

Network Update

CENTRAL REGION

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Network Update is produced bi-monthly by Anthem Blue Cross and Blue Shield's Marketing Communications Department.

The information in this newsletter is for informational purposes only and should not be construed as treatment protocols or required practice guidelines. Diagnosis, treatment recommendations, and the provision of medical care services for our members and enrollees is the responsibility of physicians and providers.

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Anthem Blue Cross and Blue Shield

Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

Network Update

The one source, bi-monthly communication includes Medicaid Information

Network Update is a multi-page newsletter for our providers and their office staff featuring articles conveniently separated into topical, quick reference sections. This need to know information includes news about claim filing, administrative updates, new or revised procedures and guidelines, prescription information and more.

The electronic edition of the Network Update will be posted to the provider portal on the first of each month. You will receive an email notification when the Network Update has been posted.

Member Rights and Responsibilities

The delivery of quality health care requires cooperation between patients, their providers and their health care benefit plans. One of the first steps, for patients and providers, is to understand their rights and responsibilities. Copies of [Member Rights and Responsibilities](#) are available to participating providers and our members at any time and upon request. To find them on our website, go to www.anthem.com/inmedicaidoc. Click the *Provider Support* tab. Under *Helping Members*, go to *Health Education*. You can also find Member Rights and Responsibilities in Chapter 22 of the Anthem Indiana Medicaid [Provider Manual](#).

Anthem Medicaid Provider Manual Available Online

Anthem would like to remind our providers that the updated 2015 Provider Manual for the Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect programs is available online. You can view, print or download the provider manual annual from our website: www.anthem.com/inmedicaidoc. Click the *Provider Support* tab, and then go to *Manuals, Training & More*.

HIP Emergency Room Copay

On **October 1, 2015**, a select number of Healthy Indiana Plan members were chosen to participate in an emergency room (ER) copay pilot program under the direction of the Indiana Family and Social Services Administration. During this 24-month pilot program period, these HIP members will incur an \$8 copay for all non-emergent visits to the emergency room. All other HIP members will pay the standard emergency room copays: \$8 for the first non-emergent visit to the ER and \$25 for all subsequent non-emergent ER visits. If you have questions about the ER copay amount call **1-800-345-4344**.

Prior Authorization Updates

Sterilization and hysterectomy consent forms

As an Anthem Blue Cross and Blue Shield (Anthem) contracted provider, we would like to remind you that sterilization and hysterectomy procedures must comply with the federal rules and regulations noted in 42 CFR 441.250-441.259, 405 LAC 5-28-8 and 405 IAC 5-28-9. Information regarding sterilization and hysterectomy and billing procedures can be found in the Indiana Health Coverage Programs (IHCP) Provider Manual, Chapter 8, pages 475-485. [Use this link to read more.](#)

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Prior authorization requests for Indiana Health Coverage Programs: Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

In order to provide prompt response times for inpatient and outpatient prior authorization (PA) requests, providers should use the **Indiana Health Coverage Programs (IHCP) Universal Prior Authorization form** when faxing requests to Anthem, MDwise or Managed Health Services® (MHS). [Read more for turnaround times, tips and services requiring PA.](#)

Home health services require prior authorization

Providers must obtain authorization for home health services before they can be provided to our members enrolled in Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect. To request prior authorization, report a medical admission or ask questions regarding prior authorization, contact Anthem's Utilization Management (UM) department at **1-866-408-7187** for Hoosier Healthwise and **1-866-398-1922** for Healthy Indiana Plan and Hoosier Care Connect. You also may fax prior authorization requests to **1-866-406-2803**.

Hysterectomy and Cranial orthotics prior authorization

In July 2015, the list of codes relating to services that require prior authorization (PA) was updated to include:

- **Hysterectomy, nonemergent**
- **Cranial orthotics (remodeling bands and helmets)**

Except when provided in an emergency, failure to obtain prior authorization for these services may result in a denial of reimbursement. [Read more about this PA.](#)

Behavioral health authorization requirement changes

Effective **November 1, 2015**, authorization is required for psychological and neuropsychological testing for both medical and behavioral health purposes. [Use this link for a complete list of procedure codes associated with this PA requirement.](#)

Presumptive Eligibility

PE letter serves as proof of temporary coverage

The presumptive eligibility (PE) letter that certain members receive, serves as **proof of temporary coverage** under the Indiana Health Coverage Programs (IHCP). Coverage during the PE period is valid for 60 days. Some members are accessing pharmacy and other health care services before their PE status is visible to providers in the IHCP eligibility verification system or in pharmacy benefits manager (PBM) systems. The PE letter validates temporary coverage even if the member is not listed in the appropriate eligibility systems. Access more information about member verification [here](#).

OrthoNet LLC

OrthoNet to Conduct Focused Claim Review Program for Select Surgical Procedures

In **November 2015**, we collaborated with OrthoNet, LLC to conduct a Focused Claim Review program. Under this program, OrthoNet will conduct a post-service, prepayment procedure code review of select professional surgical procedures. The Focused Claim Review program will compare the procedure code billed against the associated operative note.

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[Read more about how this program could impact providers.](#) Use this link to for [Focused Claim Review program frequently asked questions.](#)

POWER Account debit cards

New POWER Account debit cards

Starting in **October 2015**, members enrolled in the Healthy Indiana Plan (HIP) received the new **POWER Account debit card**. This new debit card, which members must present with their Anthem member ID card, will allow you to collect payment immediately for services rendered. Simply swipe the card as you would any standard debit card. The amount is deducted from the member's POWER Account and paid directly to you. [Read more about how the POWER Account debit card works.](#)

LARC device reimbursement

New separate reimbursement for LARC devices

In **June 2015**, Indiana Health Coverage Programs (IHCP) allows separate reimbursement for long-acting reversible contraception (LARC) devices implanted during inpatient hospital or birthing center stays for delivery. Anthem Blue Cross and Blue Shield will align with this reimbursement policy for our Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect programs. We will also provide separate reimbursement for the devices when implanted immediately postpartum. [For additional information on receiving separate reimbursement, use this link.](#)

2015 Performance Bonus Program

The 2015 Performance Bonus Program is a way to thank providers for their commitment, dedication and service.

Anthem is pleased to offer the incentive program that rewards providers twice a year for providing preventive care services to our members. Through this program, Anthem's physicians whose service to our Hoosier Healthwise, HIP and Hoosier Care Connect members demonstrates exemplary performance in pursuit of Medicaid clinical objectives may qualify for financial incentives. [Read more about how the incentive program works.](#)

Tobacco cessation

Smoking cessation for pregnant women

Women who smoke during pregnancy are at a higher risk for delivering a baby at low birth weight, sudden infant deaths, ectopic pregnancy and miscarriages.

According to the Indiana State Department of Health, Tobacco Prevention & Cessation Commission, over 17% of Indiana women smoke during pregnancy - almost twice the national average. [Use this link to learn more about the tobacco cessation programs available to members.](#)

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