MDwise
A McLaren Company

• Hoosier Healthwise
• Healthy Indiana Plan

ProviderLink

Quarter 2 2023

MProvider CONNECT

MProvider Connect is an online tool that allows providers to enroll with MDwise. Providers who have an account can perform the following features online:

- Request participation in MDwise networks
- Enroll new practitioners and facilities
- Add locations to existing practitioners
- Update provider demographics
- Disenroll practitioners or terminate locations
- Submit inquiries to MDwise Provider Enrollment
- Check statues of previously submitted inquiries

MProvider Connect will replace the existing provider enrollment process of emailing prenrollment@mdwise.org and will still provide you with a ticket/reference number for every submission for tracking purposes.

Be on the lookout for updates and announcements from your dedicated MDwise provider representative or stay tuned to our website for updates and announcements. Any announcements will be published at www.mdwise.org/mdwise/mdwise-for-providers.

Check Your Coverage: Providers can help too!

During the federal public health emergency, Indiana Medicaid members were able to keep their coverage without interruption. Because Medicaid coverage protections are no longer included in the federal public health emergency, Medicaid is rolling out a plan to return to normal operations over the next 12 months.

Eligibility reviews (sometimes called redetermination actions) began in April 2023.

What This Means

Many Hoosiers could lose their benefits. Acting now could help them stay covered.

To make sure they have the right health coverage, they can visit the Indiana Family and Social Services Administration (FSSA) benefits portal and update their information as soon as possible. It takes less than two minutes!

For more information on how to help your patients: https://www.mdwise.org/mdwise/medicaid-eligibility-review-mdwise

Claims Timelines for Adjustments and Disputes

Providers may inquire about a claim at any time during the adjudication process. Providers are encouraged to use the myMDwise Provider Portal (www.mdwise.org) prior to contacting MDwise Provider Customer Service (1-833-654-9192) when trying to determine a claim status.

Claim Adjustment Requests

Providers who need to correct a claim may complete a Provider Claim Adjustment Request Form. The Provider Claim Adjustment Form must be received by MDwise within 60 calendar days from the date of the explanation of payment (EOP). A copy of the corrected claim and/or any supporting documentation for the adjustment must be attached to the form.

The claims adjustment process is not available to a provider if the formal claim dispute process has already been initiated. Providers may not utilize the Provider Claim Adjustment Form as an avenue to have the claim reviewed nor to extend the claim dispute timeframes.

Claims Disputes Requests

All in-network and out-of-network providers have the right to dispute a claim decision or action. If the provider remains dissatisfied with the reimbursement after reasonable attempts to correct or adjust a claim, the provider should submit a formal claims dispute.

Providers must file their claims dispute within 90 calendar days of the initial EOP determination. When submitting a dispute, the provider should include the Claims Dispute Form, explanation of payment, and a summary of the reason for disputing the claim.

Examples of denials that may constitute a dispute include:

- Timely Filing
- Coding Issues

The following do not constitute a dispute:
- New Claims
- Corrected Claims
- Medical Records
- Attachments (Consent forms, Invoices)
- Recoupments

Prior Authorizations Portal

MDwise has implemented an online Prior Authorizations (PA) portal. This is an additional, preferred method to submit your PA requests. If the "Online Prior Auth Portal" Instruction Manual does not answer your questions and you need additional clarity, please contact your provider relations representative for any assistance to submit PA requests and track decisions within the online PA portal.

Contact information here: https://www.mdwise.org/Uploads/Public/Documents/MDwise/MDwise-Provider-Relations-Territory-Map.pdf

The Impact of Health Literacy on Patient Outcomes

One in three Americans 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. This lack of health literacy leads to poor communication and inferior health outcomes. Evidence shows that a patient's unique sociocultural characteristics can contribute to a decrease in the quality of the healthcare received.

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 some other social determinants of health such as age, income, employment status, education level, race, gender identity and ethnicity.

Communication barriers caused by poor health literacy can lead to difficultly reporting symptoms, misunderstood health care instructions, misuse of prescriptions and missed appointments.

Some tips to improve communication with patients:

1. Slow down and use the patient's preferred communication method.
2. Use plain, non-medical language. Avoid medical jargon.
3. Do not use acronyms.
4. Use illustrations.
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.
8. Ask open-ended questions to help develop trust and ensure understanding.

Additional information can be found in these health literacy resources:

National Quality Forum. Cultural competency framework and practices. Available at: https://www.qualityforum.org/projects/cultural_competency.aspx

Health Equity Toolkit. Indiana Patient Safety Center. Available at: https://www.ihaconnect.org/Resources/Public/Patient%20Safety/2022%20Patient%20Safety%20Awareness%20Toolkit/Health%20Equity%20Toolkit_2022.pdf

AHRQ Health Literacy Universal Precautions Toolkit | Agency for Healthcare Research and Quality

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

Effective January 1, 2023, a law requires healthcare providers to confirm that children under 7 have been tested for lead, and if not, to offer this testing to the parent or guardian of that child.

IDOH requires that children should receive a blood lead test between the ages of nine and fifteen months, or as close as reasonably possible. It is also required that children have another blood lead test between the ages of 21 and 27 months. The IDOH also requires that any child between 28 and 72 months that does not have a record of a prior blood lead test must have the test done as soon as possible.

Remember that completion of a Lead Verbal Risk Assessment form does not meet the Medicaid testing requirement.

MDwise provides access to the AAP BrightFutures program; just follow the directions for enrollment in the MDwise provider portal (https://www.mdwise.org/mdwise/mymdwise-provider-portal).

To reflect the importance of universal lead testing, MDwise has established member and provider incentive programs.

References: Indiana Administrative Codes: 410 IAC 29-1-3, 410 IAC 29-1-25, IC-41-39.4-3

CDC: https://www.cdc.gov/nceh/lead/

AAPs Bright Futures Guidelines: https://brightfutures.aap.org/Pages/default.aspx

Indiana Department of Health, Lead and Healthy Homes Division: https://www.in.gov/health/lead-and-healthy-homes-division/

Indiana Poison Control: 1-800-222-1222, https://indianapoisoncenter.org/

MDwise Member and Provider Race, Ethnicity and Language Data

MDwise assesses member demographics to better understand language and cultural needs. A summary of race, ethnicity and language is then shared with the MDwise provider network.

Language MDwise obtains member language data in two ways. The first method is via the enrollment file sent by the state. The second method of data collection is by MDwise Customer Service during the health needs screening process for new enrollees. **The top five languages, for both HHW and HIP members are:**

- English: 93%
- Spanish: 5%
- Creole: 1%
- Burmese: 0.43%
- Arabic: 0.43%

MDwise also compiled race and ethnicity data on current HHW and HIP members from information received from the state enrollment file plus what was collected directly through the health needs screener. The top 5 are listed below:

- Caucasian/White: 82.8%
- Black/African American: 9.6%
- Hispanic or Latino: 7.2%
- Asian: 2.5%
- American Indian or Alaskan Native: 0.3%

Provider Data Collection

It is important that we continue to collect race, ethnicity and language information on physicians in the MDwise network as well. Why is it so important for providers to report this data? Data support the notion that some patients feel more comfortable with someone who shares a similar language or racial/ethnic background. Patient/provider communications and patient satisfaction are often enhanced when a common language or culture is shared. MDwise posts languages available in provider offices in the MDwise Provider Directory for members. MDwise also uses the information that we collect to map members and providers by language as well as race/ethnicity to determine where recruitment efforts are needed or if there are other gaps in meeting member needs. Thank you to the providers who have provided this vital information. If you have questions about MDwise member demographics or would like to provide yours, please feel free to contact your MDwise Provider Relations representative.

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. Below are several important measures to focus on in the coming year. For more specific information regarding each measure please visit mdwise.org/for-providers

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

Ensure your patients who have been hospitalized for a mental health diagnosis receive proper follow-up by scheduling appointments prior to a patient's discharge from the hospital. Schedule a follow-up appointment within seven (7) days of the anticipated hospital discharge date. Follow up with your patient to see if they attended the appointment and if not, schedule another appointment within thirty (30) days of their hospital discharge date.

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR SUBSTANCE USE DISORDER (FUA)
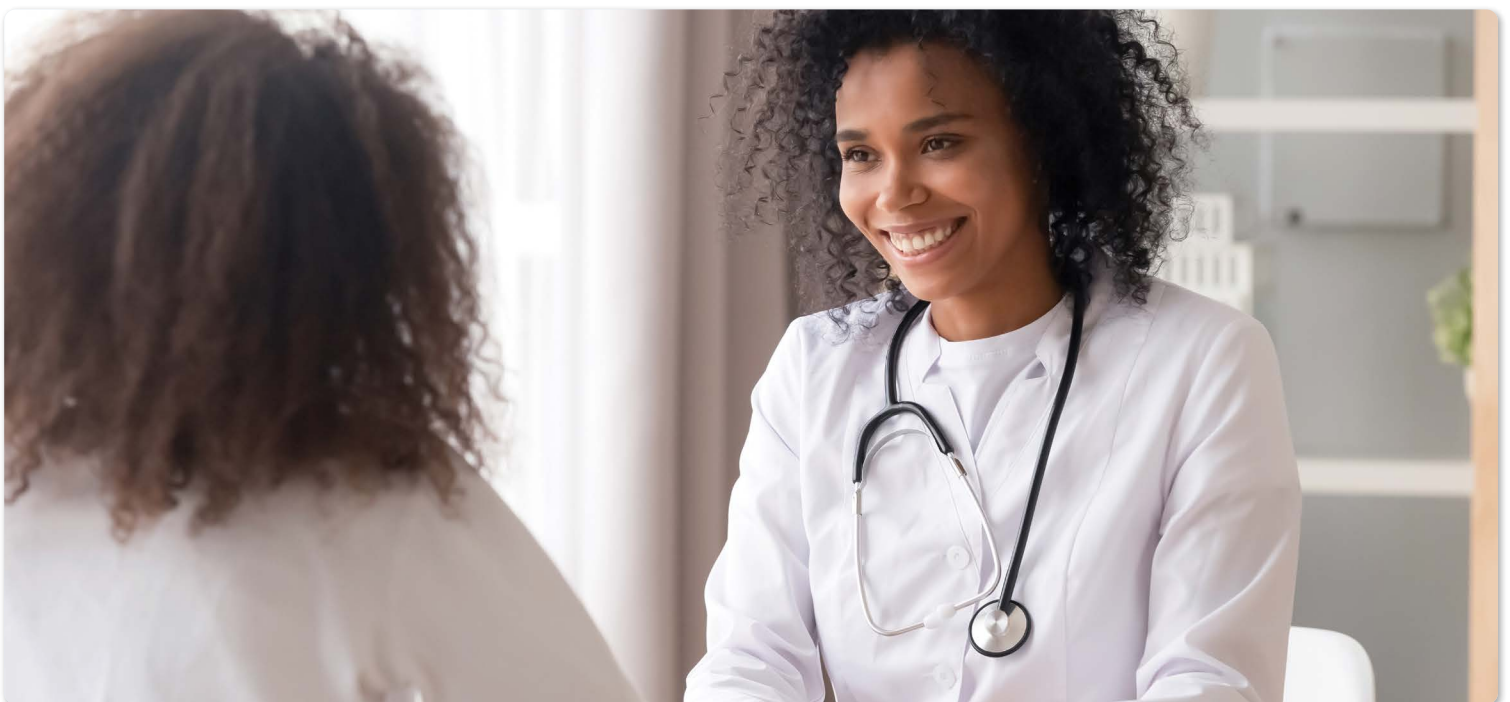
Educate your patients about appropriate use of the emergency departments. Make sure patients have an appointment with a medical or behavioral health provider within seven (7) days of being seen in the emergency department. Follow up with your patient to see if they attended the appointment and if not, schedule another appointment within thirty (30) days of their service date at the emergency department.

INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT (IET)

Patients with substance use diagnoses have special needs and should be closely monitored for safety and security risks. When conducting initial assessments or intake appointments with patients that meet requirements for a substance use diagnosis, ensure that follow-up appointments are scheduled at the time of their initial appointment. Use these appointments to track their initiation of recommended substance use treatments. Patients with substance use diagnoses and recommended treatments should engage in their treatment within fourteen (14) days of the recommendation, i.e., the initial appointment. Plan to follow-up with these patients two weeks after their initial appointment to see if they attended any treatment appointments, if not, be sure to reschedule their treatment start date so that it falls in the thirty-four (34) day window between the day of the initial appointment and the day they began treatment.

Following the above tips will ensure that you meet these HEDIS measures and provide the highest quality care for your patients.

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. In 3 minutes or less a life can be safe by utilizing the model to:

- **Ask:** Every Patient/Every Visit/Non-Judgmental
- **Advise**: Be Clear/Be Strong/Be Personal
- **Refer**: Fax Referral/Online Referral/E-Referral

The Indiana Tobacco Quitline is a free resource that provides evidence-based counseling and support services to help individuals quit smoking. The Quitline is staffed by trained coaches who offer personalized advice and assistance to help smokers quit. Coaches are available via phone, or online chat, making it easy for patients to get help wherever they are.

Here are some ways that the Indiana Tobacco Quitline can help patients quit smoking:

1. **Personalized Quit Plan:** Coaches work with each patient to develop a personalized quit plan that is tailored to their specific needs and goals.

2. **Counseling and Support:** Quitline coaches provide counseling and support services to help patients deal with the physical and emotional challenges if quitting smoking.

3. **Nicotine Replacement Therapy:** The Quitline can provide information about nicotine replacement therapy (NRT) products, such as gum, patches, or lozenges, that can help ease withdrawal symptoms and cravings.

4. **Referral to Additional Resources:** if needed, coaches can refer patients to additional resources, such as support groups or healthcare providers, to help the quit smoking.

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. **You Can Help — Quit Now Indiana**

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. Events | MDwise

Sources: Providers Can Play a Key Role in Fighting Tobacco Use. Indiana Tobacco Quitline

Increase Patient Safety with Effective Patient-Provider Communication

Effective communication between patients and healthcare providers ensures that patients receive the best care possible. Patients need the ability to communicate their symptoms, concerns, and medical history accurately; and healthcare providers need to understand and interpret this information correctly.

Poor patient-provider communication risks patient safety, poor health outcomes, and malpractice liability. Members with limited English proficiency are especially vulnerable to these risks. Read The Case of Willie Ramirez and how a single communication error and lack of language services resulted in a $71 million malpractice settlement.

Research has shown that proper communication involving patients improves patient safety and lowers the possibility of adverse events.

To ensure proper communication, familiarize yourself with our MDwise language services or reference our toolkit (need to find the toolkit). All language services outlined in the toolkit are at no cost to our members. When working with a medical interpreter, here are a few best practices.

Before the visit:
- Ensure pre-visit planning is part of the process. During pre-visit planning, identify whether the patient will need an interpreter, or documents translated into a different language and have those ready to go prior to the appointment start time. During pre-visit planning, it is also important to discuss cultural needs that this patient may have, if those are documented in the patient's history in the medical record. Make sure the care team is prepared for those needs.
- If possible, have a discussion with the interpreter before the appointment to give a summary of the appointment.

During the visit:
- Speak in shorter sentences with pauses to allow the interpreter to translate without interruptions.
- Keep eye contact with the patient and not the interpreter.
- Avoid jargon.
- Use the teach-back method.

After the visit:
- Ensure there are notes in the chart about the patient's chosen language, that can be seen by the nurses and scheduling teams, so that if the patient calls back in with a question, they can be routed to an interpreter who can assist in providing them assistance in their preferred language, and so that any text, email or message campaigns can be sent in that patient's spoken language.
- Obtain feedback from the patient, to ensure they were able to have their questions answered and needs met during the visit.

In addition to ensuring effective communication during the visit, there are other strategies to engage the patient and family throughout the healthcare experience in efforts toward improving patient safety and reducing medical errors and risks to the patient. The Agency for Healthcare Research and Quality maintains a Guide to Patient and Family Engagement, and updates this resource periodically based on the latest evidence-based research. The Guide can be found by following this link:

Guide to Patient and Family Engagement in Hospital Quality and Safety | Agency for Healthcare Research and Quality (ahrq.gov)

For more tips, check out this incredible resource from the HHS Office of Minority Health and the Agency for Healthcare Research and Quality (AHRQ).

IHCP Updates

Indiana Health Coverage Programs (IHCP) Bulletins provide official notice of new and revised policies, program changes, and information about special initiatives. To ensure you don't miss important information please visit the IHCP website via www.in.gov/medicaid/providers.

MDwise would like to highlight the below IHCP Bulletins that have recently been published.

BT202323: FSSA announces CMS approval for LARC device carve-out for FQHC and RHC providers.

BT202319: IHCP introduces new program for qualified members losing HIP eligibility.

BT202318: IHCP rescinds temporary provider enrollment changes.

BT202315: Medicaid member eligibility review actions to resume.

BT202304: IHCP announces end to member continuous eligibility.

1-800-356-1204 or 317-630-2831
Hoosier Healthwise and HIP

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HiP
HEALTHY INDIANA PLAN

Hoosier Healthwise
Support & Services
for Pregnant Women,
Babies, Children & Teens

Visit Mdwise.org/mdwise/mdwise-for-providers **for additional information and tools for providers.**

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