

MDwise Claims Dispute Process

All MDwise in-network and out-of-network providers have the right to dispute a decision or action concerning a claim and expect a timely response about the outcome of the review process. MDwise provides that persons *not* involved in making the original decision resulting in the claims dispute or appeal shall review the issue or concern.

MDwise has two tracks for claims dispute resolution, depending on whether the provider has a contract with a delivery system within the MDwise Plan network (In-MDwise network provider) or whether the provider does not hold a contract with a MDwise delivery system (Out-of-MDwise network provider). The two processes are outlined in the following sections.

In-MDwise Network Provider Claims Dispute

A provider within the MDwise network who has a dispute with a claims determination, must first determine what delivery system the dispute is with. If the dispute is with the delivery system that they are contracted or affiliated with, they must file the dispute directly with that delivery system. Providers should contact the applicable delivery system for information about how to submit a dispute. Claims disputes occurring between a provider and the provider's own delivery system are resolved entirely at the delivery system level.

If however, the dispute is between a MDwise provider and a delivery system other than the one the provider is contracted or affiliated with, they must file the dispute with MDwise at the following address:

MDwise

PO Box 441423

Indianapolis, IN 46244-1423

Attn: MDwise Grievance Coordinator

Providers may file the objection using the *MDwise Provider Claims Dispute Form*, or send a notice of the dispute, including a detailed explanation of what the provider is objecting to and why. The provider has **60 calendar days** from the date of the delivery system claims review resolution response to file an appeal.

MDwise will review the dispute and issues a response to the provider within **30 calendar days**. If the in-MDwise network provider is not satisfied with MDwise's decision and the dispute does not concern a technical issue (e.g., member not eligible on date of service, claim submitted outside filing limits, etc.), the provider may request review by an Independent Review Organization (IRO) that is certified by the Indiana Department of Insurance.

The provider is given **60 calendar days** from the date of MDwise's claims review resolution response to file an appeal for IRO review. MDwise will acknowledge the request in writing within five days of receipt of the request. MDwise will issue a written response to the provider appeal within **45 calendar days** of receipt of the request. MDwise's failure to issue a written response to the provider in this timeframe will result in payment of the claim disputed.

Out-of-MDwise Network Provider Claims Dispute

An informal claims dispute resolution review precedes the formal claims resolution process. A provider may initiate the informal claims resolution procedure if:

- The provider objects to a MDwise delivery system's decision regarding payment for a claim, including the payment amount
- The provider objects to a MDwise delivery system's determination that a claim lacks sufficient supporting information, records or other materials.

A provider may also initiate the informal dispute resolution process if MDwise does not notify the provider of a claims determination (or that claim submitted lacked sufficient documentation) within 30 days of submitting the claim.

Informal Claims Resolution Procedure

The provider must file an informal claims dispute within **60 calendar days** after they received a MDwise delivery system determination on the claim or within **90 calendar days** of when the claim was submitted to MDwise if a MDwise delivery system fails to make a determination on claims payment. Providers may file the objection using the *MDwise Provider Claims Dispute Form*, or send a notice of the dispute, including an explanation of what the provider is objecting to and why. Providers may send this notice to:

MDwise

PO Box 441423

Indianapolis, IN 46244-1423

Attn: MDwise Grievance Coordinator

MDwise will acknowledge, either verbally or in writing, the receipt of a request for a claim resolution review within five calendar days of receiving the dispute. MDwise will review the dispute and provide a response to the provider. This response will be provided within **30 calendar days** of the date the provider initiated the dispute. If it is determined that additional documentation is required, then the provider has **30 calendar days** to submit the required documentation. If the original decision is upheld, the provider is given instructions regarding submitting a formal appeal. If the original decision is overturned, the claim will be reprocessed within 30 calendar days of the determination date.

Formal Claims Resolution Procedures (Appeal)

If a provider is not satisfied with resolution of the informal claim dispute, they may submit a written request for the matter to be reviewed in the formal claims dispute process. The request must specify the basis of the provider's dispute with MDwise. The provider is given **60 calendar days** from the date of MDwise's initial claims review resolution response to file an appeal. MDwise acknowledges the appeal request in writing within five calendar days of receipt of the request.

Claims appeals are presented to the MDwise Appeals Panel. Individuals who have been involved in any previous consideration of the dispute at issue cannot serve on the panel. The MDwise Medical Director or another physician designated by the Medical Director serves as a consultant to the panel if the matter involves a question of medical necessity or appropriateness. MDwise offers that the provider may appear before the panel or may communicate with the Panel through other appropriate means (e.g. teleconference) if the provider is unable to appear in person. An attorney may represent the provider, but is not required.

MDwise will issue a written reply to the provider appeal within **45 calendar days** of receipt of the written request. If MDwise fails to deliver the panel's written determination within **45 calendar days**, this failure shall have the effect of have the effect of an approval and the claim will be processed for payment. immediately. If the original decision regarding the claims dispute is upheld, MDwise notifies the provider of their right to submit the case to binding arbitration.

Binding Arbitration

A provider has **60 calendar days** from the point an appeal decision was reached by the panel to submit a written request to move the matter into binding arbitration.

The binding arbitration procedure is conducted according to the rules and regulations of the American Health Lawyers Association (AHLA), pursuant to the Uniform Arbitration Act as adopted in the State of Indiana (IC 34-57-2) unless MDwise and the provider mutually agree to some other binding resolution procedure. A

provider may include in a single arbitration proceeding matters from multiple claims that are being disputed through the MDwise appeals process. The non-prevailing party pays the fees and expenses of arbitration.