MDwise Behavioral Health

Overview of the Indiana Healthcare Programs

2011

MDwise

MDwise overview

Not-for-profit serving low income Hoosiers

➢ Serves Hoosier Healthwise, *Care Select*, and Healthy Indiana Plan members

➢ 300,000 members across 3 lines of business

➢ Safety net approach – delivery systems

➢ 14 years of Indiana Medicaid experience

➢ Committed to serving the aged, blind, and disabled

➢ Successful in managing patient care, quality healthcare, and improving outcomes

MDwise Delivery System Model

MDwise HHW & HIP plans utilize a delivery system of care. MDwise members choose or are assigned to a PMP in one of the MDwise networks or delivery systems. For Behavioral Health, the MDwise delivery systems are responsible for:

- Claims payment

- Prior authorization of services

- Care/Case Management

MDwise

INDIANA HEALTH COVERAGE PROGRAMS

HHW — Hoosier Healthwise
Hoosier Healthwise
(Managed Care Organization)
Low income pregnant women, children and families

Anthem

MDwise

Managed Health Services (MHS)

Cenpatico

MDwise Delivery Systems*

- MDwise Select Health Network (SHN)
- MDwise Wishard
- MDwise Methodist
- MDwise St. Francis
- MDwise ProHealth
- MDwise St. Vincent
- MDwise Total Health (eff. 12.1.10)
- MDwise St. Catherine
- MDwise Hoosier Alliance
- MDwise Saint Margaret Mercy
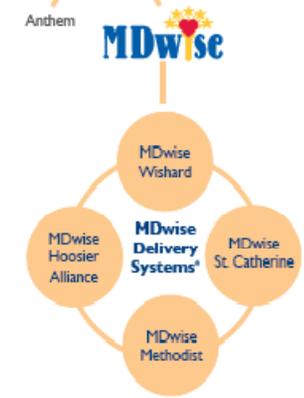
Indiana Care Select
Indiana *Care Select*
(Care Management Organization)
Wards, fosters, aged, blind and disabled

ADVANTAGE Health Solutions™

MDwise

The *Care Select* program is a Disease Management Program rather than a Managed Care Model. Behavioral health providers participating in the MDwise *Care Select* program can see members as a result of having a provider agreement on file with HP.

HIP — Healthy Indiana Plan
Healthy Indiana Plan (HIP)
(Managed Care Organization)
Uninsured adults between the ages of 19-64

Anthem

MDwise

MDwise Delivery Systems*
- MDwise Wishard
- MDwise St. Catherine
- MDwise Methodist
- MDwise Hoosier Alliance

*What is a Delivery System Model?

MDwise serves its HHW 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. To serve Medicaid clients in the HHW and HIP programs, behavioral health providers must be contracted as MDwise delivery system providers.

APP0007 (09/09)

MDwise

Providing Services to MDwise members

In order to ensure that you are reimbursed for therapy services you provide, you must:

- ➢ Be an IHCP Provider or receive supervision/bill under an IHCP provider (HSPP or MD)

- ➢ Check the members eligibility

- ➢ Request prior authorization for services

MDwise

How to check eligibility

The most accurate way to confirm eligibility is to use one of the HP systems (e.g. Web interChange, Omni, AVR)

Before providing services, it is necessary to confirm:

- ✓ Is the member **eligible** for services today?
- ✓ In what **IHCP Plan** are they enrolled? (Hoosier Healthwise, Medicaid Select, Traditional Medicaid, or HIP)
- ✓ If the member is in Hoosier Healthwise, what MCE are they assigned to? (MDwise, Anthem, MHS)
- ✓ If a HHW or HIP member is with MDwise, determine what **delivery system** they are assigned to? In order to identify the member's DS, l**og on to the MDwise Web Portal.**

Prior Authorization: HHW & HIP

Once you have determined what program the member is in and what MDwise delivery system for HHW or HIP members, use the Quick Reference Sheet find to find:

- Phone number & Fax number for prior authorization

- Claims address or EDI number

(See Quick Reference Guide)

Quick Contact Guide

Hoosier Healthwise Delivery Systems

MDwise Hoosier Alliance

Claims Inquiries	1-800-581-2488
Medical Management & Prior Authorization	1-888-961-3100 Fax: 1-888-465-5581
Provider Representative	1-888-961-3100 Fax: 1-866-465-2985
Claim Dept. Address (includes behavioral claims)	MDwise Hoosier Alliance P.O. Box 7303 London, KY 40742 EDI Payor ID: 20475 mental/behavioral health eff. 1.1.09
Family Planning Claims	MDwise Family Planning Claims P.O. Box 68970 Indianapolis, IN 46268-0970 317-871-8814 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481 Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172

MDwise St. Vincent

Claims Inquiries	317-569-2029/ 877-247-1513
Medical Management & Prior Authorization	317-569-2028/ 877-247-0820 Fax: 317-570-6818/ 800-747-3693
Provider Representative	317-575-7515 Fax: 317-575-7587
Claim Dept. Address (includes behavioral claims)	MDwise St. Vincent P.O. Box 503010 Indianapolis, IN 46250 EDI Payor ID Relay Health: 2235 Emdeon: 35199
Family Planning Claims	MDwise Family Planning Claims P.O. Box 68970 Indianapolis, IN 46268-0970 317-871-8814 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481

MDwise St. Catherine

Claims Inquiries	1-866-427-3197/ 317-596-7827
Medical Management & Prior Authorization	219-392-7066 (Hospital Auths Only) 219-392-7072 (All Other Auths) Fax: 219-392-7090
Behavioral Health	1-866-770-0208 Fax: 1-800-747-3693
Provider Representative	St. Mary Medical Center Providers Munster Community Hospital Providers 219-947-6154 St. Catherine Hospital Providers 219-392-7097
Claim Dept. Address (includes behavioral claims)	MDwise St. Catherine P.O. Box 50888 Indianapolis, IN 46250 Payor ID Emdeon 35199 Relay Health/McKesson 2235 mental/behavioral health eff. 1.1.09
Family Planning Claims	MDwise Family Planning Claims P.O. Box 68970 Indianapolis, IN 46268-0970 317-871-8814 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481 Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172

MDwise Wishard

Claims Inquiries	317-871-8814/ 1-800-927-7927
Medical Management & Prior Authorization	317-630-6007/ 1-877-687-0022 Fax: 317-656-4002/ 1-877-360-6142
Provider Representative	317-874-2116/ 317-871-8255
Claim Dept. Address (includes behavioral claims)	MDwise Wishard P.O. Box 68970 Indianapolis, IN 46268-0970 mental/behavioral health eff. 1.1.09
All Medical Claims: Emdeon/WebMD Institutional Payor ID: 12K81 Professional Claims: SX172 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481	

MDwise Delivery Systems

St. Catherine

St. Margaret Mercy

Select Health

Total Health

Wishard

Methodist

St. Vincent

*Hoosier Alliance-all parts of the state except for the Central Region

MDwise Delivery Systems: HHW Managed Care

•**MDwise Wishard** •**Wishard Hospital** •**Central Region (Region 5)**	•**MDwise Methodist** •**Methodist Hospital** •**IU Hospital** •**Riley Hospital** •**Clarian West** •**Central Region (Region 5)**	•**MDwise St. Vincent** •**St. Vincent Hospital (Indianapolis, Carmel)** •**St. Vincent Pediatric Rehabilitation Center** •**Central Region (Region 5)**
•**MDwise St. Catherine** •**St. Catherine Hospital (East Chicago)** •**Munster Community Hospital** •**St. Mary's (Hobart)** •**Northwest Region (Region 1)**	•**MDwise Saint Margaret Mercy** •**Saint Margaret Mercy Hospital** •**(Hammond, Dyer)** •**St. Anthony Hospital** •**(Michigan City)** •**Northwest (Region 1)**	•**MDwise Select Health** •**St. Joseph Hospital (South Bend, Mishawaka, Plymouth)** •**North Central Region (Region 2)**
•**Total Health** •**Parkview Hospital-(Allen County)** •**Northeast Region (Region 3)**	•**MDwise Hoosier Alliance** •**Independent and group providers and hospitals throughout the State of Indiana** **(All Regions in State except the Central Region (Region 5)**	

MDwise Delivery Systems: HHW & HIP

Authorization of Services

Outpatient Services:

Complete an Outpatient Treatment Request and fax to the Medical Management Department of the member's Delivery System.

Inpatient Services:

Behavioral Health providers must call the member's Delivery System Medical Management Department to authorize inpatient behavioral health services.

(See Quick Contact Guide)
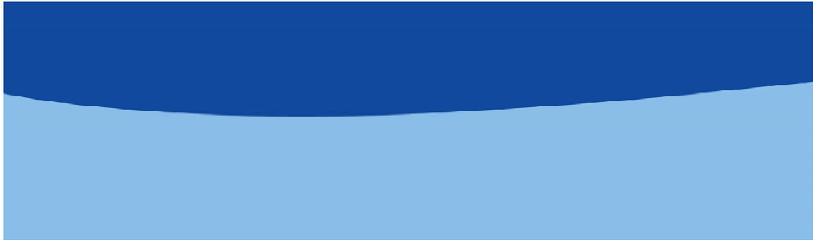
HHW & HIP
Outpatient Treatment Request Form (OTR)

MDwise Care Select Care Management (CMO)

Members can choose any eligible IHCP provider

The purpose of the *Care Select* Program is to:

➢ Tailor treatment plans to individual members.

➢ Provide care that is holistic and less fragmented.

➢ Increase involvement of member's participation in health care decisions.

➢ Involve the member's family, medical providers, other care givers, and behavioral health providers.

➢ Utilize treatment regimens based on evidence-based guidelines

MDwise Care Select (CMO)

➢ Prior Authorization of Services

➢ Care Management

➢ Case Management

Claims are processed by HP

Universal Prior Authorization Form

Indiana Health Coverage Programs
Prior Authorization Request Form

Check the box of the plan in which the member is enrolled.

Traditional	☐ Advantage Traditional	P: 800-269-5720	F: 800-689-2759
Hoosier Healthwise	☐ Anthem Hoosier Healthwise	P: 866-408-7187	F: 866-406-2803
	☐ MDwise Hoosier Healthwise	See www.mdwise.org	
	☐ MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
Healthy Indiana Plan	☐ Anthem HIP	P: 866-408-7187	F: 866-406-2803
	☐ MDwise HIP	See www.mdwise.org	
	☐ MHS HIP	P: 877-647-4848	F: 866-912-4245
Care Select	☐ Advantage Care Select	P: 800-784-3981	F: 800-689-2759
	☐ MDwise Care Select	P: 866-440-2449	F: 877-822-7186

Please complete all appropriate fields.

Patient Information

Medicaid ID/RID#:

DOB:

Patient Name:

Address:

City/State/Zip:

Patient/Guardian Phone:

PMP Name:

PMP NPI:

PMP Phone:

Medical Diagnosis
(Use of ICD-9 Diagnostic Code is Required)

Dx1 | Dx2 | Dx3

Requesting Provider Information:

NPI#:

Tax ID #:

Service Location Code:

Provider Name:

Rendering Provider Information

Ordering Physician NPI#:

Tax ID #:

Name:

Address:

City/State/Zip:

Phone:

Fax:

Preparer's Information:

Name:

Phone:

Fax:

Please check requested assignment category below:

☐ DME
  ☐ Purchased
  ☐ Rented
☐ Home Health

☐ Hospice
☐ Inpatient
☐ Observation
☐ Office Visit
☐ Occupational Therapy

☐ Outpatient
☐ Physical Therapy
☐ Speech Therapy
☐ Transportation
☐ Other

Dates of Service Start	Stop	Procedure/ Service Codes	Modifier(s)	Requested Service	Taxonomy	POS	Units	Dollars

Notes:

PLEASE NOTE: Your request **MUST** include medical documentation to be reviewed for medical necessity.

Signature of Qualified Practitioner_____ Date:_____

MDwise PA Process – Care Select (CMO)

Mental health PA criteria are listed in 405 IAC 5-20-8

PA required for mental health services provided in an outpatient or office setting that exceed 20 units per member, per provider, per rolling 12-month period

Criteria reviewed:

- Universal PA request form (*Do not use the OTR form for CS)

*The following information must be sent with PA request form

- Current treatment plan

- Progress notes – necessity and effectiveness of therapy

Procedures:

- Submit the Universal PA request to the CMO the member is affiliated with

- Services which require PA due to State regulations are discussed in the IHCP Provider Manual Chapter 6

Care Select Prior Authorization

Reminder: Care Select Prior Authorization rules are not the same as the Hoosier Healthwise & HIP Prior Authorization requirements – don't get them confused

Do not submit Care Select PA requests to a MDwise HHW or HIP Delivery System. The Delivery System model does not apply to Care Select members

MDwise
Behavioral Health
Poster

MDwise
Behavioral Health
www.MDwise.org

	HOOSIER HEALTHWISE	CARE SELECT	HEALTHY INDIANA PLAN (HIP)
CUSTOMER SERVICE AND PROVIDER RELATIONS	1-800-356-1204 or 317-630-2831	1-866-440-2449 or 317-829-8189	1-877-822-7196 or 317-822-7196
OTRS, PDL, MANUAL, NEWSLETTERS, INFORMATION	www.MDwise.org Select Providers, Hoosier Healthwise and choose the Behavioral Health option on the left	www.MDwise.org Select Providers, Care Select and choose the Behavioral Health option on the left	www.MDwise.org Select Providers, Healthy Indiana Plan (HIP) and choose the Behavioral Health option on the left
CONTRACTING & CREDENTIALING	BHMI/Intecare 8604 N. Allisonville Road, Suite 325 Indianapolis, IN 46250 www.IntelCare.org 317-237-5770 or 1-866-323-3464	BHMI/Intecare 8604 N. Allisonville Road, Suite 325 Indianapolis, IN 46250 www.IntelCare.org 317-237-5770 or 1-866-323-3464	BHMI/Intecare 8604 N. Allisonville Road, Suite 325 Indianapolis, IN 46250 www.IntelCare.org 317-237-5770 or 1-866-323-3464
ELIGIBILITY It is the provider's responsibility to check eligibility of each member prior to providing services.	The most accurate way to confirm eligibility is to use the EDS system (e.g. web interChange, Omni, AVR) Before providing services, it is necessary to confirm: · Is the member eligible for services today? · In what IHCP Plan are they enrolled? (Hoosier Healthwise, Care Select, Traditional Medicaid, HIP or Presumptive Eligibility (PE)) · If the member is in Hoosier Healthwise, what MCO are they assigned? (MDwise, Anthem, MHS) · If the member is enrolled in Hoosier Healthwise, what services are they eligible to receive? (Package A,B or C) · If the member is with MDwise, what delivery system are they assigned to? · Does the member have primary health insurance other than Medicaid (frequently seen with package B moms)?	The most accurate way to confirm eligibility is to use the EDS system (e.g. web interChange, Omni, AVR) Before providing services, it is necessary to confirm: · Is the member eligible for services today? · In what IHCP Plan are they enrolled? (Hoosier Healthwise, Care Select, Traditional Medicaid, HIP or Presumptive Eligibility (PE)) · If the member is in Care Select, what CMO are they assigned to? (MDwise, ADVANTAGE) · Does the member have primary health insurance other than Medicaid?	The most accurate way to confirm eligibility is to use the EDS system (e.g. web interChange, Omni, AVR) or visit myMDwise web portal. Call MDwise Customer Service to identify Delivery System Before providing services, it is necessary to confirm: · Is the member eligible for services today? · In what IHCP Plan are they enrolled? (Hoosier Healthwise, Care Select, Traditional Medicaid, HIP or Presumptive Eligibility (PE)) · If the member is in HIP, what MCO are they assigned? (MDwise, Anthem) · Contact MDwise customer service to identify the member's Delivery System or visit myMDwise web portal · Does the member have primary health insurance other than Medicaid?
QUICK REFERENCE SHEETS	Once you have determined what program the member is in and what MDwise delivery system, use the Quick Reference Sheet at www.MDwise.org to find: · Phone number and fax number for prior authorization · Claims address or EDI number · Phone number and fax number for Pharmacy Prior Authorization (PerformRx)	Once you have determined what Care Management Organization the member is in, use the Care Select Quick Reference Sheet at www.MDwise.org to find: · Phone number and fax number for prior authorization · Claims address or EDI number · Phone number and fax number for Pharmacy Prior Authorization	Once you have determined what program the member is in and what MDwise delivery system, use the Quick Reference Sheet at www.MDwise.org to find: · Phone number and fax number for prior authorization · Claims address or EDI number · Phone number and fax number for Pharmacy Prior Authorization (PerformRx)
PRIOR AUTHORIZATION REQUIREMENTS	**INPATIENT PSYCHIATRIC CARE** With the exception of emergency admissions, prior authorization is required for any psychiatric admission, including admissions for substance abuse. Emergency admissions that require authorization must be reported to the MDwise delivery system medical management department within 48 hours of admission. If the end of the 48 hour period falls on a weekend or legal holiday, emergency admissions must be reported on the next business day after the weekend of holiday. See Behavioral Health Quick Reference Sheet at www.MDwise.org/hoosierhealthwise/providers/behavioral **OUTPATIENT THERAPY** Diagnostic Evaluation: A maximum of (2) two units per member, per rolling 12-month period is allowed without prior authorization when a member is separately evaluated by a physician/HSPP and a midlevel provider. 90001, 90802 Therapy: Members can receive up to (5) five therapy sessions without prior authorization per billing provider. All other codes require prior authorization. Covered Codes: 90804, 90806, 90810, 90812, 90846, 90847, 90853, 90857 Require Prior Authorization: 90809, 90815, 90845 Medication Management: Members can receive 19 visits without prior authorization per member, per billing provider, per calendar year. Covered Codes: 90862, 90807, 90772, 90805, 90811, 90813 Require Prior Authorization: 90809, 90815, 90845 Submit OTRs to the member's delivery system medical management department (see quick contact sheet at www.MDwise.org) **PSYCHOLOGICAL TESTING** All services require prior authorization.	**INPATIENT PSYCHIATRIC CARE** With the exception of emergency admissions, prior authorization is required for any psychiatric admission, including admissions for substance abuse. Providers must: · Call MDwise within 48 hours of admission · Report emergency services to member's PMP within 48 hours · Complete 1261A Form within 14 days of phone authorization See Chapter 8 of the IHCP Provider Manual for a list of applicable emergency diagnosis codes See Behavioral Health Quick Reference Sheet at www.MDwise.org/careselect/providers/behavioral **OUTPATIENT THERAPY** Therapy: PA required for therapy provided in an outpatient or office setting that exceeds 20 units per member, per provider, per rolling 12 month period. Medication Management: PA required for medication management provided in an outpatient or office setting that exceeds 20 units per member, per provider, per rolling 12 month period. Submit Prior Authorization Request Form to: www.MDwise.org/careselect/indiana_index.cfm Along with · Current treatment plan signed by the supervising MD or HSPP · Progress Notes - Necessity and Effectiveness of Treatment Providers may also submit · Fax: 1-877-822-7186 or 1-317-822-7515 · Web InterChange: www.indianamedicaid.com (treatment plan and progress notes must then be faxed) · Mail: MDwise Care Select Prior Authorization, PO Box 44214, Indianapolis, IN 46244-0214 **PSYCHOLOGICAL TESTING** All services require prior authorization.	**INPATIENT PSYCHIATRIC CARE** With the exception of emergency admissions, prior authorization is required for any psychiatric admission, including admissions for substance abuse. Emergency admissions that require authorization must be reported to the MDwise delivery system medical management department within 48 hours of admission. If the end of the 48 hour period falls on a weekend or legal holiday, emergency admissions must be reported on the next business day after the weekend of holiday. See Behavioral Health Quick Reference Sheet at www.MDwise.org/careselect/providers/behavioral **OUTPATIENT THERAPY** Diagnostic Evaluation: A maximum of (2) two units per member, per billing provider, per calendar year is allowed without prior authorization when a member is separately evaluated by a physician/HSPP and a midlevel provider. 90001, 90802 Therapy: Members can receive up to (5) five therapy sessions without prior authorization per billing provider. Covered Codes: 90801, 90802, 90804, 90806, 90810, 90812, 90846, 90847, 90853, 90857 Require Prior Authorization: 90808, 90845, 90814 Medication Management: Members can receive 19 visits without prior authorization per member, per billing provider, per calendar year. Covered Codes: 90862, 90807, 90772, 90805, 90811, 90813 Require Prior Authorization: 90809, 90815, 90845 Submit OTRs to the member's delivery system medical management department (see quick contact sheet at www.MDwise.org) **PSYCHOLOGICAL TESTING** All services require prior authorization.
TRANSPORTATION	1-800-356-1204 or 317-630-2831 Members must call customer service at least one business day before the doctor's appointment between 8am-4pm Monday-Friday. Members must have: · Member Identification Number · Date and time of doctor's appointment · Clinic address and phone number · Total number of passengers · Time appointment will end	1-866-440-2449 or 317-829-8189 Members must call customer service at least one business day before the doctor's appointment between 8am-4pm Monday-Friday. Members must have: · Member Identification Number · Date and time of doctor's appointment · Clinic address and phone number · Total number of passengers · Time appointment will end	Not a covered benefit.
GRIEVANCE / APPEALS CLAIM DISPUTES	MDwise Hoosier Healthwise PO Box 441423 Indianapolis, IN 46244-1423 Attention: Grievances & Appeals	**Administrative Review:** MDwise Care Select PO Box 44214 Indianapolis, IN 46244-1423 Attention: Hearing Specialist **Claim Disputes:** EDS Written Correspondence P.O. Box 7263 Indianapolis, IN 46207-7263 Attention: Claim Disputes	MDwise Healthy Indiana Plan (HIP) PO Box 44236 Indianapolis, IN 46244-1423 Attention: Grievances & Appeals
PHARMACY PRIOR AUTHORIZATION	St. Catherine Delivery System 1-219-392-7033 Fax: 1-219-392-7070 All other delivery systems: 1-800-558-1655 Fax 1-877-234-4274	1-800-784-3981 Fax: 1-800-689-2759	St. Catherine Delivery System 1-219-392-7033 Fax: 1-219-392-7070 All other delivery systems: 1-800-558-1655 Fax 1-877-234-4274

APP0004 (08/09)

Behavioral Health Network Development:

MDwise has selected Behavioral Health Management, Inc. (BHMI)/InteCare, an Indiana based provider organization to develop the MDwise Behavioral Health Provider Network.

- Provider contracting

- Provider credentialing

- Provider education

Contracting

➢ To become a MDwise Behavioral Health provider, you must **first be an IHCP provider**.

➢ To become a MDwise provider:

*Contact BHMI/InteCare at: 1-866-323-3464 or 317-237-5770

*Tell them you are a DCS provider and are interested in becoming a MDwise contracted provider

InteCare website: www.InteCare.org

Address: InteCare

8604 N. Allisonville Road, Suite 325

Indianapolis, IN 46250-1546

MDwise

Contracting

➢ If approved to become apart of the MDwise Behavioral Health Network, providers receive a contracting packet from InteCare to complete

➢ All licensed BH providers are credentialed by InteCare

on behalf of MDwise. *Incomplete submission of credentialing information will slow the credentialing process*

➢ Once credentialed, a provider is considered to be an

"in-network" provider and is eligible to serve members and file claims.

➢ Behavioral Health providers <u>do</u> <u>not</u> have to contract with a certain MDwise Delivery System. Once contracted with MDwise, you can see members from any of the MDwise Delivery Systems.

MDwise

MDwise Behavioral Health Department

Director of Behavioral Health: Dr. Lynn Bradford, Ph.D.

Phone: 822-7307   email: lbradford@mdwise.org

Behavioral Health Manager: Jennifer Layden, LCSW, LMFT

Phone: 822-7368   email: jlayden@mdwise.org

Provider Relations: Jacquie Marsalis

Phone: 822-7364   email: jmarsalis@mdwise.org

MDwise Website

www.mdwise.org

Important Behavioral Health Information:

OTR Forms, Clinical Care Guidelines, Quick Contact Guide, Rating Scale Information etc.

➢ **Hoosier Healthwise**

www.mdwise.org/hoosierhealthwise/behavioral/html

➢ **Healthy Indiana Plan**

www.mdwise.org/healthyindiana/providers/index.html

➢ **Care Select**

www.mdwise.org/careselect/providers/html

MDwise