



All Providers

Help Stop Medicaid Fraud and Abuse

One of the most important tools the State has in its program to enforce appropriate use of Medicaid services is the Restricted Card Lock-in Program. This program relies on provider awareness and reporting of member habits. When you refer members who exhibit behaviors associated with inappropriate Medicaid use, you can help prevent or correct system abuse.

To report members who engage in the following behaviors, contact Health Care Excel (HCE), the State's Surveillance and Utilization Review (SUR) contractor, at (317) 347-4527 in the Indianapolis local area, or at 1-800-457-4515.

- Drug-seeking behavior
- Frequent, inappropriate utilization of the emergency room
- Duplication of services by multiple providers or practices, of the same specialty
- Frequent changes of primary care physicians

In addition to reports from physicians, pharmacies, and emergency room practices, HCE accepts referrals from county caseworkers, law enforcement officials, other privately concerned individuals, and anonymous sources. All individuals are encouraged to report potential member fraud or abuse to HCE.

The Restricted Card Lock-in Program is not a sanction, a punitive action, nor does it limit or reduce any covered Medicaid benefits. When the State confirms a member has used Medicaid inappropriately, that member will be restricted to receive non-emergency services through one primary care physician (PCP), one pharmacy, and one hospital. These requirements promote continuity of medical care and medication management. If the member requires treatment from a provider other than the PCP, the PCP must submit a written referral to HCE.

HCE is responsible for utilization reviews of Medicaid members who are enrolled in Traditional Medicaid, primary care case management (PCCM), and *Medicaid Select*. Members in risk-based managed care (RBMC) are monitored by managed care organizations (MCOs) that should be contacted about suspected misutilization by RBMC members.

Help Monitor Behavior

The Restricted Card Program (RCP) also monitors member compliance with the program guidelines. RCP members who are not compliant will remain in the program until they demonstrate that they have followed utilization standards as approved by their PCP.

Compliance is most often evaluated by reviewing claims for denials resulting from utilization of unauthorized providers. If a member requests to pay cash for services, the State requests that the provider submit the claim for rejection and contact HCE to report the member for non-compliance.

To report suspected abuse contact the HCE Provider and Member Concerns Line (Fraud and Abuse) by calling (317) 347-4527, Indianapolis local area, or 1-800-457-4515.

Enrollment and Eligibility Issues

If you suspect an Indiana Health Coverage Programs (IHCP) member of eligibility fraud, contact the Division of Family Resources (DFR) or Department of Child Services (DCS) in the county where the member resides. A listing of county offices and telephone numbers is located at <http://www.in.gov/fssa/children/dfc/directory/index.html>.

In addition, the Family Social Services Agency (FSSA) Bureau of Investigations pursues allegations of fraud committed by recipients of Medicaid and other FSSA programs, including Food Stamps, Temporary Aid for Needy Families (TANF), the Child Care and Development Fund (CCDF) voucher program, and First Steps. The FSSA Hotline can be reached by calling 1-800-466-1993.

Additional Information

Additional information about the identification of restricted members, carved-out services, self-referral services, provider termination, emergency services, and guidelines for billing are located in the *IHCP Provider Manual*, Chapter 13, pages 17-22 available at the IHCP Web site at <http://www.indianamedicaid.com/ihcp/Manuals/Provider/chapter13.pdf>. In addition, the HCE SUR Department accepts referrals of potential inappropriate utilization by IHCP providers. The *IHCP Provider Manual*, Chapter 13, contains information about the provider review process.

IHCP E-Mail Notifications Program

On January 17, 2006, EDS and the IHCP launched the IHCP E-Mail Notifications program. This program automatically issues e-mails to subscribers when IHCP publications and announcements are posted to the IHCP Web site. Complete information about this feature is available in the April 2006 issue of the Provider Monthly Newsletter (*NL200604*). To subscribe to the service, visit the IHCP Web site at http://www.indianamedicaid.com/ihcp/mailling_list/default.asp.

National Provider Identifier Information

National Provider Identifier Web Page

A National Provider Identifier (NPI) Web page has been added to the IHCP Web site at <http://www.indianamedicaid.com/ihcp/ProviderServices/npi.asp>. This page contains information about the *IHCP NPI Implementation Plan*, instructions for obtaining an NPI, links to other resources on the Web, and informational documents like the *NPI Fact Sheet*. This page is scheduled to be updated weekly.

Pharmacies and Prescribing Providers

Medicare Prescription Drug Coverage – Medicare Part D

Effective January 1, 2006, the Centers for Medicare and Medicaid Services (CMS) implemented the new Medicare prescription drug coverage, also known as Medicare Part D. This coverage is a new benefit to help Medicare members pay for prescription drugs.

The IHCP Web site includes a section titled *Medicare Prescription Drug Coverage*. Providers should visit this section periodically at <http://www.indianamedicaid.com/ihcp/ProviderServices/MedicareD.asp> for the latest information.

For more information about the Medicare prescription drug benefit, visit the CMS Web site at <http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/>.

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