MDwise Behavioral Health



Overview of the Indiana Healthcare Programs 2011



MDwise overview

Not-for-profit serving low income Hoosiers

- Serves Hoosier Healthwise, Care Select, and Healthy Indiana Plan members
- ➤ 300,000 members across 3 lines of business
- Safety net approach delivery systems
- > 14 years of Indiana Medicaid experience
- Committed to serving the aged, blind, and disabled
- Successful in managing patient care, quality healthcare, and improving outcomes



MDwise Delivery System Model

- MDwise HHW & HIP plans utilize a delivery system of care. MDwise members choose or are assigned to a PMP in one of the MDwise networks or delivery systems. For Behavioral Health, the MDwise delivery systems are responsible for:
- Claims payment
- Prior authorization of services
- Care/Case Management

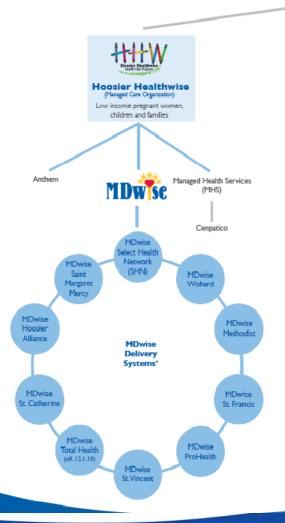




INDIANA HEALTH COVERAGE PROGRAMS

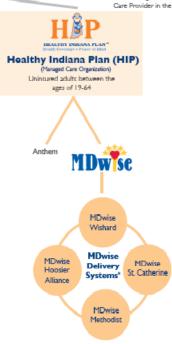
Traditional Medicaid

Medicaid eligible members are placed in Fee for Service Medicaid pending their selection of a Managed Care Plan and Primary Care Provider for the Hoosier Healthwise program or their selection of a Care Management Organization and Primary Care Provider in the Core Select Program.





The Care Select program is a Disease Management Program rather than a Managed Care Model. Behavioral health providers participating in the MDwise Care Select program can see members as a result of having a provider agreement on file with HP.





'What is a Delivery System Model?

MDwise serves its HHW and HIP members under a "delivery system model." The basis of this model is the localization of health care around a group of providers. These organizations, called "delivery systems" are comprised of hospital, primary care, specialty care, and ancillary providers. To serve Medicaid clients in the HHW and HIP programs, behavioral health providers must be contracted as MDwise delivery system providers.

APP0007 (09/09)



Providing Services to MDwise members

In order to ensure that you are reimbursed for therapy services you provide, you must:

- Be an IHCP Provider or receive supervision/bill under an IHCP provider (HSPP or MD)
 - > Check the members eligibility
 - Request prior authorization for services



How to check eligibility

The most accurate way to confirm eligibility is to use one of the HP systems (e.g. Web interChange, Omni, AVR)

Before providing services, it is necessary to confirm:

- ✓ Is the member **eligible** for services today?
- ✓ In what **IHCP Plan** are they enrolled? (Hoosier Healthwise, Medicaid Select, Traditional Medicaid, or HIP)
- ✓ If the member is in Hoosier Healthwise, what MCE are they assigned to? (MDwise, Anthem, MHS)
- ✓ If a HHW or HIP member is with MDwise, determine what **delivery system** they are assigned to? In order to identify the member's DS, log on to the MDwise Web Portal.



Prior Authorization: HHW & HIP

Once you have determined what program the member is in and what MDwise delivery system for HHW or HIP members, use the Quick Reference Sheet find to find:

- Phone number & Fax number for prior authorization
- Claims address or EDI number

(See Quick Reference Guide)



Quick Contact Guide

Hoosier Healthwise Delivery Systems

MDwise Hoosier Alliance

MDwise St. Catherine

Claims Inquiries	1-800-581-2488
Medical Management &	1-888-961-3100
Prior Authorization	Fax: I-888-465-5581
Provider Representative	1-888-961-3100
	Fax: 1-866-465-2985
Claim Dept. Address	MDwise Hoosier Alliance
(includes behavioral claims)	P.O. Box 7303
	London, KY 40742
	EDI Payor ID: 20475
	mental/behavioral health eff. 1.1.09
Family Planning Claims	MDwise Family Planning Claims
	P.O. Box 68970
	Indianapolis, IN 46268-0970
	317-871-8814
	McKesson/Relay Health
	Institutional Payor ID: 4976
	Priofessional Claims Payor ID: 4481
	Emdeon/WebMD Institutional
	Payor ID: 12K81 Professional Claims: SX172
	Froiessional Ciairis, 3X172

MDwise St.Vincent

Claims Inquiries	317-569-2029/ 877-247-1513
Medical Management & Prior Authorization	317-569-2028/ 877-247-0820 Fax: 317-570-6818/ 800-747-3693
Provider Representative	317-575-7515 Fax: 317-575-7587
Claim Dept. Address (includes behavioral claims)	MDwise St.Vincent P.O. Box 503010 Indianapolis, IN 46250 EDI Payor ID Relay Health: 2235 Emdeon: 35199
Family Planning Claims	MIDwise Family Planning Claims PO. Box 68970 Indianapolis, IN 46268-0970 3 7-87 -88 4 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 448

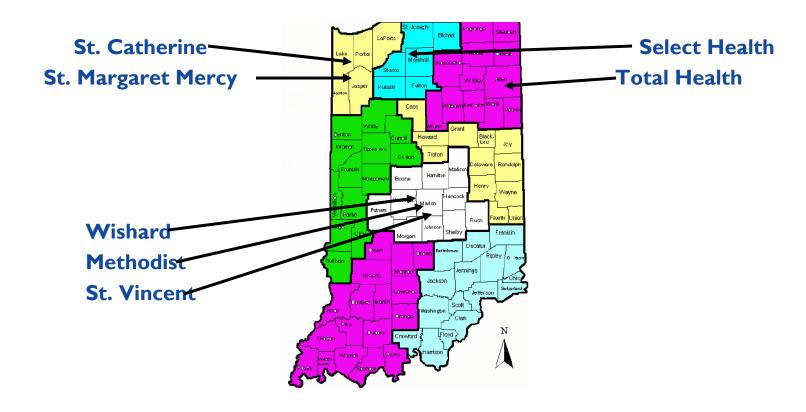
TIDWISE St. Catrier III						
Claims Inquiries	1-866-427-3197/ 317-596-7827					
Medical Management &	219-392-7066 (Hospital Auths Only)					
Prior Authorization	219-392-7072 (All Other Auths)					
	Fax: 219-392-7090					
Behavioral Health	1-866-770-0208					
	Fax: I-800-747-3693					
Provider Representative	St. Mary Medical Center Providers					
	Munster Community Hospital Providers					
	219-947-6154					
	St. Catherine Hospital Providers					
	219-392-7097					
Claim Dept. Address	MDwise St. Catherine					
(includes behavioral	P.O. Box 50888					
claims)	Indianapolis, IN 46250					
	Payor ID Emdeon 35199					
	Relay Health/McKesson 2235					
	mental/behavioral health eff. 1.1.09					
Family Planning Claims	MDwise Family Planning Claims					
	P.O. Box 68970					
	Indianapolis, IN 46268-0970					
	317-871-8814					
	McKesson/Relay Health Institutional					
	Payor ID: 4976 Professional Claims Payor ID: 4481					
	Emdeon/WebMD Institutional					
	Payor ID: 12K81					
	Professional Claims: SX172					
MDwise Wishard						

MDwise Wishard

The most restant				
Claims Inquiries	317-871-8814/ 1-800-927-7927			
Medical Management &	317-630-6007/ 1-877-687-0022			
Prior Authorization	Fax: 317-656-4002/ 1-877-360-6142			
Provider Representative	317-874-2116/317-871-8255			
Claim Dept. Address	MDwise Wishard			
(includes behavioral claims)	P.O. Box 68970			
	Indianapolis, IN 46268-0970			
	mental/behavioral health eff. 1.1.09			
All Medical Claims: Emdeon/WebMD Institutional Payor ID: 12K81				

All Medical Claims: Emdeon/WebMD Institutional Payor ID: 12K8 Professional Claims: SX172 McKesson/Relay Health Institutional Payor ID: 4976 Professional Claims Payor ID: 4481

MDwise Delivery Systems



*Hoosier Alliance-all parts of the state except for the Central Region



MDwise Delivery Systems: HHW Managed Care

•MDwise Wishard	•MDwise Methodist	•MDwise St.Vincent
•Wishard Hospital	•Methodist Hospital	•St.Vincent Hospital
	•IU Hospital	(Indianapolis, Carmel)
	•Riley Hospital	•St.Vincent Pediatric
	•Clarian West	Rehabilitation Center
•Central Region (Region 5)	•Central Region (Region 5)	•Central Region (Region 5)
•MDwise St. Catherine	•MDwise Saint Margaret Mercy	•MDwise Select Health
•St. Catherine Hospital (East	•Saint Margaret Mercy Hospital	•St. Joseph Hospital (South
Chicago)	•(Hammond, Dyer)	Bend, Mishawaka, Plymouth)
Munster Community Hospital	•St.Anthony Hospital	
•St. Mary's (Hobart)	•(Michigan City)	
•Northwest Region (Region I)	•Northwest (Region I)	•North Central Region
	rtorumese (rtegion 1)	(Region 2)
•Total Health	•MDwise Hoosier Alliance	
Parkview Hospital-(Allen	•Independent and group	
County)	providers and hospitals	
	throughout the State of Indiana	
Northeast Region (Region 3)		***
	(All Regions in State except the	***
	Central Region (Region 5)	M DWYCP
	10	IIDMIOC

MDwise Delivery Systems: HHW & HIP

Authorization of Services

Outpatient Services:

Complete an Outpatient Treatment Request and fax to the Medical Management Department of the member's Delivery System.

Inpatient Services:

Behavioral Health providers must call the member's Delivery System Medical Management Department to authorize inpatient behavioral health services.

(See Quick Contact Guide)



HHW & HIP Outpatient Treatment Request Form (OTR)



Submit to:

Please use the "rendering" provider name and NPI#. Write the name of the actual mid-level therapist below the NPI#. This is helpful if UM or

HHW OUTPATIENT TRE./ Please print clearly – incomplete or		GOLDI (C				helpful if UM or nal information.
Member Information Please include the member's Medicaid # on the patient ID line.	Provider In (Please ind authorized		ing below, or agency	whether red	quested sen	vices should be
Health Plan:		er Name (print al Credential:		PhD	Other	
DO8:	15.00	Agency Name				
SS#:	9531 TO FOR	idress:				
Patient ID#:			/	t address, c		p)
Last Auth. #:	Phone;			Fax:		
	Medicaid/T	PI/NPI#:	1,957	Tax ID a	#	
Previous BH/SA Treatment	Treatment					
□ None or □ OP □ MH □ SA and/or □ IP □ MH □ SA	List primar	/ complaint/pro	oblem to be	duureesad		
List names & dates, include hospitalizations:		te a specific, n				
CC 10 000000 2 0000 2 0		nosis. If you sureable. Su				ke the goal Vanderbilt ADHD
Substance Abuse: ☐ None ☐ By History and/or ☐ Current/Active	scal	e from 16 to 9				
Substance(s) used, amount, frequency & last used:	Objectively	describe how	vou will kn	ow that the	patient is re	adv to
Please include a DSM-IV axis I diagnosis. The		treatment:	300000			200
DSM IV Axis: primary diagnosis should not be a V code. You can use a provisional diagnosis. Also include a current AXIS I GAF score.						
AXIS II		wer YES or N		100		
AXIS III		mber's family/s on of care with				,
AXIS IV	C. 20 15 1995.	n of care with				
AXIS VPAST YEAR	Has Memb	er been evalua	ited by a P	sychiatrist?		·
Primary Medical Physician (PMP) Communication Has information been shared with the PMP regarding:	Current R	sk/Lethality				
The initial evaluation & treatment plan? Yes No	Suicidal	□ 1 NONE	□2 LOW	□3 MOD*	☐ 4 HIGH*	☐ 5 EXTREME*
This updated evaluation & treatment plan Yes No	Homicida	□1.	□2	□3	□4	□5
DNO New Ports Indianated in	Assault/	NONE 1	LOW D2	MOD*	HIGH*	EXTREME ²
PMP Name/Date last notified: It is a Medicaid requirement to notify the member's primary car	Violent	NONE	LDW	MOD*	HIGH*	EXTREME'
of No, exp physician (PMP) when a member begins treatment and when the		/Compliance			•	
is any significant change in their treatment. Please indicate whether you have contacted the PMP. If you have not notified t	bo (erall f	rogress towa	rd goal:			Î
Request PMP, then you are not in compliance with Medicaid guidelines.		□ 1	□ 2	□3	□4.	□5
Services exception is if the member specifically requests that you not		NONE*	MIN*	MOD	MAX	MET
contact their doctor. Many providers send out a letter to the PN when the treatment plan is updated every 60 days.	mplia	nce with treat	ment:	□3	□4	□5
Total sessions requested this OTR:		NONE*	MIN*	MOD	MAX	MET
Frequency of visits:	Medical Ps	ychiatric Eval	done? (ev	This shoul	d be the re	ndering provider's
CPT codes:	11	given by P				idual designated
Est. # of sessions to complete treatment episode:	Current Ri	sk/Lethality *:	3-5, Progr	provider.	benan or t	he rendering
Requested start date for authorization:	- Tollido					
Please indicate what services you will be providing. Individual	and r S	ignature/Date	:			
family sessions are interchangeable; however group sessions n		7514				10

requested separately. Ex. 6 - 90806/90846 and 8 - 90853. Provide an difference of the number of sessions you anticipate will be required to alleviate acute symptoms of this course of treatment.

P0240 (11/08) HIPP0026 (11/08)

MDwise Care Select Care Management (CMO)

Members can choose any eligible IHCP provider The purpose of the *Care Select* Program is to:

- Tailor treatment plans to individual members.
- Provide care that is holistic and less fragmented.
- Increase involvement of member's participation in health care decisions.
- Involve the member's family, medical providers, other care givers, and behavioral health providers.
- Utilize treatment regimens based on evidence-based guidelines



MDwise Care Select (CMO)

- Prior Authorization of Services
- Care Management
- Case Management

*Claims are processed by HP



Universal Prior Authorization Form

Indiana Health Coverage Programs Prior Authorization Request Form

Check the box of the plan in which the member is enrolled.

Traditional	□ Advantage Traditional	P: 800-269-5720	F: 800-689-2759	
	☐ Anthem Hoosier Healthwise	P: 866-408-7187	F: 866-406-2803	
Hoosier Healthwise	☐ MDwise Hoosier Healthwise See www.mdwise.org			
	☐ MHS Hoosier Healthwise	P; 877-647-4848	F; 866-912-4245	
	□ Anthem HIP	P: 866-408-7187	F: 866-406-2803	
Healthy Indiana Plan	☐ MDwise HIP	See www.mdwise.org		
	O MHS HIP	P: 877-647-4848	F: 866-912-4245	
	☐ Advantage Care Select	P: 800-784-3981	F: 800-689-2759	
Care Select	☐ MDwise Care Select	P: 866-440-2449	F: 877-822-7186	

Please complete all appropriate fields.

		Patient 1	Informati	on		Request	ing Provide	er Info	rmation:	
Medicaid I	D/RID#:	2 1124211	in or make	***		NPI#:		111111111111111111111111111111111111111		
DOB:						Tax IID#:				
Patient Na	me;					Service Location Code:				
Address:						Provider Name:				
City/State/	Zip:						ing Provide	er Info	rmation	
Patient/Gua	ardian Pho	ne:				Ordering Physician NPIA	:			
PMP Name	e:					Tax IID #:				
PMP NPI:						Name:				
PMP Phon	e:					Address:				
·			l Diagnosis			City/State/Zip:				
D 1	(Use of	ICD-9 Diagn	ostic Corle			Phone:				
Dx1					x3	Fax:				
Please ch	eck requ	ested assign	ment cate	gory be	elow:	Pre	parer's Int	format	ion:	
□ DME		☐ Hospice			Outpatient	Name:				
□ Purc		 Inpatier 			Physical Therapy	y Phone:				
□ Rente		□ Observa			Speech Therapy	Fax:				
□ Home H	lealth	□ Office V			Transportation	Ľ				
Dates	f Service	□ Occupat		rapy□	Other					
Start Start	Stop	Procedure Service Cod		ifier(s)	Reque	sted Service	Taxonomy	POS	Units	Dollars
Notes: -		'								
Notes.										
PLEAS	SE NOT	ΓE: Your re	quest M	UST i	include medical	documentation to b	e reviewe	d for n	nedical	necessity.
8	Signature	e of Qualifie	d Practiti	oner			D	ate;		

MDwise PA Process – Care Select (CMO)

Mental health PA criteria are listed in 405 IAC 5-20-8

PA required for mental health services provided in an outpatient or office setting that exceed 20 units per member, per provider, per rolling 12-month period

Criteria reviewed:

- Universal PA request form (*Do not use the OTR form for CS)
- *The following information must be sent with PA request form
- Current treatment plan
- Progress notes necessity and effectiveness of therapy



MDwise Care Select Prior Authorization Process

Procedures:

 Submit the Universal PA request to the CMO the member is affiliated with

 Services which require PA due to State regulations are discussed in the IHCP Provider Manual Chapter 6



Care Select Prior Authorization

*Reminder: Care Select Prior Authorization rules are not the same as the Hoosier Healthwise & HIP Prior Authorization requirements – don't get them confused

*Do not submit Care Select PA requests to a MDwise HHW or HIP Delivery System. The Delivery System model does not apply to Care Select members



MDwise Behavioral Health Poster



www.MDwise.org								
	HOOSIER HEALTHWISE	CARE SELECT	HEALTHY INDIANA PLAN (HIP)					
CUSTOMER SERVICE AND PROVIDER RELATIONS	1-800-356-1204 or 317-630-2831	1-866-440-2449 or 317-829-8189	1-877-822-7196 or 317-822-7196					
OTRS, PDL, MANUAL, NEWSLETTERS, INFORMATION	www.MDwise.org Select Providers.Hoosier Healthwise and choose the Behavioral Health option on the left.	www.MDwise.org Select Providers. Care Select and choose the Behavioral Health option on the left	www.MDwise.org Select Providers, Healthy Indiana Plan (HIP) and choose the Behavioral Health option on the left					
CONTRACTING & CREDENTIALING	BHMI/Intecare 6604 N. Alliconville Koad, Suite 525 indianapolis, III 46250 www.inerCare.org 317-237-5770 or 1-866-323-3464	BHMI/Intecare 8604 N. Alliconville Road, Suite \$25 Indianapolis, IN 46250 www.laneCare.org 377-237-5770 or 1-866-323-3464	BHMI/Intecare 8604 N. Alliconville Noad, Suites 925 Indianapolis, IN 46230 www.interCare.org 317-237-570 or 1-866-323-3464					
ELIGIBILITY It is the provider's responsibility to check e ligibility of each member prior to providing services.	The most accurate way to confirm eligibility is to use the EDS system (e.g. web interChange, Omni,AVR) Before providing services, it is necessary to confirm: is the member eligible for services today? is what IHCP Plan are they enrolled? (Hoosier Hoottwise, Care Selet, Traditional Medicinal, HP or Presumptive Blighting (FP) if the member is in Hoosier Featifivities, what MCO are they assigned? (MCDwest-Andhen, MHS) if the member is enrolled in Hoosier Neotifying AB or C) services are they alighble to receive (Madago AB or C) or they assigned to the member to enrolled to the confirmation of the member is enrolled in Hoosier Neotifying AB or C). One the member hose primary bealth insurance other than Medicair (Virquently seen with parkings R month)?	Ne most securate way to confirm eligibility is to use the EDS system (e.g. web interChange, Omni,AVR) Before providing services, it is necessary to confirm: - Is the member eligible for services roday? - Is what LHCP Plan are they enrolled (Hoboler Hostithuse, Core Selett, Trudstonal Medicad, Hill or Presumptor Eligiblity (RP). - It the member is in Core Selett, what CMO are they assigned of inflOwers_ADVANTAGE) - Does the member have primary health insurrance other than Medicaid?	The most accurate way to confirm displicitly is to use the LDS system (e.g. web interchinage, Omni, AVR) or visit mylf/Dwise web percel. Call HIDwise Customer Service to identify Delivery System. Before providing services, it is necessary to confirm: is the member eligible for services toolage? In what HID P final met they enrolled ("Hooster Healthwise, Care Select, Trudicional Healthwise, Care Select, Trudicion					
QUICK REFERENCE SHEETS	Once you have determined what program the recenture is in and what MO-wise definery system, use the Quickernace Sheet are www.MO-wise.org to final: - Phone number and fix number for prior authorization. - Claims of	Once you have determined what Care Management Organizations the members in juncy the Care Select Quick Reference Sheet at www.MD wisco.org to find: Phone amounted read for ambient for prior authorization Claims address or EDI number Phone amounted and first number for Phonenacy Prior Authorization	Once you have determined what pro gram the member is in and what MD-vise delivery system, use the Quick Reference Sheet at www.HD-vise.org to find: - Those number and for number for pror authorisation Claims defers or EUX muster for pror authorisation Claims defers or EUX muster for Priorinacy Prior Authorisation (Performits).					
PRIOR AUTHORIZATION REQUIREMENTS	INPATIENT FSYCHIATRIC CARE With the exception of emergency admissions, prior authorization is required for any psychiatric admission, including admissions for substance abuse. Emergency admissions that require surfacement and Emergency admissions that require authorization must be resported to the Photose delivery agreementedual management department within 48 hours of admission. If the end of the & Brown proving fails on an excellent and regal holiday, emergency admissions must be reported on the next basiness do after the weekend of heliday. See Behavioral Health (Zuick Reference Sheet at www.PDWsis.com/phoseisrhealthise) rounders behavioral OUTATIENT THERAPY Diagnostic Evolutations A maximum of (2) two units per member per rolling 12-month period as allowed without prior authorization when a member is separately evoluate by a psychiatric standard of a mid-level provider. 20001, 19002. Theropy Members can receive up to (5) five theropy sessions without prior authorization. Covered Codes, 19006, 19008, 19008, 1908, 12, 1908, 46, 90847, 19033, 1903/ Recipire Prior Authorization: 20097, 19013, 19045 Medication Management Members can receive 19 visits without prior authorization per member per billing provides, per calendar gene. Covered Codes 19082, 19007, 19077, 20035, 19081, 190813 Require Trior Authorization: 2007, 19077, 20085, 19084, 1908, 11, 190813 Require Trior Authorization: 2007, 19077, 20085, 19084, 1908, 11, 190813 Require Trior at www.MDWst.cory).	INPATIENT FSYCHIATRIC CARE With the exception of imeraginary and instance, prior authorization is required for any populatoric admission, including admissions for substance abuse. Providers must: - Cull MID-vise within 48 hours of admission Report emergency services to member! 1919 within 48 hours Complete 1261 A Form within 14 days of phone authorization See Behavioral Health Cybrid Melevation of a list of applicable emergency advises to the complete of the compl	INPATIENT PSYCHATRIC CARE With the exception of emergency admissions, prior authorization is required for any psychiatric admission, including denisions for substance abuse. **Emergency admissions than require submarization must be reported to the Movis delibery system medical management department within 48 hours of admission. If the next defined & Bours period fills on a weekend or legal holding, emergency admissions must be reported on the next beainess of & Bours period fills on a weekend or legal holding, emergency admissions must be reported on the next beainess day after the weekend of holding. See Schawioral Health Quick Reference Steet at wave HDowen conjectoresclerationed relations. OUTATIENTTHERPY Diagnostic Evaluations A maximum of [3] two units per members per billing provides; per calendar year is allowed without prior authorization when a member is separately confluence by a providence of the providen					
TRANSPORTATION	All services require prior outhorization. (-8.00.3.54.1.04 nr 31.7.43.0.24) Newhers must call contenue service oil lesst one business stoy before the decreal oppositionment brownen flormage. Hondoog Iridou, Hembers must have: Member Identification Number Date and time of identification Number Cilinia address and phone number I cost number of passengers Time approximates will and	All services require prior outhorization. 1-84-4-40-240-440 prior 317-829-8189 Members mass call coasoner service on least one business day before the decreal oppositions between Rami-fem Monday Iriday Members must have: Member Identification Number Date and time of interest's repositioned Cilinia dedices and planes number Total number of passengers Time reprositions	All services require prior authoritisation. Non a covered benefit:					
GRIEVANCE / APPEALS CLAIM DISPUTES	PO Box 441423 Indianapolis, IN 46244-1423 Attention: Grievances & Appeals	Administrative Review: MDwise Gare Select MDwise Gare MDwi	MDwise Healtry Indiana Plan (HIP) PO Box 44236 Indianapolis IN 46244-1423 Attention: Grievances & Appeals					
PHARMACY PRIOR AUTHORIZATION	Sc. Cotherine Delivery System 1-219-392-7031 fac: 1219-392-7070 All other delivery systems: 1-800-558-1655 Fac: 1-877-734-4274	1-800-784-3981 Fax: 1-800-689-2759	St. Cotherine Delivery System 1.19 371 - 9131 (co. 1.17) 372 - 939 All other delivery systems: 1-800-558-1655 Fee: 1-877-334-4274					

Behavioral Health Network Development:

MDwise has selected Behavioral Health Management, Inc. (BHMI)/InteCare, an Indiana based provider organization to develop the MDwise Behavioral Health Provider Network.

- Provider contracting
- Provider credentialing
- Provider education



Contracting

- To become a MDwise Behavioral Health provider, you must first be an IHCP provider.
- To become a MDwise provider:
 - *Contact BHMI/InteCare at: I-866-323-3464 or 317-237-5770
 - *Tell them you are a DCS provider and are interested in

becoming a MDwise contracted provider

InteCare website: www.InteCare.org

Address: InteCare

8604 N. Allisonville Road, Suite 325

Indianapolis, IN 46250-1546



Contracting

- If approved to become apart of the MDwise Behavioral Health Network, providers receive a contracting packet from InteCare to complete
- All licensed BH providers are credentialed by InteCare on behalf of MDwise. *Incomplete submission of credentialing information will slow the credentialing process
- Once credentialed, a provider is considered to be an "in-network" provider and is eligible to serve members and file claims.
- Behavioral Health providers do not have to contract with a certain MDwise Delivery System. Once contracted with MDwise, you can see members from any of the MDwise Delivery Systems.



MDwise Behavioral Health Department

Director of Behavioral Health: Dr. Lynn Bradford, Ph.D.

Phone: 822-7307 email: lbradford@mdwise.org

Behavioral Health Manager: Jennifer Layden, LCSW, LMFT

Phone: 822-7368 email: jlayden@mdwise.org

Provider Relations: Jacquie Marsalis

Phone: 822-7364 email: jmarsalis@mdwise.org



MDwise Website

www.mdwise.org

Important Behavioral Health Information:

OTR Forms, Clinical Care Guidelines, Quick Contact Guide, Rating Scale Information etc.

- Hoosier Healthwise

 www.mdwise.org/hoosierhealthwise/behavioral/html
- Healthy Indiana Plan
 www.mdwise.org/healthyindiana/providers/index.html
- Care Select
 www.mdwise.org/careselect/providers/html

