

Healthy Indiana Plan 2.0

Provider Orientation

New Product Design & Benefits



Hoosier Care Connect

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New Product Design and Benefits



Agenda

- Healthy Indiana Plan eligibility, plans and benefits
- Hoosier Care Connect eligibility and benefits
- Medically frail
- Non-emergent transportation
- Care coordination
- Pharmacy
- Hospital presumptive eligibility
- Anthem contact information
- Questions and answers

Eligibility

- Age 19 – 64 with income up to 138% of the federal poverty line (FPL)
- There is no asset test for HIP
- No waiting period
- Coverage lasts for 1 year and then the member has to redetermine
- Eligibility is not impacted by availability of employer coverage
- Copayment amounts can be determined through Availity

Four HIP plans and coverage

HIP Plus	HIP Basic	HIP State Plus	HIP State Basic
<ul style="list-style-type: none"> • Physician services • Inpatient and outpatient services • Prescription drugs • Routine dental and vision service • Pregnancy-related services • Copayments apply to nonemergent ER visits only • POWER account contributions 	<ul style="list-style-type: none"> • Physician services • Inpatient and outpatient services • Prescription drugs • No routine dental or vision • Pregnancy-related services • Copayments apply to outpatient, inpatient, preferred drugs, nonpreferred drugs and nonemergent ER visits 	<ul style="list-style-type: none"> • Mirrors the current Indiana Medicaid covered services including: <ul style="list-style-type: none"> • Chiropractic • Nonemergent transportation • Routine dental and vision • Short term skilled nursing facility stay (SNF) • Copayments apply to nonemergent ER visits • POWER account contributions 	<ul style="list-style-type: none"> • Mirrors the current Indiana Medicaid covered services including: <ul style="list-style-type: none"> • Chiropractic • Nonemergent transportation • Routine dental and vision • Short term SNF stay • Copayments apply to outpatient, inpatient, preferred drugs, nonpreferred drugs and nonemergent ER visits

The Automated Voice Response (AVR) system and Web interChange will be available for providers to verify HIP 2.0 member eligibility and benefit plan.

Additional covered benefits

Pharmacy	Maternity coverage	Dental	Vision
<p>Pharmacy services will be carved in</p> <ul style="list-style-type: none"> Express Scripts, Inc. (ESI) will be Anthem's pharmacy benefit management (PBM) <p>Note: Catamaran is the state's PBM and will continue to serve as the PBM for HHW</p>	<p>Maternity coverage will be added. If pregnant at enrollment or redetermination, members will be enrolled in HHW. Members who begin a new benefit period while pregnant on HIP, will move to HHW. Members who stay on HIP receive some added benefits in their current plan. During pregnancy, POWER accounts are frozen.</p>	<p>Dental – Members in HIP Plus and HIP State plan products receive dental benefits. Plus product benefits are limited. Basic products do not include dental (except for members ages 19 & 20 and for pregnant women). Anthem contracts with DentaQuest to administer HIP dental benefits.</p>	<p>Vision – Members in the HIP Plus and HIP State plan products receive vision benefits: 1 exam per year and 1 pair of glasses and lenses or contacts, if medically necessary, every 2 years. The HIP Basic Plan does not include vision benefits, except for members under age 21 and for pregnant women. Anthem contracts with VSP to administer vision benefits.</p>

Hoosier Care Connect eligibility

Membership will include Medicaid-eligible children and adults in below categories:

- Aged (65+)
- Blind
- Disabled
- Individuals receiving Supplemental Security Income (SSI)
- M.E.D. Works
- Wards and foster children

Providers must check eligibility using Availity or Web interChange.

Covered benefits

Covered services are outlined in the Anthem Provider Operations manual located at www.anthem.com.

Covered services:

- Similar to Hoosier Healthwise package A benefits
- Includes self-referred services: pharmacy, dental, vision
- Medically necessary
- Consistent with accepted standards of medical practice with respect to illness, injury, condition, primary or secondary disability:
 - Prevent or diagnose
 - Cure, correct, reduce or ameliorate physical, mental, cognitive, or developmental effects
 - Reduce or ameliorate pain

Medically frail

Members with serious health conditions

- Cancers, organ transplants, AIDS, aplastic anemia, diabetes with comorbidity, coagulation defects, lipid storage diseases and other primary immune deficiencies
- Disabling mental disorders
- Chronic substance abuse disorders
- Disabled based on Social Security Administration criteria
- Physical, intellectual or developmental disability that significantly impairs the individual's ability to perform one or more activities of daily living

Medically frail guidelines

Milliman Underwriting Guidelines (MUGs)

This is the tool used to quantify the seriousness of the member's condition.

MUGs utilize a point system based on diagnosis, key medical indicators and medications. The rating is intended to project the level of care the member is likely to require for the next 12 months.

Members can be validated as medically frail when MUGs total:

- Physical condition is at least 150 points
- Condition(s) that restrict activities of daily living is at least 75 points
- Behavioral or substance abuse conditions is at least 75 points
- Medically frail first level appeals handled through Anthem

Non-emergent transportation

LCP Transportation, LLC is Anthem's transportation vendor for Hoosier Healthwise, HIP and Hoosier Care Connect

LCP Transportation, LLC

Schedule appointments: 1-800-508-7230

Monday to Friday, 8am-5pm

After-hours service **1-866-408-6131**

24 hours a day, 7 days a week

www.lcptransportation.com

- Contact LCP 48 hours in advance of covered trip
- Prior approval required for “urgent” trips and trips over 50 miles and over one way

Non-emergent transportation

Hoosier Care Connect and HIP Non-emergent Transportation Benefits

- Unlimited trips to any covered health care, behavioral health, dental and vision appointments
- Also cover trips for health education, WIC appointments, member redetermination appointments and prescription refills when returning from a covered appointment
- No member copayments for use of non-emergent transportation

Care coordination

Care coordination services are for members with conditions requiring special care and providers. Programs are stratified into three levels:

- Disease management
- Care management
- Complex case management

Disease management programs

Anthem offers many disease management programs for members with chronic conditions

- Asthma
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Diabetes
- HIV/AIDS
- Hypertension
- Attention deficit hyperactivity disorder
- Chronic kidney disease
- Autism/pervasive developmental disorder
- Bipolar
- Major depression
- Schizophrenia
- Substance abuse disorder

Care management

Care management programs assist the Hoosier Care Connect population in addressing specialized health care needs:

- Assistance with care coordination
- Arranging preventive care appointments
- Access to care for chronic physical or behavioral health conditions

Members receive a dedicated care management representative to coordinate with all providers across the care continuum to create a plan to access appropriate care and improve clinical outcomes

Complex case management

Member focus

Coordination of care services with the member and between providers while navigating the extensive systems and resources required for the member.

Provider focus

Coordination of care services with members who choose not to be involved, or are unable to participate, to help navigate the extensive systems and resources required for the member:

- Complete comprehensive health assessment tool
- Two or more disease states
- Inpatient stays
- High-dollar claims over six months
- Post-psychiatric inpatient stay for 90 days and scheduled 7-day follow-up

Care conferences

Providers who serve Hoosier Care Connect members engaged in care management will need to participate in semi-annual care conferences with an interdisciplinary care team.

The goal is to coordinate services for Hoosier Care Connect members across the care continuum and improve health care outcomes for members in care management.

PMPs may bill for the semi-annual conference using HCPCS code 99211 SC – “office or other outpatient visit for the evaluation and management of an established patient.”

Pharmacy

Effective 2/1/15 Anthem is responsible for prescription drug coverage for our members enrolled in HIP

Effective 4/1/15 Anthem is responsible for prescription drug coverage for our members enrolled in Hoosier Care Connect

- Our Pharmacy Benefits Manager is Express Scripts, Inc.
- Anthem HIP Formulary and prior authorization forms can be found at:
http://www.anthem.com/wps/portal/ahpprovider?content_path=provider/in/f3/s4/t1/pw_ad089349.htm&state=in&rootLevel=2&label=Pharmacy%20Information
- Additional information can be located in the Anthem provider manual in Chapter 4, pg. 44-46 at www.anthem.com

Hospital presumptive eligibility

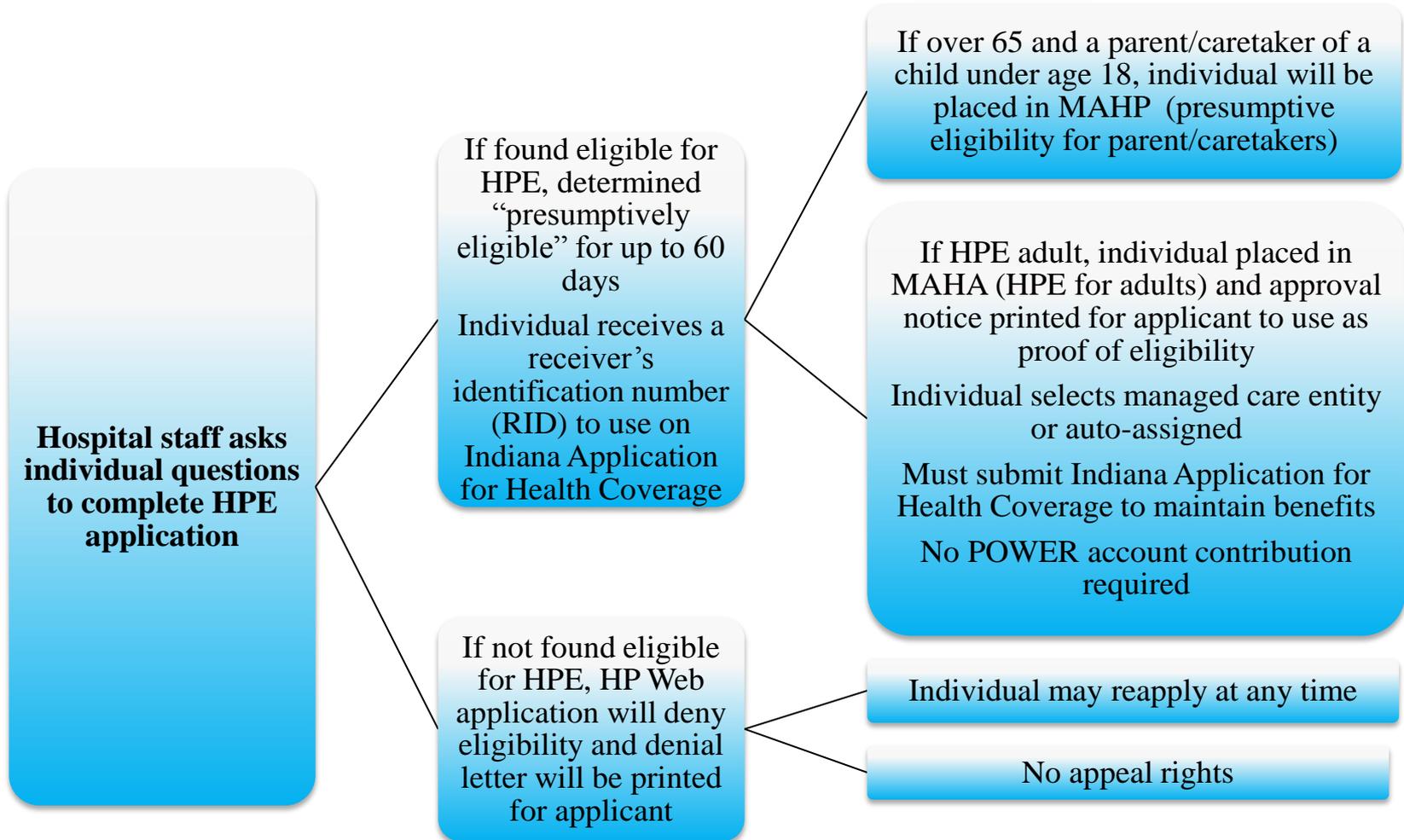
What is the benefit structure for individuals determined eligible for HPE-adult coverage?

- **Presumptive eligibility (PE) basic**
 - Equivalent to HIP Basic
 - No vision or dental
- Placed into managed care entity
- Must apply for full coverage within 60 days

What costs will HPE-adult members need to pay?

- No POWER account created
- Copayments the same as HIP Basic
- Copayment due at point of service

Hospital presumptive eligibility



Hospital presumptive eligibility

- Why is HPE important?
 - HPE allows individuals to obtain health care while the *Indiana Application for Health Coverage* is being processed.
 - HPE allows providers to be reimbursed for services provided immediately after HPE approval.
 - During the presumptive eligibility period, the individual will be able to receive treatment from other IHCP providers after he/she leaves the hospital.
- To qualify for HPE-adult, applicant must:
 - Be a U.S. citizen or a permanent resident in the U.S. for at least five years or a qualified alien
 - Be an Indiana resident
 - Not be incarcerated
 - Not be covered under presumptive eligibility for pregnant women (PEPW)
 - Not an HPE recipient in the previous 12 months
 - Not enrolled in the Indiana Health Coverage program
 - Be under 138% FPL

Anthem HIP contact information

- Anthem HIP Provider Helpline – **1-800-345-04344**
- Member Helpline (same as HHW) – **1-866-408-6131**
- 24/7 NurseLine (same as HHW) – **1-866-800-8780**
- Corrected claims, provider claim disputes, provider appeals (same as HHW) submit to:

Anthem Indiana Medicaid
PO Box 6144
Indianapolis, IN 46206-6144

- Medical and Rx precertification – **1-866-398-1922**
- VSP (Vision) – **1-800-615-1883**
- DentaQuest (Dental) – **1-888-291-3762**
- Transportation – **1-800-508-7230**

Anthem Hoosier Care Connect contact information

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Questions and answers

