Effective January 1, 2013, MDwise will be changing claims payers for several products and delivery systems

On January 1, 2013, ALL claims regardless of date of service will be processed by DST Health Solutions for the following lines of business and delivery systems.

Hoosier Healthwise Product for the following delivery systems:
- MDwise Wishard (all claims)
- MDwise Methodist (all claims)
- MDwise Total Health (all claims)
- MDwise St Vincent (family planning claims only)
- MDwise St Margaret Mercy (family planning claims only)
- MDwise St Catherine (family planning claims only)
- MDwise Hoosier Alliance (family planning claims only)
- MDwise Select Health (family planning claims only)

Healthy Indiana Plan Product
- All delivery systems for all claim types

Below is all the contact information for claims submitted after December 31, 2012:

MDwise, Inc
P.O. Box 830120
Birmingham, AL 35283-0120

Claims Inquiries: 1-800-356-1204 or 1-317-630-2831
Provider Access Guidelines

An integral part of patient care is making sure patients have access to needed medical care. In accordance with the Office of Medicaid Policy and Planning (OMPP) and NCQA standards, MDwise establishes standards and monitors performance to ensure MDwise members receive timely and clinically appropriate access to care. MDwise standards address access to emergency, urgent and routine care appointments, after-hours care, physician response time, office appointment wait time and office telephone answering time.

Please keep in mind the following access standards are for differing types of care. MDwise providers are expected to have procedures in place to see patients within these time frames. Also, in accordance with Medicaid rules and regulations, MDwise is responsible for ensuring that MDwise members are receiving accessible services on an equal basis with a provider’s non-MDwise population. For example, MDwise providers must offer the same hours of operation for all patients, regardless of coverage.

MDwise encourages all new members to have a PMP visit within 90 calendar days of when they become effective with MDwise. This helps to make sure our members receive necessary preventive and well-care. It also helps identify early, the medical needs of our members so that a plan of treatment can be established, including referrals to MDwise case management or disease management programs. Please help us by accommodating our new members within this 90-day time frame.

As required under 42 CFR 438.206, the MCE must ensure that the network providers offer hours of operation that are no less than the hours of operation offered to commercial members, if the MCE also serves commercial members. The MCE must also make covered services available 24 hours a day, seven days a week, when medically necessary. In meeting these requirements, the MCE must:

- Establish mechanisms to ensure compliance by providers.
- Monitor providers regularly to determine compliance.
- Take corrective action if there is a failure to comply.

The MCE must provide OMPP written notice at least 90 calendar days in advance of the MCE’s inability to maintain a sufficient network in any county.

*Per the Hoosier Healthwise and HIP MCE policy and procedures manual.*

**Total Health Prior Authorization Update**

For providers who would like to submit a prior authorization request for MDwise Total Health effective December 17, 2012 please submit your request to:

MDwise, Inc
P.O. Box 441423
Indianapolis, IN 46244-1423

Phone: 1-877-822-7191
Fax: 1-877-822-7191
Pharmacy Services for Hoosier Healthwise and HIP

The MDwise pharmacy benefit for the Hoosier Healthwise and Healthy Indiana Plan is administered by the State of Indiana Office of Medicaid Policy and Planning through its pharmacy claims processor, Hewlett Packard (HP). Members are able to get their prescription supplies of covered pharmacy products through pharmacy providers and durable related medical supply providers that are contracted in the Indiana Health Coverage Program (IHCP) network. Complete details of the State’s pharmacy benefit can be found in Chapter 9 of the IHCP Provider Manual.

The pharmacy benefit is comprehensive and is defined by the State plan and approved by the Centers for Medicare and Medicaid Services (CMS). The coverage limitations of the pharmacy benefit and reimbursement to pharmacy providers are set out in the IHCP rule 405 IAC 5-24. Prescribing providers are to use the Indiana Medicaid preferred drug list (PDL) when determining prescribing options for the treatment of medical conditions presented in MDwise members.

While the State plan’s prescription drug benefit is comprehensive, members should always have a medical justification for drug therapy. A prescriber that determines drug therapy is necessary to treat a member’s medical condition should complete a drug order or prescription, regardless of whether or not the service is a legend drug product or an over-the-counter drug product. Legend drug products are covered as long as the drug is all of the following:

- Approved by the U.S. FDA.
- Not designated as a less than effective, or identical related or similar to a less than effective drug.
- Subject to the terms of a rebate agreement between the drug manufacturer and CMS.
- Not specifically excluded from coverage by Indiana Medicaid for being an anorectic or agent used to promote weight loss; topical minoxidil preparation; fertility enhancement drug; or a drug prescribed solely or primarily for cosmetic purposes.

Preferred Drug List (PDL)

The State’s pharmacy benefit includes coverage of most legend drugs and certain over-the-counter drugs that are listed on the State’s OTC drug formulary. Prescribing providers should refer to the most current version of either the PDL or OTC drug formulary on the Indiana Health Coverage Programs–PBM website at www.indianapbm.com.

While most outpatient prescription and OTC drug products are covered services in the State pharmacy benefit program, other drug-related services may require approval and billing to the MDwise plan directly. Those drug-related services include procedure-coded drugs billed by providers other than the IHCP pharmacy network, most medical supplies and medical devices and enteral or oral nutritional supplements. Providers should contact the MDwise provider relations department for information about requirements surrounding the coverage and submission of claims for these services.

The State’s prescription drug benefit program strives to have system edits in place whenever possible to enforce program policy and parameters. However, it is not systematically possible to have edits for each and every dispensing situation. Pharmacy providers must ensure that services rendered to MDwise members are covered by the program, rendered in accordance with pharmacy practice law and all other applicable laws, and do not exceed any established program limits. Payments that may result from a pharmacy provider’s failure to exercise due diligence in this regard are subject to recoupment.

Prior Authorization (PA)

Information about authorization requirements for drugs requiring PA can be found at www.indianapbm.com, or by calling the ACS clinical call center at 1-866-879-0106. ACS provides services for pharmacy-related prior authorizations. PA request forms are available at provider.indianamedicaid.com. Providers should direct all questions about pharmacy-related PA requests to ACS at 1-866-879-0106.
Indiana Care Select Pharmacy Benefits

The pharmacy benefit for Care Select members in the MDwise plan includes those drug products that are listed on:

- The Indiana Health Coverage Program (IHCP) preferred drug list (PDL).
- The over-the-counter (OTC) drug formulary.

The PDL is not intended to show all drugs covered by the IHCP. Some drug classes are purposefully not shown on the PDL and most drugs in those classes are covered by the IHCP and do not require prior authorization. Legend drug products that are listed as non-preferred in the IHCP PDL require prior authorization.

The IHCP PDL and OTC drug formulary can be found on the IHCP’s website at provider.indianamedicaid.com/provider-specific-information/pharmacy-services.aspx and also at www.indianapbm.com.

Attention MDwise Behavioral Health Providers

American Medical Association (AMA) Psychiatric CPT Code Changes effective January 2013

There have been changes to the AMA psychiatric CPT codes used to bill behavioral health clinical services. All providers should now be using the new CPT codes. Information regarding the CPT code changes adopted by OMPP can be found both on the MDwise website and the IHCP website. If you have questions regarding the code changes please contact Jacquie Marsalis at 317-490-4168 or jmarsalis@mdwise.org.

NEW! Depression: Assessment and Evidenced-Based Treatment PowerPoint

MDwise has added another continuing education presentation on depression to our website. Formal continuing education credit is available for MSWs, LCSWs, LMFTs and LMHCs. Please contact Lynn Bradford, PH. D, HSPP, director of behavioral health at 317-822-7307 or lbradford@mdwise.org regarding completion certificates. The webinar can be found at: MDwise.org/webinars.