2007 EDS Workshop
Presented by Corporate MDwise
Sherri Miles – Provider Relations Manager
Gretchen Atkins- Provider Relations Coordinator
Today’s Discussion

1. Who is MDwise?
2. MDwise network model
3. MDwise delivery systems
4. Quick Contact Sheet Resolution
5. Prior Authorization Process
6. Referral & Prior Authorization
7. What does MDwise offer our members
8. Additional Services Offered by MDwise
9. CMS 1500 (08-05), UB 92 (UB-04)
10. Claims Timeline
11. Out of Plan Claims
12. TPL
13. Claims filing limits
14. MDwise Customer Service
15. Claims Dispute
16. Questions and Answers
Indiana Health Coverage Programs 2007

Indiana Health Coverage Programs (IHCP)

- Hoosier Healthwise (began 1994)
  - RBMC (State contracts with MCOs)
    - MDwise, Wellpoint, Managed Health Services

- Medicaid Select (began 2003)
  - Primary Care Case Management (PCCM)
    - Americhoice EDS Health Care Excel

- Other (Traditional, 590, etc.)
  - Fee-for-Service (FFS)
    - EDS Health Care Excel
Who is MDwise?

- Based on a network model
- Not for profit
- Provider sponsored
- Policy direction comes from community board and participating providers
- Created to focus on Medicaid and CHIP managed care only
- Mission to serve low income families
What are MDwise delivery systems and what do they do?

- MDwise serves its members under a “Delivery System Model” with the belief that this model of service delivery results in special advantages, particularly for the target population of the Hoosier Healthwise program. Certain functions are delegated to the “local and statewide” hospital delivery systems.

- The “Delivery System Model” are typically comprised of hospital’s, PMP’s and specialist/ancillary providers, who are closely related either in ownership or shared mission.
Contacting The Delivery System

❖ Prior authorization form- Each delivery system has their own designated forms and instructions.
❖ Contracting and Education- Each delivery system has their own provider representative to assist you with contracting and provider education.
❖ Claims payment- Each delivery system has their own claims shop and provider relations department to assist with claims payment and inquiries.
❖ Please refer to quick contact sheet for a complete listing of delivery systems.
# MDwise Quick Reference Sheet

**Customer Service:** 1-800-356-1204 or (317) 630-2831 (Indianapolis Area Only)

**Transportation:** 1-800-356-1204 or (317) 630-2831 (Indianapolis Area Only)

**General Email:** questions@mdwise.org

**Website:** www.mdwise.org (Preferred Drug List, member information, PA forms, Provider Manual, newsletters, and more)

## MDWISE DELIVERY SYSTEMS

### MDwise Wishard

<table>
<thead>
<tr>
<th>Claims Inquiries:</th>
<th>(317) 871-8814</th>
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<tbody>
<tr>
<td>Medical Management &amp; Prior Authorization:</td>
<td>(317) 865-2736</td>
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<tr>
<td>Pharmacy Prior Auth:</td>
<td>(800) 558-1655</td>
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<tr>
<td>Provider Representative:</td>
<td>(317) 871-8814</td>
</tr>
<tr>
<td>Claim Dept. Address:</td>
<td>P.O. Box 68970, Indianapolis, IN 46268-0970</td>
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### MDwise Methodist

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<tr>
<th>Claims Inquiries:</th>
<th>(317) 585-4679</th>
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<tbody>
<tr>
<td>Medical Management &amp; Prior Authorization:</td>
<td>(317) 705-3269/(866) 309-8751</td>
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<tr>
<td>Pharmacy Prior Auth:</td>
<td>(800) 558-1655</td>
</tr>
<tr>
<td>Provider Representative:</td>
<td>(317) 571-5316</td>
</tr>
<tr>
<td>Claim Dept. Address:</td>
<td>Linthicum, MD 21090-0447</td>
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### MDwise Select Health Network

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<tr>
<th>Claims Inquiries:</th>
<th>(574) 283-5912</th>
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<tr>
<td>Medical Management &amp; Prior Authorization:</td>
<td>(800) 634-9585/(574)-283-5939</td>
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<tr>
<td>Pharmacy Prior Auth:</td>
<td>(800) 558-1655</td>
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<tr>
<td>Provider Representative:</td>
<td>(574) 283-5926 or (574) 283-5925</td>
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<tr>
<td>Claim Dept. Address:</td>
<td>MDwise Select Health Network P.O. Box 85921 Richardson, TX 75085-0970</td>
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<tr>
<td>Family Planning Claims:</td>
<td>MDwise Family Planning Claims P.O. Box 68970 Indianapolis, IN 46268-0970</td>
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### MDwise St. Francis

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<tr>
<th>Claims Inquiries:</th>
<th>(317) 596-7827/(866) 427-3197</th>
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<tbody>
<tr>
<td>Medical Management &amp; Prior Authorization:</td>
<td>(317) 570-6816/(800) 291-4140</td>
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<tr>
<td>Pharmacy Prior Auth:</td>
<td>(800) 558-1655</td>
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<tr>
<td>Provider Representative:</td>
<td>(317) 792-6853</td>
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<tr>
<td>Claim Dept. Address:</td>
<td>P.O. Box 502290, Indianapolis, IN 46250</td>
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<tr>
<td>Family Planning Claims:</td>
<td>MDwise Family Planning Claims P.O. Box 68970, Indianapolis, IN 46268-0970</td>
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### MDwise ProHealth

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<th>Claims Inquiries:</th>
<th>(317) 621-7565/(800) 344-8672</th>
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<tr>
<td>Medical Management &amp; Prior Authorization:</td>
<td>Indianapolis Phone: (317) 621-7546</td>
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<tr>
<td>Pharmacy Prior Auth:</td>
<td>Toll Free Phone: (800) 344-8672</td>
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<tr>
<td>Provider Representative:</td>
<td>Anderson Phone: (765) 298-3020</td>
</tr>
<tr>
<td>Claim Dept. Address:</td>
<td>Anderson Fax: (765) 298-3839</td>
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### MDwise St. Vincent

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<th>Claims Inquiries:</th>
<th>(317) 871-8814</th>
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<td>Medical Management &amp; Prior Authorization:</td>
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<td>Pharmacy Prior Auth:</td>
<td>(800) 558-1655</td>
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<tr>
<td>Provider Representative:</td>
<td>(317) 338-8262</td>
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<tr>
<td>Claim Dept. Address:</td>
<td>P.O. Box 68970, Indianapolis, IN 46268-0970</td>
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Prior Authorization Process

Process used to request authorization for medically necessary services:

Authorization or denial of services is handled by the Medical Management department in the delivery system where the member’s PMP belongs.

Call or fax the request to Medical Management department for a review – if approved, an authorization number will be assigned and entered into the claim processing database.

All Out-of-Delivery System providers require authorization for services prior to being rendered.

Questions regarding PA process or the status of a PA request can be directed to the medical management department.
Referrals & Prior Authorization

Referrals must come from PMP. (Sometimes not needed if in network.) Referrals to out-of-network specialists providers may be approved for continuity of care (including auto assignment pregnant members in their third trimester) and for specialist not available within the network.

Prior Authorization – Call MDwise and ask for Medical Management. Out-of-delivery system PA is typically only given if services not available in network.

If the request is for an out-of-delivery system provider, PA is always needed from the appropriate Medical Management Department.

Call MDwise and ask for Medical Management staff:

1-800-356-1204
### Sample Form

**Prior Authorization Request**

**Refer to Network Provider Manual for items requiring prior authorization**

Forward via FAX to MDwise Methodist Medical Management at (317) 706-3537 or 866-309-8741

<table>
<thead>
<tr>
<th>1. Requesting Physician Information</th>
<th>2. Requesting Vendor Information</th>
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<tr>
<td>Ordering Physician:</td>
<td>Vendor:</td>
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<tr>
<td>Address:</td>
<td>Address:</td>
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<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Contact:</td>
<td>Contact:</td>
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<table>
<thead>
<tr>
<th>3. Member Information</th>
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<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>DOB:</td>
</tr>
<tr>
<td>SS#:</td>
</tr>
<tr>
<td>Phone:</td>
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PLEASE NOTE: Any authorization is valid only if the member is eligible on the date service and this form is complete with a MDwise Medical Management staff signature.

<table>
<thead>
<tr>
<th>4. Date of Service</th>
<th>5. CPT Code or HCPC</th>
<th>6. Requested Service</th>
<th>7. Place of Service</th>
<th>8. Units</th>
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<tbody>
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**MDwise**

*The Best Care. Because We Care.*
How do I know who to call for PA or other medical management needs?

🌱 MDwise web site (Provider page) www.mdwise.org

🌱 Call MDwise Customer Service Department at:
  🌱 (800) 356-1204 or
  🌱 (317) 630-2831 (Indianapolis)

🌱 MDwise Quick Reference Sheet
Newborn Referrals and PA

The county DFC caseworker enters the baby’s RID number into the system. Claims cannot be submitted for baby until RID number is in system.

MDwise is responsible for medically necessary services from out-of-network providers until eligibility can be verified in the IndianaAIM database. Claims cannot be submitted until the baby’s RID number is in the database.

Once eligibility has been verified in IndianaAIM, prior authorization must be obtained in order for services from out-of-network providers to be covered.
What does MDwise offer our members?

- **Nurse** members can call and speak with a nurse 24 hours a day.
- **Ride** Members enjoy free rides to doctor’s visit.
- **MsBluebelle’s** club for kids - Teach kids to make healthy choices.
- **Weight** provides kids information to make health choices.
- **Wellness** chats - Fun, educational community events where you can learn about good health.
- **Help** link - Work with a member advocate who know about health, school and community.
What does MDwise offer our members?

- **Bluebelle begi**nings-A program for pregnant moms. MDwise will offer information for pregnant moms that can assist them during their pregnancy.

- **Smokefree**-is for our members who want to learn how to stop smoking or chewing tobacco.

- **Teen connect**-a resource for teens to find health information.
Additional Services Offered by MDwise

- Member advocates
- Website- www.mdwise.org
- 24/7 customer service
- On line provider manual
Today’s topic
Claims forms and TPL
CMS 1500
MDwise vs. Fee-For-Service

🔗 Generally, follow the same guidelines as IHCP Manual

- Form Field 14 – “Date of Current Illness” – Required if for payment of pregnancy-related services
- Form Field 23 – “Prior Auth Number” - Required
- Form Field 25-Federal Tax ID Number - Required
The Best Care. Because We Care.
MDwise vs. Fee-For-Service

📍 Generally, follow the same rules as fee-for-service

📍 MDwise requires Federal Tax ID in Form Field 5

📍 Form Field 57 – “Due From Patient” – not applicable to MDwise patients

📍 Form Field 63a-63c – “Treatment Authorization Codes” – Required by MDwise
# Claims Form / ID Timeline

<table>
<thead>
<tr>
<th>Current Form</th>
<th>New Form</th>
<th>Start Date</th>
<th>New Forms Only</th>
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<tbody>
<tr>
<td>CMS-1500</td>
<td>08-05</td>
<td>February 15, 2007</td>
<td>May 23, 2007</td>
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<tr>
<td>IHCP Number</td>
<td>NPI</td>
<td>March 1, 2007</td>
<td>May 23, 2007</td>
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<tr>
<td>NDC</td>
<td>NDC</td>
<td>July 1, 2007</td>
<td>July 1, 2007</td>
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Submitting Out-of-Plan Claims

Send MDwise Claims to:

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

OR

Find the Delivery System Claims Addresses at our web site: www.mdwise.org
TPL- Third Party Liability

- MDwise is the payor of last resort when member is also covered by health or casualty insurance.
- MDwise is not the payor of last resort when funded by state funded programs.
- MDwise uses the following sources to coordinate benefits; Web interchange, EDS TPL files and from providers during claims payment.

- MDwise delivery systems shall reduce claims payment so that the total billed paid or provided by all payers during a claim determination period are not more than 100% of the total Medicaid allowable expenses.
- The MDwise delivery systems conduct TPL recovery efforts and reports TPL collection information to MDwise. The delivery systems retain all third-party liability collections and maintain records regarding TPL collections. MDwise reports TPL to EDS via TPL reporting form. 
Claims Filing Limits

❖ In-Network Providers have a filing limit that ranges from 90 to 180 days, depending on their contract with the Delivery System.

❖ Out-of-Network Providers have 365 days from the date of service to file a claim.
Note!

It is the responsibility of ALL providers to check eligibility at the time of each visit.
MDwise Customer Service

MDwise Customer Service is available with a LIVE VOICE - 24 hours a day, 7 days a week

Phone: 1-800-356-1204
(317) 630-2831 (Indianapolis area)

Fax: (317) 630-2835

Website: www.mdwise.org
Claims Dispute Resolution Process

† **Informal Claims Resolution**
 Call Delivery System to inquire about claim
 Delivery System must respond within 30 calendar days of inquiry

† **Formal Claims Resolution** – Must be in writing
 Provider has 60 calendar days
  ▪ From receiving written denial
  ▪ After delivery system fails to make determination
  ▪ From delivery system’s response to the informal inquiry

† MDwise has three tracks for formal claims dispute resolution
  ▪ Out-of-Network provider disputes
  ▪ In MDwise, in Delivery System disputes
  ▪ In MDwise, but Out-of-Delivery System disputes
Have questions or problems?

Contracted Providers - Each delivery system has:
1. Provider Relations Representative
2. Medical Director
3. Medical Management department
4. Claims department

Non-Contracted Providers
- MDwise Customer Service – Live voice 7 days a week, 24 hours a day
- Provider Relations Department at corporate office – 800-
- Member Services and Outreach – Member Advocates
- MDwise website
Thank You

🌼 Questions

🌼 Answers