

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

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See online FAQs for answers to questions about managed care PMP assignments

As previously announced in bulletin [BT201038](#), the Office of Medicaid Policy and Planning (OMPP) consolidated the contracts for the managed care entities (MCEs) that manage the Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) programs. With this consolidation, effective January 1, 2011, the scope of the MCE's role changed to include responsibility for assigning its members to primary medical providers (PMPs) within their plan. This change in responsibility for PMP assignment has elicited several recurring questions from providers. These frequently asked questions (FAQs) and the corresponding answers have been posted on [indianamedicaid.com](#) under [News and Announcements](#).

Workarounds for claim submission issues related to HHW and HIP consolidation

Program policy and system changes related to the consolidation of Indiana Health Coverage Programs (IHCP) Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) managed care contracts, effective January 1, 2011, have caused some problems regarding claims submission and eligibility verification. To assist providers that are experiencing problems with Anthem members who are part of the St. Francis Anthem health network and MDwise members who do not yet have preferred medical provider (PMP) assignments, the following workarounds are available until system enhancements are made at the end of March 2011.

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Anthem workaround

Issue: St. Francis Health Network member claims continue to be processed through St. Francis, with the exception of behavioral health and family planning claims. St. Francis Anthem members, however, are not specifically identified on Web inter-

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Change, and providers cannot differentiate St. Francis Anthem members from all other Anthem members. In addition, VSP is listed as the vision vendor for all Anthem members, although St. Francis Anthem members do not have to use VSP, but can use any active IHCP provider.

Solution: HP will make system changes around March 31, 2011, to differentiate St. Francis Anthem members from all other Anthem members. The claims process for St. Francis has not changed for providers. The interim solution for non-St. Francis Health Network providers follows:

1. Ask the Anthem member if he or she is part of the St. Francis Anthem health network, and ask the member for the name of his or her primary medical provider (PMP).
2. For your reference, the St. Francis PMPs are listed on the [St. Francis Web site](http://stfrancishospitals.org/sfhn/) (<http://stfrancishospitals.org/sfhn/>).
3. Medical and vision claims for St. Francis Anthem members should be sent to St. Francis Health Network at P.O. Box 502090, Indianapolis, IN 46250. (*Exception:* Anthem is responsible for family planning and behavioral health claims. These claims should be submitted to Anthem, not to St. Francis Health Network.)
4. Prior authorization (PA) for St. Francis Anthem members is handled through St. Francis Health Network. The state-approved PA form includes the St. Francis Health Network PA telephone and fax numbers.
5. St. Francis Health Network pays the claims.
6. Provider claim questions for St. Francis Anthem members are handled through St. Francis Health Network. (Note that Anthem handles calls from St. Francis Anthem members, but provider calls are handled through St. Francis Health Network.)
7. All vision claims for St. Francis Anthem members should be sent to St. Francis Health Network at the previous address. Vision services for St. Francis Anthem members are covered if the provider is an active IHCP provider – no authorization is required.



MDwise workaround

Issue: New enrollment data processes were implemented on January 1, 2011, with the new managed care entity (MCE) state contracts. There have been implementation challenges with these changes that have caused PMP assignments in Web interChange to be inaccurate in some cases.

Solution: HP will make system changes around March 31, 2011, to identify members without PMP assignments to a delivery system (Hoosier Alliance). An interim solution for MDwise follows:

MDwise is providing updated PMP assignment information to Web interChange for dates of service March 1, 2011, and after. For January and February dates of service, MDwise customer service staff will continue to assist you with the information needed for filing claims. If you have a claim that was denied because it was sent to the wrong place due to this issue, please call MDwise at 1-800-356-1204 or (317) 630-2831 to get the information needed to resubmit the claim. If

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the timely filing date has passed, simply attach proof of timely first filing, and the claim will be paid. The myMDwise Provider Web Portal allows providers, including hospitals and ancillary providers, to securely view member eligibility for the MDwise Healthy Indiana Plan, Hoosier Healthwise, and *Care Select*. New users must request access by completing the online sign-up form. After you submit your request, it may take up to a week to activate your account; however, we will process requests as quickly as possible. To get to the online form, go to <http://www.mdwise.org/> and choose **Login** in the upper-left corner of any page. New users should select **Request New Account**.

E0240 – Bath/shower chair, with or without wheels, any size requires prior authorization

Effective April 15, 2011, prior authorization is required for procedure code E0240 – *Bath/shower chair, with or without wheels, any size*. Providers must make sure that the most appropriate bath/shower chair product is ordered and that the most appropriate procedure code is billed.

QUESTIONS?

If you have questions about the articles published in this banner page, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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