



ProviderLink

2021

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Behavioral Health Member Satisfaction Survey

Each fall, MDwise sends a satisfaction survey to members that have had a behavioral health appointment within the last year. MDwise reviews certain questions that are most associated with member satisfaction. The survey asks members the following questions:

- In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?
- In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?
- In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?
- In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?
- In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?
- In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?

Talking to your patients about the survey and encouraging them to respond may help increase the number of returned surveys and get the most accurate results.



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.



Alternate Language Translation & Interpretation Services

Materials and Services in a Member's Preferred Language and Format

MDwise members can receive materials in their preferred language and/or format, as well as face-to-face interpretation for covered services, all free of charge. If an MDwise member requests materials in their preferred language and/or format, or face-to-face interpretation, the member can call customer service at **1-800-356-1204**.



365 Day Rule



Providers have 365 days to bill newborn claims for the first 30 days of life. This extended timeframe is to allow time for the newborn member to be assigned a member identification number (MID), and for providers to be able to bill claims using that MID. Newborn claims should never be billed using the mother's MID. Also, be sure to bill the newborn claims using the correct member birthweight diagnosis. Failure to bill with the correct MID or diagnosis could result in a denied or rejected claim.



Does Your Patient Need Additional Support?

Refer to MDwise Care Management/Case Management through the Provider Portal (Care Management Forms) or call Customer Service at **1-800-356-1204** and request a Case Management referral.

MDwise is committed to the ongoing support of our members. MDwise promotes empowerment of members with chronic health care needs and support of provider interventions through our care management programs.

- Care management is a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant. MDwise identifies case/care management as an integral component of medical management.
- Care management involves the development and implementation of a coordinated, member-focused plan of care, which meets the member's needs and promotes optimal outcomes.
- Care management objectives include developing and facilitating interventions that coordinate care across the continuum of health care services; decreasing fragmentation or duplication of services; and promoting access or utilization of appropriate resources.

Case/Care management referrals may include those members with multiple, complex, frequent or special needs, which may be due to an individual's catastrophic, high risk or potential risk, behavioral health diagnoses, co-morbidities or chronic health problems.

MDwise supports our members through different levels of care management activities.

- 1. Population-based (Low Risk):** Disease-specific materials and preventive care reminders (see care gap alerts), as well as:
 - a. SMOKE-free information.
 - b. MDwise Newsletter.
 - c. MDwise IVR reminder calls.
 - d. NURSEon-call audio Library.
 - e. My WellnessZone.
- 2. Care Management (Moderate Risk):** Members receive all low-level interventions AND periodic contact with a Health Advocate or Care Manager with specific

training in this clinical area. The Health Advocate/Care Manager provides member support and education telephonically. The goal of the Health Advocate/Care Manager is to empower the member to better understand the disorder and self-manage the condition as well as to coordinate care between providers, social services, schools and the community. This intervention will occur on a regular basis until the Health Advocate graduates the member to low risk based on the members demonstration to the Health Advocate/Care Manager that they understand how to coordinate care for their condition of interest and understand basic self-management techniques.

- a. Focus on education and coaching specific to referral from Provider.
 - b. Refers to Case Manager if member's degree of risk is more complex.
 - c. Arranges education and/or classes as necessary and appropriate.
 - d. Assists with scheduling appointments.
 - e. Promotes access to other population-based services including transportation and nurse triage line.
 - f. Promotes preventive care visits.
 - g. Emergency room notification follow-up.
- 3. Complex Case Management (High Risk):** Includes frequent contact to develop member-centered goals to support self-management activities. MDwise may periodically adjust the plan of care as member needs change or new knowledge about the member's needs develops. The phone-based intervention will attempt to reach all MDwise identified program eligible members through the application of interactive voice response (IVR), or live person. Indicators are established as a mechanism to determine the member has achieved the maximum benefit from the level of intervention and therefore transitioned into a lower level of care. A transition plan is developed to ensure the member continues with his/her self-management activities. Changes identified in the member's risk will result in continuation of disease management service.

Continued on page 4.

- a. Member specific care plan developed that includes measurable short and long- term goals as well as defined milestones to assess the member's progress and clearly define accountability and responsibilities.
- b. Coordinates care with the practitioner involved in the member's care and includes them in the development and execution of the care plan, which is reviewed periodically to adjust for progress or barriers.
- c. Ensures follow-up with a specialist, if appropriate. Consults with a clinical pharmacist resource (Butler University/Purdue University/DS Medical Directors/ MDwise MTM support) for support, if needed, in making recommendations to practitioner when medications are not consistent with guidelines and member is unable to gain control of symptoms.
- d. Arranges home health visit(s) or education and/or classes as necessary and appropriate.
- e. Conducts detailed education appropriate for stage of disease assisting in member transitioning from inpatient to ambulatory care.
- f. Conducts care conferences with the member and providers as needed.
- g. Assists with scheduling appointments.
- h. Emergency room notification follow-up.
- i. Right Choices Program if applicable

E-Prescribing

Together with its Pharmacy Benefits Manager (PBM), MedImpact, MDwise provides physicians and other health care providers services to assist with the process of prescribing drug therapy for their patients. Prescribers have access to patient-specific prescription eligibility, medication history, and basic formulary information for consenting patients in both inpatient and outpatient settings. This exchange of essential intelligence between prescribers and the MDwise PBM enables physicians to write an informed prescription at the point of care. The MDwise PBM interfaces with e-prescribing connectivity vendors to deliver these services to physicians who treat MDwise members.

MDwise e-prescribing applications enable a prescriber to use a computer or hand-held device to:

- **Electronically access the patient's prescription benefit.**
 - Electronically accessing a patient's prescription benefit, both formulary and eligibility, allows prescribers to choose medications that are on formulary and are covered by the patient's drug benefit.
 - Prescribers can also choose lower-cost alternatives such as generic drugs.
 - Dispensing pharmacies are less likely to receive prescriptions that require changes based on the patient's drug benefit, which, in turn, reduces unnecessary phone calls from pharmacy staff to physician practices regarding drug coverage.
- **With the patient's consent, electronically access that patient's prescription history.**
 - Electronically accessing a patient's prescription history allows prescribers to receive important information on their patients' current and past prescriptions and to become better informed about potential medication issues with their patients (e.g., catching potentially harmful drug-to-drug and drug-allergy interactions).
 - Prescribers can also gain insight into a patient's medication adherence by understanding the dispensing cycle of a prescription.
- **Electronically route the prescription to the patient's choice of pharmacy.**
 - Exchanging prescription information electronically between prescribers and pharmacies improves the accuracy of the prescribing process.
 - E-prescribing also saves time, primarily as the result of reduced pharmacy phone calls and faxes related to prescription renewal authorizations as well as from a reduced need for pharmacy staff to key in prescription data.

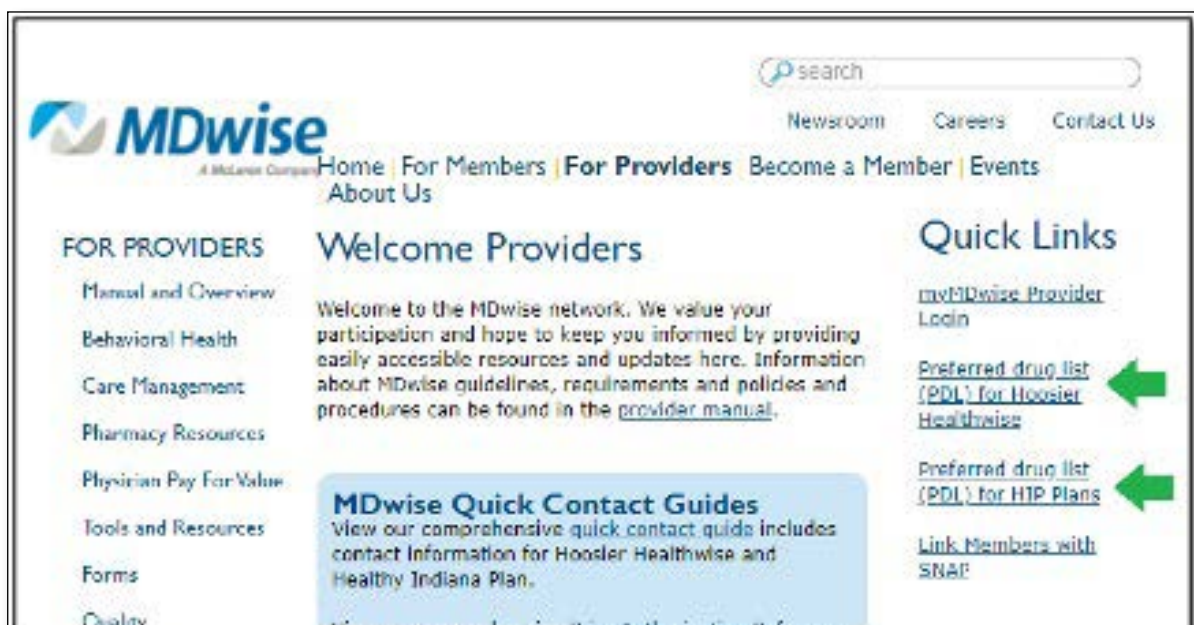
ONLINE FORMULARY SEARCH

MDwise Formularies may be accessed online by visiting MDwise.org.

- From the MDwise home page, click on the 'For Providers' tab on the horizontal bar across the top of the page.



- Next, select one of the **Quick Links** along the right side of the page:
 - Preferred drug list (PDL) for **Hoosier Healthwise**
 - Preferred drug list (PDL) for **HIP Plans**



- Next, for **HIP Plans only**, select **'Find a Drug'** for the applicable MDwise Plan. For **Hoosier Healthwise**, proceed to the next step.

The screenshot shows the MDwise website's 'Pharmacy Resources for HIP' page. The page includes a navigation menu with links like 'Home', 'For Members', 'For Providers', 'Become a Member', and 'Events'. A sidebar on the left lists various resources such as 'Manual and Overview', 'Behavioral Health', and 'Claims'. The main content area describes MedImpact as the pharmacy benefit manager (PBM) and claims processor. It lists responsibilities like processing claims, maintaining the formulary, and auditing providers. There are sections for 'Questions Concerning Prior Authorizations?' and 'Formulary and Pharmacy Search'. A green arrow points to a box containing three links: 'Find a drug for HIP Plus members', 'Find a drug for HIP Basic members', and 'Find a drug for HIP State Plan members'.

- You may search by **Brand** or **Generic Name** in the search box.
- Or you may search by **Therapeutic Class** by selecting the desired therapeutic class from the list of options.

The screenshot shows the MDwise 'Drug Search' interface. It includes the MDwise logo and a search box. Below the search box, there are instructions on how to search the drug list. A list of therapeutic classes is provided, with 'Brand & Generic Name Search' highlighted by a green arrow. Other options include 'Alphabetical Search' and 'Therapeutic Class Search'.

- Once the search is executed, all available strengths in both **Brand** and **Generic** (if available) will be listed.

The screenshot shows the search results for Nexium. The results are listed in a table-like format with columns for drug name, strength, and formulation. The results include various strengths and formulations of Nexium, such as 'NEXIUM IV INTRAVENOUS RECON SOLN 40 MG', 'NEXIUM ORAL CAPSULE DELAYED RELEASE (DR/EC) 20 MG', and 'NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG'. The results are sorted by strength and formulation.

- By clicking on an individual medication from the options listed as described above, additional details will be provided such as the therapeutic class, status (i.e. formulary tier or status) and additional notes & restrictions.
 - Select the icon(s) in the 'Notes & Restrictions' section to show additional details about the note or restriction (i.e. limits or quotas).
- Further, therapeutic alternatives may be viewed by clicking on the drug class in the 'Therapeutic Class' section.

Drug Search: nexium oral capsule, delayed release(dr/ec) 40 mg
2 drug(s) found
To view other medications in a therapeutic class, click any class hyperlink in your search results.

BRAND NAME	Therapeutic Class	Dose/Strength	Status	Notes & Restrictio
<small>generic name</small>	<small>Sub-Class</small>			
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg @	PPI/PPIR GASTROINTESTINAL DISORDERS - ULCER DISEASE Proton-Pump Inhibitors	CAPSULE, DELAYED RELEASE(DR/EC) 40 mg	T1	
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG <small>esomeprazole magnesium 40 mg capsule, delayed release</small>	SEE THERAPEUTIC ALTERNATES	CAPSULE, DELAYED RELEASE(DR/EC) 40 mg	NF	

Definition of Status

Icon	Status	Definition
	Tier 1	Generic
	Tier 2	Brand
	Tier 3	Essential Health Benefits/Affordable Care Act 50
	Non-Formulary	Non-Formulary

Definition of Restrictions

Icon	Restriction	Definition
	Additional	Additional Information

EXCEPTION REQUESTS / PRIOR AUTHORIZATION

Members and prescribers have the right to request a timely review for coverage of a non-formulary pharmaceutical based on medical necessity as determined by the member's clinical needs. This exception request may occur before coverage is denied and can possibly resolve the request before it may become a formal appeal.

Healthy Indiana Plan and Hoosier Healthwise

Prescribers have the option of calling MedImpact directly to submit exception or prior authorization (PA) requests. MedImpact operates a dedicated telephone queue for intake of PA requests. PA staff is available on a toll-free phone line (800-788-2949) for PA case intake and inquiries from 9:00 a.m. through 9:00 p.m. Eastern Time, Monday through Friday. Requests and supporting information may also be sent by fax to the MedImpact PA department at 858-790-7100. This line operates 24 hours per day, 7 days per week, 365 days per year. In addition, the MedImpact Contact Center staff is available on a toll-free phone line (HIP/HHW 844-336-2677) 24 hours per day, 7 days per week, and 365 days per year to answer questions about the status of a request.

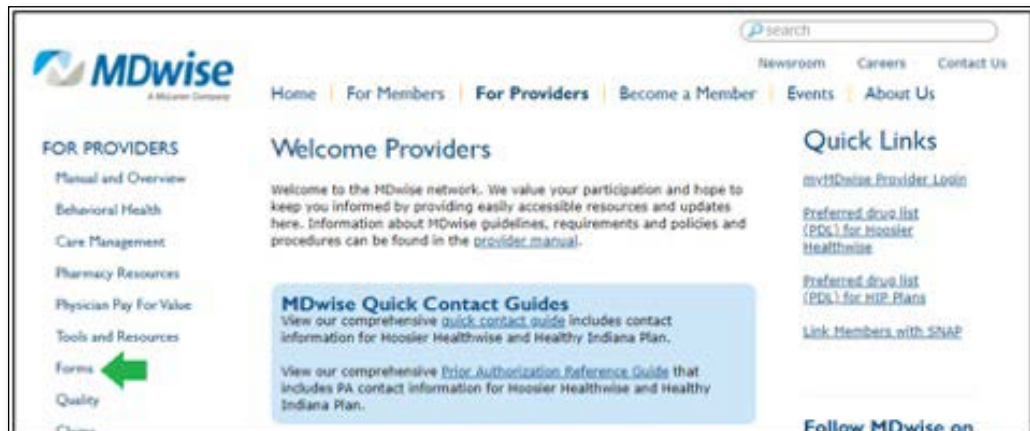
ACCESSING MEDICATION REQUEST FORMS (MRFs)

MDwise Medication Request Forms (MRFs) may be accessed online by visiting MDwise.org.

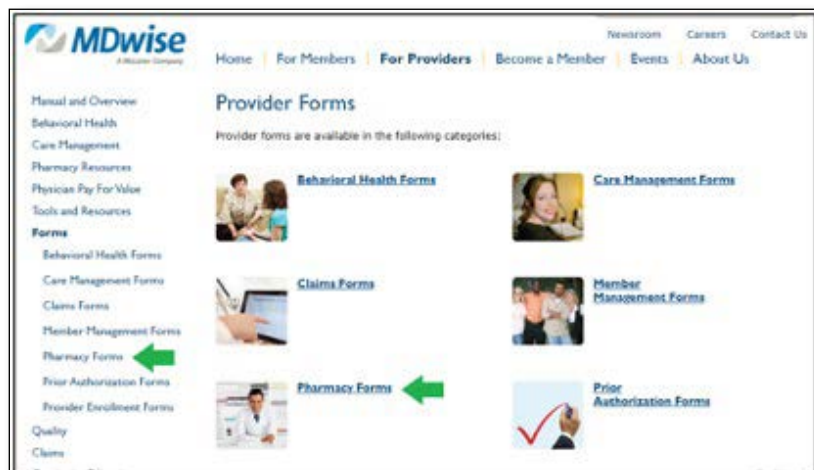
- From the MDwise home page, click on the **'For Providers'** tab on the horizontal bar across the top of the page.



- Next, select **'Forms'** along the left side of the page:



- Then, select **'Pharmacy Forms'** along the left side of the page or under the **'Provider Forms'** category area:



- All available MRFs are listed.
 - Hoosier Healthwise and Healthy Indiana Plan have Drug Specific and Drug Category Specific MRFs, as well as forms for all other drugs and Brand Medically Necessary (BMN) Medication requests.
- For Brand Medically Necessary Medication requests, the FDA MedWatch form must accompany the MRF when submitting to MedImpact for review for Hoosier Healthwise and Healthy Indiana Plan. A link to the MedWatch form is provided on the MRF.

Pharmacy Forms

Mail Order Pharmacy

- [Postal Prescription Services \(PPS\) Form for Hoosier Healthwise and HIP](#)

Pharmacy Prior Authorization Quick Reference Guide

- [Pharmacy Prior Authorization Quick Reference Guide for Hoosier Healthwise and HIP](#)

Pharmacy Appeals Coversheet

- [Pharmacy Appeals Coversheet for Hoosier Healthwise and HIP](#)

Medication Request Forms for Hoosier Healthwise and HIP

- [Brand Medically Necessary Medication](#) ←
- [Actemra](#)
- [Antipsychotics](#)
- [Benzodiazepine and Opioid Concurrent Therapy PA Request Form](#)
- [Buprenorphine/naloxone \(Bunavail, Suboxone Films, and Zubsolv\)](#)
- [BZD/Sedative Hypnotic Therapeutic Duplication Medical Necessity](#)
- [Cimzia](#)
- [CNS Stimulant Therapeutic Duplication Medical Necessity](#)
- [Cordarone](#)
- [Cosentyx](#)
- [Diabetic Test Strips](#)
- [Enbrel](#)
- [Entresto](#)
- [Humira](#)
- [Kineret](#)
- [Lyrica CR \(controlled-release\)](#)
- [Lyrica IR \(immediate-release\)](#)
- [MS Interferons \(Avonex, Betaseron, Extavia, Plegridy, Rebif\)](#)
- [Opioid Analgesic Medical Necessity](#)
- [Oracea SC](#)
- [Otezla](#)
- [Pulmicort](#)
- [Simpsoni](#)
- [Stelara](#)
- [Synagis](#)
- [Xelians](#)
- [Medication Request Form \(MRF\) for all other drugs](#)

If you have questions about using this website or these tools, please call MDwise Customer Service at **1-800-356-1204**.

Provider Balance Billing

It is important to remember, except for a very few exceptions, a Medicaid member cannot be billed for health care services. Please review your provider manual for these exceptions and the criteria you must meet before billing a member.

If a provider has received payment on a Medicaid claim, the member may never be asked to pay an additional amount, or be balance-billed, for that claim. Providers may bill a Healthy Indiana Plan (HIP) member for a co-pay if the member was unable to pay at the time of service. These co-pays are anywhere from \$4 for an office visit to \$75 for a hospital stay.



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 MDwise recently updated our preferred inhaled corticosteroid product, and moving forward, our preferred product will be ALVESCO (ciclesonide).** Previously, our preferred product was ARNUITY (fluticasone furoate).

MDwise expanded our prior pilot program to improve airway medication adherence from targeted patients to our entire Medicaid membership as of October 1st, 2020. Members who are identified with certain medical conditions including Asthma and COPD are eligible for our Medication Therapy Management (MTM) program. These two conditions are among the most common diseases our members could improve their adherence.

Historically, MDwise analyzed adherence using Proportion of Days Covered (PDC) for our population. Members who take part in education and intervention programs for airway disease have shown adherence improvement of about 10%. This improvement in adherence helps reduce members needing to visit an Emergency Department for airway issues, as well as improving their overall health.

Providers are encouraged to educate members about appropriate use of their airway disease medications. To aid in education, the National Heart Lung and Blood Institute (NHLBI) has some great resources available online.

Included is the Asthma Tip Sheets which explains how to use various airway assistance treatment tools, i.e. dry powder inhaler, nebulizer, peak flow meter, etc. The tip sheets as well as the following resources can be found at nhlbi.nih.gov.

- Asthma Tip Sheets
- Asthma Action Plan
- LMB: COPD and Vaccines: What You Should Know
- COPD Learn More, Breathe Better: Breathing Better with a COPD Diagnosis
- COPD National Action Plan At-A-Glance

Additionally, educational videos on the proper use of an asthma inhaler with and without a spacer can be found on the website of the Centers for Disease Control and Prevention (CDC) at cdc.gov/asthma/inhaler_video.

For additional resources, please see the MDwise website: mdwise.org/for-providers/pharmacy-resources





Medication Therapy Management Program

MDwise, Inc. in collaboration with our Pharmacy Benefits Manager (PBM), MedImpact, is offering Medication Therapy Management (MTM) services to our Hoosier Healthwise and HIP members. MedImpact works directly with MedWiseRx™, formerly known as SinfoniaRx, to proactively review our members' claims history identifying drug therapy improvements that can be made on the member's behalf to improve overall health.

Five key things that are part of a good MTM program are drug history reviews, a member's drug list, a member action plan, interventions or referrals and a comprehensive medication review (CMR).

Our partner vendor, MedWiseRx™, addresses each of these items that are key to a review and a plan to be sure members are getting the most benefits from their prescription therapy.

Members become automatically eligible for a one-on-one consultation with a qualified MTM pharmacist or other trained health care provider if they meet at least three (3) of the following chronic diseases:

- Asthma
- Chronic Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Dyslipidemia
- Hypertension

Members may also be eligible for review if they take several medications, are seen by multiple doctors, or get prescriptions filled at more than one pharmacy. Every qualifying member will also receive information regarding the safe disposal of controlled substance prescription drugs, drug take back programs, in-home disposal and cost-effective means to safely dispose of such drugs.

The goals of the MTM Program include factors like:

- Improving how well a member takes their medication
- Finding and fixing gaps in drug therapy
- Educating members about their medication
- Removing unnecessary treatments or duplicate therapies
- Identifying adverse events which can be eliminated or reduced through better drug therapy choices
- Ensuring members get needed screenings and tests to monitor drug therapy

Physicians or members may be contacted via phone, text, or other electronic method of communication by MedWiseRx™ inquiring about the member's prescription drug therapy. We encourage members to take advantage of the MTM Program services that are designed to improve the member's medication use and overall health.

If you have questions about the MTM Program, please call MDwise Customer Service at [1-800-356-1204](tel:1-800-356-1204).



Provider Portal

The MDwise Provider Portal offers many benefits to providers. You can login to view member claims, access the Member Health Profile, verify eligibility and access quality reports in addition to many other benefits. To access the MDwise Provider Portal, go to MDwise.org/for-providers, and click on the myMDwise Provider Login link on the right under "Quick Links." To view EOBs a provider would need to enroll with Optum Pay.

To enroll with Optum Pay visit [Optum](https://Optum.com) and click the "HOW TO ENROLL" link at the top and follow the easy steps to create a profile to begin viewing EOBs as well as accepting ACH payments.

The Member Health Profile (MHP) allows the PMP/ Behavioral Health provider to view their members' medical and pharmacy claims for all doctors that see the member. This information can assist in coordination of care by showing the member's benefit service limitations and usage for the last 12 months. For example, if a member received a new pair of glasses in January from Dr. Jones, this will show in the MHP under the Member Medical Claims section. PMPs can use this information to identify the gaps in care and better manage the member's overall care plan.

To access the Member Health Profile, providers can request access by completing the request form on the Provider Portal.

For additional questions on access to the Provider Portal and the Member Health Profile, please contact the MDwise Provider Relations department at [317-822-7300](tel:317-822-7300) ext. 5800.



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

Hoosier Healthwise and HIP

MDwise.org/providers



Hoosier Healthwise

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



Visit MDwise.org/providers for additional information and tools for providers.



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