DCS Medicaid Training

HP Provider Relations
March 2012
Agenda

– What is Medicaid
– Outpatient Mental Health
– Access to Web interChange
– Indiana Medicaid Website Resources
– Web interChange Inquiry Tools
– Claims Filing
– Remittance Advise
– Helpful Tools
– Questions
Learn
What is Medicaid?
What is Medicaid?

- Medicaid is funded by both federal and state dollars
- Medicaid is an entitlement program, which means that any person who meets his or her state’s Medicaid eligibility criteria has a federal right to Medicaid coverage in that state
  - The state cannot limit enrollment in the program or establish a waiting list
Who Pays for Medicaid?

– The federal government matches state spending on Medicaid

– Federal law outlines basic minimum requirements that all states’ Medicaid programs must fulfill
  • However, states have broad authority to define eligibility, benefits, provider payments, and other aspects of their programs
Indiana Health Coverage Programs

DCS Medicaid 101

FSSA = Family & Social Services Administration
OMPP = Office of Medicaid Policy and Planning
MAXIMUS = Enrollment Broker

Traditional Medicaid
- HP
- 590 Program

Care Select
- MDwise (Care Select)
- ADVANTAGE (Care Select)

Healthy Indiana Plan
- MDwise
- Anthem Blue Cross Blue Shield
- Enhanced Services Plan (ESP)

Hoosier Healthwise Risk-Based Managed Care
- MDwise
- MHS

Managed Behavioral Health Organizations
- Cenpatico Behavioral Health
- Anthem
Risk-Based Managed Care

– Services that are the responsibility of the managed care entities (MCEs)
  • Office visits with a mental health diagnosis
  • Services ordered by a provider enrolled in a mental health specialty, but provided by a nonmental health specialty, such as a laboratory and radiology
  • Mental health services provided in an acute care hospital
  • Inpatient stays in an acute care hospital or freestanding psychiatric facility for treatment of substance abuse or chemical dependency
Risk-Based Managed Care

- Services provided to RBMC members by the following specialty types are the responsibility of the MCEs
  
  • Freestanding Psychiatric Hospital (011)
  • Outpatient Mental Health Clinic (110)
  • Community Mental Health Center (111)
  • Psychologist (112)
  • Certified Psychologist (113)
  • health service provider in psychology (HSPP) (114)
  • Certified Clinical Social Worker (115)
  • Certified Social Worker (116)
  • Psychiatric Nurse (117)
  • Psychiatrist (339)
Risk-Based Managed Care

– MCEs
  • Anthem [anthem.com](#)
  • Managed Health Services (MHS) [managedhealthservices.com](#)
  • MDwise [mdwise.org](#)

– Behavioral Health Organizations (BHOs)
  • Anthem [anthem.com](#)
  • Cenpatico (MHS) [cenpatico.com](#)
  • MDwise [mdwise.org](#)
Care Select Organizations

PA

– ADVANTAGE Health Solutions
  advantageplan.com
  P.O. Box 80068
  Indianapolis, IN 46280
  Phone: 1-800-784-3981
  Fax: 1-800-689-2759

– MDwise
  mdwise.org
  P.O. Box 44214
  Indianapolis, IN 46244-0214
  Phone: 1-866-440-2449
  Fax: 1-877-822-7186
Indiana Medicaid State Contractors

State Contractors Involved in the Administration of the Indiana Health Coverage Programs (Indiana Medicaid)
State Contractor
HP Enterprise Services

- Serves as the state fiscal agent and a liaison between the provider and member communities and the Indiana Health Coverage Programs (IHCP)
- Manages the processing of claims (fee-for-service)
- Processes a variety of financial transactions, including claim payments, voids, refunds, and accounts receivable
- Processes provider enrollment applications and updates to existing provider records
- Provides training to the provider community through on-site visits, conferences, and workshops
- Provides member and provider customer assistance
State Contractor
ADVANTAGE Health SolutionsSM

– ADVANTAGE Health Solutions FFS
  P.O. Box 40789 Indianapolis, IN 46240
  Phone: 1-800-269-5720
  Fax: 1-800-689-2759

– Processes prior authorization (PA) requests
  • Advantage Primary PA Contact:
    Gary Poynter, PA Escalation Coordinator
    Phone: 317-810-4527
    Email: gpoynter@advantageplan.com
  • Advantage Secondary PA Contact:
    Paula Chamblin, PA Manager
    Phone: 317-810-4456
    Email: pchamblin@advantageplan.com
Understand
Outpatient Mental Health
Outpatient Mental Health

– As stated in (IAC) 405 IAC 5-20-8 the IHCP reimburses for outpatient mental health services when provided by:
  
  • Licensed physicians
  
  • Psychiatric hospitals
  
  • Psychiatric wings of acute care hospitals
  
  • Outpatient mental health facilities
  
  • Licensed psychologists with the HSPP designation
Outpatient Mental Health

- The IHCP also reimburses under 405 IAC 5-20-8 for psychiatrist or HSPP-directed outpatient mental health services for group, family, and individual outpatient psychotherapy when such services are provided by one of the following practitioners
  - (A) A licensed psychologist
  - (B) A licensed independent practice school psychologist
  - (C) A licensed clinical social worker
  - (D) A licensed marital and family therapist
  - (E) A licensed mental health counselor
  - (F) A person holding a master's degree in social work, marital and family therapy, or mental health counseling, except that partial hospitalization services provided by such person shall not be reimbursed by Medicaid
  - (G) An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing

- **Mid-level practitioners are not enrolled by the IHCP**
Outpatient Mental Health
Psychiatrist or HSPP responsibilities

– Must certify the diagnosis and supervise the plan of treatment as stated in 405 IAC 5-20-8 (3) (a) (b)

– Must see the patient or review information obtained by a mid-level practitioner within seven days of intake

– Must see the patient or review documentation to certify treatment plan and specific modalities at intervals not to exceed 90 days

– Must document and personally sign all reviews
  • No co-signatures on documentation

– Must be available for emergencies
  • An emergency is a sudden onset of a psychiatric condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in (1) danger to the individual, (2) danger to others, or (3) death of the individual
Outpatient Mental Health

PA requirements

- PA is required for units in excess of 20 per member, per rendering provider, per rolling 12-month period
  - Codes below in combination are subject to 20 units per member, per rendering provider, per rolling 12-month period
    - 90804 through 90815
    - 90845 through 90857
    - 96151 through 96153

- Requests for PA should include a current plan of treatment and progress notes to support the effectiveness of therapy

- Reference the IHCP Provider Manual Chapter 6 for PA guidelines and instructions
  - MCEs may have different PA requirements; providers are encouraged to contact each MCE for PA processes
Outpatient Mental Health
What is a rolling 12-month period?

- A rolling 12-month period is
  - Based on the first date that services are rendered by a particular provider
  - Renewable one unit at a time beginning 365 days after the date that services are rendered by a particular provider

- It is not
  - Based on a 12-month calendar year
  - Based on a fiscal year
  - Renewable on January 1 of each year
Outpatient Mental Health

Psychiatric diagnostic interview (90801)

– One unit of psychiatric diagnostic interview (90801) is allowed per member, per provider, per rolling 12-month period per IAC 405 IAC 5-20-8 (14)

– Additional units require PA

– Exception: Two units are allowed without PA if separate evaluations are performed by a psychiatrist or HSPP and a mid-level practitioner
Outpatient Mental Health

Billing overview

– Appropriate modifiers must be used for mid-level practitioners
  • AH – Clinical psychologist
  • AJ – Clinical social worker
  • HE and SA – Nurse practitioner or nurse specialist
  • HE – Any other mid-level practitioner as addressed in the 405 IAC 5-20-8
  • HO – Master’s degree level
  • SA – Nurse practitioner or clinical nursing specialist (CNS) in a nonmental health arena
Request

Access to Web interchange
Administrator Request Form

- The Administrator Request Form is used to designate at least one individual to act as the administrator for Web interChange.
- A link to the form can be found on the "How To Obtain an ID" page.
- Submit a letter of acknowledgement on your company’s letterhead from the organization’s owner, indicating you are approved as an administrator for your organization.
  - Providers may have multiple administrators.
  - A separate form for each administrator is required.
  - Multiple administrators may be listed on the letter of acknowledgement.
- If the organization has multiple provider numbers (LPIs), only one Administrator Request Form for each administrator is needed.
  - List the individual LPIs and provider names on the letter of acknowledgement.
  - Administrators are linked to the nine-digit LPI, not to individual locations.
Administrator Request Form

– Complete and mail the Administrator Request Form to
  • HP Enterprise Services
    Electronic Solutions Help Desk
    950 N. Meridian Street
    Suite 1150
    Indianapolis, IN 46204-4288

– Request form and letter may be faxed to
  • Fax: (317) 488-5185

– Turnaround time is 5 to 7 days
Resource

www.indianamedicaid.com
Welcome to IHCP Web Site

www.indianamedicaid.com
IHCP Web Site
Home page for providers

WELCOME
Welcome to the Indiana Health Coverage Programs (IHCP) provider Web site. On this site, you will find complete program information and requirements, as well as online access to enroll as a provider, submit and check claims, verify member eligibility, register for provider training, and much more. If you have questions, comments, or suggestions, please take a few minutes to provide us with Web Site Feedback (Contact Us > Web Site Feedback) - or talk to your IHCP Provider Relations representative.

NEWS AND ANNOUNCEMENTS
Web Tools Virtual Training
04/05/2011 - Web Tools Virtual Training

Sign Up for Second-Quarter Workshops
04/05/2011 - Sign Up for Second-Quarter Workshops

Prequalification: Nursing Facility Leave Days

Keep up on recent news
News, Bulletins, Banner Pages

Your keys to staying informed

NEWS, BULLETINS, AND BANNER PAGES

Use the links at the left or below to access news items and related documents.

BULLETINS

Bulletins provide information to Indiana Health Coverage Programs (IHCP) providers about program changes or special information.

BANNER PAGE

The banner page is published weekly on Tuesday. This document features brief articles that generally target billing issues.

NEWSLETTERS

The monthly newsletter explains in-depth program priorities and activities. It also provides information on upcoming changes and provider education opportunities.
Bulletins

Archived listing of provider bulletins

A complete listing of past bulletins is available

<table>
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<td>Therapy Services Limitations</td>
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<td>Reduction in Transportation Reimbursement</td>
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<td>Change to the Preferred Drug List</td>
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Bulletins, Banner Pages, and Newsletters

Automatic Email notification

Sign up for automatic email notifications
Fee Schedules
Reimbursement rates, coverage, and PA information
Fee Schedules
Accepting agreement

Click to accept agreement to access fee schedules
Fee Schedules

Searching by procedure code

IHCP Fee Schedule

NOTE: Should you have landed here as a result of a search engine (or other) link, be advised that these files contain material that is copyrighted by the American Medical Association. You are forbidden to access the files unless you read, agree to, and abide by the provisions of the copyright statement. Read and accept the copyright statement now and you will be returned to this page.

The IHCP Fee Schedule has been enhanced to provide information regarding all CPT-4 Procedure codes, HCPCS and ADA codes currently recognized by the IHCP. This fee schedule is intended for use by providers who bill services on the HCFA 1500 Claim Form and the Dental Claim Form only. The information contained on this Fee Schedule does not pertain to providers who use the UB-92 or Pharmacy Claim form. Information for UB-92 and Pharmacy billers can be found in the IHCP Provider Manual, Chapter 7, Reimbursement Methodologies.

This is an interactive site that allows you to View the Entire Fee Schedule, or Search by Procedure Code, Procedure Code Range, or Procedure Code Description. The IHCP Fee Schedule includes a variety of search capabilities such as procedure code range and keywords. For example, search by "oral" for oral surgery...

Information regarding each procedure code, such as program coverage, the maximum allowed fee, prior authorization requirements, and anesthesia base units is available on the Fee Schedule.

ASC Codes: View a chart of ASC assignment codes along with effective dates and pricing. For ASC assignment codes specific to a CPT/HCPCS code, search by procedure code or procedure description.
Fee Schedules
Search by code, range of codes, or description
Fee Schedules
Reimbursement rates and coverage information

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<th>Mod 3</th>
<th>Mod 4</th>
<th>Taxonomy Code</th>
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<th>Program Coverage</th>
<th>Program Indicator</th>
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Fee Schedule Instructions
Coverage and PA

IHCP Fee Schedule - Instructions

Procedure Codes are listed in ascending order followed by alpha procedure codes. The information provided is reflective of the most current allowed rate for all procedure codes pertinent to CMS 1500, 837 Professional and Dental billers. The IHCP Fee Schedule is "at a minimum" updated monthly. To determine the allowed rate for a given procedure code, perform the following steps:

- Find the procedure code on the Fee schedule.
- Modifiers displayed under the headings Mod1, Mod2, Mod3, and Mod4, and the taxonomy should be considered part of the procedure code combination. If you are billing with a procedure code and modifier, or a procedure code, modifier and/or taxonomy combination, look for the procedure code combination on the fee schedule.
- If the procedure code has a Normal or Manual pricing indicator, there will be no fee schedule amount listed. Refer to the Indiana Health Coverage Programs Provider Manual for questions concerning Manual pricing.

The Program Coverage Value descriptors are:

1. Traditional Medicaid and Hoosier Healthwise covered.
2. Traditional Medicaid and Hoosier Healthwise covered, with the exception of Package C.
3. Package C covered only.
4. Not covered.

The Program PA Values descriptors are:

1. PA required for Traditional Medicaid and Hoosier Healthwise.
2. PA required for Traditional Medicaid and Hoosier Healthwise, with the exception of Package C.
3. PA only required for Package C.
4. PA not required.

Program Coverage Value 1 = covered
Program PA Value 4 = PA not required
## PA Forms

### PRIOR AUTHORIZATION

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<th>Format</th>
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<td>Prior Review and Authorization Dental Request Form</td>
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### PROVIDER CORRESPONDENCE FORMS

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Universal PA Form

Indiana Health Coverage Programs
Prior Authorization Request Form

Check the box of the plan in which the member is enrolled.

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<tr>
<th>Traditional</th>
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<td>Anthem HHW – SFHN</td>
<td>P: 800-291-4140</td>
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| Healthy Indiana Plan | Anthem HIP | P: 866-398-1922 | F: 866-406-2803 |
|                      | MDwise HIP | See www.mdwise.org |          |
|                      | MHS HIP | P: 877-647-4848 | F: 866-912-4245 |

| Care Select          | Advantage Care Select | P: 800-784-3981 | F: 800-689-2759 |
|                      | MDwise Care Select | P: 866-440-2449 | F: 877-822-7186 |

Please complete all appropriate fields.

**Patient Information**
- Medicaid ID/RID#:
- DOB:
- Patient Name:
- Address:
- City/State/Zip:

**Requesting Provider Information**
- NPI#:
- Tax ID#:
- Service Location Code:
- Provider Name:

**Rendering Provider Information**
Manuals

IHCP provider and supplemental manuals
IHCP Provider Manual

Chapter 8 Billing Instructions
Search Feature

“Sterilization” appears 14 times

Utilize either search feature to quickly find subject matter
Contact Us
How to contact people you need

CONTACT US

There are multiple ways to contact the vendors contracted to perform services on behalf of the Indiana Health Coverage Programs.

- The Provider Quick Reference lists phone numbers and other information for vendors.
- The Provider Relations Field Consultants assist providers with enrollment, using Web InterChange, solving problems, and so on.
- The Web Site Feedback tool is a convenient way to submit comments about this Web site.

WRITTEN CORRESPONDENCE

The Written Correspondence staff is available to research issues for providers who are experiencing difficulty in receiving claim payment. Please note that corrected claim forms and requests for hearings and appeals cannot be submitted via email, but should be submitted via standard mail to the appropriate mailing address.

Email Written Correspondence

FREQUENTLY ASKED QUESTIONS
Contact Us

Quick Reference Guide contains valuable contact information
Contact Us

How to contact your field consultant
Understand

Inquiry Resources
Eligibility Inquiry
Provides detail information on eligibility status
Eligibility Inquiry
Provides detail information on eligibility status

Bottom half of eligibility screen
PA Inquiry

Enter PA number or Confirmation number to inquire on status of PA
# PA Inquiry

Search results

## Prior Authorization Inquiry

### Provider/Member ID/Request

- **Search for:**
  - NPI
  - Legacy Provider ID

- **NPI:** 0000000000

### Request Information

- **Procedure Code:**
- **Modifiers:**
- **Revenue Code:**
- **Service Date:**
- **Assignment Code:** Any

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## PA Inquiry

Search results

**Prior Authorization Inquiry**

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*Shows units and dollars authorized and used*
Learn

Claim filing
Welcome to Web interChange

This secure website allows you to inquire upon your Indiana Health Coverage Programs claim information quickly and easily.

Logon to Web interChange

- Already have a User ID and password?
  If you already have a User ID and password, enter that information in the following spaces.
  
  User ID:  
  Password:  

- Log On

- Forget your password?
  Reset it yourself! The Reset Password function allows the user to reset their own password. For more information regarding the Reset Password functionality, visit the Automated Password Reset Help page.
  OR
  Go to your group administrator to have your password reset, or, if you don't yet have an administrator, call the Electronic Solutions Helpdesk @ (317) 488-5160. To find an administrator for your organization, please use the Administrator Listing function.

- First time here?
  If you are not yet enrolled to use this service, please read How to Obtain a Web interChange User ID and password

- Need additional help?
  Web interChange Help and Web interChange FAQs provide answers to many commonly asked questions.
Claim Submission

Professional

Claims Processing Menu

- Institutional Claims
  - Inpatient
  - Outpatient
  - Home Health
  - Long Term Care
  - Institutional Crossover
  - Outpatient Crossover

- Professional Claims
  - Medical (includes HCBS Waiver)
  - Medical Crossover

- Dental Claims
  - Dental

Helpful Hints

- Use the NPI Reporting Tool to report your National Provider Identifier (NPI) to IHCP.
- Click on any field label to get more information about the field.
- Review the Help Page to find more information about how to use this site.
- Please direct comments, problems or suggestions concerning using this site to Indiana Medicaid.
Claim Submission
Professional – header information

![Professional Claim Form](image-url)
Web interChange – 1500 Electronic filing

[Image of a web interface for Medicaid claims filing]
Paper Claim Form Locators – CMS-1500

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Claim Inquiry

Claim history can be selected a variety of ways

Access eligibility information by clicking on member ID
Review

Remittance Advice
Paperless Remittance Advice

- Each week, a listing of all submitted claims displays on the Remittance Advice (RA)
- The RA sorts the claim information according to claim type and status (paid, denied, and so on)
- Access the Check/RA Inquiry feature of Web interChange to view and print the RA
- The RA is available via Web interChange for four weeks
  - After the fourth week, the oldest RA is purged and is no longer available online
Check/RA Inquiry
Allows providers to view and print RAs

Information displayed for each check/EFT
Click on icon to download RA
Find Help
Resources Available
Helpful Tools

– IHCP website at indianamedicaid.com

– IHCP Provider Manual

– Customer Assistance
  1-800-577-1278 toll-free
  (317) 655-3240 in the Indianapolis local area

– Provider Relations Field Consultants
Q&A