2021 IHCP Works Seminar

MDwise Enrollment & Credentialing 101

Presented by Lori Garrison, Roy Pena Silva & Jessica O'Neal

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Agenda

Part I
- Who is MDwise?
- Enrollment Process
- MDwise Provider Menu Page
- MDwise Provider Contract Inquiry Form
- Validation Process
- Enrollment Forms
- Processing Requests

Part II
- Purpose of Credentialing
- Credentialing
- Adverse Credentialing Committee Decisions
- Consequences of Adverse Decisions
- After Credentialing

Part III

- Post Enrollment
- Post Enrollment Provider Updates
- Key Take-Aways
- Contact Information

Part IV

Test Your Knowledge Game – MDwise Jeopardy

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Who is MDwise?

- A local, not-for-profit company serving Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) members

- Exclusively serving Indiana families since 1994
  - Over 355,000 members
  - 3,000+ primary care providers

- NCQA Accredited Health Plan

- 95% of MDwise members surveyed would recommend us to their family and friends *(2021 CAHPS Analysis Report)*

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Enrollment Process

- MUST be enrolled as a practitioner or provider with IHCP.

- Providers begin the process of requesting to join MDwise' s provider network by going to our website https://www.mdwise.org

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MDwise Provider Menu Page

mdwise.org/for-providers/contact-information/become-a-provider

Become a Provider

MDwise invites you to join our network of talented providers. Please see the specific contracting information for our insurance products below. To find out who your dedicated Provider Relations Representative is, see our Territory Map.

MDwise Hoosier Healthwise and Healthy Indiana Plan
If you are interested in joining the MDwise Hoosier Healthwise, MDwise Healthy Indiana Plan or Behavioral Health provider network, please fill out the Provider Contract Inquiry Form to begin the enrollment and credentialing process.

A provider must be enrolled as an Indiana Health Coverage Program (IHCP) provider prior to enrolling in MDwise Hoosier Healthwise or MDwise Healthy Indiana Plan. For more information on becoming an IHCP provider please visit www.indianamedicaid.gov.

Providers planning to enroll as a primary medical provider should review the Provider Requirements to learn the duties and responsibilities required of primary care providers.

Wanting to get a head start on your forms? Providers can fill out the IHCP MCE Hospital/Ancillary Provider Enrollment and Credentialing Form and the Provider Enrollment and Credentialing with IHCP Managed Care Entities Form as well as the Disclosure Ownership and Interest Form.

MDwise Provider Menu Page

https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Contact%20Information/Prov_and_BHProv_Contract_Inquiry_Form.pdf

Provider Enrollment Forms for Hoosier Healthwise and HIP

- MCE Hospital/Ancillary Provider Enrollment Credentialing Form
- Universal Managed Care Entity (MCE) Provider Enrollment Form
- W-9 Request for Taxpayer Identification Number
- Provider Contract Inquiry Form (Medical and Behavioral Health)
- Non-Contracted Provider Set-up Form
- Provider Update Form
- Vision Eligibility Request Form

Contract Inquiry Form is used as the first step to joining the network

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MDwise Provider Contract Inquiry Form
Completed forms should be submitted to
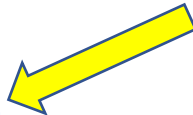prenrollment@mdwise.org

PRODUCT LINE *(please check all that apply)*:
Medicaid
❑ MDwise Excel Hoosier Healthwise (HHW)
❑ MDwise Excel Healthy Indiana Plan (HIP)

SPECIALTY *(Behavioral Health - please complete second page)*:
❑ Primary Medical Provider (PMP)
❑ Ancillary
❑ Behavioral Health

❑ Specialist
❑ Hospital
❑ Other, please specify:
_____

SERVICES RENDERED: _____

Group/Provider Information			
Legal Name (W9):			
Tax ID Number (TIN):			
Group NPI:			
Bill Type:	❑ 1500	❑ UB	❑ Both
Supervising Provider Name/NPI:			
Service Information			
Primary Practice Address			
County/Counties Serviced:			
Mailing Address:			
Multiple Locations (Counties):			
Contact Information			
Contact Name:			
Title:			
Mailing Address:			
Contact Telephone:			
Contact Email:			

To be completed by MDwise Provider Relations:
❑ Approved   ❑ Denied *(see notes)*   ❑ Pending *(see notes)*   Site Visit Need? ❑ Yes ❑ No

PR Rep: _____   PR Management: _____   Date: _____

Notes:

APO0252 (6/16)

Complete Provider Contract Inquiry Form

- Completed inquiry forms are sent to prenrollment@mdwise.org,

Validation Process

➢ MDwise conducts several validations

   ➢ Verify provider is enrolled and active on IHCP

   ➢ Verify that the provider is not already contracted with MDwise

   ➢ Verify all required documents were included with contract inquiry submission

➢ If all documents are not completed/received, provider will receive a reject email with rejection reason and resolution (i.e. incomplete enrollment forms or submit W-9).

Enrollment Forms **Pro-Tips:**

o All forms must be completely filled out to process
  - Incomplete forms will be returned to the provider
o All forms are available at **https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Contact%20Information/Prov_and_BHProv_Contract_Inquiry_Form.pdf**
o For PMP, the following fields must be complete to avoid enrollment issues:
  - Panel size
  - Age Restrictions
  - Delivery/Relationship Privileges
  - Confirmation of membership assignment to a location
o All enrollment requests must include a W-9 and Certificate of current Professional Liability coverage
o If requesting enrollment as a Hospital/Ancillary provider, additional documents may be required

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Processing Requests

- Upon submission to MDwise, the forms enter our ticket system.

- Ticket Process:
  - The system will automatically log the initial enrollment request, issue a ticket number, and send an email response to the provider.
  - If the provider request is missing required information, the provider will be directed to correct the information and resubmit, which will restart the process.
  - Forward to Credentialing

Credentialing 101

Presented by Roy Pena Silva & Jessica O'Neal

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Purpose of Credentialing

- Required by Accrediting and Regulatory Agencies
  - Federal Law, State of Indiana, National Committee for Quality Assurance (NCQA) & MDwise' s policies

- Patient Safety

- Risk Management Concerns

- Choose Competent & Qualified Providers

- Promote Quality Service to Patients

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Credentialing

- What do we need from you?
  - Simultaneous to sending the enrollment forms to us, direct all rostered practitioners to register, update, or attest on the [Council for Affordable Quality Healthcare (CAQH) Proview site](#)
  - CAQH Pro-Tips:
    - The Three C's – *Current, Complete, Correct*
    - MDwise should be set as Authorized by the Provider.
    - If you have questions about the CAQH application, the CAQH provider line is 888-599-1771.

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Credentialing

- What can you expect from us?
  - o Review of all practitioner and provider qualifications, as appropriate.
  - o We will approve all *Complete and Clean* applications within 30 calendar days of receipt.
    - *Complete* is an accurate, up-to-date CAQH application along with all required forms.
    - *Clean* is no adverse findings on any sanction, exclusion, malpractice, or other check.
  - o If we find anything negative, we will do the following:
    - Inform you and ask you to respond
    - Determination made by panel of your peers
      - ➢ Approved, Conditionally Approved, and Denied/Terminated

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Adverse Credentialing Committee Decisions

Adverse Decision

- Initial Credentialing
  - o Conditionally approved
  - o Denied
- Re-credentialing
  - o Conditionally approved
  - o Terminate

Practitioner Option

- Reconsideration

- Appeal Rights

Consequences of Adverse Decisions

- Types of adverse decisions reportable to the NPDB
  - Poor Quality of Care, Safety, or Service
  - Professional incompetence
  - Inappropriate professional conduct
  - Fraud, Waste & Abuse

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After Credentialing

- Ongoing monitoring
  - Occurs within the 36-month Credentialing Cycles
  - Monitoring for new Medicare and Medicaid sanctions, limitations on licensure, complaints, adverse events, and instances of poor-quality regarding care, service and safety.

- Re-credentialing
  - Every 36 months
  - Same criteria as initial credentialing plus:
    - Member complaints
    - Quality reviews
    - Member satisfaction
    - Medical record review
    - Practice site reviews

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MDwise Post-Enrollment

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Post Enrollment

What is Post Enrollment?

- This could be a provider update
  - Enrollment in a new program (Hoosier Healthwise or HIP)
  - Provider Name Change
  - Age Restrictions
  - Additional Location
  - Tax ID Change or Address Change
    - Requires a new W-9

Provider Panel Update Form

- https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Forms/Provider%20Enrollment/Provider-Update-Form.pdf

Provider Updates

Provider Update Form

Post Enrollment Provider Updates

- Change Panel Limit
    - Increase or decrease panel limit

- Place Panel on Hold
    - A panel hold allows members with a history with the PMP or with a family member already on the panel to be added.

- Remove a Panel Hold

- Disenroll/Re-enroll/Terminate

- Phone Number Change

Pro-Tips:

- Be sure to include an effective date for the update

- Submit to prenrollment@mdwise.org

Provider Updates

Post Enrollment Provider Updates

- To disenroll, use the MDwise Provider Panel Update Form

- The preferred time frame is 30 to 45 days prior to disenrolling

- This form can be used for rendering providers, facilities, or service locations

- Disenrollment Process:
  - Complete the provider disenrollment form in its entirety
  - For PMPs:
    - Please designate where the PMPs panel should be moved
      - Include the PMPs Individual NPI/Type I
      - NPI and the Group NPI/Type II
      - NPI and alpha code on the disenrollment form and in the email body
        - Ex: Please move members to John Smith NPI:10XXXXX999, Group NPI:100XXXX720 A
  - Submit form to prenrollment@mdwise.org

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Key Take-Aways

- Make sure all documentation is complete
- CAQH application must be up-to-date
- Include your current contact information
- Allow proper timelines before inquiring about a ticket
  - Credentialing: 30 days
- Feel free to call your friendly Provider Relations team with any inquiry requests at 317-822-7300 ext. 5800

Provider Relations Line

• 317-822-7300 ext. 5800

Provider Relations Enrollment

• prenrollment@mdwise.org

MDwise Quick Contact Guide

• https://www.mdwise.org/MediaLibraries/MDwise/Files/For%20Providers/Contact%20Information/Quick_Contact_Guide

MDwise Customer Service

• 800-356-1204 or 317-630-2831