Exclusively serving Indiana families since 1994.

HIP Prepayment and Prepayment Tool

September 2015
Purpose of the HIP Prepayment Tool:

- A POWER Account is established for each Healthy Indiana Plan (HIP) member when they become eligible for the plan.
- The POWER Account totals a combined member and state contribution of $2,500 per benefit year.
- As members see their POWER Account funds decrease, we believe they will utilize health care services more wisely, have a greater financial awareness of their health care costs, and be encouraged to use greater financial responsibility when seeking care.
Timeline for Debit Card

• Pilot began 7/1/15
  – MDwise and the other HIP MCEs began a pilot of the Debit Card with a handful of providers.

• Phased Rollout for all providers to begin 10/1/15
  – MCEs are working together to conduct a phased rollout for the Debit Card.
  – Split the State into 5 regions.
  – Phased rollout will flow from region to region.
    • Week 1: Southeast
    • Week 2: Southwest
    • Week 3: Central
    • Week 4: Northeast
    • Week 5: Northwest
Five regions:
- Southeast (Clarksville/Jeffersonville)
- Southwest (Evansville)
- Central (Indianapolis)
- Northeast (Ft. Wayne)
- Northwest (Gary/ Hammond)
Debit Card Solutions

• Each MCE has their own Debit Card solution.
• Anthem and MHS are using a swipe card.
• MDwise is utilizing our Prepayment Tool on the Provider Portal.
When a HIP member accesses services, the provider’s office staff will ask for the member’s HIP ID card and go to http://www.mdwise.org/providers/mymdwise to access the provider portal.

– Note: the providers office may already have a user name and password. If not, the provider will need to Request a New Account.

– To request access to receive prepayment for claims:
  • Complete and fax the EFT and ERA Vendor Request Form for Prepayment to the number provided on the form.
  • Complete online form to update provider portal account.
The Provider’s office staff will then enter RID information from the member’s ID card into the provider portal to confirm that the member is eligible to receive services.

During patient check-out, the provider will then log into the MDwise Prepayment Tool, which is available within the MDwise Provider Portal as a link. The provider will enter all procedure codes relevant for the services provided to the member on this date of service.

– Note: The provider may enter up to ten (6) procedure codes.
The MDwise Prepayment Tool identifies the chargeable amount for the service.

The provider can then print a receipt for the member.

Using the new function of the HIP Prepayment tool, the provider can now receive pre-payment for qualifying services rendered to active HIP members.

Providers should collect the member’s copayment (if applicable) at the time of service as the pre-payment is intended to reimburse for those charges MDwise is responsible for.
How to Access the HIP Prepayment Tool:

Provider logs into their account and requests access to Pre-Payment form via HIP Prepayment Tool link
How to Access the HIP Prepayment Tool:

- Provider clicks on “Pre-Payment Form Request” link to request access.

Providers,

MDwise has added a new feature to the HIP Cost Estimator tool which will allow providers to receive pre-payment for qualifying services rendered to active HIP members. After providers complete the sign-up process, MDwise will update the providers' account with access to submit transactions.

Sign-Up Process

1. Complete and fax the EFT & ERA Vendor Request Form to the number provided on the form.
2. Complete online form to update provider portal account.

Note: Please allow 10-15 business days to process the request.
How to Access the HIP Prepayment Tool:

- Provider completes sign-up process, step-two online form below.

**Provider Request for Pre-Payment Form Access**

**Request for Pre-Payment Form Access**

To obtain access to the Pre-Payment Form, please complete and submit the following information. You will receive an e-mail when the authorization process has been completed and access has been granted or denied.

- **NPI Number:** 1001001001
- **Contact Name:** test test
- **Title:**
- **Practice or Facility Name:** test practice
- **Phone#:** 3177731010
- **Email address:** djbarnes@healthx.com

To submit this request to customer service, please click on ‘submit’.
To save this request and complete later, please click on ‘save’.
How to Access the HIP Prepayment Tool:

- MDwise Provider Relations team approves access. Provider will receive email when access is approved.
- Upon approval “Pre-Payment Tools” link will display in the menu bar on providers next log-in.
Utilizing the HIP Prepayment Tool for Prepayment:

• Provider selects “Search eligibility & submit pre-payment form” from Pre-Payment tools drop-down menu and searches for member eligibility.
Utilizing the HIP Prepayment Tool for Prepayment:

• Provider clicks on link to select “submit a pre-payment request form for this member.”
Utilizing the HIP Prepayment Tool for Prepayment:

- Servicing provider and member information pre-populates in form fields; provider enters CPT code(s), number of units and clicks submit.
Utilizing the HIP Prepayment Tool for Prepayment:

- Provider receives transaction confirmation and printable member receipt.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Units</th>
<th>Allowed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW</td>
<td>1</td>
<td>$41.00</td>
</tr>
<tr>
<td>99201</td>
<td>PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY, A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99201</td>
<td>PROBLEM FOCUSED EXAMINATION, STRAIGHTFORWARD ME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15590</td>
<td>VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR</td>
<td>3</td>
<td>$300.00</td>
</tr>
<tr>
<td>15590</td>
<td>IMPLANTED VENTRICULAR CATHETER/RESERVOIR: WITHOUT INJECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15590</td>
<td>REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON</td>
<td>3</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

This total reflects only an estimate of your services today (3/19/2015). Actual dollars will be applied per your medical, dental, and pharmacy benefit plan and available account balance at the time the claim is actually processed.
After Prepayment Request has been Submitted:

• The provider should receive an electronic fund transfer (EFT) payment to their bank account for the prepayment the next business day following submission of the prepayment request.

• The provider must still submit the full claim to MDwise. The payment that was made through the pre-payment tool is an estimate and the actual amount payable could be higher resulting in an additional payment, or a decrease in payment.
Healthy Indiana Plan Preventive Services are not charged to the POWER account:

- Preventive services are not chargeable to a HIP member’s POWER account, therefore these services can’t be entered into the Prepayment Tool.
  - Annual Well Physical (99385-99386, 99395-99396)
  - Mammograms (77057, G0202)
  - Pap Smears (87210, G0101)
  - Cholesterol Testing (80061)
  - Blood Glucose Screening (82962)
  - Tetanus-Diphtheria Immunizations (90698, 90715)
  - Flu Shots (90658, G0008)
Next Steps

- Providers that wish to participate in the pilot need to complete the following by accessing http://www.mdwise.org/providers/mymdwise
  - Complete and fax the EFT and ERA Vendor Request Form for Prepayment to the number provided on the form.
  - Complete online form to update provider portal account.