Agenda

- MDwise History
- What is HIP?
- HIP Plans
- State Plans
- Eligibility
- HIP Member ID Cards
- POWER Accounts
- Cost Sharing
- HIP Prepayment Tool
MDwise is:

• A local, not-for-profit company serving Hoosier Healthwise, Hoosier Care Connect, and Healthy Indiana Plan members

• Exclusively serving Indiana families since 1994
  • Over 400,000 members
  • 2,000 primary medical providers
INDIANA HEALTH COVERAGE PROGRAMS

Hoosier Healthwise
(Managed Care Initiative)
Children under the age of 19 living in low-income households

Hoosier Care Connect
(Managed Care Initiative)
Wards, fostered, aged, blind, and disabled

Healthy Indiana Plan (HIP)
(Managed Care Initiative)
Coverage for qualified low-income Hoosiers ages 9 to 19

Traditional Medicaid
Medicaid eligible members are placed in Fee for Service Medicaid pending their selection of a managed care plan and primary care providers for the Hoosier Healthwise program or their selection of a care management organization and primary care provider for the Hoosier Care Connect program.

*What is a Delivery System Model?*
MDwise serves its Hoosier Healthwise 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. To serve Medicaid clients in the Hoosier Healthwise and HIP programs, behavioral health providers must be contracted as MDwise delivery system providers.
What is a delivery system model?

- MDwise serves its Hoosier Healthwise and Healthy Indiana Plan 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
MDwise Delivery System Model
What is HIP?

- The Healthy Indiana Plan is designed to replicate a high-deductible health insurance plan, paired with a personal health account (POWER Account), to eligible low income Hoosiers (below 138% FPL)

- The program is designed to:
  - Foster personal responsibility
  - Promote preventive care and healthy lifestyles
  - Encourage participants to be value conscious consumers of health care
  - Promote price and quality transparency
HIP Plans

HIP Plus

• Members pay a monthly POWER Account Contribution (PAC) of up to 2% of their income
• No co-pays (except non-emergency use of the ER co-pay)
• Includes enhanced benefits such as vision and dental
• More extensive pharmacy options
HIP Basic:

- Members do NOT make a PAC, but have co-payments for most services
- Plan maintains essential health benefits, but incorporates reduced benefit coverage (for example, fewer therapy visits)
- Does not include vision or dental coverage
- More limited pharmacy options
HIP State Plan – Plus

- Dental and pharmacy are carved in
- Transportation services are covered
- Members pay a monthly PAC of up to 2% of their income
- No co-pays (except non-emergency use of the ER co-pay)
HIP State Plan – Basic

• Dental and pharmacy are carved in
• Transportation services are covered
• Members do NOT make a PAC, but have co-payments for services
Eligibility

• HIP Plus is the default plan that all members will fall into (up to 138% FPL)
• Members will be conditionally eligible and are given 60 days to make a PAC
• If a member is above 100% FPL and fails to make a PAC within 60 days, they will be terminated from HIP
• If a member is at or below 100% FPL and fails to make a PAC within 60 days, they will move to HIP Basic (or HIP State Plan – Basic)
POWER Accounts

- 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.
POWER Accounts

• Health care expenses exceeding $2,500 are fully covered at no additional cost to member
  – Exception: HIP Basic members are responsible for any copays

• Preventive services are not deducted from POWER account funds

• Employers and/or a Third Party can pay monthly contributions on behalf of member
POWER Accounts

• POWER account contributions are not “premiums”
  – Member contributions belong to the member
  – If annual expenses are less than $2,500, members may rollover remaining contributions to reduce the monthly payment for the following year
  – If the member leaves the program early, they may be eligible for a refund

• Members receive monthly statements showing how much money is in their POWER account
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
  - Mammograms
  - Pap Smears
  - Cholesterol Testing
  - Blood Glucose Screening
  - Tetanus-Diphtheria Immunizations
  - Flu Shots
HIP: Cost Sharing Model

- Intended to promote personal responsibility and engage participants in making health care decisions based on cost and quality

- Primarily done in the form of cost sharing, either through Power Account Contributions or co-payments
Cost Sharing

• There are some situations that warrant the cost sharing to be eliminated:
  – Member exceeds 5% out-of-pocket max based on quarterly individual income
  – Native Americans/ Alaska Native
  – Pregnant Women
Benefits of using the MDwise Prepayment Tool:
  • Providers get prepayment for services rendered
  • Members have accountability and visibility to their health care costs
  • 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
Providers that wish to participate will need to sign up by following the next steps:

• Go to [http://www.mdwise.org/providers/mymdwise](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
Welcome Providers

Welcome to the MDwise network. We value your participation and hope to keep you informed by providing easily accessible resources and updates here. Information about MDwise guidelines, requirements and policies and procedures can be found in the provider manual.

**MDwise Quick Contact Guides**
View our comprehensive quick contact guide that includes delivery system contact information for Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect.

Click here for the MDwise Marketplace quick contact guide with contact information for MDwise Marketplace claims, pharmacy services, provider services and more.

News and Announcements
Welcome to myMDwise

The myMDwise provider portal allows registered providers to view member eligibility information securely online for both IHCP/Medicaid and MDwise Marketplace.

Included are the following online features:

- View member eligibility information.
- View member claims information.
- View member delivery system information.
- View member PMP information.
- View patient roster – PMPs Only.
- HIP POWER Account Prepayment Tool.

Request for Access
Providers must complete the sign-up process to gain access. Users are required to create individual accounts. View our sign-up guide for additional help.

MDwise is Here to Help
If you have questions please contact MDwise Provider Relations at 317-822-7300, ext. 5800.

Supported browsers
myMDwise portal supports the latest 2 versions of the following major browsers:
- Chrome
- Internet Explorer
- Firefox
- Safari

Older browsers are supported on a limited basis and may display differently from the newer browsers. Organizations that depend on old versions of Internet Explorer may want to consider a dual browser strategy.

Provider Login

Username

Password

Submit

Providers:
Request a new account
Forgot your username or Password?

Provider News:
View Provider News and Announcements
Provider logs into their account and requests access to Pre-Payment form via HIP Prepayment Tool link.

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**HIP Prepayment Tool**

Provider logs into their account and requests access to Pre-Payment form via HIP Prepayment Tool link.

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**MDwise**

Helpful Documents • Quality Reports • CM/DM Form • Pre-Payment Form Request

**Home** > Cost Estimator Tool Access - Express Request

Providers,

MDwise has added a new function 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.
Provider selects “Search eligibility & submit pre-payment form” from Pre-Payment tools drop-down menu and searches for member eligibility.
Provider clicks on link to select “submit a pre-payment request form for this member.” – Continue to follow prompts.
HIP Prepayment Tool

• Servicing provider and member information pre-populates in form fields

• Provider enters CPT code(s), number of units and clicks submit

• Provider receives transaction confirmation and printable member receipt
After Prepayment Request has been Submitted:

- The provider should receive an Electronic Fund Transfer (EFT) payment to their bank account 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 prepayment tool is an estimate and the actual payment amount could differ.

- Services that require prior authorization will not be paid through the Prepayment Tool so these services will be paid upon submission of the claim.
Questions