MDwise IHCP Annual Seminar
CMS-1500

October 2014

Exclusively serving Indiana families since 1994.
MDwise is a local, not-for-profit company serving Hoosier Healthwise, Care Select and Healthy Indiana Plan (HIP) members. We have been giving the best possible health care to our neighbors since 1994. In fact, we only take care of families living in Indiana. Our services are provided to over 300,000 members in partnership with over 1,400 primary medical providers.

Who is MDwise?

MDwise Delivery Systems/Payers
General Claim Processing Overview
Appeals/Disputes
New CMS-1500 Form and Billing

Agenda
In the MDwise plan, claims processing is delegated to the MDwise delivery systems.

HIP claims are paid to single payer for all MDwise delivery systems.

If uncertain of the member’s delivery system, the provider may access this information on the myMDwise provider portal at MDwise.org.

Effective January 1, 2013, all HIP claims regardless of delivery system and all Hoosier Healthwise claims for MDwise IU Health, Eskenazi, and Total Health and all Family Planning claims, regardless of dates of service, should be sent to:

MDwise Claims – DST
PO. Box 830120
Birmingham, AL 35283-0120

- St. Catherine
- St. Vincent
- Select Health Network
- Franciscan St. Margaret Mercy, St. Anthony

- Total Health
- Eskenazi
- IU Health

Hoosier Alliance Pays own claims
For all HIP delivery systems, effective January 1, 2013, paper claims should be submitted to:
MDwise Claims – DST
P.O. Box 830120
Birmingham, AL 35283-0120

All electronic EDI numbers below remain unchanged:
- Emdeon, TK Software and WebMD/Emdeon
  - Institutional Payer ID—12K81
- Emdeon, TK Software and WebMD/Emdeon
  - Payer ID for all EDI clearinghouses
    - MDWIS Professional Payer ID—SX172
- McKesson/Relay Health
  - Institutional Payer ID—4976
  - Professional Payer ID—4481

MDwise is always the payer of last resort (Medicaid)
MDwise contracts with Health Management Systems (HMS) to work with coordination of benefit information
MDwise does have a 90 day rule, providers should work with delivery systems on a case by case basis
HIP members should not have other insurance (but could have Wishard Advantage or VA coverage)
See TPL tip sheet at MDwise.org for more information
General claim processing guidelines

- When a member's RID number is entered, along with the NPI in web interchange, you will see:
  - The IHCP program the member is enrolled in
  - The plan (MCE)
- The MDwise provider portal will show the following:
  - Assigned PMP and history
  - Delivery system

Provider Enrollment/Prior to Submitting a Claim

In order to receive reimbursement from MDwise, the provider must:
- Be registered and be actively eligible with the Indiana Health Coverage Program (IHCP). See Chapter 4 IHCP Provider Manual
- Be contracted with the appropriate MDwise delivery system. See Quick contact guide at www.mdwise.org

Obtain a prior authorization if the provider is out of network or seeing a patient in another delivery system.

Complete all required elements on the CMS-1500 form. Prepare for new CMS 1500 (2/12) see IHCP Bulletin 201353

Submit claim to appropriate MDwise delivery system claims payer.
• Contractually, all in-network providers are required to submit claims within 90 days of date of service, unless the claims involve third party liability.

• All out of network providers have 365 days from the date of service to submit claims.

• Providers are encouraged to submit claims electronically for faster claim adjudication.

• Note: MDwise behavioral health providers are required to submit claims to the proper delivery system within 90 days of date of service.

Guide to Billing with the New CMS 1500

Reduce Rejections
• Don’t use punctuation except where directed
• Don’t white out or cross out!
• Be sure to use the CMS 1500 version 2/12
• Type information within the boxes of the 1500 — information that goes over the lines may not be read correctly by scanners.
Avoiding Claim Denials
- Check if service is covered
- Check member eligibility and where to submit claim
- Submit emergency claims with an ER report
- If the member is one of the few still on Package B – you must bill with a pregnancy diagnosis

Guide to Billing with the New CMS 1500

Claims Inquiry
- In- and out-of-network providers need to contact the MDwise delivery system to inquire about a claims denial
- MDwise delivery systems are required to respond within 30 calendar days of inquiry to the provider with the decision of the inquiry

Appeals/Dispute—Must be in writing & include the following:
- Providers have 60 calendar days to file an appeal and must include the following documentation:
  - Appeal form, remittance advice and a copy of the claim
  - If a delivery system fails to make a determination or the provider disagrees with the determination, the provider should forward their appeal to:
    MDwise
    P.O. Box 441423
    Indianapolis, IN 46244-1423
    Attention: Grievance Coordinator

For Hoosier Healthwise (MDwise Eskenazi, IU Health, and Total Health delivery systems) and all HIP claims inquiries, contact the MDwise claims department at 1-800-356-1204
The claim form is split into three sections:

- Fields 1-13 are for patient information
- Fields 14-24 are for procedural and diagnostic information related to services provided
- Fields 25-33 are for rendering and billing provider information.

- See IHCP Bulletin BT 201353 for a description of every field on the new CMS 1500
- This presentation will go through fields that changed from the CMS 1500 08/05 version to the new CMS 1500 02/12 version, that impact our MDwise Hoosier Healthwise and HIP billers
Field 11 d
- Then:
  9. IS THERE ANOTHER HEALTH BENEFIT PLAN?
     □ YES □ NO  If yes, return to and complete item 9 a-d.

- Now:
  9. IS THERE ANOTHER HEALTH BENEFIT PLAN?
     □ YES □ NO  If yes, complete items 9, 9a, and 9b.

Field 14
- Then:
  14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)

- Now:
  14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)
Field 21

• Then:

11. DIAGNOSIS OR NATURE OF SERVICE OR BILLING (Please Note DEE or DEE SS in Code 11)

12. L

13. L

14. L

15. L

16. L

17. L

18. L

• Now:

11. DIAGNOSIS OR NATURE OF SERVICE OR BILLING (Please Note DEE or DEE SS in Code 11)

12. L

13. L

14. L

15. L

16. L

17. L

18. L

• New form allows for 12 diagnosis codes (labeled A-L). Please input diagnoses in priority order. In the ICD indicator field enter 9 if codes in fields A-L are ICD-9; enter a 0 if ICD-10.

Guide to Billing with the New CMS 1500
Guide to Billing with the New CMS 1500

Fields 24 A-E continued
• Only minor changes to design of fields
• Field 24 E Diagnosis Pointer
  – On each line enter letter A-L that corresponds to the correct diagnosis code (found back in field 21)
  – A minimum of one and a maximum of four diagnosis pointers may be entered for each line

Corrected Claims

• For corrected claims providers should clearly indicate ‘Corrected Claims’ at the top of the CMS-1500
Thank you from your MDwise Provider Relations Representatives!

Marvin Davis mda\vise@mdwise.org
Ron Gibson rgibson@mdwise.org
Jacquie Marsalis jm\alsis@mdwise.org
Matthew McGarry mmcg\arious@mdwise.org