



# ProviderLink

Your Quarterly Connection to Smart Solutions For MDwise Providers

## IN THIS ISSUE:

Help MDwise Improve LDL Testing..... 1

Open Enrollment for Hoosier Healthwise Members ..... 2

School Immunization Requirements.....3

Patients with Poor Health Literacy Struggle.....4

Restricted Card Program Receives New Name and Focus.....5

School Immunization Requirement FAQs.....6

Health Minimum Immunization Requirements For School Entry..... 10

When a MDwise Member Doesn't Comply..... 11

## QUESTIONS?

For questions regarding **ProviderLink**, please contact:

Dan Westlake  
Director of Provider Relations & Delivery Systems Manager  
317.822.7228

Sherri Miles  
Provider Relations Manager  
317.822.7139

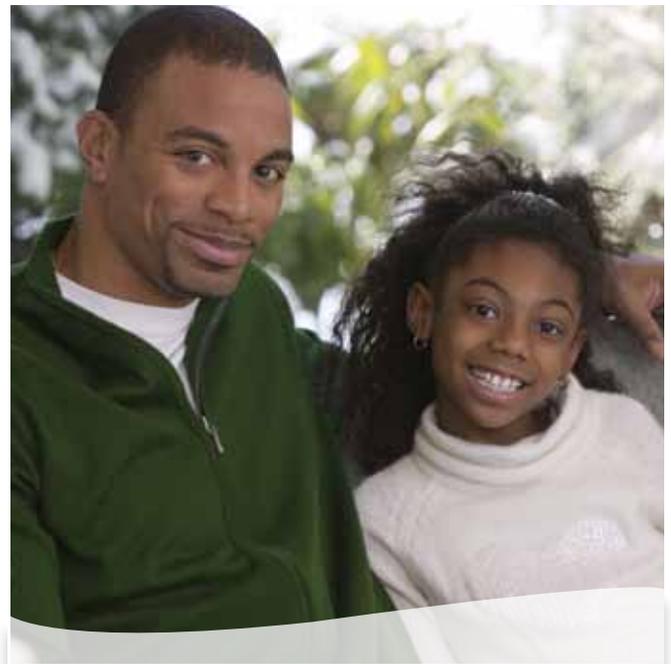
## Help MDwise Improve LDL Testing!

LDL testing is not only an integral component of monitoring and reducing the risk of mortality and morbidity of our members but is also a quality measure monitored by OMPP. As providers, you already know the beneficial effects of LDL-cholesterol reduction on morbidity and mortality from coronary artery disease. You also are already knowledgeable that LDL reduction is particularly helpful for people with diabetes.

Due to the high risk for coronary heart disease resulting from Type 2 diabetes, the National Cholesterol Education Program (NCEP) indicates that aggressive lowering of LDL-cholesterol levels, similar to that recommended for established coronary heart disease, can be applied to people with diabetes.

MDwise is actively seeking your assistance to increase the percentage of members with Type 2 diabetes who receive a lipid profile. Our Medical

Advisory Committee, which is comprised of the Delivery System Medical Directors, recently met to discuss how to improve LDL testing. It was noted by the Medical Advisory Committee that one of the barriers is members presenting to the office who have not been fasting. However, the committee supports that an LDL, even if the member is not fasting, is important and can be utilized to determine additional testing and/or treatment. As many of you know, our members are difficult to contact or often miss their appointments so MDwise highly encourages that an LDL is obtained, even if the member is not fasting. While the fasting LDL is preferable, an LDL even when the member has not fasted can be a valuable tool to determine additional testing needed or to identify the member's treatment plan.



# Open Enrollment for Hoosier Healthwise Members

The Office of Medicaid Policy & Planning (OMPP) is seeking to reduce member movement between MCOs by establishing an “Open Enrollment” process in which the member must stay with the MCO that they are assigned to for a period of a year, unless there is a good reason, or “just cause” that the member must change. Members are given 30 days to choose a PMP and a Plan. Members will have an opportunity to change plans in the first 90 days. Following the 90-day period, eligible members remain enrolled with the same MCO for 9 months, unless they have “just cause.” The “just cause” reasons would include:

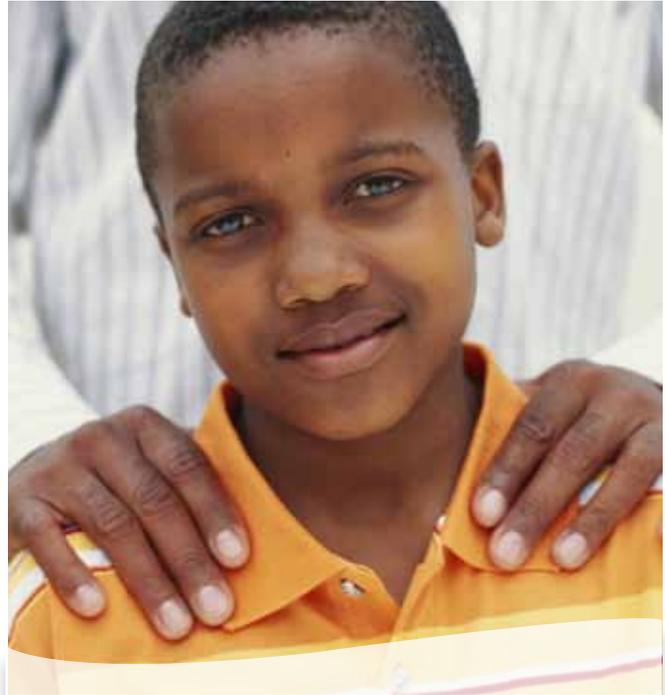
- Lack of access to necessary services covered under the MCOs contract.
- The MCO does not, for moral or religious objections, cover the services the member seeks.
- Concerns over quality of care (i.e. failure to comply with established standards of medical care).
- Significant language or cultural barriers.

Members will have an opportunity to choose a new MCO on an annual basis during their open enrollment period. The open enrollment period will be based on their start date in Hoosier Healthwise.

OMPP foresees that Open Enrollment will enhance continuity of care, enable consistent medical management by the MCOs, especially for members seeking care for behavioral and medical care needs or special needs, and reduce administrative hassles. It is felt that this move will ultimately lead to better health outcomes.

Members can, however, change PMPs within their Plan at any time, so providers should continue to check a member’s eligibility prior to rendering services or requesting prior authorization. A PMP could also disenroll from one MCO and enroll in another. The PMP’s panel will follow the

PMP to the new plan, unless instructions from the PMP state otherwise. In this scenario, the member who moved with the PMP when the PMP contracted with a different Plan would have another 90-day period in which to change MCOs if they wish.



If you have further questions concerning Open Enrollment, please contact the MDwise Customer Service line at (800) 356-1204 or (317) 630-2831 if you are in the Indianapolis area.

## Member Rights and Responsibilities

The MDwise HHW Member Rights and Responsibilities Statement is available on the MDwise Web site ([www.MDwise.org](http://www.MDwise.org)). A printed copy of the information posted to our Web site by is available by calling us at 1-800-356-1204 or 317-630-2831 if you are in the Indianapolis area.

# 2010–2011 School Year Indiana State Department of Health (ISDH) School Immunization Requirements Quick Reference Guide

	3-5 Year Olds	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT/Td*	4	5	5	5	5	5	5	5	5	5	5	5	5	5
Polio**	3	4***	4	4	4	4	4	4	4	4	4	4	4	4
Measles	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Mumps	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Rubella	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hepatitis B~	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Varicella ∞	2	2	1	1	1	1	2	2	2	2	2	2	2	2
Tdap	-	-	-	-	-	-	1	1	1	1	1	1	1	1
MCV4	-	-	-	-	-	-	1	1	1	1	1	1	1	1

^ Shaded areas represent grades for which immunization reports are required to be submitted to the Indiana State Department of Health.

For children who have delayed immunizations, please refer to the 2010 CDC “Catch-up Immunization Schedule” to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2010 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at: [www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm).

\*Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child’s fourth birthday.

\*\*Three doses of polio vaccine are acceptable if 3rd dose was administered on or after child’s fourth birthday and the doses are all IPV or all OPV.

\*\*\*The 4th dose of polio vaccine must be administered on or after child’s fourth birthday. This applies only to kindergarten for 2010–2011.

~ Two dose alternative adolescent schedule (Recombivax HB given at age 11–15 years x2 doses) is acceptable if properly documented.

∞ Physician documentation of disease history, including month and year, is proof of immunity for preschool, kindergarten and 1st grade students. A signed statement from the parent/guardian indicating history of disease, including month and year is required for children in grades 2–12.

### Required educational materials to be distributed:

Grades 1–12: Meningococcal Parent Letter with Meningococcal Fact Sheet  
6th Grade (Parents of 6th grade girls): HPV letter/response form and FAQ sheet. Completed response forms should be returned to the school. The school will supply a summary of responses to ISDH.

### Recommended educational materials to be distributed:

Grades 6–12: Pertussis Parent Letter with Pertussis Fact Sheet

# 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.

**MEDICATION MADE EASY**

**YOUR SOLUTION. DailyMed™**

**EASY**  
No more worrying with multiple pill bottles or confusing pill reminders

**ORGANIZED**  
A month of medications organized into pre-sorted packets

**SIMPLE**  
Medication packets are marked with the time you need to take them

**DELIVERED**  
DailyMed™ is delivered every month right to your home

**STAY AT HOME**  
No more running to the pharmacy or waiting in long lines at the counter

**For assistance in enrolling, call DailyMed™ today!**

**Covered by Indiana Medicaid**

**DailyMed™**  
**1.800.973.1955**  
DailyMedRx.com

The advertisement features a central image of a DailyMed medication delivery box. The box is white with a colorful pattern on the side and contains several pre-sorted medication packets. The packets are labeled with the time of day and the medication name, such as 'Breakfast' and 'Dinner'. The background is a dark brown color with a white border around the text.

# Restricted Card Program Receives New Name and Focus

The Indiana Health Coverage Program (IHCP) is pleased to announce The Right Choices Program (RCP), formerly known as Indiana Medicaid's Restricted Card Program. IHCP has redesigned the program to safeguard against unnecessary or inappropriate use of Medicaid services. RCP will be administered by each of the health plans within Hoosier Healthwise, *Care Select*, and HIP, as well as Advantage for Traditional Medicaid, using uniform criteria and policies established by the State.

The RCP case managers will provide intensive member education, care coordination, and utilization management for eligible members who have been identified and enrolled in RCP and support the providers in the management of their RCP members. Specific member behavior modification and utilization management parameters will be monitored and the length of time a member may be enrolled in RCP will depend on the member's compliance with their treatment plan.

In order to achieve the goal of delivering quality health care for RCP members, RCP stakeholders, including members, providers, RCP Administrators and the State, will collaborate to create a medical home for RCP members. RCP-enrolled members are assigned and 'locked-in' to a team of experts consisting of one primary medical provider (PMP), one pharmacy and one hospital. If a member requires specialty services, or needs to see any practitioner other than the PMP (including office partners), the PMP must make a written referral for those services to be authorized for reimbursement. This also includes situations of self referral (e.g., dentists and psychiatrists) that could result in a prescription being written for the member.

The objectives of the RCP program are to:

- Improve the individual's health status by increasing the level of care coordination and utilization control for members enrolled in the RCP.
- Reduce inappropriate outpatient hospital use, especially use of the emergency room.
- Reduce inappropriate use of pharmacy services, especially controlled substances and other items with potential for misuse or abuse.



---

# School Immunization Requirement FAQs Indiana State Department of Health (ISDH) 2010–2011 School Year

## 1. Are there any additions to required immunizations for the 2010-2011 school year?

**Yes.** In addition to the previously required immunizations:

Students entering preschool or kindergarten must now have 2 appropriately documented varicella vaccines, separated by at least 3 months, or physician documentation of disease history, or laboratory evidence of immunity.

Students entering grades 6–12 must have appropriate documentation of the following vaccinations: Tetanus, diphtheria, acellular pertussis vaccine (Tdap); meningococcal conjugate vaccine (MCV4 – Menactra); 2 varicella vaccinations appropriately spaced per CDC guidelines, or documentation of disease history, or laboratory evidence of immunity.

## 2. Are immunizations required for all children enrolled in school?

**Yes.** Students in all grades are required to meet the minimum immunization requirements as described on the document "MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY 2010-2011." Immunization requirements extend to children ages 3 through 5 attending special education programs, child care, or preschool within the school.

## 3. What information must be included on the physician's statement to document immunization?

The statement must include the student's name and date of birth, the vaccine given and date (month/day/year) of each immunization, and the signature of a medical provider.

## 4. What is considered adequate documentation of an immunization history?

Adequate documentation is as follows: a physician's written documentation, an immunization record from another school corporation, or an immunization record in the Indiana Immunization Registry (CHIRP) or printed record from another state registry. This documentation must include the month, day, and year each dose of vaccine was administered.

## 5. What is "laboratory evidence of immunity"?

Laboratory evidence of immunity is a blood test for disease-specific immune globulin that measures immunity to disease. This is often used to confirm immunity when immunization records are not available, or a parent reports a history of disease.

## 6. Who should interpret lab results for evidence of immunity?

Laboratory results for evidence of disease immunity must be ordered by a physician. The ordering physician is responsible for interpreting the results and determining adequate evidence of immunity based on current medical guidelines.

## 7. Is lab evidence of immunity acceptable for ALL school required immunizations?

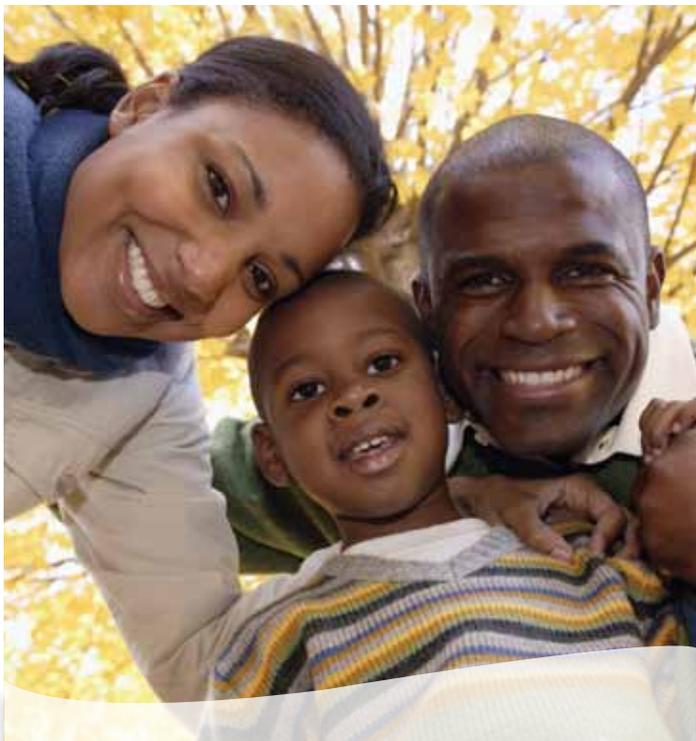
**No.** Lab evidence is NOT acceptable for Diphtheria, Pertussis, or Tetanus.

Laboratory evidence of immunity may be used in place of immunization requirements for the following school required immunizations:

Measles	Mumps	Rubella
Chickenpox	Hepatitis B	Polio

**8. Do schools provide summary reports to ISDH on the immunization status of students in all grades?**

While all students enrolled in school are required to be up-to-date on all required immunizations, schools only provide summary data to ISDH on students enrolled in kindergarten, first, and sixth grades at this time.



**9. If a child has an exemption on file, may he/she be counted as complete?**

**No.** If a child has an exemption on file for any immunization, he/she must be reported under "Exemptions."

**10. Do schools need to report immunization data for all 6th grade immunizations?**

**Yes,** including varicella and Hepatitis B, MCV4, and Tdap.

**11. What is the deadline for reporting school immunization data?**

The deadline for reporting school immunization data is November 1st.

**12. Why does the Quick Reference Guide indicate immunization requirements for all grades if we only need to report kindergarten, first, and sixth grades?**

While reporting is only required for kindergarten, first, and sixth grades, schools are required by law (IC 20-34-4-2) to ensure that all students have received all immunizations required by the Indiana State Department of Health.

**13. Does the Indiana State Department of Health determine if a child is excluded from school for incomplete immunizations?**

**No.** School exclusion is determined by the school according to IC 20-34-4-5.

**14. What immunization education materials must be provided to the parents of enrolled students?**

Meningococcal disease—all grades; Human Papillomavirus (HPV) Infection—6th grade girls.

**15. Are schools required to collect the response form included with the Human Papillomavirus (HPV) Infection educational materials?**

**Yes.** Schools are required to collect HPV response forms from parents of sixth grade girls. However, forms should not include the student's name and should not be returned to ISDH. Schools will complete a summary report of responses received from HPV forms and submit the report to ISDH along with the other immunization reports.

**16. Are schools required to send parents information about Pertussis and the Tdap vaccine?**

**No.** Indiana State Department of Health recommends that schools send this information home to parents, however it is not required.

**17. What is the four-day grace period and when can it be used?**

CDC and ACIP allow a 4-day grace period. If a vaccine is given up to 4 days before the minimum recommended age for administration of the vaccine, it can be counted as valid. However, this does not change the recommended schedule for routine vaccine administration.

**18. What is the minimum age for MMR vaccine to be counted as a valid dose?**

For the MMR to be counted as a valid dose, it must have been given on or after the first birthday. The four day grace period is applicable to MMR vaccine.

**19. When are 4 doses of Polio vaccine required?**

Four doses of polio are considered a complete series, with the fourth dose administered on or after the 4th birthday. Three doses are acceptable if the third dose was given on or after the 4th birthday and only one type of vaccine was used (all OPV or all IPV).



**20. What are the minimum intervals for Hepatitis B vaccine?**

The minimum intervals between vaccine doses are:

Dose 1 and 2 is 4 weeks (28 days)

Dose 2 and 3 is 8 weeks (56 days)

Dose 1 and 3 is 16 weeks (112 days)

Note: The minimum age for the 3rd dose of Hepatitis B vaccine is 24 weeks (164 days).

**21. If there is an extended interval between doses of Hepatitis B, does the student need to start the series over?**

**No.** The hepatitis B series should never be restarted or additional doses given due to an extended interval between doses. The student should just complete the series with the remaining dose(s) due.

**22. Is a second dose of varicella vaccine required?**

A second dose is required for students entering preschool, kindergarten, and 6th–12th grades for 2010–2011.

**23. Is a doctor's statement required as proof of chickenpox disease?**

a. For children entering preschool, kindergarten, and 1st grade, a signed statement by a health care provider, including date of disease, is required to document history of chickenpox disease.

b. For children entering grades 2–12, documentation from a parent is sufficient. A written statement should include date of disease, a parent's signature, and date of signature. (Example: If a parent cannot recall exact dates, something as simple as stating that disease occurred in the spring of 2000 is acceptable.)

**24. May a chiropractor give a medical exemption for vaccination?**

**No.** Only a licensed physician (M.D. or D.O.) can provide a medical exemption. A nurse practitioner or a physician's assistant under a physician's supervision can also give a medical exemption.

**25. What must a medical exemption contain?**

A medical exemption is a physician's certification that a particular immunization

is detrimental to the child's health. It must state in writing that the child has a medical contraindication to receiving a vaccine and must be resubmitted to the school each year. As true medical contraindications to immunization are vaccine-specific, medical exemptions must be written for each vaccine that is contraindicated.



**28. If a child does not present an immunization record or is not up to date with his/her immunizations, may he/she enroll in school?**

**Yes.** Indiana Code (IC 20-34-4-5) states that a child is not permitted to attend school beyond the first day without furnishing a written record, unless:

The school gives a waiver (for a period not to exceed 20 days); or The local health department or a physician determines that the child's immunizations have been delayed due to extreme circumstances and that the required immunizations will not be completed by the first day of school. The parent must furnish a written statement and a time schedule approved by a physician or health department; or A medical or religious exemption is on file.

For additional questions, please call the Indiana State Department of Health Immunization Program at (800) 701-0704.

**26. What must a religious objection contain?**

A religious objection must state that the objection to immunization is based on religious grounds. Each objected immunization must be specified. The objection must be in writing, signed by the child's parent, and delivered to the school. There is no requirement of proof. The written religious objection must be resubmitted to the school each year.

**27. Is there a philosophical objection allowed in Indiana?**

**No.** Indiana law only allows religious and medical exemptions.

# Indiana State Department of Health Minimum Immunization Requirements For School Entry\* 2010–2011

Grade	Grade Minimum Immunization Requirements
Pre-Kindergarten	<ul style="list-style-type: none"> <li>• 4 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT), or any combination of the three are required.</li> <li>• 3 doses of either oral polio (OPV) or inactivated polio (IPV) vaccine in any combination.</li> <li>• 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age).</li> <li>• 1 dose of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 1 dose of mumps vaccine on or after the first birthday.</li> <li>• 1 dose of rubella (German measles) vaccine on or after the first birthday.</li> <li>• 2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.</li> </ul>
Kindergarten	<ul style="list-style-type: none"> <li>• 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose).</li> <li>• 4 doses of any combination of IPV or OPV. The 4th dose must be administered on or after the 4th birthday, and at least 6 months after the previous dose. (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday, and at least 6 months after the 2nd dose).</li> <li>• 3 doses of Hepatitis B vaccine (3rd dose must be given on or after 24 weeks of age and no earlier than 16 weeks after the 1st dose).</li> <li>• 2 doses of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 2 doses of mumps vaccine on or after the first birthday.</li> <li>• 1 dose of rubella (German measles) vaccine on or after the first birthday.</li> <li>• 2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months or physician written documentation of history of chickenpox disease, including month and year of disease.</li> </ul>
1st Grade	<ul style="list-style-type: none"> <li>• 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose).</li> <li>• 4 doses of any combination of IPV or OPV by age 4–6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday).</li> <li>• 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age).</li> <li>• 2 doses of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 2 doses of mumps vaccine on or after the first birthday.</li> <li>• 1 dose of rubella (German measles) vaccine on or after the first birthday.</li> <li>• 1 dose of varicella (chickenpox) vaccine on or after the first birthday or physician written documentation of history of chickenpox disease, including month and year of disease.</li> </ul>
Grades 2–5	<ul style="list-style-type: none"> <li>• 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose).</li> <li>• 4 doses of any combination of IPV or OPV by age 4–6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday).</li> <li>• 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age).</li> <li>• 2 doses of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 2 doses of mumps vaccine on or after the first birthday.</li> <li>• 1 dose of rubella (German measles) vaccine on or after the first birthday.</li> <li>• 1 dose of varicella (chickenpox) vaccine on or after the first birthday or written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient.</li> </ul>
Grades 6–12	<ul style="list-style-type: none"> <li>• 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT) (4 doses are acceptable if the 4th dose was administered on or after the 4th birthday and at least 6 months after the 3rd dose).</li> <li>• 4 doses of any combination of IPV or OPV by age 4–6 (3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday).</li> <li>• 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age).</li> <li>• 2 doses of measles (rubeola) vaccine on or after the first birthday.</li> <li>• 2 doses of mumps vaccine on or after the first birthday.</li> <li>• 1 dose of rubella (German measles) vaccine on or after the first birthday.</li> <li>• 2 doses of varicella (chickenpox) vaccine on or after the first birthday separated by age-appropriate interval or written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient.</li> <li>• 1 dose of tetanus-diphtheria-acellular pertussis vaccine (Tdap) given on or after 10 years of age.</li> <li>• 1 dose of meningococcal conjugate vaccine (MCV4).</li> </ul>

\*For children who have delayed immunizations, please refer to the 2010 CDC “Catch-up Immunization Schedule” to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2010 CDC guidelines must be met for a dose to be valid. These guidelines can be found at [www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm).

# When a MDwise Member Doesn't Comply...We Can Help

Providers are encouraged to call their provider relations contact when, in their judgment, the behavior of their MDwise member is non-compliant. MDwise care management staff will investigate the issue further to determine appropriate member/provider intervention(s).

MDwise provider relation's staff may assist the provider with determining the appropriate expectations/treatment of MDwise members and/or submit a Request for Member Intervention or Education form to MDwise when deemed necessary.

Some examples of areas of concern in member behavior are presented below but are not meant to be all-inclusive.

- 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 members health
- Utilization patterns of controlled substances

Upon receipt of a request for member intervention, a MDwise Care Advocate or Care Manager will:

- Review the request and conduct additional investigation on the issue if necessary
- Attempt to contact the member to determine appropriate action
- As necessary, provide counseling/education on the behavior at issue. For example, the carer advocate/care manager may conduct targeted member education regarding missed appointments, referral procedures, use of out-of-network services, inappropriate emergency room utilization, and/or the importance of seeking necessary medical/preventive care.



By intervening directly with members, MDwise hopes to reduce the administrative burden faced by MDwise providers while at the same time improving member outcomes and compliance.

Please refer to the MDwise Web site [www.MDwise.org](http://www.MDwise.org) for a copy of the Request for Member Intervention or Education form. You may complete the form and submit it directly to your provider relation's representative or you can call them and they will help you complete the form. It is very important that you include all efforts you have made to address the behavior at issue with the member.

## Preventive Health Guidelines

Preventive Health Guidelines can be accessed on the provider section of our Web site at [www.MDwise.org](http://www.MDwise.org).

A printed copy of the guidelines posted to our Web site is available by calling us at 1-800-356-1204 or 317-630-2831 if you are in the Indianapolis area.



Volume 8 · Issue 1

PRSR STD  
US POSTAGE PAID  
INDIANAPOLIS IN  
PERMIT NO. 9059

1200 Madison Ave., Suite 400  
Indianapolis, IN 46225

### Contact Us:

Dan Westlake  
317.822.7228

Sherri Miles  
317.822.7139

### Customer Service Department

317.630.2831 or  
1.800.356.1204  
Fax: 317.829.5530

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

## My Wellness ZONE

MDwise has a new searchable and interactive knowledge-base with a variety of health information and news. Visit the MDwise Web site today and click on the green My Wellness ZONE button to learn more!

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

