MDwise 101

2013 Annual IHCP Seminar

Exclusively serving Indiana families since 1994.
Agenda

- Indiana Health Coverage Overview
- MDwise Overview
- MDwise Hoosier Healthwise
- MDwise Healthy Indiana Plan
- MDwise Care Select
- MDwise Behavioral Health
- Care Management/Disease Management
- Right Choices Program
- Transportation
- HEDIS/Quality Overview
- MDwise Special Programs
- Questions and Answers
IHCP Overview

FSSA = Family & Social Services Administration
OMPP = Office of Medicaid Policy and Planning
Maximus = Enrollment Broker

Traditional Medicaid
- HP
- 590 Program

Care Select
- MDwise (Care Select)
- ADVANTAGE (Care Select)

Healthy Indiana Plan
- MDwise
- Anthem Blue Cross Blue Shield
- Enhanced Services Plan (ESP)
- MHS

Hoosier Healthwise
- Risk-Based Managed Care
- MDwise
- MHS
- Cenpatico Behavioral Health
- Anthem
- Anthem

Managed Behavioral Health Organizations

MAXIMUS
Rule #1 Verify Eligibility

• Is the member eligible for services today
• What IHCP plan are they enrolled (HHW, CS, HIP, Traditional)
• If the member is in HHW or HIP, what MCE are they assigned (MDwise, Anthem, MHS)
• If the member is in Care Select, what CMO are they assigned to (MDwise, Advantage Health Solutions)
• Who is the member’s primary medical provider (PMP)
• Where should claims be submitted
• Where should prior authorization be submitted
MDwise is a local, not-for-profit company serving Hoosier Healthwise, Care Select, and Healthy Indiana Plan members. We have been providing 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 more than 300,000 members in partnership with over 1,700 primary medical providers.
Our Mission

The MDwise mission is to enhance member satisfaction and lower total health costs by improving the health status of our members through the most efficient provision of quality health care services.

Our Core Values

• The Heart of Compassion
• The Star of Excellence
• The Torch of Leadership
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
• Wishard-Eskenazi Health
• St. Vincent
• IU Health Methodist

Northwest Indiana
• St. Catherine
• Franciscan St. Margaret & St. Anthony

Northeast Indiana
• Total Health

North Central Indiana
• Select Health Network

Statewide
• Hoosier Alliance
The Hoosier Healthwise Program focuses on access to primary and preventative care and the establishment of a “medical home” model.

Primary Members

- Children
- Pregnant women
- Low-income families

The member’s specific eligibility aid category determined by the Division of Family Resources (DFR) establishes their benefit package.
Hoosier Healthwise Packages

Package A – Full range of IHCP benefits

Package B – Pregnancy related and postpartum care, urgent care, family planning, pharmacy, and transportation

Package C – Children’s Health Plan – preventive, primary, and acute care

Package PE – Ambulatory prenatal services while the application and determination process for Hoosier Healthwise is being processed
Medical Management – authorize medically necessary services

Network Development – contract with physicians, hospitals, and ancillary providers. Provide training, and assure appropriate access to medical care

Quality Assurance – HEDIS, Pay for Performance (P4P), access to care, member/provider satisfaction

Claims Payment – each Delivery System is responsible for paying claims for their membership

Care Management/Disease Management – complex care management, and promoting member self-management by engaging the member in development of goals
Prior Authorization

• Authorization or denial of services is handled by the Medical Management department in the delivery system where the member’s PMP belongs.

• All out of network services require authorization (except self referral services such as chiropractic, podiatry, etc.)

• For newborns, MDwise is responsible for medically necessary services from out-of-network providers until eligibility can be verified.
  – Claims cannot be submitted until the baby’s RID number is in the State’s database
  – Once eligibility is verified, PA must be obtained before additional services from out-of-network providers will be covered.
The Healthy Indiana Plan (HIP) is a State, Federal, and member funded program for uninsured Hoosier individuals and families without access to employer sponsored health insurance.

- HIP has been extended through calendar year 2014
- Adults 19–64
- Uninsured for at least 6 months
- No access to employer sponsored health insurance
- Up to 200% Federal Poverty Level
- Annual Power Account funded by the member and the State
- $300,000 annual and $1 million dollar lifetime maximum
• HIP members should not have any other insurance. HIP will never pay as secondary to any other insurance
• HIP claims are billed to one claims payer
• Providers must be enrolled in IHCP to participate in HIP and be contracted with MDwise HIP
• MDwise will reimburse the provider of service at the current Medicare rates, or 130% of Medicaid rates, if the service does not have a Medicare reimbursement rate.
• Contractually, all in-network providers are required to submit claims within 90 days of the date of service. Out-of-network providers have 365 days.
• Providers are encouraged to submit claims electronically for faster claims adjudication.
• MDwise behavioral health providers are required to submit claims within 90 days of the date of service.
Other Stakeholders

• **HIP Enhanced Services (ESP)**
  - Plan designated for certain individuals with health care conditions that require additional support; these conditions include internal cancers, HIV/AIDS, hemophilia, aplastic anemia, and organ transplants
  - The State is contracted with ACS to manage the HIP ESP benefit

• **ESP Contact Information:** 1-866-674-1461

• **ESP Prior Authorization:** 1-866-504-7353
A disease management program focusing on members with chronic conditions to help them achieve:

- Improved health status
- Enhanced quality of life
- Improved member safety
- Adherence to treatment plans

Note: MDwise Care Select is not a delivery system product. MDwise corporate administers this program.
Population Served

- The aged, if not eligible for Medicare
- Blind members
- Physically and/or mentally disabled members
- Wards of the court and foster children
- Children on adoption assistance
Eligible Member Conditions

- Asthma
- Diabetes
- Congestive Heart Failure
- Coronary Heart Disease
- Hypertension
- Chronic Kidney Disease
- Severe Mental Illness (SMI) and Depression
- Serious Emotional Disturbance (SED)
Complex Case Management

• Care Plans are developed for members that are in level two and three
  – Gather information about existing care/case management plans being received; for example, through a CMHC
  – Collect and review:
    • Medical and educational information
    • Family and caregiver input
    • Claims data
    • Initial screening
    • Medical records
Prior Authorization

• Use the IHCP feel schedule at [www.indianamedicaid.com](http://www.indianamedicaid.com) to determine if a service requires prior authorization.

• More information located in the IHCP Provider Manual Chapter 6, Indiana Administrative Code (IAC), bulletins, banner pages, and newsletters.

• Check PA status using PA inquiry function in Web interChange prior to contacting MDwise.

• Providers must submit PA supporting documentation via fax or mail.
Inpatient Psychiatric Care

• With the exception of emergency admissions, prior authorization is required for any psychiatric admission, including admissions for substance abuse.

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
Outpatient Therapy Continued

- Therapy – Members can receive up to 12 therapy sessions without prior authorization per contracted billing provider.
- Medication Management – Members can receive 19 visits without prior authorization per member, per billing provider, per rolling calendar year.

**Note:** Submit OTRs to the member’s delivery system medical management department (see Quick Contact Guide at MDwise.org/quickcontact)
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 MDwise 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
Outpatient Therapy

- Therapy – PA required for therapy provided in an outpatient or office setting that exceeds 20 units per member, per provider, per rolling 12 month period

- Medication Management – PA required for medication management provided in an outpatient or office setting that exceeds 20 units per member, per provider, per rolling 12 month period

Note: Submit universal PA form to MDwise
MDwise conduct care and disease management for all lines of business.

Any provider can refer a member to MDwise for care management, case management, and specific disease management services.

Online referral process at:
- MDwise.org/cmdm-referral
• Attention Deficit Hyperactivity Disorder (ADHD)
• Asthma
• Congestive Heart Failure (CHF)
• Chronic Kidney Disease (CKD)
• Chronic Obstructive Pulmonary Disease (COPD)
• Coronary Artery Disease (CAD)
• Depression
• Diabetes
• Pervasive Developmental Disorder (PDD)
• Pregnancy
MDwise Care and Disease Management

- Promote active engagement of those who support the member (providers, family, and caregivers) in care plan development
- Empower members to make quality health care decisions
- Work one-one-one with high risk qualifying members to assist them in gaining control of their disease
- Member education about chronic conditions and how to avoid complications
- Counsel members who visit the ER frequently and educate them on the importance of utilizing their PMP
Right Choices Program Mission

• Safeguards against unnecessary or inappropriate use of Medicaid
• Prevents excessive payments by identifying members who use Medicaid services more extensively than their peers

Placement in Right Choices Program

• MDwise participates in the RCP for Hoosier Healthwise, Healthy Indiana Plan, and Care Select
• Members are assigned to one PMP, one pharmacy, and one hospital
• If a member requires specialty services, the PMP must make the referral for those services to be reimbursed -29-
Referrals

- PMP referral required for member to see other providers (except self referral services that will not require a prescription)
- Referrals should be based on medical necessity only
- Referrals can be written for specific dates of service or up to one year
- Referrals may be submitted on the PMP’s letterhead or prescription pad and must be signed by the PMP and include the following
  - Member’s Name
  - Member’s RID
  - Name of Provider
  - NPI
  - Dates of Service
MDwise Transportation

• MDwise provides transportation for Hoosier Healthwise only. Emergency transportation only is provided to Healthy Indiana Plan members
• Local network of transportation providers contracted through MDwise. Members call MDwise Customer Service Line to arrange for transportation
• All requests must be approved by MDwise at least one business day in advance of appointment
• Urgent trips (same day) – Provider office staff must call MDwise to authorize
• Prior-authorization is required for trips beyond 20-trip limit.
Network Improvement Program (NIP) Team and Quality Team are focusing on the following performance measures with delivery systems and providers:

- Well child care 0-15 months, 3-6, and 12-21 years
- Frequency of Ongoing Prenatal Care
- Timeliness of Prenatal Care
- Timeliness of Postpartum Care
- Notification of Pregnancy (NOP)
- ER utilization
- Advising Smokers and Tobacco Users to Quit
- LDL-C Screening
- Implementing Bright Futures for EPSDT
• Provider and staff education
• Network Improvement Program (NIP) Team
• Everyone Needs Check-Ups (ENC) Days
• Billing and process audits
• Member education
• Member incentives—MDwise Rewards
• Provider Incentives
• Case and Care management services for members
• Refer members online at MDwise.org
• Educational Materials—MDwise.org HEDIS/Quality Material
MDwise Special Programs

- Nurse on-call: Speak with a nurse 24 hours a day
- MS. BLUEBELLE’S club for kids: Teach kids to make healthy choices
- WELLNESS chats: Fun, educational community events where you can learn about good health
- INcontrol: Be in control of your health
- SMOKE-free: Get help kicking the tobacco habit
- BLUEBELLE beginnings: Give your newborn a healthy start
- WEIGHTwise: Reach and maintain a healthy weight
- HELPlink: Get help linking to community services
- RIDEwise: Enjoy free rides to doctor’s visits
- TEENconnect: Get information just for teens
Contact Information

- Call 1-800-356-1204 or 317-630-2831
- MDwise.org
- MDwise.org/forms
- MDwise.org/forms/behavioralhealth
- MDwise.org/forms/caremanagement
- MDwise.org/forms/claims
- MDwise.org/forms/membermanagement
- MDwise.org/forms/pharmacy
- MDwise.org/forms/priorauthorization
- MDwise.org/forms/providerenrollment