Care Management Services
About the MDwise Hoosier Care Connect Plan

MDwise is an Indiana-based nonprofit health plan in business since 1994 serving Indiana’s Medicaid population through Hoosier Healthwise, Healthy Indiana Plan (HIP), Care Select and Hoosier Care Connect.

The Hoosier Care Connect program was designed to provide care management to members with specific chronic medical and behavioral health conditions.

Our comprehensive care management model supports MDwise Hoosier Care Connect members, their primary medical provider (PMP) and other caregivers to provide a multi-disciplinary approach, ranging from education and reminders to navigation and complex case management.

The goals of the program include:

- Develop evidence-based and individualized care plans for Hoosier Care Connect members at risk for poor health outcomes.
- Allow PMPs to access and provide input into the member’s plan of care.
- Make health care for Hoosier Care Connect members less fragmented and more holistic by addressing physical, behavioral and social needs.
- Promote self-management by involving members in the development of their own care plans.

The Role of Care Management

The role of the care management staff in working with the MDwise Hoosier Care Connect member, the PMP and the behavioral health provider is to identify unmet member needs and risks, and link members with needed and appropriate services. For those members with complex needs, the plan of care is developed in collaboration with the member and the member’s health care team. The integrated care plan ensures the member receives holistic health care in the appropriate setting by the appropriate provider. Care plans will track achievement toward goals and identify important gaps in care.

Why Care Management?

Many Hoosier Care Connect members suffer from chronically poor health and require intensive and often complex treatment regimens. Health care can be fragmented and poorly coordinated, leaving the member with multiple health providers. Chronic health conditions and low health literacy often lead to debilitating health issues that acute medical services alone cannot alleviate. Care management and coordination of services through a single individual can lead to better health outcomes.

MDwise care management services offer a diverse, intensive and coordinated approach to improving health outcomes and quality of life. Our approach is based on the belief that the needs of members are best met by creating an environment that helps members organize, make sense of and navigate today’s complex health care system. Our proactive, integrated model blends assessments with targeted disease management and complex case management into a comprehensive program utilized by the care management team that includes:

Assessments and Care Plans

- Use of comprehensive and care specific assessments to assess medical, behavioral, social and functional needs
- Evidence-driven goals and care plans
- Reassessments and course corrections as determined by the member’s achievements and further needs
- Home visits for members seriously at risk for poor health outcomes
- Integrated biopsychosocial care plans for members enrolled in complex care management
- Establish and coordinate care plans for members being discharged from a hospital, nursing home or other facility
**Member Involvement**

• Promote member self-management by engaging the member in development of goals

• Promote active engagement of those who support the member (providers, family, caregivers) in care plan development

• Navigate to connect member to appropriate medical, behavioral and social services to maintain needed care delivery

• Build trusting relationship between the member, the member’s family and MDwise

• Empower member to make quality health care decisions

• Increase member independence, knowledge and functional status

**Coordination of Care Among Health Care Providers**

• Appropriate exchange of member’s health information between MDwise and the member’s PMP, specialty care, behavioral health and ancillary care providers to ensure seamless delivery of care

• Semi-annual PMP care conferences are available to discuss member’s goals and needs and review their plan of care

• All Right Choices Program members are enrolled in complex case management to address inappropriate utilization

• Providers may request a reassessment of a member’s level of care at any time

**MDwise Care Management Team**

MDwise care management staff are registered nurses, LCSWs, MSWs and other professional social workers who have experience in working with vulnerable populations such as the disabled, the chronically ill and the mentally ill. The care management team is comprised of the member’s PMP, complex case manager, care managers, health advocates, the member’s caregiver/family, behavioral health care providers, community case managers, pharmacy providers, medical director and other stakeholders in the member’s care.