INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

Out-of-State Providers

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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 April 1, 2016 Published: Nov. 10, 2016	Scheduled update	FSSA and HPE
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4.0	Policies and procedures as of Feb. 1, 2020 Published: April 9, 2020	Scheduled update	FSSA and DXC
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6.0	Policies and procedures as of May 1, 2022 Published: Sept. 27, 2022	Scheduled update: • Edited text as needed for clarity • Updated web links • Updated the *Prior Authorization for Out-of-State Services* section • Added exception to the *Reimbursement Rates for Out-of-State Hospital Providers* section and added the *Reimbursement for Eligible Out-of-State Children's Hospitals* subsection	FSSA and Gainwell

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Out-of-State Providers

> *Note: The information in this module applies to Indiana Health Coverage Programs (IHCP) services provided under the **fee-for-service (FFS)** delivery system. For information about services provided through the **managed care** delivery system – including Healthy Indiana Plan (HIP), Hoosier Care Connect or Hoosier Healthwise member services – providers must contact the member's managed care entity (MCE) or refer to the MCE provider manual. MCE contact information is included in the IHCP Quick Reference Guide available at in.gov/medicaid/providers.*
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> *For updates to information in this module, see IHCP Banner Pages and Bulletins at in.gov/medicaid/providers.*

Introduction

Out-of-state healthcare providers may enroll as Medicaid providers in the Indiana Health Coverage Programs (IHCP). Out-of-state provider rules are found in *Indiana Administrative Code 405 IAC 5-5*.

The *IHCP Provider Enrollment Type and Specialty Matrix* at in.gov/medicaid/providers lists document requirements for out-of-state providers and indicates which provider types and specialties are ineligible for out-of-state enrollment. Providers located outside Indiana are also eligible for enrollment under the ordering, prescribing or referring (OPR) provider type. For more information on enrolling as an IHCP provider, see the *Provider Enrollment* module.

Out-of-state healthcare providers must enroll in the IHCP to receive reimbursement for services provided to IHCP members.

> *Note: . If IHCP members require healthcare services when they are outside the state of Indiana, they should inquire (if possible, before receiving services) whether the organization is enrolled as an IHCP provider.*
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> *Under specifically defined circumstances, when an out-of-state provider that is not enrolled in the IHCP delivers services to an IHCP member in need of care while traveling, a retroactive provider enrollment date of up to six months may be considered for approval by the Indiana Family and Social Services Administration (FSSA).*

Prior Authorization for Out-of-State Services

In general, **all** out-of-state services rendered to IHCP members require prior authorization (PA). However, under the following circumstances, the out-of-state PA requirement is waived and the service is instead subject only to any PA requirements that would apply if the provider were in-state:

- Emergency services
  - Note that although PA is not required for emergency services, for continuation of inpatient treatment and hospitalization, providers must request PA within 48 hours of admission.
- Pharmacy services
- Telehealth services if providers have the subtype "Telemedicine" attached to their enrollment
  - See the *Telehealth and Virtual Services* module for more information.

- Services rendered by an out-of-state provider that has been enrolled with an "in-state" status due to meeting any of the following criteria:
  - Service location is in a designated out-of-state county, as described in the *Out-of-State Areas Designated as "In State"* section
  - Meets at least one special circumstance described in the *Special Circumstances That Allow In-State Status for Out-of-State Providers* section
  - Is a durable medical equipment (DME) or home medical equipment (HME)/medical supply dealer (provider type 25) with a business office in Indiana and meeting all other criteria described in the *Out-of-State Suppliers of Medical Equipment* section

> *Note: Special consideration is also given to members of the Adoption Assistance Program who are placed outside Indiana. Although the out-of-state PA requirement is not waived in this situation, the IHCP will approve all PA requests for routine medical and dental care provided out of state for these individuals.*

As noted in *405 IAC 5-5-2(c),* PA can be granted for any period from one day to one year for covered out-of-state medical services, if the service meets criteria for medical necessity **and** any one of the following criteria is also met:

- The service is not available in Indiana. (*Note: Care provided by out-of-state Veterans Administration is an exception to this requirement.*)
- The member has previously received services from the provider.
- Transportation to an appropriate Indiana facility would cause undue expense or hardship to the member or the IHCP.
- The out-of-state provider is a regional treatment center or distributor.
- The out-of-state provider is significantly less expensive than the Indiana providers – for example, a large laboratory versus an individual pathologist.

See the *Service Restrictions* section for specific services not eligible for PA when provided out of state and not covered when performed by out-of-state providers.

The out-of-state PA rules are found in *405 IAC 5-5-2* and *405 IAC 5-5-3*. For general information about requesting PA, see the *Prior Authorization* module.

Out-of-State Providers With In-State Status

Certain circumstances allow a provider located outside Indiana to qualify for IHCP enrollment with an *in-state status*. This in-state status exempts providers from the out-of-state PA requirement and allows them to follow PA guidelines as though they were located in Indiana.

These providers continue to be required to meet out-of-state documentation requirements for enrollment in the IHCP.

> *Note: The designated areas and other circumstances that allow an out-of-state provider to enroll in the IHCP with an in-state status apply only to provider types and specialties that are eligible for enrollment if located outside Indiana. This option is not available to provider types and specialties that are excluded from out-of-state enrollment, as indicated on the IHCP Provider Enrollment Type and Specialty Matrix.*

Out-of-State Areas Designated as "In State"

The IHCP designates certain out-of-state areas as "in-state" for PA requirements. This designation is extended to counties located in the metropolitan statistical areas (MSAs) of major cities within or bordering Indiana. Providers with service locations in the out-of-state counties listed in Table 1 will be considered *in-state* for IHCP prior authorization purposes. For a complete list of applicable ZIP codes, see the *Out-of-State Areas Designated as In-State for IHCP Providers* spreadsheet, available on the *Complete an IHCP Provider Enrollment Application* page at in.gov/medicaid/providers.

Table 1 – Out-of-State Counties Considered In-State for IHCP Prior Authorization

Metropolitan Statistical Area	Out-of-State Counties
Chicago-Naperville-Elgin area	Cook (Illinois)
	DeKalb (Illinois)
	DuPage (Illinois)
	Grundy (Illinois)
	Kane (Illinois)
	Kendall (Illinois)
	Lake (Illinois)
	McHenry (Illinois)
	Will (Illinois)
Cincinnati area	Boone (Kentucky)
	Bracken (Kentucky)
	Brown (Ohio)
	Butler (Ohio)
	Campbell (Kentucky)
	Clermont (Ohio)
	Gallatin (Kentucky)
	Grant (Kentucky)
	Hamilton (Ohio)
	Kenton (Kentucky)
	Pendleton (Kentucky)
	Warren (Ohio)
Louisville/Jefferson County area	Bullitt (Kentucky)
	Henry (Kentucky)
	Jefferson (Kentucky)
	Oldham (Kentucky)
	Shelby (Kentucky)
	Spencer (Kentucky)
	Trimble (Kentucky)
Evansville area	Henderson (Kentucky)
South Bend-Mishawaka area	Cass (Michigan)

Special Circumstances That Allow In-State Status for Out-of-State Providers

Providers that are located outside Indiana and are **not** in one of the counties in Table 1 have an opportunity to request in-state status when applying for IHCP enrollment or when revalidating or updating their enrollment. During the IHCP enrollment, revalidation or update process, eligible provider specialties may assert any of the following circumstances to support their request to be designated as an in-state provider:

- Enrollment increases access to medically necessary services in areas where the distance to an in-state provider would subject a member, or a member's family, to significant financial hardship or create an unnecessary significant burden on a member.
- Enrollment allows a member to retain a primary medical provider, or to obtain specialty services from a provider (such as centers for excellence) when the same care may not be available from an in-state provider, or would place a significant hardship on a member due to the geographic location of the in-state specialty care provider.
- Transportation to an appropriate in-state provider would cause significant undue expense or hardship on a member or the office.
- Enrollment addresses an emergency health crisis.

Out-of-State Suppliers of Medical Equipment

Durable medical equipment (DME) or home medical equipment (HME) providers (provider type 25) that are located outside the counties in Table 1 but would like to request in-state status for their IHCP enrollment will be required to confirm that they meet **all** the following requirements:

- Maintain an Indiana business office, staffed during regular business hours, with telephone service.
- Provide service, maintenance and replacements for IHCP members whose equipment has malfunctioned.
- Qualify with the Indiana Secretary of State as a foreign corporation.
- Anticipate at least 70% of their Indiana business to be rendered by mail order or online purchases.

Providers are required to submit supporting documentation for each of the circumstances asserted at the time of enrollment.

> *Note: All PA requests submitted by DME or HME suppliers must be signed by a physician or, for electronic PA requests, must include an attachment documenting that the service or supply is physician-ordered.*

Service Restrictions

As noted in *405 IAC 5-5-2(b),* PA is not approved for the following services outside Indiana, and these services are not covered when provided by any out-of-state provider, including out-of-state providers designated as "in state":

- Services provided by home health agencies, nursing facilities or intermediate care facilities for individuals with intellectual disabilities (ICFs/IID)
- Services provided by any other type of long-term care (LTC) facility, including facilities directly associated with or part of an acute care general hospital, unless otherwise approved by the Indiana FSSA

For additional provider types and specialties that are ineligible to enroll in the IHCP as out-of-state providers, as well as special requirements for certain out-of-state provider types and specialties, see the *IHCP Provider Enrollment Type and Specialty Matrix* at in.gov/medicaid/providers.

Reimbursement Rates for Out-of-State Hospital Providers

The IHCP reimburses enrolled out-of-state hospital providers according to the same reimbursement methodologies and rates use for in-state hospital providers , with the exception of designated children's hospitals.

Out-of-state hospital providers that have been granted in-state status (see the *Out-of-State Providers with In-State Status* section) are not eligible to participate in the IHCP Hospital Assessment Fee (HAF) program, as described in *405 IAC 1-8-5* and *405 IAC 1-10.5-7*.

Reimbursement for Eligible Out-of-State Children's Hospitals

405 IAC 1-10.5-3 allows the FSSA to establish a separate base rate for certain children's hospitals to the extent necessary to reflect significant differences in cost. The IHCP base rate for in-state children's hospitals is 120% of the standard IHCP rate.

In accordance with *House Enrolled Act (HEA) 1305*, the IHCP increased the reimbursement rate for eligible out-of-state children's hospitals to 130% of the standard IHCP rate. This increased rate applies, as follows, to inpatient and outpatient services provided by eligible out-of-state children's hospitals to IHCP members less than 19 years of age:

- For inpatient claims – The rate is effective for claims with discharge dates of July 1, 2021, through June 30, 2023. The increase does not apply to the capital per diem, medical education per diem (if applicable) or outlier payment (if applicable), which continue to pay at the standard IHCP rate.
- For outpatient claims – The rate is effective for services with "from" dates of service of July 1, 2021, through June 30, 2023. The increase does not apply to clinical laboratory codes, prosthetic/ orthotic device details billed with revenue code 274 or drug details billed with revenue code 636, which continue to pay at the standard IHCP rate for these services.

This rate applies to both fee-for-service (FFS) and managed care claims. The explanation of benefits (EOB) code 9046 – *Out of State Children's Hospital additional payment* is used to identify FFS claim details that are reimbursed at the increased reimbursement amount.

Eligible out-of-state children's hospitals are children's hospitals located in a state bordering Indiana. In addition, the out-of-state children's hospital must be a freestanding general acute care hospital or a facility located within a freestanding general acute care hospital that meets one of the following criteria:

- Is designated by the Medicare program as a children's hospital
- Furnishes inpatient and outpatient healthcare services to patients who are predominantly individuals less than 19 years of age

The IHCP identified the following children's hospitals as eligible to receive increased reimbursement under HEA 1305:

- Advocate Children's Hospital (Greater Chicago area)
- Ann & Robert H. Lurie Children's Hospital of Chicago
- Children's Hospital of Michigan (Detroit)
- Cincinnati Children's Hospital Medical Center
- Dayton Children's Hospital
- La Rabida Children's Hospital (Chicago)
- Nationwide Children's Hospital (Columbus, Ohio)

- Norton Children's Hospital (Louisville)
- Norton Women's & Children's Hospital (Louisville)
- Shriners Hospitals for Children (Chicago)
- Shriners Hospitals for Children (Cincinnati)
- University of Chicago Medicine – Comer Children's Hospital

If a hospital meets the requirements of HEA 1305 and has not been notified that they were approved for the increased rate, please contact Myers and Stauffer at NHospital@mslc.com. If a hospital does not meet the requirements of HEA 1305, the hospital is not eligible for this payment program.