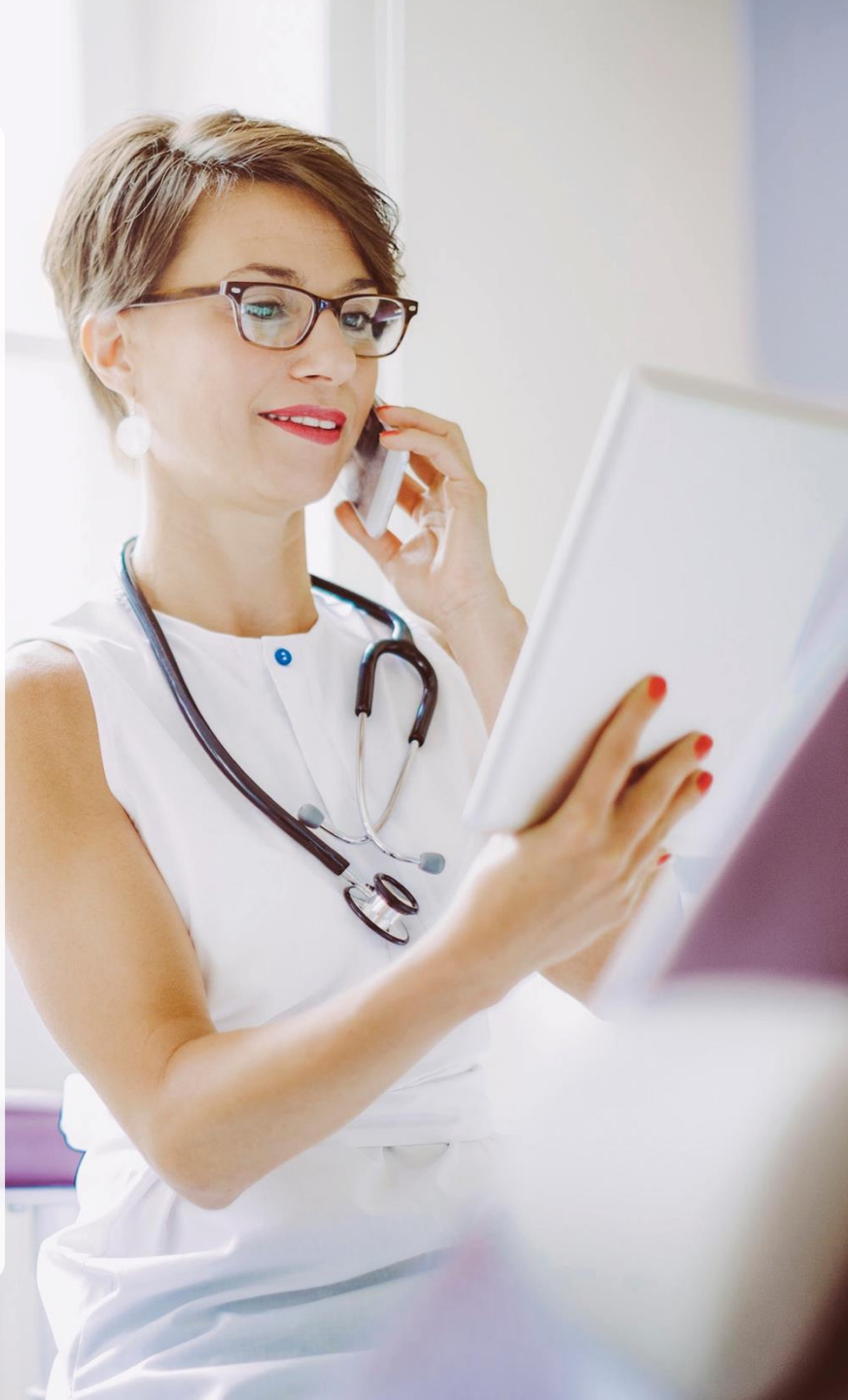
Anthem

Prior authorization (PA) 201

2021 Indiana Health Coverage Programs (IHCP) Works virtual seminar



Serving Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect

Terms

- **PA** — Prior authorization
- **UM** — Utilization management
- **HIP** — Healthy Indiana Plan
- **IHCP** — Indiana Health Coverage Programs
- **ICR–** Interactive Care Reviewer

Retroactive eligibility

Frequent questions from providers:

- How do I obtain a retro review request for a member who was ineligible upon inpatient admission and is now showing eligible?
- How do I obtain a retro review request for a Healthy Indiana Plan (HIP) Fast Track member?
- How do I submit a request for newborns who have no Medicaid ID?

Retroactive eligibility (cont.)

How do I obtain a retro review request for a member who was ineligible upon inpatient admission and is now showing eligible?

Retroactive eligibility (cont.)

Retroactive eligibility occurs when a member's effective date of coverage is back-dated by the state. This can happen for various reasons for example:

- Member was on presumptive eligibility then moved to HIP, and their coverage was back dated.
- Member made their Fast Track payment, and eligibility was back dated to the first of the month of the payment.

Retroactive eligibility (cont.)

Retroactive eligibility can result in administrative denials (denials for reasons other than medical necessity), such as:

- Claims filed past the filing limit.
- Failure to obtain prior authorization (PA).
- Failure to notify utilization management (UM) in a timely manner.

Retroactive eligibility (cont.)

For patients believed to have retroactive eligibility and the patient has not been discharged (has an active case):

- If PA is required but was not performed timely, submit the request to UM as soon as eligibility is confirmed:
  - Include documentation to identify the reason the notification was not submitted in a timely manner (for example, member became retro-eligible).
  - If retro-eligibility is confirmed, the services will be reviewed for medical necessity back to the first day of eligibility.

Retroactive eligibility (cont.)

For patients believed to have retroactive eligibility and the patient has already been discharged from inpatient care or the outpatient service has already been rendered:

- If PA is required and the request is outside of timely notification requirements:
  - File the claim normally.
  - When the claim is administratively denied for failure to obtain PA, you may dispute the claim, providing support and documentation of retroactive eligibility.
  - If the original administrative determination (denial) is overturned as a result of the dispute, the claim will be reviewed for medical necessity.
  - If medical necessity criteria are met, the claim will be reprocessed, or the provider will be notified of any actions they need to take to obtain reimbursement.

Retroactive eligibility (cont.)

Provider claims disputes:

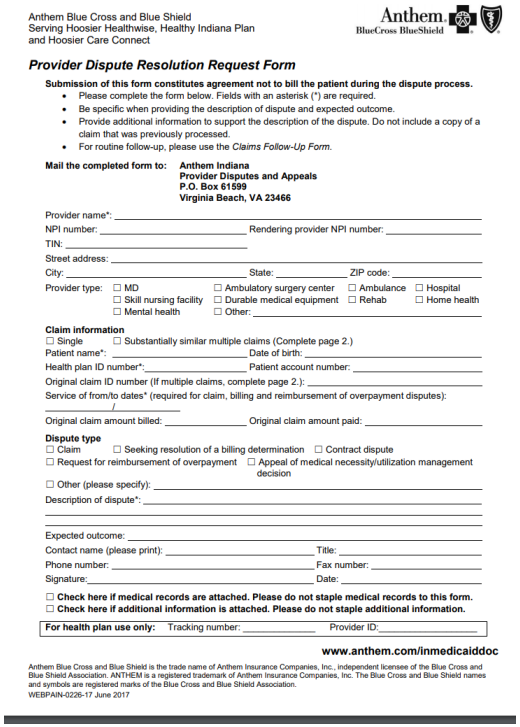
- The claims dispute form can be submitted:
  - Through Availity* at: https://www.availity.com
  - Access the *Provider Dispute Resolution Request Form* on our provider website at https://providers.anthem.com/in:
    - Submit via mail:

      Provider Disputes and Appeals

      Anthem Blue Cross and Blue Shield

      PO Box 61599

      Virginia Beach, VA 23466
  - Verbally (claim reconsideration only)
    - Hoosier Healthwise: **866-408-6132**
    - Healthy Indiana Plan: **844-533-1995**
    - Hoosier Care Connect: **844-284-1798**



Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Anthem BlueCross BlueShield

Provider Dispute Resolution Request Form

Submission of this form constitutes agreement not to bill the patient during the dispute process.

- Please complete the form below. Fields with an asterisk (*) are required.
- Be specific when providing the description of dispute and expected outcome.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- For routine follow-up, please use the *Claims Follow-Up Form*.

Mail the completed form to: **Anthem Indiana**
Provider Disputes and Appeals
P.O. Box 61599
Virginia Beach, VA 23466

Provider name*: _____
NPI number: _____ Rendering provider NPI number: _____
TIN: _____
Street address: _____
City: _____ State: _____ ZIP code: _____
Provider type: ☐ MD ☐ Ambulatory surgery center ☐ Ambulance ☐ Hospital ☐ Skill nursing facility ☐ Durable medical equipment ☐ Rehab ☐ Home health ☐ Mental health ☐ Other: _____

Claim information
☐ Single ☐ Substantially similar multiple claims (Complete page 2.)
Patient name*: _____ Date of birth: _____
Health plan ID number*: _____ Patient account number: _____
Original claim ID number (If multiple claims, complete page 2.): _____
Service of from/to dates* (required for claim, billing and reimbursement of overpayment disputes):
_____ / _____
Original claim amount billed: _____ Original claim amount paid: _____

Dispute type
☐ Claim ☐ Seeking resolution of a billing determination ☐ Contract dispute
☐ Request for reimbursement of overpayment ☐ Appeal of medical necessity/utilization management decision
☐ Other (please specify): _____
Description of dispute*: _____
_____
_____
Expected outcome: _____
Contact name (please print): _____ Title: _____
Phone number: _____ Fax number: _____
Signature: _____ Date: _____

☐ **Check here if medical records are attached. Please do not staple medical records to this form.**
☐ **Check here if additional information is attached. Please do not staple additional information.**

For health plan use only: Tracking number: _____ Provider ID: _____

www.anthem.com/inmedicaiddoc

WEBPAIN-0226-17 June 2017

Retroactive eligibility — Fast Track for HIP members

How do I obtain a retro review request for a HIP Fast Track member?

Retroactive eligibility — Fast Track for HIP members (cont.)

- This applies only to individuals ages 19 to 64, whom you have assisted with submitting an IHCP application with a Fast Track prepayment.
- **This process must be completed within five days of the date of inpatient admission:**
  - You must help your patient complete an application for health coverage using the *IHCP Fast Track Application*.
  - You must assist your patient with submitting the Fast Track prepayment of $10 as part of the application process.
  - After assisting with the application for health coverage, you must complete an *IHCP Fast Track Notification Form*, which is located on our provider website at https://providers.anthem.com/in > Resources > Forms > Other Forms. For your patients who have chosen Anthem Blue Cross and Blue Shield (Anthem) as their managed care organization, fax the form to **855-841-5669**.

Retroactive eligibility — Fast Track for HIP members (cont.)

- Anthem will check every week to see if the member has become HIP eligible. After eligibility has been established, Anthem will send the completed *IHCP Full Eligibility Notification Form* to your office via fax at the fax number supplied at the time of admission. Anthem will notify your office within seven days of verifying eligibility.
- Once Anthem has confirmed enrollment, you may submit PA requests via Interactive Care Reviewer (ICR) or fax for services rendered beginning the first day of the month the Fast Track payment was made. Before submitting your PA requests, you must verify eligibility using the IHCP Provider Healthcare Portal available at https://www.in.gov/Medicaid/providers/723.htm.

Retroactive eligibility — Fast Track for HIP members (cont.)

- You must submit the **PA request and the completed *IHCP Full Eligibility Notification Form* within 60 days of receiving the form**. Failure to submit the form with PA requests will result in a denial.
- These requests, when submitted timely, will be reviewed for medical necessity, regardless of discharge status.

Retroactive eligibility — Fast Track for HIP members (cont.)

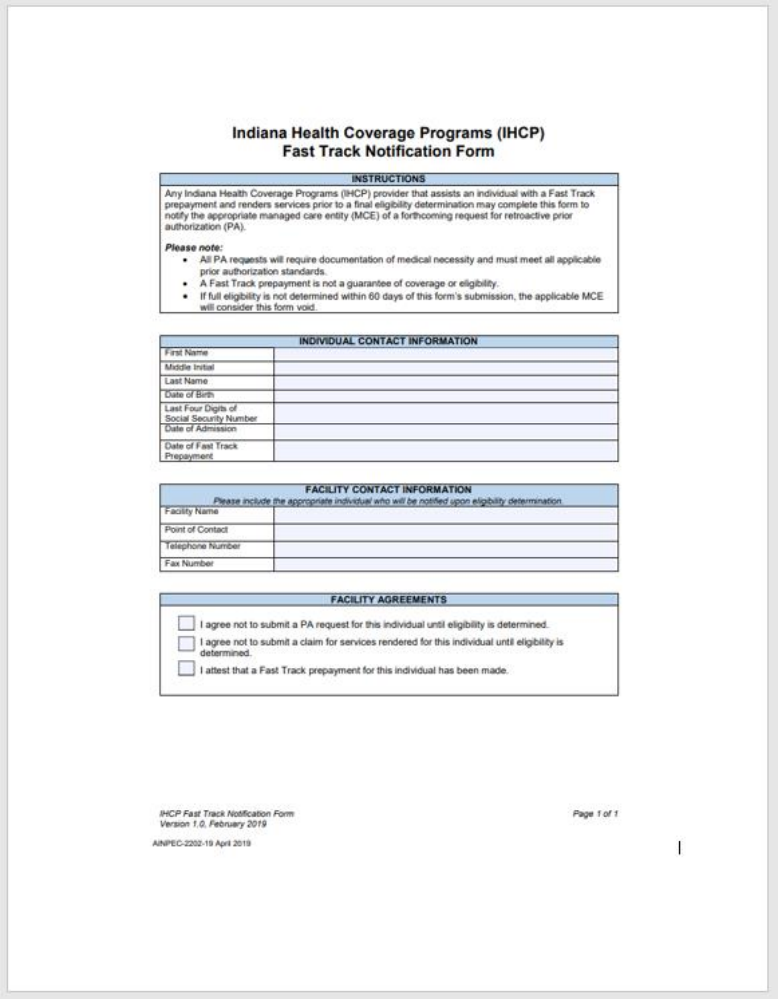
Submitting a prior authorization request and clinical:

- Providers may request prior authorization and submit clinical through the Interactive Care Reviewer (ICR) portal. ICR is accessible via Availity at https://www.availity.com.

- Providers may call Anthem to request prior authorization for inpatient health services using the following phone numbers:
  - Hoosier Healthwise: **866-408-6132**
  - Healthy Indiana Plan: **844-533-1995**
  - Hoosier Care Connect: **844-284-1798**

- Fax *IHCP PA Form* and physical health inpatient clinical information to:
  - UM intake team: **866-406-2803**
  - Health plan inpatient: **844-765-5156**

Retroactive eligibility — Fast Track for HIP members (cont.)



Indiana Health Coverage Programs (IHCP)
Fast Track Notification Form

INSTRUCTIONS
Any Indiana Health Coverage Programs (IHCP) provider that assists an individual with a Fast Track prepayment and renders services prior to a final eligibility determination may complete this form to notify the appropriate managed care entity (MCE) of a forthcoming request for retroactive prior authorization (PA). ***Please note:*** • All PA requests will require documentation of medical necessity and must meet all applicable prior authorization standards. • A Fast Track prepayment is not a guarantee of coverage or eligibility. • If full eligibility is not determined within 60 days of this form's submission, the applicable MCE will consider this form void.

INDIVIDUAL CONTACT INFORMATION	
First Name	
Middle Initial	
Last Name	
Date of Birth	
Last Four Digits of Social Security Number	
Date of Admission	
Date of Fast Track Prepayment	

FACILITY CONTACT INFORMATION *Please include the appropriate individual who will be notified upon eligibility determination*	
Facility Name	
Point of Contact	
Telephone Number	
Fax Number	

FACILITY AGREEMENTS

- ☐ I agree not to submit a PA request for this individual until eligibility is determined.
- ☐ I agree not to submit a claim for services rendered for this individual until eligibility is determined.
- ☐ I attest that a Fast Track prepayment for this individual has been made.

IHCP Fast Track Notification Form
Version 1.0, February 2019
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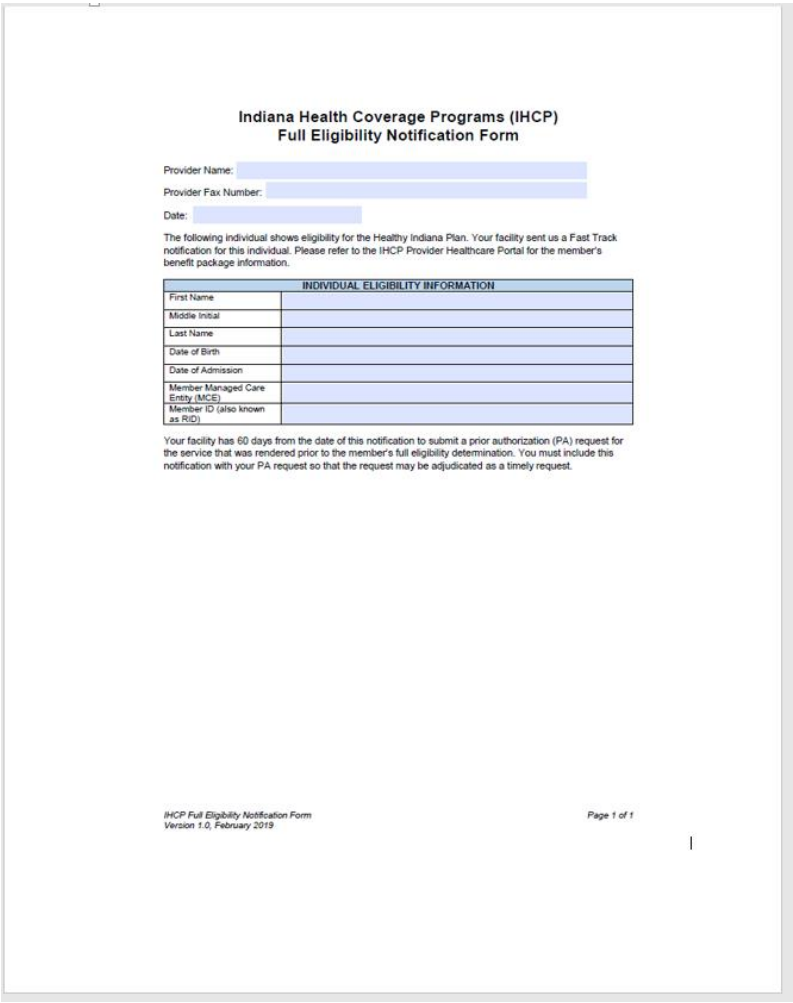
AINPEC-2202-19 April 2019



Indiana Health Coverage Programs (IHCP)
Full Eligibility Notification Form

Provider Name:
Provider Fax Number:
Date:

The following individual shows eligibility for the Healthy Indiana Plan. Your facility sent us a Fast Track notification for this individual. Please refer to the IHCP Provider Healthcare Portal for the member's benefit package information.

INDIVIDUAL ELIGIBILITY INFORMATION	
First Name	
Middle Initial	
Last Name	
Date of Birth	
Date of Admission	
Member Managed Care Entity (MCE)	
Member ID (also known as RID)	

Your facility has 60 days from the date of this notification to submit a prior authorization (PA) request for the service that was rendered prior to the member's full eligibility determination. You must include this notification with your PA request so that the request may be adjudicated as a timely request.

IHCP Full Eligibility Notification Form
Version 1.0, February 2019
Page 1 of 1

Retroactive eligibility: newborns

How do I submit a request for newborns who have no Medicaid ID?

Retroactive eligibility: newborns (cont.)

Newborns are assigned to the same managed care entity as the mother, retroactive to the date of birth:

- Hospitals should report all Medicaid newborns to the state as quickly as possible so a permanent Medicaid member ID can be assigned.
- Providers should report these births to Anthem UM within three days.
- Providers may contact Provider/Member Services to request a temporary ID number:
  - Hoosier Healthwise: **866-408-6132**
  - Healthy Indiana Plan: **844-533-1995**
  - Hoosier Care Connect: **844-284-1798**
- The temporary ID will allow providers to request PA and submit newborn claims until a permanent ID is assigned.

Retroactive eligibility

For the full provider notifications:

- *Retroactive eligibility — prior authorization/utilization management and claims processing*
- *Prior authorization process for Fast Track prepayment*
- *Temporary newborn cases*
- For other provider notifications, visit the provider website at https://providers.anthem.com/in.

Retroactive eligibility (cont.)

If you have questions, providers may contact Provider/Member Services Monday to Friday, 8 a.m. to 8 p.m. ET at:

- Hoosier Healthwise: **866-408-6132**
- Healthy Indiana Plan: **844-533-1995**
- Hoosier Care Connect: **844-284-1798**

Questions

Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

* Availity LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

https://providers.anthem.com/in

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

AINPEC-3476-21 September 2021