Lifecycle of a Member
First Quarter IHCP Workshop
February – March 2013

Presented by MDwise
Introduction

1. Introduction of Presentation
2. Member’s Lifecycle
3. Member Enrollment
4. PMP Assignment
5. Health Risk Screening
6. Member Services
7. Member Outreach
8. Member Disenrollment
9. Provider Tools
The purpose of the presentation is to present “what you need to know about the MDwise member”. The member’s lifecycle from enrollment to disenrollment.
Medicaid Enrollment

- Department of Family Resources (DFR)
- Based on Multiple Factors: Financial Status/Disability/Pregnancy
- Presumptive Eligibility (55 RIDS)
- Maximus will ask member for MCE Selection
- If none, will be driven by PMP Selection
  - Member’s Choice
  - Auto-Assignment
- Auto-Assignment: Case Number Given to Household
  - Case Number Drives Auto Assignment for Household if PMP Meets Appropriate Characteristics
  - Previous Relationship
MDwise ensures that new members are provided with clear and complete information on MDwise services and programs and to begin to establish a solid connection with MDwise membership.

The Welcome Packet includes:

- New member letter in English and Spanish. The letter stresses the importance of completing the Health Risk Screening and selecting a PMP within 90 days of enrollment.
- Member handbook with phone card of MDwise telephone numbers
- Information about selecting a PMP
- Notice of Privacy Practices
- Magnet with MDwise Contact Information
- Education about their POWER Account (HIP only)
Health Risk Screening

- Attempt to Reach New Members within 90 days
- Complete HRS with at least 70% of members
- HRS Results Stratify Members Into Risk Levels
  1. Low
  2. Moderate
  3. High
- Referrals to Care and Case Management as Necessary
- Explain Program Benefits and Member Responsibilities
- PMP Selection
First 30 Days are “Fee-For-Service” - members can see any IHCP provider

MDwise CSR to call 3x within 30 days of enrollment cycle to make PMP selection

Auto Assignment- (if no selection by enrollment date)
  - Previous PMP or Delivery System
  - Linkage (other family members assigned to same delivery system)
  - Proximity to PMP- <30 miles
  - Open panels
  - Neediest Delivery System- Lowest Membership
  - Newborns will follow delivery system of mother

HRS Call- chance to select PMP
Member Services

- MDwise Member Services Handles Inquires from Members and Providers. We help our MDwise Members with the following:

- Assist member with PMP selections, PMP changes and help them understand the importance of seeing their PMP with 90 days of Enrollment
- Eligibility Questions
- Identify Potential Case Management Needs
- Member Billed Issues
- Benefits and Services
- Transportation Questions
Member Grievances

- MDwise Member Services handles grievances for our members. If the member calls to file a complaint, a Grievance is entered into the Grievance database.

- Open Enrollment Grievances: A MDwise member can file an open enrollment grievance when they are outside of the first 90 days of their new health plan. There are just cause reasons that have to be reviewed to determine if the member meets the criteria for a change of plan.

- Possible Quality Issue (PQI): MDwise members can file a grievance for Quality of Care / Services issues. This is documented when a member has a complaint about the services they received from the providers office (e.g. access, concern with medical or behavioral health care or Provider’s demeanor). The complaint is reviewed in our quality department.
Member Outreach

- Partner with Community Health Fairs
- Partner with Local hospitals on Wellness Chats
- Educate and Promote the Member Rewards Program
- Partner with Health Centers on Health Screening Events

- Y-Wise
- Text4baby
- Ms. Bluebelle Visits
- Battle of the Fit
- Baby Showers

Outreach Drives HEDIS!
Multiple factors can trigger the disenrollment of a Member:

- Member Has a Change in Financial Status
  - Increase In Pay At Job
  - Child Support/ Social Security
  - Self Reported Changes/State data
- Redetermination At Least Once A Year
- Member Doesn’t Complete Expectations of DFR
  - Data Not Kept Up-to-Date
  - Documents Not Turned In
- Member Moves Out of State
- Package B Members
- Applying for HIP
Member Hoosier Healthwise Programs

**BLUEBELLE beginnings**
Give your newborn a healthy start

**NURSE on-call**
Speak with a nurse 24 hours a day

**SMOKE-free**
Get help kicking the tobacco habit

**TEENconnect**
Get information just for teens

**HELP link**
Work with a member advocate who knows about health, school and community services

**MS. BLUEBELLE’S club for kids**
Teach kids to make healthy choices

**WEIGHTwise**
Reach and maintain a healthy weight

**WELLNESS chats**
Take charge of your health

**RIDE wise**
Enjoy free rides to doctor’s visits
Provider Tools
You don’t have to sign up for MDwiseREWARDS to earn points. You are automatically enrolled. Plus, you may already have enough points to get a gift card.

**How do I earn points?**
Earn points for a variety of activities, like going to your doctor appointments. Then shop for gift cards with your points.
You can log onto [MDwise.org/myMDwise](http://MDwise.org/myMDwise) to redeem your points and order your gift card. If you do not have a computer or need help, call MDwise customer service at 1.800.356.1204 (toll free) or 317.630.2831 if you are in the Indianapolis area, and they can help you submit your order.
# MDwise PMP Change Form

(for MDwise Hoosier Healthwise members only)

If this is **NOT a MDwise member**, please have the patient call Hoosier Healthwise at 1-800-889-9949 to make the PMP change. You **CANNOT** use this form.

<table>
<thead>
<tr>
<th>Your Facility / Office:</th>
<th>Office Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Office Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RID Number (must be active):</th>
<th>Current PMP:</th>
</tr>
</thead>
</table>

## New PMP Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Provider Number</th>
<th>Group Number</th>
<th>Location Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Member / Legal Guardian Authorization:

- [X] Member or Guardian Signature
- [ ] Member/Guardian PRINTED Name

<table>
<thead>
<tr>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Request to Change PMP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Auto-assignment (doesn’t want assigned PMP)</td>
</tr>
<tr>
<td>[ ] Unsatisfactory Quality of Care (use “other” below to explain)</td>
</tr>
<tr>
<td>[ ] Wrong PMP Assigned</td>
</tr>
<tr>
<td>[ ] Location Not Convenient (30 miles / 30 minutes away)</td>
</tr>
<tr>
<td>[ ] Member Relocated (to another city or area)</td>
</tr>
<tr>
<td>[ ] Other: __________________________</td>
</tr>
</tbody>
</table>

**FAX FORM TO:** (317) 829-5530 or 1-877-822-7190

*NOTE: MDwise members must wait for a letter from Hoosier Healthwise confirming the effective date of this PMP/Provider Change Request. Until confirmation is received, members must continue to contact the current PMP for their medical needs. QUESTIONS: (317) 630-2831 or 1-800-356-1204*
## Managed Care Primary Medical Provider Panel Limit or Panel Hold Update Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Submitted</td>
<td></td>
</tr>
<tr>
<td>Provider Name</td>
<td></td>
</tr>
<tr>
<td>Provider NPI Number</td>
<td></td>
</tr>
<tr>
<td>Provider Contact Name</td>
<td></td>
</tr>
<tr>
<td>Provider Contact Phone Number</td>
<td></td>
</tr>
<tr>
<td>Provider Contact Email</td>
<td></td>
</tr>
<tr>
<td>Practice Type</td>
<td>Pediatric, OB/GYN, General Practice, Internist, Other</td>
</tr>
<tr>
<td>Panel Limit Status</td>
<td>Panel Hold Status (Hold/Open)</td>
</tr>
<tr>
<td>Current Panel Limit</td>
<td></td>
</tr>
<tr>
<td>Requested Panel Limit</td>
<td></td>
</tr>
<tr>
<td>Justification of Variance</td>
<td></td>
</tr>
<tr>
<td>Panel Change Request</td>
<td></td>
</tr>
<tr>
<td>Decrease Yes/No</td>
<td></td>
</tr>
<tr>
<td>Increase Yes/No</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
</tbody>
</table>

### Instructions
- Complete every field on this form and submit the provider's panel update request. Submit the completed form and required documentation to EDS. Incomplete forms and documentation may be returned and may delay the PMP's panel size update.
- For questions, call (877) 707-5750.

### Managed Health Services (MHS)
- Risk Based Managed Care (RBMC)
- Care Select

### For Completion by EDS Staff Only
- Data Received
- Data Processed
- Data Quality Checked

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**Version 2.0, April 2007**

**MDwise**
MDwise Panel Add Request

Fax Form to MDwise 317.829.5530 or 877-822-7190; or fax to your delivery system Provider Relations

** All fields must be complete for processing**  ** Please print legibly — except signatures**

Date of Request ____________________________ Contact Telephone ____________________________

Member Information

Hoosier Healthwise ID Number ____________________________
Member Name ____________________________
Social Security Number ____________________________
Member Address ____________________________

Member (or parent/guardian signature) ____________________________
Date Signed ____________________________

Provider Information

NOTICE to MEMBER: This provider may belong to more than one Hoosier Healthwise Managed Care Entry (MCE). Please discuss your MCE choice options with this provider before signing this form. You may also call Hoosier Healthwise at 1-800-889-9949 to discuss options available for choosing your MCE.

Why do you wish to add this member to your panel? Please check only one – Reason is required.
☐ This is an established patient or family member of an established patient whom I have treated in the past 24 months from today’s date.
☐ This is a patient whom I would like to add to my panel.

As a PMP, I agree to add the above Hoosier Healthwise/HIP member to my panel.

Physician Name (print) ____________________________
Physician Signature ____________________________
Physician Provider ID Number ____________________________
Physician Group Number ____________________________ Location Code ____________________________

Maximus Use Only

Date Received: ____________________________
Date Approved: ____________________________
Date Denied: ____________________________
Return Code/Reason: ____________________________

HHW-HIPP0139 (11/11)
Transportation Issue Follow-up Check List for Hoosier Healthwise Members

Contact person: ________________________________
E-mail address: ________________________________
Phone Number: ________________________________
Delivery System: ________________________________
Date Submitted: ________________________________
Urgent? Yes or No (Please circle.)

1. Members RID number: ________________________________
2. Date and time of the transportation issue: ________________________________
3. What was the issue? (Please mark any and all boxes that apply and provide specifics.)
   - [ ] Missed appointment because transportation
     Specifics: ________________________________
   - [ ] Transportation vendor no show
     Specifics: ________________________________
   - [ ] Late getting the member to the appointment
     Specifics: ________________________________
   - [ ] Member told not eligible for transportation
     Specifics: ________________________________
   - [ ] Other
     Specifics: ________________________________

Fax completed form to (317) 822-7534 to the attention of Melvin Thomas or secure e-mail to mthomas@mdwise.org. If you have questions, please call (317) 822-7394. You will receive a response within two business days after the incident is investigated.
Provider Tool- Member Intervention Form

Member Intervention or Education Request
(for MDwise Hoosier Healthwise Members Only)

Date of Request: _______________________

Person making request: ___________________________ Title: ___________________________
Your Facility / Office: ___________________________ Office Phone: ______________________
Office Fax: ___________________________
Member Name: ___________________________ Member’s Phone: ______________________
Hoosier Healthwise Number: ___________________________ Parent/Guardian Name (if minor): ___________________________
Member’s Most Recent Address: ___________________________

EDUCATION REQUEST REGARDING:

Missed appointments: (Minimum of 2 or more within 3 months, unless special circumstances exist, i.e. prenatal, newborn, etc.)

List Dates: ___________________________

ER Abuse/ED Misuse: Please be specific as to what the member is doing and when:

☐ Going to a hospital other than assigned
☐ Using the ER for non-emergent care
☐ Using the ER during pm office hours

List Dates: ___________________________

Other issues and/or summary of education efforts:

Member Advocate Results (internal use only):

Attempted phone calls:

Letters Sent:

Response/Results:

*NOTE: This form needs to be faxed to your MDwise Delivery System Provider Relations Representative. They will also receive results of intervention.

Representative name: ___________________________
Fax number: ___________________________
Fax completed requests to MDwise Outreach Department at: 317-829-5530 or toll-free 1-877-822-7190

If you have any questions, Call MDwise at 1-800-356-1204 or 317-630-2831

Revised: 2/08
Provider Tools – Pre Birth Selection Form

MDwise Pre-Birth Selection Form
(for MDwise Hoosier Healthwise members only)
If this is NOT a MDwise member, please have the patient call Hoosier Healthwise at 1-800-889-9949 to make the Pre-Birth selection. You CANNOT use this form.

Your Facility/Office: __________________________ Office Phone: __________________________

Member Name: __________________________ / __________________________
Member Date of Birth: __________ / __________ / __________ Member’s Phone: __________________________

RID Number (must be active): __________________________
Member’s Current PMP: __________________________

Requested PMP (for baby) Information:
Name: __________________________ / __________________________ / __________________________
Provider Number / Group Number / Location Code

Baby’s Due Date: __________ / __________ / __________

Member / Legal Guardian Authorization:
X

Member or Guardian Signature __________________________ Date __________

Member/Guardian PRINTED Name __________________________ Date __________

Employee Name (PLEASE PRINT CLEARLY) __________________________ Date __________

**IF REQUESTED PMP PANEL IS FULL, PLEASE HAVE THAT PMP COMPLETE AND SIGN BELOW**

☐ I agree to accept this baby as a patient after birth.

PMP Name (PRINT) __________________________ PMP Signature __________________________ Date __________

FAX PRE-BIRTH SELECTION TO: (317) 829-5530 or 1-877-822-7190
QUESTIONS: (317) 630-2831 or 1-800-356-1204

Revised: 3/08
## HIM / NPI Outpatient Treatment Request (OTR)

Please print clearly - Incomplete or illegible forms will delay processing

### Member Information

- **Patient Name:**
- **Health Plan:**
- **DOB:**
- **Medicaid NPI #**
- **Last Authorization #**

### Provider Information

- **Provider Name:**
- **Provider Credential:**
- **Physical Address:**
- **Telephone Number:**
- **Fax Number:**
- **Tax ID #:**

### Previous Divisa Treatment

- **None**
- **OP**
- **MT**
- **SA**
- **IP**
- **MT**
- **SA**

### Substance Abuse

- **None**
- **OP**
- **SA**
- **Current/Active**

### DSM IV Axis

<table>
<thead>
<tr>
<th>Axis</th>
<th>(Please include relevant medical conditions on Axis II)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>CURRENT, PAST YEAR</td>
</tr>
</tbody>
</table>

If the Member has a substance use and/or HIV diagnosis, has a consent to release information for these related conditions been obtained?

- **Yes**
- **No**
- **N/A**

### Primary Medical Physician (PMP) Communication

- Has been shared with the PMP?
- The initial evaluation & treatment plan? **Yes** **No**
- This updated evaluation & treatment plan? **Yes** **No**

If No, explain:

### Treatment Goals

- List primary concern / problem to be addressed:
- List measurable treatment goals:
- Discharge Goals

### Overall Progress toward goal:

- **NONE**
- **MIN**
- **MOD**
- **MAX**
- **MET**

### Compliance with Treatment:

- **NONE**
- **MIN**
- **MOD**
- **MAX**
- **MET**

### Medical Psychiatric Evaluation? (even if PMP providing med) **YES** **NO**

### Total # of sessions requested:

### Frequency of visits:

### CPT Codes:

### Estimated # of sessions to complete treatment episode:

### Requested Start Date:

### Provider Signature:

---

**MDwise**
Indiana Health Coverage Programs
Prior Authorization Request Form

Check the box of the plan in which the member is enrolled:

- Traditional
- Advantage Healthwise
- MDwise Hospice Healthwise
- MHS Hospice Healthwise
- Healthy Indiana Plan
- Care Select
- Advantage Care Select
- MDwise Care Select

Please complete all appropriate fields.

Patient Information:
- Medical ID No.
- DOB:
- Patient Name:
- Address:
- City/State/Zip:
- Patient/ Guardian Phone:
- PPO Name:
- PPO XREF:
- PPO Phone:

Medical Diagnosis:
(At least 1 ICD-10 Diagnostic Code is Required)

Please check requested assignment category below:
- Inpatient
- Outpatient
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Other

Date/Service Start:

Procedure/Service Code:

Medication:

Requested Service:

Diagnosis:

Percentage (%)

Cost:

Dollars:

Note:

PLEASE NOTE: Your request MUST include medical documentation to be reviewed for medical necessity.

Signature of Qualified Practitioner: ___________________________ Date: ___________
### Well-Child First

#### Seize Every Opportunity to Provide Well-Care

<table>
<thead>
<tr>
<th>CPT Procedure Codes</th>
<th>ICD-9-CM Diagnostic Codes</th>
<th>HEDIS Well-Child Measures</th>
<th>EPSDT Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>99381</td>
<td>99385</td>
<td>V20.2 as the primary diagnostic code.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**EPSDT/Well-Care**

- Provide preventive care following the EPSDT guidelines and documenting the components of the screening to allow for a higher level of reimbursement.

**Preventive/Well-Care**

- Provide and document preventive care at any visit, include age appropriate health and developmental history (both mental and physical), physical exam, and health education/anticipatory guidance.
- A comprehensive prenatal visit meets all of the requirements for a preventive care visit.

| 99001 | 99015 | 99461, or 59425-59426 | V20.2 | Routine infant or child health check | Yes | No |
| V70.0 | Routine general medical examination at a health care facility (excludes health checkup of infant or child) | V70.3 | as a diagnosis |

**Sick Visit Plus EPSDT (2 visit codes)**

- Provide a complete problem-focused visit exam for a presenting problem of moderate to high severity and a complete preventive visit documenting the EPSDT components of the screening exam. This claim will require workup of the additional diagnoses to support the provision of a separate and significant Evaluation and Management service of moderate intensity or greater by the same physician on the same day. Documentation must support the use of modifier 25.

| 99381 | 99385 | V20.2 as the primary diagnostic code for the appropriate preventive visit and multiple diagnoses for the presenting problem focused evaluation. | Yes | Yes |

**NOTE:** The completion of well-child care documentation templates such as Bright Futures and AAP approved forms facilitate inclusion of preventive services with every visit. The use of prenatal record forms such as ACOG approved and'llist Forms facilitate inclusion of all prenatal and preventive services.

*For further information regarding the use of the 25 modifier, refer to the AAP HealthWise Manual.*
MDwise Delivery Systems

- Hoosier Alliance
- Methodist
- Select Health
- St. Catherine
- Saint Margaret Mercy
- St. Vincent
- Total Health
- Wishard
• Claims Address:
• 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
  – Payer ID for all EDI clearinghouses
    • MDWIS Professional Payer ID–SX172
  – McKesson/Relay Health
    • Institutional Payer ID–4976
    • Professional Payer ID–4481
For Hoosier Healthwise (MDwise Wishard, Methodist and Total Health delivery systems), as well as all Family Planning claims, 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
- Payer ID for all EDI clearinghouses
  - MDWIS Professional Payer ID–SX172
- McKesson/Relay Health
  - Institutional Payer ID–4976
  - Professional Payer ID–4481
### Provider Claims Dispute Form

Please print or type the following information, if applicable:

<table>
<thead>
<tr>
<th>Provider's Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone #:</td>
<td>Fax #:</td>
</tr>
<tr>
<td>Member Name:</td>
<td>Date of Service:</td>
</tr>
<tr>
<td>Member's RID #</td>
<td></td>
</tr>
<tr>
<td>MDwise Participating Provider?</td>
<td>yes</td>
</tr>
<tr>
<td>Service(s) Disputed:</td>
<td></td>
</tr>
</tbody>
</table>

Describe disputed claim. Description should include, but not be limited to the following items: reason given for denial and position statement that explains why this claim should be paid.

Please attach a copy of the Explanation of Benefits and/or denial letter and any documentation that you believe may be relevant to support this request.

Form Completed By: | Date:

Please send completed form to:

**MDwise**
PO Box 441423
Indianapolis, IN 46244-1423
Attn: MDwise Grievance Coordinator
Place holder for screen shot of website

- MDwise website: MDwise.org
- InContro

- MDwise Delivery System Provider Relations Representative
- Indianamedicaid.com
- MDwise Quick Contact Guide
- MDwiseREWARDS