



## Frequently Asked Questions for Providers

### **What is the Marketplace? How do prospective members sign up for a Marketplace product?**

The Health Insurance Marketplace is a new way for individuals and small employers to purchase health insurance, as a result of the Affordable Care Act. Think of it as an Expedia-type shopping experience, but for health insurance. To apply for a health plan on the Marketplace, a consumer will need to go to [www.healthcare.gov](http://www.healthcare.gov), or they can sign up using the toll-free number or the paper application that CMS will provide. Open enrollment will happen annually. For 2016 coverage, the open enrollment period was November 1, 2015 – January 31, 2016.

### **How will the delivery system model work for MDwise Marketplace products?**

MDwise Marketplace will offer a modified version of its delivery system model for MDwise Marketplace products. There is no tiered benefit model. Instead, members can see any contracted provider without a higher cost sharing regardless of the delivery system.

### **Will there be primary medical providers (PMPs) and PMP panels in the MDwise Marketplace product?**

Yes. MDwise Marketplace will use a PMP model to promote the concept of a medical home. Once new members select MDwise Marketplace, we will help the member select a PMP. Members who do not choose a PMP prior to their start date will be auto-assigned to a PMP. PMPs do not have to specify a panel size or panel demographics (i.e. age range specifications). PMPs will be able to designate that their panel is either open or closed (i.e. not accepting new patients), and be listed as such in the MDwise provider directory.

### **How do providers verify member eligibility for MDwise Marketplace?**

Providers can use the myMDwise web portal at [MDwise.org/providers/mymdwise](http://MDwise.org/providers/mymdwise) to check eligibility for MDwise Marketplace members. Providers and members can sign up for free. Providers will also be able to verify the member's cost sharing requirements via this site. Providers can also call MDwise Marketplace customer service line at 1-855-417-5615 to check eligibility. Providers cannot use Indiana Medicaid's Web interChange to verify MDwise Marketplace eligibility as MDwise Marketplace products are commercial insurance and are not affiliated with the Indiana Health Coverage Programs (IHCP).

### **Do I need to be an in-network provider to see a MDwise Marketplace subscriber?**

Out of network providers will need to seek a prior authorization before providing services to a MDwise Marketplace subscriber, except in the case of emergencies. As long as a provider is contracted with at least one MDwise Marketplace delivery system (MDwise Connect, Total Health or Select Health) they can see MDwise Marketplace members. Prior authorization may be required for certain services, please see our MDwise Marketplace [prior authorization list and quick reference guide](#) for more information.

## **I am contracted with MDwise for Hoosier Healthwise, does that mean I am also contracted for MDwise Marketplace?**

Providers in our Medicaid networks are not automatically deemed into our MDwise Marketplace products. But we welcome you to join! Please contact MDwise provider relations at [MarketplacePR@mdwise.org](mailto:MarketplacePR@mdwise.org) for information on becoming a MDwise Marketplace provider.

## **What happens if my patient fails to pay their MDwise Marketplace premiums?**

The ACA permits a grace period for members whose premiums are past due. The grace periods are different depending on whether or not the member gets federal subsidies to help them pay their monthly premiums (Advanced Premium Tax Credits, also known as APTC). Providers can tell if a member is receiving federal subsidies or not by viewing the member's eligibility on the myMDwise provider web portal.

- **For non-subsidized members, the grace period is one month.** This grace period shall not extend beyond the date the member's policy terminates. Any claims incurred and submitted during the grace period will be pended until premium is received. If premium is not received within the grace period, claims incurred during the grace period will be denied and the member's coverage will automatically terminate retroactive to the last paid date of coverage.
- **For subsidized members, the grace period is three months.** MDwise Marketplace will pay all appropriate claims for services in the first month of the grace period and may pend claims for services in the second and third months of the grace period. Any claims incurred and submitted during the latter two months of the grace period will be pended until the member becomes current on their premiums, or until the end of the grace period, whichever comes first. If payment is not received by the end of the grace period, the member's coverage will automatically terminate retroactive to the last day of the first month of the grace period.

These grace period rules make it very important for providers to check eligibility on each date of service! MDwise Marketplace will indicate the member's eligible (paid) status on our web-based eligibility look-up tool. This web portal tool is our mechanism to notify participating providers of the possibility for denied claims when a member is in the second and third months of the grace period.

If a member shows as pending, the provider should follow their own internal protocols for how to proceed with providing services to a member with pending commercial insurance coverage.

When a provider verifies eligibility prior to rendering services on a date of service, that coverage will be honored. If the member is past due on their premium payments, the web portal will show the member's status as pending – which means they are not eligible that day, but if they pay before the end of the grace period, their eligibility will be retroactively reinstated for the duration of the grace period.

If a provider billed a member while they were in pending status, does the provider need to refund the patient? If provider collected full payment at time of service, the provider is responsible for returning any portion that is now paid by MDwise Marketplace. Providers can submit claims to MDwise Marketplace while the member is on pending status, or may choose to wait until the member's status is finalized. Providers should be aware of timely filing limits.

If the member DOES NOT pay their premium during the grace period, all claims that occurred while the member was in pending status would be denied. The provider should then collect any outstanding payment still owed for the medical services rendered.

## **When should copay be collected?**

Providers can collect copay in a manner consistent with their office policies. Copay information can be found on the member's identification card and on the myMDwise provider web portal. Copays vary between bronze, silver and gold MDwise Marketplace plans.

*As the Marketplace rules are still evolving, the information contained in this FAQ document is subject to change due to new requirements or Federal or State clarifications. MDwise Marketplace will make updates available as necessary.*

Providers should also check to see if the patient has met their MDwise Marketplace deductible. If the patient has not met the deductible, the provider can collect the full payment at the time of service or bill the member. Providers must submit all claims to MDwise Marketplace so that the member's deductible reflects the services received.

### Where do I find copayment amounts for MDwise Marketplace subscribers?

Some copayment information is available on the member's card. For more extensive information providers can check member eligibility at the provider myMDwise web portal. Copayment information specific to each members plan is displayed above the member's eligibility information. Click on the appropriate schedule of benefits (adult or child) to see copayment and coinsurance information.

Find member copayment amounts in the adult and child schedule of benefits

Eligibility Claims

### Summary of Benefits

[Summary of Benefits](#)  
[Adult Schedule of Benefits, SOB](#)  
[Child Schedule of Benefits, SOB](#)

Information for [Print View](#)

#### Subscriber

Member:	Member Name	PMP #:		Plan ID:	MW73
Member ID:	000000000	Current PMP:	Provider Name	Plan Name:	Silver 73
Subscriber ID:	000000000				
Relationship:		Current Delivery System:	Select Health		
Address:		Current Delivery System #:	MPSH86		
Gender:	F				
Date of Birth:					
Original Effective Date:	01/01/2014	Paid Thru Date:	01/31/2014	Eligibility Status:	Active
Effective Until Date:	12/31/2299	Premium Amount:			

#### Coverages

PMP	Provider Name	Delivery System	Select Health	Start Date	01/01/2014	End Date	12/31/2299
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### Can a PMP dismiss patients from their panel?

Please follow your office policy uniformly and notify the member of his or her dismissal from your panel. Alert MDwise Marketplace to your action so that we can work with the member to pick a new PMP.

### I am contracted as a MDwise Marketplace specialist, but would like to become a PMP – what should I do?

If you are interested in having MDwise Marketplace patients choose you as their PMP please call the delivery system with which you signed your contract. If you need help identifying the delivery system or finding their contact information please contact MDwise provider relations at [MarketplacePR@mdwise.org](mailto:MarketplacePR@mdwise.org).

## What does the MDwise Marketplace subscriber card look like? How can I tell whether I am seeing a MDwise Marketplace or Medicaid member?

The MDwise Marketplace subscriber card looks rather different from a Medicaid recipient's card. Providers should note that each MDwise Marketplace member has their own ten digit ID number, usually beginning in multiple zeros. This is the number you should include on your claims. For Medicaid recipients, RID numbers are twelve digits and end in 99.



Each individual under the same family insurance plan will be listed here. Each member will have their own unique ID number across from their name. Use this number when submitting claims.

## Where do I send prior authorization requests for MDwise Marketplace subscribers?

Prior authorization requests should be sent to the delivery system of the member, be it MDwise Connect, Total Health or Select Health. Please see our MDwise Marketplace quick contact guide for all the important numbers you will need for MDwise Marketplace. The quick contact guide can be found at [MDwise.org/quickcontact](https://MDwise.org/quickcontact).