



Maximizing Efficiency: Navigating Inquiries
Through Our Provider Customer Service Unit (PCSU)

2024 IHCP Works Annual Seminar

Presented by: Tonya Trout

Providing health coverage to Indiana families since 1994

Agenda

- About MDwise
- Provider Customer Service Unit (PCSU) Overview
- PCSU Can Help
- PCSU Education
- PCSU Team Coordination
- Provider Complaints
- Claim Adjustment Forms
- Disputing a Claim
- Beyond the PCSU
- Online Resources for Providers
- Questions

About MDwise



MDwise Mission and Vision

Who Are We?

MDwise is your provider-led, local, Indiana-based nonprofit health care company. Our parent organization, McLaren Health Care, is a nonprofit integrated health system that believes all Indiana families should have access to high-quality health care regardless of income.

What Is the MDwise 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.

What Is the MDwise Vision?

MDwise strives to be the most influential, trusted choice in health plans by doing what is best for the communities we serve.

MDwise Values



Trust

We trust each other and act with integrity. We are authentic, empowered to act and communicate openly with candor and caring. We make decisions for the greater good. We earn the trust of those we serve through transparency and accountability. We are dependable – a promise made is a promise kept.



Innovation

We continuously improve to be easier to do business with. We challenge the status quo, generate ideas, collaborate, value diversity and demonstrate agility. We are courageous, learn from experience and adjust quickly.



Excellence

We make sound decisions and deliver quality programs with precision. We are subject matter experts and perform at our full potential by working as a team.



Stewardship

We are mission-driven. We are entrusted as stewards of a company that serves members, associates, customers, business partners and our community. We care deeply about each other and all stakeholders. We are privileged to take care of our members and treat every dollar as if it were our own. We are efficient, set priorities and ensure our processes add value to enhance the member experience.



Leadership

We are industry thought leaders and advocates. We take initiative, are accountable for results and empower those around us to be their best. We roll up our sleeves and dig in to help. We lead by example.

Provider Customer Service Unit (PCSU) Overview



PCSU Roles and Responsibilities

Role:

- Trained and knowledgeable group of live representatives
- 16 Representatives
- One (1) Team Lead
- One (1) Supervisor

Responsibilities:

- One-to-one interaction with providers
- Advising claim status
- Identifying denials
- Assisting in claim processing results



Focus: Hoosier Healthwise and Healthy Indiana Plan Products

PCSU Goals

Goals:

- Provider satisfaction
- Education
- Root cause analysis
- First call resolution

Ways to Contact:

- Phone: (833) 654-9192 Monday – Friday from 8:00a – 8:00p EST
- Email: mdwiseclaims@mdwise.org

PCSU Can Help



When to Contact PCSU

The PCSU can help you with the following:

- Claim status
- Claim denials/Claim edit questions
- Dispute status *(please allow 30 days for a reply)*
- Create service ticket if follow-up is required
- Status of previous service ticket
- Verify Provider network status
- Verify Member eligibility on date of service
- Verify authorization status
- Verify Coordination of Benefits (COB) in the MDwise system



PCSU Education



PCSU Education – IHCP Resources

The PCSU can direct to helpful IHCP Resources:

- **IndianaMedicaid.com** [Indiana Medicaid: Home](#)
 - [IHCP code sets](#)
 - [IHCP modules](#)
 - [IHCP bulletins](#)
 - [IHCP fee schedules](#)

PCSU can direct to helpful MDwise Resources:

- [MDwise.org](https://www.mdwise.org)

- [MDwise Provider Page](#)
- [MDwise Provider Manual](#)
- [MDwise Prior Authorization and Exclusion List](#)
- [MDwise Prior Authorization Behavioral Health](#)
- [MDwise Forms](#)
- [MDwise Provider Relations Territory Map](#)

PCSU Team Coordination



PCSU Coordination

Objective:

To direct the caller to the right department to meet their needs

Key Point:

Several departments work with the PCSU to ensure providers get their questions answered. Certain lines have specific system access, so it's very important to coordinate and direct providers to the correct lines.

- Eligibility and Benefits – (833) 654-9192 option 1
- Vision Eligibility and Benefits – (833) 654-9192 option 1
- Contract and Enrollment – (317) 822-7300 option 1
- Authorization – (888) 961-3100
- Pharmacy – (844) 336-2677
- Optum – (877) 620-6194
- Transportation – (800) 356-1204
- Dental – (855) 453-5286



Quick contact guide with additional contacts can be found here: [Contact Information | MDwise](#)

Provider Complaints



Provider Complaints

Objective:

Provider satisfaction



Key Point:

As a Provider, you have the right to file a complaint.

- To submit a formal complaint, email mdwiseclaims@mdwise.org or fax (463) 426-5854 with “Complaint” in the subject line
- All complaints will be reviewed and replied to within seven (7) business days

Claim Adjustment Forms



Claim Adjustment Form Overview

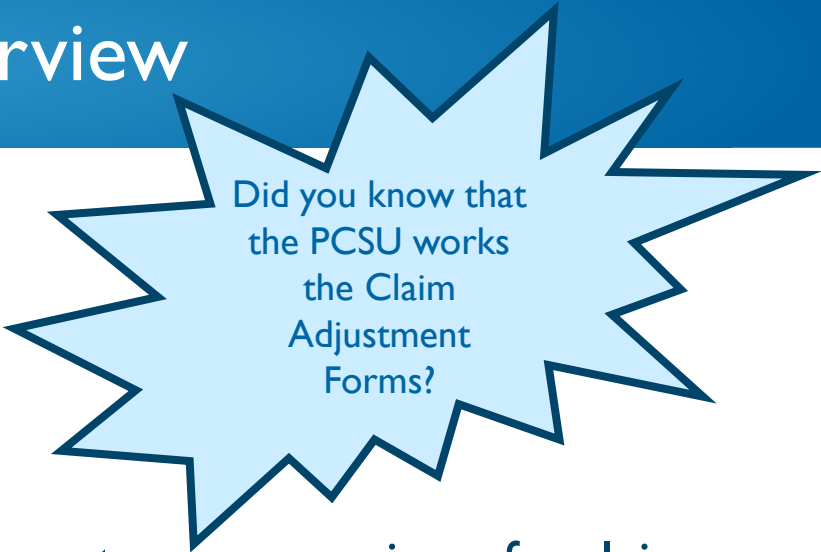
Objective:

Provider Satisfaction

Key Point:

Providers who disagree with the reimbursement or processing of a claim can submit a request for review before doing a formal dispute.

- Claim adjustment forms must be received within 60 calendar days of the most recent MDwise Explanation of Benefits (EOB)
- Claim adjustment forms will be reviewed and replied to within 30 calendar days when submitted via email at mdwiseclaims@mdwise.org or fax (463) 426-5854
- Claim adjustment form: [Provider Forms | MDwise](#)



Did you know that
the PCSU works
the Claim
Adjustment
Forms?

When to Use the Claim Adjustment Form

Common claim adjustment submission types:

- Authorization Discrepancies
- Coordination of Benefit Discrepancies
- Eligibility Discrepancies
- Adding a Modifier
- Pricing Discrepancies
- Request for Recoupment



Claim Adjustment Form



MDwise Provider Claim Adjustment Request Form Instructions

When To Use the Provider Claim Adjustment Form

A **Claim Adjustment** is a request for payment reconsideration for a paid or denied claim. Claim Adjustments must be submitted on a paper claim (not EDI) with supporting documentation related to the request. This includes:

- Check-related adjustments
- Non-check-related adjustments (i.e., underpayment, partial claim overpayment, and full claim overpayment)

If a claim is filed timely and is paid, including claims partially paid or paid at zero, and the provider disagrees with the reimbursement, the provider should submit a **Provider Claim Adjustment Request Form**. The claim adjustment or void/replacement must be filed within sixty (60) calendar days of notification of the claim's disposition, which MDwise considers the date of the most recent Explanation of Benefits (EOB).

- If the claim was paid incorrectly due to the provider's incorrect or inaccurate claim information, the provider should submit the Claim Adjustment Form along with a copy of the corrected claim, and/or any supporting documentation.
- After the provider has made reasonable attempts to correct or adjust a claim, if the provider remains dissatisfied with the reimbursement, the provider should submit a claims dispute by submitting the **Claims Dispute Form** along with the documentation from the claim adjustment process, a copy of the claim, in addition to a summary of the dispute within ninety (90) calendar days from the date of the most recent EOB.
- Once a provider submits a Claims Dispute, they may not utilize a Claim Adjustment Form as an avenue to have the claim reviewed nor to extend the dispute timeframes.

Claim Adjustment Form Submissions

Claim Adjustment Form must be received within sixty (60) calendar days of the most recent MDwise Explanation of Benefits (EOB) along with a copy of the corrected claim, and/or any supporting documentation for the adjustment.

Send to:
Email: MDwiseClaims@MDwise.org
Fax: 463-426-5854

The Claims Adjustment process is not available to a provider if the Dispute Process has concluded, and the provider was not satisfied with the outcome.



MDwise Provider Claim Adjustment Request Form

COMPLETE THE FOLLOWING REQUIRED INFORMATION:

Member Name: _____	Member Medicaid ID #: _____
MDwise Claim #: _____	DOS: _____ <small>(Dates of Service (DOS) <i>1/1/19</i> and <i>AFTER</i>)</small>
Provider Name: _____	Tax ID#: _____
Office Contact: _____	Rendering NPI #: _____
Claim Adjustment Form Submission Date: _____	Phone #: _____
Email: _____	Fax #: _____

Reason for Request (please check appropriate box & provide description below):

For a correction to a previously submitted claim:

- Date of Service
- Diagnosis Code
- Modifier
- Place of Service
- Procedure Code
- Provider/Tax ID
- Other: _____

For reconsideration: (supporting documentation required)

- Service denied for lack of authorization
(Attach a copy of the authorization information or number)
- Service denied as other insurance primary (COB)
(attach copy of primary EOB)
- Service denied as a duplicate (attach documentation)

Send this completed Provider Claim Adjustment Request Form along with a copy of the claim form and/or any supporting documentation to:

Email: MDwiseClaims@MDwise.org
Fax: 463-426-5854

For questions regarding the Provider Claims Adjustment Process, call Customer Service at 833-654-9192.

Disputing a Claim

Disputing a Claim Overview

Objective:

Provider Satisfaction

Key Point:

Even though disputes are handled directly by the dispute department, the PCSU can provide you with claim's status.

- PCSU can assist Providers in determining the correct documentation needed to process your dispute efficiently
- Claim disputes must be received within 90 calendar days of the most recent MDwise Explanation of Benefits (EOB)
- Claims disputes will be reviewed and replied to within 30 calendar days when submitted via email at cdticket@mdwise.org or mailed to P. O. Box 441423, Indianapolis, IN 46244

When to Submit a Dispute

Common dispute submission types:

- Authorization Discrepancies
- Coordination of Benefit Discrepancies
- Timely Filing Denials
- Eligibility Discrepancies
- Coding Review
- Anything that a Claim Adjustment Form did not resolve

Beyond the PCSU



MDwise Support System for Providers

Objective:

Provider Satisfaction

Key Point:

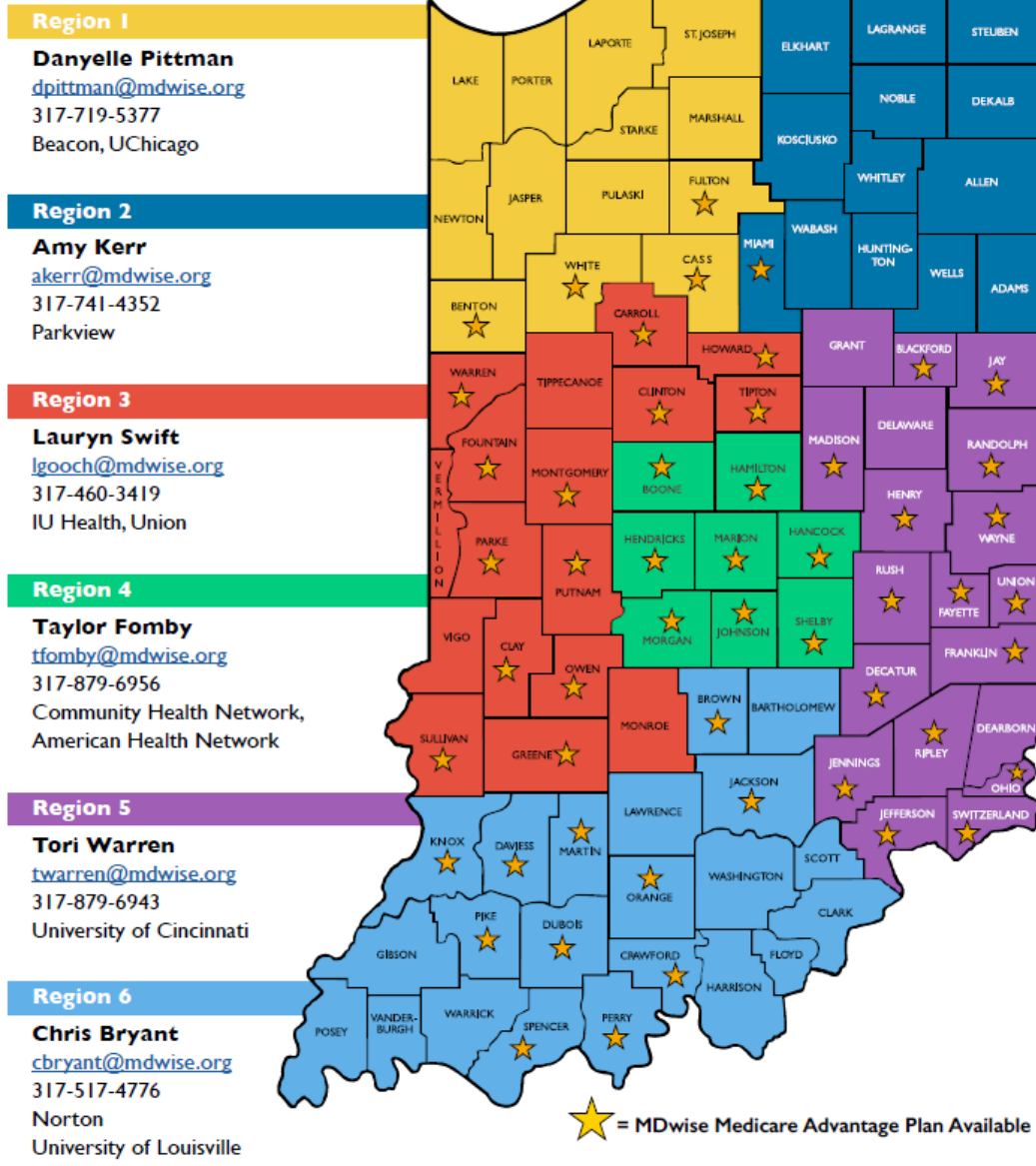
MDwise values every provider and if you have worked with the PCSU and still have no resolution, we want to know.

- Dedicated Provider Relations Representatives (see region map on page 27) can assist with issues that go beyond the PCSU
- Provider Relations Representatives work closely with other departments, including the PCSU, to solve problems raised by providers
- Cross-team collaboration is key to root cause analysis, which is what MDwise aims for

Online Resources for Providers



Provider Relations Territory Map



MDwise Provider Relations Team

PROVIDER GROUP REPRESENTATIVES

Tonya Trout

ttroat@mdwise.org

317-766-0505

Provider Groups

Ascension St.Vincent
Franciscan Alliance
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

LeAnne Ramsey

lramsey@mdwise.org

317-460-4697

Provider Groups

DME and HME
Laboratory Services
Dialysis Clinics
ABA Providers
Out of State Providers

PROVIDER RELATIONS LEADERSHIP

Amanda Deaton

Provider Relations Supervisor

adeaton@mdwise.org

317-914-5953

Josh Burger

Director of Provider Relations

jburger@mdwise.org

317-460-4510

Links and Resources

➤ [MDwise | Claims Resources](#)

➤ [MDwise | Claim Forms](#)

- [Claim Adjustment Request Form](#)
- [Claim Dispute Form](#)
- [Provider Refund Remittance Form](#)
- [Vision Eligibility Request Form](#)

➤ **Claim Inquiries**

- Providers can use [myMDwise provider portal](#) to view the status of claims quickly.

➤ **MDwise Claims: Provider Customer Service Unit: (833) 654-9192**

➤ [MDwise | Contact Information](#)

- [Quick Contact Guide](#)
- [Provider Relations Territory Map](#)



QUESTIONS?

