Agenda

- MDwise History
- Meet your Provider Relations Team
- IHCP Managed Care Overview
- MDwise Delivery System Model
- IHCP Program Overview
- Eligibility
- Valence
- Claims
- Prior Authorization
- Pharmacy
- Care Management/Disease Management
- MDwise Behavioral Health
- Questions and Answers
MDwise Provider Relations

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<tr>
<th>Region</th>
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MDwise is:

- The only Indiana based not-for-profit company serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect members
- Exclusively serving Indiana families since 1994
  - Over 400,000 members
  - 2,000 primary medical providers
IHCP Managed Care Overview

INDIANA HEALTH COVERAGE PROGRAMS

**Hoosier Healthwise (Managed Care)**
- Children under the age of 19 living in income-eligible households

**Hoosier Care Connect (Managed Care)**
- Waives, fosters, and abandoned

**Healthy Indiana Plan (HIP)**
- (Medicaid/CHIP)
  - Coverage for qualified low-income families ages 19 to 64

**Traditional Medicaid**
- Medicaid members are placed in a fee-for-service Medicaid plan or their selection of a care management organization is a primary care provider for the Hoosier Care Connect Program.

**What is a Delivery System Model?**
MDwise delivers its Hoosier Healthwise and HIP members under a delivery system model. The tasks of this model include the provision of health care services through a network of providers. These providers, called “delivery systems,” are comprised of hospital, primary care, specialty care, and specialty providers. To serve Medicaid clients in the Hoosier Healthwise and HIP programs, these health providers must be contracted as MDwise delivery system 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
MDwise Delivery System Model – Hoosier Healthwise

- MDwise Select Health Network (SHN)
- MDwise Eskenazi Health
- MDwise St. Vincent
- MDwise Indiana University Health
- MDwise Community Health Network CHN
- MDwise Total Health
- MDwise St. Catherine

MDwise Delivery Systems
MDwise participates in Hoosier Healthwise

• Primary Members
  • Children ages 0-18 living in low-income households
  • Pregnant Women

• Members select a PMP and are then enrolled in the network or managed care plan chosen by their PMP

• The member’s specific eligibility aid category establishes their benefit package
  • Determined by the Division of Family Resources (DFR)
MDwise Delivery System Model – Healthy Indiana Plan

MDwise Select Health Network (SHN)

MDwise Excel Network

MDwise St. Catherine

MDwise Community Health Network CHN

MDwise St. Vincent

MDwise Eskenazi Health

MDwise Indiana University Health

MDwise Delivery Systems
Healthy Indiana Plan

- Primary Members:
  - Adults 19-64
  - Up to 138% Federal Poverty Level
  - Do not have access to other Medicaid program
  - Not currently on Medicare

- The program is designed to:
  - Foster personal responsibility
  - Promote preventive care and healthy lifestyles
  - Encourage participants to be value conscious consumers of health care
  - Promote price and quality transparency
Benefit Program Plans

• HIP Plus
  • No copayments (except for the improper use of the emergency room)
  • Includes dental and vision benefits
  • Members in HIP Plus contribute to a Personal Wellness and Responsibility Account (POWER Account)

• HIP Basic
  • Copayments every time health care services received
    • copayments range from $4-$8 per doctor visit or prescription filled
    • may be as high as $75 per hospital stay
HIP POWER Account

- A POWER Account is similar to a deductible
- The Program:
  - POWER Account valued at $2,500 per adult to pay for medical costs
  - Contributions to the account are made by the State and each participant and will be no more than 5% of members gross family income
  - Preventive care services are not deducted from the POWER Account
Hoosier Care Connect

• Coordinated care program for the following Indiana Health Coverage Programs (IHCP) members
  • Aged (ages 65 and over)
  • Blind
  • Physically and mentally disabled
  • Wards of the State and Fosters

• Hoosier Care connect members will receive all Medicaid-covered benefits in addition to care coordination services

• **Hoosier Care Connect does not operate on a delivery system model**
• Designed by the State to personalize and enhance care by:
  • Addressing the member’s medical and behavioral health needs holistically
  • Seeking input from the medical providers, behavioral health experts, family members and other care givers
  • Offering comprehensive care management for members
    • Care coordination services will be individualized based on a member’s assessed level of need determined through a health screening

• This will result in the improvement of the quality of care and health outcomes for Hoosier Care Connect members
Web InterChange verifies:
- Program
- MCE

MDwise Provider Portal verifies:
- Delivery System (HHW/HIP)
- Primary Medical Provider (PMP)

When determining eligibility, verify:
- If the member is eligible on the date of service?
- What IHCP plan are they enrolled (HHW, HIP, HCC)?
- Which MCE are they assigned (MDwise, Anthem, MHS, CareSource)?
- Who is the member’s Primary Medical Provider (PMP)?
- Where should prior authorization requests be submitted?
• Effective January 1, 2017, MDwise introduced Valence as our new claims processor

  • Claims with a date of service on/after 1/1/17 should be submitted to the new payer information located on the Quick Contact Guide

• Impacted Hoosier Healthwise Delivery Systems Include:
  - MDwise Excel Network
  - MDwise Total Health
  - MDwise Community Health Network
  - MDwise IU Health
  - MDwise Eskenazi
Who is Valence?

- Valence Health provides value-based care solutions that help clients more effectively manage patient populations to help them achieve clinical and financial rewards.

- Our integrated set of advisory services, population health technology and managed services support more than 90,000 physicians and 135 hospitals as they advance the health of 20 million patients.

- Valence Claims Management processed over $1B in claims last year with over 99% accuracy.

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Services offered through Valence

Claims Management
- Claim payment
- EOB/EOP production
- Audit and Recovery Services
- System configuration

Customer Support
- Claims focused call center
- Provider and member calls
- Member and Provider Portals

Member Eligibility
- Member eligibility data
- Healthy Indiana Plan
- Hoosier Care Connect
- Hoosier Healthwise
Services offered through Valence

Mailroom
- Claims receipt
- Claims Optical Character Recognition
- Claims attachment support
- Document receipt and scanning

Audit and Recovery
- EFT processing
- Claims recoveries
- Quality Assurance

Reporting
- Call Center analytics
- Claims analytics
- Eligibility load review
- Provider file maintenance
• Change Healthcare is a Clearinghouse Valence has contracted to receive electronic claims

• MDwise providers that do not currently work with a clearinghouse will now be able to log in to this portal to submit claims electronically to be adjudicated by Valence
Valence Provider Portal Roll Out

Feb ‘17

Provider Pilot
2/6 – 2/27

Mar ‘17

Provider portal training & communication
3/1 – 3/15

Provider Portal Rolled out & Live
Mar 15th
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Claims

• Claim Submission
  • Contracted providers must submit claims to MDwise within 90 days of the date of rendering the service

• Claim Inquiry
  • One Form for all MDwise Programs
  • Claims Inquiry Form is located on our website
    – [http://www.mdwise.org/for-providers/forms/claims/](http://www.mdwise.org/for-providers/forms/claims/)

• Claim Disputes
  • If MDwise is primary, submit dispute within 60 days of the process date on EOB
  • If MDwise is secondary, submit dispute within 90 days of the date of service
The MDwise Claim Dispute team is developing the following disputes workflow for claims with dates of service 1/1/17 and forward:

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 – cdtticket@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
Important:

• Claim disputes with dates of service prior to 1/1/17 will continue to follow the process of mailing or faxing in dispute forms

• 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
You will need two key items when filing a request for Medical Prior Authorization (PA):

1. Universal Prior Authorization Form
   • Located on our website

   It is very important that you completely fill out the universal PA form including the rendering provider’s NPI and TIN, the requestor’s name along with phone and fax number. Not completely filling out the universal PA form may delay the prior authorization timeframe.

2. Documentation to support the medical necessity for the service you are requesting to prior authorize:
   • Lab work
   • Medical records/physician notes
   • Test results
   • Therapy notes
A searchable list of what requires a PA can be found on our website MDwise.org For Providers Forms PA

- The list is displayed by program and delivery system
- All services provided by a non-contracted provider require prior authorization
- For contracted providers, if the CPT code is not listed on our PA list(s), then a PA is not required
Prior Authorization

Prior Authorization Turn-Around Time

• Non-urgent Prior Authorization requests will be resolved within 7 calendar days
• Urgent Prior Authorization requests will be resolved within 3 business day
• Emergent health issues do not require a PA
  • Emergent is defined as life threatening
• It is important to note that resolved could mean a decision to pend for additional information
• According to the State, if following the non-urgent prior authorization timeframe could seriously jeopardize the member’s life or health or ability to attain, maintain or regain maximum function, MDwise will process the request as urgent
Appeals

- Appeals must be requested within 33 calendar days of receiving denial
- Providers should submit appeals in writing to MDwise:
  
  Attention: MDwise Customer Service Department
  
  PO Box 441423
  
  Indianapolis, IN 46244-1426

- MDwise will resolve an appeal within 20 business days and notify the provider and member in writing of the appeal decision including the next steps
- If there is any doubt that the member has given the provider authorization to act on his/her behalf, MDwise will contact the member to get authorization
Pharmacy Prior Authorizations

- Pharmacy Prior Authorization Forms can be found on the MDwise website
- Completed PA forms should be faxed to MedImpact for consideration
  - MedImpact fax: 1.858.790.7100
- For questions, please contact MedImpact, MDwise’s Pharmacy Benefit Manager
  - Hoosier Healthwise/HIP/ Hoosier Care Connect
    - MedImpact: 1.844.336.2677
  - Marketplace Connect
    - MedImpact: 1.844.336.2684
Pharmacy Network Updates

• CVS and Target are no longer in the MDwise Pharmacy Network
• All other IHCP-eligible pharmacies remain in the network
• MDwise Specialty Network includes:
  • Walgreens Specialty Pharmacy (WSP), IU Health Pharmacy, and Eskenazi Pharmacy for most retail specialty drugs
  • Exceptions that may be filled at other in-network pharmacies include
    • Long-acting injectable antipsychotic drugs (all other in-network pharmacies)
    • Clotting Factor products (WSP, IUH, ESK & IHTC only)
    • Vivirol® (all other in-network pharmacies)
• Additional Walgreens services available:
  • Available pharmacist 24/7 for questions
  • Prescription delivery to home or clinic, or pick-up
Opioid Utilization Management (UM) Initiative

- New UM criteria for the growing opioid issue of overuse and abuse
- Elements of the program include:
  - Quantity limitations for new users of short-acting opioids
  - Maximum of one short-acting and one long-acting opioid concurrently
  - PA is required for all new starts of long-acting opioids
- Members established on therapy will be grandfathered
- A PA process will allow for medical necessity review
- Providers are encouraged to use the Opioid-specific Medication Request Form which is available on our website
- Please contact the UM department for more information
  - 1.800.356.1204
Hoosier Healthwise transitioning to Managed Care

- Same processes as HIP and Hoosier Care Connect members
- Members can use the Pharmacy Locator tool at MDwise.org to ensure their pharmacy is participating
- Billing will go through MedImpact
  - Use the Pharmacy Help Desk for billing questions
  - Pharmacy Help Desk: 1.844.336.2677
- Prior Authorizations can be called or faxed
  - MedImpact PA Phone: 1.800.788.2949
  - Fax Medication Request Form to: 1.858.790.7100
MDwise identifies case/care management as an integral part of medical management

- Care management involves the development and implementation of a coordinated, member-focused plan of care that meets the member’s needs and promotes optimal outcomes

- Care management objectives include:
  - Developing and facilitating interventions that coordinate care across the continuum of health care services
  - Decreasing fragmentation or duplication of services
  - Promoting access or utilization of appropriate resources
The care management process includes:

- Identification and evaluation of member’s needs
- Review of clinical information
- Development of goals and treatment plan including behavioral and physical health
- On-going communication with the member or member’s family/caregivers
- Monitoring progress and adjusting care plan accordingly
- Transitioning member through levels of case management when appropriate (i.e. goals and needs met, member coverage terminated)
Members are encouraged to actively participate in the management of their condition through disease education, self-management tools, and access to healthcare professionals.

There are several avenues by which members may be identified and referred to care managers to be evaluated for implementation of case management.

Providers can refer members using the following methods:

- Contacting the Care Management
  - 1.800.356.1204
- Completing the electronic CM/DM Referral Form located on the MDwise Portal
The Right Choices (RCP) program was created to safeguard against unnecessary or inappropriate use of Medicaid services by identifying members who use Indiana Health Coverage Programs (IHCP) services more extensively than their peers.

MDwise considers multiple factors in enrolling a member into this program. They include, but are not limited to:

- ER utilization
- Pharmacy utilization
- Member compliance
- Outcomes of member interventions
- Referrals from providers

In the Right Choices program, members are assigned or “locked-in” to one primary medical provider (PMP), one pharmacy and one hospital.
Without a written referral, services rendered by providers other than the member’s PMP will not be reimbursed.

Referral Requirements for the PMP

- PMP will need to complete a Right Choices Program Panel Add Form and fax to the number listed on the form
  - Right Choices Program Panel Add Form for MDwise Excel Network
    - Form required for Hoosier Healthwise and Healthy Indiana Plan RCP members
  - Right Choices Program Panel Add Form for Hoosier Care Connect
    - Form required for Hoosier Care Connect RCP members
Behavioral Health

• MDwise manages a comprehensive behavioral health network which includes mental health and substance abuse services

• Members in all MDwise programs can self-refer to any IHCP enrolled, in network behavioral health provider
  • A members PMP can also refer the member to an in network behavioral health provider

• Behavioral Health follows the medical claim and PA submission guidelines
  • Please refer to the Behavioral Health poster for the list of required authorizations and number of services allowed without authorization by service type