letter, member newsletter, website, MDwise brochure, MDwiseREWARDS hand-outs give to provider offices and community members at events, and targeted emails. In 2020, we plan to continually send MDwiseREWARDS targeted emails quarterly instead of an additional targeted postcard mailing.

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). In 2019, we held a total of two in the following regions, Central region (Marion county) and Northwest region (LaPorte County)..   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.

Topics discussed in 2019 included:
- MDwise and Medicaid Updates
- Behavioral Health Follow-up and Hospitalization (FUH)
- Substance Use Disorder (SUD)
- Tobacco Cessation and Behavioral Health

Culturally and Linguistically Appropriate Services (CLAS)

MDwise remained committed to CLAS services in 2019. Organization accomplishments include continuing efforts to receive enhanced language, race and ethnicity data on our membership and providing language resources for members. MDwise offers a Culturally and Linguistically Appropriate Care Provider Toolkit for MDwise providers.

Behavioral Health Care
MDwise continued 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 to have quarterly meetings with CMHCs who were educated on the HEDIS specifications for FUH, APP, and APM. MDwise lead discussion on these HEDIS measures and discussed ways the CMHC could in developing ways improve them and the care to the members. MDwise continued to work on expansion of our Substance Use Disorder (SUD) network of providers to provide Residential, OTP, and MAT services.

MDwise Quality Improvement Activity Reporting Activities

Throughout the year, MDwise tracks progress on our comprehensive Quality Improvement Work plan. Written and oral MDwise Activity and Analysis reports are required for both clinical and service related planned activities. The Quality Improvement Committee meetings provide a forum for robust discussion, quantitative/qualitative analysis and evaluation of completed and ongoing quality improvement activities. The MDwise Activity and Analysis reports include quantitative analysis and trending of measures, barrier analysis and overall effectiveness measures.

MDwise Activity and Analysis Reports which cover the 2019 measurement year and were presented to various MDwise quality committees, are listed below:

Clinical Quality Improvement Activities in 2019

- **Behavioral Health**
  - Continuity and Coordination of Behavioral and Medical Healthcare
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  - Care Management/Disease Management Satisfaction
- **Appropriate Utilization of Care**
  - Appeals
  - Interrater Reliability
- **Patient Safety and Coordination of Care**
  - Potential Quality Issues - 2018

Service Quality Improvement Activities for 2019

- **Access to Health Plan**
  - Customer Service Call Center Statistics HHW/HIP(quarters 1 and 2)

- Customer Service Call Center Statistics HHW/HIP(quarters 3 and 4)
- Member Cultural and Linguistic Assessment HHW/HIP
- **Access to Services**
  - GEOAccess HHW/HIP
  - 24-hour Access to Services Audit – HHW/HIP
  - 24-hour Access to Services Audit– Behavioral Health
  - Language, Race and Ethnicity – Provider all lines of business
- **Member Satisfaction**
  - Grievances (quarters 1-2, 2019)
  - Grievances (quarters 3-4, 2019)
  - CAHPS Adult and Child Member Satisfaction Surveys
- **Provider Satisfaction**
  - Provider Satisfaction Survey

Key Clinical and Service Activities Identified for 2019.

Below is a short list of activities representing planned or continued activities that occurred in 2018, along with a brief status update:

Members:

- Continued Immunization Outreach calls to 6-month olds
  - Status: This was developed in late 2017 and accomplished in 2018. Calls started in February.

- Sent postcard, email and texts to all noncompliant members.
  - Status: MDwise has been doing these activities for several years as part of our Everyone Needs Checkups. Text was added in 2017.

- Promoted flu shots and dental exams via the member REWARDS program
  - Status: See REWARDs section, Page 9.

- Re-establish ER Outreach calls to members that use the ER for non-emergent reasons, using the IHIE notifications
  - Status: Continued in 2019.

- MDwise promotes Text4baby to its members on its website and in pregnancy materials. This is a national pregnancy text program that is widely used for Medicaid members.
- In 2019, MDwise promoted the federal Safelink free phone/service program without a text program. For 2020, MDwise is working to implement a free text program with these phones called CareMessage. The go live date is expected to be May 2020.
- MDwise implemented its own text program in 2019 to members that sign up with key words from any phone that they have. The general program is through key word Health

and includes texts about medical home, preventive care, transportation, benefits available to members, our disease management program, benefit renewal/redetermination, etc. We also have a specific text program with messaging about our Gateway to Work related program called WORKwise. Members can opt into this by texting the key word WORK to our short code. We are in the process of developing other text programs as we continue to use the tools.

Continued implementation of the pilot with CMHCs on opioid and alcohol use in pregnant

- Outreach by Care Management to members with Asthma and COPD, who have controller medication adherence issues
  - Status: Care Management continued to outreach to members based on medication adherence rates through Q1, 2019

- Improve identification and processing of HIP Medically Frail applicants.
  - Status:
- The composition of the Medically Frail team remained steady at 5 clinicians and one clerk over the course of the year. Clinical confirmations of Medically Frail members doubled and automated claims based confirmations remained steady over the course of 2019.

- Care management outreach to members with Schizophrenia or Bipolar Disorder who 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. Care Managers continue to educate members who are taking anti-psychotics to ensure they are managing their health. This outreach ended in 2019.
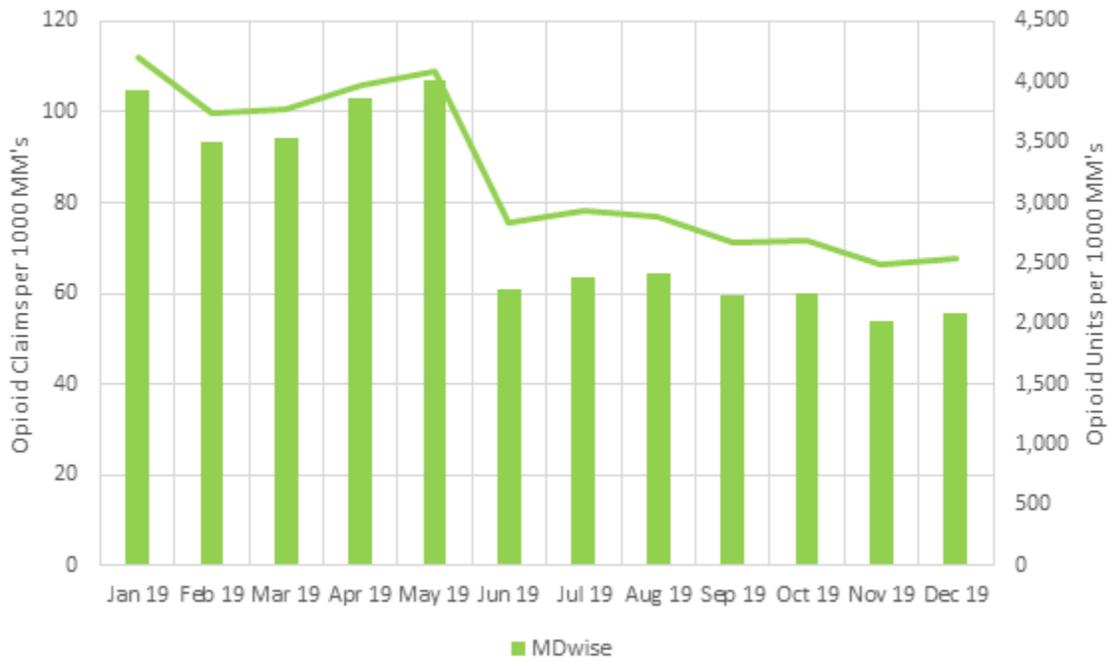
Providers:

- Audit of the MDwise provider directory
  - Status: An assessment of Physician Directory Accuracy was completed in 2019. MDwise achieved over 90% accuracy in office location and phone numbers for

primary medical providers (PMPs). One Hundred percent (100%) of the PMPs surveyed knew they were in the MDwsie network. MDwise internal staff effectively reached and completed the audit with 41 PMPs included. MDwise achieved over 86% accuracy in hospital affiliations for specialists. MDwise achieve nearly 99% accuracy for network participation for specialists. MDwise effectively reached and completed the audit with 98 specialists.

- 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 and continued in 2019.
  - Measuring individual effectiveness has proven a challenge with newly identified members and departing members. We have outreached thousands of members and prescribers.
- Channel Management Initiatives to change the way certain medications are sourced.
  - This program entails using the pharmacy benefit to provide certain medications which historically have been managed on a "buy and bill" arrangement with providers.
  - MDwise partnered with our Specialty Pharmacy providers to:
    - Have prior authorizations reviewed by the pharmacy team
    - Deliver the product directly to the providers location of administration
    - Bill the product through the pharmacy benefit.
  - Status: We successfully moved approximately 25 agents to this new sourcing methodology, and have reduced confusion, drug waste and expenditure while delivering high quality timely patient care.

- Following on the opioid limits from the past, MDwise added new rules around appropriate prescribing of Short-Acting and Long-Acting opioid agents. Additionally, we implemented new rules to avoid the concurrent use of Opioids and Benzodiazepines (i.e. taking *oxycodone* AND *alprazolam* at the same time). These rules are primarily designed to:
  - Continue our efforts to minimize the overall doses and Morphine Equivalent Dosage (MED) of all opioids.
  - Ensure patients using both Short and Long-Acting agents are using the same molecule for both as well.
  - Status: The new limitations on opioid prescribing were put into place in late 2017. We continued to experience reductions in both opioid prescription count and doses prescribed. We have been monitoring usage across MCEs as well.

HIP NORMALIZED OPIOID CLAIMS / UNITS

■ MDwise

HIP NORMALIZED PA / APPROVAL RATE

■ MDwise

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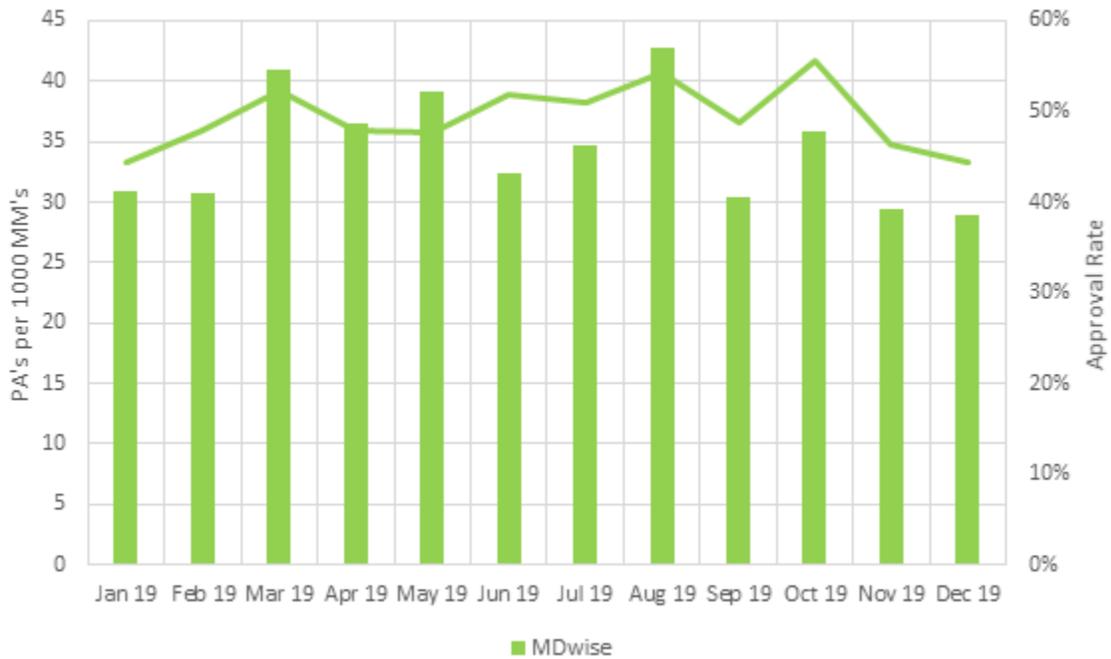
- Outreach to primary medical providers in cities with a high volume of members with a behavioral health inpatient hospitalization and low FUH rates.
- Status: MDwise Provider Relations (PR) department worked with primary medical provider offices in cities with a high volume of behavioral health inpatient hospitalization but a low FUH rate. PR representatives educated PMP offices about their role in FUH, specification changes over the last two years, and importance of assisting members in scheduling a behavioral health follow up appointment after hospitalization. Behavioral Health HEDIS measures were added to the PR provider agenda that was discussed at every PMP provider representative visit. The cities did not show improvement from 2018 rates to 2019 rates.

- Implement pay for outcome criteria for outpatient behavioral health providers
- Status: A plan to implement this incentive was formulated in early 2017 and was communicated to providers throughout the last two years. This incentive was provided based on HEDIS 2019 (MY 2018) rates. Incentives were paid out to Community Mental Health Centers for their efforts with the FUH measure.

Operations:

- 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. . Efforts continued in 2019.

Key Clinical and Service Activities Identified for 2020.
Below is a short list of activities representing planned or continued activities to occur in 2020:

Member:

- Improve Lead Testing rates through a monthly call to 10 and 22-month-old member parents who have not received the test
- Automated outreach to 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 geographical regions will continue being evaluated to ensure member needs are being met
- Care Management targeted outreach to members who have had overutilization of ER visits
- Our Pharmacy Benefit Manager (PBM), MedImpact and the MDwise marketing team successfully deployed an enhanced member portal to our website offering members expanded access to information about their prescription benefits, pharmacy locations, formulary look-up, drug therapy alternatives and other enhancements to our on-line / website functionality for members as well as improving NCQA compliance in the future.

- Limitations on tobacco cessation prescriptions have been removed, allowing members easier access to drug therapies to assist in their efforts to be tobacco free. Pharmacy claims, medical diagnosis and HNS results have been compiled and utilized to identify members who smoke for interventions moving forward.. Members are encouraged and educated about tools MDwise has available to assist in their desire to quit smoking, including educational materials, web tools, drug manufacturer programs as well as the importance of stopping smoking.
- Limitations on tobacco cessation prescriptions have been removed, allowing members easier access to drug therapies to assist in their efforts to be tobacco free. Pharmacy claims, medical diagnosis and HNS results have been compiled and utilized to identify members who smoke for interventions moving forward.. Members are encouraged and educated about tools MDwise has available to assist in their desire to quit smoking, including educational materials, web tools, drug manufacturer programs as well as the importance of stopping smoking.

Provider:

- Increase promotion of the Member Profile to all providers
- Promote Lead testing education and testing kit options
- Increase quality focus during provider visits through further integration with Provider Relations and Outreach staff
- Improve provider directory audit
- Continue 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. Pharmacy claims are now screened in real time for potential inappropriate low dose therapy using a custom pharmacy edit created with our Pharmacy Benefit Manger (PBM). It uses the ratio of quantity dispensed vs. day supply for members 18 to 64 years of age using a custom list of medications.
- 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 the MDwise prior authorization system to improve getting needed care
- The MDwise PA list will be reviewed and revised to better meet provider experience
- The pharmacy team reviews medical drug Prior Authorization (PA) and continues to work closely with medical management on this process. We have added five agents to the program effective 5/1/2020 and continue to evaluate agents for inclusion/removal. Providers affected by this type of change are notified to ensure smooth transition for current and future members.
  - J2507 KRYSTEXXA® (pegloticase)
  - J9042 ADCETRIS® (brentuximab)
  - J9356 HERCEPTIN HYLECTA™ (trastuzumab & hyaluronidase-oysk)
  - J9022 TECENTRIQ® (atezolizumab)
  - J7332 TRILURON™ (sodium hyaluronate)

Operations:

- Continue increased incentives in four OMPP priority areas
  - Tobacco Cessation
  - Chronic Disease
  - Substance Use Disorder
  - Employment Activities
-
- Systematic referrals from Customer Service and Care Management (Jiva) to the Indiana Quitline, for those members indicating they want to quit.
- Assess the effectiveness of the population health management strategy
- 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 functioning as Community Health Workers
- MDwise will develop means to better capture social determinants of health such as employment and education