Anthem 101
Managed Care in Indiana
2016 Annual Workshop

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Anthem Blue Cross and Blue Shield (Anthem)
Medicaid in Indiana is primarily organized using a managed care model, offering a robust set of options for Hoosiers with a wide variety of economic backgrounds and clinical needs. Participants will:

- Learn the various Indiana Medicaid managed care products and general scope of services available.
- Learn about multiple resources available to providers in support of Medicaid managed care members.
Indiana Medicaid

The Indiana Health Coverage Programs (IHCP)

The IHCP is the umbrella of health plans administered by the Indiana Family and Social Services Administration (FSSA):

• Is jointly funded by the federal and state governments
• Provides health coverage for those who meet specific financial and nonfinancial requirements
• Is the payer of last resort
Indiana Medicaid (cont.)

The IHCP (cont.)

The FSSA has categorized benefits into the following programs/plans:

• 590 program
• Traditional Medicaid
• Hoosier Healthwise
• Hoosier Care Connect
• Healthy Indiana Plan
• Waiver home and community-based programs
• Medicaid rehabilitation option and family planning eligibility
The Indiana FSSA is the umbrella agency responsible for administering Indiana’s public assistance programs. FSSA includes the offices and divisions listed below:

- OMPP
- Division of Disability and Rehabilitative Services
- Division of Family Resources
- Division of Mental Health and Addiction
- Division of Aging
Key players*

*Not all IHCP programs/contractors are listed.
Risk-based managed care

Indiana Medicaid plans include:
• Hoosier Healthwise
• Hoosier Care Connect
• Healthy Indiana Plan
The goals of Hoosier Healthwise are:
• To provide health care services to children under age 19 and women who are pregnant or become pregnant
• To ensure access to primary and preventive care services.
• To improve access to all necessary health care services.
• To encourage quality, continuity and appropriateness of medical care.
• To provide medical coverage in a cost-effective manner.
Hoosier Care Connect

- New managed care program for eligible individuals in the following categories:
  - Blind
  - Disabled
  - Receiving Supplemental Security Income
  - Medicaid for Employees with Disabilities (MED Works) enrollees
• Children who are wards of the state, foster children, former foster children or receiving adoption assistance may enroll on a voluntary basis.

Note: Individuals who reside in an institution, are receiving services through a home- and community-based services (HCBS) waiver, or are enrolled in Medicare are not enrolled in Hoosier Care Connect. These members remain Traditional Medicaid members.
Healthy Indiana Plan (HIP)

HIP Plus
- Best value plan – enhanced benefits, dental and vision
- Monthly POWER account contribution required
- No copays, except for nonemergency ER use

HIP Basic
- No POWER account contribution
- Copays required for most medical services

HIP State Plan Plus
- Medically frail or:
  - Low-income parents/caretakers
  - Low-income and age 19 or 20
  - Transitional Medical Assistance (TMA)
  - Monthly POWER account contribution required

HIP State Plan Basic
- Medically frail
- Low-income parents/caretakers
- Low-income and age 19 or 20
- TMA

HIP provides health care services to:
- Low income adults
- Ages 19-64
Healthy Indiana Plan POWER account

HIP members and the state make contributions to POWER accounts:

• Together, member and state contributions cover the first $2,500 of health care services received each year

• Members can use their debit card to pay providers for allowable medical expenses from their POWER account

• Cannot be used for copayments
Managed Care — key concepts:

- Balance cost and demonstrate quality
- Focus on preventive care services
- Quality-measurement tools:
  - National Committee for Quality Assurance
  - HEDIS®
  - Increase access to care
  - Use of a primary medical provider

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
HEDIS is:

- A retrospective review of services and performance of care that is monitored by the NCQA and used by more than 90% of America’s health plans.

- A detailed set of measures that are tracked and reported to document plan performance; HEDIS can also be a data source for provider P4O and member incentive goals.

- A standardized method of collecting data to serve as measurements for quality improvement processes and preventive health plans collected in two ways:
  - Administrative — data obtained from claims.
  - Hybrid — data obtained from claims and medical record reviews and requests.
Who are my Medicaid members?

Providers should identify their Medicaid members through “panels,” a list of their membership typically available on a monthly basis.
Gaps in Care (GIC)

• GIC are lists of members that need a preventive service based upon claims submitted.

• GIC are available from your practice consultant on a monthly basis.

• Providers should review GIC, contact members and schedule the needed preventive service.
Adult access to preventive service

HIP will consider all members as having received appropriate preventive services if they had one of the following services during their 12-month benefit period:

- Preventive exam or general physical
- Flu shot
- Well-woman exam (including Pap and/or mammogram if applicable)
- Colorectal cancer screening (if age appropriate)
- HbA1c diabetes test
- Eye exam and/or kidney function (if diabetic)
- Low-density lipoprotein cholesterol testing
- Other cholesterol testing (if history of coronary heart disease)

Source: Anthem Blue Cross and Blue Shield Indiana Medicaid Provider Manual, for Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect, April 2016, Version 2.6, Chapter 8, pg. 83.
How Anthem can help

Your practice consultant will:

• Help you access monthly panel reports
• Provide GIC reports
• Strategize with practice leaders how to close gaps:
  o Anthem Clinic Days
  o Patient Navigator project
  o Creation of health care events
  o Involvement of Anthem Connect team to work specifically with your members on outcome improvement
Comprehensive Diabetes Care

• Members up to age 75 with type 1 or type 2 diabetes
• Measures include:
  o HbA1c
  o Retinal or dilated eye exam by an eye care professional
  o Kidney disease monitoring
  o Blood pressure monitoring
  o Neuropathy monitoring
  o Foot care
Frequency of prenatal care (FPC) and postpartum care (PPC)

- FPC — first prenatal visit within 42 days of enrollment or within the first trimester
- PPC — within 21 to 56 days after delivery
- Challenges — suture removal
- Must include pelvic exam and evaluation of weight, blood pressure and breasts or abdomen
- Record must include legend of providers’ names, initials and credentials (for example, JD — John Doe, MD)
Sample: prenatal flowsheet
Well-child visits for children 0 to 15 months old

- Immunization schedules
- Physical and mental development
- Anticipatory guidance — age appropriate:
  - Injury prevention/childproof home
  - Smoke alarms
  - Thermometer use and fever definition
  - Safe sleep
  - Appropriate installation of car seat
- Eye check
Sample: well-child record

Subjective:

Chief Complaints:
1. 4 month chk NEW apnea monitor download m doc PLEASE REVIEW. 2. W/ PARENTS LQ 2:55.

HPI:

Well Baby/Toddler Visit:

Concerns no grow or develop concerns. Sleep all night. Social, Development

Looks towards voices. Coos and makes noises


DOING WELL. MOM NEEDS RX FOR WC FOR THEIR NEAR SURE FORMULA.

ROS:

General: no fever. sleep normal. appetite normal. energy level normal. elimination good

Neurology:

no seizures. no weakness.

Ophthalmology:

no eye irritation. no drainage from eyes.

ENT:

no snoring. no cough. no wheeze. no runny nose. no pulling on ears. no sneezing.

Cardiology:

no shortness of breath.

Gastroenterology:

No vomiting, no diarrhea. no gassy.

Endocrinology:

no tiredness. no excessive thirst. no constipation

Dermatology:

no rash

Musculoskeletal:

no joint swelling. No joint pain

Psychology:

no sleep disturbances

Medical History:

St. Joe NICU x 3 months discharged 3/18/13, 26 weeks gestation, C-section 1 year

Ophthalmology: Sinus Tachycardia at frist visit from Caffeine. Had to d/c to settle the heart sounds/rate.

ECG DONE 3/21/13 NORMAL, 04/15/2013 LH: IMRESSION. The patient with history of prematurity with apneas causing apparent life-threatening event, hemodynamically

Medications:

Taking home health care d/c home healthcare. Taking ursodiol capsule 1.5ml 2 times a day

Taking phenobarbital x 0.9ml qd, Taking Poly-Vi-Sol with Iron Drops 1.0ml qd, Taking Zantac solution 0.4ml bid. Taking caffeine citrate 11 mg liquid 0.55ml bid. Medication List reviewed and reconciled with the patient.

Allergies: N.K.D.A.

Objective:

Vitals: Ht 5 1.2, Wt 9.6, Temp 98.4, HC 15.0, BMI 15.02
Examination:

**Newborn**

Assessment:

**Assessment:**
1. Well infant/child exam-V20.2 (Primary)
2. Prevnar- V03.82
   - Rotavirus- V04.89
4. HIB- V03.81
5. Pedrarr- V08.0

To hospital PICU last Friday d/t hear rate drops at RDS. Stayed for 2 days. DX with viral infections. NICU doctors followed. Received IV antibiotics. No alarms post hospitalization et new retractions, grunt or nasal flaring.

Smiles, regards face. Doing tummy time.

Plan:

1. Well infant/child exam
Start Tylenol Children's suspens1on, 160mg/5ml, 1/4 tsp, po, q4h, prn fever or pam. 4 oz. Refills 2.
Notes: Anticipatory guidance reg bathing, sleep, feeding and hygiene etc.

Immunizations:
- PEDIARIX, DTAP-IPV-HEP B given by IQ on Right Thigh
- Prevnar 13 given by IQ on Right Thigh
- Act H1b given by IQ on Left Thigh
- ROTARIX given by IQ

Procedure Codes: 99173 Vision Screen, 92551 AUDIOMETRY-HEARING, 99401 P/L1 COUNSEL, INDIV 15 IV/IN. 90471 IMM2 ADP-11N FIRST, 90670 PREVNAR 13, 90472 imm2 ea adft single or combo, 90801 ROTARIX, VACC 2 DOSE ORAL, 90474 ADMINISTRATION INTRanasal/ORAL PLUS SHOT, 90723 PEDIARIX DTAP-HEP B-IPV VACCINE IM, 90645 HIBERIC, 90065 Act Hib

Follow Up: 2 Months (Reason: w1th GRV)

Provider: [Redacted]
Patient: [Redacted]
Date: [Redacted]

A/C

Electronically signed
Sign off status: Pending
Well-care visits for adolescents 12 up to 21 years old

- Record must contain:
  - Medical history
  - Physical and mental developmental histories
  - Physical exam (disrobed)
  - Health education and anticipatory guidance
- May conduct and bill for a well-care visit with an acute visit
- Anticipatory guidance (age appropriate) examples:
  - Smoking/alcohol/drug avoidance
  - Sports safety (helmets)
  - Bullying avoidance
  - Breast self-exam
  - Sex education
Tools and best practices

• Anthem Clinic Days
• Provider education
• Member and provider collateral
• Develop and implement individualized strategies based upon your practice needs with your regional practice consultants
• Dedicated outreach staff
• Anthem Connect team to offer integrated system of care services to improve member outcomes
Additional resources for prevention strategies

- VaxToday — vaxtoday.com
- U.S. Preventive Services Task Force — uspreventiveservicestaskforce.org
- American Academy of Pediatrics Bright Futures — brightfutures.aap.org
- Anthem Blue Cross and Blue Shield Indiana Medicaid Provider Manual, for Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect — www.anthem.com/inmedicaiddoc
Thank you

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