

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201746

NOVEMBER 14, 2017

IHCP reminds providers that hepatitis C drugs are “carved out” of managed care and covered FFS

The Indiana Health Coverage Programs (IHCP) announced in *Bulletin BT201644* that all covered hepatitis C drugs would be reimbursed through the fee-for-service (FFS) pharmacy benefit manager (PBM), OptumRx, including those dispensed to members enrolled in managed care programs. Accordingly, the hepatitis C pharmacy benefit is “carved out” of managed care for Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise members.

Because hepatitis C drugs are covered through the FFS delivery system for all members, providers must submit prior authorization (PA) requests and pharmacy claims for hepatitis C drugs to OptumRx for processing. This applies to members enrolled with a managed care entity (MCE). PA requests or claims submitted to the member’s MCE will be denied.

Providers should refer to the Indiana Medicaid Preferred Drug List (PDL) for information regarding preferred status and PA requirements for hepatitis C agents. The FFS PDL and PA criteria can be found on the OptumRx website, accessible via the [Pharmacy Services](#) link at indianamedicaid.com. Providers should refer questions to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.



IHCP to revise rates for select clinical laboratory services based on 2018 Medicare rates

Pursuant to *Section 1903(i)(7)* of the *Social Security Act*, Medicaid reimbursement for individual clinical laboratory procedures cannot exceed the Medicare rate of reimbursement. Therefore, in accordance with the clinical laboratory reimbursement methodology set out in *405 IAC 5-18-1* and in the approved Indiana Medicaid State Plan (Attachment 4.19B, page 1c), the Indiana Health Coverage Programs (IHCP) will adopt the 2018 Medicare rates for any clinical laboratory procedure code for which the IHCP’s current reimbursement rate exceeds the 2018 Medicare rate. These rate changes will be effective for dates of service (DOS) on or after January 1, 2018, and will be reflected on the IHCP [Professional Fee Schedule](#) at indianamedicaid.com.



MORE IN THIS ISSUE

- [IHCP clarifies guidance regarding managed care members transitioning from IMDs to state-operated facilities](#)

The [2018 Medicare Clinical Laboratory Fee Schedule](#) will be available on the Centers for Medicare & Medicaid Services (CMS) website at cms.gov.

IHCP clarifies guidance regarding managed care members transitioning from IMDs to state-operated facilities

In Indiana Health Coverage Programs (IHCP) *Bulletin [BT201637](#)*, it was announced that managed care entities (MCEs) could authorize coverage for short-term stays for members ages 21-64 in institutions for mental disease (IMD). With MCE authorization, Healthy Indiana Plan (HIP), Hoosier Care Connect, or Hoosier Healthwise members are allowed short term stays in an IMD for inpatient services related to mental health, behavioral health, and substance abuse disorder, in lieu of stays in other settings under Indiana’s Medicaid State Plan.



The bulletin further indicated that **if the member is awaiting placement in a state-operated facility** and the member’s stay in the IMD is going to exceed 15 days in a calendar month, the member must be disenrolled from the MCE and enrolled in Traditional Medicaid. To clarify, depending on the date of admission in the IMD, the total stay may be more than 15 days, however, the stay in any given month is limited to 15 days without requiring a transition to Traditional Medicaid.

In these instances, the MCE will ensure that the member’s eligibility coverage and program assignment is transitioned to Traditional Medicaid so there is no gap in member coverage. At the same time, the IMD is responsible for submitting a prior authorization (PA) request to Cooperative Managed Care Services (CMCS) to authorize the member’s stay in their facility under Traditional Medicaid for the days beyond the MCE stay and until they are placed in a state-operated facility.

Note that the IMD stay limitation described above applies only in instances when the member is awaiting placement in a state-operated facility. Other members will remain enrolled with the MCE and continue to receive MCE care coordination services during their entire IMD stay.

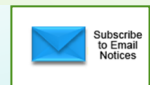
Providers should contact the member’s MCE for questions regarding the transition process.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.



COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.