

Anthem Blue Cross and Blue Shield first quarter provider updates 2016

Agenda

- Introductions
- Availity update
- Hoosier Healthwise updates - Franciscan Alliance changes effective April 1, 2016
- 2016 codes
- Hoosier Care Connect network status
- Hospital assessment fee
- Debit card update
- Home health
- Territory representatives

Availity update

- Providers can use the basic Eligibility and Benefits Inquiry screen in Availity.
- **Note:** In the member ID field, enter YRK and 12-digit Medicaid recipient identification number (RID).
- The YRK is what routes the inquiry to the correct Anthem Blue Cross and Blue Shield (Anthem) system for member look-up. Example: “YRK123412341234” and member’s date of birth.
- Healthy Indiana Plan claims must continue to be filed using HCID. Example: “YRK123M45678.” The RID will not work for claims processing.

Franciscan Alliance Hoosier Healthwise contract

- Members age 0-18, enrolled in Hoosier Healthwise will be eligible for this program on April 1, 2016.
 - No waiting period
 - Coverage lasts for one year and then the member must redetermine eligibility.
- Always verify member's eligibility prior to rendering services. Providers can verify eligibility by visiting:
 - <https://interchange.indianamedicaid.com>
 - **Availity.com** (primary medical provider verification and third-party liability)
- You will need:
 - Anthem issues ID cards to members when newly enrolled members choose Hoosier Healthwise.
 - Always include the YRK prefix before the member's RID number when filing claims and inquiries.

Franciscan delegated functions effective April 1, 2016

The following services are delegated to Franciscan Alliance for Hoosier Healthwise:

- Medical claims processing
- Medical prior authorizations
- Medical case management
- Hoosier Healthwise HEDIS[®]/quality provider education
- Provider education and network development

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Anthem delegated functions effective April 1, 2016

Anthem will continue to provide services for Franciscan Alliance to Hoosier Healthwise members:

- Behavioral health claims and services
- Behavioral health prior authorizations (PA)
- Behavioral health case management
- Right Choices program
- Nonemergent transportation

Important contact information effective April 1, 2016

Franciscan ACO Hoosier Healthwise Provider Relations/contracting/credentialing

- **1-219-836-7587**

Anthem Hoosier Healthwise Member Services

- **1-866-408-6131; TTY 711**

Franciscan ACO Hoosier Healthwise case and disease management

- **1- 877-747-2138**

Franciscan ACO Hoosier Healthwise prior authorization

- **1-844-850-8429**

Franciscan ACO Hoosier Healthwise claim status

- **1-317-596-5925 or www.cmcs-indy.com**

Provider finder

- **www.anthem.com/health-insurance/home/overview**

2016 Healthcare Common Procedure Coding System updates, **IHCP-BT201588**

Healthcare Common Procedure Coding System (HCPCS) updates effective January 1, 2016

- New alphanumeric and CPT codes
- Pricing percentages for newly covered codes
- New modifiers
- Designated provider code sets have been updated on the IHCP website at www.indianamedicaid.com

Hoosier Care Connect network status



Anthem Hoosier Care Connect copays, **BT201579**

Services include:

- Nonemergent use of the ER – \$3 per nonemergent visit
- Pharmacy – \$3 per prescription
- Transportation – \$1 each one-way trip

Some members are excluded from copay requirements:

- Pregnant members
- Members under the age of 18
- American Indian or Alaska Natives
- Services related to family planning or pregnancy
- Members receiving Supplemental Security Income (SSI)

Anthem Hoosier Care Connect provider network partial restriction

- Network remained open until February 29, 2016
- Effective March 1, 2016, noncontracted Anthem providers need PA for out-of-network services to members
- For self-referral services, members will continue to be able to seek care from a provider enrolled in any Indiana health coverage program. No PMP-referral or prior authorization is needed.

Self-Referral Services	Self –Referral Must be INN
Chiropractic	Behavior Health Services rendered by non-psychiatrist- INN
Vision	Dental-INN
Podiatry	
Psychiatrists	
Family Planning	
Immunizations	
Emergency	
Diabetic Self-training	

Anthem Hoosier Care Connect prior authorization requirements

For a list of our current PA requirements, visit
www.anthem.com/in

Contact the Utilization Management department to request PA at
1-866-408-7187 Monday through Friday from 8 a.m. to 5 p.m.

Hospital assessment fee, IHCP-BT201608

Effective February 1, 2016 – inpatient hospital services

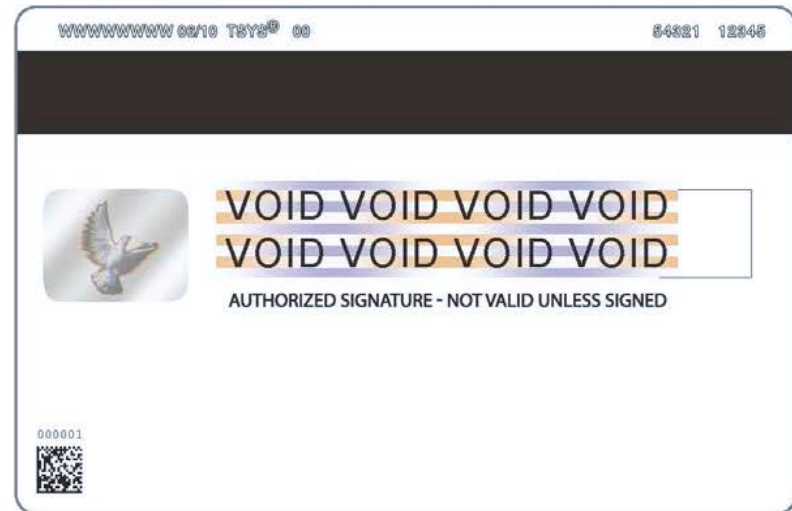
- Hospital assessment fee (HAF)-eligible hospitals will be reimbursed for inpatient hospital services rendered to **all** Anthem members enrolled in Healthy Indiana Plan (HIP) using the Medicaid all payer refined (APR) – diagnosis-related group (DRG) or level of care (LOC) methodology, as appropriate, with the HAF adjustment factors applied.
- For information regarding the DRG weights and rates, as well as the LOC rates, see *IHCP Bulletin* **BT201559**. For the HAF adjustment factors, see **BT201443**.

HAF, IHCP-BT201608

Effective March 1, 2016 – outpatient hospital services

- HAF-eligible hospitals will be reimbursed for outpatient hospital services rendered to all Anthem members enrolled in HIP using the Medicaid rate methodology with the HAF adjustment factors applied directly to the claim payment.
- For the HAF-adjustment factor for outpatient rates, see IHCP *BT201443*.
- Reimbursement for outpatient laboratory services, defined as the procedure codes listed on the Medicare Clinical Laboratory Fee Schedule, are not subject to the HAF increase due to federal payment limitations. The HAF adjustment factor will apply to outpatient hospital claim detail lines for dates of services on or after March 1, 2016.

Anthem HIP POWER Account Visa® debit card



Sample of the new POWER Account debit card for Anthem members enrolled in HIP. Ask your patients to present their debit card and Anthem member ID card for appointments.

Collecting payment

- The card can be used as a debit card or a credit card.
- The debit card transaction should be completed on the same date of service.
- Funds not collected on the same date of service may no longer be available on the debit card.
- Transactions are limited to \$500 per transaction and \$1,000 per day. (Standard transaction fees may apply.)

Home health services update

- Home health claims and overhead code 61 are reimbursed per IHCP guidelines.
- All home health care services require prior authorization.
- A 30 day/120 unit within 30 days of inpatient discharge rule does not apply.

Requesting prior authorization:

Hoosier Healthwise and Hoosier Care Connect: **1-866-408-7187**

Healthy Indiana Plan: **1-866-398-1922**

Fax requests: **1-866-406-2803**

Home health services update overhead billing

- A system update was performed based upon IHCP bulletin, **BT201535**, dated May 26, 2015. As a result of an error in updating the system, some providers may have received denials in error for overhead billing. The error was corrected October 2015, and was made retroactive to July 1, 2015.
- Systems have been fully updated and a claims search for all affected home health submissions has been underway as of November 20, 2015. Home health claims denied specifically for use of code 61 will be reprocessed and properly adjudicated.

Network relations representative territories

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Central Region, Franciscan Network

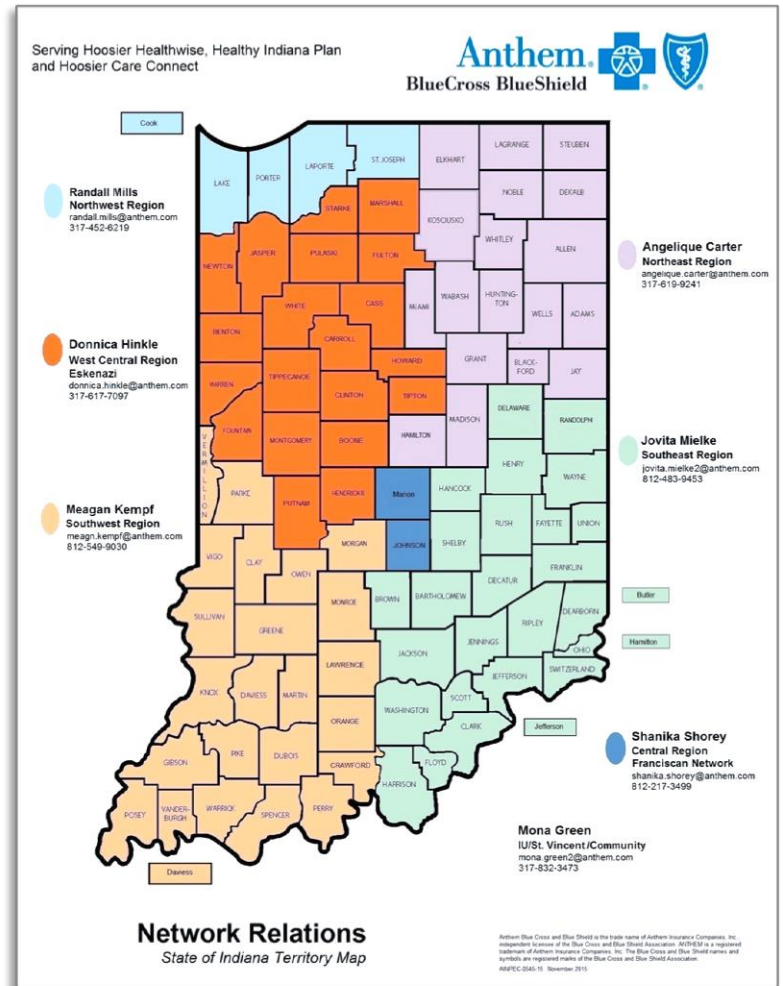
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IU/St. Vincent/Community

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Questions?

Thank you for your
partnership in serving our
Anthem members enrolled in Hoosier Healthwise,
Healthy Indiana Plan and Hoosier Care Connect.

www.anthem.com/inmedicaidoc.

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