



## Indiana Care Select

Presented by EDS Provider Field  
Consultants

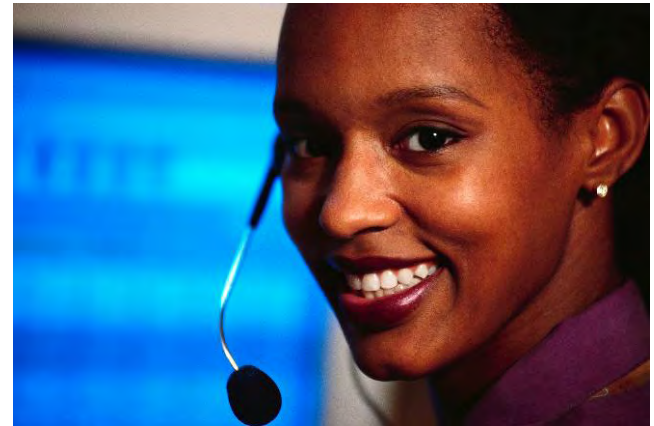


October 2007



# Agenda

- Session Objectives
- Care Management Organizations
- Program Population
- Eligibility Verification Systems
- Implementation Schedule
- Startup Tasks
- Program Features
- Covered Services
- Referrals
- Prior Authorization
- Claims Processing
- Questions



# Session Objectives

Following this session, providers will be able to:

- Identify the two care management organizations (CMOs)
- Identify the new enrollment broker
- Know when Care Select will be implemented in your region
- Identify when a member is eligible for Care Select
- Discover features of the Care Select program
- Understand the referral process
- Understand the prior authorization process

# Care Select

## Program Benefits

- Benefits of the Care Select program include:
  - Improved quality of care and health outcomes for members
  - Improved client safety
  - Qualitative adherence to treatment plans
  - Direct communication between the primary medical provider and the Care Management Organizations
  - Controlled fiscal growth

# Care Management Organizations

- Two health plans were selected to function as care management organizations (or, CMOs) for the Care Select program
  - Advantage Health Solutions
    - [www.advantageplan.com](http://www.advantageplan.com)
    - 1-866-504-6708
  - MDwise
    - MDwise also serves as one of Indiana's three Hoosier Healthwise managed care organizations (MCOs)
    - [www.mdwise.org](http://www.mdwise.org)
    - 1-866-440-2449

# Enrollment Broker Transition

- Currently, AmeriChoice serves as the enrollment broker for Hoosier Healthwise and Medicaid Select
- Beginning November 1, 2007, MAXIMUS Administrative Services, Inc. (MAXIMUS) will transition to the Care Select enrollment broker
- Beginning January 1, 2008, MAXIMUS will transition to the Hoosier Healthwise / Medicaid Select enrollment broker
- AmeriChoice and MAXIMUS will share the same phone number
- Contact the enrollment broker at:  
1-866-963-7383

# Population Served

- The following IHCP members will be covered by the Care Select program:
  - Aged
  - Blind
  - Physically and mentally disabled
  - Members receiving adoption assistance
  - Members in the Waiver Program
  - M.E.D. Works participants (Medicaid for Employees with Disabilities)

# Ineligible Members

- The following IHCP members will not be covered by the Care Select Program:
  - Members on Spend-down
  - Medicare Medicaid dually eligibles
  - QMB members
  - SLMB members
  - Members in the hospice program
  - Undocumented aliens
  - AID to Recipient in County Homes (ARCH) members
  - Members enrolled in the 590 Program
  - Members enrolled in the Breast and Cervical Cancer Treatment Services program

# Eligibility Verification

- Once members are assigned to the Care Select program, the eligibility verification systems will identify the following:
  - *Member is eligible for Traditional Medicaid*
  - Care Select primary medical provider (PMP) name with contact phone number
  - Assigned CMO with contact phone number
- Providers should verify member eligibility on each date of service
- Three eligibility verification systems (EVS) are available 24 hours per day:
  - Web interChange
  - Automated Voice Response (AVR)
  - OMNI swipe machine

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Logon  
Logoff  
Change Password

Spend Down	No		
Medicare	No	Medicare Number	
Nursing Home Resident	No	Patient Liability	\$0.00
Restricted	No		
GMB	No		
Other Private Insurance	No		

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**Managed Care Information**

Managed Care	Care Select from 08/01/2007 to 08/08/2007
Primary Provider	GREGORY M FRENCH
Phone	317-925-8283
Managed Care Entity Name	MDWSE CARE SELECT
Phone	800-356-1204
Managed Care	Care Select from 08/15/2007 to 08/20/2007
Primary Provider	MICHAEL WEEKS
Phone	317-541-3400
Managed Care Entity Name	MDWSE CARE SELECT
Phone	800-356-1204

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# Eligibility Verification Systems

## Web interChange

The following enhanced features are only available through Web interChange:

- County caseworker, county information, and case identification numbers
- Detailed TPL information
- Online TPL update requests



# Eligibility Verification Systems

## Automated Voice Response System

AVR provides the following:

- Member eligibility verification
- Benefit limits
- Prior authorization
- Claim status
- Check write

Contact AVR at (317) 692-0819 in the Indianapolis local area or 1-800-738-6770

AVR instructions are in Chapter 3 of the IHCP Provider Manual



# Eligibility Verification Systems

## Omni

- Is cost effective for high-volume providers
- Uses plastic Hoosier Health card
- Allows manual entry
- Prints two-ply forms
- Requires upgrade for benefit limit information (refer to IHCP Provider Bulletin *BT200711*)

See Chapter 3 of the *IHCP Provider Manual* for more information



# Implementation Schedule

- The Care Select Program will be phased in by geographic regions:
- **November 1, 2007** – Central Region
  - Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Morgan, Putnam, Rush, Shelby
- **March 1, 2008** – Northwest, North Central, Northeast, and East Central
  - Jasper, Lake, LaPorte, Newton, Porter, Elkhart, Fulton, Marshall, Pulaski, Starke, St. Joseph, Adams, Allen, Dekalb, Huntington, Kosciusko, Lagrange, Miami, Noble, Steuben, Wabash, Wells, Whitley, Blackford, Cass, Delaware, Fayette, Grant, Henry, Howard, Jay, Randolph, Tipton, Union, Wayne

# Implementation Schedule

- **June 1, 2008** – Southwest, Southeast, West Central
  - Brown, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Monroe, Posey, Orange, Owen, Perry, Pike, Spencer, Vanderburgh, Warrick, Bartholomew, Clark, Crawford, Dearborn, Decatur, Floyd, Franklin, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Scott, Switzerland, Washington, Benton, Carroll, Clay, Clinton, Fountain, Montgomery, Parke, Sullivan, Tippecanoe, Vermillion, Vigo, Warren, White
- PMP changes for the northwest, north central, northeast, east central, southwest, southeast, and west central regions will be processed by EDS from November 1, 2007, until the implementation dates for the respective regions

# Implementation Schedule

- Out-of-state cities will be implemented along with the Indiana state region that borders the applicable out-of-state city
  - Louisville, Ky
  - Owensboro, Ky
  - Cincinnati, OH
  - Harrison, OH
  - Hamilton, OH
  - Oxford, OH
  - Sturgis, MI
  - Chicago/Watseka, IL
  - Danville, IL

# Start-up Tasks – Central Region

## PMP Enrollment

- The following tasks will take place for the Central Region prior to November 1, 2007:
  - The CMOs will enroll their contracted PMPs into their health plans
    - All Medicaid enrolled PMPs are encouraged to contact Advantage Health Solutions and/or MDwise to obtain a *Care Select Addendum*
    - Central region PMPs must have returned the signed *Care Select Addendum* to the CMO prior to October 15, 2007, in order to maintain their existing Medicaid Select panel
    - The PMPs' Medicaid Select enrollment will be assigned an end date one day prior to the start of the Care Select enrollment
    - Providers not enrolled in the IHCP may download an IHCP enrollment application from [http://www.indianamedicaid.com/ihcp/ProviderServices/enrollment\\_provider.asp](http://www.indianamedicaid.com/ihcp/ProviderServices/enrollment_provider.asp), or call 1-877-707-5750

# Start-up Tasks – Central Region

## Member Assignment

- Medicaid Select members will be assigned to their current PMP if their current PMP enrolls in Care Select
  - *Reminder:* Central region PMPs must have returned the signed *Care Select Addendum* to the CMO prior to October 15, 2007, in order to maintain their existing Medicaid Select panel
- Members who do not have an existing relationship with a PMP will be contacted by the enrollment broker to assist with selection of a PMP
- All remaining members in the Central Region who have not selected a PMP, will be auto-assigned to a PMP as of December 1, 2007

# Start-up Tasks – Central Region

## Member Assignment

- PMPs who enroll with both CMOs will be assigned members from both CMOs
  - Assignment will be approximately 50% Advantage, 50% MDwise
  - Individual member needs will be a key factor in determining assignments

# Startup Tasks – All Regions

## Dually eligibles

- Members who are dually eligible for Medicare and Medicaid will be converted from Medicaid Select to traditional Medicaid fee-for-service effective November 1, 2007
  - This transition will affect all dually eligibles state-wide

# Startup Tasks

## Enrollment Broker

- Beginning November 1, 2007, MAXIMUS will perform the following functions for Care Select:
  - Provide counseling to members in the selection of a PMP that best meets their needs
  - Give unbiased education about the Care Select program
  - Facilitate initial member enrollment in the program
  - Perform member-initiated PMP changes
- Prior to November 1, 2007, AmeriChoice will answer general Care Select questions
- Enrollment broker phone number will not change after the transition

# Startup Tasks

## Restricted Card Program

- Central region members in the Restricted Card Program will transition to the CMOs beginning November 1, 2007
- Members in the Restricted Card Program located in all other regions will transition to Advantage Health Solutions beginning January 1, 2008
- Providers must verify member eligibility to determine the organization administering the Restricted Card Program for a restricted member

Refer to Chapter 13 of the *IHCP Provider Manual* for information regarding the Restricted Card Program

# Primary Medical Providers

- Physicians from the following specialties are eligible to enroll as PMPs and will receive auto-assignments:
  - Family Practitioner
  - General Practitioner
  - General Internal Medicine
  - General Pediatrics
  - OB/GYN
- Other physician specialties may enroll as a PMP but will not receive members through auto-assignments
  - Members must actively choose these providers as a PMP

# Primary Medical Provider Enrollment

- To be a Care Select PMP, the provider must:
  - Be enrolled in the Indiana Health Coverage Program (IHCP)
  - Be credentialed according to credentialing guidelines approved by the State of Indiana
  - Obtain and sign the *Care Select Addendum*
  - Provide demographic, scope of practice, and panel size information to the CMO(s)
- The CMO will electronically enroll the PMP in IndianaAIM via the secure web interChange

# Program Features

- Advantage Health Solutions and MDwise will:
  - Maintain and update their contracted PMPs' demographic, scope of practice, and panel size information
    - *NOTE:* PMPs are required to communicate changes to their respective CMO(s)
    - Care Select and Hoosier Healthwise panels are maintained separately
- PMPs will receive a \$15 administrative fee per member per month
- PMPs have flexibility in determining panel size
- PMPs may enroll with one or both CMOs

# Program Features

- Members continue to use the plastic Hoosier Health Card – no new cards will be issued and the member ID remains the same
- PMPs will continue to receive their two-digit certification code quarterly
  - *NOTE:* The same certification code will be used for both Medicaid Select and Care Select
  - Referrals must be made by phone or in writing
  - PMPs will provide specialists with their legacy provider identifier/NPI and certification code
  - PMPs will provide hospitals with their license number (outpatient services)
- Members may access services at the same hospitals and pharmacies as they do currently under Medicaid Select

# Self-Referred Services

- Self referral services do not require a certification code or PMP authorization. They include:
  - Podiatry
  - Chiropractic
  - Mental health
  - Dental
  - Vision
  - Family Planning
  - HIV/AIDS Targeted Case Management
  - Immunizations
  - Diabetes Self-management
  - Pharmacy

# Self-Referred Services

## Ancillary Services

- Self-referred ancillary services include:
  - Emergency services (emergency primary dx code)
  - Lab
  - Radiology
  - Anesthesia
  - Transportation
  - Durable Medical Equipment / Home Medical Equipment
  - Home Health Services

# Self-Referred Services

## Outpatient Therapy Services

- Self-referred outpatient therapy services include:
  - Physical Therapy (specialty 170)
  - Occupational Therapy (specialty 171)
  - Respiratory Therapy (specialty 172)
  - Speech Therapy (specialty 173)
- Other self-referred services include:
  - School Corporations
  - First Steps
  - Medical Review Team (MRT)
  - Pre-Admission Screening and Resident Review (PASRR)

# Covered Services

- Services covered under Medicaid Select are also payable under Care Select
- Care Coordination Conferences between the CMO and PMP
  - Bill care coordination conferences with CPT **99211** with the **SC** modifier – *Office or other outpatient visit for the evaluation and management of an established patient*
  - Reimbursement for care coordination conferences is limited to two one-hour conferences per rolling 12 month period
  - Care coordination conferences are reimbursed at \$40 for each encounter

# Covered Services

## Care Coordination by Nurse Practitioner

- Reimbursement for care coordination conferences can also be made when performed by a nurse practitioner employed by the same group as the PMP
- The nurse practitioner is not required to be enrolled in the IHCP
  - Append the **SA** modifier when the nurse practitioner is not enrolled as an IHCP provider (for example, 99211 SCSA)
  - Report the rendering NPI or LPI of the PMP on the claim

# Covered Services

## Care Coordination Edits

- EOB 1050 – *The recipient is enrolled in the Care Select Program. Care Management service must be billed by the member's assigned Care Select PMP or nurse practitioner in the same group as the Care Select PMP*
  - Applies when claim for a care coordination conference is received by a provider other than the member's Care Select PMP, or a nurse practitioner who is not in the same group as the PMP
- EOB 6925 – *Care Select Care Coordination service is limited to 2 units of service per member, per rolling 12 months*
  - Applies when a claim for care coordination service is received after the benefit limit is reached

# Covered Services

- A listing of covered services is available by referencing *RFS 7-62 Attachment E: Care Select Program Description and Covered Benefits* at [www.indianamedicaid.com](http://www.indianamedicaid.com) in the managed care section – *Care Select* home page

# Prior Authorization

- Each CMO will be responsible for processing medical service PA requests and updates for members assigned to their organization *at the time* of the request
- Traditional Medicaid fee-for-service PA requests will be processed by Advantage Health Solutions beginning November 1, 2007
- Pharmacy PA requests continue to be processed by Affiliated Computer Services (ACS)

# Prior Authorization

- The CMOs will utilize the same PA and medical necessity forms as are currently used
  - Minor changes have been made to the *Prior Review and Authorization Request Form*, *Prior Review and Authorization Dental Request Form*, and *Prior Authorization-System Update Request Form*
  - Reference BT200723 for a list of the changes
- PA forms are available under the *Forms* link at [www.indianamedicaid.com](http://www.indianamedicaid.com)

# Prior Authorization

- The current numeric PA number will be converted to an alpha-numeric value
- Alpha-numeric PA numbers will identify the CMO that processed the PA
  - The three EVS will accommodate the new alpha-numeric value
- Providers must verify member eligibility in order to determine the CMO that will process the PA or Update request
  - CMO information via web interChange is real time
  - Send the PA request to the assigned CMO as of the date of the request
  - Send PA Updates to the assigned CMO as of the date of the Update request

# Prior Authorization

- Both CMOs will follow the same procedures to process PA requests
- The Care Select PA procedures will emulate the PA requirements for the traditional Medicaid fee-for-service population

# Prior Authorization

## Request Sent to Wrong CMO

- Paper and faxed requests are rejected
  - Requesting provider will receive a decision letter advising of rejected status
- PA requests sent electronically via the 278 transaction are rejected with reason code 78 – *Subscriber/Insured not in Group/Plan identified*
  - Requesting provider will not receive a decision letter
- Providers will need to resubmit the PA request to the appropriate CMO
- PA requests sent via web interChange are systematically routed to the correct CMO

# Prior Authorization

## Suspended Requests

- PA requests are suspended when additional information is needed by the member and/or provider
- Requested documentation must be received within 30 calendar days
- Suspended requests that are later approved are authorized with the dates of service indicated on the original request
- When a member is re-assigned to a different CMO after a PA request is suspended:
  - Providers must send the added documentation to the CMO to which the member is re-assigned
  - Providers should verify member eligibility via web interChange prior to sending documentation

# Prior Authorization

## web interChange

- The following provider types can submit PA requests via web interChange:
  - Chiropractor
  - Dentist
  - Doctor of Medicine
  - Doctor of Osteopathy
  - Home Health Agency (authorized agent)
  - Hospice
  - Hospitals
  - Optometrist
  - Podiatrist
  - Psychologist endorsed as a Health Service Practitioner in Psychology (HSPP)
  - Transportation providers

# Prior Authorization

## Outstanding Prior Authorizations

- Members can change between traditional Medicaid fee-for-service, Hoosier Healthwise, and Care Select
- The receiving organization must honor PAs approved by the prior organization for the first 30 days following the re-assignment, or for the remainder of the PA dates of service, whichever comes first

### Example:

Member transitions from Hoosier Healthwise MCO to a Care Select CMO on November 14, 2007. The MCO approved PA for dates of service 10/22/07 through 12/13/07

The Care Select CMO must honor the approved PA for 30 days from November 14, 2007

# Prior Authorization

## Hearing, Appeal and Administrative Review

- Procedures for hearings, appeals, and administrative review remain unchanged
- Providers may exercise PA appeal rights to the organization that denied the PA request
  - If the member is re-assigned to another program after the PA request is denied, the provider may send a PA request to the new organization, or appeal to the organization that denied the request
  - Appeals sent to the wrong CMO are returned to the provider unprocessed
- Refer to Chapter 6 of the *IHCP Provider Manual* regarding the hearing, appeal, and administrative review procedures

# Prior Authorization

## Contact Information

- Advantage Health Plan (fee-for-service)  
P.O. Box 40789  
Indianapolis, IN 46240  
800-269-5720
- MDwise – CMO  
P.O. Box 44214  
Indianapolis, IN 46244-0214  
866-440-2449
- Advantage Health Plan – CMO  
P.O. Box 80068  
Indianapolis, IN 46280  
800-784-3981
- ACS  
866-879-0106  
866-780-2198 (Fax)

# Claims Processing

- EDS will process claims for Care Select members
- The CMOs review claims that suspend due to medical policy audits
  - Claims are reviewed by the CMO to which the member is assigned on the date of service
- Traditional Medicaid fee-for-service claims that suspend for medical policy audits are reviewed by Advantage Health Solutions

# Claims Processing

## Certification Code Edits

- Claims will systematically deny when services requiring a referral contain a missing or invalid certification code. Edits include:
  - 1047 – *The Certification Code is Missing-Care Select. Please verify and resubmit*
  - 1048 – *The Certification Code is Invalid-Care Select. Please verify and resubmit*
  - 1049 – *The recipient is enrolled in the Care Select Program. Claim must have recipient's primary medical provider information. Please provide information and resubmit*

# Helpful Tools

## Avenues of Resolution

- IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com)
- Care Select Email: [caresselect@fssa.in.gov](mailto:caresselect@fssa.in.gov)
- *IHCP Provider Manual* (Web, CD-ROM, or paper)
- Customer Assistance
  - 1-800-577-1278, or
  - (317) 655-3240 in the Indianapolis local area
- Written Correspondence
  - P.O. Box 7263  
Indianapolis, IN 46207-7263
- Provider Relations Field Consultant
  - View a current territory map and contact information online at [www.indianamedicaid.com](http://www.indianamedicaid.com)



# Questions

## Presentation by EDS Provider Field Consultants

EDS

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