Agenda

• Eligibility
• Hoosier Healthwise hospice benefit
• Healthy Indiana Plan (HIP) hospice benefit
• Hoosier Care Connect hospice benefit
• Billing for hospice services
• Reimbursement
• Provider finder
Eligibility

Hoosier Healthwise options for this program include:
• Package A: Standard (children, transitional low-income parents/caretakers and pregnant women)
• Package C: Children’s health plan
• Package P: Presumptive eligibility (presumptive eligibility for pregnant women)

Healthy Indiana Plan (HIP) includes:
• Basic/State Plan Basic
• Plus/State Plan Plus options

Hoosier Care Connect includes:
• Aged, blind, disabled and some wards and foster children
Eligibility

Always verify a member’s eligibility prior to rendering services. Providers can access this information by visiting either:

- Web interChange: [https://interchange.indianamedicaid.com](https://interchange.indianamedicaid.com)
- Availity web portal: [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc) (PMP verification only)

Note: Failure to check eligibility could lead to claim denials.

You will need:

- The Anthem ID card issued to members.
- **Always** include the YRH or YRK prefix before the member’s recipient identification (RID) number when filing claims and inquiries.

Effective February 19, 2016, providers can check eligibility using the appropriate prefix (for example, for Hoosier Healthwise and Hoosier Care Connect, use “YRH” and for HIP and hospital presumptive eligibility, use “YRK”) and the member’s recipient identification number.
Hospice services are covered by Medicaid, but the Hoosier Healthwise member must be disenrolled from managed care and moved into traditional Medicaid.

- The hospice provider must submit the *Hospice Election* form to the Indiana Health Coverage Programs (IHCP) prior authorization (PA) unit.
- The IHCP PA unit will facilitate disenrollment from Anthem.
- Anthem case managers will coordinate care for our members transitioning to hospice by supporting the hospice provider’s completion of the *Hospice Election* form.
Healthy Indiana Plan hospice benefit

Hospice services are covered by Anthem for both in-home and facility-based hospices.

- Anthem is responsible for furnishing hospice services for terminally ill HIP enrollees.
- All hospice services require PA for both providers who are contracted with Anthem and providers who are not contracted with Anthem.
- Contact Anthem Utilization Management (UM) to request PA:
  - Phone: 1-866-408-7187
  - Fax: 1-866-406-2803
- Additional information about obtaining PA is found at www.anthem.com/inmedicaiddoc, either in the provider manual or PA sections.
- Failure to obtain PA may result in denied claims.
Hosspice services are covered by Anthem in the home-based setting.

- Anthem is responsible for furnishing hospice services for terminally ill Hoosier Care Connect enrollees.
- All home hospice services require PA for both providers who are contracted with Anthem and providers who are not contracted with Anthem.
- Contact Anthem UM to request PA:
  - Phone: 1-866-408-7187
  - Fax: 1-866-406-2803
- Additional information about obtaining PA is found at www.anthem.com/inmedicaiddoc, either in the provider manual or PA sections.
- Failure to obtain PA may result in denied claims
- Hospice services in an institutional setting are covered by traditional Medicaid.
Billing for hospice services

HIP and Hoosier Care Connect

• All hospice providers must be IHCP-enrolled providers.
• Anthem follows IHCP billing guidelines for hospice claim submission and adjudication.
• For more information, see the hospice services provider reference module at provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx.
• Submit all claims on a UB-04 or CMS 1450 claim form or 837I electronic transaction.
• Bill for days approved by the Anthem UM unit.
Reimbursement

Hoosier Care Connect and HIP

• Providers must refer to their contract for reimbursement terms.
• For Hoosier Care Connect, reimbursement is 100% of the current Indiana Medicaid fee schedule.
• For HIP, reimbursement is 100% of the current Medicare fee schedule or 130% of the current Indiana Medicaid fee schedule.
• Hospice providers are paid a per diem rate.
• IHCP requires all other service providers to bill the hospice provider for covered services.
Provider finder
Questions?
Legal

www.anthem.com/inmedicaiddoc

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