



Provider Participation Requirements

MDwise works to have a quality roster of providers for its members to choose from. This document outlines the all of the requirements that providers must meet before they can become a contracted provider, including a PMP.

Specific PMP Duties

The Primary Medical Provider (PMP) is an integral part of the MDwise managed health care program. The PMP functions as the central access point for MDwise members. MDwise PMPs coordinate all covered service for their assigned members, except for self-referral and carved-out services. This includes guiding members to participating specialists and hospitals when necessary and maintaining continuity of each member's health care.

Each Primary Medical Provider (PMP) who participates within the MDwise network must agree to the following participation requirements:

- Policies and Procedures: Follow all MDwise policies and procedures and Federal and State requirements for Hoosier Healthwise, Healthy Indiana Plan, Medicaid, and the Children's Health Insurance Program (CHIP).
 - MDwise policies are described in the [Provider Manual](#).
 - State requirements can be found on the web at www.indianamedicaid.gov.
 - If you have any questions about these policies, call your provider relations staff or call MDwise Customer Service at (317) 630-2831 or 1-800-356-1204.
- IHCP Enrollment: Must be enrolled with the State as a participating provider in the Indiana Health Care Programs (IHCP). This means having a valid, current Medicaid provider number.
- Panel Size: Accept and maintain a member panel, based on the participating program.
 - Hoosier Healthwise: 150-2000 members
 - Healthy Indiana Plan: 125-2000 members
- Covered Services: Provide PMP services, as covered by Hoosier Healthwise or Healthy Indiana Plan, to all MDwise members assigned to PMP.
 - This includes working with the medical management department to obtain all medically necessary referrals (to specialists or other providers) needed by the PMP's assigned members.
 - MDwise will not in any way limit a PMP's ability to advise a member about their health status, medical care, or treatment options, even if their coverage program does not cover those treatment options.
- Access to Care: Provide or arrange for coverage of services to assigned members:
 - 24 hours a day, 7 days a week – in person or by an on-call physician.
 - Must answer emergency phone calls from members within 30 minutes.
 - This includes a minimum of 20 office hours over a 3-day period each week. (The day requirement can be filled by more than one PMP in a group practice)

Through the PMP, the MDwise program delivers health care to its members in a personalized and systematic manner. MDwise encourages providers to give members information about available treatment options regardless of the benefit coverage limitations. The member is to be informed of the scope of the covered benefits under the member's program package and how coverage relates to the member's medical needs.

Requirements for All Provider Types (When Applicable)

- **Billing and Co-payments:** Except as allowed under Medicaid and CHIP regulations, must not bill or charge co-payments to any Hoosier Healthwise member. Healthy Indiana Plan copays should be collected prior to services being rendered, based on the members program package.
- **Medical Records:** Maintain medical records for MDwise members for the longer of seven (7) years from the date the provider's contract ends, or as required by law. Medical records must also be legible, dated, and signed by the rendering provider.
- **Confidentiality:** Protect all medical records for MDwise members as required by law and regulation. Agree not to disclose any MDwise information (like contracts, fee schedules, policy and procedure manuals, and software) or use them except in acting as a MDwise PMP.
- **Access to Documents:** Make available all books, medical records, and papers that are directly pertinent to MDwise and its members so that MDwise and authorized government authorities may review and copy them, as allowed by law and reasonable limits on proprietary information. Providers will be given reasonable notice and reviews conducted at reasonable times.
- **Claims:** Submit timely and accurate claims and other data, as required by MDwise or the State for each service rendered to MDwise members.
- **Cooperation with MDwise programs:** Participate in and follow the rules of the MDwise quality improvement, utilization management, credentialing, grievance resolution, provider service and member education/outreach programs.
- **Notify MDwise about changes in licensure status:** Providers must notify their provider relation's staff immediately if the provider loses or surrenders a professional license, privileges, or Drug Enforcement Administration provider number, or if any other action negatively impacts the provider's ability to render services.
- **Continuation of Care:** If the PMP contract ends, the PMP must continue to provide care to MDwise members assigned to the PMP until a transition can be made transferring the members to other MDwise PMPs, or other health plans/providers.
 - However, if a member is currently hospitalized, has a chronic or disabling condition, is in the acute phase of an illness, or is in the second or third trimester of pregnancy, PMP must continue to provide services to the member as long as MDwise is required by law or contract to continue that member's care.
- **Communications with the State:** If a provider has questions or concerns about MDwise or its programs, the provider must first attempt to handle the issue by calling MDwise Customer Service at 317-630-2831 or 1-800-356-1204 rather than contacting the State directly.

- Cultural Competency: Providers must provide information regarding treatment options in a culturally competent manner. Providers must ensure that individuals with special needs have effective communications with participants throughout the MDwise system in making decisions regarding treatment options.
- Nondiscrimination: Providers shall not discriminate against any MDwise member or against any employee or applicant for employment based on race, religion, color, sex, disability, national origin, or ancestry.