Agenda

- MDwise History
- MDwise Delivery System Model
- Meet your Provider Relations Team
- Valence Provider Portal – Portal Registration
- Valence Portal Function – Viewing Eligibility
- Updating Coordination of Benefits (COB)
- Claims Submission
- Valence Portal Function – Viewing Claims Status
- Valence Portal Function – Remittance Advice Searches
- Claims Dispute Process
- Helpful Hints
MDwise is:

• The only Indiana based not-for-profit company serving Hoosier Healthwise and Healthy Indiana Plan members

• Exclusively serving Indiana families since 1994
  • Over 370,000 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” consist of hospital, primary care, specialty care, and ancillary providers
- Assigned delivery system information can be found via the member eligibility profile on the MDwise Valence Portal
## MDwise Provider Relations

<table>
<thead>
<tr>
<th>Region</th>
<th>Provider Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Garrett Walker</td>
</tr>
<tr>
<td>2</td>
<td>Jamaal Wade</td>
</tr>
<tr>
<td>3</td>
<td>Charmaine Campbell</td>
</tr>
<tr>
<td>4</td>
<td>Ariel Bennett</td>
</tr>
<tr>
<td>5</td>
<td>Whitney Burnes</td>
</tr>
<tr>
<td>6</td>
<td>Tonya Trout</td>
</tr>
<tr>
<td>7</td>
<td>Chris Woodring</td>
</tr>
<tr>
<td>8</td>
<td>Sean O’Brien</td>
</tr>
<tr>
<td>Territory</td>
<td>PR Representative</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Region 1</td>
<td>Garrett Walker</td>
</tr>
<tr>
<td>Region 2</td>
<td>Jamaal Wade</td>
</tr>
<tr>
<td>Region 3</td>
<td>Charmaine Campbell</td>
</tr>
<tr>
<td>Region 4</td>
<td>Ariel Bennett</td>
</tr>
<tr>
<td>Region 5</td>
<td>Whitney Burnes</td>
</tr>
<tr>
<td>Region 6</td>
<td>Tonya Trout</td>
</tr>
<tr>
<td>Region 7</td>
<td>Chris Woodring</td>
</tr>
<tr>
<td>Region 8</td>
<td>Sean O’Brien</td>
</tr>
<tr>
<td>DME, Home Health</td>
<td>Michelle Phillips</td>
</tr>
<tr>
<td>Hospitals</td>
<td>Jinny Hibbert</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Nichole Young</td>
</tr>
</tbody>
</table>
Effective January 1, 2017, MDwise introduced Valence as our new claims processor for all Healthy Indiana Plan claims.

Impacted Hoosier Healthwise Delivery Systems Include:

- MDwise Excel Network
- MDwise Total Health
- MDwise Community Health Network
- MDwise IU Health
- MDwise Eskenazi

*Hoosier Healthwise delivery systems not impacted include St. Catherine, Select Health and St. Vincent

Claims with a date of service on/after January 1, 2017 should be submitted to the new payer information located on the Quick Contact Guide.
A new Valence provider portal has been created for claims processed by Valence (all claims with date of service January 1, 2017 and forward)

The Valence portal hosts a number of features designed to enhance the user experience

Among other services, the portal can be utilized in reviewing member eligibility, claim data, remittance and payment information

Access to the portal requires new registration for providers
Valence Portal Registration

- Follow new link from the original MDwise provider site at http://www.mdwise.org/for-providers
Welcome to myMDwise

The myMDwise provider portal allows registered providers to view member eligibility information securely online for both IHCP/Medicaid and MDwise Marketplace.

Included are the following online features:

- View member eligibility information.
- View member claims information.
- View member delivery system information.
- View member PMP information.
- View patient roster – PMPs Only.
- HIP POWER Account Prepayment Tool.

Request for Access
Providers must complete the sign-up process to gain access. Users are required to create individual accounts. View our sign-up guide for additional help.

MDwise is Here to Help
If you have questions please contact MDwise Provider Relations at 317-822-7300, ext. 5800.

Supported browsers
myMDwise portal supports the latest 2 versions of the following major browsers: Chrome | Internet Explorer | Firefox | Safari
Older browsers are supported on a limited basis and may display differently from the newer browsers. Organizations that depend on old versions of Internet Explorer may want to consider a dual browser strategy.

Provider Login

Username

Password

Submit

Providers:

Request a new account
Forgot your username or Password?

Provider News: NEW!
MDwise transitioned our claims payment vendor to Valence Health on January 1, 2017. MDwise realizes that a change in claims payment vendor may disrupt claims payment to providers during implementation, and we apologize that some of you have experienced this.

View Provider News and Announcements

Valence Portal: NEW!
2017 Claims Access
Valence Portal Registration

• Select Request a new account under the For Providers section
Valence Portal Registration

- Registration requires requesting provider information and Tax ID
- Currently users may only be linked to a single Tax ID
Valence Portal Registration

- User information is required before selecting the “Pend” option
- Requests are reviewed by Provider Relations and approved accordingly
- Confirmation email will be sent once an account has been established

![Enter User Information Form](image-url)
Valence Portal Login

• Once approved, the confirmation email will direct you to the portal login page

Welcome to the MDwise Portal

Requests for access
MDwise Members and Providers will need to complete the sign-up process to create a new account and gain access to this system.

MDwise is here to help
MDwise is available by phone to help members and consumers understand the health plans and benefits we offer. MDwise has customer service representatives that can talk to members in other languages. We can get an interpreter on the line for you. We also have services for the hearing and speech impaired.

Please visit our Contact Us page, https://www.mdwise.org/contact-us/ for more information.

Supported browsers
Internet Explorer 7 and above, Chrome and Firefox.
You now have access to the MDwise Valence Provider Portal.
Valence Portal Function - Eligibility

- Member Eligibility Search is used to review eligibility and coverage information
- Search parameters are decided by user to narrow or broaden results
When determining eligibility, verify:

- Is the member eligible on the date of service?
- What IHCP plan are they enrolled?
- Which MCE are they assigned (MDwise, Anthem, CareSource, MHS)?
- Who is the member’s Primary Medical Provider (PMP)?
- Does the member have primary insurance?

### CoreMMIS verifies:
- Program
- MCE

### MDwise Provider Portal verifies:
- Delivery System (Hoosier Healthwise/HIP)
- Primary Medical Provider (PMP)
Portal Function - Eligibility

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Relationship</th>
<th>Member No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMA MEMBER</td>
<td>Self</td>
<td>012345678899</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscriber Name</th>
<th>Subscriber No</th>
<th>SSN</th>
<th>DOB</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMA MEMBER</td>
<td>012345678899</td>
<td>XXX-XX-1234</td>
<td>01/01/2099</td>
<td>FEMALE</td>
</tr>
</tbody>
</table>

Marital Status Code

<table>
<thead>
<tr>
<th>Address</th>
<th>My Hometown</th>
<th>Indiana</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 Main Street</td>
<td></td>
<td></td>
<td>12345</td>
</tr>
</tbody>
</table>

Home Phone

<table>
<thead>
<tr>
<th>Work Phone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>(000) 000-0000</td>
<td></td>
<td><a href="mailto:IMAMEMBER@MDWISE.ORG">IMAMEMBER@MDWISE.ORG</a></td>
</tr>
</tbody>
</table>

Eligibility Information

<table>
<thead>
<tr>
<th>Policy Benefit Name</th>
<th>Coverage Type Code</th>
<th>Coverage Level Code</th>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Plan Basic Caretaker (Zero Cost Share)</td>
<td>Medical</td>
<td>Individual</td>
<td>01/01/2017</td>
<td>12/31/2019</td>
</tr>
</tbody>
</table>

Primary Care Physician

<table>
<thead>
<tr>
<th>Care Management Type</th>
<th>Provider Name</th>
<th>Coverage Type Code</th>
<th>Provider Type</th>
<th>Network Name</th>
<th>Provider Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician</td>
<td>Dr. Who</td>
<td></td>
<td>Physician</td>
<td>HIP EXCEL NETWORK</td>
<td>01/01/2017</td>
<td>12/31/2019</td>
</tr>
</tbody>
</table>

Other Coverage

<table>
<thead>
<tr>
<th>COB Coverage Type</th>
<th>COB Code</th>
<th>Effective Dates</th>
<th>Insurer Name</th>
<th>Insurer Payment Order</th>
<th>Employee ID No</th>
</tr>
</thead>
</table>

-19-
Portal Function - Eligibility

**Family**

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Relationship</th>
<th>Member No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IMA MEMBER</td>
<td>Self</td>
<td>0123456788999</td>
<td></td>
</tr>
</tbody>
</table>

**Subscriber Information**

- **Subscriber Name**: IMA MEMBER
- **Subscriber No**: 0123456788999
- **SSN**: XXX-XX-1234
- **DOB**: 01/01/2099
- **Gender**: MALE
- **Marital Status Code**:  
- **Address**: 1234 Toto Street, Emerald City, Indiana 12345
- **Home Phone**:  
- **Work Phone**:  
- **Fax**: (000) 000-0000

**Employer Label**: HHW MDWISE EXCEL - HHWEX
Portal Function - Eligibility

- The bottom portion of the member profile displays coverage and benefit information
  - Program
  - PMP
  - COB
Active COB Update – Member has active primary insurance that needs to be updated

- Call customer service at 1(800)356-1204 and follow prompts for 2017 claims
- The customer service representative will complete an Active COB form and will provide a reference number
- The completed form will prompt a system update
• Terminating COB – Member no longer has active primary insurance
  – Call customer service at 1(800)356-1204 and follow prompts for 2017 claims
  – The customer service representative will complete a Term COB form and will provide a reference number
  – The completed form will be submitted for investigation
  – The COB unit will update the members COB segment based on outcome of investigation
COB Verification Form

COB/OTHER INSURANCE VERIFICATION FORM

<table>
<thead>
<tr>
<th>Date/Time of Report:</th>
<th>Report taken by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caller’s Name:</td>
<td></td>
</tr>
<tr>
<td>Caller’s Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Primary Insurance Company:</td>
<td></td>
</tr>
<tr>
<td>Insurance Contact Phone Number:</td>
<td></td>
</tr>
<tr>
<td>MDwise Member Name:</td>
<td>MDwise Member ID:</td>
</tr>
<tr>
<td>OI Policy Name:</td>
<td>OI Policy Number:</td>
</tr>
<tr>
<td></td>
<td>OI Group Number:</td>
</tr>
<tr>
<td>OI Effective Date or DOS if they do not have the Effective:</td>
<td>OI Ter Date:</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

-24-
In addition to updating COB information through MDwise, the following should also occur:

• The member should contact the Division of Family Resources to update TPL information, and

• Providers should submit a TPL update request via the IHCP portal secure correspondence
Claim Submission

• Contracted providers must submit claims to MDwise within 90 days of the date of rendering the service
• When MDwise is the secondary payer, please submit claims within 90 days of the date of the primary explanation of benefits (EOB)

Corrected Claims or Resubmissions

• Should be submitted electronically
• MDwise adheres to NUCC and NUBC guidelines; claims stamped or denoted as corrected will not be recognized
• MDwise utilizes final value of bill type on UB claims (Claim Frequency Code) and the Resubmission Code (Box 22) value on the CMS1500
Valence Claims Submission Information

Hoosier Healthwise
MDwise Hoosier Healthwise Claims
P.O. Box 331550
Corpus Christi, TX 78463-1550
Change Health/ Emdeon / WebMD Payer ID: 35191
Claims Inquiries: 1-800-356-1204

MDwise HHW Family Planning Claims
P.O. Box 331550
Corpus Christi, TX 78463-1550
Change Health/ Emdeon / WebMD Payer ID: 35191
Claims Inquiries: 1-800-356-1204

Healthy Indiana Plan
MDwise HIP Claims
P.O. Box 331609
Corpus Christi, TX 78463-1609
Change Health / Emdeon / WebMD Payer ID: 31354
Claims Inquiries: 1-800-356-1204

Hoosier Care Connect
MDwise Hoosier Care Connect Claims
P.O. Box 331538
Corpus Christi, TX 78463-1538
Change Health/Emdeon / WebMD Payer ID: 91313
Claims Inquiries: 1-800-356-1204
*Claims prior to 4/1/2017
MDwise encourages all providers to submit claims electronically

- If you are currently unable to submit claims electronically, MDwise now offers a solution: Change Healthcare

- Change Healthcare offers an electronic claim submission option for MDwise providers that do not currently work with a clearinghouse

- This partnership allows providers to submit claims electronically

- Please contact your provider relations representative for more information
Checking Claims Status

- Valence Portal
  - https://mdwportal.valence.care/Logon.jsp
  - Prior to calling the call center we recommend providers research claims and eligibility issues using the MDwise portal

- Claims Customer Service
  - Please call 1-800-356-1204 for claims questions and follow the prompts for 2016 or 2017 claims
Valence Portal Function – Claim Search

- Users can search all claims billed under the associated Tax ID
- Click on Claims and Claim Status List
- Search parameters are decided by user to narrow or broaden results
  - Search results may be downloaded into a single Excel file
Valence Portal Function – Claim Search

- Search parameters are decided by user to narrow or broaden results

![Search Form]

- Patient/Subscriber Information
  - First Name
  - Last Name
  - RID Number (123456)
  - DOB (mm/dd/yyyy)
  - Gender

- Claim Information
  - Servicing Provider Name
  - Claim No
  - Claim Type
  - Claim Status Cat Code
  - Service Date From
  - Claim Received Date From
  - Claim Adjudication Date From
Valence Portal Function – Claim Search

- Search will render all applicable results
- Select the Claim number to access claim details
- View EOB link will display benefit information

<table>
<thead>
<tr>
<th>Claim No</th>
<th>Claim Type</th>
<th>Member Name</th>
<th>Service Date</th>
<th>Provider Name</th>
<th>Claim Status Cat Code</th>
<th>Total Claim Charge Amt</th>
<th>Tot Patient Responsibility Amt</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003003A4005000</td>
<td>Professional</td>
<td>IMA MEMBER</td>
<td>02/15/2017</td>
<td>SUESS, DR.</td>
<td>Finalized/Payment</td>
<td>$365.00</td>
<td>$.00</td>
<td>$72.32</td>
</tr>
<tr>
<td>2003003A4005001</td>
<td>Professional</td>
<td>IMA MEMBER</td>
<td>02/15/2017</td>
<td>SUESS, DR.</td>
<td>Finalized/Payment</td>
<td>$365.00</td>
<td>$.00</td>
<td>$72.32</td>
</tr>
<tr>
<td>2003003A4005002</td>
<td>Professional</td>
<td>IMA MEMBER</td>
<td>02/15/2017</td>
<td>SUESS, DR.</td>
<td>Finalized/Payment</td>
<td>$365.00</td>
<td>$.00</td>
<td>$72.32</td>
</tr>
</tbody>
</table>
### Valence Portal Function – EOB Detail

**Payer**

- **Name:** MDwise Inc
- **Address:** 600 W Jackson
- **Address 2:** Suite 800
- **City:** Chicago
- **State:** IL
- **Zip Code:** 60661
- **Contact Name:** Customer Service
- **Contact Phone:** (999) 999-9999

**Member Name:** IMA MEMBER
- **Member No:** 100xxxxxx999
- **Group Or Policy No:** HPWS
- **Claim No:** 201700010005000
- **Service Date:** 02/10/2017
- **Provider Name:** ESKENAZI HEALTH

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Procedure</th>
<th>Diagnosis Code 1</th>
<th>Quantity</th>
<th>Line Item Control No</th>
<th>Charge Amt</th>
<th>Allowed Amount</th>
<th>Non Covered Charge</th>
<th>Deductible</th>
<th>Copay</th>
<th>Coinsurance</th>
<th>3rd Party</th>
<th>Payment</th>
<th>Member Payment Amt</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/10/2017 - 02/10/2017</td>
<td>82962</td>
<td></td>
<td>1</td>
<td>001</td>
<td>$24.00</td>
<td>$3.09</td>
<td>$20.91</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$3.09</td>
<td>$0.00</td>
<td>X479 MX</td>
</tr>
</tbody>
</table>

**Totals:**
- **Charge Amt:** $24.00
- **Allowed Amount:** $3.09
- **Non Covered Charge:** $20.91
- **Deductible:** $0.00
- **Copay:** $0.00
- **Coinsurance:** $0.00
- **3rd Party:** $0.00
- **Payment:** $3.09
- **Member Payment Amt:** $0.00

**Remarks Legend**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MX</td>
<td>PROCESSED PER PARTICIPATING CONTRACT OR FEE SCHEDULE. SERVICES WITH NO ASSIGNED FEE OR WHICH ARE CONSIDERED INCLUSIVE/PACKAGED WILL RESULT IN $0.00 PAYMENT.</td>
</tr>
<tr>
<td>X479</td>
<td>IHCP implemented 3% reduction for Outpatient services applied.</td>
</tr>
</tbody>
</table>

**Tot Patient Responsibility Amt:** $0.00
Valence Portal Function – Payment Details

- Payment details are also available from the claim detail screen
  - Select “View Payments”
- Remittance advice is linked directly to claim data
Valence Portal Function – Remittance Advice

- Remittance Advice Searches can also be performed
- Search parameters decided by user to narrow or broaden results
  - Search results may be downloaded into a single Excel file
Valence Portal Function – Remittance Advice

![Search Form]

- Payee Member
- Remittance Advice No
- Search Date Type: Service Date, Payment Date
  - Time Frame
  - OR-
  - Single Date (mm/dd/yyyy)
  - OR-
  - Date Range (mm/dd/yyyy)
- Check Or Eft Trace No
- Payer Claim Control No
- Payment Method Code
- Patient Control No
- Payer Name
- Member No
- Patient Last Name
- Patient First Name
- Rendering Provider Name
• 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 EOB

• The MDwise Claim Dispute team has developed a new disputes workflow for claims with dates of service January 1, 2017 and forward
1. Provider completes the Claims Dispute Form found at [www.mdwise.org](http://www.mdwise.org) on the For Providers page, under Claim Forms.
Claims Dispute Form

For 2017 dates of service please submit disputes electronically to cdticket@mdwise.org

Facility/Provider Name: _______________________________ Date: _______________________

Telephone Number: _______________________________ Email: _______________________

Member Name: _______________________________ Date of birth: _______________________

Date of Service: _______________________________ Member ID #: _______________________

Billed Amount: _______________________________ Claim #: _______________________

Dispute: [ ] 1st level [ ] 2nd level (please select one)

MDwise Program: [ ] Hoosier Healthwise [ ] HIP [ ] MDwise Marketplace [ ] Hoosier Care Connect (please select one)

Claim dispute denial reason: _______________________________

Describe disputed claim. Description should include, but not be limited to the following items: reason given for denial and position statement that explains why this claim should be paid.

[ Large blank text box]

Please attach, as available, explanation of payment, denial letter and any documentation that you believe may be relevant for your claim dispute.
2. Completed form and supporting documents are sent via email to cdticket@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.

[Email Image]

Dear 

Please find below details of your Service Desk Claim Disputes:

Ticket ID: CD00001487
Ticket Opened: 5 May 2017 05:24 (EDT)
Assigned To: 
Status: Pending
Priority: 

Dispute for (MEMBER NAME) DOS (XX-XX-XXXX)
Please see the attached dispute and supporting documentation for (MEMBER NAME) for DOS (XX-XX-XXXX).

Thank you,
4. Once a resolution is reached, claims will be reprocessed if necessary. An email notification will then be sent to the provider, referencing the dispute and ticket number, on the resolution determination.

From: cdticket@mdwise.org
To: 
Cc: 
Subject: Your Claim Dispute has been closed [ID: CD00001487]

To Whom It May Concern:

MDwise has completed our investigation of your claim dispute that denied for .

MDwise has reviewed your dispute and your claim has been **APPROVED TO REPROCESS**.

You will receive an explanation of payment once your claim has been reprocessed.

Please note, this letter is not a guarantee of payment.

If you have any questions, please contact MDwise at (317) 630-2831 or if outside the greater Indianapolis area, (800) 356-1204.

Respectfully,

MDwise Claim Dispute Team
Important:
• Claim disputes with dates of service prior to January 1, 2017 will continue to follow the process of mailing or faxing in dispute forms.
• Items that do not constitute a dispute include:
  – Corrected Claims
  – New Claims
  – Medical Records
  – Attachments, including but not limited to:
    • Consent forms
    • MSRP
    • Invoices
Valence customer service only handles issues related to claims for 2017 dates of service

Member Services handles all member related questions or issues

Provider Relations handles the following:
- Portal registration
- Enrollment issues or demographic updates at preenrollment@mdwise.org or (317) 822-7300 ext. 5800
- Contract questions and inquiries
- Provider education and orientations
• MDwise Customer Service
  – 1(800)356-1204 and follow prompts

• MDwise Provider Relations
  – (317) 822-7300 ext. 5800
  – Enrollment submissions & updates go to preenrollment@mdwise.org

• MDwise Claims Department
  – 1(800)356-1204 and follow the prompts for 2016 or 2017 claims
  – Claims disputes for 2017 go to cdticket@mdwise.org
A 15 minute break will now occur and the next session will begin at 2:30

There will be a Q & A roundtable following the final presentation