



2020 IHCP Annual Workshop

Prior Authorizations

Providing health coverage to Indiana families since 1994

Agenda

- MDwise History
- Updates
- Eligibility
- Prior Authorizations
- Timelines
- Prior Authorization Appeals
- Resources
- Questions

MDwise History

- 1994: MDwise founded as Indiana-based nonprofit health care company Central Indiana Managed Care Organizations, Inc. (CIMCO), utilizing a delivery system model
- 2001: CIMCO teamed up with IU Health Plan and formed into MDwise, Inc., serving more than 55,000 Hoosier Healthwise members.
- 2007: MDwise begins service Care Select (now Hoosier Care Connect) members

Michigan-based

MDwise – McLaren Synergies

- Sharing Best Practices between MDwise and McLaren Health Plan, such as:
 - Care Management
 - Opioid Crisis Management
 - Effectively managing inappropriate ER utilization
 - Streamlining Prior Authorizations
 - Pay-for-Value Physician Incentive programs
 - Claims adjudication

Updates

- Maternity Exemption
 - [2020 Maternity Code Exemption list](#)
- Physician Rounding
 - Effective 6/1/2020, Physician rounding during inpatient stays will no longer require authorization; the inpatient stay WILL still require authorization

Eligibility

- Is the member eligible for services today?
- In which Indiana Health Coverage Program plan are they enrolled?
- If the member is in Hoosier Healthwise or Healthy Indiana Plan, are they assigned to MDwise?
- Who is the member's Primary Medical Provider (PMP)?

Provider Healthcare Portal	MDwise Provider Portal
<ul style="list-style-type: none">• IHCP Program	<ul style="list-style-type: none">• Delivery System: MDwise Excel
<ul style="list-style-type: none">• MCE	<ul style="list-style-type: none">• Assigned PMP History
<ul style="list-style-type: none">• Assigned PMP	
<ul style="list-style-type: none">• Delivery System: MDwise Excel	

Prior Authorization

- One Standard Authorization List
- One Point of Contact for All Authorization Requests
- Submission timelines and process have not changed
- Go to MDwise.org for most up-to-date version of PA lists



Prior Authorization Process

Prior Authorization (PA)

Authorization requests

- Specific forms are available from medical management to submit for service authorization

Referral (Right Choices Program Only)

- Process when a member's PMP determines that the member's conditions require additional services provided by a physician other than a PMP

*Please note: Incomplete forms or requests lacking required information will delay the authorization process

Prior Authorization Process

Service types requiring Prior Authorization include:

- Services that are grouped according to service type categories (in-network or non-contracted)
- Inpatient admissions
- Outpatient services/procedures
- Pharmacy, therapies
- Home health care
- Durable medical equipment
- Transportation
- Self-referral services (in accordance with IHCP guidelines)

Prior Authorization

Tips:

- Completely fill out the PA form including the rendering provider's NPI and TIN, the requestor's name along with phone and fax number.
- Be sure to note if PA is for a retroactive member.

Prior Authorization Process

- Hoosier Healthwise: 888-465-5581
- Healthy Indiana Plan:
 - Inpatient: 866-613-1631
 - All other authorizations: 866-613-1642



Prior Authorization Process

Radiology codes are currently reviewed

Effective 1/1/2020:

- Added Maternity code exemption list
- Prior Authorization Guide:
 - <https://www.mdwise.org/for-providers/forms/prior-authorization>

Prior Authorization Process

- For pre-service non-urgent requests, request a date span rather than a specific date.
- Submit complete clinical information at the time of the request
- Be sure to provide your fax number, secure voice mailbox number, and include a contact name/number for us to request additional clinical information if needed.

Prior Authorization Process

- Any authorization request that does not meet the guidelines and/or criteria is referred to a physician.
- Only a physician can issue a decision to deny for medical necessity.

Prior Authorization Process

After Hours

- Providers can submit universal PA forms to our fax numbers which are available 24 hours/7 days per week.
- The date the fax is received counts toward the PA resolution
- Contact information can be found on our PA Guide

Prior Authorization Process

Emergency Services

- All emergency inpatient admissions require authorization within 2 business days of the admission.
 - Please refer to the MDwise PA Guide

Prior Authorization Process

Hospital Admissions

- Effective 6/1/2020, physician rounding no longer requires authorization in a hospital setting
- Per the IHCP, providers should bill inpatient stays that are less than 24 hours as an outpatient service.

Prior Authorization Process

Behavioral Health

Services that require PA:

- Neuropsychological testing
- Psychological testing
- Inpatient psychiatric admissions
- Applied Behavioral Analysis (ABA)
- Residential Substance Use Disorder (SUD) 3.5 and 3.1
- Partial Hospitalization Programming (PHP)
- Intensive Outpatient Programming (IOP)

Forms can be found at:

<https://www.mdwise.org/for-providers/behavioral-health>

Prior Authorization

Pharmacy Prior Authorizations

- For Pharmacy PAs, you would need to contact the member's Pharmacy Benefit Manager:
 - Med Impact: 844-336-2677
- Pharmacy Resources:
 - <https://www.mdwise.org/for-providers/pharmacy-resources>



Prior Authorization

Prior Authorization Turn-Around Time

- Urgent PA can take up to 72 hours
- Requests for non-urgent PA will be resolved within 7 calendar days

Please Note: All emergency inpatient admissions require authorization within 2 business days of the admission.

- If you have not heard a response within the time frames above, contact the PA Inquiry Team and they will investigate the issue.
- PA Inquiry Line
 - 888-961-3100

Prior Authorization Appeals

- Providers can request an appeal on behalf of a member within 60 calendar days of receiving denial
- Providers must request an appeal in writing to MDwise:
Attention: Medical Management/Appeals
PO Box 44236
Indianapolis, IN 46244-0236

Resources

Reminder:

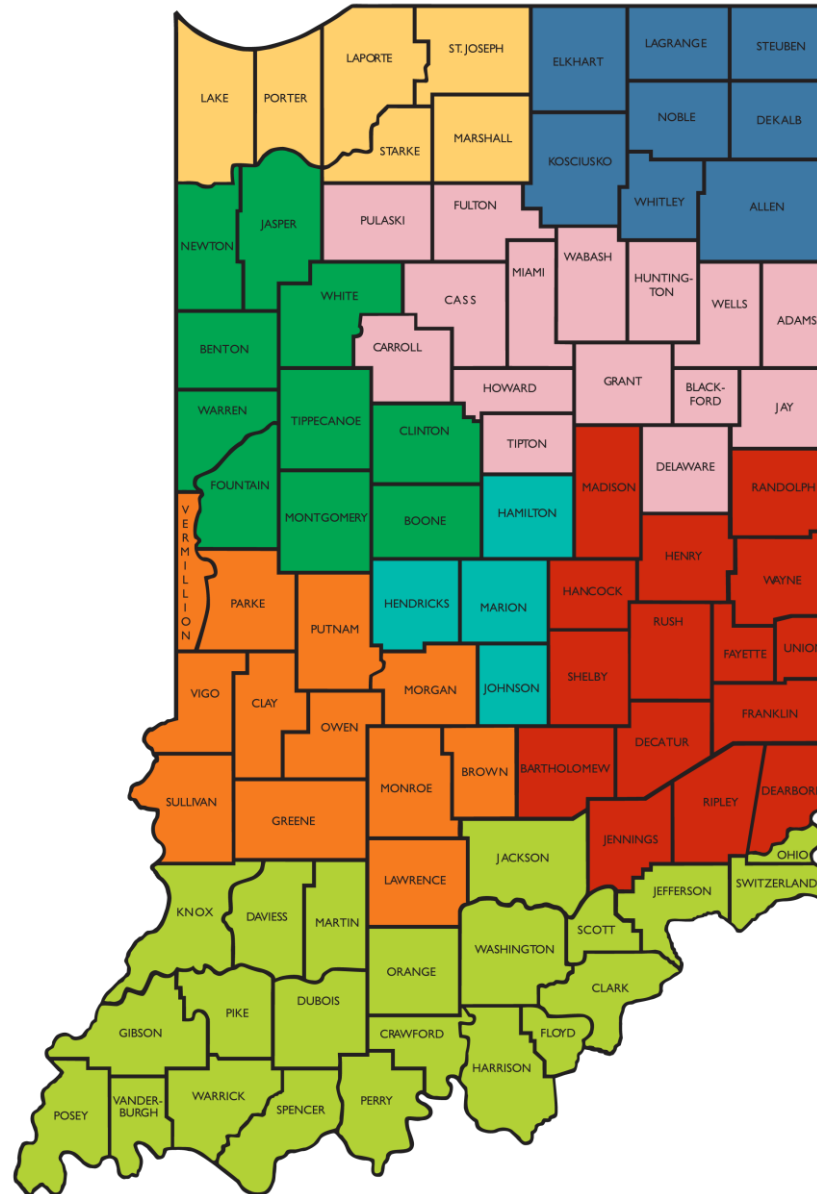
Providers seeking to contract

- What is required?
 - MDwise Excel Contract
 - Provider/Ancillary Enrollment Forms
 - W-9

Providers not seeking a MDwise Excel contract are required to submit the following:

- Non-contracted Provider Set-up Form
- W-9

Territory Map



Provider reps contact info

- | | | |
|--|--|--|
|  Region 1
Paulette Means
pmeans@mdwise.org
317-822-7490 |  Region 5
David Hoover
dhoover@mdwise.org
317-983-7823 |  Region 9
Whitney Burnes
wburnes@mdwise.org
317-308-7345 |
|  Region 2
T. A. Ward
tward@mdwise.org
317-983-6137 |  Region 6
Tonya Trout
ttrout@mdwise.org
317-308-7329 | Michelle Phillips
mphillips@mdwise.org
317-983-7819
<i>(Home Health & Hospice)</i> |
|  Region 3
Michelle Phillips
mphillips@mdwise.org
317-983-7819 |  Region 7
Rebecca Church
rchurch@mdwise.org
317-308-7371 | Nichole Young, RN
nyoung@mdwise.org
317-822-7509
<i>(Behavioral Health -
CMHCs, OTPs, IMDs,
Residential)</i> |
|  Region 4
TBD | | |

Resources

PA Quick Contact Guide

- <http://www.mdwise.org/for-providers/forms/prior-authorization/>

MDwise Provider Manuals

- <http://www.mdwise.org/for-providers/manual-and-overview/>

MDwise Provider Relations Territory Map

- <http://www.mdwise.org/for-providers/contact-information/>

MDwise Customer Service

- 800-356-1204

IHCP Provider Modules

- in.gov/medicaid/providers