

MDWISE BEHAVIORAL/MENTAL HEALTH TRANSITION

Frequently Asked Questions

Effective 12/31/08, MDwise will no longer contract with CompCare as our managed behavioral health organization (MBHO). Starting 1/1/09, MDwise is transitioning these services to an integrated model where medical care and behavioral health care are coordinated together by our Delivery Systems. MDwise will create a single behavioral health provider network, available to members in all of our Delivery Systems. Behavioral Healthcare Management, Inc. (BHMI) will facilitate the development of our behavioral health provider network. To join the MDwise provider network, please contact BHMI at **1-866-323-3464 or 317-237-5774**.

This document is to help answer common questions about MDwise's behavioral health transition.

Claims

1) Where do we send our claims for services provided before 1.1.09?

Providers should continue to send claims for services that were incurred **prior to 1/1/2009** to CompCare at the CompCare claims filing address. MDwise's agreement with CompCare requires CompCare to continue to process all claims with dates of service through 12/31/08, even if submitted after 1/1/09, so long as timely filing limits are met as specified in provider contracts with CompCare. MDwise will continue to monitor CompCare's performance for as long as their claims payment obligations exist.

2) What is the filing time limit for claims?

The time filing limit for claims is 120 days until June 30, 2009. After June 30, 2009, the time filing limit will be 90 days. MDwise realizes that this is a shorter filing time than with CompCare, however, it is important that providers file their claims as soon as possible. The Office of Medicaid Policy and Planning requires that MDwise submit encounter data (shadow claims) to the State as fast as possible in order to evaluate our progress in meeting the needs of our patients.

MDwise realizes that there may be times when it is not possible to meet the time filing limit, such as when a member has a primary insurer. In this case, the claim must be filed with the primary insurer. If the primary insurer denies the claim, then you can file the claim with MDwise. The time filing limit will begin when you receive the EOP from the primary insurer. In this situation, attach the EOP to the claim.

If there are other extenuating circumstances preventing contracted providers from meeting the claims filing deadline, the MDwise payers will deal with these on a case by case basis.

3) Where do we send our claims for services provided after 1.1.09?

Claims for dates of services **on or after 1/1/2009** should be sent to the MDwise delivery system where the member is enrolled. You must check the member's eligibility (via Web Interchange, AVR, etc.) to determine the MDwise delivery system that will provide authorizations and pay claims. For delivery system contact information, you can refer to the Quick Contact Sheet available on the MDwise website, www.mdwise.org (click on "contacts" on the provider page).

4) If I'm having claims transition issues, who should I contact?

If you have claims transition issues, please call MDwise Customer Service and ask to speak to someone on the provider relations staff.

5) What if we need to inquire about a claim after 1/1/09, for a service that was rendered before 1/1/09?

To inquire about a claim for a service that was rendered before 1/1/09, you must call CompCare. CompCare will have claims inquiry staff available, even after 1/1/09.

6) Do we need to split service dates before and after 1/1/09 on two separate claim billing forms?

Yes, claims with a date of service prior to 1/1/09 go to CompCare. Those with dates of service on or after 1/1/09 go to the MDwise delivery system that the member is assigned to. The MDwise delivery system can be determined by checking eligibility for the date of service.

7) If we provide a service late in December, how long do I have to file a claim with CompCare?

If you were contracted with CompCare when you provided the service, you must follow the time filing limit in your contract. If you are a non-contracted provider, you have 365 days; however, we would encourage you to submit your claim as soon as possible.

8) Where do we send claim disputes for services provided prior to 1/1/09? After 1/1/09?

Claims disputes for issues prior to 1/1/09 will continue to go to CompCare.

3405 W. Dr. Martin Luther King Jr., Ste 101
Tampa, FL 33607

After 1/1/09, claims disputes go to MDwise at:

MDwise Hoosier Healthwise
P.O. Box 441423
Indianapolis, IN 46244-1423
Attention: Grievances and Appeals

8) Can we file claims electronically with the MDwise delivery systems?

Yes, the MDwise delivery systems all have electronic claims filing capability. Please refer to the Quick Contact Sheet available on the MDwise website, www.mdwise.org (click on "contacts" on the provider page) for electronic claims filing information.

Authorization

1) Where do we submit authorization requests for 2009 service dates?

Up through 12/31/08, providers should continue to submit authorization requests for 2009 service dates to CompCare. CompCare will either process the authorization or forward to MDwise for processing. After 1/1/09, all authorization requests must be submitted to the delivery system where the member is enrolled.

2) What does the MDwise Delivery System model really mean to me as a provider?

MDwise serves its members under a "delivery system model," with the belief that this model of service delivery results in special advantages. MDwise has operated on a network or "Delivery System" model for over 13 years. The basis of this model is the localization of health care around integrated groups of providers. MDwise has 9 delivery systems, each of which manages the care of the MDwise members that are assigned to that system. Medical services have worked very well under this model, therefore we are now integrating behavioral health into this system.

The key for you as a provider is to check eligibility prior to rendering services and use the Quick Contact Sheet to find the telephone numbers and claims addresses for each delivery system. Once you have identified the member's eligibility and delivery system, for inpatient authorizations, please call that delivery system's medical management department. For Outpatient service authorizations and psych testing authorizations, you can fax the OTR forms to the appropriate Delivery System Medical Management Department. MDwise will use the OTR forms that are posted on the MDwise web site under the Behavioral Health Tab.

For prior authorization, you can also call MDwise Customer Service who can connect you with the appropriate Delivery System Medical Management Department.

3) Does MDwise have the same option as CompCare to submit authorizations on-line? How will we be notified if services have been authorized? Does MDwise have a web portal where we can check on claims submitted and on authorization status?

MDwise does not currently accept authorizations on-line. The delivery system medical management departments will accept prior authorization questions via faxing. The MDwise Delivery Systems will respond back with a fax (**within 2 days**) for outpatient authorizations and psych testing authorizations. Providers can check claims status via the delivery system's site and/or by contacting the claims inquiry number listed on the Quick Contact sheet.

4) Are the different MDwise Delivery Systems going to have different authorization rules? Will all of the claims be paid in the same manner for each Delivery System?

All of the MDwise Delivery Systems will be using the same authorization criteria. MDwise develops one set of claims payment policies that each of the Delivery System claims payors agrees to follow.

5) Will MDwise continue to do inpatient peer-to-peer reviews? Will we continue to have case managers calling to question our therapists about the treatment they're providing?

MDwise medical management will utilize nationally recognized criteria and follow community practice standards during the review process for those services requiring prior authorization. In those instances where the information provided is not sufficient to make a decision, review staff will contact the provider for additional information. In the event there is a question about authorizing services or a member's continued inpatient stay, a psychiatrist or peer to peer consultation will be made available to discuss the treatment plan and decision with the treating provider.

6) Do we still need to notify the member's PMP when members begin receiving services? If so, what form do we use?

Yes. If you have a form that you are currently using, then you can continue to use that form. MDwise will also will provide a form for providers to use that will be posted on the website.

Miscellaneous

1) How will the credentialing process work as the new MDwise Behavioral Health Network is being developed?

If you are a provider that is already credentialed by InteCare, then you will not need to be recredentialed at this time (unless your current credentialing with InteCare is about to expire). For providers who are currently credentialed with CompCare and who need to be credentialed with InteCare, provisional credentialing may be an option, but we encourage you to submit all your information timely to complete

the credentialing process. In addition to receiving the applications in the contracting/credentialing mailing packet, credentialing applications will be posted on the MDwise website (www.mdwise.org).

2) How do I check eligibility?

The EDS Web Interchange is the best method to use. The information is updated by the State every 72 hours. Automated Voice Response (AVR) or an Omni swipe machine can also be used. All of these systems will list the name of the MDwise Delivery System under the section called “Managed Care Network” or “MCE Network.”

3) Will there be a new MDwise Provider Manual for us to follow?

The MDwise Provider Manual will be updated and posted on the MDwise website.

4) Will there be a change in pharmacy benefits?

No. The MDwise pharmacy network and Preferred Drug List (PDL) remain the same.

5) What if a member needs transportation?

Members should continue to call MDwise Customer Service to schedule rides to covered appointments.