2016 Provider Satisfaction Survey

MDwise reaches out to its providers annually to see how we can improve services.

A provider satisfaction survey was sent in 2016 to a sample of our provider network. MDwise asks a series of questions regarding overall satisfaction, procedures for obtaining prior authorization, accessing physician specialists in the network, and the quality of provider orientation process.

Some of the key takeaways are:

- MDwise improved the overall satisfaction score from 2015.
- MDwise improved in all scoring areas from the 2015 survey. Finance and call center staff experienced statistically significant improvements.
- MDwise’s overall provider satisfaction rate was 60.1 percent.

Goals for 2017 include the following:

- Increasing overall provider satisfaction with all aspects of our business to 70 percent.
- Online prior authorization submission.
- Improve the provider claims portal with our new vendor Valence Health.

MDwise encourages all providers to take part in the 2017 Provider Satisfaction Survey as the feedback helps us direct appropriate resources to make necessary changes. The 2017 Provider Satisfaction Survey will be distributed in September 2017. Please stay tuned as there will be opportunities for those who complete the 2017 survey to enter into a drawing to win iPads.
MDwise Care Management Department Role and Referrals

MDwise members fall along on a tremendous spectrum of health needs. Some suffer from multiple chronic health conditions requiring intensive and often complex treatment regimens. Others may be noncompliant with treatment, missing scheduled appointments, or going to the ER for non-emergent care. The MDwise care management department works with all of our members to provide support and education to address health needs for all members along this spectrum.

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 comprehensive care management model supports MDwise members, their primary medical providers (PMP), specialists and other caregivers to provide a multidisciplinary approach, ranging from education and reminders to navigation and complex case management. 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. Care management and coordination of services through a single individual can lead to better health outcomes.

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

- Multiple missed appointments.
- Pregnant members or infants missing the first or subsequent scheduled appointments.
- 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. The form is located on the MDwise website at MDwise.org. Click “For Providers” and then click on “Forms.” Select “Care management” forms and then click the “Care management/Disease Management/Case Management Referral” link. We are pleased that provider offices are able to access this referral form through the secure provider portal.

Upon receipt of the referral, the MDwise care management staff will research the issue(s) and outreach directly to the member, providing individualized interventions unique to each referral. Multiple attempts are made to reach members; often providers and pharmacies are contacted to provide possible alternate member contacts. If members cannot be reached telephonically, the care management department will send written correspondence.

The care management department educates members and works alongside providers to reinforce treatment plans and improve health outcomes. By intervening directly with members, and communicating with providers, MDwise hopes to reduce the administrative burden faced by MDwise providers while at the same time improving member health outcomes and compliance.
**Well Child and Adolescent Immunizations:**
*The Benefits of Preventive Care Well-Child Visits Steer Children to Better Health; 2017 Immunization Schedule for Children*

Universal vaccination is a crucial part of quality health care and should be accomplished through routine and catch-up vaccinations. Early childhood immunization rates are still suboptimal. Although some types of vaccine-preventable diseases are at an all-time low some are resurfing like pertussis. Other recommendations have been expanded like Influenza and HPV vaccination in adolescents, and there are still gaps in sustainable immunization rates. Diseases such as measles, mumps and pertussis can be more severe and can result in social, economic and physical costs.

MDwise values its on-going partnership with our network Primary Medical Providers (PMP). Our quality improvement program is focused on monitoring and improving high-quality care, including well-child and adolescent visits as well as immunizations.

Physicians and other pediatric providers have an important role in ensuring that all patients keep their vaccinations current. Providers can do a lot to maintain and increase the rates among their patients by providing immunizations at the earliest time possible.

The full recommended schedule of childhood and adolescent immunizations can be found at the Center for Disease Control and Prevention (CDC) website. It includes recommendations for a catch-up schedule.

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### Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017.

**For those who fall behind or start late, see the catch-up schedule (Figure 2).**

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

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<thead>
<tr>
<th>Vaccine Birth</th>
<th>1 mos</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
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<td>Hepatitis B (HepB)</td>
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<td>Rotavirus (RV) (RV1: 2-dose series), (RV2: 3-dose series)</td>
<td>1st dose</td>
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<td>Diphtheria, tetanus, &amp; acellular pertussis (DTaP: &lt;7 yrs)</td>
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<td>2nd dose</td>
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<td>Haemophilus influenzae type b (Hib)</td>
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<td>Pneumococcal conjugate (PCV13)</td>
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<td>Inactivated poliovirus (IPV: &lt;18 yrs)</td>
<td>1st dose</td>
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<td>Influenza (IIV)</td>
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<td>Meningococcal &lt;br&gt;4-dose series, See footnote 15</td>
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<td>Tetanus, diphtheria, &amp; acellular pertussis (Tdap: ≥2 yrs)</td>
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**NOTE:** The above recommendations must be read along with the footnotes of this schedule.

Tip: Immunizations are required for children and adolescents of all ages. We encourage you to schedule your patients 0-18 for their shots to maintain them on the recommended schedules. Schedule them early and in conjunction with a well child visit. The earlier in the summer the better, so kids and young adults are ready for school in August.
HIP POWER Account

HIP Plus members make a financial contribution to their POWER Account that is applied toward medical, pharmacy prescription coverage and dental coverage. HIP Basic members make no contribution to their POWER Accounts. All HIP members (Plus and Basic) contribute two percent of their gross annual family income (including POWER Account contributions and copays) to have the security of health insurance.

POWER Account contributions

If a HIP member’s total annual contribution (including POWER Account contributions and copays) exceeds five percent of their gross annual income, the member will no longer be liable for contributions and copayments. The five percent threshold evaluation is done quarterly. The contribution amount is dependent on income in relation to the U.S. federal poverty level (FPL).

The state calculates the individual’s POWER Account contribution during the application process. Monthly contributions are also recalculated by the state throughout the benefit period as well as before a new coverage term begins (during redetermination), to account for any changes in the member’s income. If some or all of a member’s POWER Account balance is rolled over at the end of the coverage term, the monthly amounts of the member’s POWER Account contribution during the new coverage term will be reduced by that account balance.

POWER Accounts are ultimately funded by both the state and the member in an amount equal to $2,500. The state contributes to the member’s POWER Account and members are also encouraged to seek contribution assistance from their employer or a third party organization. An employer or third party organization can assist with some or the member’s entire POWER Account obligation. Employers or third party organizations interested in providing assistance can seek further information by accessing MDwise.org/employer-thirdparty or by calling MDwise customer service at 1-800-356-1204.

Failing to make POWER Account contribution

HIP Plus members must make their required contribution each month. MDwise provides a wide range of payment options for members to make sure that it easy for them to make their contributions on time. Penalties for non-payment of contribution vary for members above or below 100 percent of FPL. If a member has a family income above 100 percent of the FPL and does not make a contribution within 60 calendar days of their grace period, coverage will be terminated. (Claims will be paid during this 60 day grace period.) If a member with a family income above 100 percent of the FPL loses their coverage because they failed to pay their contribution, they will be locked out of HIP and may not reapply for HIP for at least six months. Lockout exemptions do exist.

For members with family incomes below 100 percent of the FPL, participation in the HIP Plus plan is optional with the alternative choice being the HIP Basic plan. Members in this income range who miss required payments (initial or subsequent) would be placed into the HIP Basic plan instead of disenrollment. HIP Basic plan requires copayments for all covered services except preventive care and members may not transfer to the HIP Plus plan until annual redetermination.
E-Prescribing, Formulary Searching and Exception (PA) Requests for MDwise Plans

E-Prescribing

Together with its Pharmacy Benefits Manager (PBMs, MedImpact), MDwise provides physicians and other health care providers services to assist with the process of prescribing drug therapy for their patients. Prescribers have access to patient-specific prescription eligibility, medication history and basic formulary information for consenting patients in both inpatient and outpatient settings. This exchange of essential intelligence between prescribers and the MDwise PBM enables physicians to write an informed prescription at the point of care. The MDwise PBM interfaces with e-prescribing connectivity vendors to deliver these services to physicians who treat MDwise members. To learn more about E-prescribing, formulary searching and exception (PA) requests for MDwise plans, click here.

Updated Clinical Practice Guidelines

Updated Clinical Practice Guidelines (CPGs) are available on the MDwise website. The CPG for pregnancy has been revised according to the latest evidence-base and was recently approved by the Medical Advisory Council (MAC). It is available here.

MDwise Marketplace to exit Indiana’s Health Insurance Exchange in 2018

Please read our press release to learn more.