

INDIANA HEALTH COVERAGE PROGRAMS (Indiana Medicaid)

Restricted Card Program (RCP)

Surveillance and Utilization Review (SUR)



RCP Overview

RCP identifies, restricts, and monitors Indiana Health Coverage Programs (IHCP) members who have shown a pattern of potential abuse, misutilization, or overutilization of services.

RCP Purpose

- ✓ Ensure medically necessary and optimum quality health care services
- ✓ Promote continuity of care
- ✓ Improve health outcomes and control program expenditures
- ✓ Reduce inappropriate utilization of IHCP services

Primary Care Physician (PCP) Role

- ✓ The PCP manages the member's medical care.
- ✓ The PCP determines which providers will be added, not added, or removed from the member's lock-in list.

Restricted Card is Not . . .

- ✓ A loss of benefits
- ✓ A reduction in benefits
- ✓ A punitive action, but is a legal action

Members are still covered for the same medically necessary services that were available prior to restriction. However, those services must be ordered or authorized in writing by the PCP to be covered by IHCP.

Member Notification

- ✓ RCP notification letters are mailed to members being placed on RCP restriction.
- ✓ The letter requests the member contact the RCP staff to select his or her physician, pharmacy, and hospital.
- ✓ The member is given information concerning his or her right to appeal and the allowable time to file an appeal per the Indiana Administrative Code (IAC).

Provider Selection

Member selects (or is assigned to) the following.

- ✓ One PCP
- ✓ One pharmacy
- ✓ One hospital (except Medicare coverage)

Emergency services for life threatening or life altering conditions are available at any hospital.

Checking Eligibility

- ✓ A: AVR-Automated Voice Response
- ✓ B: Web interChange
- ✓ C: OMNI swipe

Provider Notification

- ✓ RCP notification letters are mailed to the PCP, lock-in pharmacy, and lock-in hospital.
- ✓ Provider responsibilities are outlined.
- ✓ Claims filing procedures are described.

Auto Selection

- ✓ If the member does not contact the RCP, the RCP staff will select a PCP, pharmacy, and hospital.
- ✓ The member's claim history is reviewed to determine if there is a physician who appears to be overseeing the member's general health concerns.

Referral Issues

The PCP manages the member's care, and determines whether a member requires evaluation or treatment by specialty providers.

- ✓ Referrals are sent for necessary medical providers.
- ✓ Referrals should be based on medical necessity and not solely on the desire of the member to see a specialist.

Referral Guidelines for the PCP

- ✓ Referrals must be faxed or mailed, may be handwritten on letterhead or a prescription pad, and include the following information.
 - IHCP member's name
 - IHCP member's RID
 - Referring physician's first and last name and specialty
 - Primary lock-in physician's signature (not that of a staff member)
 - Date and duration of referral

Appropriate Referrals

- ✓ Carve-out or self-referral providers who write prescriptions that will be dispensed at a pharmacy.
- ✓ Retroactive referrals can be accepted within 12 months from the date of service (the filing limit).

Adding Lock-In Providers

- ✓ Additional providers may be locked-in, either short-term or on an ongoing basis, if the PCP sends a written referral.
- ✓ Providers may be locked-in for one specified date of service or for any defined duration of time, up to one year.

When a Referral is Not Necessary

- ✓ Behavioral health (except prescriptions)
- ✓ Chiropractic services
- ✓ Dental services (except prescriptions)
- ✓ Diabetes self-management training services
- ✓ Family planning services
- ✓ HIV/AIDS targeted case management
- ✓ Home health care

When a Referral is Not Necessary

- ✓ Hospice
- ✓ Podiatric services (except prescriptions)
- ✓ Transportation
- ✓ Vision care (except surgery)
- ✓ Waiver services

Changing RCP Lock-In Providers

- ✓ After the member selects a new provider or is “auto-assigned,” the member cannot change to another provider for one year unless specific RCP guidelines are followed.

Changing RCP Lock-In Providers

- ✓ After initial assignment, a member can only change his or her PCP for the following reasons.
 - Member is dismissed by the provider
 - Member moves from the area
 - Physician moves or leaves practice
 - Physician is not meeting the member's **medical** needs, instead of the member's preferences

Member Dismissals

- ✓ Member dismissal letters from providers must be sent to the RCP. Delays in reassigning a member's PCP occur when the RCP is not notified at the time of the dismissal.
- ✓ Dismissals should be determined by following the PCP's usual office policy, with written notification to the member.

Billing Guidelines

- ✓ The PCP and lock-in hospital follow standard procedure for claims submission, including electronic submission.
- ✓ Referred providers must include the primary lock-in physician's IHCP provider number in box 17A on the CMS 1500 claim form, or the PCP's license number in Box 83b on the UB-92 claim form.

Billing Guidelines

- ✓ Ancillary hospital providers who are not hospital employees, and whose services are not billed with the lock-in hospital's provider number, must obtain a referral from the PCP for services to be reimbursed. Providers are listed below.
 - Emergency Room Physicians
 - Anesthesiologists
 - Radiologists
 - Laboratory Services

Pharmacy Procedures

- ✓ Prescriptions will only be reimbursed by the IHCP if written by the PCP or a current provider on the member's lock-in list.
- ✓ DUR Alerts are not caused by an RCP assignment—please contact ACS at 1-866-879-0106 for prior authorization issues.
- ✓ For billing questions, contact the EDS Pharmacy Services Help Desk at 1-800-577-1278.

Pharmacy Overrides

- ✓ Overrides by RCP staff may be required for the following reasons.
 - Data is missing or not matching IHCP claims processing system database.
 - All prescriptions written by out-of-state providers even when the provider is on the lock-in list.
 - Nurse Practitioner or Resident Physician who do not have an IHCP Provider number.

After Hours Pharmacy Issues

- ✓ Any pharmacy can perform a four-day emergency fill of medications at the pharmacist's discretion.
- ✓ Any prescriber on the member's lock-in list can contact the lock-in pharmacy regarding dispensing medication.

Information and Referrals

For further information until 10/31/07, please contact:

Health Care Excel

Surveillance and Utilization Review Department
Attn: Restricted Card Program
P.O. Box 531700
Indianapolis, IN 46253-1700

Phone: (317) 347-4527 (Indianapolis area)
(800) 457-4515 (toll-free outside of Indianapolis)
Fax: (317) 347-4550 Attention SUR RCP

Beginning 11/1/07, please contact the appropriate Care Management Organizations (CMO):

Advantage Health Solutions

Phone: (866) 504-6708

MDwise

Phone: (866) 440-2449

Questions and Answers

