



All Providers

Auto-Assigning Wards of the Court and Foster Children into the Indiana *Care Select* Program

The Office of Medicaid Policy and Planning (OMPP) has determined that auto-assigning wards of the court and foster children into the Indiana *Care Select* program will begin statewide in January 2009 with an effective date of January 15, 2009. Wards and foster children who have not selected primary medical providers (PMPs) prior to January 5, 2009, will be auto-assigned to *Care Select* PMPs.

During the transition, these members may already be receiving specialty care from an Indiana Health Coverage Programs (IHCP)-enrolled specialist, hospital, or ancillary provider. The physicians who ordered the services PRIOR to the January 15, 2009, auto-assignment effective date may not be the same physicians the members are assigned to AFTER January 15, 2009. The *Care Select* Program asks the new PMPs to work with specialists, hospitals, or ancillary providers that have already initiated care for these members by reviewing members' care plans and authorizing the continuation of that care until the new providers can see members for initial primary care visits. Authorize care by releasing your quarterly two-character certification code and National Provider Identifier (NPI) number to these providers, so they may receive reimbursement for their services.

Specialists, hospitals, and ancillary providers who provide services that require prior authorization (PA) in the Traditional Medicaid and *Care Select* Programs are reminded they must contact the member's care management organization (CMO) to request PA. ADVANTAGESM Health Solutions, Inc. processes PA requests for Traditional Medicaid members and members in the ADVANTAGESM *Care Select* network. MDwise processes all PA requests for members in the MDwise *Care Select* network.

There is an exception to this rule if the member switches CMO networks. If the member's previous CMO has suspended a provider's PA request, the provider must submit the requested additional information to the member's original CMO, even if the member has selected a new PMP and a new CMO.

Note: Additional information submitted to the member's new CMO – instead of to the member's previous CMO where the original PA request was sent – will be rejected, and you will need to submit that information to the member's previous CMO.

If the provider has received PA from a Hoosier Healthwise managed care organization (MCO), a copy of the MCO's written authorization must be submitted to the member's CMO. Authorizations are valid for 30 days from the date of eligibility in *Care Select* or for the remainder of the PA dates of service, whichever comes first. Providers are always encouraged to fax PA requests to the member's assigned CMO for more efficient processing of PA.

We encourage you to visit each CMO's Web site for additional *Care Select* information. Also, see the following bulletins at <http://www.indianamedicaid.com/ihcp/index.asp>:

- [BT200723](#) – Indiana *Care Select*, dated September 13, 2007
- [BT200804](#) – Updated Indiana *Care Select* and Prior Authorization and Restricted Card Changes, dated January 15, 2008

2009 Healthcare Common Procedure Coding System Updates Are Available

The 2009 Healthcare Common Procedure Coding System (HCPCS) updates are available for download on the following Web site: <http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS>.

The new codes, deleted codes, codes with description changes, and new modifiers are currently under review. EDS will publish a provider bulletin containing information about IHCP coverage, prior authorization requirements, and pricing, as applicable. EDS anticipates publication of the bulletin during the last week of December 2008.

Care Select Providers

Claims Denied for Edit 1049 – Care Select member's PMP is missing

From May 23, 2008, through October 22, 2008, claims were inappropriately denied for edit 1049 – *Care Select member's PMP is missing or invalid*. EDS updated the claim processing system on October 22, 2008, to correct the problem. If you received this denial for claims during this time frame, please resubmit denied claims for processing.

FQHC and RHC Providers

Federally Qualified Health Center and Rural Health Clinic Workshop, December 8, 2008

EDS Provider Relations is offering a workshop for the FQHC and RHC provider community. There is no cost for the workshop. Participating with EDS will be representatives from the MCOs and the CMOs who help administer the *Care Select* program. This will be an excellent opportunity to become more familiar with Medicaid policies, procedures, and billing specific to FQHCs and RHCs.

Workshops will be presented Monday, December 8, in two locations. Details are below:

Workshop locations and times:

Decatur County Memorial Hospital
720 N. Lincoln Street – Classroom D
Greensburg, IN 47240
Time: 8:30 a.m. to noon

St. Vincent Randolph Hospital
473 E. Greenville Avenue – Conference Room 1
Winchester, IN 47394
Time: 1 p.m. to 4 p.m.

The agenda includes the following:

- How to check eligibility
- How to file a claim
- How to bill services
- What causes claims to deny
- Avenues to resolve denied claims
- An extensive question-and-answer period

Providers may enroll in the workshop at <http://www.indianamedicaid.com/> by selecting Provider Services, Education Opportunities, Workshop Registration. If you have questions, please call Provider Relations at (317) 488-5072.

Contact Information

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278, unless otherwise noted.