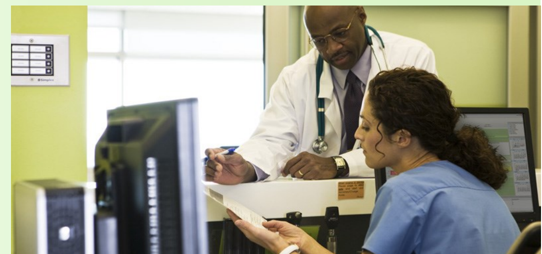
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201577 NOVEMBER 24, 2015

Billing and prior authorization requirements for presumptively eligible HIP members

Under the Healthy Indiana Plan (HIP), the presumptive eligibility (PE) process allows individuals who appear to meet the criteria for enrolling to receive temporary coverage until full eligibility can be established. The billing and prior authorization (PA) processes for members with PE HIP coverage may be different than for members with full HIP coverage, and these processes vary depending on the health plan with which the member is enrolled. Plan-specific instructions for PE HIP claims and PAs follow.



Anthem PE HIP members

Claim Instructions

Providers should follow these instructions when submitting claims for Anthem PE HIP members:

- Verify that the member is an Anthem PE HIP member in Web interChange. If the member's PE HIP eligibility is not yet verifiable through Web interChange, the provider should hold the claims (within the established timeliness guidelines) and submit the claims when eligibility is confirmed.
- Obtain the Anthem member ID number using the YRK prefix and the member's Social Security number in Availity.
- Use the YRK prefix and Anthem member ID number when filing the claim; *do not use the "600" member identification number (RID) when filing claims for Anthem PE HIP members*.
- Contact Anthem for assistance with finding an ID number or for training on the use of Availity by calling your Anthem provider representative or Provider Helpline at 1-800-345-4344. You may also access the *Anthem Provider Manual* at anthem.com.

PA Instructions

Services provided to Anthem PE HIP members are subject to Anthem's standard PA requirements. Providers should follow these instructions when requesting PA for Anthem PE HIP members:

- Providers must call Intake at 1-866-398-1922 or fax PA requests to 1-866-406-2803 to obtain authorization for any services that require PA for payment for an Anthem PE HIP member. If the service is determined to be medically necessary, Anthem will issue an authorization.
- Anthem supports providers with PA determinations whether or not the member's Anthem PE HIP enrollment has been processed; however, the process differs as follows:
  - If the PE HIP member's enrollment with Anthem has been processed, an authorization letter will be generated with a PA reference number.
  - If the PE HIP member's enrollment with Anthem has not yet been processed, Anthem will issue a temporary PA reference number. The official authorization letter and PA reference number will be generated as soon as the PE HIP member's enrollment has been processed. Please note that providers cannot submit a claim using the temporary PA reference number. For claims to adjudicate, claims must include the official PA reference number.

MHS PE HIP members

Claims Instructions

Providers should follow these instructions when submitting claims for MHS PE HIP members:

- If the member's MHS PE HIP eligibility is verifiable through the IHCP Eligibility Verification System or via the MHS Provider Portal, providers should follow the same claims submission processes for MHS PE HIP members as are followed for all other MHS HIP members. See the *MHS Provider Manual* at mhsindiana.com for details.
- If the member's MHS PE HIP eligibility is not yet verifiable through the IHCP Eligibility Verification System or via the MHS Provider Portal, the provider should hold the claims (within the established timeliness guidelines) and submit the claims when eligibility is confirmed.

PA Instructions

Providers should follow these instructions when requesting PA for MHS PE HIP members:

- If the member's MHS PE HIP eligibility is verifiable through the IHCP Eligibility Verification System or via the MHS Provider Portal, providers should follow the same PA processes for MHS PE HIP members as are followed for all other MHS HIP members. See the *MHS Provider Manual* at mhsindiana.com for details.
- If the member's MHS PE HIP eligibility is not yet verifiable through the IHCP Eligibility Verification System or via the MHS Provider Portal, the provider may submit the PE approval letter as proof of coverage along with the PA request.

MDwise PE HIP members

Claims Instructions

Providers should follow these instructions when submitting claims for MDwise PE HIP members:

- Providers should use the MDwise Provider Portal to confirm eligibility and to confirm the MDwise delivery system to which the member is assigned. If eligibility cannot be confirmed, providers should call MDwise Customer Service at 1-800-356-1204.
- After eligibility is verified, providers should submit claims to the MDwise HIP medical and behavioral health claims processor.
- See the *MDwise Quick Contact Guide* for the claims electronic payer IDs and/or claims mailing address for each MDwise Medicaid program and delivery system.

PA Instructions

Providers should follow these instructions when requesting PA for MDwise PE HIP members:

- Providers should submit their PA request on the universal IHCP PA form on the *Forms* page at indianamedicaid.com. Providers should include the PE RID on the form.

- The MDwise PA department will confirm the member's MDwise PE HIP eligibility on Web interChange, and the member's program and MDwise delivery system on the MDwise web portal.
- After eligibility, program, and delivery system are confirmed, the PA department will process the PA request applying medical necessity criteria, and notify the provider and member of the outcome.
- If eligibility cannot be confirmed through Web interChange, or the member's MDwise delivery system cannot be confirmed, the PA department will advise the provider that the PA request cannot be processed without confirmation of the missing information. This scenario meets the criteria for a retrospective authorization, and the provider will be advised to submit a retrospective PA request.

For more information about the PE process, please see the *Presumptive Eligibility* web pages or search for publications on this topic in the *IHCP Provider Bulletins* at indianamedicaid.com.

If you have questions about the information in this bulletin, please contact the appropriate MCE directly. See the contact information in this bulletin or in the *IHCP Quick Reference Guide* at indianamedicaid.com.

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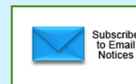

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