365-Day Rule

Providers have 365 days to bill newborn claims for the first 30 days of life. This extended timeframe is to allow time for the newborn member to be assigned a member identification number (MID), and for providers to be able to bill claims using that MID. Newborn claims should never be billed using the mother’s MID. Also, be sure to bill the newborn claims using the correct member birthweight diagnosis. Failure to bill with the correct MID or diagnosis could result in a denied or rejected claim.

E-Prescribing, Formulary Searching, and Exception (PA) Requests for MDwise Plans

Together with its Pharmacy Benefits Manager (PBM), MedImpact, MDwise provides physicians and other health care providers services to assist with the process of prescribing drug therapy for their patients. Prescribers have access to patient-specific prescription eligibility, medication history, and basic formulary information for consenting patients in both inpatient and outpatient settings. This exchange of essential intelligence between prescribers and the MDwise PBM enables physicians to write an informed prescription at the point of care. The MDwise PBM interfaces with e-prescribing connectivity vendors to deliver these services to physicians who treat MDwise members. Click here to learn more.
POWER Account

The Personal Wellness and Responsibility (POWER) Account is a personal healthcare account for Healthy Indiana Plan (HIP) members. The POWER Account, which is much like a traditional Health Savings Account (HSA), is paired with a comprehensive benefit package offered by the state to all HIP members. The POWER account is valued at $2,500 per adult to pay for medical costs. Contributions to the account are made by the State and each participant, based on their ability to pay. The POWER Account Contribution amount is based upon a tiered contribution structure established by the State in relation to the US Federal Poverty Level.

HIP Plus and HIP State Plan Plus members pay a monthly POWER Account Contribution (PAC), instead of paying copays. HIP Basic and HIP State Plan Basic members do not make a PAC but have copays for services. HIP members deemed medically frail also make a PAC. No POWER Account contributions or any other cost-sharing, including copayments for non-urgent ER visits, will be expected from pregnant members.

Providers collect the co-payment from members at the point of service. The member’s co-payment amount is NOT indicated on their HIP member ID card. You will need to verify eligibility before treating a member to know which plan they are on and whether they will owe co-pays for the services you are rendering. POWER Account funds cannot be used by the member to pay the co-payment.

For questions or more information on the HIP POWER Account, call 1-800-356-1204.
Coding for Quality

Ambulatory care, well-child visits, immunizations and lead screenings. These are a few of MDwise’s favorite quality measures. While it is imperative for our members to receive these types of preventive services annually, it is also important that these measures are recorded correctly for provider performance measures. Billing claims with the appropriate code, modifier and diagnosis code, can have these appointments count toward your overall quality performance measures, leading to possible annual bonus payouts while contributing to quality care for MDwise members.

New to the quality or the performance measures? A personalized quality report may be available for your office using the myMDwise Provider Portal. Your dedicated Provider Relations Representative can also do an onsite visit to review the MDwise quality standards, billing guidelines and how to read your quality report.

For questions on Quality, or to find out who your dedicated Provider Relations Representative is, call 317-822-7300 ext. 5800.

Provider Satisfaction Survey Results

Each year, MDwise reaches out to its providers to see how we can improve services.

A provider satisfaction survey was sent in 2018 to a sample of our provider network. MDwise asked a series of questions regarding overall satisfaction, procedures for obtaining prior authorization, accessing physician specialists in the network, and the quality of the provider orientation process.

For 2018, 64% of providers were overall satisfied with working with MDwise and its internal teams, which increased from 56% in 2017. Our goals for 2018 included raising our overall satisfaction to 70% of providers. MDwise will continue to pursue our goal of 70% for provider satisfaction for the 2019 provider satisfaction survey. Another goal for 2018 was to work with providers to insure precise provider information for more accurate claims processing. MDwise has eased the pain of filing claims by bringing our claims processing in house and restructuring our delivery system model to have just one network, Excel. MDwise continues to think provider-forward when developing claims adjudication processes.

Provider Balance Billing

It is important to remember, except for a very few exceptions, a Medicaid member cannot be billed for health care services. Please review your provider manual for these exceptions and the criteria you must meet before billing a member.

If a provider has received payment on a Medicaid claim, the member may never be asked to pay an additional amount, or be balance-billed, for that claim. Providers may bill a Healthy Indiana Plan (HIP) member for a co-pay if the member was unable to pay at the time of service. These co-pays are anywhere from $4 for an office visit to $75 for a hospital stay.
Transportation Services

Providers may sometimes assist members in setting transportation for their health care visits. MDwise is working to make this easier. A provider can work with Southeastrans, the MDwise Transportation Broker, to set up transportation for eligible members who do not have access to their own form of transportation. Providers can reach Southeastrans by choosing the transportation prompt in the MDwise provider phone options. To set up a trip, Southeastrans will need information such as the date and time of the trip, the pick-up and drop-off addresses, the reason for the trip and any specific accommodations. Members and providers are encouraged to set up trips in advance of the appointment so Southeastrans has more time to schedule and secure transportation. If you have any questions about the transportation process, contact MDwise Customer Service at 1-800-356-1204 and choose the Provider Services option to speak to a MDwise Customer Service Representative.

Scheduling a Ride:

1. Have your member ID card ready when calling to schedule a ride. Please gather this information from the member:
   - Address and phone number
   - The date and time of the visit and the time it will end
   - The name, address and phone number of the doctor, dentist or clinic
2. Call MDwise Customer Service at 1-800-356-1204 to reserve a ride. Listen carefully and pick the transportation option.

Follow-Up After Inpatient Hospitalization

Follow-up after inpatient hospitalization is important. Being admitted into the hospital, either for a medical or behavioral health/substance use reason, can be a stressful event for a member. It is important that the member have an appointment with the appropriate outpatient provider(s) scheduled within seven days from being discharged, but not on the same day as discharge. The member should receive a summary of their hospitalization when they are discharged. All upcoming appointments related to their hospital stay should be included on that discharge summary and explained to the member so they understand the importance of seeing their outpatient provider(s). MDwise has care managers assigned to each member that is hospitalized. The care manager can assist in coordinating care between inpatient and outpatient providers as well as obtaining after-hospitalization appointments. When scheduling an outpatient appointment, the provider should state that the member is being released from the hospital. The member should get a copy of their discharge summary and be encouraged to share that with their outpatient provider. MDwise also rewards members with 25 rewards points when they follow up with their outpatient provider within 7 days after a mental health hospitalization. Rewards points can be used to earn gift cards.
Notification of Pregnancy

The Office of Medicaid Policy and Planning (OMPP) developed the Notification of Pregnancy (NOP) form to improve birth outcomes for pregnant women in the Healthy Indiana Plan programs. NOP is a short risk assessment completed on CoreMMIS that identifies pregnant women and some of the potential health risks that contribute to poor birth outcomes. The risk assessment includes questions about maternal and obstetrical history, mental health, substance abuse and social risk factors. MDwise uses this information to identify pregnant women and connect them with case and care management services that provide education and care coordination to improve the birth outcome of their pregnancy. Our case and care management staff can support the provider and the plan of care they’ve developed with the member.

Recognized MDwise providers are eligible for reimbursement of $60 upon submission of the NOP form via CoreMMIS. To receive reimbursement from MDwise, the following must be met:

• The pregnant woman must be enrolled in HIP.
• The woman’s pregnancy must be at less than 30 weeks gestation.
• The NOP form must be submitted via CoreMMIS.
• The NOP form must be submitted within FIVE CALENDAR DAYS from the date the risk assessment was completed in the provider’s office.
• Only one NOP can be submitted per member, per pregnancy to be eligible for reimbursement.

Providers should use CPT code 99354 and modifier TH. The date of service should reflect the date the provider completed the risk assessment with the pregnant woman.
Interpretation Services

MDwise members are eligible to receive interpretation services at no cost. This includes all foreign languages as well as sign language services. The legal foundation for language access lies in Title VI of the 1964 Civil Rights Act. Given the nature and importance of healthcare services, healthcare providers have a special obligation to ensure language access for their patients.

There are several ways that appropriate language access can be provided. Interpretation services can occur:

- Face-to-face by hiring an interpreter from a local or state organization that provides these services in-person at the provider office.
- Telephonically through language line options, many of which may be available through provider groups or hospital affiliations.

These language options all have varied per hour (in-person) or per minute (phone) costs. If you do not have this resource or do not know how to obtain interpretation services for your patients, please contact your MDwise Provider Relations Representative for assistance.

The use of family members and friends as interpreters is not recommended! It raises quality and confidentiality concerns. Here are a few examples:

- Breach of confidentiality.
- Patients may be reluctant to disclose information critical to their situation/condition.
- Greater likelihood of medical errors.
- Mistaken naming of body parts.
- Family shame and other issues that may interfere.
- Inaccurate history collection resulting in inadequate treatment recommendations.

The use of professional, trained interpreters is critical. If you need additional information about accessing or using of interpretation services, please access the MDwise Provider Toolkit on Culturally and Linguistically Appropriate Services.

Visit MDwise.org/providers for additional information and tools for providers.

1-800-356-1204 or 317-630-2831

Hoosier Healthwise and HIP

MDwise.org/providers