Exclusively serving Indiana families since 1994.

MDwise
“Second Quarter Updates”

2016
IHCP Workshop
2nd Quarter

APP0246
(6/16)
Agenda

- MDwise Delivery System Model
- Provider Relations Contact and Territory List
- Contracting Update
- Revalidation
- Verifying Eligibility
- MDwise Procedure Timelines
- Utilizing MDwise Forms
- Using the Provider Portal
- HIP Prepayment Tool
- Behavioral Health
What is a delivery system model?

MDwise serves its Hoosier Healthwise (HHW) and Healthy Indiana Plan (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.
Delivery System Flowchart

**What is a Delivery System Model?**

MDwise operates under a "delivery system model." The basis of this model is the localization of health care around a group of providers. The organizations, called delivery systems, are comprised of hospitals, 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.
Provider Relations Territories

Region 1
- Tonya Thompson
tthompson@mdwise.org
317-983-7847

Region 2
- Jamaal Wade
jwade@mdwise.org
317-822-7276

Region 3
- Ariel Bennett
abennett@mdwise.org
317-822-7416

Region 4
- Jinny Hibbert
jhibbert@mdwise.org
317-822-7223

Region 5
- Christina Pullings
cpullings@mdwise.org
317-822-7525

Region 6
- Kami Hughes
khughes@mdwise.org
317-983-7848

Region 7
- Charmaine Campbell
ccampbell@mdwise.org
317-822-7301
(State-wide and out-of-state)
Provider Relations Territories – Contact Information

• Region 1
  – Tonya Thompson, tthompson@mdwise.org, 317.983.7847

• Region 2
  – Jamaal Wade, jwade@mdwise.org, 317.822.7276

• Region 3
  – TBD

• Region 4
  – Ariel Bennett, abennett@mdwise.org, 317.822.7416

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• Region 7
  – Kami Hughes, khughes@mdwise.org, 317.983.7848

• State-wide and Out-of-state
  – Charmaine Campbell, ccampbell@mdwise.org, 317.822.7301
Managed Care Entity (MCE) Contracting Update

- In the process of contacting providers of all specialty types for the upcoming 2017 contract
- Providers interested in contracting should contact the Provider Relations Representative assigned to their county
- Contract Inquiry Form can be requested via email at PREnrollment@mdwise.org

Reminder: New providers must submit a signed program contract and enrollment forms. If credentialing is required, other documentation may be requested. For questions, please contact your assigned Provider Relations Representative.
• Per Federal Regulation, the Indiana Health Coverage Programs (IHCP) requires providers to revalidate every 3-5 years, depending on the provider specialty. Additional information is available on indianamedicaid.com under the provider enrollment section.

• Providers will receive a notification letter from the state, sent to their mail to address, with instructions for revalidating 90 days before their revalidation deadline. A second notification letter will be mailed 60 days before the revalidation deadline.
Revalidation – Continued

• Providers enrolled with a group classification are responsible for revalidating the rendering providers associated with the revalidating service location.
  – Rendering revalidation means that the group or clinic attests that the rendering providers linked to the group are still actively linked to the group’s or clinic’s service location, and that the rendering provider is not sanctioned and has an active license.

• Providers with multiple service locations must revalidate each location individually and will receive a separate letter for each location.
• Providers should ensure that their profiles are up to date with the IHCP.

• MDwise is working with its Delivery Systems to ensure its PMPs and their members are not affected by revalidation.

• The IHCP encourages you to submit your revalidation paperwork as soon as possible after receiving your first notification letter.
Deactivation

• Providers who fail to revalidate will be deactivated. This will mean:
  – Claims billed with dates of service on or after the deactivation date will be denied;
  – Providers who participate in the managed care programs may have their members reassigned to other primary medical providers (PMPs); and
  – Members with level-of-care (LOC) services and those in the Right Choices Program (RCP) may be denied benefits.

Note: MDwise Revalidation Toolkit located at MDwise.org

Eligibility

Rule #1 Verify Eligibility

• Is the member eligible for services today?
• Which IHCP plan are they enrolled (HHW, HCC, HIP)?
• If the member is in HHW, HCC, or HIP, which MCE are they assigned (MDwise, Anthem, MHS)?
• Who is the member’s Primary Medical Provider (PMP)?
• Where should claims be submitted?
• Where should prior authorization requests be submitted?
Verifying Eligibility

• Web InterChange verifies:
  – Program
  – MCE

• MDwise Provider Portal verifies:
  – Delivery System (HHW/HIP)
  – Primary Medical Provider (PMP)
Claims

• Claim Submission
  – Contracted providers must submit claims to MDwise within 90 days of the date of rendering the service

• Claim Forms
  – EFT/ERA Vendor Form to receive payments and remits electronically
  – Claims Inquiry Form has been updated
    • One form for each MDwise program
    • Changed “Claim Type” to “Claim Number”
  – Updated form located in your MDwise handouts

• Claim Disputes
  – Submit in writing to address on forms located on website
  – Submit dispute within 60 days of receipt of EOB
  – Submit dispute within 90 days of submission date if no EOB
Claims Call Center Updates

• MDwise recognizes the long hold times for providers during the first four months of 2016. An increase in staff and staff adjustments have been made in an effort to reduce the wait times.

• MDwise continues to improve this process and is updating our provider forms to include new necessary information to allow providers multiple avenues of communication regarding claim inquiries.
• Prior Authorizations (PA)
  – Emergent requests-not required; notification to MCE must occur within two (2) business days
  – 3 business days for pre-service urgent
  – 7 business days for pre-service non-urgent

• [http://www.mdwise.org/for-providers/forms/prior-authorization/](http://www.mdwise.org/for-providers/forms/prior-authorization/)

• Be sure to verify the member’s program and Delivery System
Provider Forms

- Provider Enrollment
  - Enrollments, Updates, Disenrollments, Credentialing
- Prior Authorization
  - Universal PA Form
- Behavioral Health
- Care Management
  - Referrals
- Member Management
  - Panel Updates – Full Panel Add and Hold Panel Add
  - Member Reassignment

*All forms can be found at [www.mdwise.org/for-providers](http://www.mdwise.org/for-providers)
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 HIP/Medicare 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 – Marketplace 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 317-822-73 ext. 3806.

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.

Request a new account
Forgot your username or Password?

Provider News:
View Provider News and Announcements
Welcome to myMDwise

Welcome to the MDwise network. We value your business and hope to keep you informed by providing easy access to vital information and updates here.

Provider Portal Help Guide

Unable to View Patient Information?

If you are not yet able to view Eligibility and Claims information, then your account has not been approved. This typically takes up to 3 business days. If you need immediate access please contact Provider Relations at 317-822-7300 ext 5800.
Welcome to the myMDwise Administrator Site
This site is for internal MDwise teams who have been authorized to view Medicaid and Marketplace member eligibility and claims information.

Medicaid Menu
View member eligibility and claims information for Medicaid programs, Hoosier Healthwise, Healthy Indiana Plan and Care Select.

Marketplace Menu
View member eligibility and claims information for the MDwise Marketplace programs.

User Help Guides
- CSR/Admin Help Guide
- Provider Help Guide
HIP Prepayment Tool

Purpose:

• 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.
Benefits of using the MDwise Prepayment Tool

Providers get prepayment for services rendered:
- Members have accountability and visibility of 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 in the HIP Prepayment tool need to complete the following:

- EFT and ERA Vendor Request Form for Prepayment to the number provided on the form
- Pre-Payment Form Request to update provider portal account

Both forms can be found at:
http://www.mdwise.org/providers/mymdwise
How to access the HIP Prepayment Tool:

Welcome to myMDwise

Welcome to the MDwise network. We value your participation and hope to keep you informed by providing easily accessible resources and updates here.

Provider Portal Help Guide

IHCP/Medicaid Programs
- MDwise Member Eligibility
- MDwise Member Claims
- HIP Cost Estimator Tool
- Provider Claims Help

MDwise Marketplace
- Eligibility/Claims
- Patient Roster
- Example of Prepayment form to be completed by the provider
- Similar layout to paper claims form

**HIP Prepayment Tool - Continued**

<table>
<thead>
<tr>
<th>Servicing Provider</th>
<th>Billing Provider</th>
</tr>
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<tbody>
<tr>
<td>First Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
<td>Last Name</td>
</tr>
<tr>
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</tr>
<tr>
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<td>Provider Taxonomy</td>
</tr>
<tr>
<td>Legacy ID</td>
<td>Legacy ID</td>
</tr>
</tbody>
</table>

**Member Information**

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<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>NPI Number</th>
<th>Group Number</th>
<th>Service Date</th>
</tr>
</thead>
</table>

**Cost Estimator**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Units</th>
<th>Allowed Amount</th>
</tr>
</thead>
</table>

*This total reflects only an estimate of your services today (4/30/2015). 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.*
• 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 vary.
Inpatient Psychiatric Care

- All non-emergent inpatient admissions require authorization
  - Call for PA within 48 hours of admission
  - Complete 1261A Form within 14 days of phone authorization. Providers are still asked to submit this form until further notice.
- Report emergency services to the member’s PMP within 48 hours
- **Behavioral Health Prior Authorization** poster is available from your Behavioral Health Provider Relations Representative.
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 and a mid-level practitioner. 90791-90792

- Therapy – Members can receive outpatient therapy sessions without prior authorization by a qualified provider.

- MDwise no longer requires prior authorization for most outpatient behavioral health services. Some exceptions include intensive outpatient, partial hospitalization, and psychological testing.
ABA Therapy is for the treatment of Autism Spectrum Disorder (ASD) for members ages 20 and under

- Initial diagnosis and comprehensive diagnostic evaluation done by a qualified individual and requires prior authorization (PA)

- Ongoing therapy required by qualified individual and requires PA

- Effective 2.6.16, per BT201606, ABA therapy providers must use the modifiers U1-U3 modifiers along with the appropriate mid-level modifier.
Helpful Links

• **MDwise.org**

• **Quick Contact Guide**

• **MDwise Provider Manuals**

• **Provider Forms**