MDwise
A McLaren Company

• Hoosier Healthwise
• Healthy Indiana Plan

In This Issue

Provider Appreciation

MDwise wanted to take a moment to recognize our providers during this difficult time with COVID-19. Your selflessness and sacrifices through this difficult time haven't gone unnoticed. Thanks to all of you on the front lines fighting for the health of Hoosiers during the COVID-19 pandemic.

ProviderLink

Summer 2020

Transportation

Providers may sometimes assist members in setting transportation for their health care visits. MDwise is working to make this easier. A provider can work with Southeastrans, the MDwise Transportation Broker, to set up transportation for eligible members who do not have access to their own form of transportation. Providers can reach Southeastrans by choosing the transportation prompt in the MDwise provider phone options. To set up a trip, Southeastrans will need information such as the date and time of the trip, the pick-up and drop-off addresses, the reason for the trip and any specific accommodations. Members and providers are encouraged to set up trips in advance of the appointment so Southeastrans has more time to schedule and secure transportation. If you have any questions about the transportation process, contact MDwise Customer Service at **1-800-356-1204** and choose the Provider Services option to speak to a MDwise Customer Service Representative.

Scheduling a Ride:

1. Have your member ID card ready when calling to schedule a ride. Please gather this information from the member:
   • Address and phone number.
   • The date and time of the visit and the time it will end.
   • The name, address and phone number of the doctor, dentist or clinic.

2. Call MDwise Customer Service at **1-800-356-1204** to reserve a ride. Listen carefully and pick the transportation option.

💬 Interpretation Services

MDwise members are eligible to receive interpretation services at no cost. This includes all foreign languages as well as sign language services. The legal foundation for language access lies in Title VI of the 1964 Civil Rights Act. Given the nature and importance of healthcare services, healthcare providers have a special obligation to ensure language access for their patients.

There are several ways that appropriate language access can be provided. Interpretation services can occur:

- Face-to-face by hiring an interpreter from a local or state organization that provides these services in-person at the provider office.
- Telephonically through language line options, many of which may be available through provider groups or hospital affiliations.

These language options all have varied per hour (in-person) or per minute (phone) costs. If you do not have this resource or do not know how to obtain interpretation services for your patients, please contact your MDwise Provider Relations Representative for assistance.

The use of family members and friends as interpreters is not recommended! It raises quality and confidentiality concerns. **Here are a few examples:**

- Breach of confidentiality.
- Patients may be reluctant to disclose information critical to their situation/condition.
- Greater likelihood of medical errors.
- Mistaken naming of body parts.
- Family shame and other issues that may interfere.
- Inaccurate history collection resulting in inadequate treatment recommendations.

The use of professional, trained interpreters is critical. If you need additional information about accessing or using of interpretation services, please access the MDwise Provider Toolkit on Culturally and Linguistically Appropriate Services.

365 Day Rule

Providers have 365 days to bill newborn claims for the first 30 days of life. This extended timeframe is to allow time for the newborn member to be assigned a member identification number (MID), and for providers to be able to bill claims using that MID. Newborn claims should never be billed using the mother's MID. Also, be sure to bill the newborn claims using the correct member birthweight diagnosis. Failure to bill with the correct MID or diagnosis could result in a denied or rejected claim

Telemedicine and Behavioral Health

Telemedicine services have temporarily expanded since the beginning of the COVID-19 crisis to allow for more members to access services due to office closures. Providers can now utilize telephonic visits as well as video conferencing. This is a great opportunity to establish contact with members that are being discharged from an inpatient hospitalization for behavioral health. Members coming out of a hospitalization are at increased risk for rehospitalization if they do not meet with their service providers timely. Members should be seen within seven (7) days of being discharged to discuss the reason(s) for hospitalization, barriers for ongoing treatment, medication concerns and review of a safety plan. For services that are not typically covered for telemedicine, providers are encouraged to use the GT modifier. The state will release notification if the rules around telemedicine change when the health emergency has passed.

E-Prescribing

Together with its Pharmacy Benefits Manager (PBM), MedImpact, MDwise provides physicians and other health care providers services to assist with the process of prescribing drug therapy for their patients. Prescribers have access to patient-specific prescription eligibility, medication history, and basic formulary information for consenting patients in both inpatient and outpatient settings. This exchange of essential intelligence between prescribers and the MDwise PBM enables physicians to write an informed prescription at the point of care. The MDwise PBM interfaces with e-prescribing connectivity vendors to deliver these services to physicians who treat MDwise members.

MDwise e-prescribing applications enable a prescriber to use a computer or hand-held device to:

- **Electronically access the patient's prescription benefit.**
  - o Electronically accessing a patient's prescription benefit, both formulary and eligibility, allows prescribers to choose medications that are on formulary and are covered by the patient's drug benefit.
  - o Prescribers can also choose lower-cost alternatives such as generic drugs.
  - o Dispensing pharmacies are less likely to receive prescriptions that require changes based on the patient's drug benefit, which, in turn, reduces unnecessary phone calls from pharmacy staff to physician practices regarding drug coverage.
- **With the patient's consent, electronically access that patient's prescription history.**
  - o Electronically accessing a patient's prescription history allows prescribers to receive important information on their patients' current and past prescriptions and to become better informed about potential medication issues with their patients (e.g., catching potentially harmful drug-to-drug and drug-allergy interactions).
  - o Prescribers can also gain insight into a patient's medication adherence by understanding the dispensing cycle of a prescription.
- **Electronically route the prescription to the patient's choice of pharmacy.**
  - o Exchanging prescription information electronically between prescribers and pharmacies improves the accuracy of the prescribing process
  - o E-prescribing also saves time, primarily as the result of reduced pharmacy phone calls and faxes related to prescription renewal authorizations as well as from a reduced need for pharmacy staff to key in prescription data.
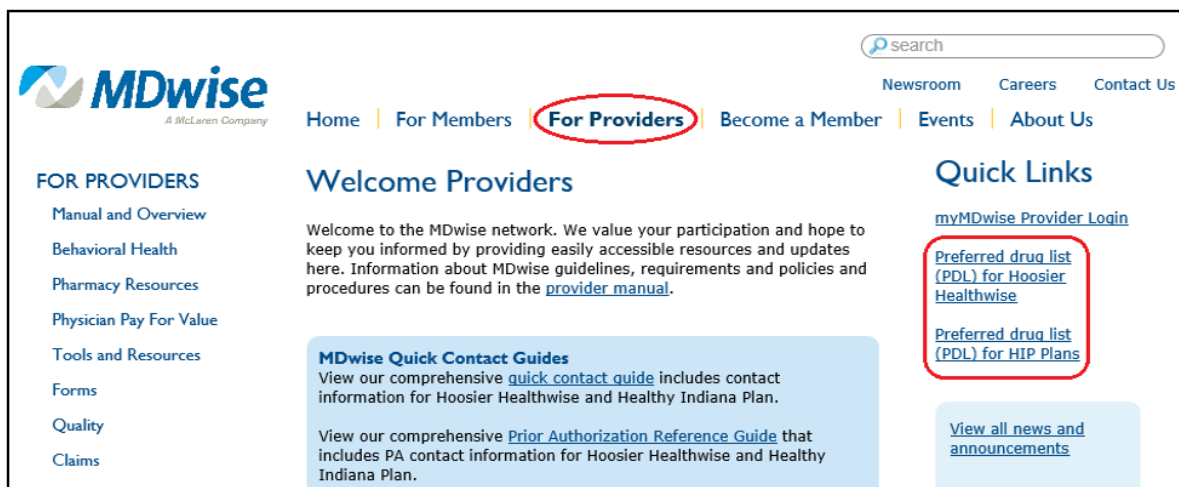
ONLINE FORMULARY SEARCH

MDwise Formularies may be accessed online by visiting **MDwise.org**.

- From the MDwise home page, click on the '**For Providers**' tab on the horizontal bar across the top of the page.

- Next, select one of the **Quick Links** along the right side of the page:
    - o Formulary for Hoosier Healthwise
    - o Formulary for HIP Plans

- Next, select '**Find a Drug**' for the applicable MDwise Plan.

- You may search by **Brand** or **Generic Name** in the search box.
- Or you may search by **Therapeutic Class** by selecting the desired therapeutic class from the list of options.

- Once the search is executed, all available strengths in both **Brand** and **Generic** (if available) will be listed.

- By clicking on an individual medication from the options listed as described above, additional details will be provided such as the therapeutic class, status (ie. formulary tier or status), and additional notes & restrictions.

    o Select the icon(s) in the 'Notes & Restrictions' section to show additional details about the note or restriction (i.e. limits or quotas).

- Further, therapeutic alternatives may be viewed by clicking on the drug class in the 'Therapeutic Class' section.

If you have questions about using this website or these tools, please call MDwise Customer Service at **1-800-356-1204**.

EXCEPTION REQUESTS (PRIOR AUTHORIZATION)

Members and prescribers have the right to request a timely review for coverage of a non-formulary pharmaceutical based on medical necessity as determined by the member's clinical needs. This exception request may occur before coverage is denied and can possibly resolve the request before it may become a formal appeal.

Healthy Indiana Plan and Hoosier Healthwise

Prescribers have the option of calling MedImpact directly to submit exception or prior authorization (PA) requests. MedImpact operates a dedicated telephone queue for intake of PA requests. PA staff is available on a toll-free phone line (**800-788-2949**) for PA case intake and inquiries from 9:00 a.m. through 9:00 p.m. Eastern Time, Monday through Friday. Requests and supporting information may also be sent by fax to the MedImpact PA department at **858-790-7100**. This line operates 24 hours per day, 7 days per week, 365 days per year. In addition, the MedImpact Contact Center staff is available on a toll-free phone line (**HIP/HHW 844-336-2677**) 24 hours per day, 7 days per week, and 365 days per year to answer questions about the status of a request.

ACCESSING MRFS (MEDICATION REQUEST FORMS)

MDwise MRFS (Medication Request Forms) may be accessed online by visiting **MDwise.org**.

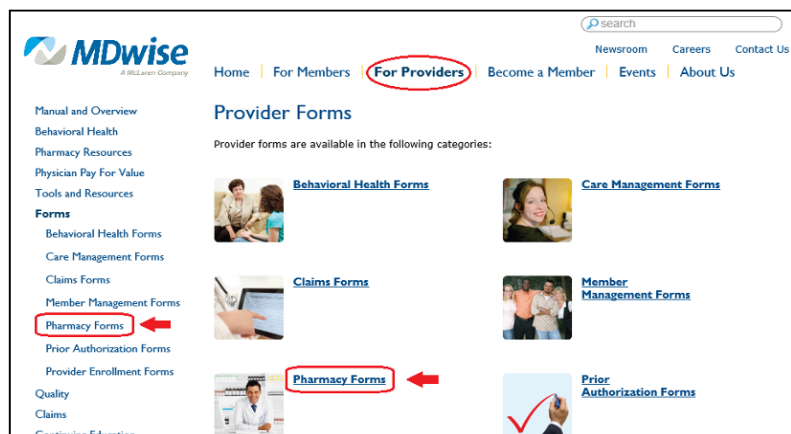- From the MDwise home page, click on the '**For Providers**' tab on the horizontal bar across the top of the page.
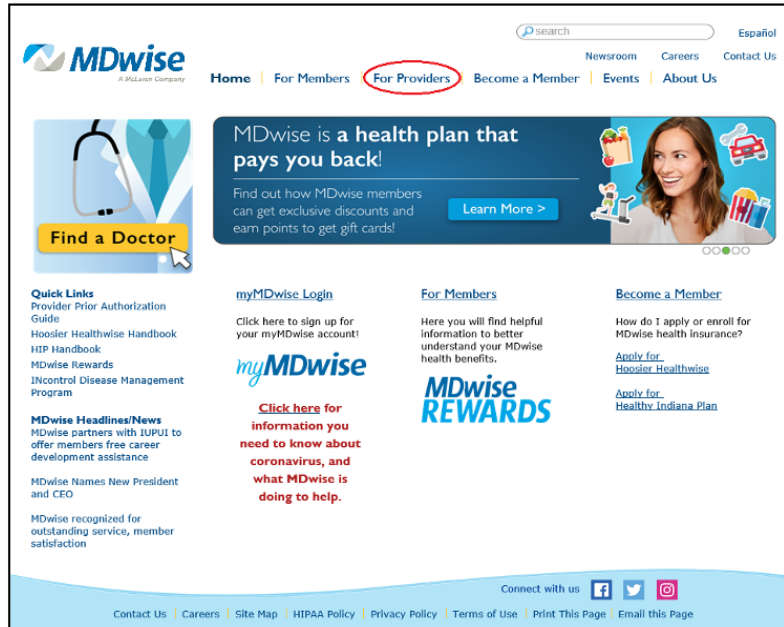
- Next, select '**Forms**' along the left side of the page:
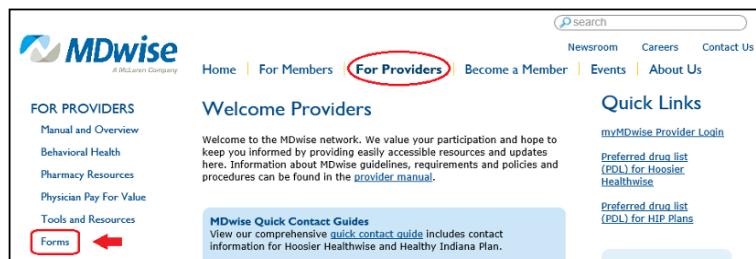
- Then, select '**Pharmacy Forms**' along the left side of the page or under the '**Provider Forms**' category area:

- All available MRFs are listed.
    - o Hoosier Healthwise and Healthy Indiana Plan have Drug Specific and Drug Category Specific MRFs, as well as forms for all other drugs and BMN (Brand Medically Necessary) Medication requests.

- For Brand Medically Necessary Medication requests, the FDA MedWatch form must accompany the MRF when submitting to MedImpact for review for Hoosier Healthwise and Healthy Indiana Plan. A link to the MedWatch form is provided on the MRF.

If you have questions about using this website or these tools, please call MDwise Customer Service at **1-800-356-1204**

Provider Balance Billing

It is important to remember, except for a very few exceptions, a Medicaid member cannot be billed for health care services. Please review your provider manual for these exceptions and the criteria you must meet before billing a member.

If a provider has received payment on a Medicaid claim, the member may never be asked to pay an additional amount, or be balance-billed, for that claim. Providers may bill a Healthy Indiana Plan (HIP) member for a co-pay if the member was unable to pay at the time of service. These co-pays are anywhere from $4 for an office visit to $75 for a hospital stay.

Coding for Quality

Ambulatory care, well-child visits, immunizations and lead screenings. These are a few of MDwise's favorite quality measures. While it is imperative for our members to receive these types of preventive services annually, it is also important that these measures are recorded correctly for provider performance measures. Billing claims with the appropriate code, modifier and diagnosis code, can have these appointments count toward your overall quality performance measures, leading to possible annual bonus payouts while contributing to quality care for MDwise members.

New to the quality or the performance measures? A personalized quality report may be available for your office using the myMDwise Provider Portal at MDwise.org/for-providers/mymdwise-provider-portal. Your dedicated Provider Relations Representative can also do an onsite visit to review the MDwise quality standards, billing guidelines and how to read your quality report.

For questions on Quality, or to find out who your dedicated Provider Relations Representative is, call 317-822-7300 ext. 5800.

Social Determinants of Health

There are many facets to an individual's health and wellness. Conditions, circumstances or problems in the environment that have the potential to impact a person's health, functioning and ability to recover from health conditions are called social determinants of health (SDOH).

It is important to the member's treatment that any social determinants of health that may impact treatment be identified so barriers to treatment can be addressed. International Classification of Diseases, Tenth Revision, Clinical Modification coding, known as ICD-10-CM coding, allows clinicians to use codes included in categories Z55-Z65 to describe a member's social determinants of health.

Examples of SDOH are a history of physical abuse, homelessness, economic circumstances affecting health care, social exclusion and rejection, and problems related to education and literacy. Providers are encouraged to use the ICD-10-CM coding for SDOH to help track the needs of the member, track trends in population health and assist in determining where resources are needed.

Provider Portal

The MDwise Provider Portal offers many benefits to providers. You can login to view member claims, access the Member Health Profile, verify eligibility, access quality reports in addition to many other benefits. To access the MDwise Provider Portal, go to MDwise.org/for-providers, and click on the myMDwise Provider Login link on the right under "**Quick Links**." To view EOBs a provider would need to enroll with Optum Pay.

To enroll with Optum Pay visit Optum and click the "**HOW TO ENROLL**" link at the top and follow the easy steps to create a profile to begin viewing EOBs as well as accepting ACH payments.

The Member Health Profile (MHP) allows the PMP/Behavioral Health provider to view their members' medical and pharmacy claims for all of doctors that see the member. This information can assist in coordination of care by showing the member's benefit service limitations and usage for the last 12 months. For example, if a member got a new pair of glasses in January from Dr. Jones, this will show in the MHP under the Member Medical Claims section. PMPs can use this information to identify the gaps in care and better manage the member's overall care plan.

To access he Member Health Profile, providers can request access by completing the request form on the Provider Portal.

For additional questions on access to the Provider Portal and the Member Health Profile, please contact the MDwise Provider Relations department at **317-822-7300 ext. 5800**.

1-800-356-1204 or 317-630-2831
Hoosier Healthwise and HIP

MDwise.org/providers

Visit **MDwise.org/providers** for additional information and tools for providers.

HiP HEALTHY INDIANA PLAN

Hoosier Healthwise
Support & Services for Pregnant Women, Babies, Children & Teens

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