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IHCP Annual Workshop
October 2016
MDwise Prior Authorization
Agenda

- Who is MDwise?
- Delivery System Model
- Medical Management
- Specialist and Ancillary Provider Responsibilities
- Emergency Services
- Hospital Admissions
- Prior Authorization Process
- NURSEon-call
- Prior Authorization Appeals
- Behavioral Health PA
- Medication Prior Authorizations
- Changing PMP
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
IHCP Overview

INDIANA HEALTH COVERAGE PROGRAMS

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

Anthem

MDwise

Managed Health Services (MHS)

MDwise Select Health Network (SHN)
MDwise Franciscan St. Margaret & St. Anthony
MDwise Excel Network
MDwise St. Vincent
MDwise Community Health Network (CHN)

MDwise Select Health Network
MDwise Franciscan St. Margaret & St. Anthony
MDwise Excel Network
MDwise St. Vincent
MDwise Community Health Network (CHN)

*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.

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

Anthem

MDwise

Managed Health Services (MHS)

MDwise Select Health Network (SHN)
MDwise Franciscan St. Margaret & St. Anthony
MDwise Excel Network
MDwise St. Vincent
MDwise Community Health Network (CHN)

MDwise Select Health Network
MDwise Franciscan St. Margaret & St. Anthony
MDwise Excel Network
MDwise St. Vincent
MDwise Community Health Network (CHN)

Healthy Indiana Plan (HIP)
(Managed Care Initiative)
Coverage for qualified low-income Hoosiers ages 9 to 64

Anthem

MDwise

Managed Health Services (MHS)

MDwise Select Health Network (SHN)
MDwise Franciscan St. Margaret & St. Anthony
MDwise Excel Network
MDwise St. Vincent
MDwise Community Health Network (CHN)

MDwise Select Health Network
MDwise Franciscan St. Margaret & St. Anthony
MDwise Excel Network
MDwise St. Vincent
MDwise Community Health Network (CHN)

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.
Delivery System Model

- MDwise Select Health Network (SHN)
- MDwise Eskenazi Health
- MDwise Indiana University Health
- MDwise St. Vincent
- MDwise Community Health Network CHN
- MDwise Total Health
- MDwise St. Catherine
- MDwise Excel Network
- MDwise Franciscan St. Margaret & St. Anthony

MDwise Delivery Systems
Eligibility

• Eligibility must be checked every time a service is rendered
  – Failure to do so may result in denial of payment

• Prior authorization of a service is not a guarantee of payment
  – Example: If member eligibility changes prior to service date

• Providers should utilize Web InterChange and the MDwise Provider Portal to verify eligibility
  – Web InterChange verifies:
    • Program
    • MCE
  – MDwise Provider Portal verifies:
    • Delivery System (HHW/HIP)
    • Primary Medical Provider (PMP)
Medical Management

• MDwise emphasizes the role of the Primary Medical Provider to guide members to most appropriate treatment option

• The PMP oversees and coordinates referrals to specialty care providers

• MDwise Medical Management works to strengthen the link between the member and their PMP in an effort to coordinate care, prevent unnecessary utilization, and ensure access to needed medical services including preventive care
• **Referral**: Process when members PMP determines that the members conditions requires additional services provided by a physician other than a primary care provider

• **Prior Authorization (PA)**: The actions taken including review of benefit coverage and medical information to determine if the requested service meets the criteria for authorization

• **Authorization requests**: Specific forms are available from medical management to submit for service authorization

* Please note: Incomplete forms or requests lacking required information will delay the authorization process.
Service types requiring Prior Authorization

• Services are grouped according to service type categories including: in-network, out of network, or non-contracted

• In patient admissions, outpatient services/procedures, pharmacy, therapies, home health care, durable medical equipment, transportation, and self-referral services in accordance with IHCP guidelines

• MDwise follows Federal and State regulations related to second opinions, access for members with special needs, and access to women’s health specialists for female members
Responsibilities include:

- Following the MDwise Prior Authorization and referral requirements
- Contacting the PMP to coordinate additional care needs when identified
- Maintaining contact with the PMP regarding the member’s status (i.e., telephone or verbal contacts, consultations, written reports)
- Actively participating in the member’s plan of care/treatment plan and with the member’s PMP and/or care manager
What Requires a PA

- On our website you can find a searchable list of what requires a PA
- MDwise.org → For Providers → Forms → PA
- The list is displayed by program and delivery system
- All services provided by a non-contracted provider requires prior authorization
- Otherwise if the CPT code is not found on our PA list(s) then a PA is not required
- [http://www.mdwise.org/for-providers/forms/prior-authorization/](http://www.mdwise.org/for-providers/forms/prior-authorization/)
Hospital Admissions

- Prior Authorization is required for all non-emergent inpatient admissions including all elective or planned inpatient admissions

- It is the responsibility of the hospital to obtain authorization for all non-emergency inpatient hospital admissions

- Once the hospital obtains the authorization for an inpatient stay the services rendered as part of the stay do not require separate authorization

- Services rendered during the stay should utilize the hospital’s admission authorization
Neuropsychological testing and Psychological testing do require prior authorization. Forms can be found at [http://www.mdwise.org/for-providers/forms/behavioral-health/](http://www.mdwise.org/for-providers/forms/behavioral-health/)

- Inpatient psychiatric admissions do require authorization.
- Behavioral Health members can receive outpatient therapy sessions without prior authorization per contracted billing provider.
Medication Prior Authorizations

**Hoosier Healthwise**
- OptumRx: 1-855-577-6317

**HIP/ Hoosier Care Connect**
- MedImpact: 844-336-2677

• For all questions regarding Pharmacy PA’s please contact the Pharmacy Benefit Managers
You will need two key items when filing a request for Medical Prior Authorization:

1. Universal Prior Authorization Form
   - Located on our website

2. Documentation to support the medical necessity for the service you are requesting to prior authorize (PA):
   - Lab work
   - Medical records/physician notes
   - Test results
   - Therapy notes

*It is very important that you completely fill out the universal PA form including the rendering provider’s NPI and TIN, the requestor’s name along with phone and fax number. Not completely filling out the universal PA form may delay the prior authorization timeframe.
Prior Authorization

• We do not have an online method of filing a PA request (this is something we are currently working on at MDwise)

• The only way to submit the requests are through faxing them to the proper PA fax number listed on our Quick Contact Guide
  – Excel Hoosier Healthwise: 1-888-465-5581
  – Excel HIP
    • Inpatient: 1-866-613-1631
    • All Other Authorizations: 1-866-613-1642
  – Hoosier Care Connect: 317-715-4214 or 1-844-407-6454
Prior Authorization Turn Around Times

- Requests for non-urgent prior authorizations will be resolved within 7 calendar days. It is important to note that resolved could mean a decision to pend for additional information.

- Requests for urgent prior authorizations will be resolved within 3 business days.

- If you have not heard response within the time frames above, contact the Prior Authorization Inquiry Team at 1-800-356-1204, and they will investigate the issue.
Tips for submitting PA requests

- For pre-service non urgent requests, request a date span rather than a specific date
- Repeat phone calls or faxes to check the status of a requested PA, or to ask for an expedited PA, slow down the rate at which PAs can be completed
- Submit complete clinical information at the time of the request
- Be sure to provide your fax number and a secure voice mailbox number, and include a contact name and number for us to request additional clinical information if needed

Note: Requesting to speak to a supervisor or manager will not result in an expedited review.
Prior Authorization

• Upon receipt of all necessary documentation, the MDwise prior authorization nurse reviews the information and applies either the IHCP guideline for the requested service or InterQual if no IHCP guideline exists

• If the guideline or criteria are met, the nurse authorizes the service for the date(s) indicated on the universal PA form

• Approval results in faxing an approval letter to the requesting provider and mailing an approval letter to the member
• Any PA request that does not meet the guideline/criteria is referred to a physician

• Only a physician can issue a decision to deny for medical necessity

• If a denial is issued and the physician wants to speak with the MDwise physician (Peer to Peer), the provider should follow the directions on the denial letter or call the Prior Authorization Inquiry Team
  – A member of the inquiry team will set up the peer to peer in our system and the MDwise physician will pursue contacting the requesting physician to arrange a date/time for the peer to peer
After Hours

• Providers can submit universal PA form to our fax numbers which are available 24 hours/day/7 days per week

• We also have direct and toll free telephone numbers for providers to call us
  – All messages are returned within one (1) business day

• Any prior authorization requests faxed after hours are processed either the next business or next calendar day depending upon the type of request

• The date the fax is received counts toward the PA resolution timeframe

• Contact information can be found on our Prior Authorization Guide
• MDwise member’s may seek emergency services at the nearest emergency room without authorization when they believe their condition to be an emergency.

• Authorizations are not required prior to MDwise member’s seeking emergency services.
  – For emergency services that turn into observation or an inpatient stay, please refer to the MDwise Prior Authorization Guide.
Self-Referral Services

• Routine services do not require a PA
  – Podiatry
  – Psychiatric Services
    • Self refer to an IHCP psychiatrist
  – Vision
    • Vision related surgeries that are rendered by a MDwise provider or facility are subject to authorization
  – Immunizations
NURSEon-call

• NURSEon-call is a helpline that provides member’s with 24/7 access to a registered nurse that assist them in dealing with health related concerns

• The role of the helpline can also assist member’s/parent’s in better understanding the nature and urgency of the situation causing concern, and where to seek care including the ER

• The NURSEon-call staff has access to member eligibility and will refer the member back to the member’s PMP for further assessment or treatment, as the situation indicates

• To access NURSEon-call member’s can call 1-800-356-1204 or 317-630-2831 and select option 3
Prior Authorization Appeals

- Appeals must be requested within 33 calendar days of receiving denial.

- Providers must request an appeal in writing to MDwise:
  
  MDwise Customer Service Department
  
  PO Box 441423
  
  Indianapolis, IN 46244-1426

- MDwise will resolve an appeal within 20 business days and notify the provider and member in writing of the appeal decision including the next steps.
Questions