

In-Network Provider Claim Disputes

An in-network provider is one that has signed a contract to serve MDwise members through one of our eight delivery systems.

Submit dispute to MDwise: cdticket@mdwise.org (recommended) or mail to:

MDwise, Inc.
P.O. Box 441423
Indianapolis, IN 46225
ATTN: Claim Dispute Team

MDwise Hoosier Healthwise (HHW) Contracted: Excel Network, Indiana University Health, Eskenazi Health, Total Health, Community Health Network (CHN)

MDwise Healthy Indiana Plan (HIP) Contracted: Excel Network, Indiana University Health, Eskenazi Health, Community Health Network (CHN), Select Health Network, St. Catherine, St. Vincent

MDwise Behavioral Health (HHW & HIP): All Delivery Systems

MDwise Family Planning (HHW & HIP): All Delivery Systems

MDwise HHW Contracted (Medical Claims):

MDwise St. Catherine P.O. Box 50888 Indianapolis, IN 46250	MDwise Select Health Network P.O. Box 50678 Indianapolis, IN 46250	MDwise St. Vincent P.O. Box 503010 Indianapolis, IN 46250
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Informal Claim Dispute
1st Level

Provider disagrees in writing with how the claim was adjudicated.

- Must be commenced within 60 days from the date on the Explanation of Payment (EOP).
- MDwise will reach a resolution and notify provider within 30 calendar days.



Formal Dispute
2nd Level

Provider disagrees with 1st level resolution.

- Provider has 60 days from the date of the 1st level resolution.
- MDwise will compose a panel of persons not involved with the 1st level dispute to review the 2nd level dispute.
- MDwise will reach a resolution and notify provider within 45 calendar days.
- The panel's decision is MDwise's final action on the claim.

Out-of-Network Provider Claim Disputes

An out-of-network provider is a plan provider that when providing service to a MDwise member, is not assigned to the delivery system the provider is affiliated or contracted with.

Submit dispute to MDwise: cdticket@mdwise.org (recommended) or mail to:

MDwise, Inc.

P.O. Box 441423

Indianapolis, IN 46225

ATTN: Claim Dispute Team

Informal Claim Dispute 1st Level

Provider disagrees in writing with how the claim was adjudicated.

- Must be commenced within 60 days from the date on the Explanation of Payment (EOP).
- MDwise will reach a resolution and notify provider within 30 calendar days.



Formal Dispute 2nd Level

Provider disagrees with 1st level resolution.

- Provider has 60 days from the date of the 1st level resolution.
- MDwise will compose a panel of persons not involved with the 1st level dispute to review the 2nd level dispute.
- MDwise will reach a resolution and notify provider within 45 calendar days.
- The panel's decision is MDwise's final action on the claim.



Arbitration

Provider disagrees with 2nd level resolution.

- Provider has 60 days from the date of the 2nd level resolution.
- Claim is reviewed by an external party.
- The arbiter's decision is absolutely final.
- If the arbiter rules in favor of MDwise, the provider will consume ALL financial responsibility.

Appeals & Grievances

Members grieve, they DON'T DISPUTE

Grievances

- A member's right
- A grievance is a member's complaint regarding anything related to MDwise 42 CFR 438.1400(b)

Examples:

- Complaints about services/quality;
- Rudeness of a doctor or MDwise Associate.

Appeals

- An appeal is a review of an action; or a request to change a previous decision by MDwise. (Scope of Work)
- An action is: MDwise's denial of requested service; denial to pay for a service; or MDwise's failure to act within required timeframes.

Example:

- A provider appealing a Prior Authorization decision on behalf of a MDwise member.

Disputes

Providers dispute, they DON'T GRIEVE

Claim Inquiry

- Questions about claims.
- Providers call into the appropriate claims inquiry line.

Claim Dispute

- A provider's disagreement with how a claim was adjudicated.
- Providers must file a claim dispute within 60 days from the date of the explanation of payment.
- MDwise will respond within 30 calendar days.
- Any adjudicated claim can be disputed.

Examples:

- Timely filing denials.
- Coding issues.
- Claims that are denied for authorization.