



ProviderLink

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In This Issue

Provider Tips: Notification of Pregnancy.....	1
Health Literacy Impact on Patient-Provider Interaction.....	2
Lead Poisoning	2
Prior Authorization Portal.....	2
Behavioral Health Quality Update.....	3
Timely Prenatal and Postpartum Care	4
Help Your Patients Quit Smoking.....	5
Increase Patient Safety.....	5
COVID-19 Vaccine and What You Need To Know.....	5
IHCP Updates	6



Provider Tips: Notification of Pregnancy

HIP Maternity Plans and Notification of Pregnancy submission reminder:

- **Members under the HIP Maternity plan receive the same benefit coverage as pregnant members under Hoosier Healthwise Package A Standard plan.** Please see BT2020116 and the IHCP Member Eligibility and Benefit Coverage Module for clarification on specific benefit limitations. Providers are reminded that office visits for concurrent medical conditions are covered for all pregnant members under these two programs. **The first prenatal visit using E/M codes 99201-99215 can be indicated with a pregnancy diagnosis,** the appropriate trimester modifier, and the expected date of delivery. For all other non-pregnancy related visits, providers must identify the appropriate ICD-10 diagnosis code for the condition as the primary or secondary on the claim and only indicate the appropriate diagnosis code for that condition in the diagnosis pointer field for the service billed. Please see the Obstetrical and Gynecological Services Module for further billing guidance and coverage limitations.
- **Submitting a timely Notification of Pregnancy will allow MDwise to identify possible risk factors early in the mother's pregnancy.** Providers may also be compensated for the submission. If you are unsure how to submit a Notification of Pregnancy, the Indiana Medicaid web site has a NOP training presentation that can be found at the following link: <https://www.in.gov/medicaid/providers>

In order to submit a claim for NOP, the following CPT code and modifier must be present:

- 99354 – TH
The diagnosis code on the claim must be from the “Prenatal and Preventive Pediatric Care Diagnosis Codes That Bypass TPL Cost Avoidance” list.

Hoosier

CARE CONNECT

You may have heard that Hoosier Care Connect is having a plan selection period. This does not affect patients that have Hoosier Healthwise or HIP health coverage. MDwise members in these programs don't need to take any action.



The Impact of Health Literacy on Patient Outcomes

One in three Americans lack health literacy or do not have the ability to obtain, process or understand basic health information. Adults living at or below 125 percent of the federal poverty level had a much lower average health literacy score than adults with higher income levels. Unfortunately, evidence shows that patients often misinterpret or do not understand much of the information given to them by clinicians.

Health literacy impacts an individual's ability to successfully manage their health and health care. Research shows literacy is a stronger predictor of health status than age, income, employment status, education level or racial and ethnic group.

Communication barriers caused by poor health literacy can lead to misunderstood health care instructions, prescriptions and appointment slips (no-shows), poor health outcomes and medical errors. For example, patients who self-manage chronic diseases such as asthma or diabetes will have poorer outcomes if they cannot understand written instructions for using metered-dose inhalers or for monitoring and recording their blood sugar levels. An infant with an ear infection will not benefit from treatment if her mother does not understand that the antibiotic the clinic prescribed is to be given orally, not put in the child's ear.

Some tips to improve communication with patients:

1. Slow down.
2. Use plain, non-medical language.
3. Do not use acronyms.
4. Show or draw pictures.
5. Limit the amount of information provided and repeat it.
6. Use the teach-back or show-me technique.
7. Create a shame-free environment and use patient friendly and culturally appropriate materials.

Additional information can be found in these health literacy resources:

- [JCAHO - What Did the Doctor Say?](#)
- [AHRQ Health Literacy Universal Precautions Toolkit](#)
- [Reducing Disparities in Health Care](#)

Prior Authorizations Portal

MDwise has implemented an online Prior Authorizations (PA) portal. This is the preferred method to submit your PA requests. For any assistance to submit PA requests and track decisions within the online PA portal, please contact us at **800-356-1204**, or via email at padept@mdwise.org.

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



The State of Indiana continues the focus on the risk of lead poisoning in children and made lead testing a 2020 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 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: www.mdwise.org/MediaLibraries



Behavioral Health Quality Update

A new year is a great opportunity to review behavioral health HEDIS measures and confirm providers are following procedures aimed at providing best standards of care. Here is a brief overview of each of the measures. For more specific information regarding each measure please visit mdwise.org/for-providers

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)

When prescribing a new medication, be sure to schedule a follow-up visit within 30 days to assess how the medication is working and to address side effect issues. Schedule this visit while your member is still in the office. Schedule two more visits in the 9 months after the 30-day Initiation Phase to continue to monitor your member's progress. If your member cancels an appointment, be sure to reschedule right away.

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

Educate your patients on how to take their antidepressant medications.

Important messages include:

- How antidepressants work, their benefits and how long they should be used.
- Length of time patient should expect to be on the antidepressant before they start to feel better.
- Importance of continuing to take the medication even if they begin feeling better.
- Common side effects, how long the side effects may last and how to manage them.
- What to do if they have questions or concerns.

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

Encourage patients diagnosed with schizophrenia to discuss any side effects, take their medication as prescribed, and refill their medication on time.

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

- Schedule an HbA1c test and an LDL-C test for members with schizophrenia and diabetes. Test yearly.
- To increase compliance, consider using standing orders to get labs done.



FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

Schedule the Seven Day Follow-Up visit after discharge to allow flexibility in rescheduling. Appointments on the day of discharge will not count towards this measure. If the appointment doesn't occur within the first seven days post-discharge, please schedule within 30 days. Involve the patient's caregiver regarding the follow-up plan after IP discharge.

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM)

Educate your patients on side effects of antipsychotics and risk of weight gain and diabetes. Perform at least one test for blood glucose or HbA1c, and at least one test for LDL-C or cholesterol yearly. Provide accurate billing to reflect that the above services were performed. Document what was done accurately and be specific.

USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APP)

Educate your patients on the importance of following up with a mental health professional. Refer the patient to a behavioral health provider for individual, group and/or family therapy to help monitor symptoms. Follow up with the patient/family to confirm they went to the therapy appointment.



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 seven 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.





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 **1-800-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 www.mdwise.org/SMOKE-free_Resources

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.

Sources:

Agency for Healthcare Research and Quality.

Five Major Steps to Intervention (The “5 A’s”).

Indiana Tobacco Quitline

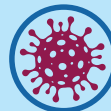
Increase Patient Safety – Engage Patients in their Care

Transitions of care pose a complex challenge for both providers and patients. Ineffective communication, including lack of patient engagement in treatment planning, is a key attributing factor to patient safety errors. Members with complex health needs are especially vulnerable to patient safety errors. Health literacy concerns and delayed or lack of follow up from patients further exposes a patient’s safety. Research has shown that involving patients and their support system (family members, friend) in the plan of care decreases adverse events. Engage patients in planning and equip them with tools to be prepared for new appointments and to be an active participant in their health.

The Agency for Healthcare Research and Quality (AHRQ) has developed a comprehensive toolkit for providers to improve transitions across care settings. The toolkit includes an instruction guide, a slide presentation for training purposes, a pre-intervention assessment tool, new appointment checklist and an appointment aid for patients. Check out this incredible resource at ahrq.gov/professionals

Internet Citation: Toolkit to Engage High-Risk Patients In Safe Transitions Across Ambulatory Settings. Content last reviewed December 2017. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/quality-patient-safety/hais/tools/ambulatory-care/safetransitions.html>

COVID-19 Vaccine and What You Need to Know



The COVID-19 vaccine has arrived in Indiana for Hoosiers aged 16 and up. To schedule an appointment or learn more information about the vaccine, please visit ourshot.in.gov.

Source:

<https://www.coronavirus.in.gov/vaccine/index.htm>

IHCP Updates

BT2020132: IHCP announces updates for ICD-10 codes, effective January 1, 2021

BT2020129: IHCP receives COVID-19 vaccine HCPCS update from CMS and AMA

BT2020128: IHCP to update rates for certain DME and medical supply items

BT2020127: IHCP to reimburse pharmacy providers for COVID-19 vaccine administration

BT2020126: IHCP clarifies enrollment and billing requirements for newly added behavioral health providers

BR202052: IHCP to change revenue code required for billing with procedure codes U0001-U0004; IHCP announces updates to procedure codes exempt from HAF, mass adjusts claims; IHCP announces effective date for Moderna vaccine HCPCS codes.

BR2020048: IHCP to mass process claims for certain inpatient services that denied incorrectly

BR2020046: Providers may resubmit claims for HCPCS code J9201 that denied incorrectly; IHCP to mass reprocess or mass adjust claims for HCPCS code Q5101 that denied incorrectly; IHCP to mass reprocess or mass adjust claims for TBI waiver service T2039 U7 that denied incorrectly

BR2020045: IHCP to cover CPT code 90694; IHCP to cover HCPCS code J9118; IHCP to mass adjust claims for nursing facility \$115 per resident daily add-on that paid incorrectly; IHCP to revise rates for select clinical laboratory services based on 2021 Medicare rates; Countdown to EVV implementation for personal care providers T-minus 7 weeks



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

Hoosier Healthwise and HIP

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