PROVIDER BULLETIN

BT200803 JANUARY 10, 2008

To: All Medical, Institutional, and Pharmacy Providers

Subject: Healthy Indiana Plan

Overview

The Healthy Indiana Plan (HIP) is a new, affordable health insurance program for low-income, uninsured adult Hoosiers between the ages of 19 and 64, with an income up to 200 percent of the federal poverty level (FPL), and who are not eligible for Medicaid.

Effective January 1, 2008, the HIP will provide a new, comprehensive package of benefits through private insurers. Claims for services provided through the private insurers will be processed by Anthem Blue Cross and Blue Shield and MDwise with AmeriChoice. Affiliated Computer Services (ACS) will process Enhanced Services Plan (ESP) claims. Claims for pregnancy services for a HIP member transitioning to Hoosier Healthwise and pharmacy claims for the ESP are processed through EDS.

This bulletin includes information about the following:

- Pregnancy services billing requirements
- ESP Pharmacy claims processing
- Contact information

Additional information about the HIP program is available from the HIP Web site, http://www.hip.in.gov/, as well as the provider bulletin *BT200730*, dated November 15, 2007.

Pregnancy Services Billing Requirements

The HIP does not cover pregnancy care. The member has a choice of remaining on HIP or moving to Hoosier Healthwise. However, if the member decides to stay on HIP, pregnancy services will not be covered under the HIP. Pregnancy-related services (*Tables 1 and 2*) can be paid for during the Discovery Period if the member moves to Hoosier Healthwise. The Discovery Period is defined as the time period from discovery of the pregnancy until transfer of enrollment from HIP to Hoosier Healthwise. This time period shall not be greater than three months retroactively from the effective date of Hoosier Healthwise enrollment.

A HIP member who becomes pregnant becomes eligible for Hoosier Healthwise. The member must promptly report the pregnancy to the Division of Family Resources (DFR) for her eligibility to be transferred from HIP to Hoosier Healthwise. Pregnancy-related services rendered during dates of service in the Discovery Period are the responsibility of EDS, not HIP. Non-pregnancy-related services remain the responsibility of HIP until transfer of enrollment occurs.

Prior to providing pregnancy-related services, the provider is responsible for:

- Informing the member that pregnancy-related services are not covered under HIP.
- Informing the member that they can obtain pregnancy coverage by submitting the change report form to the DFR. HIP insurers are available to assist with facilitation of enrollment processes. For additional details, refer to the plan's member guidelines.
- Providing the member with documentation of positive proof of her pregnancy, including the results of the pregnancy test or a letter from a licensed healthcare provider. Also include the number of babies expected, if known.
- Submitting claims to EDS for dates of service within the Discovery Period:
  - If claims for pregnancy services are sent to the HIP, they will be denied. EDS will also deny claims until the member's HIP eligibility is end-dated and the Hoosier Healthwise eligibility is in place. The provider needs to send these claims to EDS **after** Hoosier Healthwise eligibility is established **until** the member is enrolled in a Hoosier Healthwise managed care organization (MCO).
  - Claims payment by EDS for pregnancy-related services will be retroactive to allow the member time to notify DFR of the pregnancy and for DFR to make the eligibility category change. **The Discovery Period is no longer than three months prior to the date when the member's eligibility changes from HIP to Hoosier Healthwise.**
  - Providers can bill a member after 90 days from the date of service if Hoosier Healthwise eligibility has not been established.

The **member** must submit to DFR positive proof of pregnancy including member and medical provider contact information along with the Report of Change form. The necessary documentation to initiate enrollment into Hoosier Healthwise for pregnancy coverage may include results of a medical provider's pregnancy test or a letter from a licensed healthcare provider along with a Report of Change form, which is accessible at http://www.in.gov/icpr/webfile/formsdiv/53428.pdf.

In summary, once a member's status has been updated by DFR, she becomes Hoosier Healthwise eligible. Pregnancy services incurred during the Discovery Period, while she is still a HIP member but before her eligibility is transferred, should be submitted to EDS as fee-for-service (FFS). The Discovery Period is effective only through her HIP enrollment.

Claims for pregnancy services provided to a HIP member will be denied by the HIP. To be paid for these services, providers must submit claims for services incurred during the Discovery Period to EDS after the member is enrolled in Hoosier Healthwise. As soon as the member becomes Hoosier Healthwise eligible, she will choose or be auto-assigned to a risk-based managed care organization (MCO). Claims must be submitted to the MCO for dates of service after she has transferred. Providers should continue to verify eligibility to determine where to bill her Hoosier Healthwise claims.

During the Discovery Period, diagnosis codes or Current Procedural Terminology (CPT®) codes listed on Tables 1 and 2 in this bulletin will be considered for coverage. All other claims should be submitted to the HIP insurers for reimbursement.

Billing and Benefit Coverage for the Discovery Period

For claims submitted to EDS, providers must follow billing procedures as outlined in the *Indiana Health Coverage Programs (IHCP) Provider Manual*. Billing procedures and details on non-covered services can be found in *Chapter 8: Billing Instructions* and *Chapter 2: Member Eligibility and Benefit Coverage* of the *IHCP Provider Manual*, which is located at http://www.indianamedicaid.com/ihcp/Publications/manuals.htm.

Institutional claims must have a principal diagnosis from Table 1. Services submitted on professional claims must have a diagnosis from Table 1 as the primary code corresponding to each applicable service provided or the appropriate procedure code from Table 2. For the Discovery Period, providers should only submit a diagnosis from Table 1 as the primary diagnosis if it follows correct coding initiatives. Billing guidelines during the Discovery Period defined in this bulletin are not the same as Hoosier Healthwise Package B.

Pharmacy-dispensed prescription drugs will continue to be the responsibility of the HIP.

Prior Authorization

ADVANTAGE Health Solutions[SM] is responsible for processing prior authorization requests and updates for all Traditional Medicaid FFS claims that fall within the Discovery Period. Providers should follow current procedures for submission of prior authorization services. These procedures are available in bulletin *BT200723*. Guidance for submitting prior authorization requests via Web interChange is available on the FAQ pages at https://interchange.indianamedicaid.com/administrative/logon.aspx

Services during Discovery Period

> *Note: While the HIP is not responsible for coverage of pregnancy and maternity-related services, the plan is responsible for covering pregnancy tests.*

ICD-9 CM Diagnosis Codes

Claims submitted for pregnancy services during the Discovery Period must have a primary diagnosis code from Table 1.

Table 1 – ICD-9 CM Diagnosis Codes

Code	Description
V22.xx	Normal pregnancy
V23.xx	Supervision of high-risk pregnancy
V24.xx	Postpartum care and examination
640.xx-649.xx	Complications mainly related to pregnancy (640.xx-649.xx)
650.xx-659.xx	Normal delivery and other indications for care in pregnancy, labor, and delivery
660.xx-669.xx	Complications occurring mainly in the course of labor and delivery
670.xx-676.xx	Complications of the puerperium
647.xx	Infectious and parasitic conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium (647.xx) These codes include the listed conditions when complicating the pregnant state, aggravated by the pregnancy, or when a main reason for obstetric care.
648.xx	Other current conditions in the mother classifiable elsewhere but complicating pregnancy, childbirth, and the puerperium

CPT codes—Maternity Care and Delivery

Professional claims submitted for pregnancy services during the Discovery Period must have a primary diagnosis code from Table 1 or the appropriate procedure code from Table 2.

Table 2 – CPT Codes—Maternity Care and Delivery

Code	Description
59000 – 59076	Antepartum Services
59200	Introduction
59300 – 59350	Repair
59400-59426	Vaginal Delivery, Antepartum and Postpartum Care
59510-59515	Cesarean Delivery
59610-59622	Delivery After Previous Cesarean Deliver
59871-59899	Other procedures

Note *CPT codes 59050, 59070 59400 and 59510 are non-covered services. CPT code 59897requires prior authorization.*

Enhanced Services Plan Pharmacy Claims Processing

ESP is a special plan for some HIP enrollees with certain high-risk medical conditions. Applicants will be screened for complex medical conditions such as cancer, HIV/AIDS, hemophilia, transplants, and aplastic anemia. Questionnaires will be sent to medical professionals to validate the high-risk conditions and qualify members. HIP enrollees who qualify will be assigned to ESP.

EDS will serve as the pharmacy claims processor for the ESP pharmacy claims from retail pharmacies. The billing guidelines will mirror those for traditional fee-for-service Medicaid. All ESP pharmacy claims will be subject to the Indiana Medicaid Preferred Drug List (PDL) and Mental Health Quality Advisory Committee (MHQAC) edits and audits as well as all other applicable fee-for-service edits and audits. Providers should refer to *Chapter 9: Pharmacy Services* of the *IHCP Provider Manual* for additional details about submitting pharmacy claims, including links to paper claim forms and the Indiana Medicaid payer sheet.

Excluding pharmacy claims, ACS will process and pay all other ESP covered services. Contact ACS toll free at 1-866-674-1461 for more information.

Contact Information

Contact information for HIP providers is presented in Table 3.

Table 3 –Provider Contact Information

Healthy Indiana Plan	Anthem Blue Cross and Blue Shield	MDwise with AmeriChoice
www.HIP.in.gov E-mail: hipinfo@fssa.in.gov 1-877-GET-HIP9	1-800-553-2019	P.O. Box 44236 Indianapolis, Indiana 46244-0236 1-877-822-7196 or 317-822-7196 Fax: 1-877-822-7192 or 317-822-7192
ACS	**ACS**	**ADVANTAGE Health Solutions, Inc.℠**
P.O. Box 33077 Indianapolis, Indiana 46203-0077 1-866-674-1461 or 317-614-2032	ESP Pharmacy Prior Authorization ACS Clinical Call Center 1-866-879-0106 Fax: 1-866-780-2198	1-800-784-3981 http://www.advantageplan.com
EDS Pharmacy Claims		
P.O. Box 7268 Indianapolis, In 46207-7268 1-800-577-1278 or 317-655-3240		

Additional Information

Frequently asked questions (FAQs) about eligibility, plan benefits, contribution requirements, Personal Wellness Responsibility (POWER) accounts, administration, and enrollment are available from the HIP Web site, http://www.in.gov/fssa/files/HIP_FAQs.pdf.

Contact EDS Customer Assistance at 317-655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278, if you have questions about this bulletin.

If you need additional copies of this bulletin, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.