INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Right Choices Program

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Revision History

Version	Date	Reason for Revisions	Completed By
1.0	Policies and procedures as of Oct. 1, 2015 Published: Feb. 25, 2016	New document	FSSA and HPE
1.1	Policies and procedures as of Feb. 13, 2017 Published: May 30, 2017	Scheduled update	FSSA and HPE
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6.0	Policies and procedures as of July 1, 2023 Published: July 1, 2023	Scheduled update: • Edited text as needed for clarity • Replaced references to Gainwell with “IHCP FFS PA-UM contractor” where needed • Changed references to IVR system to GABBY • Updated *Figure 2 – The IHCP Portal Care Management Tab*	FSSA, Acentra Health (previously Kepro) and Gainwell

Table of Contents

Introduction....1
- RCP Administrators....1
- RCP Members....1
- RCP Providers....2

Services Carved Out of the RCP....2
Eligibility Verification for RCP Members....3
Billing for Services Rendered to RCP Members....4
Lock-In PMP Responsibilities....4
- Adding Referral Providers....5
- Terminating PMP Status....10

Referral Provider Responsibilities....11
Primary Lock-In Pharmacy Responsibilities....11
- Valid RCP Prescribers....12
- Obtaining and Documenting Lock-In PMP Authorization for Denied Prescriptions....12
- Referrals to Secondary Pharmacies....13

Hospital Responsibilities for RCP Member Prescriptions Upon Discharge....13
Removal From the RCP: Case Closure....13
- Exit Care Conference....13
- Conference Results....14
- Early Removal From the RCP....14

Detecting and Reporting Fraud, Waste and Abuse....15
- Member Fraud, Waste and Abuse....15
- Medical and Pharmacy Provider Fraud, Waste and Abuse....15

Right Choices Program Letters....15
- Provider Assignment Letter....16
- Primary Medical Provider Assignment Letter....17
- Pharmacy Provider Assignment Letter....20

The Right Choices Program

> *Note: For updates to information in this module, see [IHCP Bulletins](#) at in.gov/medicaid/providers.*

Introduction

The Right Choices Program (RCP) is the lock-in program developed by the Indiana Health Coverage Programs (IHCP) in accordance with *Code of Federal Regulations 42 CFR Sections 455* and *456* and *Indiana Administrative Code 405 IAC 1-1-2(c)*. The goal of the RCP is to provide quality care through healthcare management, ensuring that the right service is delivered at the right time and in the right place for each member.

All RCP members, providers, RCP Administrators and the IHCP collaborate to create a care coordination team for RCP members. The RCP encourages participation in all coordination efforts available to ensure that RCP processes and guidelines are carried out appropriately while members receive medically necessary care.

RCP Administrators

Multiple vendors administer the RCP according to consistent policies established by the Indiana Family and Social Services Administration (FSSA):

- The IHCP fee-for-service (FFS) prior authorization and utilization management (PA-UM) contractor serves as the RCP Administrator on behalf of the state of Indiana for members who receive benefits under the Traditional Medicaid program.
- Managed care entities (MCEs) contracted with the IHCP serve as the RCP Administrators on behalf of the state for members in managed care programs. The RCP Administrators for Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise managed care programs are:
  - Anthem
  - CareSource – *HIP and Hoosier Healthwise only*
  - Managed Health Services (MHS)
  - MDwise – *HIP and Hoosier Healthwise only*
  - UnitedHealthcare – *Hoosier Care Connect only*

See the *Care Management* section of the *IHCP Quick Reference Guide* at in.gov/medicaid/providers for RCP Administrator contact information.

RCP Administrators are responsible for identification of members who qualify for placement in the RCP and continued administrative duties required because of the lock in.

RCP Members

IHCP members eligible for placement in the RCP include members in HIP, Hoosier Care Connect, Hoosier Healthwise and Traditional Medicaid (with the exception of dually eligible members and hospice participants). For instructions on determining a member's RCP status, see the *Eligibility Verification for RCP Members* section.

Members are selected for review based on their behavior patterns and utilization practices compared with other members of the same population within each IHCP program. Reviews may also be initiated by referral, based on reports of potential overuse or abuse from various sources such as IHCP providers or

other agencies. After the review process, if it is determined that the member is overusing or abusing services, the member is placed in the RCP, which includes provider assignment, member education and interventions. The member is locked in to a single primary medical provider (PMP), a pharmacy and approved specialty providers, as appropriate.

RCP Providers

IHCP members who have been placed in the RCP are assigned to primary lock-in providers:

- One primary medical provider (PMP)
- One pharmacy

If a member requires services from a specialty provider or from a pharmacy other than the primary lock-in pharmacy, the PMP must make the referral in order for those services to be reimbursed.

The IHCP reimburses only the providers to whom the RCP member is locked in, unless a referral is on file with the member's RCP Administrator and appears on the member's lock-in list. Certain services are exempted from this requirement, as described in the *Services Carved Out of the RCP* section. However, PMPs are encouraged to provide RCP referrals for **all** nonhospital services, including carved-out services. This process ensures better coordination of care among providers and allows members to obtain prescriptions written by providers other than their PMP from their lock-in pharmacy. Because pharmacy claims are adjudicated at the pharmacy point of sale (POS), RCP members are able to receive their medications only if prescribed by their PMP or an authorized referral provider.

Non-IHCP and Out-of-State Providers

All providers, including out-of-state providers, must be enrolled in the IHCP, with a valid IHCP Provider ID, to be eligible for consideration as a covered provider for the RCP. If the PMP submits a referral for a provider that is out of state, the RCP Administrator checks to see whether the provider has an IHCP Provider ID and then makes a determination as follows:

- If the out-of-state provider has an IHCP Provider ID, the provider may be considered a covered provider for an RCP member if the referral or use of service is deemed valid by the RCP Administrator.
- If the out-of-state provider does not have an IHCP Provider ID, the provider is not a covered provider for the RCP and cannot be added to the RCP lock-in list.

Services Carved Out of the RCP

Certain services are carved out of the RCP and can be accessed by RCP members without a PMP referral. However, the PMP is *encouraged* to write referrals for **all** nonhospital services to ensure better coordination of care among providers.

> Note: *For RCP members enrolled in HIP, Hoosier Care Connect or Hoosier Healthwise, unless the service is considered self-referral under the managed care delivery system, it continues to require a PMP referral just as for non-RCP members; however, for these carved-out services, the PMP is not required to add the referral provider to the RCP lock-in list. See the Member Eligibility and Benefit Coverage provider reference module for a list of services that are considered self referral under the managed care delivery system.*

If the provider writes a prescription that will be dispensed at a pharmacy, an RCP referral by the PMP for the service is necessary for the prescription claim to be paid.

Services that do not require an RCP referral, *if no prescriptions will be written*, include the following:

- Behavioral health services*
- Chiropractic services
- Dental services*
- Diabetes self-management training (DSMT) services
- Family planning services
- Home health care
- Hospice
  (Note: When the RCP Administrator receives notification that a member is approved for IHCP hospice benefits, the member is removed from the RCP.)
- Hospital services, including hospital inpatient and outpatient services as well as professional services provided in a hospital setting
- Podiatry services
- Transportation services
- Routine eye care (except surgery)
- Home- and Community-Based Services (HCBS) waiver services

Eligibility Verification for RCP Members

Before rendering services, providers are responsible for verifying IHCP member eligibility using any of the following options, as described in the *Member Eligibility and Benefit Coverage* module:

- Interactive virtual assistant (GABBY) at 800-457-4584
- IHCP Provider Healthcare Portal (IHCP Portal), accessible from the homepage at in.gov/medicaid/providers
- Electronic 270/271 interactive or batch transactions

While verifying eligibility, providers can confirm the member's RCP status. If the member is enrolled in the RCP for the dates searched, the eligibility response indicates the provider type, name and phone number for each provider to which the member is locked in, including referral providers that have been added to the member's lock-in list:

- When using the GABBY virtual assistant, RCP lock-in providers are named immediately after the benefit coverage response. If no provider restrictions are stated, the member is not enrolled in the RCP for the dates searched.
- On the IHCP Portal, if the member is enrolled in the RCP, the *Coverage Details* section includes the *Right Choices Program* panel (Figure 1), which displays information about the lock-in PMP, primary lock-in pharmacy and any authorized referral providers.

** Note that RCP Administrators may require PMP referrals for **behavioral health** providers and **dental** services, because these services are highly likely to generate prescriptions, especially for controlled substances.*

Figure 1 – *Right Choices Program* Panel in the *Coverage Details* Section of the IHCP Portal Eligibility Verification

Right Choices Program

Indicates a PMP Provider.

RCP Provider	PMP	RCP Provider Phone	Service	Effective Date	End Date
XXXXXXXXX XXXXXXXXX	Yes	X-XXX-XXX-XXXX	RCP-Physician	05/26/2020	05/27/2020
XXXXXXXXX XXXXXXXXX	No	X-XXX-XXX-XXXX	RCP-Physician	05/26/2020	05/27/2020
XXXXXXXXX XXXXXXXXX	No	X-XXX-XXX-XXXX	RCP-Physician	05/26/2020	05/27/2020
XXXXXXXXX XXXXXXXXX	No	X-XXX-XXX-XXXX	RCP-Pharmacy	05/26/2020	05/27/2020

RCP members are restricted to receiving services only from the specific providers listed (except for hospital services and services carved out of the RCP, as described in the *Services Carved Out of the RCP* section).

The eligibility response also provides MCE assignment information. For HIP, Hoosier Care Connect and Hoosier Healthwise members, the RCP Administrator is the member's assigned MCE (Anthem, CareSource, MHS, MDwise or UnitedHealthcare). For Traditional Medicaid members, the RCP Administrator is the IHCP fee-for-service PA-UM contractor.

The MCEs monitor utilization for HIP, Hoosier Care Connect and Hoosier Healthwise members and should be contacted directly to report utilization or billing issues. Providers can find telephone numbers and addresses for all RCP Administrators in the *Care Management* section of the *IHCP Quick Reference Guide* at in.gov/medicaid/providers.

Billing for Services Rendered to RCP Members

A major factor in the success of the RCP is timely and appropriate claim adjudication. Claims may suspend or deny if all claim-processing guidelines have not been followed. Procedures for proper submission of fee-for-service nonpharmacy claims are provided in the *Claim Submission and Processing* module. For pharmacy claim-submission procedures, see the *Pharmacy Services* module. For procedures on submitting managed care claims, contact the MCE in which the member is enrolled.

> *Note: Members must be notified in advance of receiving any service that is not covered by Medicaid. The members must sign a waiver acknowledging that they will be billed for the noncovered service before receiving the service. However, if a member pays cash (and a provider receives cash) for any Medicaid-covered service that exceeds predetermined standards outlined in 42 CFR 456.709(b), it may be considered a fraudulent activity on the part of both the member and the provider.*

Lock-In PMP Responsibilities

The same provider specialties eligible to serve as PMPs for managed care programs are eligible for assignment as the RCP PMP. See the *Provider Enrollment* module for applicable specialties.

The RCP Administrator sends assigned PMPs a letter notifying them of lock-in status. See the *Primary Medical Provider Assignment Letter* section.

By providing a care coordination team, a lock-in PMP is better able to manage a member's care and coordinate service delivery. One medical practitioner is aware of all the member's treatments and medications, which reduces the potential for adverse health outcomes and contradictory medical treatments. The goal of the PMP's intervention is to improve the member's care and health outcomes. A reduction is also anticipated in inappropriate use of pharmacy and other health services, which could harm the member and create unnecessary and wasteful program expenditures.

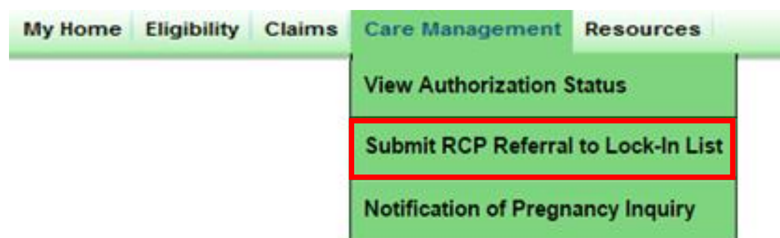
Adding Referral Providers

The PMP must use referrals if the RCP member requires evaluation or treatment by a specialist or another doctor or needs to use a pharmacy other than the primary lock-in pharmacy. The purpose of the referral is to ensure that the PMP has authorized the visit to the referral provider. The referral ensures that claims from referral providers may be processed for payment and should also be sent to the RCP Administrator.

PMPs may submit referrals to the RCP Administrator by mail or fax, or by adding them directly to the member's lock-in provider list in the IHCP Portal, as described in the following steps:

1. Log in to the IHCP Provider Healthcare Portal, accessible from the homepage at in.gov/medicaid/providers.
2. From the Care Management tab of the IHCP Portal menu bar, select **Submit RCP Referral to Lock-In List**.

Figure 2 – The IHCP Portal Care Management Tab



3. Enter the RCP member information in the *Member Information* section of the *Submit RCP Referral for Lock-In List* panel, and click **Continue**.

Figure 3 – Member Information

INDIANA MEDICAID *for Providers*

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources

Care Management > Submit RCP Referral to Lock-In List

Monday 10/10/2016 12:59 PM

Submit RCP Referral for Lock-In List

* Indicates a required field.

Requesting Provider Information

Requesting Provider Information

Provider ID **ID Type** NPI **Taxonomy** **Name**

Member Information

Enter Member ID, Date of Birth and at least one character of First and Last Name

***Member ID** ***Birth Date**

***Last Name** ***First Name**

Continue **Reset**

4. The IHCP Portal displays the member's *Lock-In Providers* list (Figure 4).

   This list is displayed only if the user is the member's PMP (or an authorized delegate with the appropriate permissions). All other users will see a message that only the member's PMP can submit an RCP referral.

Figure 4 – Lock-In Providers

Member ID 01
Member
Birth Date
Gender

Active RCP Dates

Indicator IN | Effective Date 1/11/2015 | End Date 9/15/2016

Lock-In Providers

Indicates a PMP Provider.

Provider ID	NPI	Provider Name	Provider Type	Provider Specialty	PMP	Lock-In Type	Claim Type	Effective Date	End Date
			Physician	General Internist	Yes	Primary Medical Provider	Medical	01/11/2015	04/15/2016
			Pharmacy	Pharmacy	No	Pharmacy	Pharmacy	01/11/2015	04/15/2016
			Physician	General Surgeon	No	Referral	Medical	03/10/2015	04/15/2015
			Physician	General Internist	No	Referral	Medical	06/01/2015	02/01/2016

5. Select the appropriate option in the *Referral Request Information* section and click **Search Provider**.

Figure 5 – Referral Request Information

Referral Request Information

* Indicates a required field.

Select an action to update the Member's Lock-In List.

*Action
- I authorize this member to be seen by the physician/practice/pharmacy listed below for the dates indicated. Please add physician/practice/pharmacy to the member's list of approved providers.
- I authorize that the member's lock-in pharmacy be changed to the pharmacy listed below on the effective date indicated.
- I authorize that the selected provider/practice/pharmacy be removed from the member's list of approved providers on the effective date indicated.

Click the Search Provider button below to find the correct Provider Location for the new Lockin Provider. Then enter the effective dates and Claim Type and hit the Submit button.

Search Provider

Provider ID _ | ID Type _ | Name _
Taxonomy _ | Provider Type _ | Specialty _
*Effective Date | | *Claim Type

6. In the *Right Choices Program Provider Search* panel, enter information for the provider to be added to the lock-in list and click **Search**. Providers that match the criteria will be listed in the *Search Results* panel.

Figure 6 – Right Choices Program Provider Search and Search Results

Right Choices Program Provider Search Back to Submit RCP Referral ?

* Indicates a required field.

Provider ID | Provider ID Type: Provider ID

Organization Name or First Name

Last Name

ZIP Code

Provider Type

Provider Specialty

Search | Cancel

Search Results

To add a provider to the member's Lock-In Provider list, click **Select Provider** next to the appropriate provider.

Total Records: 1

Action	National Provider ID	Provider ID	Provider Name	Provider Address	Provider Type	Provider Specialty
Select Provider						

7. Click the **Select Provider** link for the desired provider to add that provider's information to the *Referral Request Information* section.

8. Enter the effective dates and the claim type for the referral.

Figure 7 – Referral Request Information

Referral Request Information

* Indicates a required field.

Select an action to update the Member's Lock-In List.

*Action

- I authorize this member to be seen by the physician/practice/pharmacy listed below for the dates indicated. Please add physician/practice/pharmacy to the member's list of approved providers.
- I authorize that the member's lock-in pharmacy be changed to the pharmacy listed below on the effective date indicated.
- I authorize that the selected provider/practice/pharmacy be removed from the member's list of approved providers on the effective date indicated.

Click the Search Provider button below to find the correct Provider Location for the new Lockin Provider. Then enter the effective dates and Claim Type and hit the Submit button.

Search Provider

Provider ID | ID Type: NPI | Name

Taxonomy: _ | Provider Type: Dentist | Specialty

*Effective Date: 10/17/2016 – 11/30/2016 | *Claim Type: Outpatient

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

Submit | Cancel

9. If appropriate, click the plus sign (+) in the *Attachments* panel and follow the instructions to add one or more files to support the referral being made. The RCP Administrator uses this information during the review process.

Figure 8 – Attachments for RCP Referral

Attachments
Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action

Click to collapse.

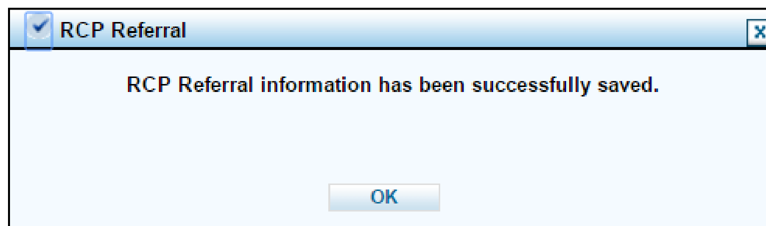
*Transmission Method: FT-File Transfer
*Upload File: Choose File Exams.txt
*Attachment Type: 06-Initial Assessment

Add Cancel

Submit Cancel

10. Click **Submit** to finalize the submission of the RCP referral.
11. The IHCP Portal displays a confirmation message for the provider submission. Click **OK**.

Figure 9 – RCP Referral Confirmation Message



When the PMP adds a referral as described in these steps, the referral provider is automatically added to the member's lock-in list and the referral is transmitted to the RCP Administrator to review. PMPs can authorize RCP provider referrals for up to one year; however, referrals submitted through the IHCP Portal will default to a maximum of seven days until reviewed by the RCP Administrator. RCP Administrators are responsible for reviewing all the referrals submitted on the IHCP Portal and will update the applicable end date indicated on the PMP's referral.

Referral providers that treat lock-in members are responsible for verifying IHCP eligibility and must not treat the member without obtaining a referral from the member's PMP.

Submitting Referrals From Referral Providers

If the referral physician would like to refer the member to a third physician, the PMP must also sign the referral and submit it to the RCP Administrator before the third provider can be added to the member's lock-in list. The referral must include the following information:

- IHCP member's name
- IHCP Member ID (state-assigned number)
- First and last name of the referring physician (the second physician)
- First and last name of the referral physician (the third physician)
- New provider's National Provider Identifier (NPI)
- Date of the referral

- Dates of service for which the referral is valid
  - If no time period is specified on the referral, the referral is approved for up to one year depending on the type of provider being added.
  - The start date of the referral is the date indicated on the referral unless an alternate start date is specified by the PMP on the referral.
  - A second pharmacy may be added for the dates of service only.
- PMP's manual or electronic signature (unless the PMP submits the referral via the IHCP Portal)
  - Signatures of office staff for the PMP are unacceptable.

Retroactive Referrals

If the PMP has not submitted a referral to the RCP Administrator for a member, and the PMP is not available to submit a referral, temporary physician coverage may be approved by the RCP Administrator.

When the PMP approved the services provided on the date of service but failed to submit the referral to the RCP Administrator at that time, the PMP may submit retroactive referrals. Retroactive referrals may be accepted if the start date of the retroactive referral is within the claims' filing limit. The retroactive referral may be valid for up to one year from the retroactive start date. The PMP's medical records for the member should indicate that on or near the date of service, the referred service was approved. PMPs are not required to approve any service they did not know about on the date of service.

The following circumstances may be eligible for a retroactive referral:

- PMP change still pending after a previously auto-assigned member has selected a new PMP
- Death of PMP
- PMP moves out of the region without proper notification to the program
- Newly transitioned members into the program, such as wards and foster children, who are in need of treatment within the first 60 days of enrollment
- Auto-assigned member living in an underserved area and unable to select a PMP from that area
- Other urgent, emergency or ongoing issues, such as dialysis, in which the member is unable to access necessary services and the assigned PMP is unwilling or unable to provide services or the appropriate referral

Referrals for Services Carved Out of the RCP

PMPs are encouraged to provide referrals for **all** nonhospital services. Although RCP referrals are not mandatory for services that are carved out of the RCP, as described in the *Services Carved Out of the RCP* section, following the RCP referral process for these services provides better coordination of care among providers and allows members to obtain prescriptions written by the referral providers at their lock-in pharmacy. Because pharmacy claims are adjudicated at the pharmacy POS, members are able to receive their medications only if their prescribers are authorized referral providers.

Participating in Reviews

PMPs are expected to participate in the Exit Care Conference to help evaluate the RCP member's readiness for removal from the program, as described in the *Removal from the RCP: Case Closure* section.

Additional reviews may be conducted as needed prior to the Exit Care Conference. For example, the member's lock-in PMP may, at any time, request an "emergent" conference with the member's assigned care or case manager for crisis or other indications related to the member's care. Emergent conferences are strongly recommended to PMPs as an alternative to dismissing members from their practices. Maintaining a relationship with the PMP and a stable care plan is of utmost importance to the member's success in the RCP.

Terminating PMP Status

Either the PMP or the RCP member may initiate a change in the member's PMP assignment, within the parameters described in the following sections.

Provider-Initiated Termination of PMP Status

The provider may opt to terminate a member's care for specific reasons outlined in the provider's internal office policies and in this document, such as noncompliance with treatment recommendations and abusiveness to office staff. If this situation transpires for an RCP member, the following must occur:

- The provider must give a letter to the member, with 30 days' notice, stating that the member's care by the provider is being terminated.
- A copy of this letter must be mailed or faxed to the RCP Administrator with any applicable reassignment request forms. The RCP Administrator's designated staff works with the member to select another provider to replace the provider that is terminating care.
- Referrals made by the terminating provider will expire 30 calendar days after the RCP Administrator's receipt of the dismissal. On approval from the administrator's medical director, the expiration date may be extended under the following circumstances:
  - New provider is unable to see member within 30 calendar days.
  - RCP member eligibility terminates during the process of changing the PMP, and the member is auto-assigned to dismissing provider.

Member-Initiated Change in PMP Assignment

If the RCP member wants to change PMP assignment, the member must contact the RCP Administrator. For a member-initiated PMP change, a new PMP may be selected only for one of the following reasons:

- Access to care
  - Member moves more than 30 miles from the current PMP.
  - Current PMP moves more than 30 miles from the member.
  - Current PMP's office is not accessible on public transportation.
  - IHCP-reimbursable transportation is not available (for HIP, this condition applies only to *HIP State Plan Plus, HIP State Plan Basic* and *HIP Maternity* members).
  - Excessive delay occurs between requests for appointments and scheduled appointments, as noted in a documented pattern over six months
  - Has difficulty contacting the PMP office for care after normal business hours.
- Continuity of care
  - Current PMP disenrolls from the member's current MCE, program or the IHCP.
- Quality of care or service
  - Member's dissatisfaction with treatment by doctor or staff

    This provision does not include a member's dissatisfaction with a plan of treatment, prescription utilization contract, written prescriptions (type and quantities) or lack thereof. This provision exists specifically to address any potential quality-of-care or abuse issues that may be present in the treatment of the member by the doctor or staff.
  - Specialty services required due to language, cultural or other communication barriers with current PMP
  - Ongoing unresolved provider or member conflict

- Selected assignment
  - Member did not select the current PMP.
    - If a member fails to select primary lock-in providers within 10 days of RCP notification, the selection is made by the RCP Administrator or is auto-assigned.
    - This reason may be used only once during the member's enrollment in the RCP, pending RCP Administrator approval.

Members are required to submit a written request to the RCP Administrator detailing the reasons for the requested change. The RCP Administrator then reviews the change request. If the member's lock-in providers are changed, the RCP Administrator sends the member a letter with the new providers' information. The new lock-in providers also receive letters.

Referral Provider Responsibilities

The referral provider must confirm that the RCP member's PMP made a referral to add the referral provider to the member's lock-in list. Self-referrals and referrals from non-lock-in providers are not allowed for RCP members, except as described in the *Services Carved Out of the RCP* section.

The PMP must submit a referral to the RCP Administrator (through mail, fax or the IHCP Portal) that includes the referral provider's NPI, as outlined in the *Lock-In PMP Responsibilities* section.

The appearance of the referral provider's information on the member's eligibility verification – from the IHCP Portal, virtual assistant (GABBY) on IHCP Customer Service line or 270/271 electronic transaction – for the date of service allows for IHCP payment of services rendered by that provider. Referral providers may elect to print the eligibility verification from the IHCP Portal and retain it for billing purposes. The referral provider is also encouraged, but not required, to request a copy of the written referral from the PMP.

If the referral provider writes a prescription, it is recommended that a copy of the written referral or a printout of the member's eligibility verification from the IHCP Portal (with the *Right Choices Program* detail panel expanded to show the RCP referral provider) accompany the prescription to the primary lock-in pharmacy. If the referral was submitted by mail, and the RCP Administrator has not yet added the written referral to the IHCP Portal, the pharmacy should contact the RCP Administrator to verify validity and entry of the referral. If the pharmacy is unable to contact the RCP Administrator, such as in an after-hours situation, the pharmacist is encouraged to use individual judgment as to whether the medication need is an emergency. If the pharmacist makes such a determination, the pharmacist should submit the pharmacy claim with an emergency indicator and dispense a 72-hour supply.

After the RCP Administrator adds a provider to a member's lock-in list, the provider files the claim in the usual manner. The PMP NPI must be reported in the referring provider field of the professional claim. For paper claim submissions, the member's PMP lock-in provider taxonomy code and ZZ or PXC qualifier must be included in field 17a of the *CMS-1500* claim form, if necessary, to make the required one-to-one match between the NPI and Provider ID.

Primary Lock-In Pharmacy Responsibilities

The RCP Administrator sends assigned pharmacy providers a letter notifying them of the member's lock-in status. If the pharmacy is part of a corporation, a letter is also addressed to the pharmacy's corporate headquarters. The letter delineates the primary lock-in pharmacy's roles and responsibilities in managing prescription medications for RCP members, lists the authorized lock-in prescribers for the RCP member, and provides contact information for the RCP Administrator. See the *Pharmacy Provider Assignment Letter* section for an example.

The member's primary lock-in pharmacy must fill prescriptions from the lock-in PMP and any referred prescribers when authorized by the PMP.

Valid RCP Prescribers

To be eligible for IHCP reimbursement, prescriptions must be written by the RCP member's lock-in PMP or a valid referral provider and must be presented at the member's primary lock-in pharmacy or a valid referral pharmacy. A physician within the same practice group as the PMP is not a valid referral provider unless the RCP Administrator has received a valid referral to that physician from the member's PMP, and the physician has been added to the member's lock in provider list. See the *Eligibility Verification for RCP Members* section for instructions on verifying whether a prescriber is a valid lock-in provider for an RCP member.

When a prescription is written by a provider that has been referred by the RCP member's PMP, it is recommended that a copy of the written referral or a printout of the member's eligibility verification from the IHCP Portal (with the *Right Choices Program* detail panel expanded to show the RCP referral provider) accompany the prescription to the primary lock-in pharmacy.

Pharmacy claims can be submitted through point-of-sale (POS). If an RCP member presents a prescription at the lock-in pharmacy from a prescriber that is not the lock-in PMP or a valid referral provider, the claim will be denied.

If, after the lock-in pharmacy verifies the RCP member's IHCP eligibility, the claim denies for an invalid prescriber identification, the pharmacy must contact the RCP Administrator to confirm whether the prescription was written by an authorized lock-in prescriber. The lock-in pharmacy may choose to fill any legal prescription, but the IHCP does not reimburse claims for prescriptions that are not written by the PMP or a prescriber that has been referred by the PMP.

If the referral was submitted by mail, and the RCP Administrator has not yet added the written referral to the IHCP Portal, the pharmacy should contact the RCP Administrator to verify validity and entry of the referral. If the pharmacy is unable to contact the RCP Administrator, such as in an after-hours situation, the pharmacist is encouraged to use individual judgment as to whether the medication need is an emergency. If the pharmacist makes such a determination, the pharmacist should submit the pharmacy claim with an emergency indicator and dispense a 72-hour supply.

> *Note: If a pharmacy changes the NPI on a claim from the NPI of the non-lock-in provider that wrote the prescription to the NPI of a provider on the member's lock-in list, the reimbursement for the claim is subject to recoupment by the state, and the action is subject to a Medicaid fraud investigation. It may be considered an act of Medicaid fraud for a pharmacy provider to receive cash for services that exceed predetermined standards outlined in 42 CFR 709(b) to which the member is entitled under Medicaid.*

Obtaining and Documenting Lock-In PMP Authorization for Denied Prescriptions

If an RCP member presents a prescription and the claim is denied because it is from a prescriber who is not the PMP or a valid referral provider, the primary lock-in pharmacy may contact the PMP by telephone or fax to determine whether the PMP wishes to authorize the prescription. All prescriptions authorized in this manner must be documented as oral prescriptions from the PMP, and the claims must be resubmitted as prescriptions from the PMP.

Lock-In PMP Authorization for Denied Schedule II Prescriptions

If an emergency exists, as defined by *856 IAC 2-6-7(e)*, and the PMP verbally authorizes a prescription for an emergency supply of a Schedule II controlled substance after a written prescription from a non-lock-in prescriber is denied, the primary lock-in pharmacy must document the verbal prescription and may dispense and submit a claim for an emergency supply per *856 IAC 2-6-7*. As required by this rule, the PMP must provide a written prescription for the emergency quantity to the dispensing primary lock-in pharmacy

within seven days after authorizing the emergency verbal prescription. The member must then see the PMP to obtain an original written prescription for further supplies of the Schedule II prescription. No claim may be paid by the IHCP for a verbal prescription for a Schedule II prescription unless an emergency exists under *856 IAC 2-6-7*, as the dispensing of such a prescription is prohibited.

Referrals to Secondary Pharmacies

If an RCP member presents a prescription to a pharmacy that is not on the member's lock-in list, the claim will be denied.

If the primary lock-in pharmacy does not have a specific medication for a specific date of service, a second pharmacy may be added to the member's lock-in list for that date of service only. Before doing so, the RCP Administrator must verify that the primary lock-in pharmacy does not have the medication and that the secondary pharmacy does. The secondary pharmacy is added only for specific dates of service, and the RCP Administrator notifies the PMP that the secondary pharmacy was added for those dates.

> *Note: If a member is transferred to an LTC facility during the RCP enrollment period, the RCP Administrator changes the member's primary lock-in pharmacy to the one contracted by the LTC facility. When the member leaves the LTC facility, the RCP Administrator updates the member's primary lock-in pharmacy to the original lock-in list.*

Hospital Responsibilities for RCP Member Prescriptions Upon Discharge

If a provider from a hospital writes a discharge prescription for an RCP member, the hospital must contact the member's PMP before discharge to obtain a referral to add the prescribing provider and the pharmacy that will be filling the prescription (if other than the member's primary lock-in pharmacy) to the member's lock-in list for a specified time frame.

Removal From the RCP: Case Closure

Thirty to 60 days before the projected end of the member's enrollment in the program, the RCP Administrator's staff reviews the member's case to determine the outcome of the member's performance in the program.

Exit Care Conference

To remove a member from the RCP, the RCP Administrator convenes a multidisciplinary Exit Care Conference. The case is evaluated to determine the RCP member's readiness for removal from the program, therapeutic situations or circumstances that may be present, and conditions that may contribute to the member's return to inappropriate utilization when removed from the program. Persons participating in the conference may include, but are not limited to, the following:

- Member's assigned care or case manager
- Lock-in PMP or designee
- Primary lock-in pharmacy staff or designee
- RCP Administrator's staff
- Pharmacy director or medical director

If any of these parties are unable to participate in the conference in person or via telephone, a brief letter of attestation and rationale for continued enrollment in or removal from the program may be submitted for consideration by the panel. Elements considered for review examine appropriateness of care and utilization, and may include the following:

- Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) Program report
- Active diagnoses and corresponding medications (such as appropriateness of medications)
- Emergency room (ER) claims and reasons for using ER, consistent with desired quality outcomes of the program
- Input from care or case manager
- Input from lock-in PMP
- Input from primary lock-in pharmacy manager
- Care or case management activities and interventions with corresponding outcomes
- Number of denied claims

If significant questions arise during the discussion that must be answered before the group can make a final decision, the conference may be continued at a future date.

Conference Results

The conference results in one of three decisions:

1. The member has been compliant and is removed from the RCP.
2. The member has *not* been compliant and will continue in the RCP (for up to an additional two years).
3. If the member is referred to law enforcement because of suspected fraudulent practices, this referral does not terminate the member from the program. The member will continue in the RCP for two years.

If a member disputes review results, additional information may be submitted for review. If the member maintains that the treatment received and prescriptions obtained from other physicians was done *with PMP authorization*, the member may request that the applicable PMP provide the RCP Administrator with a written statement concerning additional physicians that the PMP added through referral to the member's lock-in list.

Early Removal From the RCP

Cases may be closed by the RCP Administrator before the end of the member's enrollment period for the following reasons:

- The member has been assigned to hospice care. When a member is approved for hospice care, the hospice PA analyst must notify the RCP Administrator so that the member can be removed from the RCP.
- The member appealed and received a judgment in favor of the appellant. The member's enrollment in the RCP ends when the RCP Administrator receives the notification from the FSSA Office of Administrative Law Professionals (for FFS members) or from the MCE (for managed care members). Details regarding RCP appeal processes are provided to members in their initial RCP notification letter and the accompanying booklet.
- The member receives Medicare benefits in addition to IHCP Medicaid benefits.
- The member is deceased.
- The member is placed in a 590 Program facility.

Detecting and Reporting Fraud, Waste and Abuse

The FSSA, RCP Administrator, medical providers, pharmacy providers, as well as IHCP members and other private citizens are empowered to raise issues of suspected fraud, waste and abuse.

Member Fraud, Waste and Abuse

The following examples of inappropriate behaviors may be considered Medicaid fraud, waste or abuse:

- Paying cash for services covered by Medicaid which would exceed predetermined standards as outlined in *42 CFR 456.709(b)*
- Selling drugs, equipment or supplies obtained through Medicaid
- Allowing another individual to use a member's Medicaid identification card
- Being treated by several physicians for the same or similar medical condition
- Purchasing the same or similar medications from several different pharmacies
- Frequently using the hospital ER for services that are not considered emergencies

When a Medicaid member is suspected of such behavior, the activity must be identified, documented and reported to the RCP Administrator for further evaluation. If, after pertinent review, further action is required, the RCP Administrator should report the suspected activity to the FSSA Fraud Hotline at 800-457-4515 with simultaneous notification to the FSSA via ProgramIntegrity.FSSA@fssa.in.gov.

Providers and pharmacies are encouraged to report issues of suspected Medicaid member fraud to the FSSA Fraud Hotline. The state of Indiana's Medicaid Fraud Control Unit (MFCU) is not designed to pursue complaints of Medicaid member fraud. Therefore, all reports of suspected Medicaid member fraud received by MFCU are forwarded to the FSSA Fraud Hotline. The FSSA Bureau of Investigations, overseen by the chief of investigations in the Quality and Compliance Division of the FSSA Office of the General Counsel, operates the FSSA Fraud Hotline.

Medical and Pharmacy Provider Fraud, Waste and Abuse

The following examples of inappropriate behaviors may be considered Medicaid fraud, waste or abuse:

- Billing inappropriately, such as double billing or billing for services not provided
- Acting in violation of Indiana state statutes or Medicaid rules
- Billing members for services that should be billed to Medicaid
- Balance billing to members as defined in *42 CFR 447.15* (for example, billing individual patients for the difference between the amount paid by the state and the provider's customary charge)

When a Medicaid medical provider is suspected of such behavior, the activity must be identified, documented and reported to the RCP Administrator for further review and evaluation. If, after pertinent review, further action is required, the RCP Administrator must report the issue to the MFCU with a simultaneous notification to the FSSA via ProgramIntegrity.FSSA@fssa.in.gov.

Right Choices Program Letters

The RCP Administrator sends system-generated letters to RCP members and their assigned primary lock-in providers.

Provider Assignment Letter

The following is an example of the letter sent to the member to acknowledge the selection of the member's lock-in providers. A copy of this letter is also sent to the assigned providers.

Figure 10 – *RCP Provider Assignment* Letter

«Letter Date»

«Member Name»
«Street Address»
«City, State ZIP Code»

Member ID: «000000000»

Dear «Member Name»:

This letter is to provide you with information about your team of healthcare providers for the Indiana Medicaid Right Choices Program. These experts will be working with you to help you use your healthcare services the right way to help you feel better. They will be a part of your personal team of experts beginning *«RCP Start Date»* through *«RCP End Date»*.

The following providers are your personal team of experts:

Primary Medical Provider (PMP):

«PMP Name»
«PMP Street Address»
«PMP City, State ZIP Code»
«PMP Phone»

Pharmacy:

«Pharmacy Name»
«Pharmacy Street Address»
«Pharmacy City, State ZIP Code»
«Pharmacy Phone»

If you have any questions or concerns, please contact your Right Choices Program Administrator at the following address or telephone number:

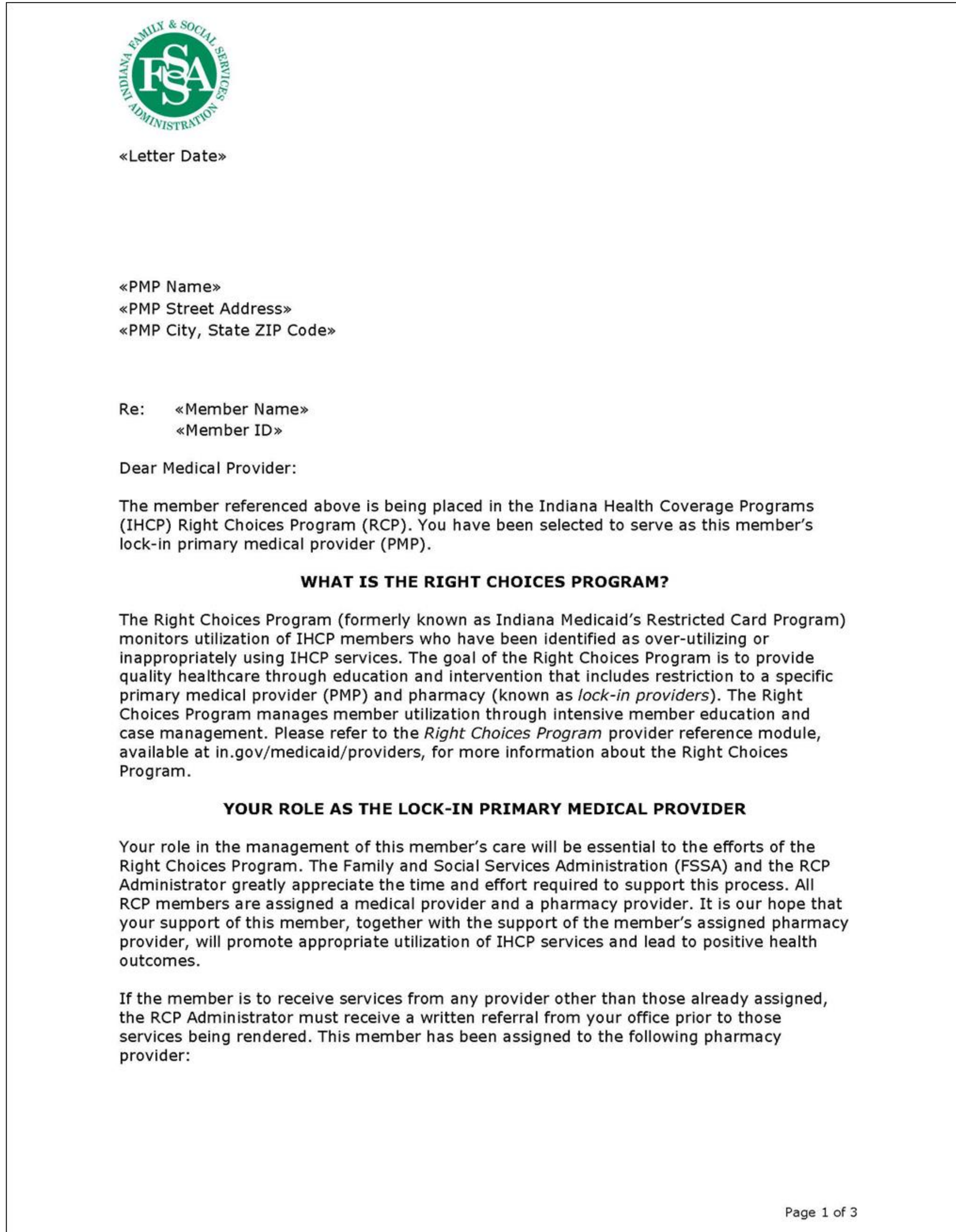
«RCP Administrator Name»
«RCP Administrator Street Address»
«RCP Administrator City, State ZIP Code»
«RCP Administrator Phone»

Respectfully,
«RCP Administrator Name»
The Right Choices Program

Primary Medical Provider Assignment Letter

The following is an example of the initial letter sent to notify providers that they have been selected as a lock-in PMP.

Figure 11 – *PMP RCP Lock-In Provider* Letter (page 1 of 3)



«Letter Date»

«PMP Name»
«PMP Street Address»
«PMP City, State ZIP Code»

Re: «Member Name»
«Member ID»

Dear Medical Provider:

The member referenced above is being placed in the Indiana Health Coverage Programs (IHCP) Right Choices Program (RCP). You have been selected to serve as this member's lock-in primary medical provider (PMP).

WHAT IS THE RIGHT CHOICES PROGRAM?

The Right Choices Program (formerly known as Indiana Medicaid's Restricted Card Program) monitors utilization of IHCP members who have been identified as over-utilizing or inappropriately using IHCP services. The goal of the Right Choices Program is to provide quality healthcare through education and intervention that includes restriction to a specific primary medical provider (PMP) and pharmacy (known as *lock-in providers*). The Right Choices Program manages member utilization through intensive member education and case management. Please refer to the *Right Choices Program* provider reference module, available at in.gov/medicaid/providers, for more information about the Right Choices Program.

YOUR ROLE AS THE LOCK-IN PRIMARY MEDICAL PROVIDER

Your role in the management of this member's care will be essential to the efforts of the Right Choices Program. The Family and Social Services Administration (FSSA) and the RCP Administrator greatly appreciate the time and effort required to support this process. All RCP members are assigned a medical provider and a pharmacy provider. It is our hope that your support of this member, together with the support of the member's assigned pharmacy provider, will promote appropriate utilization of IHCP services and lead to positive health outcomes.

If the member is to receive services from any provider other than those already assigned, the RCP Administrator must receive a written referral from your office prior to those services being rendered. This member has been assigned to the following pharmacy provider:

Page 1 of 3

Figure 11 – *PMP RCP Lock-In Provider* Letter (page 2 of 3)

«Pharmacy Name»
«Pharmacy NPI»
«Pharmacy Street Address»
«Pharmacy City, State ZIP Code»

«Pharmacy Phone»

The RCP Administrator for this member is shown below:

«RCP Administrator Name»
«RCP Administrator Phone»

HOW TO MAKE REFERRALS TO OTHER MEDICAL PROVIDERS

When referring this member to any provider outside of your care (for example, a referral to a cardiologist), it is ***essential*** that your referral be sent either online through the IHCP Provider Healthcare Portal or by mail or fax to the address below), so the provider may be added to this member's list of authorized providers. Referrals may be handwritten on your letterhead or prescription pad paper.

Right Choices Program
«RCP Administrator Name»
«RCP Administrator Street Address»
«RCP Administrator City, State ZIP Code»

Fax: «RCP Administrator Fax»

Be aware that referrals are also required for all providers that will be acting on your behalf, including associates in your office and on-call providers. The same applies to associates and on-call providers acting on behalf of a referred provider. Additionally, although certain professional services (such as vision, podiatry, dental, and behavioral health) are carved out of the Right Choices Program, a referral from you will still be required for coverage of any prescriptions made by such providers.

Each referral must include the following information:

1. The member's name
2. The member's IHCP Member ID
3. The name and National Provider Identifier (NPI) of the medical provider receiving the referral
4. The date of the referral
5. The signature of the lock-in PMP (your signature)

As the PMP, you may list the period for which the referral is valid. If no time period is specified on the referral, the referral will be effective for 1 year from the date of the referral. The IHCP will not reimburse for services or prescriptions until a valid referral has been received by the RCP Administrator.

We advise that you do **not** give your NPI to the RCP member. To safeguard your provider number, we ask that you communicate directly with the referred provider or that provider's office staff. The referred provider will be able to submit his or her claim electronically by

Page 2 of 3

Figure 11 – *PMP RCP Lock-In Provider* Letter (page 3 of 3)

supplying the lock-in PMP's number (your NPI) in the referring provider field of the claim (for example, field 17A on the *CMS-1500* paper claim form).

The FSSA and RCP Administrator greatly appreciate your assistance in coordinating the healthcare of this member. Your support in this process is vital to the well-being of the member and helps to control costs in an effort to save taxpayer dollars in the state of Indiana.

If you need additional information regarding the Right Choices Program, please do not hesitate to contact the member's RCP Administrator:

«RCP Administrator Name»
«RCP Administrator Phone»

When calling, be sure to choose the Right Choices Program option.

Sincerely,

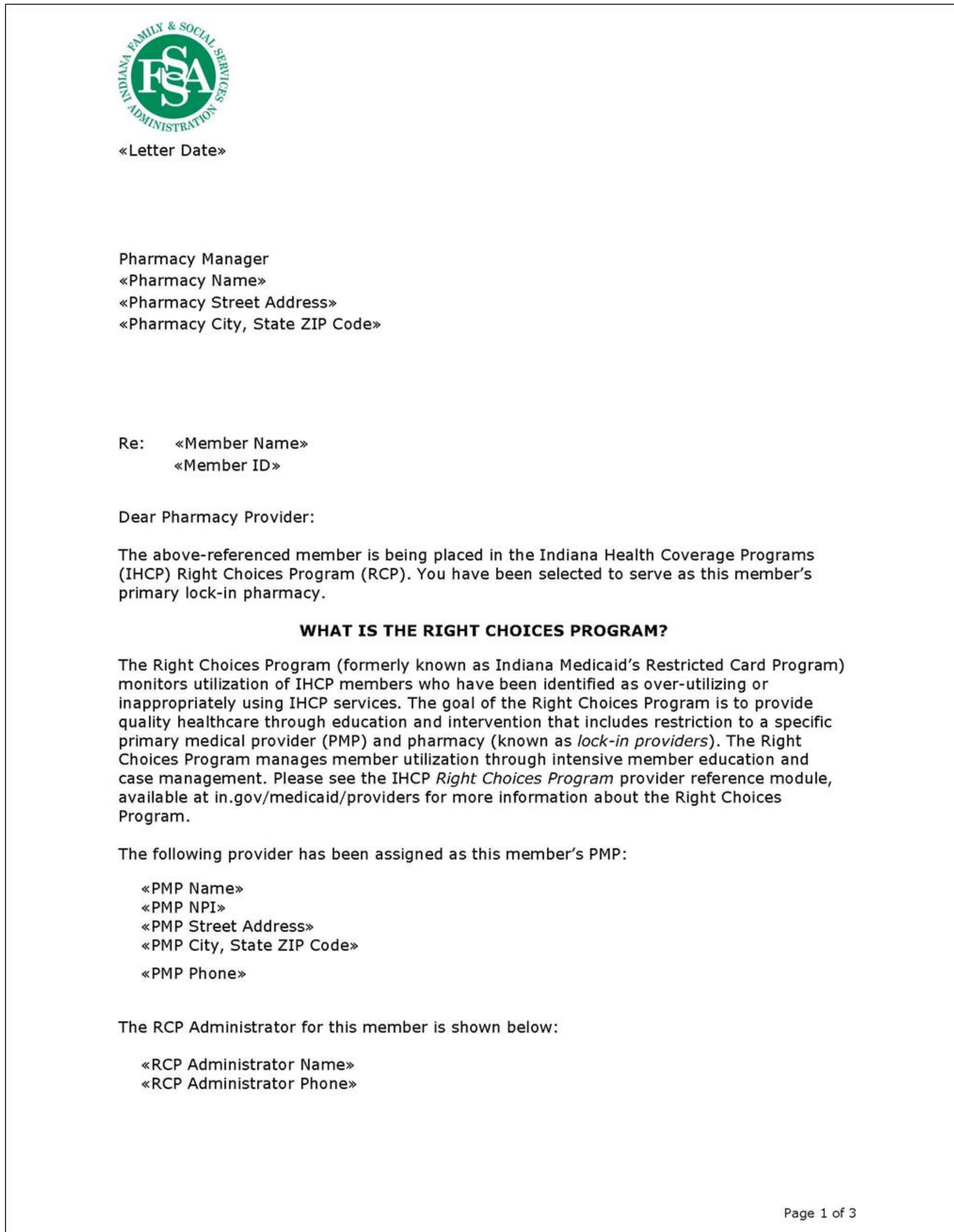
«RCP Administrator Name»
The Right Choices Program

Page 3 of 3

Pharmacy Provider Assignment Letter

The following is an example of the initial letter sent to notify pharmacies of their selection as a lock-in pharmacy provider.

Figure 12 – *Pharmacy RCP Lock-In Provider* Letter (page 1 of 3)



«Letter Date»

Pharmacy Manager
«Pharmacy Name»
«Pharmacy Street Address»
«Pharmacy City, State ZIP Code»

Re: «Member Name»
«Member ID»

Dear Pharmacy Provider:

The above-referenced member is being placed in the Indiana Health Coverage Programs (IHCP) Right Choices Program (RCP). You have been selected to serve as this member's primary lock-in pharmacy.

WHAT IS THE RIGHT CHOICES PROGRAM?

The Right Choices Program (formerly known as Indiana Medicaid's Restricted Card Program) monitors utilization of IHCP members who have been identified as over-utilizing or inappropriately using IHCP services. The goal of the Right Choices Program is to provide quality healthcare through education and intervention that includes restriction to a specific primary medical provider (PMP) and pharmacy (known as *lock-in providers*). The Right Choices Program manages member utilization through intensive member education and case management. Please see the IHCP *Right Choices Program* provider reference module, available at in.gov/medicaid/providers for more information about the Right Choices Program.

The following provider has been assigned as this member's PMP:

«PMP Name»
«PMP NPI»
«PMP Street Address»
«PMP City, State ZIP Code»

«PMP Phone»

The RCP Administrator for this member is shown below:

«RCP Administrator Name»
«RCP Administrator Phone»

Page 1 of 3

Figure 12 – *Pharmacy RCP Lock-In Provider* Letter (page 2 of 3)

YOUR ROLE AS THE PRIMARY LOCK-IN PHARMACY

Your role in the management of this member's care will be essential to the efforts of the Right Choices Program. The Family and Social Services Administration (FSSA) and the RCP Administrator greatly appreciate the time and effort required to support this process. Appropriate utilization of IHCP services leads to positive health outcomes for this member.

HOW TO FILE CLAIMS FOR THE RIGHT CHOICES PROGRAM MEMBER

Any prescriptions written by the member's primary medical provider (PMP) or other lock-in provider can be filed through normal claim-submission procedures (via paper or point of sale [POS]). Each prescriber must be an IHCP-enrolled provider to be authorized for the Right Choices Program. If a member presents a prescription from a provider not on the member's lock-in eligibility list, contact the member's RCP Administrator. The administrator will verify if a referral for the provider in question is on file. If the member presents to you both a prescription and a referral, contact the RCP Administrator for verification.

The pharmacy also has the option of an *emergency fill*, which will bypass the member's lock-in list. When the pharmacist enters the level of service (=03), up to a 4-day supply of medication can be dispensed. For packaging that inherently cannot be broken down to a 4-day or less supply (example: metered-dose inhalers), the pharmacy is advised to dispense the smallest quantity possible adequate for the emergency situation. The provider should internally document that the quantity dispensed was, due to manufacturer packaging constraints, the least that could be dispensed while meeting the patient's needs during the emergency situation. This option should be utilized with careful discretion. If the provider writing the prescription is not on the member's lock-in list, and the RCP Administrator has not received a referral, the member must contact his or her PMP, listed on page 1 of this letter, for a referral. Claims will deny if these procedures are not followed.

The lock-in pharmacy must not change the National Provider Identifier (NPI) from a non-lock-in provider to the lock-in PMP. If the NPI has been altered, the reimbursement for the claim will be subject to recoupment by the State, and the action will be subject to a Medicaid fraud investigation.

If you have questions regarding these procedures, please contact the pharmacy vendor associated with the member's RCP Administrator. For the most up-to-date pharmacy vendor information, please see the *IHCP Quick Reference Guide*, available under the Contact Information tab at in.gov/medicaid/providers.

If you verify the member's eligibility and do not see the prescribing provider in the member's Right Choices Program lock-in list, or you are concerned with the validity of the referral, please contact the RCP Administrator at the number listed below to confirm whether the prescription is related to a valid referral. The member may or may not have a copy of the referral from his or her PMP; this situation will not affect your ability to file a claim for payment of service.

The FSSA and the RCP Administrator greatly appreciate your assistance in coordinating the healthcare of this member. It is our hope that your support of this member, combined with the support of the assigned PMP, will promote appropriate utilization of IHCP services and lead to positive health outcomes for this member.

Page 2 of 3

Figure 12 – *Pharmacy RCP Lock-In Provider* Letter (page 3 of 3)

If you have any questions, please do not hesitate to contact the member's **RCP Administrator**:

«RCP Administrator Name»
«RCP Administrator Phone»

When calling, be sure to choose the Right Choices Program option.

Sincerely,

«RCP Administrator Name»
The Right Choices Program

Page 3 of 3