Exclusively serving Indiana families since 1994.

IHCP Annual Workshop
October 2017

MDwise Provider Enrollment

HHW-HIPP0519( 10/17)
Agenda

- Who is MDwise?
- MDwise Delivery System Model
- IHCP Overview
- MDwise Provider Requirements
- Credentialing vs. Enrollment
- Enrollment Forms
- Provider Updates
- Provider Disenrollment
- Processing Requests
- Contact Information
- Questions and Answers
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 the Hoosier Healthwise program pending the selection of a managed care plan and primary care providers. For the Healthy Indiana Plan (HIP), selection of a plan and primary care providers is managed directly by the Indiana Department of Health.

*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. To serve Medicaid clients in the Hoosier Healthwise and HIP programs, behavioral health providers must be contracted as MDwise delivery system providers.
MDwise Delivery System Model – Healthy Indiana Plan

MDwise Select Health Network (SHN)

MDwise St. Catherine

MDwise Excel Network

MDwise St. Vincent

MDwise Eskenazi Health

MDwise Indiana University Health

MDwise Community Health Network CHN
MDwise Provider Requirements

• To participate as a MDwise provider:
  – Must be enrolled as an IHCP provider with the State
  – PMPs must practice in one of the following fields:
    • General Practice
    • Family Practice
    • OB/GYN (HHW only)
    • General Pediatrics
    • Internal Medicine
    • Advanced Nurse Practitioner (APN)
  – PMPs must be fully credentialed according to MDwise standards
  – Be a contracted provider or set up as non-contracted
MDwise Provider Requirements

• Non-Contracted Provider Form
MDwise Provider Requirements

- Non-Contracted Provider
  - Self-referral providers do not need to be contracted
    - Self-referral services include:
      - Chiropractic
      - Vision care services
      - Psychiatry
      - Podiatry
  - Self-referral providers must complete and return the non-contracted provider to receive payment for services
    - Must include a completed W-9 Form
- Send completed form and W-9 with first claim to correct claims address located in Quick Contact Guide
MDwise Provider Requirements

- To contract with MDwise:
  - Complete a Contract Inquiry Form
  - Submit to prenrollment@mdwise.org
• Credentialing
  – MDwise review of provider qualifications
  – Completed after a MDwise Provider Contract has been fully executed
  – Must be done before a provider can be enrolled in any MDwise product
    • Once a provider is credentialed in one product, the credentialing covers all MDwise products
  – Credentialing Process
    • Between 60-90 days when all required information is submitted
    – prenrollment@mdwise.org
Credentialing vs. Enrollment

- Enrollment
  - Register as a provider of the MDwise products
  - Requires an IHCP Provider or Ancillary Enrollment form
    - Form must be completely filled out to process request
    - Forms available at www.MDwise.org
  - MDwise follows the OMPP-developed policies and procedures for handling enrollments of providers in the MDwise provider network
  - Enrollment Process
    - Between 30-60 days when complete form submitted
    - Incomplete forms will be returned to the provider
  - prenrollment@mdwise.org or 317-822-7300 ext. 5800
• A cover sheet is required when submitting an enrollment or disenrollment

• Be sure to select a MDwise Delivery System and program
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**HIPAA**

**ATTESTATION AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Baha Health/Concierge Programs (BHP/BHP) to reveal any and all information, data, or documents, which are relevant to the determination of my eligibility for the program. This includes, but is not limited to, any and all personal information, data, or documents that are relevant to the determination of my eligibility for the program.

I understand that HIPAA covers all independent agents, including, but not limited to, BHP. BHP does not assess or make any judgment about the information it has, nor does it have any control over the use or disclosure of such information. The information is provided to BHP by other entities, including, but not limited to, BHP's providers, billing agents, and other health care providers. The information is used by BHP for the purpose of determining my eligibility for the program.

I authorize BHP to release any and all information, data, or documents that are relevant to the determination of my eligibility for the program. The information is used by BHP for the purpose of determining my eligibility for the program.

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**ATTACHMENTS**

- [Provider Enrollment & Update Form](#)
Enrollment Forms

• MDwise requires all fields on the form be completed
  – Incomplete forms will be returned
  – If the form is returned, the 30-60 day process period will start over once the complete form is returned to MDwise

• If you are enrolling a PMP, the following fields must be complete to avoid enrollment issues:
  – Panel size
  – Age Restrictions
  – Delivery/Relationship Privileges
  – Confirmation of membership assignment to a location

• Nurse Practitioners/Physician Assistants require a Collaborative Agreement with their enrollments
• Ancillary Enrollments must include:
  – W-9
  – Certificate of Insurance (COI)

• Please note: If an Ancillary provider requires credentialing, additional documents may be requested

• preenrollment@mdwise.org
Provider Updates

- What is considered a provider update?
  - Enrollment in a new program (Hoosier Healthwise or HIP)
  - Provider Name Change
  - Age Restrictions
  - Location Add
  - Tax ID Change
    - Requires Letter of Liability and new W-9

*Please remember to update this information with the state prior to sending updates to MDwise*
Provider Updates

IHCP MCE Practitioner Enrollment Form

This form is used to enroll participating practitioners with any of the Indiana Health Coverage Programs (IHCP) managed care entity (MCE).

Please select the programs for which this form applies:
- Healthy Indiana Plan (HIP)
- Hoosier Health Plus
- Hoosier Care Connect

Please indicate if this is a new enrollment or an enrollment update:
- New
- Update (fill out updated information ONLY)

If an update, please explain what is being updated.

Practitioner Data

MDwise
• PMP Panel Limit or Hold Update Form
  – Used to:
    • Change Panel Limit
      – Increase or decrease panel limit
    • Place panel on Hold
      – A hold on the panel allows members with a history with the PMP or with a family member already on the panel to be added
    • Remove a panel hold
  – Be sure to include an effective date for the update
  – prenrollment@mdwise.org
### PMP Panel Limit or Hold Update Form

**Managed Care Primary Medical Provider Panel Limit or Panel Hold Update Form**

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<th>Managed Care: Managed Health Services (MHS)</th>
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**Managed Care Information**

- **Beneficiary Name:** [Provide beneficiary name]
- **Provider Identification Number:** [Provide provider identification number]
- **Relationship to Beneficiary:** [Provide relationship to beneficiary]
- **Service Location:** [Provide service location]
- **Service Date:** [Provide service date]
- **Panel Change Request:** [Select request type]
- **For Completion by EDU Staff Only:** [Signatures and dates]

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**MDwise logo**

[Image of MDwise logo]
• Disenrollment Form can be used for rendering providers, facilities or service locations

• To disenroll a provider:
  – Complete the provider disenrollment form in its entirety
  – For PMPs:
    • Please designate where the PMPs panel should be moved
      – Include the PMPs NPI and the Group LPI and alpha code on the disenrollment form and in the email body
      • Ex: Please move members to John Smith, NPI: 10XXXXX999, Group LPI: 100XXXXX720 A

• Submit to prenotification@mdwise.org
- Provider Relations Enrollment team uses a ticket system called Vivantio to provide real-time updates as a provider request is processed

- **Ticket Process:**
  - Provider submits request to preenrollment@mdwise.org
  - Vivantio receives and logs the request, issuing a ticket number in a response email to the provider
  - PR Enrollment team works the ticket from the documents attached to the email
  - PR Enrollment team sends email when request is complete
    - Includes provider information and effective dates
  - If the provider request is missing required information, the provider will be directed to correct information and resubmit
Tips for a successful Provider request:

- Make sure all documentation is complete
- Include your contact information
- Call the Provider Relations line with inquiry requests
  
  - 317-822-7300 ext. 5800
  - Do not email preenrollment@mdwise.org, as this will create a new request and new ticket number

- Allow proper timelines before inquiring on a ticket
  
  - Credentialing: 60-90 days
  - Enrollment/Update/Disenrollment: 30-60 days
Contact Information

Provider Relations Line
• 317-822-7300 ext. 5800

Provider Relations Enrollment
• preenrollment@mdwise.org

MDwise Quick Contact Guide
• http://www.mdwise.org/for-providers/contact-information/

MDwise Customer Service
• 1-800-356-1204 or 317-630-2831
Questions