



ProviderLink

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Managing Airway Disease

Help us help your patients have better control of their airway disease. This means ensuring they are on appropriately prescribed asthma controller medications, such as long-acting inhaled corticosteroids, and that they remain on the appropriately prescribed medications during the treatment period. **Please note that effective 4/1/2020 MDwise's preferred inhaled corticosteroid product will be ALVESCO (ciclesonide).** Previously, our preferred product was ARNUITY (fluticasone furoate).

MDwise previously advised of the implementation of a pilot program to improve airway medication adherence. Identified poorly adherent members and their physicians were sent letters based on the member's Proportion of Days Covered (PDC), calculated using their pharmacy claims history. For Q4 2019 we identified 516 members and 688 prescribers for notification.

MDwise analyzed adherence using PDC for just our Quality Improvement Plan (QIP) members as well as the entire population, including members continuously enrolled in both 2018 and 2019. The diagnosis-specific QIP members' PDC improved from 47.6% to 58.8% (+11.2%) year over year. The entire population, regardless of diagnosis, had an improvement from 68.2% to 76.3% (+8.1%) year over year.

Providers are always encouraged to educate patients about appropriate use of their airway disease medications. To aid in education, the National Heart Lung and Blood Institute (NHLBI) has excellent resources available online. An Asthma Action Plan, Asthma Tip Sheets, COPD and Vaccines: What You Should Know, Breathing Better with a COPD Diagnosis, and COPD Action Plan at a Glance can all be found by following this link: <https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources>.

Of particular note is the tip sheet which explains how to use various airway assistance treatment tools, i.e. dry powder inhaler, nebulizer, peak flow meter, etc. For additional resources, please see the MDwise website at <https://www.mdwise.org/for-providers/pharmacy-resources>.





Health Literacy Impact on Patient-Provider Interaction

The evidence supports that health literacy may interfere with patient-provider communication. Poor communication can impact the patient's care. Good patient-doctor communication helps the patient understand his/her healthcare needs and promotes adherence to the treatment plan.

One in three Americans lack health literacy or do not have the ability to obtain, process or understand basic health information. Understanding basic health information affects the patient's ability to comply with treatment and make sound decisions about their health.

Some tips to improve communication with patients:

1. Use plain, non-medical language.
 - Break complex information into understandable chunks.
 - Use simple language and define medical terms.
 - Use an active voice instead of passive.
 - Do not use acronyms.
2. Use visual aids.
 - Simple illustrations.
 - Images and videos.
3. Make good use of available technology.
 - Most people have a smart phone providing access to mobile applications.
4. Use effective teaching methods.
 - Open-ended questions.
 - Teach back to assess the member's understanding.
 - Speak more slowly when providing instructions. Be clear but respectful, and not patronizing.

Additional information can be found in these health literacy resources:

- US Department of Health and Human Services Quick Guide to Health Literacy
- American Association of Family Physicians (AAFP)
- Healthy People 2020

Lead Poisoning is Still a Relevant Concern – Make Lead Testing a Priority

The State of Indiana has increased the focus on the risk of lead poisoning in children and made lead testing a 2019 Pay for Performance (P4O) measure. It is a federal requirement to test all children enrolled in Medicaid at age 12 months and again by 24 months of age. Children ages three through six years should also be tested if not ever previously tested.

MDwise surveyed providers across all primary care settings to learn about barriers to lead testing and best practices; a Lead FAQ was developed based on feedback gathered directly from MDwise provider offices. Please review the Lead FAQ on our MDwise Quality webpage here: https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Quality/HEDIS/Lead_Testing_FAQ.pdf



Help Your Patients Quit Smoking – Indiana Tobacco Quitline



MDwise covers smoking cessation services for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) members. These services, in coordination with pharmacotherapy that is available under the Indiana Medicaid pharmacy benefit program, can be very effective in helping MDwise members to quit smoking. It is important that as a provider you talk with your patients about the risks of smoking at every encounter. **Utilizing the “5 As”**

model to discuss tobacco cessation is also an essential tool providers should use:

- Ask
- Advise
- Assess
- Assist
- Arrange

Refer patients for tobacco cessation counseling to the Indiana Tobacco Quitline at **I-800-QUIT-NOW (1-800-784-8669)**, or for mobile phone users, Text2Quit. Convenient “Quit Now” business cards and educational materials can be ordered for free from the Indiana Tobacco Quitline website.

Refer MDwise members via fax by using the custom form on the MDwise website at <https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Tools%20and%20Resources/SMOKE-free%20Resources/ql-fax.pdf>

MDwise will be helping educate the community by hosting various tobacco cessation events around the state. For information about tobacco cessation events in your area, please visit [MDwise.org/events](https://www.mdwise.org/events).

Sources:

*Agency for Healthcare Research and Quality.
Five Major Steps to Intervention (The “5 A’s”).
Indiana Tobacco Quitline*



Timely Prenatal and Postpartum Care



MDwise is committed to improving timeliness of prenatal and postpartum care for our pregnant members.

For timeliness of prenatal care:

- Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- Have a direct referral process to OB-GYN in place.
- Complete the Notification of Pregnancy form through CoreMMIS.
- The medical record must include a note indicating the date of prenatal care AND evidence of one of the following:
 - Obstetrical exam that includes auscultation for fetal heart tone.
 - Pelvic exam with obstetric observation.
 - Measurement of fundus height.
 - Evidence that a prenatal care procedure was performed.
 - Documentation of LMP or EDD in conjunction with either prenatal risk assessment or complete obstetrical history.

For postpartum care:

- Educate pregnant members on the importance of attending their postpartum visit after delivery.
- Schedule your patient for a postpartum visit within 7 to 84 days after delivery.
- Try to schedule the postpartum visit early enough to allow flexibility in rescheduling, if necessary.
- The medical record must include a note indicating the date when a postpartum visit occurred AND evidence of one of the following:
 - Pelvic exam.
 - Evaluation of weight, BP, breast and abdomen.
 - Notation of “postpartum care”, “PP care”, “PP check”, “6-week check”.
 - A preprinted “Postpartum Care” form in which information was documented during the visit
 - Perineal or cesarean incision/wound check.
 - Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
 - Glucose screening for women with gestational diabetes.
 - Documentation of any of the following topics:
 - Infant care or breastfeeding.
 - Resumption of intercourse, birth spacing or family planning.
 - Sleep/fatigue.
 - Resumption of physical activity and attainment of healthy weight.



As a reminder, MDwise has care management services to which you can refer your pregnant members. Call Customer Service at **1-800-356-1204** or complete the care management referral form in the myMDwise provider portal.

Substance Use Disorder



Substance use affects over 20 million Americans over the age of 21. Individuals may use the emergency department (ED) because they don't have access to outpatient treatment. Making sure members have timely follow-up care after being seen in the emergency department is critical. Not having a timely follow-up can hinder treatment progress and cause negative outcomes and drive up ED usage.

Referring a member to outpatient treatment when discharging from the emergency department can decrease hospitalizations, future emergency department use and improve member health outcomes. When scheduling an outpatient appointment, the provider should state that the member is being released from the hospital. The member should be given a copy of their discharge summary and be encouraged to share it with their outpatient provider.

MDwise is monitoring the percentage of members over the age of 13 years old that utilize the emergency department (ED) with a primary diagnosis of alcohol or other drug (AOD) abuse or dependence that had a follow-up visit within 7 days of the ED visit. MDwise also monitors follow-up appointments within 30 days. This HEDIS measure is FUA - Follow-up after emergency department visit for alcohol and other drug abuse or dependence. Contact MDwise Behavioral Health for more information on AOD and what you can do to improve this measure.

Sources:

Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>



IHCP Updates

In 2019 MDwise introduced a new way to request claim adjustments. This new process allows providers to fax or e-mail the request instead of calling Customer Service or filing a dispute.

A provider may submit a Provider Claim Adjustment Request Form if they believe a claim has been adjudicated incorrectly or a service denied inappropriately. The claim adjustment form must be submitted within 90 calendar days of the date of the MDwise explanation of payment (EOP).

The provider should complete the Claim Adjustment Request Form and attach a copy of the corrected claim, and/or any supporting documentation for the adjustment. The Claim Adjustment Request Form process is not available to a provider if the dispute process has been used and the provider was not satisfied with the outcome. The Claim Adjustment Request Form can be found here: www.mdwise.org/for-providers/forms/claims

Paper claims for Hoosier Healthwise and Healthy Indiana Plan should be mailed to:

MDwise/McLaren Health Plans: P.O. Box, 1575 Flint, MI 48501

Electronic claims should be sent to our new clearinghouse, Optum, at the following EDI numbers:

Hoosier Healthwise Payer ID: 3519M

Healthy Indiana Plan Payer ID: 3135M

2019-2020 remits are now available on the Optum Portal:

To view 2019 remittance advice, sign up with Optum EPS at the link below.
<https://myservices.optumhealthpaymentservices.com/registrationSignIn.do>

Have questions, concerns, or feedback for the IHCP and the MCEs?

Please email IHCPListens@fssa.in.gov to have them addressed during the Spring IHCP Workshops.

MDwise now has one authorization list for Hoosier Healthwise and Healthy Indiana Plan medical claims, which can be found on the MDwise website at <https://www.mdwise.org/for-providers/forms/prior-authorization>. Codes have been updated, so make sure you are viewing the most up-to-date version of the lists. Behavioral health services have a separate list that can also be found on this page.

We greatly appreciate your patience and look forward to continuing to partner with you in providing quality healthcare for our MDwise members. For questions on this article or any of our 2020 updates, please reach out to your dedicated Provider Relations Representative or call **317-822-7300 ext. 5800**.



1-800-356-1204 or 317-630-2831

Hoosier Healthwise and HIP

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