MDwise
“Keeping Providers Informed”
APP0234 (1/16)
2016
IHCP Workshop
1st Quarter

Exclusively serving Indiana families since 1994.
• MDwise Delivery System Model
• How to verify eligibility
• Hoosier Care Connect program and co-pays
• Care Management
• HIP Prepayment Tool
• Prior Authorizations
• APNs to serve as PMPs
• MDwise HIP and HCC claims reprocessing
• Provider Enrollment changes and updates
• Behavioral Health
What is a delivery system model?

MDwise serves its HHW and HIP members under a “delivery system model.” The basis of this model is the localization of health care around a group of providers. These organizations, called “delivery systems” are comprised of hospital, primary care, specialty care, and ancillary providers.
Central Indiana
• Eskenazi Health
• St. Vincent
• IU Health (Also, in several other counties)

Northwest Indiana
• St. Catherine
• St. Margaret Mercy

Northeast Indiana
• Total Health

North Central Indiana
• Select Health Network

Statewide
• MDwise Excel Network (formerly known as Hoosier Alliance)
Comprehensive assessment of member’s medical, social, psychological and functional needs based on predictive risk modeling, needs assessment(s), claims history, prior authorization and other available records.

Implementation of individual plans of care aimed at getting members connected with evidence-based medical and behavioral health care designed to increase the members’ self-management skills and optimize their health status.

Individualized set of interventions based on unique member needs. Care plan interventions include a variety of “low touch” and “high touch” interventions.

Coordination of care among service providers through a multidisciplinary team approach in the development and monitoring of the member’s plan of care and progress in meeting goals.

Active involvement of member, family, and Care Management staff at each step of care coordination.
Care Management is for all programs.
The Care Management referral form can be accessed electronically by logging on to myMDwise,

Or by using the below link:
http://www.mdwise.org/for-providers/forms/care-management/
Rule #1 Verify Eligibility

- Is the member eligible for services today?
- What IHCP plan are they enrolled (HHW, HCC, HIP, Traditional)?
- If the member is in HHW, HCC or HIP, what MCE are they assigned (MDwise, Anthem, MHS)?
- Who is the member’s Primary Medical Provider (PMP)?
- Where should claims be submitted?
- Where should prior authorization be submitted?
Individuals in the following eligibility categories who do not reside in an institution, are not receiving services through a home or community-based services (HCBS) waiver, and are not enrolled in Medicare, will be enrolled in **Hoosier Care Connect**:

- Aged (65 and over)
- Blind
- Disabled
- Individuals receiving Supplemental Security Income
- Medicaid for Employees with Disabilities (M.E.D. Works) enrollees
- Ward and foster children
Effective 1/1/16, Hoosier Care Connect members will have co-payments for the following services:

- Transportation: $1.00 for each one-way trip
- Emergency Room (ER) Visits: $3.00 for each non-emergent date of service
- Pharmacy: $3.00 for each prescription
- Some members are excluded from the copay requirement:
  - Pregnant members
  - Members under the age of 18
  - American Indian or Alaskan Native
  - Family planning or pregnancy-related services
MDwise is now offering a new service to Healthy Indiana Plan providers. Using the MDwise Prepayment Tool on myMDwise, providers can get prepayment for services rendered up front.

**Benefits of using the MDwise Prepayment Tool** Providers get prepayment for services rendered.
- Members have accountability and visibility to their health care costs.
- The new tool helps providers identify what services require prior authorization.
- There are no additional costs or equipment required to use this tool.

**Provider types that can use the MDwise Prepayment Tool include the following:**
Behavioral health providers.
- Health clinics.
- Physician offices.
- Vision providers.
- Dental providers.*

*Note: Dental providers can use the MDwise Prepayment Tool and provide member receipts using the DentaQuest system, however they will not receive direct payment from the POWER Account.
In order to provide prompt response times for inpatient and outpatient prior authorization (PA) requests, please use the **IHCP Universal Prior Authorization Form** when faxing requests to MDwise. Be sure that the form is filled out completely to include ICD, CPT codes, place of service, and any needed clinical supporting documentation is attached.

Note: Effective 1/1/16, MDwise Excel Network (Hoosier Healthwise) Prior Authorization List has been updated. Please refer to the MDwise website. Normal Maternity Stays no longer require a prior authorization for MDwise Excel Network.
Prior Authorization Fax Numbers:

- **MDwise Hoosier Healthwise** FAX: See the Quick Contact Guide at [www.MDwise.org](http://www.MDwise.org) and fax to Delivery System in which the member is assigned.

- **MDwise Health Indiana Plan (HIP)** FAX: See the Quick Contact Guide at [www.MDwise.org](http://www.MDwise.org) and fax to Delivery System in which the member is assigned.

- **MDwise Hoosier Care Connect** FAX: 1-844-407-6454 or 317-715-4214
Beginning on January 21, 2016, MDwise Medicaid (Healthy Indiana Plan and Hoosier Care Connect) prescriptions for which the prescriber has indicated "Brand Medically Necessary" will follow a new procedure for review and determination. Pharmacies will no longer be able to submit the claim with a DAW code of 6 or 9 for these prescriptions. For consideration of 'Brand Medically Necessary' claims, the prescriber will be required to submit a prior authorization request. Those requests will be considered within 24 hours.

Prescribers should use the Brand Medically Necessary Form located on the Pharmacy Forms page of the MDwise website.
Effective 1/1/16, IHCP will allow certain enrolled advance practice nurse (APN) practitioners to serve as primary medical providers (PMPs) within its managed care programs:

- Nurse practitioners (NPs)
- Nurse midwives
- Clinical nurse specialists (CNSs)

The APNs must be credentialed and enrolled with the managed care entity (MCE).

Panel size: 500 members maximum
MDwise reprocessed claims for Healthy Indiana Plan (HIP), Presumptive Eligibility (PE) HIP and Hoosier Care Connect that were denied or rejected for reasons of eligibility or authorizations for dates of service (DOS) from February 1, 2015 through October 1, 2015.
Provider Enrollment Changes and Updates:

• It is very important that all information in the MDwise Provider Directory and Hoosier Healthwise/HIP provider list is accurate and up-to-date, including provider specialty, practice limitation, address and office locations. Failure to keep updated provider enrollment records with MDwise may result in claim adjudication denials.

• Any time there is an update to provider enrollment information, please contact your delivery system’s provider relation’s staff. Please call as soon as you are aware of the change. Your delivery system provider relations’ representative will assist your office in completing the appropriate Hoosier Healthwise/HIP enrollment information update.
Some examples of changes that must be updated include:

- Address/Phone Number
- Name Change
- Age Restriction Changes or Change in Scope of Practice
- Change in Hours
- Group Information, such as Addition of New Service Locations or Providers
- Tax ID Changes
- CLIA Updates
- Ownership Changes
- Panel Size Changes
- Specialty Changes/Additions
- Board Certification Status
- Languages spoken
- Adding new physicians to the practice (including specialists)
Inpatient Psychiatric Care

• With the exception of emergency admissions, prior authorization is required for any psychiatric admission, including admissions for substance abuse. Providers must:
  – Call for PA within 48 hours of admission
  – Report emergency services to the member’s PMP within 48 hours
  – Complete 1261A Form within 14 days of phone authorization. Provider are still ask to submit this form until further notice.
Outpatient Therapy

• Diagnostic Evaluation – A maximum of 2 units per member, per rolling 12 month period is allowed without prior authorization when a member is separately evaluated by a physician/HSPP/CNS/APN and a mid-level. 90791-90792
Outpatient Therapy

• Therapy – Members can receive outpatient therapy sessions without prior authorization per contracted billing provider.

• MDwise no longer requires prior authorization for outpatient behavioral health services.

• Medication Management – MDwise HHW and HIP will no longer require prior authorization for contracted providers for the following services Evaluation & Management 99201-99205, 99211-99215

99241-99245 are no longer covered per BT 210504 – and BR 201509.

Note: Submit OTRs to the member’s delivery system medical management department (see Quick Contact Guide at MDwise.org)
ABA therapy is available to members from the time of initial diagnosis through 20 years of age when it is medically necessary for the treatment of autism spectrum disorder (ASD). ABA therapy services require prior authorization (PA), subject to the criteria outlined in Indiana Administrative Code 405 IAC 5-3. PA requests must include, at a minimum, the following:

• Individual’s treatment plan and supporting documentation
• Number of therapy hours being requested and supporting documentation
• Other documentation as requested to support medical necessity
Questions and Answers