IHCP Annual Workshop
October 2017

MDwise CMS 1500

HHW-HIPP0519(10/17)
Agenda

• Who is MDwise?
• Provider Enrollment: Are you a contracted MDwise Provider?
• General Claims Information
• Verifying Eligibility using the Provider Portal
• IHCP Claims and Billing Procedure Modules
• Quick Tips
• 90-day rule
• Claims Submission Information
• Resources
• Questions
Who is MDwise?

MDwise is:

• A local, not-for-profit company serving Hoosier Healthwise and Healthy Indiana Plan members
  • Exclusively serving Indiana families since 1994
    • Over 400,000 members
    • 2,000 primary medical providers
What is a delivery system model?

• MDwise serves its Hoosier Healthwise 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
IHCP Overview

INDIANA HEALTH COVERAGE PROGRAMS

**Traditional Medicaid**
Medicaid eligible members are placed in one of Service Medicaid or their selection of a managed care plan and primary care provider for the Hoosier Healthwise program or their selection of a service management organization and primary care provider for the Hoosier Care Connect program.

**What is a Delivery System Model?**
MDwise serves its Hoosier Healthwise and HIP members under a “delivery system model.” The best 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. To serve Medicaid members in the Hoosier Healthwise and HIP programs, behavioral health providers must be connected as MDwise delivery system providers.
In order to receive reimbursement from MDwise, the provider must:

- Be registered and be actively eligible with the Indiana Health Coverage Program (IHCP)
- Be enrolled with the appropriate MDwise delivery system.
- Obtain a prior authorization if the provider is out of network
- Complete all required elements on the 1500 form
- Submit claim to appropriate MDwise delivery system claims payer
Delivery System

- Claims processing for Hoosier Healthwise is delegated to the MDwise delivery systems
  - CMCS pays Hoosier Healthwise claims for:
    - St. Vincent
    - St. Catherine
    - Select Health
  - Claims vendor pays all other Delivery Systems

- All HIP claims are processed by the medical claims vendor

- If uncertain of the members delivery system, please refer to:
  - Provider Healthcare Portal (indianamedicaid.com)
  - MDwise Provider Portal
For Example:

- If a provider renders service for a MDwise Eskenazi Health member, the provider would submit their claim to the MDwise Eskenazi Health address, or using the MDwise Eskenazi payor ID. If the same provider rendered services to a MDwise IU Health member, the provider would submit claim to MDwise IU Health, following the same submission directions.
NPI & Taxonomy Reminder

- IHCP Bulletin – BT201745
  - Providers who bill with an NPI must include the appropriate taxonomy code for the specific location on all claims
  - Billing Provider NPI field
    - Professional Billing: Box 33a
    - Professional Rendering: Box 24J
  - Billing Provider Taxonomy Field
    - Professional Billing: Box 33b
    - Professional Rendering: box 24
Verifying Eligibility – Provider Portal

Welcome to myMDwise

The myMDwise provider portal allows registered providers to view member eligibility information securely online for both IHCP/Medicaid 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 – PMPs Only.
- Submit requests for care management disease management programs.
- Request access to Quality Reports.
- Request access to Member Health Profile.
- Contact MDwise Provider Relations online.

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 317-822-7300, ext. 5800.

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.

Provider Login

Username

Password

Submit

Providers:

Request a new account
Forgot your username or Password?

Provider News: NEW!
MDwise transitioned our claims payment vendor to Valence Health on January 1, 2017. MDwise realizes that a change in claims payment vendor may disrupt claims payment to providers during implementation, and we apologize that some of you have experienced this.

View Provider News and Announcements

Valence Portal: NEW!
2017 Claims Access
Verifying Eligibility

• When a member’s RID number is entered in the provider portal you will see:
  – The IHCP program the member is enrolled in
  – Managed Care Entity (MCE)
  – What delivery system they are assigned to
  – Assigned PMP
  – PMP assignment history
<table>
<thead>
<tr>
<th>Delivery System</th>
<th>PMP</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery System: 70/SHIP MDwise Excel</td>
<td>PMP Name: Smith, Doctor</td>
<td>01/09/2016</td>
<td></td>
</tr>
<tr>
<td>Delivery System: 02/SHIP MDwise IU Health</td>
<td>PMP Name: Smith, Doctor</td>
<td>01/01/2016</td>
<td>01/08/2016</td>
</tr>
</tbody>
</table>

Eligibility Status: Active
Program: HIP
Right Choices Program: No
IHCP Claims and Billing Procedure Modules

• Section 3: CMS 1500 Claims Form information
  – Types of services billed using CMS 1500
  – U Modifiers
  – CMS 1500 Form Requirements
  – Billing and Rendering Provider Numbers
  – Submitting Electronic Claims
  – Diagnosis Codes

• MDwise Provider Tip Sheets
  – Third Party Liability
  – Vision Claims
IHCP Claims and Billing Procedure Modules
U Modifiers

- Family and Social Services Administration (FSSA) designated U modifiers for the use of Medicaid providers

- U modifiers:
  - Indicate a procedure was altered by circumstances
  - Two-character alphanumeric codes that go at the end of CPT/HCPCS codes
  - U modifiers can be found on indianamedicaid.com in the Claims and Billing Module
Place of Service Codes

• Codes and policy developed to designate services payable in a given setting (facility or non-facility)

• If a claim has an invalid POS code, or is missing a POS code, the claim will be denied

Provider Classifications

• Billing Provider:
  – A practitioner or facility operating under a unique taxpayer identification number (TIN), practitioner’s Social Security number (SSN) or a Federal Employer Identification Number (FEIN)

• Group:
  – Any practice with one or more practitioners (rendering providers) sharing a common TIN.
  – The group must have members linked to the business, and these members are identified as rendering (the person performing the service) providers

• Rendering Provider:
  – The provider that performs the services. Reimbursement for these services is paid to the group and reported on the group’s TIN
Electronic Claims Submission

- Providers must use the standard 837P format to submit electronic professional claims
- Standards are published in the 837P Implementation Guide (IG)

Diagnosis Codes

- IHCP recognizes up to eight ICD-10 diagnosis codes on the CMS 1500 claim form or the 837P electronic transmission
- Codes describe the medical condition of the patient
- IHCP uses them for processing the transaction
Quick Tips to Avoid Claims Denial or Rejections

- Confirm member eligibility at the time of service
- Make sure Provider Profile is accurate on CoreMMIS
  - Providers must report NPI to IHCP
- Check if services require Prior Authorization
  - MDwise PA Guide can be found under the For Providers tab at www.MDwise.org
- Follow correct coding guidelines for claims submission
- Verify payer information before claims are submitted
- Submit claims and corrected claims timely
- Inquire or dispute claims within contractual timeline
General Claims Information - Timelines

• Claim Submission
  – Contracted providers must submit claims to MDwise within 90 days of the date of rendering the service
  – When MDwise is secondary, claim must be submitted within 90 days of the date on the primary explanation of benefits (EOB)

• Claim Inquiry
  • Claims Inquiry Forms
    – [http://www.mdwise.org/for-providers/forms/claims/](http://www.mdwise.org/for-providers/forms/claims/)
    – Customer Service: 1.800.356.1204

• Claim Disputes
  – Submit dispute within 60 days of the date on EOB
    – cdtticket@mdwise.org

• MDwise Adjudication
  – Electronic Claims: 21 days
  – Paper Claims: 30 days
The MDwise Claim Dispute team utilizes an electronic dispute process:

1. Provider completes the Claims Dispute Form found at www.mdwise.org on the For Providers page, under Claim Forms
2. Completed form and supporting documents are sent via email – cdticket@mdwise.org
3. Received email is routed to a Claims Dispute work queue where a ticket number will be issued and an email notification will be sent back immediately
4. The Claim Dispute team will review the submitted dispute and work the cases to resolution (uphold or overturn)
5. Once a resolution is reached, the claims payer will be notified of the need to reprocess the claim, if necessary
6. An email notification will then be sent to the provider, referencing the dispute and ticket number, on the resolution determination
General Claims Information - Timelines

MDwise response timelines:

• Claim Submission  
  – 30 Business Days

• Claim Inquiry  
  – 30 Business Days

• Claim Dispute  
  – 30 Business Days

• Claim Appeal  
  – 45 Calendar Days
Important:
- Items that do no constitute a dispute include:
  - Corrected Claims
  - New Claims
  - Medical Records
  - Attachments, including but not limited to:
    - Consent forms
    - MSRP on IHCP website
    - Invoices
  - Recoupments
Secondary Insurance Submissions

• When the member has other insurance:
  – Provider must submit claims to the other insurance carrier before submitting to the MDwise delivery system

• Submitting a secondary claim to MDwise
  – Must be submitted within 90 days of the date on the EOB
  – Claim must be submitted with a copy of the EOB

• Be sure to verify member eligibility for the date of service
For Hoosier Healthwise:

- Paper claims should be submitted to:
  MDwise HHW Excel Claims
  P.O. Box 331550
  Corpus Christi, TX 78463-1550

- CMCS pays Hoosier Healthwise claims for:
  - St. Vincent
  - St. Catherine / Select Health

- All Electronic Data Interchange (EDI)
  - Change Health/Emdeon/Web MD Payer ID: 35191

Please note: Paper claims must be on red/white form with black ink
Claims Submission Information

For Healthy Indiana Plan:

• Paper claims should be submitted to:
  MDwise HIP Claims
  P.O. Box 331609
  Corpus Christi, TX 78463-1609

• All electronic EDI
  • Change Health/Emdeon/WebMD Payer ID: 31354

Please note: Paper claims must be on red/white form with black ink
Resources

- MDwise Provider Tip Sheets
  - Third Party Liability
  - Vision Claims
    - [http://www.mdwise.org/for-providers/tools-and-resources/additional-resources/tip-sheets/](http://www.mdwise.org/for-providers/tools-and-resources/additional-resources/tip-sheets/)

- MDwise Provider Manuals

- MDwise Provider Relations Territory Map
  - [http://www.mdwise.org/for-providers/contact-information/](http://www.mdwise.org/for-providers/contact-information/)

- MDwise Customer Service
  - 1.800.356.1204

- IHCP Provider Modules
  - [Indianamedicaid.com](http://www.indianamedicaid.com)