

MDwise Care Management Department Role and Referrals

Many MDwise members suffer from chronically poor health and require intensive and often complex treatment regimens. Others may be noncompliant with treatment, missing multiple appointments or going to the emergency room for non-emergent care. Chronic health conditions and low health literacy often lead to debilitating health issues that acute medical services alone cannot alleviate. The MDwise care management department offers a diverse, intensive and coordinated approach to improving the health outcomes and quality of life for MDwise members. Our approach is based on the belief that the needs of members are best met by creating an environment that helps them organize, make sense of and navigate today's complex health care system. The MDwise care management department uses a proactive model that is holistic and robust, blending disease management, member education, outreach and care management into one comprehensive program. This approach benefits members' health and supports the providers who are working for the best health outcomes.

Providers are encouraged to refer their patients for education when, in their judgment, the patient's health literacy is low or the behavior of their MDwise member is noncompliant. Both providers and caregivers may want to refer a member for coordination of care if a member is newly diagnosed with a condition, has an uncontrolled condition, has unmet psychosocial needs or may benefit from focused education.

Some reasons to refer a member to the MDwise care management department include:

- Multiple missed appointments.
- Pregnant members or infants missing the first scheduled appointment.
- Members newly diagnosed with a condition.
- Members not seeking provider-recommended or other necessary medical/preventive care.
- Inappropriate use of the emergency room.
- Poor medical and behavioral health self-management skills.

- Inappropriate use of out-of-network providers.
- Behavior that presents a security risk to others.
- Consistently not following medical recommendations in a manner that endangers the member's health.
- Members who demonstrate a poor understanding of their diagnoses and/or recommended treatment plan.
- Inappropriate utilization patterns of controlled substances.

Referring a member to the care management department is quicker and easier than ever. An electronic referral form is located on the MDwise website and allows providers, members, caregivers and family members to request case management, care management or disease management services for Hoosier Healthwise, Healthy Indiana Plan and *Care Select* members. The form is available at MDwise.org/forms/caremanagement. Select the Care Management/Disease Management/Case Management Referral link to fill out the form.

Upon receipt of the referral, the MDwise care management staff will investigate the issues further to identify appropriate interventions and multiple attempts will be made, if needed, to contact the member. By intervening directly with members, MDwise hopes to reduce the administrative burden faced by MDwise providers while at the same time improving member health outcomes and compliance..



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MDwise Hoosier Healthwise 2013 Primary Medical Provider (PMP) Satisfaction Survey

The Myers Group (TMG), a National Committee for Quality Assurance (NCQA) certified survey vendor, was selected by MDwise to conduct its 2013 provider satisfaction survey. Information obtained from these surveys allows health plans to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying opportunities for improvement. The vendor sent the 2013 provider satisfaction survey to 1,500 primary medical providers' (PMP) offices. Responses were received from 429 of the sampled PMP offices. Results were collected from August to October 2013. Of the survey responses, 177 were received via mail, 20 via the Internet and 232 via phone. The mail/Internet surveys received were 13.6 percent of the responses while 232 phone surveys were conducted for a response rate of 20.2 percent. The overall response rate for 2013 was 33.8 percent.

The survey used by MDwise for the 2013 provider satisfaction survey was new for TMG and featured benchmarked questions as well as some questions that were customized by MDwise. TMG's 2012 Medicaid Book of Business, Medicaid respondent-level benchmark and Aggregate Book of Business were used as benchmarks for the provider satisfaction survey.

The 2012 TMG Medicaid Book of Business and Medicaid respondent-level benchmark contains data from all eligible provider satisfaction surveys for which TMG collected data in 2012 and is comprised of primary care physicians, specialists and behavioral health clinicians and includes data from four health plans encompassing 700 respondents.

The 2012 TMG Aggregate Book of Business consists of data from eight health plans representing 1,524 respondents in primary care, specialty and behavioral health areas of medicine. It contains data from all eligible Medicaid provider satisfaction pilot surveys for which TMG collected data which is collected at the health plan level.

TMG provides a comparison of MDwise's 2013 summary rate to the 2012 TMG Medicaid Book of Business and Aggregate Book of Business attributes and composites summary rates. Attributes are the individual questions that focus on specific characteristics of the health plan. Composites are calculated by taking the average of the summary rates for the attributes in the specified section. Satisfaction scores from previous years are also used as a benchmark for the provider satisfaction survey.

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Updated Clinical Health Guidelines

Updated clinical health guidelines are available on the MDwise website. Clinical health guidelines for asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and diabetes have been revised according to the latest evidence-base and were recently approved by the Medical Advisory Council. They are available at MDwise.org/for-providers/tools-and-resources/clinical-health-guidelines.

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. Please review the MDwise member rights and responsibilities statements:

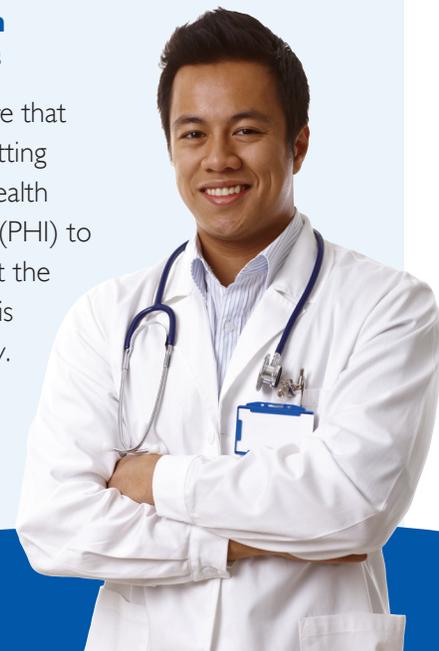
[Hoosier Healthwise, HIP and Care Select member rights and responsibilities](#)

[MDwise Marketplace member rights and responsibilities](#)



Attention Providers

Please ensure that when submitting protected health information (PHI) to MDwise that the information is sent securely.



A summary rate is the proportion of respondents who selected the most positive response options for a given attribute. The positive satisfaction rates represent the following responses:

- Well above average
- Somewhat above average
- Completely satisfied
- Somewhat satisfied

The chart below presents 2013 summary rates for MDwise's overall satisfaction attributes. In the survey, respondents were asked to rate MDwise and all other health plans in the market in which the provider participates. A comparison between these scores is displayed in the chart. Please note, if there is an NA listed next to a question this means that it is a MDwise customized question which didn't have a similar standardized question to compare against with the other health plans in the 2012 TMG Book of Business Benchmarks.

Composites and Key Questions	Current			
	2013		2012 TMG Book of Business Benchmarks**	
	Valid n	Summary Rate*	Medicaid	Aggregate
Overall Satisfaction		61.6%	78.0%	78.5%
8A. Would you recommend MDwise to other physicians' practices?	361	83.7%	92.0%	91.9%
8B. Please rate your overall satisfaction with MDwise.	372	61.6%	78.0%	78.5%
8C. Please rate your overall satisfaction with Advantage.	245	59.2%	NA	NA
8D. Please rate your overall satisfaction with Anthem.	298	59.4%	NA	NA
8E. Please rate your overall satisfaction with Managed Health Services (MHS).	257	58.8%	NA	NA
All Other Plans (Comparative Rating)				
1A. How would you rate MDwise compared to all other health plans you contract with?	408	26.7%	56.3%	56.1%
Finance Issues		29.0%	49.9%	52.4%
2A. Consistency of reimbursement fees with your contract rates.	302	24.2%	44.1%	48.1%
2B. Accuracy of claims processing.	300	31.0%	52.6%	57.7%
2C. Timeliness of claims processing.	290	34.5%	52.9%	53.6%
2D. Resolution of claims payment problems or disputes	283	26.5%	50.1%	50.2%
Utilization Management		24.7%	48.8%	47.9%
3A. Access to knowledgeable UM staff.	363	27.5%	49.7%	48.2%
3B. Procedures for obtaining pre-certification/authorization information.	385	22.3%	47.1%	47.4%
3C. Timeliness of obtaining pre-certification/authorization information.	383	24.3%	49.6%	48.0%
Network/Coordination of Care		25.3%	51.8%	52.0%
4A. The number of specialists in this health plan's provider network.	373	20.6%	50.9%	49.6%
4B. The quality of specialists in this health plan's provider network.	370	29.7%	57.4%	57.5%
4C. The timeliness of feedback/reports from specialists in this health plan's provider network.	365	25.5%	47.1%	49.0%
Health Plan Call Center Service Staff		31.6%	60.1%	60.3%
6A. Ease of reaching health plan call center staff over the phone.	362	28.7%	59.0%	59.9%
6B. Process of obtaining member information (eligibility, benefit coverage, co-pay amounts).	360	38.6%	60.0%	61.1%
6C. Helpfulness of health plan call center staff in obtaining referrals for patients in your care.	350	28.3%	58.8%	58.4%
6D. Overall satisfaction with health plan's call center service.	363	30.9%	62.6%	61.6%
Provider Relations		40.0%	53.2%	51.0%
7A. Do you have a Provider Relations representative from this health plan assigned to your practice?	317	69.1%	46.2%	40.5%
7B. Provider Relations representative's ability to answer questions and resolve problems.	213	53.5%	72.1%	68.8%
7C. Quality of provider orientation process.	284	31.0%	43.4%	40.9%
7D. Quality of written communications, policy bulletins, and manuals.	331	35.3%	44.0%	43.4%

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*Summary rate is the proportion of respondents who selected the most positive response options for a given attribute.

**TMG's 2012 Medicaid Book of Business, Medicaid respondent-level benchmark and Aggregate Book of Business were used as benchmarks for the provider satisfaction survey.

MDwise achieved a 61.6 percent overall satisfaction score for the 2013 provider satisfaction survey. This is down from the 2012 provider satisfaction survey which was 71.6 percent overall satisfaction. MDwise implemented a new provider satisfaction survey tool with standardized survey questions in 2013 which had a small number of health plans and respondents in its first year of use by the vendor TMG. MDwise believes that using this survey over a number of years will provide more valuable feedback on how to improve our performance based on benchmarked questions. It also allows us to compare ourselves across other Medicaid health plans nationally.

The survey pointed out some areas that affect providers' overall satisfaction with MDwise. In an effort to improve provider satisfaction, MDwise is focused on improving the following areas in 2014:

1. Finance/claims
2. Health plan call center staff
3. Utilization management
4. Provider relations

MDwise would also like to improve the response rate to the provider satisfaction survey for 2014.

In 2013, we offered the opportunity for physician offices to take the survey online and we plan to offer this as an option in 2014. The 2014 provider satisfaction survey is slated to be available to provider offices in August 2014. Please take a few minutes and respond to the survey. MDwise values the feedback and it helps us direct appropriate resources to make necessary improvements. We appreciate your time in taking the survey. If you have suggestions or comments related to this article, please contact Chris Kern at 317.822.7220.



1.800.356.1204 or 317.630.2831
Hoosier Healthwise, HIP and Care Select

1.855.417.5615
MDwise Marketplace

MDwise.org/providers