Navigating Prior Authorizations:
A Roadmap

2024 IHCP Works Annual Seminar

Presented by: LeAnne Ramsey

Providing health coverage to Indiana families since 1994

Agenda

- MDwise Mission, Vision and Values
- Before Submitting a Prior Authorization
- Types of Prior Authorization Requests
- Submitting a Prior Authorization
- Using the JIVA Portal
- Prior Authorization Appeals Process
- Resources

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?

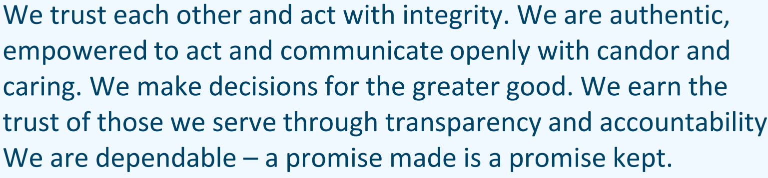
MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders, and health care professionals.

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.

Before Submitting a Prior Authorization (PA)

Before Submitting a Prior Authorization

- Always Check Eligibility:
  - Ensure member is eligible on the date of service
  - Ensure the member is assigned to MDwise
  - Determine the member’s plan (Healthy Indiana Plan or Hoosier Healthwise)

- Determine Coverage:
  - Based on the member’s plan, determine if the service being requested is a covered benefit
  - Determine if the services or procedure requires PA

Medical or Pharmacy Benefit?

- Indiana Health Coverage Programs (IHCP) transitioned to a Statewide Uniform Preferred Drug List (SUPDL) for the Fee-For-Service (FFS) and managed care entities (MCEs) on July 5, 2023.

- Healthcare Common Procedure Coding System (HCPCS) Codes for agents on the SUPDL will be marked as such in the Coverage Status column in the table below, and prior authorization requests for these agents will be reviewed against SUPDL criteria.

J0791	Injection, crizanlizumab-tmca, 5 mg	Adakveo	Carved out of Managed Care Coverage.
J0801	Injection, corticotropin (acthar gel), up to 40 units	Acthar gel	Pharmacy Benefit Only. PA Required.
J0802	Injection, corticotropin (ani), up to 40 units	Purified corticotropin gel	Pharmacy Benefit Only. PA Required.
J0897	Injection, denosumab, 1 mg	Prolia, Xgeva	Medical or Pharmacy. PA Required. SUPDL.
J1290	Injection, ecallantide, 1 mg	Kalbitor	Pharmacy Benefit Only. PA Required.
J1300	Injection, eculizumab, 10 mg	Soliris	Pharmacy Benefit Only. PA Required.
J1301	Injection, edaravone, 1 mg	Radicava	Medical Benefit Only. PA Required.

- To determine if a code is covered under Medical or Pharmacy, see the MDwise Medical Prior Authorizations and Exclusions List.

Types of Prior Authorization Requests

Prior Authorization Request Types

Request Type	Definition	Decision Timelines
Urgent Pre-Service	• Requested in advance • Could seriously jeopardize life or health of member • If care is not obtained, it would subject member to adverse health consequences	Within 48 hours of receipt of all necessary information
Urgent Concurrent	• Same as pre-service but an extension for ongoing course of treatment	Within 48 hours of receipt of all necessary information
Non-Urgent Pre-Service	• Requested in advance • Schedules procedures • Services that do not meet the definition of urgent	Within five (5) business days of receipt of all necessary information
Post-Service	• After services have begun or supplies have been received	Within 30 calendar days of receipt of all necessary information

Pharmacy and Carve Outs

- Prior authorization requests for pharmacy benefits should be **faxed** to the MDwise Pharmacy Benefit Manager, MedImpact, at (858) 790-7100.
  - The SUPDL may be viewed on the FFS Provider portal website: https://inm-providerportal.optum.com/providerportal/faces/PreLogin.jsp. From the homepage, click Statewide Uniform Preferred Drug List on the right.
  - Prior authorization criteria for drugs on the SUPDL may be viewed on the same website as above: From the homepage, click PA Criteria and Administrative Forms on the right. Under the heading Pharmacy Forms, click on Pharmacy Prior Authorization Criteria and Forms.
  - PA forms for drugs on the SUPDL should be accessed from the pharmacy resources page at MDwise.org. Please DO NOT utilize FFS PA forms for MDwise enrollees.
- Coverage of certain medications has been carved out from MDwise. Coverage requests and claims should be submitted to the Medicaid fee-for-service delivery system according to IHCP Bulletins BT201810 and BT201812. These will be marked as 'Carved out of Managed Care Coverage'.

Authorizations and Provider Responsibility

Provider Responsibility:

- Submit new PA requests for ongoing services at least 30 calendar days before the current authorization period expires to ensure services are not interrupted

- Please respond to modification decisions within two (2) business days.
  - If a provider does not agree with the modification decision, the case is forwarded to a physician for review
  - If the physician denies the inpatient stay and maintains the modification decision, a peer-to-peer can be requested

- Please respond to requests for additional information for urgent concurrent review within 24 hours of receipt of the request

Submitting a Prior Authorization Request

How to Submit a Prior Authorization Request

MDwise offers four (4) ways to submit a Prior Authorization. The preferred method for requesting Prior Authorization is through the myMDwise Provider Portal.

1. Online: myMDwise Provider Portal
2. Email: PADept@MDwise.org
3. Fax:
    - Hoosier Healthwise (888) 465-5581
    - HIP Inpatient (866) 613-1631
    - HIP All Others (866) 613-1642
4. Phone: (888) 961-3100

Submitting a Prior Authorization Request

Complete the Universal Prior Authorization Form, found under the Prior Authorization section of our website:

- Form must be completed entirely
- Signature and date are required
- Incomplete forms will result in delays
- Depending on the type of service requested, various documents should be included in your request, such as treatment plans and progress notes

Indiana Health Coverage Programs
Prior Authorization Request Form

Select the radio button of the entity that must authorize the service. (For managed care, check the member's plan, unless the service is carved out [delivered as fee-for-service].)

Program	Entity	Phone	Fax
Fee-for-Service	Acentra Health	P: 866-725-9991	F: 800-261-2774
Hoosier Healthwise	Anthem Hoosier Healthwise	P: 866-408-6132	F: 866-406-2803
	CareSource Hoosier Healthwise	P: 844-607-2831	F: 844-432-8924
	MDwise Hoosier Healthwise	P: 888-961-3100	F: 888-465-5581
	MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
Healthy Indiana Plan (HIP)	Anthem HIP	P: 844-533-1995	F: 866-406-2803
	CareSource HIP	P: 844-607-2831	F: 844-432-8924
	MDwise HIP	P: 888-961-3100	F: 866-613-1642
	MHS HIP	P: 877-647-4848	F: 866-912-4245
Hoosier Care Connect	Anthem Hoosier Care Connect	P: 844-284-1798	F: 866-406-2803
	MHS Hoosier Care Connect	P: 877-647-4848	F: 866-912-4245
	UnitedHealthcare	P: 877-610-9785	F: 844-897-6514
Indiana PathWays for Aging	Anthem PathWays	P: 844-284-1798	F: 866-406-2803
	Humana PathWays	P: 866-274-5888	F: 502-324-6376
	UnitedHealthcare PathWays	P: 877-610-9785	F: 844-897-6514

Please complete all appropriate fields.

Patient Information

IHCP Member ID:
Date of Birth:
Patient Name:
Address:
City/State/ZIP Code:
Patient/Guardian Phone:
PMP Name:
PMP NPI:
PMP Phone:

Ordering, Prescribing or Referring (OPR) Provider Information

OPR Provider NPI:

Medical Diagnosis (Use of ICD Diagnostic Code Is Required)

Dx1		Dx2		Dx3	

Please check the requested assignment category below:
☐ DME ☐ *Purchased* ☐ *Rented* ☐ Home Health ☐ Hospice
☐ Inpatient ☐ Observation ☐ Office Visit ☐ Occupational Therapy ☐ Outpatient
☐ Physical Therapy ☐ Speech Therapy ☐ Transportation ☐ Other

Requesting Provider Information

Requesting Provider NPI/Provider ID:
Taxonomy:
Taxpayer Identification Number (TIN):
Provider Name:
Provider Address:

Rendering Provider Information

Rendering Provider NPI/Provider ID:
TIN:
Name:
Address:
City/State/ZIP Code:
Phone:
Fax:

Preparer's Information

Name:
Phone:
Fax:

Dates of Service Start	Dates of Service Stop	Procedure/ Service Codes	Modifiers		Service Description	Taxonomy	Place of Service (POS)	Units	Dollars

Online Authorization Submission

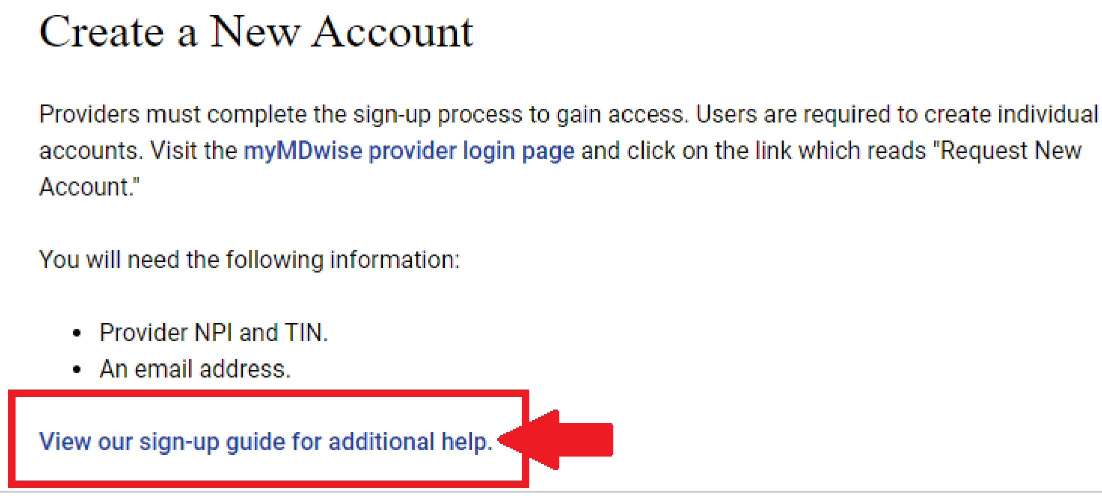
Why providers should use Online Authorization submission:

- Single portal sign-on
- Improves the timeliness of the review
- Allows for online tracking status
- And increases the readability of requests

Using the Prior Authorization Portal

Accessing the PA Portal

- Locate the MDwise Provider Portal through the following link: myMDwise Provider Portal.
- Locate and click the hyperlink "View our sign-up guide for additional help" at the bottom of the page and follow the instructions for account setup and registration.



- For troubleshooting issues with creating a Provider Portal account, please email providerservices@mdwise.org.

PA Portal - Login

- Enter the Authorization Portal from the MDwise Provider Portal using the following link: [myMDwise Provider Portal.](#) Click the blue "Login to myMDwise" button

myMDwise Provider Portal

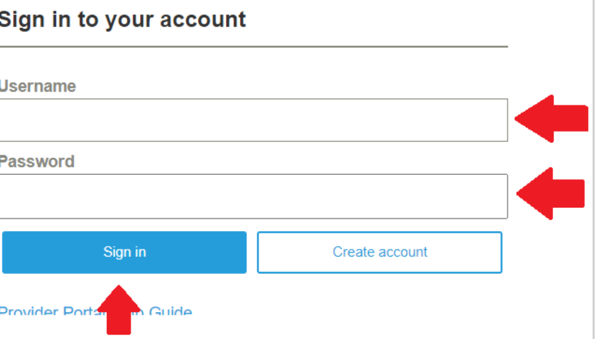
The myMDwise provider portal allows registered providers to view member eligibility information securely online for IHCP/Medicaid.

Included are the following online features:

- View member eligibility information.
- View member claims information.
- View member PMP information.
- Submit requests for care management disease management programs.
- Request access to Member Health Profile.
- Contact MDwise Provider Relations online.
- Submit requests for prior authorization.

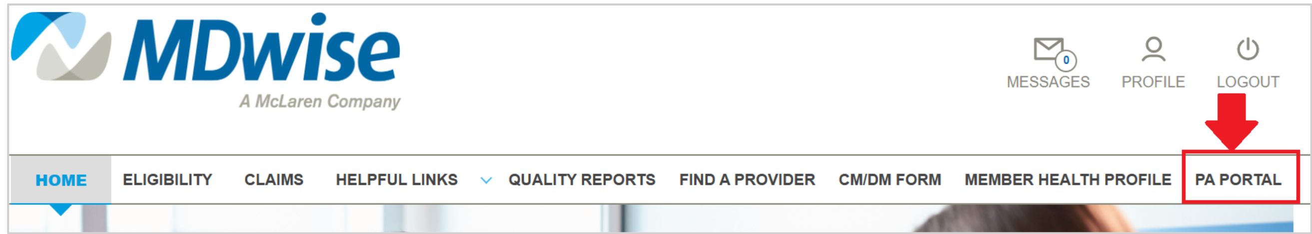
Login to myMDwise >

- If an account has already been created, sign in by entering your Username and Password and clicking the blue "Sign in" button.

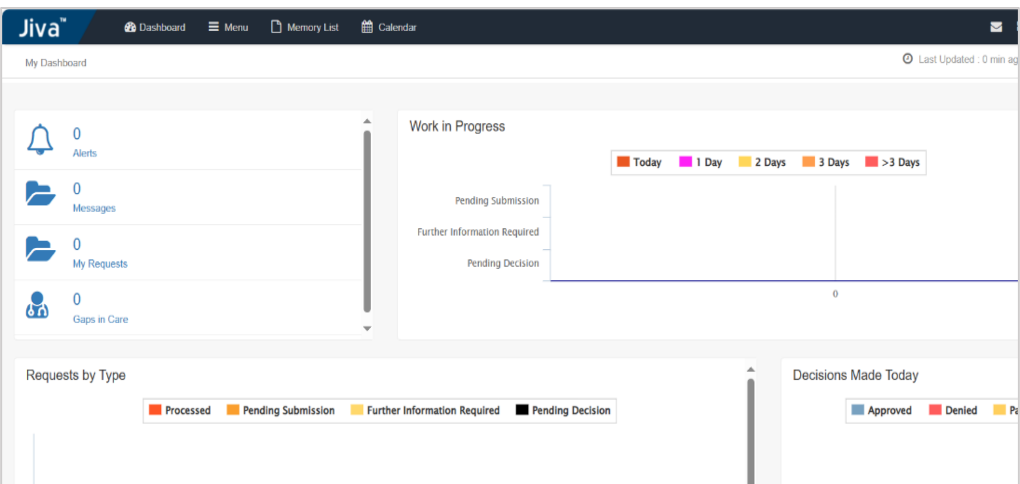


Navigating to Your Dashboard

- Once logged in, locate and click on the "PA Portal" tab in the banner near the top of the page.

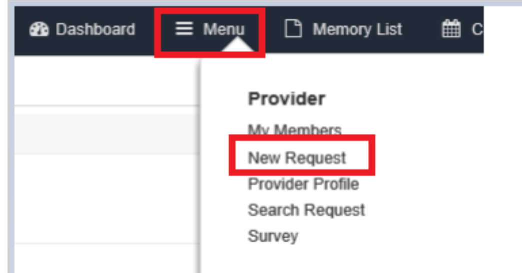


- The webpage will automatically redirect into the Authorization Portal (Jiva) to the "My Dashboard" screen.



Starting a New Out Patient Request

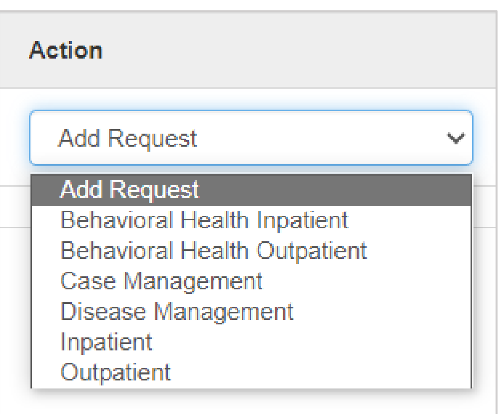
- Click Menu: Choose "New Request" from dropdown.



- Enter Member ID. Click the blue Search button.

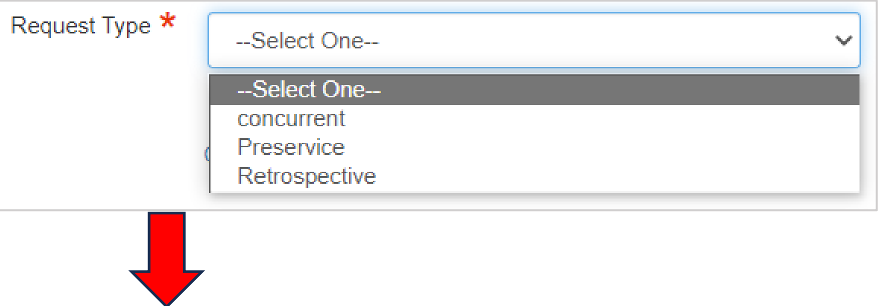
Member ID *

- The member will appear. Locate the "Action" column on the far right of the screen. Click the "Add Request" dropdown and choose the appropriate type of request.



PA Portal – Request Type

- Complete the "Episode Details" section: Click on the "Request type" dropdown and choose the appropriate request type.



Request Type	Description
Preservice	• Initial medical and behavioral health outpatient services. • Concurrent medical outpatient services. • Concurrent IOP, ABA, Psych testing, and Neuropsych testing services.
Concurrent	Continuation of a Medical Inpatient stays, BH Inpatient stays, and SUDRT/PHP service already submitted.
Retrospective	"Retro" Use only after services have been rendered completely

Request Priority

- Click on the "Request Priority" dropdown and choose the appropriate priority.

Request Priority *
Standard
--Select One--
Standard
Urgent

Request Type	Choose
Initial and Concurrent Medical Preservice	Standard (5 business days)
Initial and Concurrent Intensive Outpatient (IOP), Applied Behavioral Analysis, and Psych/Neuro testing	Standard (5 business days)
Initial and Concurrent PHP/ SUDRT/ Urgent Medical OP Preservice, and Inpatient stays	Urgent (48 hours)
Retrospective	Standard (30 calendar Days) Use only after services have been rendered completely

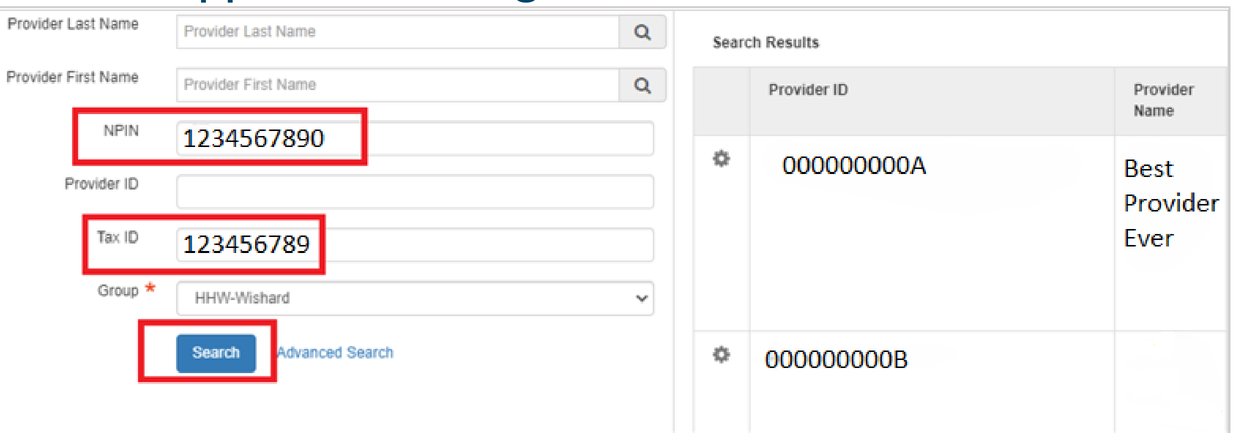
NOTE: Priority may be changed by MDwise if the request does not meet the definition of urgent.

PA Portal - Diagnosis and Providers

- Complete the "Diagnosis" section. Type in the Diagnosis code. Wait for Jiva to populate the code with a description. Click the Code/Description that appears.

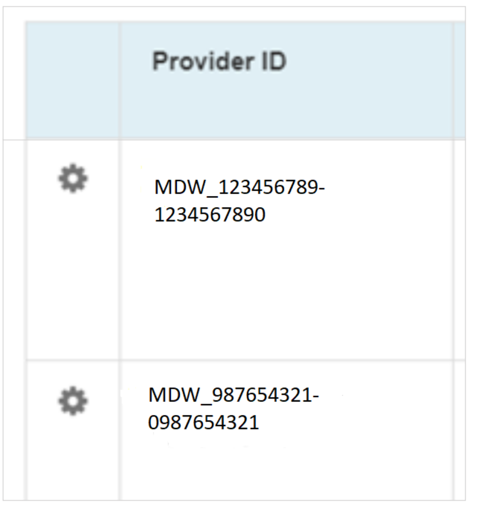
- Complete the "Providers" section. Click the blue "Attach Providers" button.

- Enter in the NPI and Tax ID for the facility only. Click the blue Search button. Search Results will appear to the right.

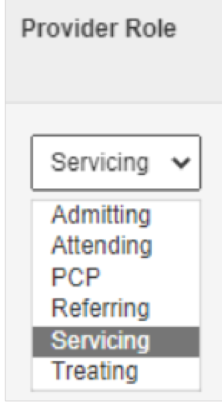


PA Portal – Verifying Provider Information

- Find the provider with the correct name and location. Verify you are choosing the provider with the MDW prefix in the Provider ID column. Authorization should be under the billing provider, group or facility, not the individual.



- Verify Servicing under the Provider Role Column is selected. Only one (1) will be listed.



PA Portal – Service Information

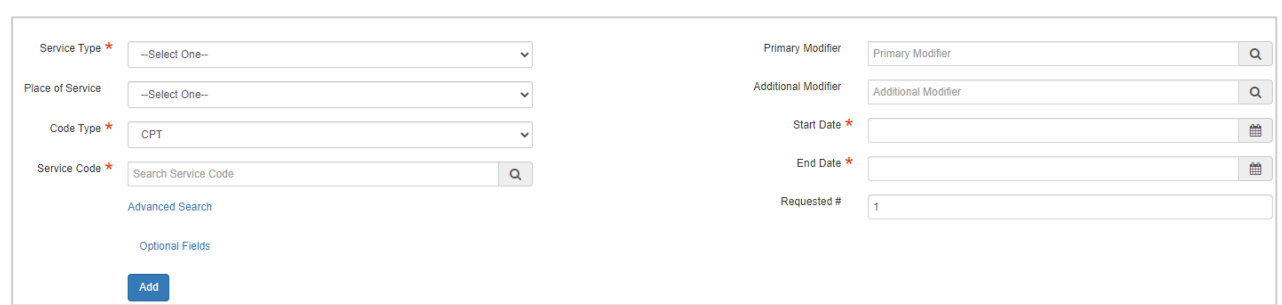
- Click the cogwheel next to the provider ID of your chosen facility. Click Single Attach. You will be redirected back to the previous screen.

Provider ID
000000000A1234567890123456789
Single Attach
Multiple Attach
Add Address

- Complete the "Service Request" section. Choose the most appropriate options, depending on the type of outpatient case, for the following dropdowns:

(Inpatient go to slide 27)

  - Service Type
  - Code Type (SPC-See Appendix A: SPC-Code Sets)
  - Service Code
  - Start Date
  - End Date
  - Requested #

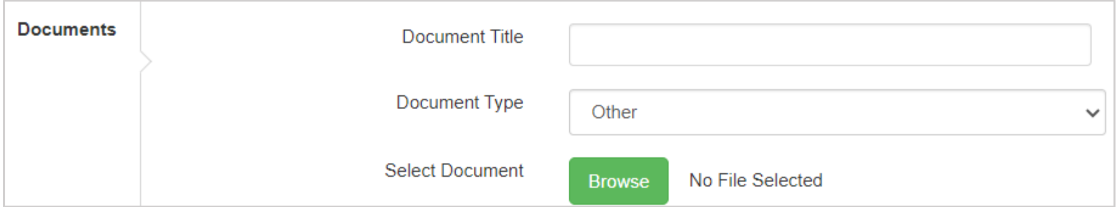


- Click the blue "Add" button

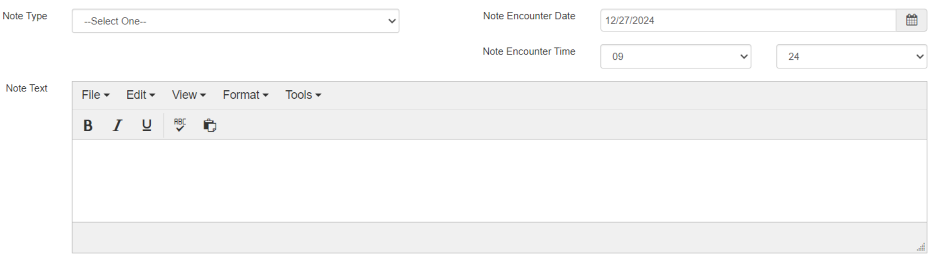
  - *NOTE: SPC Code sets help streamline the process of prior authorization requests. If multiple codes are requested on the same prior authorization and the codes all appear in the same code set, only 1 code set needs to be added.*

PA Portal – Documents and Notes

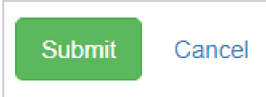
- Complete the "Documents" section, type in the Document Title. Click the green Browse button to add documents.



- Complete the "Notes" section. In the Note text, include the following:
  - Requestor Name
  - Requestor Phone Number
  - Requestor Fax Number
  - Additional/Relevant Information needed to process the request (reason for expedited)

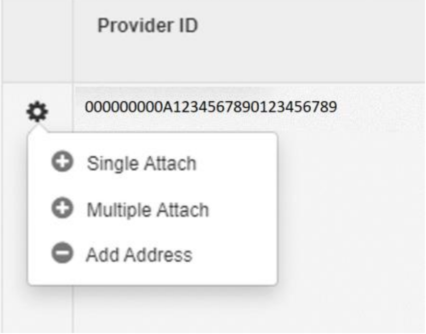


- Click the green Submit button to complete the request.



PA Portal – Inpatient Request

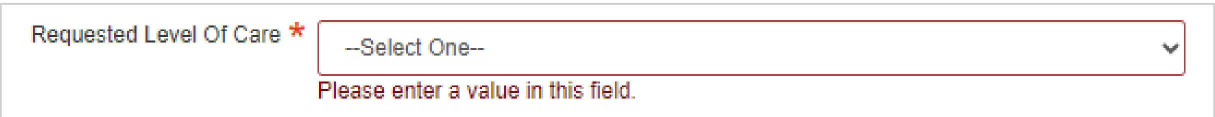
- Click the cogwheel next to the provider ID of the facility you have chosen. Click "Single Attach". You will be redirected back to the previous screen.



- Complete the "Stay Request" section: Choose the most appropriate options depending on the type of inpatient case for the following dropdowns:
    - Service Type
    - Actual Admit Date
- Click on the blue "Optional Fields" link to proceed to the next step.

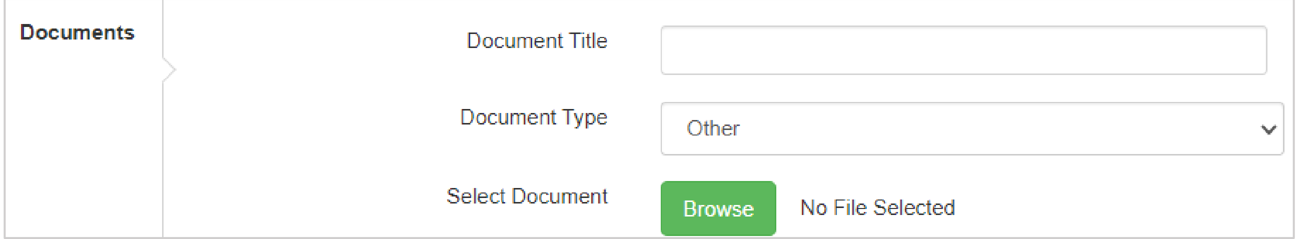
PA Portal – Inpatient Information Needed

- Click on the "Requested Level of Care" dropdown and choose the most appropriate depending if the request is Behavioral Health or Medical.



- Type in LOS (Length of Stay) Requested #.

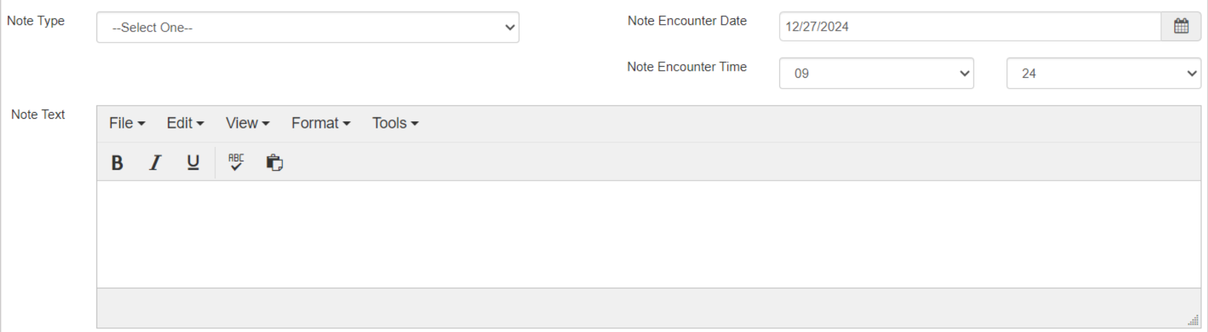
- Complete the "Documents" section: Type in Document Title. Click the green Browse button to add documents.



Note: *Documents need to include clinicals and PA form.*

PA Portal – Inpatient Notes

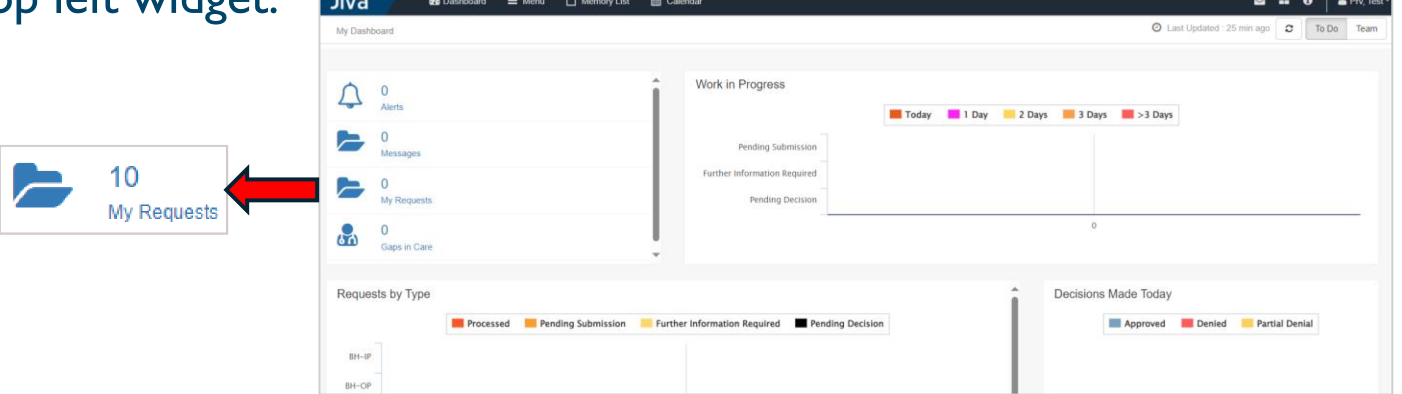
- Complete the "Notes" section. In the Note text include the following information
  - Requestor Name
  - Requestor Phone Number
  - Requestor Fax Number
  - Additional/Relevant Information needed to process the request (reason for expedited).



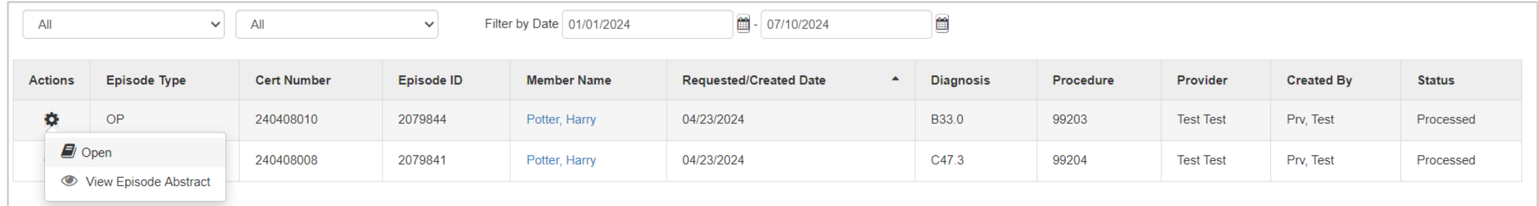
- Click the green Submit button to complete the request.

Request a Concurrent/Extension of PA

- From the "Dashboard" screen, Click on the blue "My Requests" link that is located in the top left widget.



- Locate the filters and filter, as needed, to locate the initial request that needs an extension/concurrent added.
- Once the member is located, click on the cogwheel in the "Actions" column of the member. Choose Open.



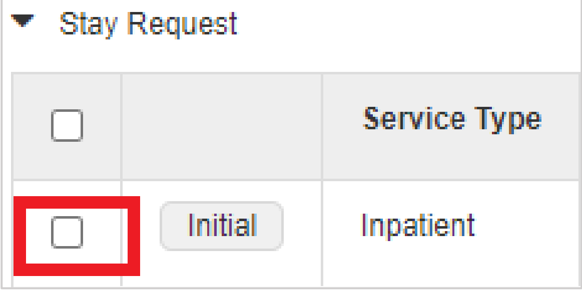
All | All | Filter by Date 01/01/2024 - 07/10/2024

Actions	Episode Type	Cert Number	Episode ID	Member Name	Requested/Created Date	Diagnosis	Procedure	Provider	Created By	Status
⚙	OP	240408010	2079844	Potter, Harry	04/23/2024	B33.0	99203	Test Test	Prv, Test	Processed
Open / View Episode Abstract		240408008	2079841	Potter, Harry	04/23/2024	C47.3	99204	Test Test	Prv, Test	Processed

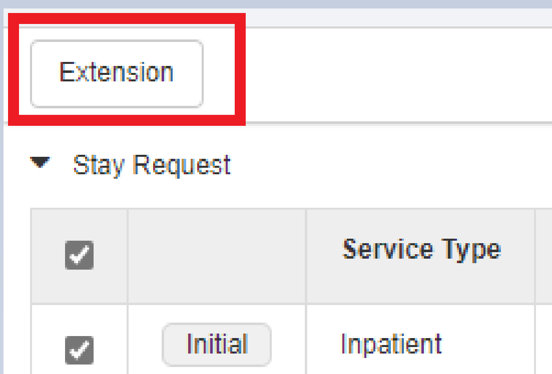
Note: There may be authorizations that are too old for an extension. The user will see a notification from the system that the episode is closed and can only be viewed. Please contact MDwise directly for these extensions.

Concurrent/Extension of PA

- Click the checkbox to the left of the "Initial" or the last "Extension" added for the desired line item(s).

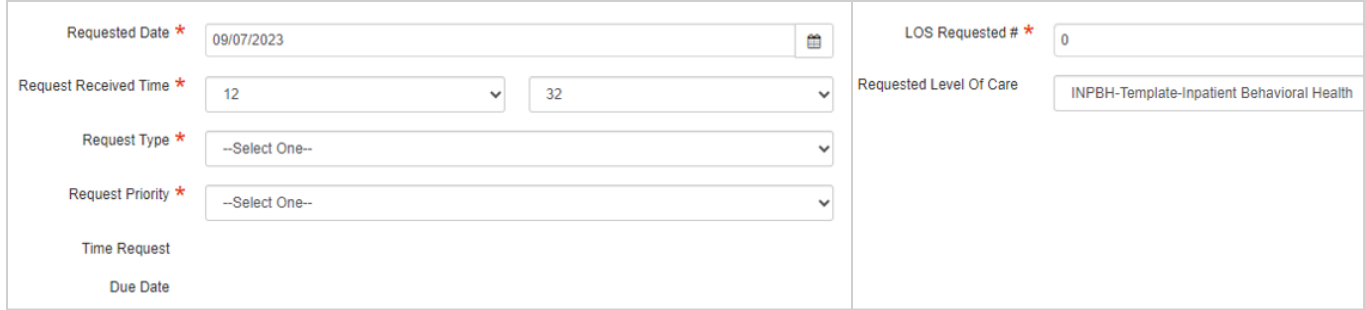


- Click the white "Extension" button that appears above the "Stay/Service Request" line.



Concurrent/Extension of PA Required Details

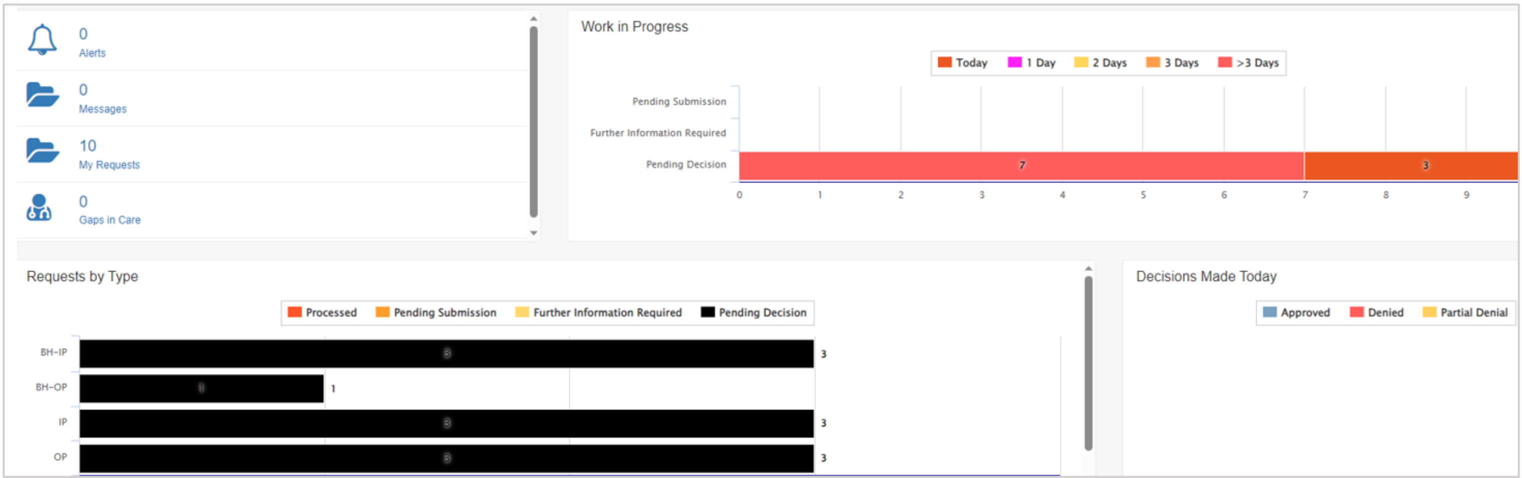
- Enter the required details (dropdowns with a red asterisk "*") for the extension request.



- Click the green "Save" button to complete the request.

PA Portal - Dashboard Overview

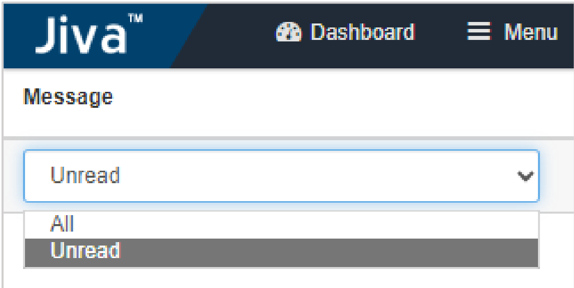
- The dashboard in the Authorization Portal is comprised of several widgets that quickly display data related to the individual assigned provider.



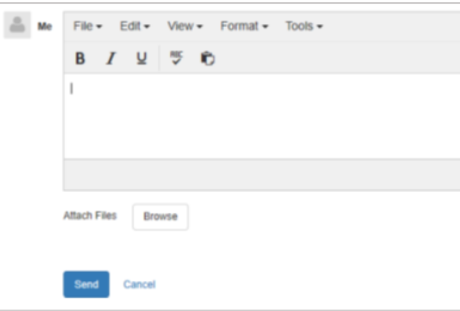
Alerts	Messages
• Alerts are system-generated messages sent to the assigned user that present important information about specific requests. • These messages will only pertain to requests made by the assigned provider.	• Messages are sent via the Jiva application. They are notes that pertain to a request or a member and have been sent to the individual assigned provider. *NOTE: Unlike in the "Alerts" link, messages here may pertain to requests made by anyone other than the assigned provider.*

PA Portal – Dashboard Messages

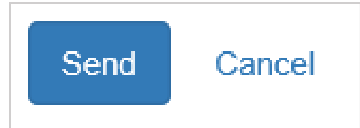
- View message (Choose "All" or "Unread").



- Choose any message to read. To respond to a message, type the response in the text field box.



- Click the "Send" button when complete.

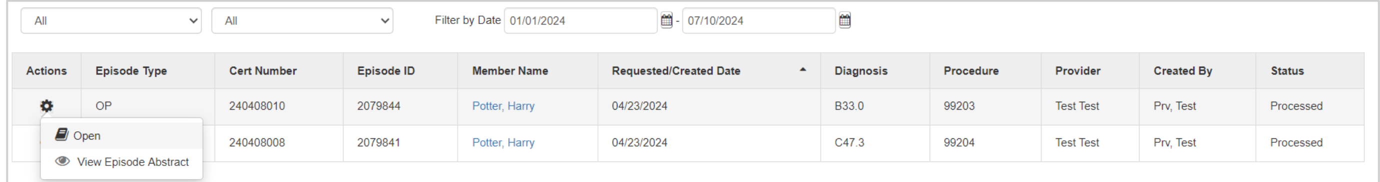


PA Portal - Dashboard

- Any new requests created by a provider are grouped and can be accessed, using the "My Request" link.

10
My Requests

- Locate the different filter options.

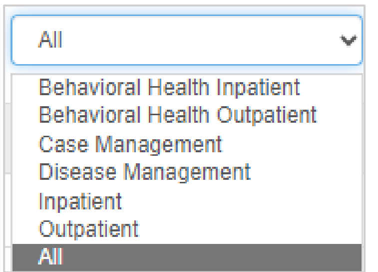


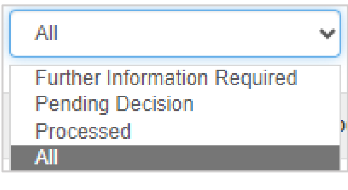
All | All | Filter by Date 01/01/2024 - 07/10/2024

Actions	Episode Type	Cert Number	Episode ID	Member Name	Requested/Created Date	Diagnosis	Procedure	Provider	Created By	Status
	OP	240408010	2079844	Potter, Harry	04/23/2024	B33.0	99203	Test Test	Prv, Test	Processed
		240408008	2079841	Potter, Harry	04/23/2024	C47.3	99204	Test Test	Prv, Test	Processed

Open
View Episode Abstract

- Filter by Episode Type or by Status.





- Click the cogwheel in the "Actions" column to the left of the Episode Type for the desired request. Select the "Open" option.

NOTE: Episodes that have "Processed" can be viewed, but not modified. The user will see a pop-up screen as a warning. Click the 'OK' button to continue.

Actions	Episode Type
	BH-IP

Open
View Episode Abstract

Prior Authorization Appeals Process

What is an Appeal?

- Appeal is defined as a request to review an action and/or request to change a previous decision. An action, as defined in 42 CFR 438.400(b), is the:
    - Denial or limited authorization of a requested service, including the type or level of service.
    - Reduction, suspension, or termination of a previously authorized service.
    - Denial, in whole or in part, of payment for a service.
    - Failure to provide services in a timely manner, as defined by the State, or failure of the MCE to act within the required timeframes.
    - For the resident of a rural area where MDwise is the only contractor, the denial of the member's request to exercise the right, under CFR 438.52(b)(2)(ii), to obtain services outside the network (if applicable).
    - Denial of a member's request to dispute financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance and other member financial liabilities.
    - A decision adverse to the member regarding a medically frail designation.
    - Any decision pertaining to a member not expressly listed above qualifies as an "adverse benefit decision" under 42 CFR 43.8.400.

Filing a Medication Service or Dental Service Appeal

- Providers must request an appeal in writing using the Prior Authorization Appeal Form.

- **Email:**
  - For Medication Service Appeals: pharmacyappeals@mdwise.org
  - For Dental Service Appeals: dentalappeals@mdwise.org

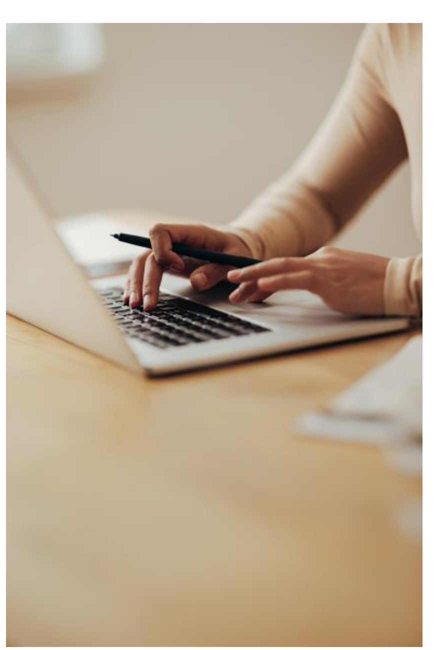
- **Mailing Address:**

  - MDwise Pharmacy Department
    P.O. Box 441423
    Indianapolis, IN 46244-0236

  - MDwise Dental Appeals
    P.O. Box 44236
    Indianapolis, IN 46244-0236

Filing a Medical Service Appeal

- Providers must request an appeal in writing using the Prior Authorization Appeal Form.



- **Email:**

  For Medical Appeals: padept@mdwise.org

- **Fax:** 866-613-1631

- **Mailing Address:**

  MDwise Customer Service Department

  Attention: Appeals

  P.O. Box 44236

  Indianapolis, IN 46244-0236

Appeal Type: Peer-to-Peer

- If a decision is rendered and the provider is not satisfied, the provider can request a Peer-to-Peer Review. Requests must be initiated within seven **(7) calendar days** of receiving the denial notification.
    - A Peer-to-Peer Review discussion with the Medical Director(MD) and/or the reviewer's designee who made a denial determination. The denial letter will have the phone number to request the peer-to-peer.
    - You must have information from the denial along with the physician's name, phone number and times the physician will be available to discuss with our physician.
    - After the MD has rendered a decision, if it is not favorable, the provider may request an appeal.
    - A Peer-to-Peer review for missing documentation can be sent in an appeal to save your physician time.

Appeals - Standard vs. Expedited

Appeals must be requested within **60 calendar days** of receiving the denial notification.

Standard	Expedited
MDwise acknowledges receipt of all verbal and written appeals within three (3) business days and must resolve within 30 business days of appeal.	MDwise resolves expedited appeals within 48 hours of receiving the request and the attending physician and member are notified immediately by telephone.
Written notification of the appeal resolution must be sent to the member within five (5) business days after the decision.	This time frame can be extended under 42 CFR 438.408(c). A written confirmation of the decision is also sent by mail to the member within two (2) business days of notification.
If the member requests an extension or if MDwise is unable to decide within 30 business days because additional information (requested previously, but not provided) is needed either from the provider or member, the member is notified within 25 calendar days.	

NOTE: MDwise provides the member with written notice of the delay, demonstrating in the notice that the extension is in the member's best interest and that a decision will be granted within 14 additional calendar days.

Appeals - External Options

If the standard appeal or expedited appeal results in upholding the denial, additional external appeal procedure options are available to all members. The member, member's representative or a provider on the member's behalf may choose to file an external review by an Independent Review Organization (IRO) in addition to a State Fair Hearing (SFH) as the next level for review.

For an Independent Review Organization (IRO)

- Must be filed within 120 calendar days of receiving the appeal determination
- MDwise must acknowledge receipt of requests for external review within three (3) business days of the request for an IRO review
  - A Standard External Review must be resolved within 15 business days after the review is requested
  - An Expedited External Review must be resolved within 72 hours after the review is requested

State Fair Hearing

- Must be filed within 120 calendar days of MDwise Appeal decision or IRO determination
- To request a State Fair Hearing, members must contact them directly and in writing at:
  - **Office of Administrative Law Proceedings**

    100 N Senate Ave, Room N802

    Indianapolis, IN 46204
- The State Fair Hearing decides and notifies the member of the outcome. If the State Fair Hearing decides in the member's favor, MDwise will authorize the denied services no later than 72 hours from the notice of reversal.

Resources

Helpful Links

Prior Authorization Resources Page

- http://www.mdwise.org/for-providers/forms/prior-authorization/

MDwise Prior Authorization Inquiry Line

- (888) 961-3100

MDwise Provider Manual

- https://www.mdwise.org/mdwise/mdwise-provider-manual

IHCP Provider Modules

- https://www.in.gov/medicaid/providers/provider-references/provider-reference-materials/ihcp-provider-reference-modules/

MDwise Provider Customer Service Unit

- (833) 654-9192 | Representatives are available Monday – Friday, 8:00 a.m. to 8:00 p.m. EST

MDwise Contact Information

- Quick Contact Guide
- Provider Relations Territory Map

MDwise Provider Relations Team Map

Region 1

Danyelle Pittman
dpittman@mdwise.org
317-719-5377
Beacon, UChicago

Region 2

Amy Kerr
akerr@mdwise.org
317-741-4352
Parkview

Region 3

Lauryn Swift
lgooch@mdwise.org
317-460-3419
IU Health, Union

Region 4

Taylor Fomby
tfomby@mdwise.org
317-879-6956
Community Health Network,
American Health Network

Region 5

Tori Warren
twarren@mdwise.org
317-879-6943
University of Cincinnati

Region 6

Chris Bryant
cbryant@mdwise.org
317-517-4776
Norton
University of Louisville

★ = MDwise Medicare Advantage Plan Available

MDwise Provider Relations Team

PROVIDER GROUP REPRESENTATIVES

Tonya Trout ttrout@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

Questions?