



2023 IHCP Works Seminar

Prior Authorization

Presented by LeAnne Ramsey

Providing health coverage to Indiana families since 1994

About MDwise

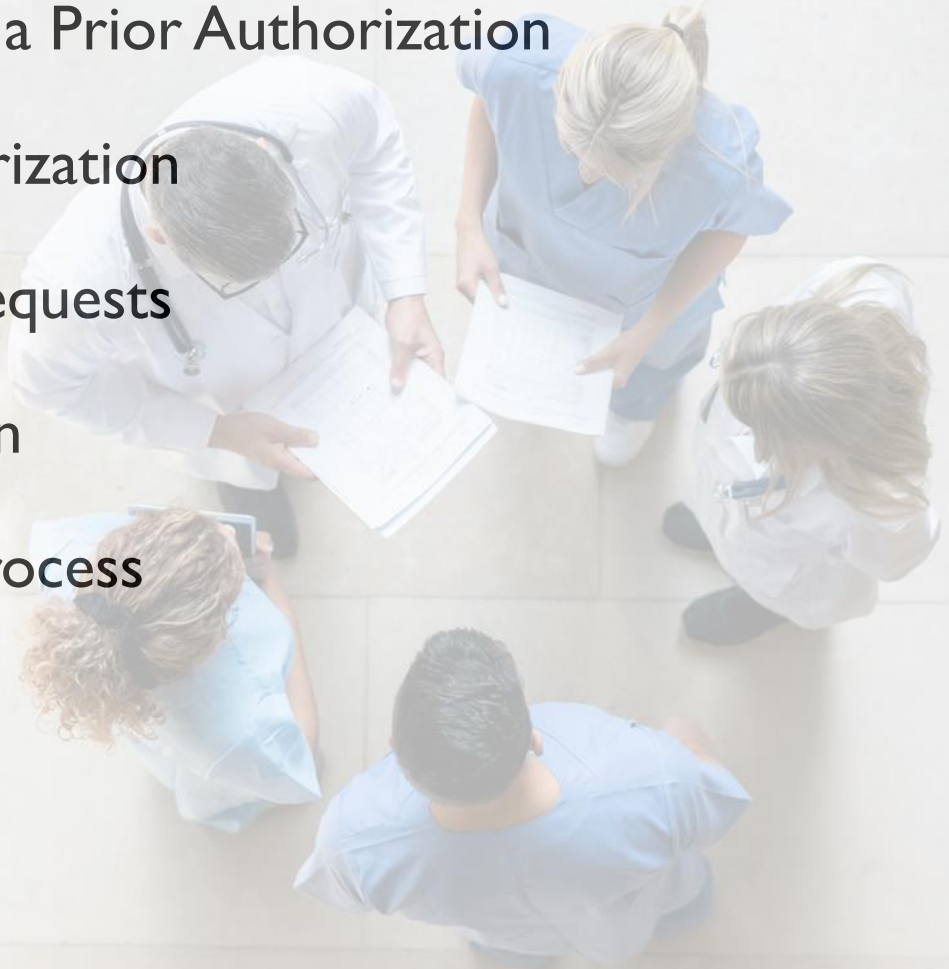
Our Mission

MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders and health care professionals.

- MDwise is local and Indiana's only non-profit, provider-sponsored health plan
- Owned by McLaren Health Care Corporation, a provider-owned, not-for-profit integrated health system with multi-state experience committed to better serving Hoosier families
- MDwise administers Medicaid and Medicare programs throughout Indiana to ensure all families receive high-quality and affordable health care
- MDwise has a large network of doctors, specialists and hospitals throughout Indiana

Agenda

- What To Do Before Submitting a Prior Authorization
- Services Requiring Prior Authorization
- Types of Prior Authorization Requests
- Submitting a Prior Authorization
- Prior Authorizations Appeals Process
- Resource Center





What To Do Before Submitting a Prior Authorization

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Always Check Eligibility

When determining eligibility, verify the following:

- Is the member eligible for services today?
- Is the member enrolled in Hoosier Healthwise or Healthy Indiana Plan (HIP), and are they assigned to MDwise?
- Who is the member's Primary Medical Provider (PMP)?



IHCP Provider Healthcare Portal

- IHCP Program
- Managed Care Entity
- Assigned PMP

myMDwise Provider Portal

- MDwise
- Assigned PMP History

Review Prior Authorization Lists

Determining if a code requires authorization:

- Check [IHCP](#) to see if the code requires authorization on the Professional and Outpatient fee schedule.
- Check our [website](#) for the most up-to-date version of MDwise prior authorization requirements and information.

Note: Some services are carved out of managed care and covered under the FFS delivery system for **all IHCP members. See the [Member Eligibility and Benefit Coverage](#) provider reference module for a list of carved-out services.*



Must Haves for ALL PA requests

You will need two (2) key items when filing any request for Medical Prior Authorization, regardless of how the request is submitted:

- Universal Prior Authorization Form
 - [Available on the Prior Authorization Page](#)
 - Refer to IHCP [Prior Authorization Request Form Instructions](#) for required information on the form
- Documentation to support Medical Necessity for the services you are requesting
 - Examples of documentation for Medical Necessity include:
 - Labs, Imaging, Medical Records/Physician Notes, Test Results, Therapy Notes, etc.



Prior Authorization Requirements

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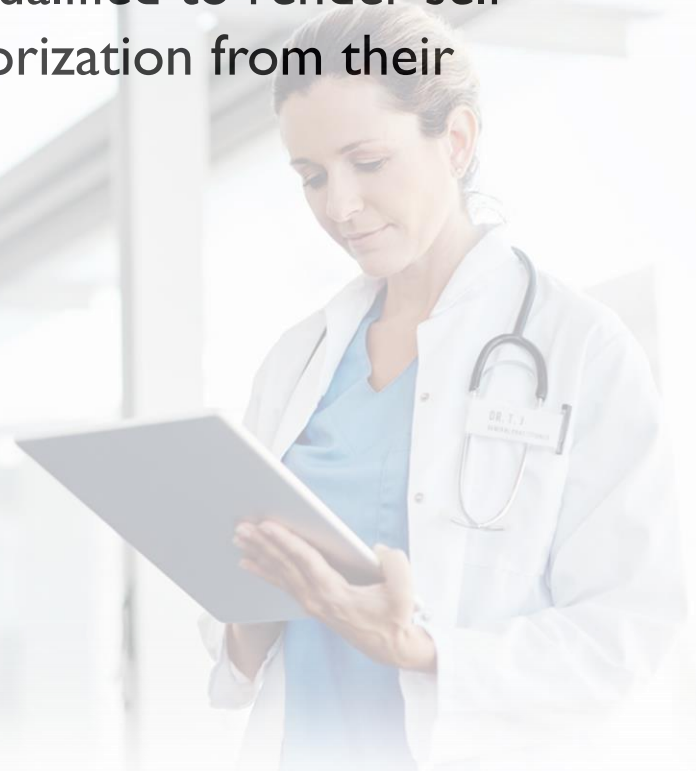
Services that DO require authorization

Below is a partial list of services requiring authorization. Locate the complete list of services on MDwise.org under the [Prior Authorization page](#).

- All Out-of-Network Services
- Inpatient services
- Hospice (inpatient and outpatient)
- Home Health
- Air Ambulance
- Behavioral Health (See [Behavioral Health Prior Authorization Lists](#))

Services that DO NOT require authorization

- **Emergency Services.** However, any resulting inpatient stay does require prior authorization. An emergency service is a service provided to a member following the sudden onset of an emergency medical condition.
- **Self-Referral.** Hoosier Healthwise and HIP members can seek care from any IHCP-enrolled provider qualified to render self-referral services without obtaining authorization from their Primary Medical Provider (PMP).
 - Eye Care
 - Foot Care
 - Chiropractic Services
 - Urgent Care
 - Family Planning



Pharmacy

Effective July 5, 2023, all managed care plans will align with the FFS program under the Statewide Uniform Preferred Drug List (SUPDL). Therefore, MDwise will cover the same preferred and nonpreferred drugs and maintain the same clinical criteria requirements as other IN Medicaid providers.

- Prior Authorization criteria for drugs on the SUPDL may be viewed on the FFS website: <https://inm-providerportal.optum.com/providerportal/faces/PreLogin.jsp>.

Pharmacy Prior Authorizations

- For Pharmacy PAs or questions, contact the member's Pharmacy Benefit Manager:
 - MedImpact: 1-844-336-2677
- Pharmacy Forms and Resources:
 - [Pharmacy Forms - MDwise Inc.](#)
 - [Managed Medicaid Prior Authorization Guidelines](#)



Types of Prior Authorization Requests

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Authorization Request Types

- Urgent Preservice
 - A service requested in advance of any medical care or services, in which the application of the time periods for making non-urgent care determinations, could seriously jeopardize the life or health of the member or member's ability to regain maximum function. In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, it would subject the member to adverse health consequences without the care or treatment that is the subject of the request.
- Urgent Concurrent
 - Review for an extension of a previously approved ongoing course of treatment over a period of time or number of treatments. Any request for medical care or services in which the application of the time periods for making non-urgent care determinations could seriously jeopardize the life or health of the member or the member's ability to regain maximum function. In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, it would subject the member to adverse health consequences without the care or treatment that is the subject of the request.
- Non-urgent Preservice
 - A service requested in advance of the member obtaining medical care services, including behavioral health services or ongoing outpatient care, that does not meet the definition of "urgent".
- Post-service
 - Prior Authorization given after services have begun or supplies have been delivered, as outlined by IHCP guidelines.

MDwise UM Decision Timelines

- Urgent Preservice Decisions – MDwise must make a decision within 48 hours of receipt of all necessary information.
- Urgent Concurrent Review – MDwise must make a decision within 48 hours of receipt of all necessary information.
- Non-urgent Preservice Decisions – MDwise must make a decision within five (5) business days of receipt of all necessary information.
- Post-service Decisions – MDwise must make a decision within 30 calendar days of receipt of all necessary information.

The Turn Around Time clock starts on the date that MDwise has received **ALL information.*

Time Parameters for Prior Authorization Requests

- Provider is responsible for submitting new PA requests for ongoing services at least 30 calendar days before the current authorization period expires to ensure services are not interrupted.
- Provider is responsible for responding to modification decisions within two (2) business days.
 - If providers do not agree with the modification decision, the case is forwarded to a physician for review.
 - If the physician denies the inpatient stay and maintains the modification decision, a peer-to-peer can be requested.
- Provider is responsible for responding to requests for additional information for urgent concurrent review within 24 hours of receipt of the request.



Submitting a Prior Authorization

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How to Submit a Prior Authorization

MDwise offers four (4) ways to submit a Prior Authorization. The preferred method for requesting Prior Authorization is through the JIVA Portal.

- Online: [Prior Authorization Portal/JIVA](#)
- Email: PAdept@mdwise.org
- Phone: 1-888-961-3100
- Fax:
 - Hoosier Healthwise 1-888-465-5581
 - HIP Inpatient 1-866-613-1631
 - HIP All Others 1-866-613-1642

Prior Authorization Portal

- To register for a user account, go to [Prior Authorization Portal/JIVA](#).
- Click **Register Here**.



For Jiva it is recommended you use Firefox 41-49 or Microsoft Edge 96 or Google Chrome 71 for optimal experience and performance.

User Name Password Login

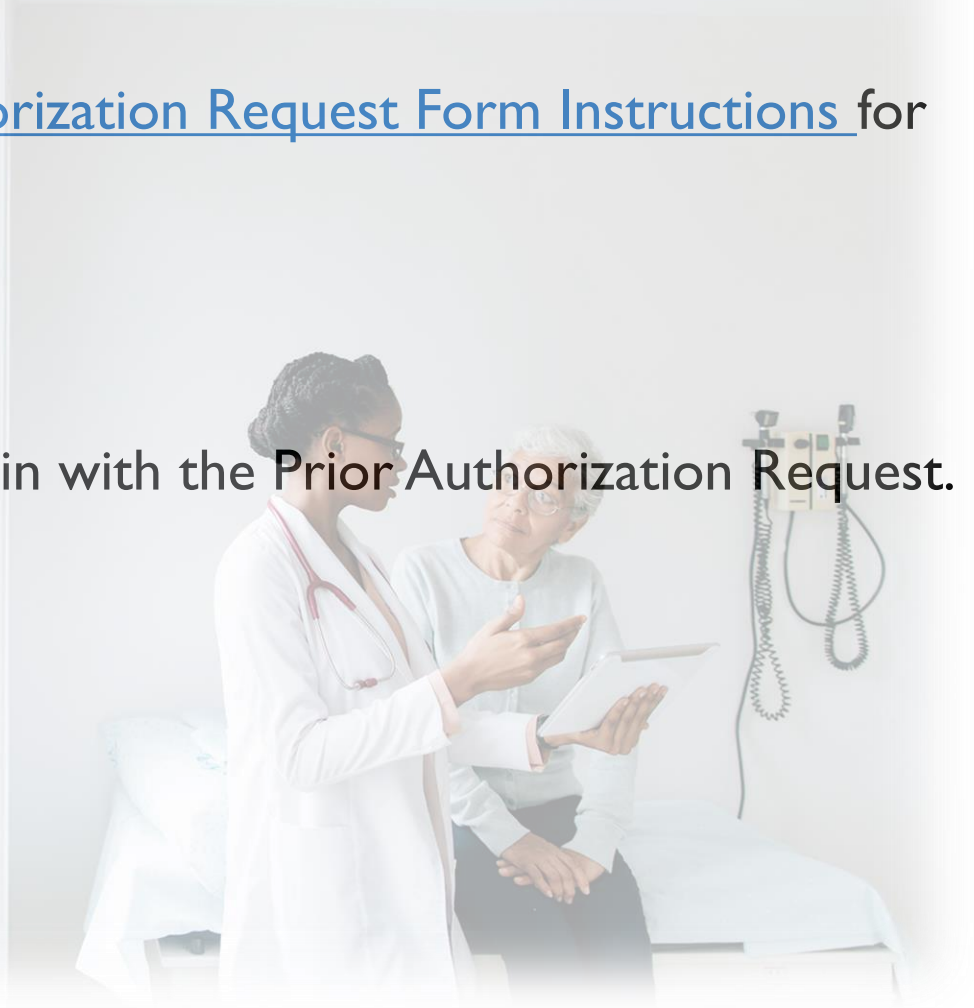
If you are a new user please [Register Here](#) [Forgot Password ?](#)

[Contact Us](#)
By logging onto this site, you agree that you have read and accept the [Terms and Conditions](#) of use for this website.
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After registration, allow 3-5 business days for an account to become active. If you are unable to create a user account, please send your request for a user account to AuthPortalHelp@mdwise.org.

Universal PA Form

- Regardless of the method used, the [Universal Prior Authorization](#) form is required.
- Refer to the IHCP [Prior Authorization Request Form Instructions](#) for required information.
- Sign and date the form.
- Send required documentation in with the **Prior Authorization Request**.



Newborn Authorization

Newborn authorizations cannot be sent via the online portal at this time. Requests can be submitted via email or fax.

- What is needed when submitting a newborn Authorization Request
 - Mother's Member ID, Baby's Name and Date of Birth
 - Completed Universal Prior Authorization Form
 - Clinical documentation

Reasons for Delay

- Required documents not received with the Prior Authorization.
- The Prior Authorization form is not complete.
- MDwise may change the priority if a request does not meet the definition of “urgent”.

**If the PA form is not completed, the process will be voided, and you will receive a message or fax back to submit the authorization request with all required documents.*

Tips and Tricks

When submitting requests on the portal, utilize the categories. MDwise uses Code Sets to alleviate the need to add similar CPT codes to your requested service.

- Special Program Code (SPC) Code Sets drive you to choose a category that pertains to your service and reduce time to enter a request. *Refer to Appendix A of the [PA Portal Instruction Manual](#)*
- Choosing “Multiple Attach” will allow user to repeat the provider selection process. The “Single Attach” option will return user to the request screen.
- Be sure to use the rendering provider’s NPI for the request.

Having issues troubleshooting or setting up a Prior Authorization?

- Email AuthPortalHelp@mdwise.org



Prior Authorization Appeals Process

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Peer-to-Peer Review

If a decision is rendered and the provider is not satisfied, the provider can request a Peer-to-Peer Review.

- A Peer-to-Peer Review is an authorization request that has been denied. The denial letter will have the phone number to request the peer-to-peer.
- You must have information from denial along with the physician's name, phone number and times the physician will be available to discuss with the MDwise physician.
- After the MD has rendered a decision, if not favorable, the provider may request an appeal.

Prior Authorization Appeals

Providers must request an appeal in writing, using the [Prior Authorization Appeal Form](#).



Email:

- PAdept@mdwise.org

Mailing Address:

- MDwise
Attention: Medical Management/Appeals
P.O. Box 44236
Indianapolis, IN 46244-0236

Appeals Timelines

- Appeals must be requested within **60 calendar days** of receiving denial.
- MDwise will resolve an appeal within **30 calendar days** and notify the provider and member in writing of the appeal decision, including the next steps.
- If the appeal is requested to be an expedited decision, MDwise will review to ensure it meets the criteria for expedited review. If it is determined to be an expedited review, we will render a decision within **72 hours** of the appeal's submission.



Resource Center

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Resources

[Prior Authorization Resources Page](#)

[MDwise Provider Manuals](#)

[MDwise Provider Relations Territory Map](#)

[IHCP Provider Modules](#)

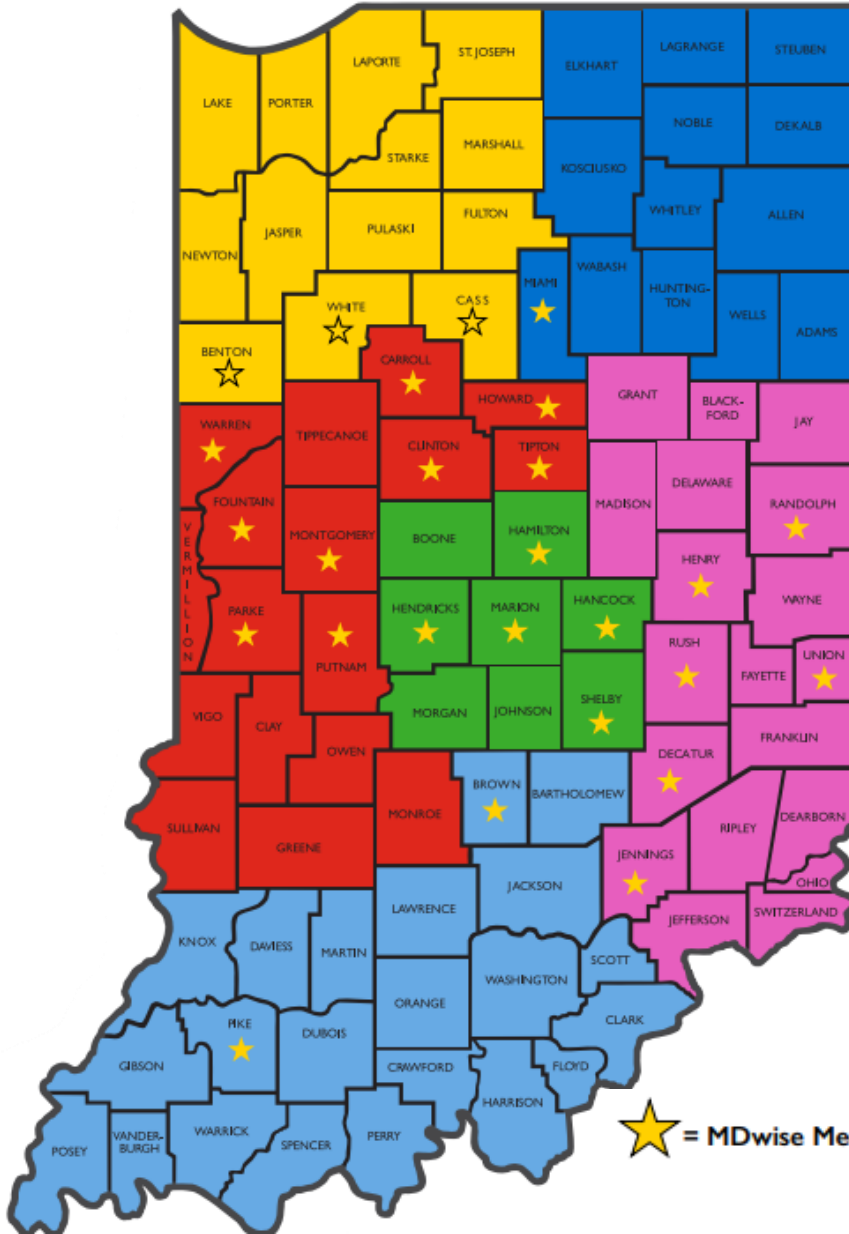
MDwise Prior Authorization Inquiry Line

- 1-888-961-3100

MDwise Member Customer Service

- 1-800-356-1204

MDwise Provider Relations Team



★ = MDwise Medicare Advantage Plan Available

Region 1

Danyelle Pittman
dpittman@mdwise.org
 317-719-5377

Region 2

Amy Kerr
akerr@mdwise.org
 317-741-4352

Region 3

Lauryn Gooch
lgooch@mdwise.org
 317-460-3419

Region 4

Joy Diarra
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 317-619-5622

Region 5

LeAnne Ramsey
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 317-460-4697

Region 6

Chris Bryant
cbryant@mdwise.org
 317-517-4776

Click [here](#) to find our map online.

MDwise Provider Relations Team, con't.

PROVIDER GROUP REPRESENTATIVES

Tonya Trout

ttrout@mdwise.org

317-766-0505

Provider Groups

Ascension St. Vincent
Franciscan Alliance
Beacon
Union
Parkview
Home Health and Hospice
Skilled Nursing Facilities (SNFs)

LaToya Robertson

lrobertson@mdwise.org

317-552-8420

Provider Groups

Federally Qualified Health Centers (FQHCs)
Rural Health Center (RHCs)
Community Mental Health Centers (CMHCs)
Eskenazi Health

Amanda Deaton

adeaton@mdwise.org

317-914-5953

Provider Groups

DME and HME
Laboratory Services
Dialysis Clinics
American Health Network
Out of State Providers

PROVIDER RELATIONS LEADERSHIP

Josh Burger

Director of Provider Relations

jburger@mdwise.org

317-460-4510

**Thank
you!**

QUESTIONS?

