

# A Deep Dive into Prior Authorizations

2025 IHCP Works Annual Seminar

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# Agenda

- Who is MDwise?
- Eligibility and Coverage
- Prior Authorization Timelines
- Submitting Prior Authorizations
- myMDwise Provider Portal: Prior Authorization
- Prior Authorization Appeals Process
- Provider Resources



# Who is 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.

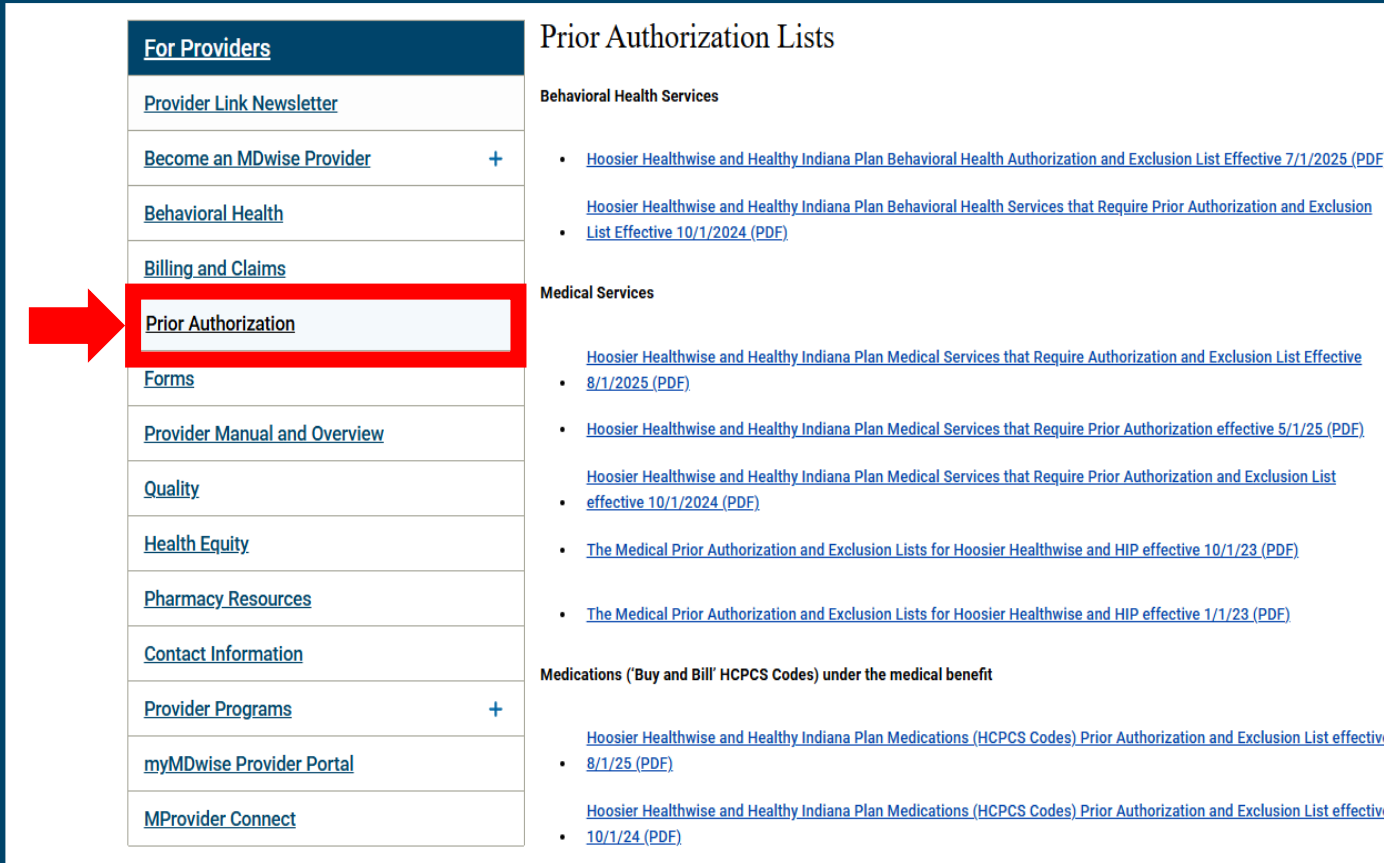
# Eligibility and Coverage



- **Prior to starting the prior authorization (PA):**
  - Ensure member is eligible on the Date of Service (DOS).
  - Ensure the member is assigned to MDwise.
  - Determine the member's plan (Healthy Indiana Plan or Hoosier Healthwise).
  - If the member has a primary insurance, check eligibility and obtain a prior authorization from the member's primary insurance and from MDwise.
- **Determine Coverage:**
  - Based on the member's plan, determine if the service being requested is a covered benefit.
  - Determine if the services or medication require a PA.
    - Services that require PA can be found on the authorization and exclusions list at [MDwise.org](https://www.mdwise.org).

# Authorization and Exclusion Lists

## PRIOR AUTHORIZATION



The screenshot shows the MDwise website's navigation menu on the left and the 'Prior Authorization Lists' content on the right. A red arrow points to the 'Prior Authorization' menu item, which is highlighted with a red box. The 'Prior Authorization Lists' section is divided into three categories: Behavioral Health Services, Medical Services, and Medications ('Buy and Bill' HCPCS Codes) under the medical benefit. Each category contains a list of links to PDF documents detailing authorization and exclusion lists for various services and effective dates.

For Providers	Prior Authorization Lists
<a href="#">Provider Link Newsletter</a>	<b>Behavioral Health Services</b>
<a href="#">Become an MDwise Provider</a> +	<ul style="list-style-type: none"><li><a href="#">Hoosier Healthwise and Healthy Indiana Plan Behavioral Health Authorization and Exclusion List Effective 7/1/2025 (PDF)</a></li><li><a href="#">Hoosier Healthwise and Healthy Indiana Plan Behavioral Health Services that Require Prior Authorization and Exclusion List Effective 10/1/2024 (PDF)</a></li></ul>
<a href="#">Behavioral Health</a>	
<a href="#">Billing and Claims</a>	<b>Medical Services</b>
<b><a href="#">Prior Authorization</a></b>	<ul style="list-style-type: none"><li><a href="#">Hoosier Healthwise and Healthy Indiana Plan Medical Services that Require Authorization and Exclusion List Effective 8/1/2025 (PDF)</a></li><li><a href="#">Hoosier Healthwise and Healthy Indiana Plan Medical Services that Require Prior Authorization effective 5/1/25 (PDF)</a></li><li><a href="#">Hoosier Healthwise and Healthy Indiana Plan Medical Services that Require Prior Authorization and Exclusion List effective 10/1/2024 (PDF)</a></li><li><a href="#">The Medical Prior Authorization and Exclusion Lists for Hoosier Healthwise and HIP effective 10/1/23 (PDF)</a></li><li><a href="#">The Medical Prior Authorization and Exclusion Lists for Hoosier Healthwise and HIP effective 1/1/23 (PDF)</a></li></ul>
<a href="#">Forms</a>	
<a href="#">Provider Manual and Overview</a>	<b>Medications ('Buy and Bill' HCPCS Codes) under the medical benefit</b>
<a href="#">Quality</a>	<ul style="list-style-type: none"><li><a href="#">Hoosier Healthwise and Healthy Indiana Plan Medications (HCPCS Codes) Prior Authorization and Exclusion List effective 8/1/25 (PDF)</a></li><li><a href="#">Hoosier Healthwise and Healthy Indiana Plan Medications (HCPCS Codes) Prior Authorization and Exclusion List effective 10/1/24 (PDF)</a></li></ul>
<a href="#">Health Equity</a>	
<a href="#">Pharmacy Resources</a>	
<a href="#">Contact Information</a>	
<a href="#">Provider Programs</a> +	
<a href="#">myMDwise Provider Portal</a>	
<a href="#">MProvider Connect</a>	

- [MDwise Behavioral Health Authorization and Exclusion List](#)
- [MDwise Medical Authorization and Exclusion List](#)
- [MDwise Pharmacy Authorization and Exclusion List](#)



## Emergency Services

- Emergency services do not require prior authorization.
  - An emergency service is a service provided to a member following the sudden onset of an emergency medical condition.
- Any resulting inpatient stay **DOES** require prior authorization.

## Self-Referral

- MDwise members can seek care from any provider enrolled with Indiana Health Coverage Program (IHCP) **without obtaining authorization or a referral** from their Primary Medical Provider (PMP).
- These self-referral services include but not limited to:
  - Eye Care
  - Foot Care
  - Chiropractic Services
  - Urgent Care
  - Family Planning

Pharmacy prior authorization requests should be faxed to the MDwise Pharmacy Benefit Manager, MedImpact – FAX: (858) 790-7100.

Statewide Uniform Preferred Drug (SUPDL) list is available on the FFS provider portal website.

- Prior authorization criteria for drugs on the SUPDL may be viewed through the **Prior Authorization Criteria and Administrative Forms** option.
- Prior Authorization Forms can be found under Pharmacy Resources at MDwise.org.
- Medicaid FFS forms should **NOT** be used for SUPDL drugs for MDwise members.

**Coverage of certain medications has been carved out from MDwise.**

- Any medications marked **Carved Out of Managed Care Coverage** should be submitted to Medicaid FFS.
- Additional information can be found in the IHCP Pharmacy Services Provider Reference Module.

# Prior Authorization Timelines



Request Type	Definition	Decision Turnaround
<b>Urgent Pre-Service</b>	Request for medical care or services with respect to which the application of the time periods for making non-urgent care determinations could result in an adverse effect to the health of the member	24 hours excluding weekends and federal and state holidays
<b>Urgent Concurrent</b>	A review decision for the extension of previously approved ongoing care	24 hours excluding weekends and federal and state holidays
<b>Non-Urgent Pre-Service</b>	Request for medical care or services for which application of the time periods for deciding <b>does not</b> jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.	48 hours excluding weekends and federal and state holidays
<b>Retro Authorization</b>	After services have begun or supplies have been delivered, as outlined by IHCP guidelines	Within 30 calendar days of receipt of all necessary information

For additional information, please refer to the [Prior Authorization Reference Guide](#) on MDwise.org.

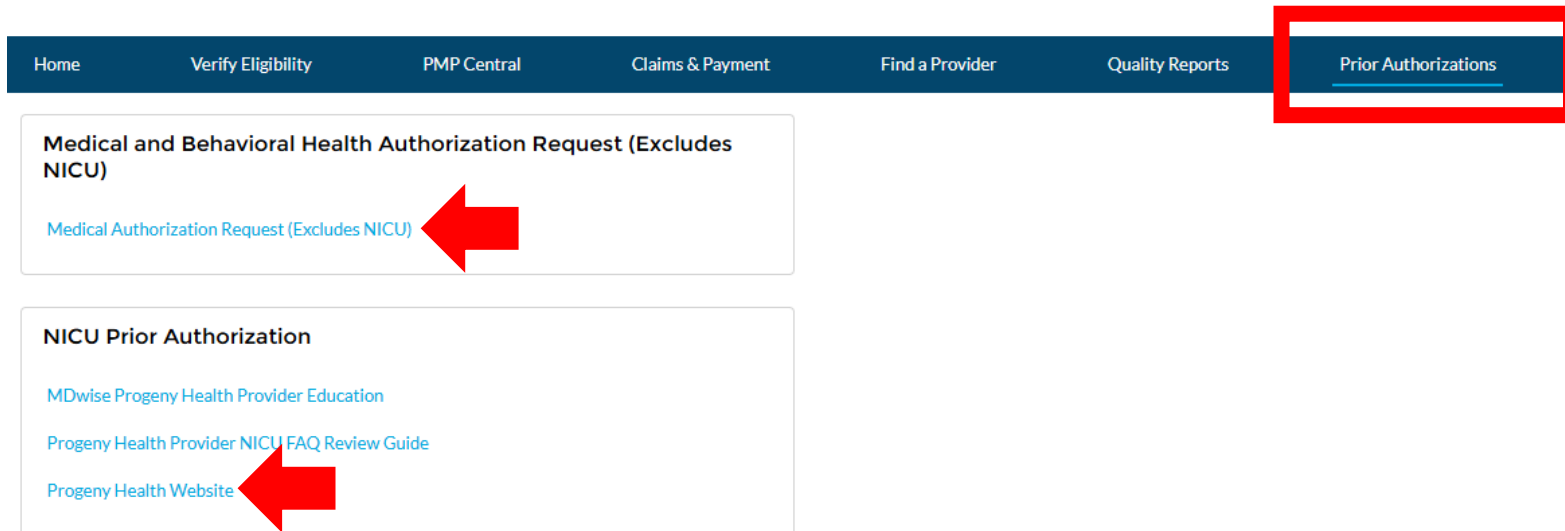
- Submit new PA requests for ongoing services **at least 30 calendar days before the current authorization period expires** to ensure services are not interrupted.
  - If a provider does not agree with the modification decision, the case is forwarded to a physician for review.
  - If the physician reviews and maintains the modification decision, a peer-to-peer review can be requested.
- Please respond to requests for additional information for **urgent concurrent review within 24 hours of receipt of the request.**

# Submitting Prior Authorizations



# How To Submit a Prior Authorization Request

- The **preferred method** for submitting a Prior Authorization request to MDwise is online through the [myMDwise Provider Portal](#).



MDwise offers the following alternatives, if you are unable to submit online.

Email: [PAdept@MDwise.org](mailto:PAdept@MDwise.org)

Fax:

**Hoosier Healthwise**  
**(888) 465-5581**

**Healthy Indiana Plan (HIP)**  
HIP | Inpatient: **(866) 613-1631**  
HIP | All Other: **(866) 613-1642**

**NICU Notification of Admission for all infants born on/after April 1, 2025, should be sent directly to ProgenyHealth via fax: (866) 305-6062.**

**Alternate Methods to Submit Notification of Admission:**

- Email: [MDwise-UM@ProgenyHealth.com](mailto:MDwise-UM@ProgenyHealth.com)
- Phone: **(888) 832-2006** Monday through Friday, 8:30 a.m. to 5:00 p.m. (Eastern Time Zone)

Please complete a **Universal Prior Authorization Form** and ensure the following items are included:

- Mother's Name, Date of Birth (DOB) and Member ID (MID)
- Infant's Name and MID (if known)
- Attending Physician NPI number and Facility NPI number
- Supporting Clinical Documentation (Progress & Treatment notes)

For members managed by ProgenyHealth, **all concurrent reviews, transfer requests and discharge summaries should be sent to ProgenyHealth's secure fax number at (866) 305-6062.**



# Prior Authorization Documentation

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
- Include in your request documentation, 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].)	Fee-for-Service	<input type="radio"/> Acentra Health	P: 866-725-9991 F: 800-261-2774
	Hoosier Healthwise	<input type="radio"/> Anthem Hoosier Healthwise	P: 866-408-6132 F: 866-406-2803
		<input type="radio"/> CareSource Hoosier Healthwise	P: 844-607-2831 F: 844-432-8924
		<input type="radio"/> MDwise Hoosier Healthwise	P: 888-961-3100 F: 888-465-5581
		<input type="radio"/> MHS Hoosier Healthwise	P: 877-647-4848 F: 866-912-4245
Healthy Indiana Plan (HIP)	<input type="radio"/> Anthem HIP	P: 844-533-1995 F: 866-406-2803	
	<input type="radio"/> CareSource HIP	P: 844-607-2831 F: 844-432-8924	
	<input type="radio"/> MDwise HIP	P: 888-961-3100 F: 866-613-1642	
	<input type="radio"/> MHS HIP	P: 877-647-4848 F: 866-912-4245	
Hoosier Care Connect	<input type="radio"/> Anthem Hoosier Care Connect	P: 844-284-1798 F: 866-406-2803	
	<input type="radio"/> MHS Hoosier Care Connect	P: 877-647-4848 F: 866-912-4245	
	<input type="radio"/> UnitedHealthcare	P: 877-610-9785 F: 844-897-6514	
Indiana PathWays for Aging	<input type="radio"/> Anthem PathWays	P: 844-284-1798 F: 866-406-2803	
	<input type="radio"/> Humana PathWays	P: 866-274-5888 F: 502-324-6376	
	<input type="radio"/> UnitedHealthcare PathWays	P: 877-610-9785 F: 844-897-6514	

Please complete all appropriate fields.

Patient Information		Requesting Provider Information					
IHCP Member ID:		Requesting Provider NPI/Provider ID:					
Date of Birth:		Taxonomy:					
Patient Name:		Taxpayer Identification Number (TIN):					
Address:		Provider Name:					
City/State/ZIP Code:		Provider Address:					
Patient/Guardian Phone:		<th colspan="2">Rendering Provider Information</th>		Rendering Provider Information			
PMP Name:		Rendering Provider NPI/Provider ID:					
PMP NPI:		TIN:					
PMP Phone:		Name:					
<th colspan="2">Ordering, Prescribing or Referring (OPR) Provider Information</th>		Ordering, Prescribing or Referring (OPR) Provider Information		Address:			
OPR Provider NPI:		City/State/ZIP Code:					
<th colspan="2">Medical Diagnosis (Use of ICD Diagnostic Code Is Required)</th>		Medical Diagnosis (Use of ICD Diagnostic Code Is Required)		Phone:			
Dx1	Dx2	Dx3	Fax:				
Please check the requested assignment category below: <input type="checkbox"/> DME <input type="checkbox"/> Inpatient <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Purchased <input type="checkbox"/> Observation <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Rented <input type="checkbox"/> Office Visit <input type="checkbox"/> Transportation <input type="checkbox"/> Home Health <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other <input type="checkbox"/> Hospice <input type="checkbox"/> Outpatient		<th colspan="2">Preparer's Information</th>			Preparer's Information		
Name:		Phone:					
Fax:		Fax:					
Dates of Service Start Stop	Procedure/ Service Codes	Modifiers	Service Description	Taxonomy	Place of Service (POS)	Units	Dollars

# myMDwise Provider Portal: Prior Authorization



- If a login account has not been created on the provider portal, you will need to create a new account using this link: [MDwise Provider Portal](#).
- If you are already registered through MProvider Connect, please use the same username and password.
- Your username is the email you used for registration plus .mdwise at the end (**name@domain.com.mdwise**).

## MYMDWISE PROVIDER PORTAL

For Providers
<a href="#">Provider Link Newsletter</a>
<a href="#">Become an MDwise Provider</a> +
<a href="#">Behavioral Health</a>
<a href="#">Billing and Claims</a>
<a href="#">Prior Authorization</a>
<a href="#">Forms</a>
<a href="#">Provider Manual and Overview</a>
<a href="#">Quality</a>
<a href="#">Health Equity</a>
<a href="#">Pharmacy Resources</a>
<a href="#">Contact Information</a>
<a href="#">Provider Programs</a> +
<a href="#">myMDwise Provider Portal</a>
<a href="#">MProvider Connect</a>

### 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 >

[myMDwise Provider Portal FAQ \(PDF\)](#)

### Create a New Account

Providers must complete the sign-up process to gain access. Users are required to create individual accounts. Visit the [myMDwise provider login page](#) and click on the link which reads "Request New Account."

You will need the following information:

- Provider NPI and TIN.
- An email address.

[View our myMDwise Provider Portal Account Creation Guide for additional help \(PDF\)](#)

# myMDwise Provider Portal Login

- If the tax identification number and IHCP Provider ID combination is incorrect or we are unable to find a valid match, you will receive the following message:

Unable to find a matching group with the information provided. Please email MDwise directly at [PRregistration@mdwise.org](mailto:PRregistration@mdwise.org) to add the Provider Location.

## Welcome to myMDwise

The myMDwise provider portal allows registered providers to view member eligibility information securely online for both 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

### Request for Access

Providers must complete the sign-up process to gain access. Users are required to create individual accounts.

### MDwise is here to help

Provider Customer Service Unit: 1-833-654-9192  
Provider Enrollment: 317-833-7300, *option 1*  
Provider Relations: [MDwise Provider Contact Information](#)

[MDwise Terms of Use](#)  
[MDwise Privacy Policy](#)  
[MDwise HIPAA Policy](#)

## Sign in to your account

[Log in](#)

[Create account](#)

[Forgot your password?](#)

Your email must be verified in order to log into the portal. If you have not yet verified your email, please [click this link](#).  
(DR-05-2025-17014/HHW-HIPO0593 (5/25))

[myMDwise Provider Portal Account Creation Guide](#)

\*\*\*If you already registered through MProvider Connect, please use the same username and password.

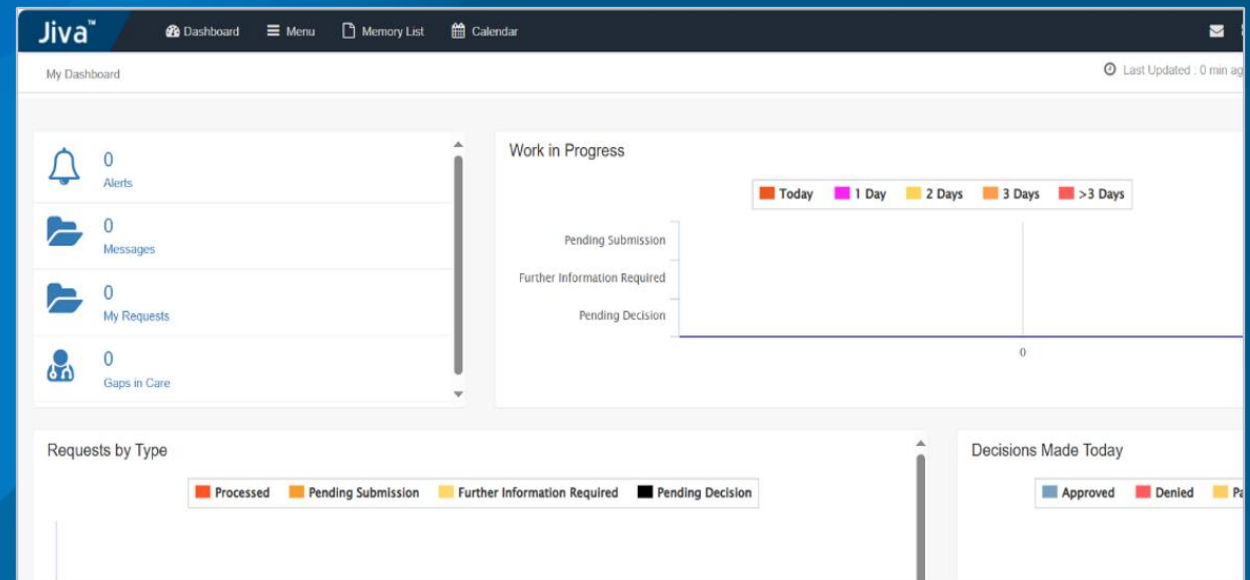
Your username is the email you used for registration plus .mdwise at the end. For example:  
name@domain.com.mdwise.  
(DR-04-2025-16575/HHW-HIPPO964 (4/25))

# Navigating Your Dashboard

- Once logged in, locate and click on the Prior Authorizations tab in the banner near the top of the page.

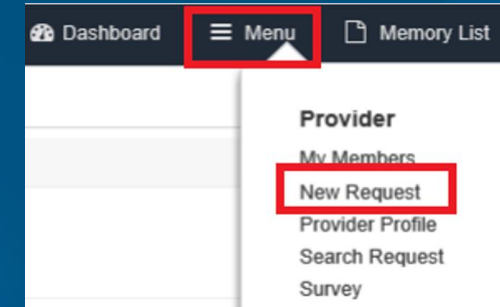


- The webpage will automatically redirect to the Prior Authorization Portal (Jiva) to the My Dashboard screen.



# Initiating a Prior Authorization

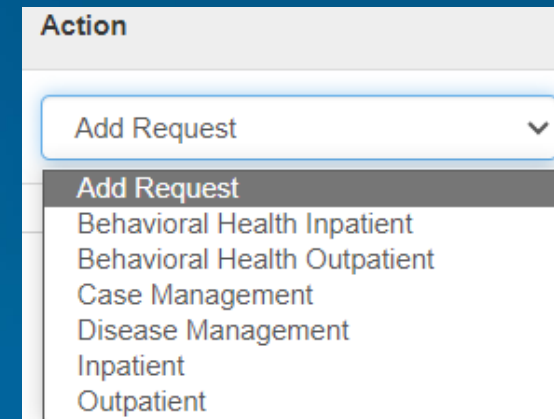
Select Menu: Choose New Request from dropdown.



Enter Member ID and select the blue Search button. The member will appear.

A screenshot of a form field for entering a Member ID. The label 'Member ID' is followed by a red asterisk, indicating a required field. To the right of the label is a white rectangular input box.

Locate the Action column on the far right of the screen. Select the Add Request drop-down and choose the appropriate type of request.



# Prior Authorization Request Types

Request Type	Definition	Request Type Examples	Decision Turnaround
<b>Urgent Pre-Service</b>	Request for medical care or services with respect to which the application of the time periods for making non-urgent care determinations could result in an adverse effect on the health of the member	Initial PHP/SUDRT/Urgent Medical OP Preservice and Inpatient stays	24 hours excluding weekends and federal and state holidays
<b>Urgent Concurrent</b>	A review decision for the extension of previously approved ongoing care	Concurrent PHP/SUDRT/Urgent Medical OP Preservice and Inpatient stays	24 hours excluding weekends and federal and state holidays
<b>Non-Urgent Pre-Service</b>	Request for medical care or services for which application of the time periods for deciding <b>does not</b> jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain	Initial and Concurrent Medical Preservice, Intensive Outpatient (IOP) applied Behavioral Analysis, and Psych/Neuro testing	48 hours excluding weekends and federal and state holidays
<b>Retrospective</b>	After services have begun or supplies have been delivered, as outlined by IHCP guidelines	Any services that have already begun outside of IP stay as long as submitted timely	Within 30 calendar days of receipt of all necessary information

# Portal Request Type

- Click on the Request Type drop-down and choose the appropriate request type.

Request Type \*

--Select One--

--Select One--  
concurrent  
Preservice  
Retrospective

- Select a Request Priority type.

Request Priority \*

Standard

--Select One--  
Standard  
Urgent



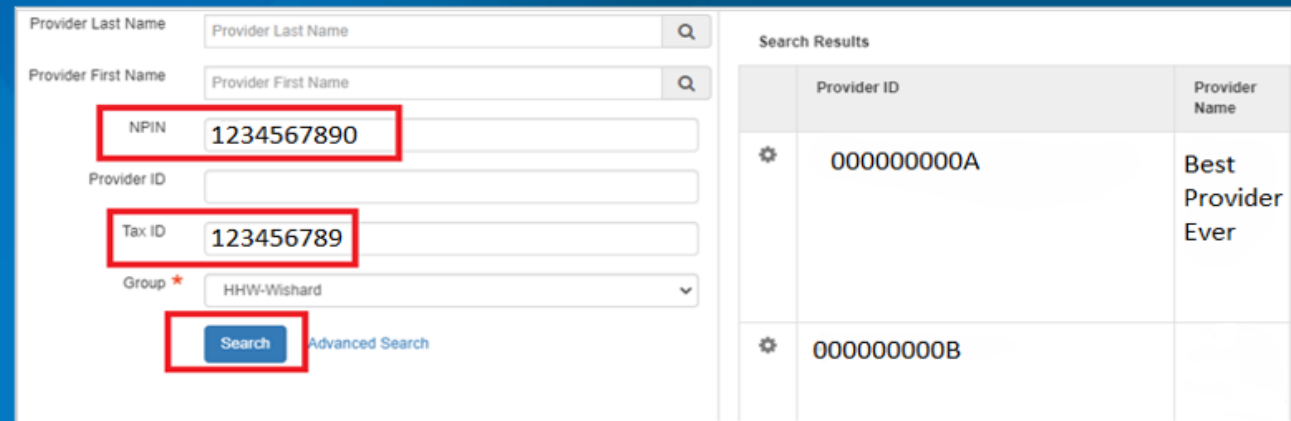
# Diagnosis and Providers

- Fill out the Diagnosis section by entering the diagnosis code. Once you have entered the code, wait for Jiva to display its description. Then, select the provided code and description from the list that appears.



The screenshot shows the 'Diagnosis' section of a form. On the left, there is a 'Code Type' dropdown menu with 'ICD 10' selected. To its right, a red arrow labeled 'Step 1' points to a 'Diagnosis' input field. This field contains the code 'G43.1'. Below this, another red arrow labeled 'Step 2' points to a dropdown menu that has opened, showing the selected option 'G43.1 - Migraine with aura'.

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



The screenshot shows the 'Providers' section of a form. On the left, there are input fields for 'Provider Last Name', 'Provider First Name', 'NPI', 'Provider ID', 'Tax ID', and a 'Group' dropdown menu. The 'NPI' field contains '1234567890' and the 'Tax ID' field contains '123456789'. Both fields are highlighted with red boxes. Below these fields is a blue 'Search' button, also highlighted with a red box. To the right of the form is a 'Search Results' table.

	Provider ID	Provider Name
⚙	000000000A	Best Provider Ever
⚙	000000000B	


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




The screenshot shows the 'Providers' section of a form. At the top, there is a dropdown menu with a downward arrow and the text 'Providers'. Below this, there is a blue button with the text 'Attach Providers'.

# Inpatient PA Submission

- Select a level of care from the Requested Level of Care dropdown
- Type in LOS (Length of Stay) Requested #.
- Complete the Documents section: Type in Document Title. Click the green Browse button to add documents.

Requested Level Of Care \*    
Please enter a value in this field.

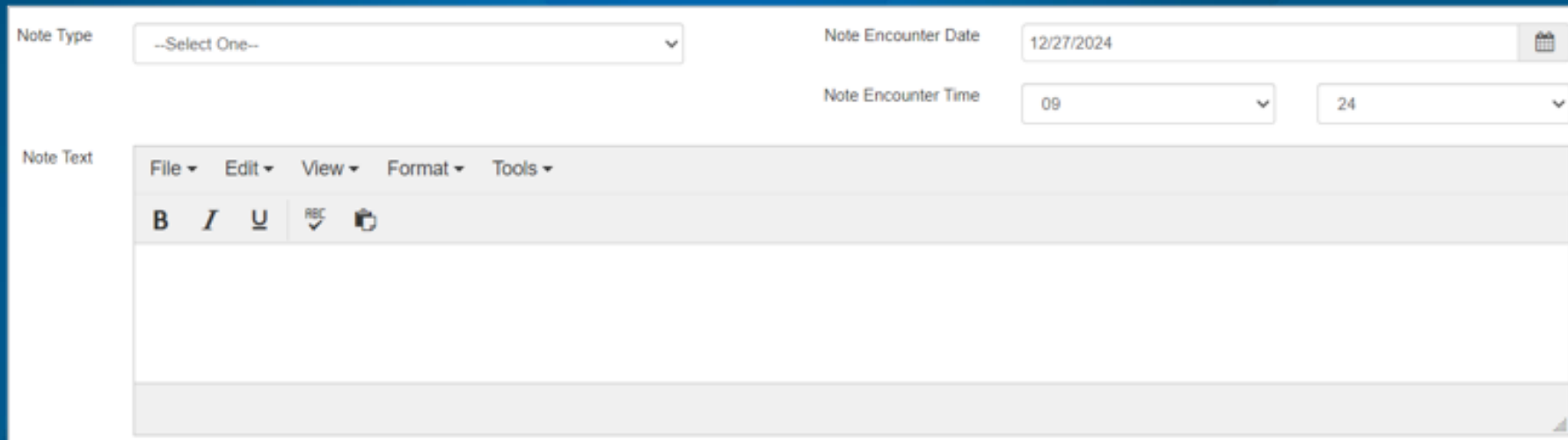
LOS Requested # \*

Documents	Document Title	<input type="text"/>
	Document Type	<input type="text" value="Other"/> 
	Select Document	<input type="button" value="Browse"/> No File Selected

**Please Note:** Documents must include clinicals and a completed PA form.

# 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).



The screenshot shows a web form for creating inpatient notes. At the top left, there is a 'Note Type' dropdown menu with the text '--Select One--'. To its right is the 'Note Encounter Date' field, which contains '12/27/2024' and has a calendar icon. Below the date is the 'Note Encounter Time' section, consisting of two dropdown menus: the first shows '09' and the second shows '24'. The main part of the form is the 'Note Text' area, which features a rich text editor. The editor has a menu bar with 'File', 'Edit', 'View', 'Format', and 'Tools'. Below the menu bar is a toolbar with icons for bold (B), italic (I), underline (U), a link icon, and a document icon. The text area itself is a large, empty white box with a scroll bar on the right side.

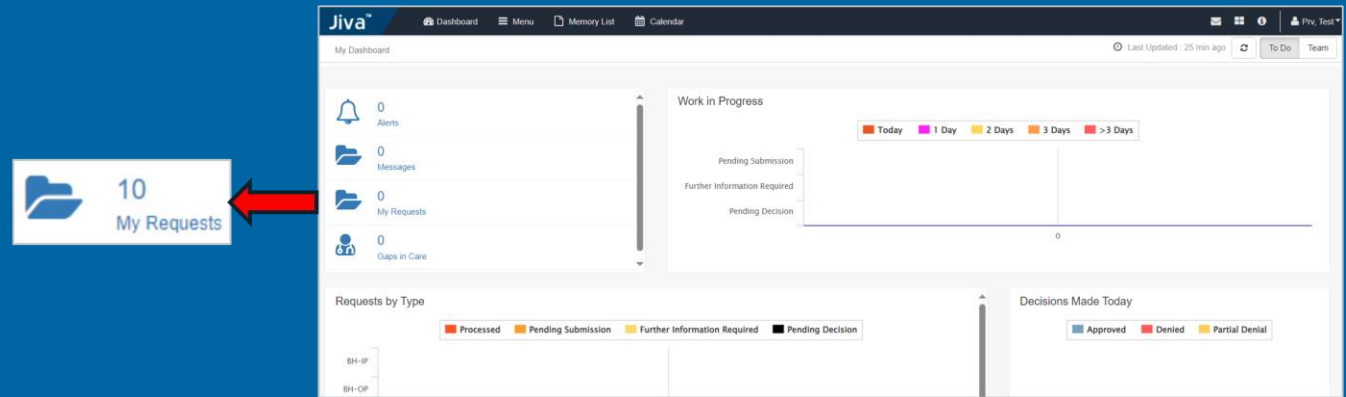
- Click the green Submit button to complete the request.

Submit

Cancel

# My Requests: Submitting a Concurrent/Extension

- From the Dashboard screen, click on the blue My Requests link that is in the top left widget. You can filter 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.

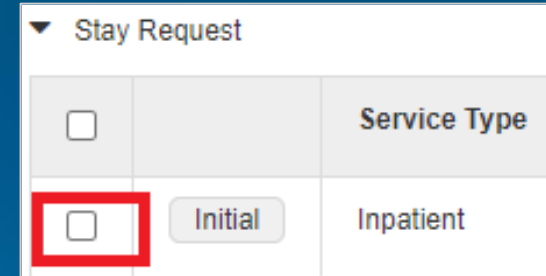
The screenshot shows a table of requests with the following columns: Actions, Episode Type, Cert Number, Episode ID, Member Name, Requested/Created Date, Diagnosis, Procedure, Provider, Created By, and Status. The 'Open' action is selected for the first row.

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

**Please Note:** Any outpatient (OP) request over 212 days old, or inpatient (INPT) request over 20 days old will require a new PA submission.

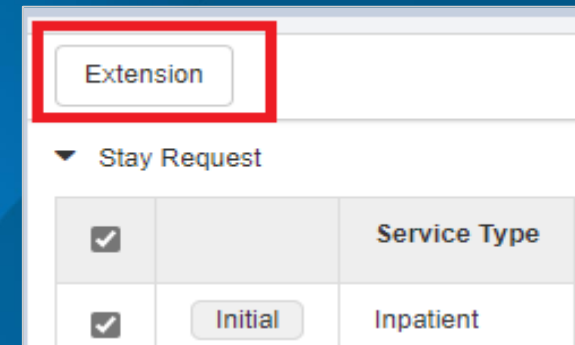
# Submitting a Concurrent/Extension Request

- 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.



A screenshot of a web interface showing a table titled "Stay Request". The table has three columns: a checkbox column, a button column, and a "Service Type" column. The first row has an empty checkbox, an empty button, and the text "Inpatient". The second row has a checkbox highlighted with a red square, a button labeled "Initial", and the text "Inpatient".

		Service Type
<input type="checkbox"/>		Inpatient
<input type="checkbox"/>	Initial	Inpatient



A screenshot of a web interface showing a button labeled "Extension" highlighted with a red square. Below the button is a table titled "Stay Request". The table has three columns: a checkbox column, a button column, and a "Service Type" column. The first row has a checked checkbox, an empty button, and the text "Inpatient". The second row has a checked checkbox, a button labeled "Initial", and the text "Inpatient".

		Service Type
<input checked="" type="checkbox"/>		Inpatient
<input checked="" type="checkbox"/>	Initial	Inpatient

# Concurrent/Extension Details

- Enter the required details in the drop-downs with a red asterisk \* for the extension request.

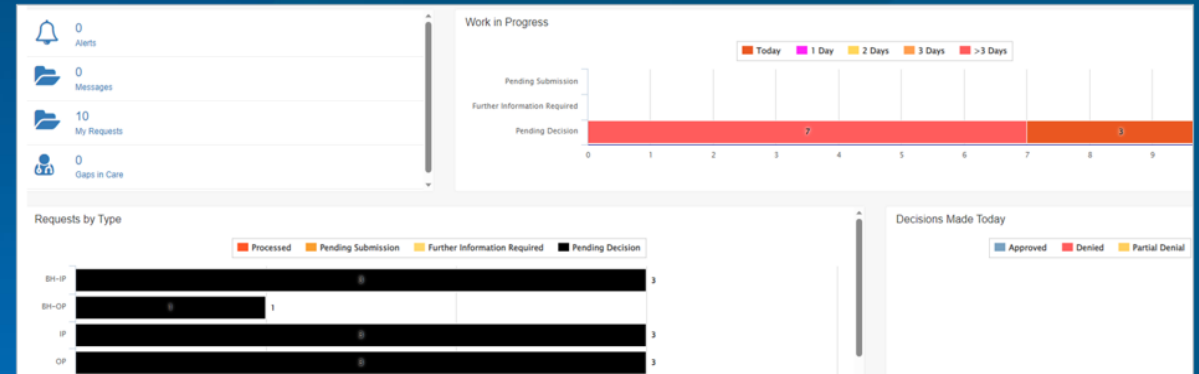
Requested Date *	<input type="text" value="09/07/2023"/>		LOS Requested # *	<input type="text" value="0"/>
Request Received Time *	<input type="text" value="12"/>	<input type="text" value="32"/>	Requested Level Of Care	<input type="text" value="INPBH-Template-Inpatient Behavioral Health"/>
Request Type *	<input type="text" value="--Select One--"/>			
Request Priority *	<input type="text" value="--Select One--"/>			
Time Request				
Due Date				

- Click the green Save button to complete the request.

<input type="button" value="Save"/>	<input type="button" value="Cancel"/>
-------------------------------------	---------------------------------------

# Dashboard Overview

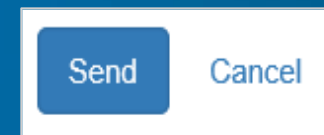
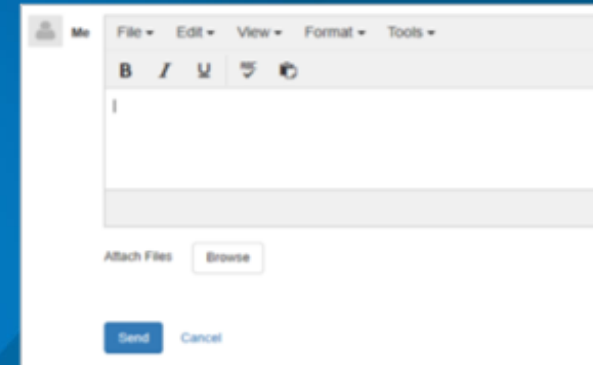
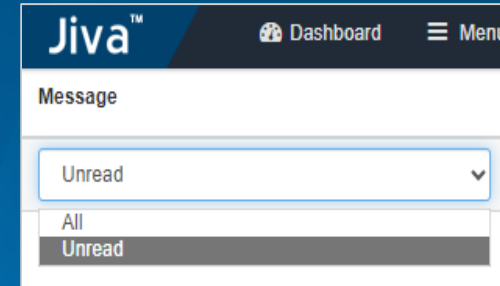
- The dashboard in the Authorization Portal is comprised of several widgets that quickly display data related to the individual assigned provider.



Alerts	Messages
<ul style="list-style-type: none"><li>Alerts are system-generated messages sent to the assigned user that present important information about specific requests.</li><li>These messages will only pertain to requests made by the assigned provider.</li></ul>	<ul style="list-style-type: none"><li>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.</li></ul> <p><b>Please Note:</b> Unlike in the Alerts link, messages here may pertain to requests made by anyone other than the assigned provider.</p>

# 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.





# Request Dashboard

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



- Locate the different filter options.

All

All

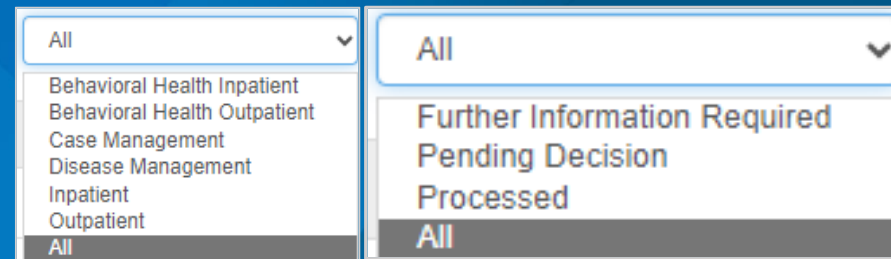
Filter by Date

01/01/2024

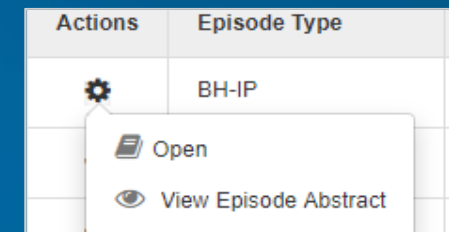
07/10/2024

Actions	Episode Type	Cert Number	Episode ID	Member Name	Requested/Created Date	Diagnosis	Procedure	Provider	Created By	Status
<div><div></div><div>Open</div><div>View Episode Abstract</div></div>	OP	240408010	2079844	Porter, Harry	04/23/2024	B33.0	96203	Test Test	Priv, Test	Processed
		240408008	2079841	Porter, Harry	04/23/2024	C47.3	96204	Test Test	Priv, Test	Processed

- 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.



# 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 [4CFR 438.400\(b\)\(2\)](#) 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 438.400](#).

# Pharmacy and Dental Service Appeal

Providers **must request an appeal in writing** using the [Prior Authorization Appeal Form](#)

Pharmacy Service Appeals	Dental Service Appeals
<p><b>Email:</b> <a href="mailto:pharmacyappeals@mdwise.org">pharmacyappeals@mdwise.org</a></p> <p><b>Mailing Address:</b> MDwise Pharmacy Department PO Box 441423 Indianapolis, IN 46244-0236</p>	<p><b>Email:</b> <a href="mailto:dentalappeals@mdwise.org">dentalappeals@mdwise.org</a></p> <p><b>Mailing Address:</b> MDwise Dental Appeals PO Box 44236 Indianapolis, IN 46244-0236</p>

## If you receive a denial and do not agree with the decision, you can request a Peer-to-Peer Review. Here's how:

- Request a Peer-to-Peer Review within seven **(7) business days** of the denial notice. The denial letter will include the phone number to call for a Peer-to-Peer Review.
- Be ready to provide the following information.
  - Details from the denial letter, including the physician's name and phone number.
  - Times when the physician is available to speak with our physician.
- The Peer-to-Peer Review will be a discussion with the Medical Director or the reviewer who made the decision.
- If the result is still not in your favor, you can request an appeal.
- If documentation was missing, you can include it in your appeal to save your physician time.

# Filing a Medical Service Appeal

Providers must request an appeal **in writing** using the [Prior Authorization Appeal Form](#)

**Email:** [PADept@MDwise.org](mailto:PADept@MDwise.org)

**Fax:** (866) 613-1631

**Mailing Address:**

MDwise Customer Service Department  
Attention: Appeals  
PO Box 44236  
Indianapolis, IN 46244-0236



# Member Appeals

- Members have 60 calendar days from the date of denial to submit the of appeal.
- MDwise has 30 calendar days to render a standard appeal and 48 hours for an expedited appeal.
- Members are not eligible to request or receive extensions for appeal submissions.
- If MDwise is unable to decide within 30 business days because additional information is needed (requested previously but not provided from either the provider or member), the time frame can be extended under [42 CFR 438.408\(C\)](#).

- Providers have 48 hours to submit an appeal after notice of denial.
- MDwise will render a decision within 30 calendar days for standard request and 48 hours for expedited.
- MDwise resolves provider appeals within 48 hours of receiving the request and the attending physician and member are notified.
- This time frame can be extended under [42 CFR 438.408\(C\)](#).



# Appeals | External Options

- If your standard or expedited appeal is denied, you have more options for review.
- You, your representative, or your provider can request an external review by an **Independent Review Organization (IRO)** and/or a **State Fair Hearing (SFH)**.

Independent Review Organization (IRO):	State Fair Hearing (SFH):
<ul style="list-style-type: none"><li>• Request must be filed within 120 calendar days of the appeal decision.</li><li>• MDwise will confirm receipt within three (3) business days.</li><li>• A standard IRO review will be completed within 15 business days after your request.</li><li>• An expedited IRO review will be completed within 72 hours after your request.</li></ul>	<ul style="list-style-type: none"><li>• Request must be filed within 120 calendar days of the appeal decision or the IRO determination.</li><li>• To request a State Fair Hearing, contact: <b>Office of Administrative Law Proceedings</b> <b>100 N Senate Ave, Room N802</b> <b>Indianapolis, IN 46204</b> (Request must be made directly and in writing.)</li><li>• The Administrative Law Judge will render a decision and notify you of the outcome in writing.</li><li>• If the decision is in your favor, MDwise will provide the denied services within 72 hours of the decision notice.</li></ul>

# Provider Resources



## Prior Authorization Resources Page

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

## MDwise Prior Authorization Inquiry Line (*inquiry only, PAs are not accepted by phone*)

- **(888) 961-3100** | Monday – Friday, 8:00 a.m. to 5:00 p.m. (Eastern Time Zone)

## MDwise Provider Manual

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

## IHCP Provider Reference Modules

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

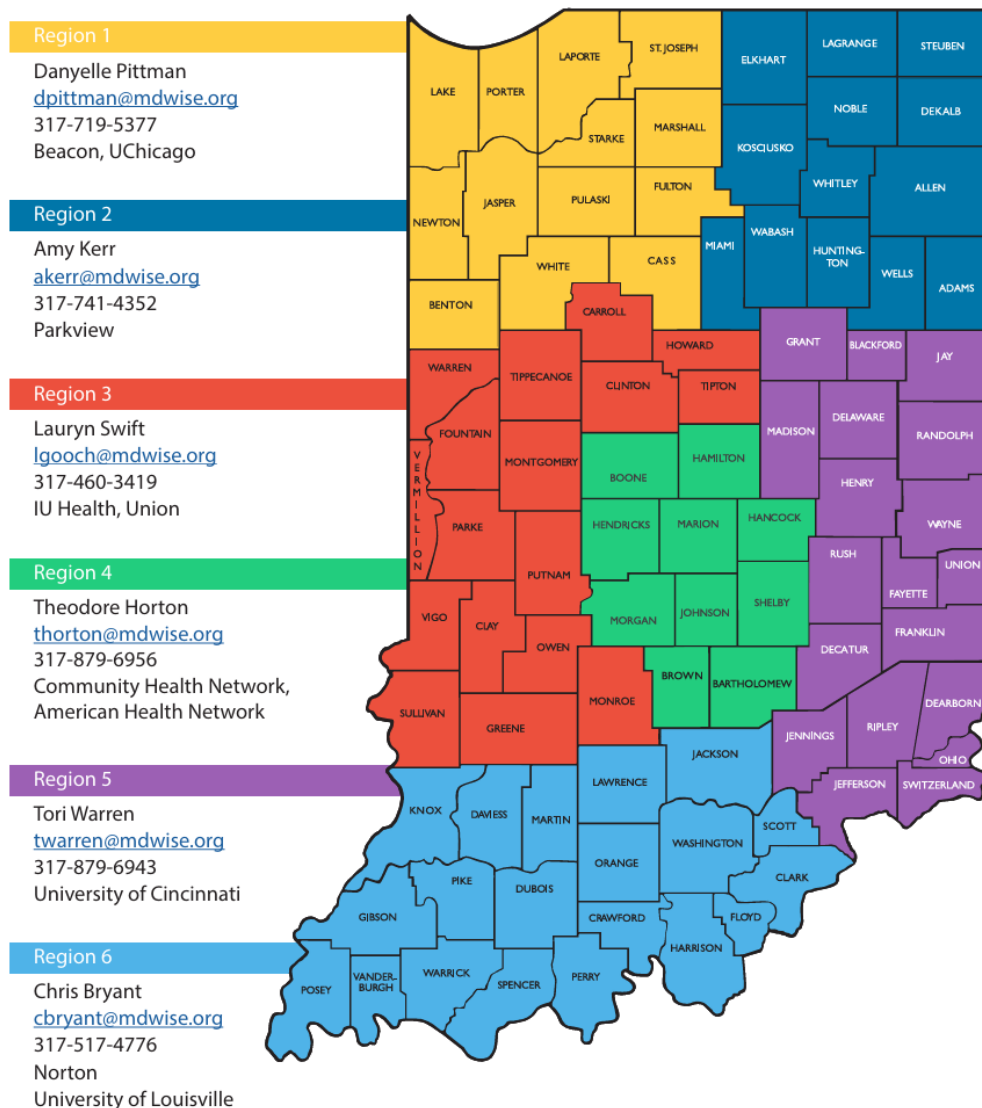
## MDwise Provider Customer Service Unit

- **(833) 654-9192** | Monday – Friday, 8:00 a.m. to 8:00 p.m. (Eastern Time Zone)

## MDwise Contact Information

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

# MDwise Provider Relations Team



## PROVIDER GROUP REPRESENTATIVES

Tonya Trout

[ttrout@mdwise.org](mailto: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](mailto: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

[lr Ramsey@mdwise.org](mailto:lr Ramsey@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](mailto:adeaton@mdwise.org)

317-914-5953

Josh Burger

Director of Provider Relations

[jburger@mdwise.org](mailto:jburger@mdwise.org)

317-460-4510

# Questions?



# Thank you!



**Please take a few moments  
to complete the event and  
session evaluations. We  
appreciate your feedback!**