



**To: All MDwise Hoosier Alliance Providers**

**Subject: Claims Issues for 2011**

**From: James Shelton, Director of Network Management**

**Date: April 18, 2011**

Per the IHCP Banner Page BR201112, there have been changes in the eligibility verification systems which affect your ability to verify eligibility for both the Hoosier Healthwise and the Healthy Indiana Plan for the months of January, February and March 2011 only. MDwise has launched the myMDwise Provider Portal which allows you to securely view accurate member eligibility information for MDwise members in the Hoosier Healthwise, Healthy Indiana Plan, and Care Select programs. This portal is the preferred method for you to check your eligibility for MDwise and will allow you to accurately view enrollment and verify which MDwise delivery system to contact to request authorization or to submit claims. If you check the Web Interchange to verify eligibility and MDwise Delivery System, the only system that can guarantee you are using the correct information for January, February and March 2011 is the myMDwise Provider Portal. This system will also be available on an ongoing basis for all dates going forward, for your convenience.

Due to the enrollment issues that providers experienced in January through March of 2011, MDwise is waiving the timely filing limit for all Hoosier Healthwise claims with dates of service between 1/1/11 and 1/31/11. For January dates of service, in-network providers will have until 5/30/11 to resubmit claims if needed. For February and March dates of service, providers will have until 7/1/11 to resubmit claims if needed. Out of network providers have 365 days to file claims, so this limit will still apply.

MDwise claims payers will be conducting a mass reprocess of claims that denied between 1/1/11 and 3/31/11 that were denied due to eligibility issues. Providers do not need to resubmit paper claims that were denied during this period, unless the claim was submitted to the wrong delivery system initially. If you submitted claims between 1/1/11 and 3/31/11 and they were rejected by a MDwise payer, please resubmit the claims in order to ensure processing. This is because rejected claims are not stored by claims systems; we apologize for this inconvenience. Please use the Provider Portal to verify the proper Delivery System before resubmitting. MDwise and our payers will not be applying out of network restrictions for dates of service between 1/1/11 and 3/31/11.

If a provider determines through reviewing the myMDwise Provider Portal that they obtained prior authorization (PA) from the wrong MDwise delivery system, please submit the PA number received as proof of good faith attempt to obtain PA.

As always, all other regular Indiana Medicaid payment rules will continue to apply, such as member eligibility on the date of service, coverage limits, prior authorization requirements, etc. Any appeals due to these reasons can be pursued through the normal process. Per our State mandated oversight responsibilities, MDwise may conduct random, periodic audits on all claims. As with all Medicaid claims, please remember to keep all claims information, prior authorization approval numbers, and back-up documentation for audit purposes.

**THANK YOU!**

MDwise appreciates your service to our Hoosier Healthwise, Healthy Indiana Plan, and Care Select members. We are pleased to be continuing our programs in support of Indiana's health care safety net, and we look forward to many years working together with you. If you have any questions about this process, please feel free to call us at 1-800-356-1204.

## **MDwise Hoosier Healthwise and HIP FAQs: Claim Problems Due to 2011 Enrollment Difficulties**

**Q: Is MDwise going to waive the filing limit for claims due to the enrollment problems?**

A: MDwise will waive the filing limit for claims with dates of service in January 2011. For January dates of service, in-network providers will have until 5/30/11 to resubmit claims if needed. For February and March dates of service, providers will have until 7/1/11 to resubmit claims if needed. Out-of-network providers typically have one year to file claims, so this limit will still apply. For April dates of service and forward, all normal timely filing limits will apply.

**Q: How do I know where to send the claims to? What is the accurate source of eligibility information?**

A: The MDwise Provider Web Portal is the best source of information at this time for the months of January, February and March 2011. You can sign up for access to the portal by going to [www.mdwise.org](http://www.mdwise.org). Click "My MDwise Login" on the left corner of any page on the web site. This will take you to the MDwise portal login page. Click "Request an account online" and follow the steps. We regret that it is not possible to correct the information for January-March 2011 in WebInterchange, so your best resource is to check the MDwise Provider Web Portal.

**Q: What if I have already submitted a claim and it was denied or rejected?**

A: For denied claims:

- MDwise claims payers will be conducting a mass reprocess of claims that denied between 1/1/11 and 3/31/11 due to eligibility issues.
- If your claim was denied because it was submitted to the wrong delivery system, MDwise asks that you submit your denied claims to the correct MDwise Delivery System for Hoosier Healthwise members. The correct MDwise delivery system will be found only in the MDwise Provider Web Portal.

For rejected claims:

- If you submitted claims between 1/1/11 and 3/31/11 and they were rejected by a MDwise payer, please resubmit the claims in order to ensure processing. This is necessary because rejected claims are not stored by claims systems; we apologize for this inconvenience.

Please use the Provider Portal to verify Delivery System before resubmitting. MDwise and our payers will not be applying out of network restrictions for dates of service between 1/1/11 and 3/31/11. Medical necessity and coverage/benefit rules will still apply, and can be appealed through the usual routes.

**Q: What if I sent the claim to the correct claim shop, but it was still denied?**

If you sent the claims to the proper MDwise delivery system but still got a denial due to eligibility, this is likely because eligibility was wrong at the time of original submission and has

now been corrected. MDwise will mass reprocess these claims and you do NOT need to resubmit them.

**Q: What if I already got authorization to provide a service, but now the claim is denied because it was the wrong MDwise Delivery System (i.e. network)?**

A: If you got a prior authorization for service, but now find that the PA was from an incorrect MDwise Delivery System, you should submit this PA number as proof of good faith attempt to get PA. The claim will be honored as long as proof of a PA number is provided.

**Q: What if I provided a service to a MDwise member but I am not contracted with a MDwise Delivery System and considered out-of-network?**

A: Out of network restrictions (including out of delivery system) will not be applied for January 2011 through March 2011 dates of service. However, benefit/coverage rules and medical necessity will still apply.

**THANK YOU!**

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