MDwise Healthy Indiana Plan (HIP)

Annual IHCP Seminar – October 2012

Exclusively serving Indiana families since 1994.
Topics

• Comparison between Hoosier Healthwise and Healthy Indiana Plan (HIP)
• HIP reimbursement rates
• Plan participation
• Eligibility
• Claims submission
• Claims dispute
• Pharmacy benefit
• Disease management programs
Comparison between Hoosier Healthwise and Healthy Indiana Plan (HIP)

- Eligibility/PMP and delivery system (DS) for Hoosier Healthwise is found on Web Interchange when HIP/DS and PMP can only be seen in myMDwise web portal
- Prior authorization (PA) requirements are different for each program
- Critical care access paid at a rural rate for HIP
- Dental and vision are excluded benefits for HIP
- Transportation is not covered by HIP
- Pregnancy is not covered by HIP (except for discovery claim)
- Voluntary sterilization is not covered by HIP
Comparison continued

- HIP members should not have any other insurance (but could have Wishard Advantage or VA coverage). HIP will never pay as secondary to any other insurance.
- HIP buy-in members have a deductible to meet before claims will be paid. Also, the deductible cannot be paid up front as claims must be billed first and adjudicated to deductible amount.
- HIP claims are billed to one claims payer when Hoosier Healthwise claims are billed to members delivery system.
MDwise Delivery Systems

- Hoosier Alliance
- Methodist
- Select Health
- St. Catherine
- Franciscan St. Margaret and St. Anthony
- St. Vincent
- Total Health
- Wishard

***See quick contact guide for more information***
HIP Reimbursement Rates

• 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.
• Providers must be enrolled in the Indiana Health Coverage Program (IHCP) to participate in HIP and be contracted with MDwise HIP.

• MDwise plan participation will be based on delivery system acceptance. (See quick contact guide for participating delivery systems and contact information).

• In order to see Enhanced Service Plan (ESP) members, providers must be enrolled in IHCP.
Eligibility

- It is the responsibility of ALL providers to check eligibility at the time of each visit. Providers can check assigned delivery system through the myMDwise web portal or Web Interchange.
- Members received an updated card due to pharmacy carve out.
FQHCs and RHCs

- All covered HIP services will be reimbursed at the current CPT code sets.
- MDwise will not recognize T1015. Services billed using this code will be denied.
Claims Submission for MDwise HIP

• Contractually, all in-network providers are required to submit claims within 90 days of date of service, out-of-network providers have 365 days

• NEW CLAIMS ADDRESS
  – MDwise HIP Claims
    P.O. Box 830120
    Birmingham, AL 35283-0120

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

• If submitting HIP claims on paper, be sure to send red copy as a black and white copy will delay processing

• NOTE: MDwise behavioral health providers are required to submit claims within 90 days of date of service
Claims Dispute

• In- and out-of-network—Call MDwise to inquire about claim.
• MDwise must respond within 30 calendar days of inquiry.
• Claims dispute form is available online: MDwise.org
• Appeals – Must be in writing
• Provider has 60 calendar days:
  – From receiving remittance advice denial or
  – After MDwise claims payer system fails to make determination
  – In-network appeals should be forward to MDwise for resolution
  – Out-of-network appeals should be forwarded to MDwise corporate at
    Attn: MDwise Grievance Coordinator/HIP
    1200 Madison Avenue, Suite 400
    Indianapolis, IN 46225

*Specialty network is open. Call delivery system medical management department for services that require prior authorization.
Pharmacy Benefit

- Pharmacy benefits: [indianapbm.com](http://indianapbm.com)
- Customer service: 1-800-879-0106
Thank You

- MDwise.org
- 1-800-356-1204