



# ProviderLink

Your Quarterly Connection to Smart Solutions For MDwise Providers

## MDwise to Reject Claims Without a Patient Account Number

Effective February 1, 2012, the Office of Medicaid Policy and Planning (OMPP) is requiring MDwise to require providers to submit the provider’s patient account number on all claims (CMS-1500 and UB-04). All claims received on or after February 1, 2012 without the provider’s patient account number will be rejected by MDwise payers. Claims rejected by MDwise payers are claims that are rejected for front line editing prior to those claims entering the payer’s system for processing and adjudication. Providers should monitor their claim rejection report to determine if claims submitted are rejected because the patient account number is missing, make any necessary corrections and resubmit the claim. As part of our efforts to achieve compliance with the new rule, MDwise is notifying all of our contracted and non-contracted providers of this new rule and recommending you contact your software vendor as soon as possible to initiate this change for all paper and electronic claim submissions. In general, MDwise payers would accept a patient account number of up to 20 characters in length. Below is a table which outlines the fields on the UB-04 and CMS-1500 claim forms where the provider’s patient account number must be entered:

### UB-04 Claim Form

Form Field	Field Description and Narrative
3a	Patient Control Number—Enter the internal patient control number. Required as of February 1, 2012.

### CMS-1500 Claim Form

Form Field	Field Description and Narrative
26	Patient Account Number—Enter the internal patient account number. Required as of February 1, 2012.



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# Clinical Practice Guidelines for ADHD and Depression

Update clinical practice guidelines for ADHD and adult depression have been posted on the MDwise website. Information on prescribing medication used to treat these disorders has been added. Here are the links for your convenience:

[MDwise.org/docs/providerbehavioralhealth/gl-adhd.pdf](http://MDwise.org/docs/providerbehavioralhealth/gl-adhd.pdf)

[MDwise.org/docs/providerbehavioralhealth/gl-majordepression.pdf](http://MDwise.org/docs/providerbehavioralhealth/gl-majordepression.pdf)

## It's HEDIS® Season Your Office May be Contacted

MDwise is preparing for our annual HEDIS® (Healthcare Effectiveness Data and Information Set) audit. The State of Indiana requires collection of data and reporting of HEDIS® rates by all participating Medicaid managed care plans to assess the quality of care their members receive. Results from the annual HEDIS® audit are used to guide various quality improvement initiatives at MDwise. Our HEDIS® rates are also a major component of our accreditation with the National Committee for Quality Assurance (NCQA). As a participating MDwise provider, one or more of your patients may be randomly selected for review. We are asking for your cooperation in collecting this important information. MDwise will be collecting HEDIS® data this year again for both Hoosier Healthwise and Healthy Indiana Plan (HIP) members.

To determine if recommended services reported in HEDIS® were provided to our members, MDwise looks first in its claims (or encounter) data. If we are unable to identify that a particular service (e.g., a prenatal care visit, well-child visit, immunizations) was provided from our claims data, we then must review the member's medical record to determine if the service was actually provided but for some reason could not be found in the claims data. We also are required to collect information that is not normally found in claims such as test levels and blood pressure readings. If any of your MDwise



members are part of the random samples selected for medical record review, representatives from MDwise will contact your office to arrange an on-site visit, or to possibly request this information by fax/mail if you have a small number of charts to review or are remotely located. If an on-site visit is arranged, our representatives will conduct a chart review to collect the necessary information, and then copy the specific chart form(s) that validate the findings.

We will be contacting provider offices during 2012 between late February and May for HEDIS® data collection. MDwise sincerely thanks you for your service to our members and for your assistance with our HEDIS® medical record reviews.

## Updated HIP Reimbursement Manual

The updated HIP Reimbursement manual has been posted to manuals page of the Indiana Medicaid website.

[provider.indianamedicaid.com/ihcp/manuals/HIP%20Reimbursement%20Manual.pdf](http://provider.indianamedicaid.com/ihcp/manuals/HIP%20Reimbursement%20Manual.pdf)

## Patients with Poor Health Literacy Struggle to Understand Basic Medical Forms and Instructions

It is especially difficult for less literate patients to fill out intake forms, enroll in insurance programs for which they may be eligible, get services once enrolled, follow medical instructions or give informed consent. Most informed consent and insurance forms and most medication package inserts are written at high school level or higher.

Prescription labels and self-care instructions are among the most important written materials patients receive. Poor compliance with medication and care regimens can be dangerous. Yet serious mistakes may occur because the patient cannot read the instructions. Providers can create a “shame-free” environment where low literate patients can seek help without feeling stigmatized.

- Providing surrogate readers can help patients with reading difficulties understand key information. Family members also can fill this role and reinforce medical information at home.
- Prior to an appointment, clinic or office staff can tell a patient what information will be needed—medicines they are already taking, what kind of insurance they have, as well as the reason they are seeing the doctor. Staff also might suggest that the patient bring a family member.
- Tailoring medication schedules to fit a patient’s daily routine, color coding medicines and using daily events as reminders can help increase compliance.
- To verify that patients understand or to uncover health beliefs and tailor teaching, providers might ask patients to “teach back” by repeating or restating the instructions as the patient might tell a friend (i.e. Can you tell me in your own words what we have discussed?).

Patients with poor health literacy tend to be more responsive to information designed to promote patient action, motivation and self-empowerment than detailed facts.

- If a provider thinks a patient is having difficulty understanding written or spoken directions, a good approach is to say, “A lot of people have trouble reading and remembering these materials. How can I help you?”
- Use commonly understood words. For instance, use “keep bones strong” instead of “prevents osteoporosis.”
- Slow down and take time to listen to a patient’s concerns. Create an atmosphere of respect and comfort. Build trust with the patient.
- Limit information given to patients at each visit. Remember that less than half of the information provided to patients during each visit is retained.

Source: *Center for Health Care Strategies fact sheet.*

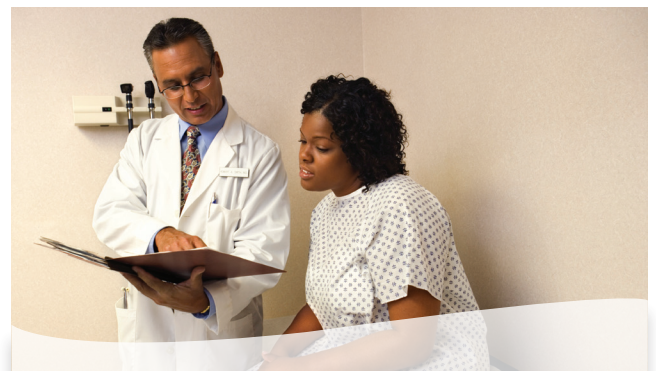
## 2011 24-Hour Provider Availability Audit Results

An integral part of patient care is making sure patients have access to timely medical care. In accordance with the Office of Medicaid Policy and Planning (OMPP), MDwise audits certain standards to ensure that MDwise members have timely access to providers.

In December, MDwise conducted a provider access audit of 100% of its PMPs in the Hoosier Healthwise, HIP and *Care Select* programs to determine if providers were available to members after hours and on the weekends. During the last few weeks of December, PMPs were called after 5 p.m. on weekdays or during the weekend to ensure that a mechanism was in place to allow members direct contact with their PMP 24 hours a day, seven days a week. If the PMP used an answering machine, the auditor checked for clear messages on how to get in contact with the provider. In addition, for provider instructions directing the member to leave a message, the auditors checked for a time frame given for an expected call back. Members should hear back from providers within 30 minutes of leaving a message.

The results of the audit showed that 92% of Hoosier Healthwise/HIP PMPs and 89% of *Care Select* PMPs were compliant with the access requirement.

The MDwise delivery systems will be notified of the results and will be contacting offices that did not meet access requirements to offer education and assistance to help improve compliance rates.



# Member Rights and Responsibilities

Medical care is based on scientific principles and on partnerships among the member, doctor, MDwise and other health care staff. MDwise is committed to developing these partnerships and recognizes that there are certain member rights and responsibilities that are critical to the success of this partnership and the provision of appropriate medical care. Following is the MDwise Member Rights and Responsibilities statement.

MDwise provides access to medical care for all its members. We do not discriminate based on religion, race, national origin, color, ancestry, handicap, sex, sexual preference or age.

## MDwise members have the right to:

- Be treated with dignity and respect.
- Personal privacy. Keep medical records confidential as required by law.
- A clear explanation of their medical condition. The member has a right to be part of all treatment decisions. Options should be discussed with the member no matter what they cost or whether they are covered as a benefit.
- Be provided with information about MDwise, its services, its doctors and members' rights and responsibilities.

## In addition, members have the right to:

- Change their doctor by calling the MDwise customer service department.
- Timely access to covered services.
- Appeal any decisions we make about their health care. The member can also complain about personal treatment they received.
- Get copies of their medical records or limit access to these records, according to state and federal law.
- Amend their medical records.
- Get information about their doctor.
- Request information about the MDwise organization and operations.
- Refuse care from any doctor.
- Ask for a second opinion.
- Make complaints about MDwise, its services, doctors and policies.
- Get timely answers to grievances or appeals.
- Take part in member satisfaction surveys.
- Prepare an advance directive.
- Get help from the Indiana Family and Social Services Administration (FSSA) about covered services, benefits or complaints.
- Get complete benefit information. This includes how to get services during regular hours, emergency care, after-hours care, out-of-area care, exclusions and limits on covered services.
- Request information about the MDwise physician incentive plan.
- Be told about changes to benefits and doctors.
- Be told how to choose a different health plan.
- Health care that makes the member comfortable based on their culture.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, in accordance with Federal regulations.
- When a member exercises these rights, the member will not be treated differently.
- Provide input on MDwise member rights and responsibilities.
- Participate in all treatment decisions that affect the member's care.
- If MDwise closes or becomes insolvent, members are not responsible for MDwise debts. Also, members would not be responsible for services that were given to a member because the State does not pay MDwise, or that MDwise does not pay under a contract. Finally in the case of insolvency, members do not have to pay any more for covered services than what they would pay if MDwise provided the services directly.



# Member Rights and Responsibilities (continued)

## Members are responsible for:

- Contacting their doctor for all their medical care.
- Treating the doctor and their staff with dignity and respect.
- Understanding their health problems to the best of their ability and working with their doctor to develop treatment goals that both can agree on.
- Telling their doctor everything you know about their condition and any recent changes in your health.
- Telling their doctor if they do not understand their care plan or what is expected of them.
- Following the plans and instructions for care that they have agreed upon with their doctor.
- Keeping scheduled appointments.
- Notifying their doctor 24 hours in advance if they need to cancel an appointment.
- Telling MDwise about other health insurance that you have.

Through the MDwise member handbook and member newsletter, each MDwise member is advised of his or her rights and responsibilities. When the MDwise member is a child, the above list of rights and responsibilities apply both to the child and the child's parent or guardian. All of the above rights also apply to the designated personal representative of the member.

In addition to these rights and responsibilities, MDwise complies with the following federal and state regulations:

- MDwise provides access to medical care without regard for religion, race, national origin, color, ancestry, handicap, sex, sexual preference or age for all members.
- MDwise does not prohibit or restrict a health care professional from advising a MDwise member about his/her health status, medical care or treatment options. This policy applies, so long as the professional is acting within the lawful scope of practice, regardless of whether benefits for such care are provided under the provider's contract or under the Hoosier Healthwise or Healthy Indiana Plan program.
- In accordance with 42 CFR 438.102(a), MDwise allows health professionals to advise a member on alternative treatments that may be self-administered, and provide the member with any information needed to decide among relevant treatment options. Health professionals are free to advise members on the risks, benefits and consequences of treatment or non-treatment.
- MDwise does not prohibit health professionals from advising members of their right to participate in decisions regarding their health, including the right to refuse treatment and express preferences for future treatment methods.
- MDwise may not take punitive action against a provider who requests an expedited resolution or supports a member's appeal.

## NEW! MDwise Hoosier Healthwise and HIP Behavioral Health Prior Authorization Rules

Beginning April 1, 2012, MDwise will implement a new prior authorization policy for Hoosier Healthwise and HIP members. The new policy allows for one initial session (90801 or 90802) and 12 eligible therapy sessions before an Outpatient Treatment Request form (OTR) is submitted for members beginning treatment. This is a change from the previous policy that allowed one initial session (90801 or 90802) and five eligible therapy visits.

After examining the average length of treatment for Hoosier Healthwise and HIP members, it was determined that on average, most treatment is completed within this time frame. We are happy to reduce the administrative burden placed upon our behavioral health providers as well as our utilization management staff at the MDwise delivery systems.

*\*Eligible Therapy Codes* –Therapy codes not listed below require prior authorization

90804	Individual psychotherapy 20–30 minutes
90806	Individual psychotherapy 45–50 minutes
90810	Individual psychotherapy, interactive 20–30 minutes
90812	Individual psychotherapy, interactive 45–50 minutes
90846	Family psychotherapy, w/o patient
90847	Family psychotherapy, with patient
90853	Group psychotherapy
90857	Interactive group psychotherapy
96150-96155	Health and behavior assessment and intervention codes

# Frequently Asked Questions

## Regarding the Care Management/Disease Management Referral Form

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### What is the CM/DM referral form?

The CM/DM referral form is an electronic form located on the MDwise website that allows providers, members, caregivers and family members to request case management, care management or disease management services. You may want to refer a member for coordination of care if a member is newly diagnosed with a condition, if a member has an uncontrolled condition, psychosocial needs or requires focused education.



### Where is the CM/DM referral form located?

The form is located on the MDwise website. Go to [MDwise.org](https://www.mdwise.org) and click on “Providers,” click on the member’s appropriate plan: Hoosier Healthwise, Healthy Indiana Plan or Indiana *Care Select*. Click on “Provider Tools” on the left hand side of the page. For Hoosier Healthwise and HIP, under “MDwise Disease Management Programs” click on “Submit a Referral Online.” For Indiana *Care Select*, under “Care Management Referral Form” click on “Submit a Referral Online.”

### What reasons would I have to refer a member for case management, care management or disease management services?

You may want to refer a member for case management, care management or disease management services for coordination of care if a member is newly diagnosed with a condition, if a member has an uncontrolled condition, psychosocial needs or if a member needs focused education. Focused education may include:

- Missing multiple appointments
- Pregnant members or infants missing the first scheduled appointment
- Member is not seeking provider-recommended or other necessary medical/preventive care
- Inappropriate use of the emergency room
- Obtaining medical treatment without a referral from the PMP
- Inappropriate use of out-of-delivery system providers
- Behavior that presents a security risk to others
- Consistently not following medical recommendations in a manner that endangers the member's health
- Utilization patterns of controlled substances

### What happens after I complete the form?

After you complete the form a case manager or a care manager from MDwise will call the member and engage them in care management or disease management services. The case or care manager will provide member and provider interventions to help meet the member’s health needs, help them to manage their chronic conditions, promote compliance to the treatment plan, educate the member about their disease and its treatment and assist the member in setting and achieving self-management goals.

# Behavioral Health Provider Spotlight

Lynn Bradford, PhD, HSPP  
Director of Behavioral Health

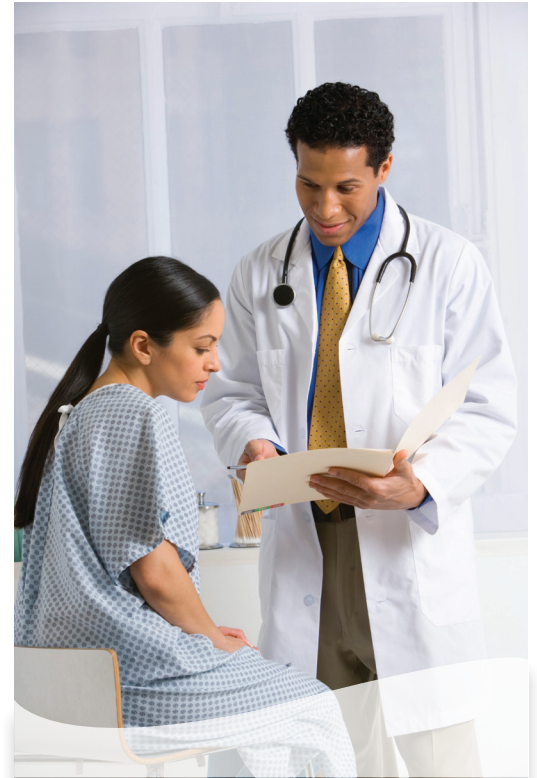
For the last three years, MDwise has been working with its behavioral health network to improve the HEDIS® seven-day follow-up to inpatient hospitalization rate (FUH). In that time, MDwise has seen a statistically significant improvement in its rate. This improvement is due to the hard work of our providers who have embraced this standard of care as a way to improve the care that they provide to MDwise members.

Bowen Center, a community mental health center located in the northeastern part of Indiana, has been one of our top performers on this measure. Last year, they earned a performance bonus for being one of our top 10 providers and again this year they are one of our top performers with a rate of 64.3 percent, which is approaching the 90<sup>th</sup> percentile of HEDIS® Medicaid rates. Bowen Center was asked to share their secrets to success on this measure.

Dr. Richard Ruhrold, PhD, HSPP, Senior Vice President for Clinical Services shared the following:

- Executive Team and Leadership have made it known that getting clients leaving our inpatient unit (IPU) in for outpatient (OP) visits within seven days is a priority and an expectation. Philosophically, we believe that this standard is a meaningful indicator of good care. In truth, we do not do this because we have to, we do this because of our shared belief that this is the right thing to do.
- IPU social work staff also knows that this is a priority and discharge plan accordingly.
- We do bridge appointments when needed. We have done 143 bridge appointments to date since March 2010, when we began that program.
- Each morning, I personally study IPU admissions, discharges and continuing stays. I assure that local office OP supervisors and those responsible for scheduling remain informed of any hospitalized members from their community so they are able to participate actively in coordinated discharge planning. When I am not available, Kevin Brown does this for me. In short, he and I "hound" people.
- Each of our offices has staff whose duties include serving as liaisons for these clients. They also work to support continuity of care.
- If clients fail or cancel initial OP appointments, we do "prompt and assertive follow-up." We make same day calls and reschedule right away. We are not above sending staff out to knock on doors. We actually do this regularly.
- We track these data monthly and our compliance rates are reported to leadership quarterly.
- It's my observation that our staff have come to take pride in achieving good continuity of care. They take this personally.

MDwise congratulates the Bowen Center on their success and thanks them for their efforts to improve the quality of care for our members.



## New! Behavioral Health Toolkit for Primary Care Physicians

A new toolkit has been added to the MDwise website to assist primary care practices with treating MDwise members who have behavioral health issues. The toolkit can be found at:

[MDwise.org/docs/providerbehavioralhealth/bh-toolkit.pdf](https://www.mdwise.org/docs/providerbehavioralhealth/bh-toolkit.pdf)

The toolkit contains sections for treating ADHD, depression, autism/PDD and anxiety. Each segment contains:

- MDwise clinical care guideline for the specified disorder.
- Rating scale to use for establishing baseline and follow up measures.
- Disease management handouts and worksheets.

The toolkit also contains a help guide called *When to Refer to a Behavioral Health Provider* and a referral form to send to the behavioral health provider documenting the reason for referral. The behavioral health referral form is a useful tool for meeting the HEDIS® Continuity and Coordination of Care requirement.

The toolkit was compiled in part due to a 2009 web-based survey conducted by the National Alliance on Mental Illness. The survey asked families to give feedback related to their experience discussing mental health issues with their primary care physicians. Families were asked what would help them feel more comfortable. The top five responses mentioned were: resource materials on mental health placed in waiting rooms, having a private area to discuss issues, more knowledgeable staff, supportive, nonjudgmental staff and screening tools and questionnaires. The toolkit contains a link to the full report.

We will continue to add to the toolkit over time and hope that you find the information useful in your practices. If you have suggestions for future treatment focuses or educational materials, please email Jennifer Layden at [jlayden@mdwise.org](mailto:jlayden@mdwise.org).

## Disease Management Programs for Hoosier Healthwise and Healthy Indiana Plan

MDwise members with a qualifying diagnosis of diabetes, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), asthma, congestive heart failure (CHF), chronic kidney disease (CKD), depression, attention-deficit hyperactivity disorder (ADHD), pervasive developmental disorder (PDD) or pregnancy are automatically enrolled in the disease management programs.

Providers are now welcome to refer newly diagnosed members to our disease management programs for prompt follow-up and reinforcement of key disease information electronically via the CM/DM referral form, described on page 6, on [MDwise.org](https://www.mdwise.org).

The MDwise disease management program is designed to work with our practitioners and members to improve quality of care. Practitioners and members can access the MDwise disease management program's written materials on our website at [MDwise.org](https://www.mdwise.org). It is our hope that practitioners will utilize this information as an additional resource for their MDwise patients with chronic conditions, and that members will use it to learn more about their condition.

The programs offer assistance to our members with the diseases listed above by:

- Providing educational materials by mail and through the MDwise website and other electronic communications.
- Working one-on-one with high-risk qualifying members to assist them in gaining control of their disease.
- Assisting with lifestyle issues affecting members by referring to smoking cessation courses or educational classes for example.
- Answering member questions about their diseases and disease management.

MDwise disease managers are available to assist providers with achieving health outcomes for our members with chronic conditions. These managers can provide educational in-services for office staff, supply resources, such as the GOLD and other guidelines, provide inhaler demonstrations and answer provider questions regarding the care of our members.

If you have any questions about the MDwise disease management program or suggestions about how the program can better assist you as you care for MDwise members with these conditions, please contact your MDwise provider relations representative.

# Culturally Competent Care

The Health and Human Services Office of Minority Health defines culturally competent care as “a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”

The incorporation of culturally competent approaches within primary health care systems remains a great challenge. However, awareness of cultural issues that affect the patient’s care and outcomes is important in developing a care plan that meets the patient’s medical and cultural needs. It is important to be aware of cultural differences between yourself and patients in your ethnic/racial group as well as patients from other ethnic/ racial groups.

Neglecting the member’s cultural issues may result in non-adherence, which can result in unfavorable outcomes and complications. Signs that there may be cultural issues affecting the patient’s understanding of his/her plan of care include:

- Non-adherence with treatment plan
- Resistance to or concerns about recommended care
- Mistrust or conflict
- Failure to return for recommended follow-up care

Cultural beliefs can affect the patient’s attitude regarding nutrition, disease, making eye contact during the exam and even affect the patient’s willingness to adhere to a treatment plan that is not accepted by his/her culture.

It is important to listen to your patient and acknowledge his/her concerns while developing a plan of treatment that is evidence-based but also considers the patient’s cultural requirements or lifestyle.

Additional information available regarding cultural competency in health care:

Diversity Rx: [diversityrx.org](http://diversityrx.org)

Office of Minority Health: [minorityhealth.hhs.gov](http://minorityhealth.hhs.gov)

Institute of Medicine: [iom.edu](http://iom.edu)

## Points to Consider:

- In many cultures eye contact means different things. In some countries to look someone in the eye is a sign of intimidation and threat.
- Someone who can speak enough English to greet you with, “Hello, doctor,” may not understand everything you explain to him or her in English.
- Children who can speak English and their parent’s native language may not understand either one enough to be effective interpreters. Remember, they are children.
- If you ask someone a question in English and that person nods and smiles, it does not mean he or she understands you. It is embarrassing to many people to have to admit the information is not clear.
- Many people are not fluent in their native language. Make sure that information that has been translated is appropriate for the reading level of your patients.
- Just because someone does not understand English, does not mean he or she cannot read non-verbal cues. Respect is not only shown through spoken word, but it is also visible through tone and body language.



## Contact Us:

Customer Service Department  
1.800.356.1204 or 317.630.2831

[MDwise.org](http://MDwise.org)