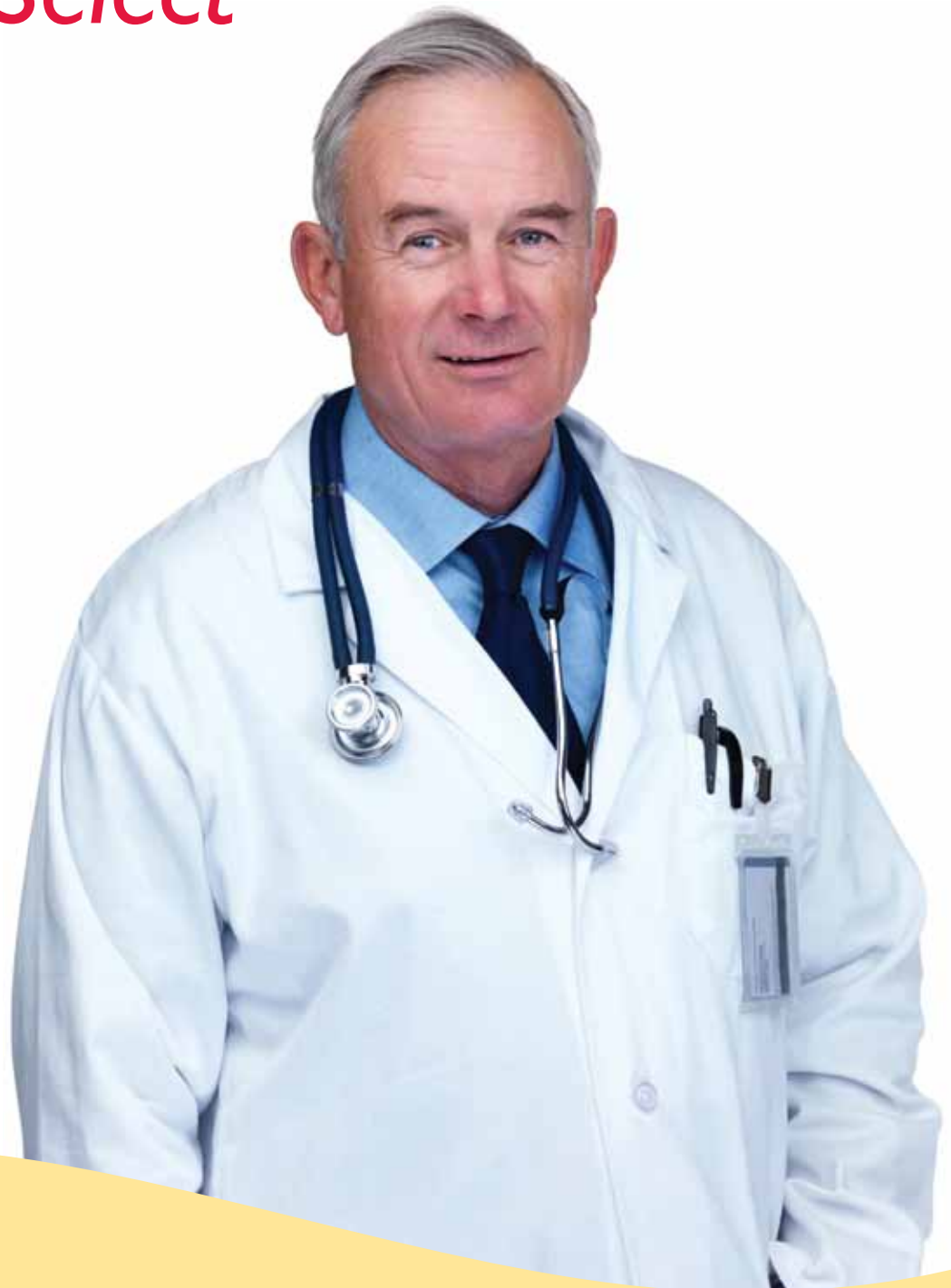




Improving the health of
Indiana Care Select Members

Care Select FAQ



MDwise has compiled a list of frequently asked questions and answers providers might have about the MDwise *Care Select* program. We look forward to working with you. Please contact MDwise *Care Select* Provider Relations at 1-800-356-1204. Providers can also contact MDwise via email at providerrelations@MDwise.org.

Q. What is the *Care Select* Program?

A. The *Care Select* program is designed by the State of Indiana to personalize and enhance the care provided by addressing the member's needs holistically and by seeking input from medical providers, behavioral health experts, family members and other care givers. This will result in the improvement of the quality of care and health outcomes for the member. This approach includes intensive disease management for members identified by the State for inclusion in *Care Select*.

Q. Who is covered by the *Care Select* Program?

A. Effective October 1, 2010 the *Care Select* program will change to focus on disease management, specifically members with chronic conditions.

Pre 10/1/10

- Aged, Blind, Disabled
- M.E.D. Works
- Room and Board Assistance
- Wards of the Court and Foster Children
- Members with Adoption Assistance
- HCBS Waiver Participants

Post 10/1/10

- ABD and Wards/Fosters
- Members with Adoption Assistance
- Members with the following diagnoses would be allowed to opt-in to *Care Select* Disease Management
 - Asthma
 - Diabetes (DM)
 - Congestive Heart Failure (CHF) or Coronary Heart Disease (CAD)
 - Hypertension (HTN)
 - Chronic Kidney Disease (CKD)
 - Severe Mental Illness (SMI)
 - Serious Emotional Disturbance (SED)
 - Depression

Q. Can a member opt-out of *Care Select*?

A. By participating in the MDwise *Care Select* program members receive the benefit of working with an experienced disease manager. The disease manager works with the member to reinforce and “coach” the member about the plan of care developed by their PMP and connects the member to community and social services to help manage their condition and improve their overall quality of life. Members also have input when developing their care plan with a MDwise disease manager. Their care plan will reflect improvement in their disease state based on goals they have helped identify with the disease manager. Members will receive education on proper exercise, nutrition, and medication adherence for their disease. If members choose to opt-out of the program, they can do so by contacting Maximus at 1-866-963-7383.

Q. What happens to members who opt-out of the Care Select program?

A. Members who choose to opt-out of the *Care Select* program will still receive Medicaid services and be placed into the Traditional Medicaid program.

Q. Are there Primary Medical Providers in the Care Select Program?

A. Yes, physicians from the following specialties are eligible to enroll as PMP's:

- Family Practitioner
- General Practitioner
- General Internal Medicine
- General Pediatrics
- OB/GYN

In addition, all other physician specialties may enroll as PMPs (ex. Cardiologist, Psychiatrist, and Nephrologists).

Q. Are Care Select members auto-assigned to PMPs?

A. Auto-assignment will not occur in *Care Select* again until January 1, 2011. PMPs will receive monthly panel roster reports from the State's fiscal intermediary (HP) mailed to their "Pay To" address in the IndianaAIM System.

Q. How do I add members to my Care Select panel if my panel is full or on hold?

A. Panels which are either full or on hold require the PMP to authorize in writing the addition of members to their panel. PMPs may add members to their panel by completing either the full panel add form or the hold panel add form. These forms are located at MDwise.org.

Q. What is the CMO's approach to provider network development for Care Select? Do providers require a signed addendum to their IHCP Provider Agreement with the CMO?

A. Physicians who wish to serve as a PMP in the MDwise *Care Select* program must sign an addendum (created by the State) and complete an MCE Enrollment Form to their IHCP Provider Agreement. MDwise continues to reach out to physicians participating in a variety of Medicaid products to expand access for this fragile patient population in *Care Select*. Other provider specialties may also participate in *Care Select* by virtue of their current IHCP Provider Agreement but at this time are not required by the State to sign an addendum to their IHCP Provider Agreement.

Q. What are the advantages for Primary Medical Providers (PMP) signing an addendum to their IHCP Provider Agreement to participate with MDwise for the Care Select Program?

A. There are many advantages available for PMPs who participate with MDwise *Care Select*. MDwise currently serves over 270,000 members in Hoosier Healthwise and Healthy Indiana Plan Programs with a fully developed and integrated health plan. MDwise has been focused solely on Indiana Medicaid managed care since 1994 with a proven track record of success in timely claims payments, customer service, and reducing costs. MDwise is a not-for-profit Indiana company with provider-based affiliations that determine the company's policies. Among the many advantages are:

- The ability to work with an experienced health care company—MDwise has more than 16 years of experience with Indiana Medicaid.
- Our focus as a mission-driven non-profit company, which leads MDwise to contract with safety net providers statewide to offer a variety of integrated medical services. Special education programs such as diabetes management, smoking cessation, asthma control, weight loss programs, and wellness programs are designed to support targeted MDwise *Care Select* members.

- MDwise's comprehensive disease management will support participating MDwise PMPs in caring for fragile *Care Select* members and remove some of the patient management from the PMP.
- Streamlined and quick prior authorization (PA) process—via web, mail, or fax—that result in timely PA determinations for your practice.
- A comprehensive MDwise *Care Select* Provider Manual and website that will provide useful information such as PA, disease management, Right Choices Program, and provider updates.
- A dedicated provider relations staff who will get to know you and your office staff and work to resolve your concerns in a timely manner so participation is easy and hassle free.

Q. Does the *Care Select* Program utilize certification codes? How does a PMP obtain their certification code?

- A. Effective for dates of service on or after January 1, 2011, the member's primary medical provider (PMP) certification code and National Provider Identifier (NPI) will not be required for specialty service referrals. Services with dates of service before January 1, 2011 will still require the member's PMP certification code and NPI. The *Care Select* program requests that PMPs continue to make appropriate referrals when medically necessary.

Q. How do specialty providers see MDwise *Care Select* members?

- A. Any Indiana Medicaid provider can see MDwise *Care Select* members and provide specialty services. The IHCP prefers the member's PMP continue to serve as the member's medical home and to recommend to the member any medically necessary specialty services in order to manage the member's health needs. Services rendered by a specialist and/or ancillary providers on and after January 1, 2011 will no longer require the use of the certification code or NPI on claims for members assigned to *Care Select*. Therefore, PMPs will not need to provide the certification code or

NPI to specialist and ancillary providers, including for hospital admissions, unless the date of service is prior to January 1, 2011.

Also, a formal written referral is no longer necessary for *Care Select* members to receive care from specialist and ancillary providers. Claims from non-PMPs will no longer be subject to the following edits for dates of service on or after January 1, 2011:

- I047—The certification code is missing. Please verify and resubmit.
- I048—The certification code is invalid. Please verify and resubmit.
- I049—The recipient is enrolled in the *Care Select* program. Claim must have recipient's primary medical provider information. Please provide information and resubmit.

For more information, please reference IHCP bulletin BT201043.

Covered procedures under *Care Select* will remain the same, and HP continues to be the processor of *Care Select* claims. Specialist and ancillary providers will continue to use the certification code on claims for services rendered prior to January 1, 2011.

Q. What benefits are covered in the *Care Select* Program?

- A. The following benefits are covered in the *Care Select* Program:
- PMP and Specialist Office Visits
 - Pregnancy Care
 - Hospital Care
 - Home Health Care
 - Durable Medical Equipment and Supplies
 - Laboratory Services
 - Nursing Facility Services
 - Family Planning Services
 - Therapy Services
 - Pharmacy Services
 - Behavioral Health and Mental Health Services
 - Dental Services
 - Vision Services

Some services will be self referral and will not require the physician to refer the patient for that service. However, these services may require PA from the CMO. Refer to the fee schedule located at www.indianamedicaid.com to determine if a service requires PA.

Q. Are members able to switch PMPs? How often?

A. MDwise encourages members to establish and maintain a relationship with their PMP. However, the member may elect to change PMPs at any time for any reason by contacting MDwise Customer Service at 1-800-356-1204. Additionally, PMPs may contact MDwise to request a member reassignment for acceptable reasons. PMPs must not “fire” members and must complete the member reassignment form located MDwise.org and submit via fax to the MDwise Customer Service Unit. Upon review, if MDwise agrees there should be a reassignment, MDwise must offer the member a choice of another PMP assignment within its network.

Q. Is a PMP able to increase or decrease his/her panel limit?

A. PMPs are able to increase or decrease his/her panel limit at any time.

Q. Is there a credentialing process for PMPs?

A. The State requires that the CMO adhere to the National Committee for Quality Assurance (NCQA) guidelines. All PMPs must agree to meet these credentialing standards which include a site survey of the PMP’s office. MDwise may contact providers and seek their cooperation to complete the credentialing process.

CMO Considerations

Q. Who processes claims for the Care Select Program? Where are claims submitted?

A. HP, formerly EDS, processes claims for the *Care Select* Program. Providers should refer to the quick reference guide at www.indianamedicaid.com or the latest version of the monthly provider newsletter published and distributed by HP to determine where to submit claims.

Q. What role does the CMO play in the Care Select Program?

- A. The CMO is responsible for the following functional areas:
- Chronic Disease Management/ Care Management
 - PMP/Member Selection Services
 - 24/7 Nurse Hotline
 - Utilization Management
 - Right Choices Program Administration
 - Prior Authorization
 - Provider Relations/Network Education
 - Provider/Member Call Centers
 - Quality Improvement Plan Development
 - Credentialing

Q. What requires Prior Authorization (PA), what are the PA requirements, and where are PAs sent?

A. Prior Authorization is a key responsibility of the CMO. Those services that traditionally require PA such as some surgeries, psychiatric inpatient stays, home health services, therapy services, etc. will continue to require PA in the Indiana *Care Select* Program.

Important Note: Providers must check eligibility and seek PA from the CMO the member is affiliated with on the date of request and complete the PA process with that CMO regardless if the member switches CMOs during the PA request process. Providers are able to mail or fax PA for those services. Some providers have the ability to submit PA requests through the Web interChange product located at www.indianamedicaid.com. A list of CPT codes that require PA along with the PA request form will be available in the fee schedule located at the aforementioned website (Please note: provider specialties such as podiatry determine whether a service require PA and not the procedure code itself; consult the IHCP Provider Manual Chapter 6 for additional information). A dedicated fax number and PA address are available to providers. Providers must fully complete the PA request form (including listing any applicable CPT/HCPC codes) and enclose any necessary supporting documentation.

Q. What is the emergency room reimbursement? How is ER utilization handled?

A. The reimbursement for services that are a true medical emergency is the current outpatient reimbursement methodology. Non-emergency services performed in an emergency room setting are not covered. A triage fee is paid to the hospital and the emergency room physician to determine if the member's presenting symptoms constitutes a true medical emergency. For more information related to emergency room services,

see provider bulletin BT200913. Providers must observe all billing rules outlined in Chapter 8 of the IHCP Provider Manual.

MDwise has a nurse hotline that is available 24 hours a day, 7 days a week to help members appropriately use the emergency room. The number is 1-800-356-1204. MDwise monitors ER utilization, contacts, and educates members who use the ER inappropriately.

Q. What is the claim filing limit for contracted and non contracted providers?

A. The claim filing limit for contracted providers is 365 days from the date of service. The claim filing limit for non-contracted providers is 365 days from the date of service. Refer to Chapter 10 of the IHCP Provider Manual for information related to submitting claims to HP that are past the filing limit.

Q. What methods of eligibility can be used for members in Care Select?

A. Providers should to use Web interChange, OMNI, or AVR to verify a member's eligibility. Providers must always verify the eligibility of a member prior to rendering services.

Q. Is there an appeals/grievance procedure for providers and members for PA?

A. MDwise must follow all state processes for appeals, grievances, expedited reviews, and the State's fair hearing system and will provide a full and fair review to any provider or member that wishes to submit an issue for review. Pharmacy remains carved out, so providers who receive pharmacy claim denials should continue to follow the appropriate claim resolution/appeal process outlined in the IHCP Provider Manual for pharmacy claims. Non-pharmacy claim denials follow the appeal process outlined in the Indiana Health Coverage Program (IHCP) Provider Manual.

Q. What is the turnaround time for PA requests?

A. MDwise *Care Select* has five business days from date of receipt to complete the PA request. If a decision has not been made by the 10th business day from date of receipt the request is automatically approved.

Q. Is the CMO responsible for reviewing and approving/denying/modifying mental health PA requests?

A. Yes, MDwise is responsible for PA request processing, utilization review, reporting, and network development for all medical and behavioral health services covered under the program, with the exception of pharmacy. PA requests for behavioral health drugs (just like all other drugs) would fall under the pharmacy carve-out, which will continue to be handled by ACS, the State's pharmacy benefit manager. HP will continue to be the entity responsible for claims processing for all claim types.

Note: Advantage Health Solutions processes all prior authorization requests for Medicaid Rehabilitation Option (MRO) prior authorization requests for Indiana Medicaid.





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MDwise, Inc.
1200 Madison Ave.
Suite 400
Indianapolis, IN 46225

1-800-356-1204 or 317-630-2831
Fax: (317) 630-2835

MDwise.org