

Todd Stallings

From: Stein-Ordonez, Michelle A [Michelle.Stein-Ordonez@fssa.in.gov]
Sent: Wednesday, October 24, 2007 4:36 PM
To: todd@iahhc.org; Jean Macdonald
Cc: daryl.davidson@eds.com; Lashbrook, Kim
Subject: Care Select and Its Impact on the Medicaid Home Health Program
Importance: High
Attachments: 20071022105122.pdf

The purpose of this e-mail is to provide the training document presented at EDS workshops on Monday and Tuesday of this week. The e-mail is meant to provide some case-specific information regarding the implementation of Care Select and its impact on the Medicaid Home Health Program. Providers are encouraged to look at the Indiana Medicaid website at www.indianamedicaid.com. Please forward to members on your list serve.

The home page has a box with red letters that speaks about Care Select and provides a link to Provider Bulletin BT200723. This bulletin provides detailed information regarding Care Select and its impact on prior authorization, Care Select implementation, restricted card, appeals process, etc. Hospice providers should also look to website for Banner Page BR200743 as it specifies that the Medicaid home health providers may have to send prior authorization paperwork to one of three addresses depending upon whether the home health member is fee for service as member has a spend-down or is dually-eligible and enrolled in Medicaid home health, enrolled in Advantage Care Select or enrolled in MDwise Care Select. I highly encourage home health providers to print these documents, have an in-service training with staff and make changes to their internal procedures. **Effective November 1, 2007, Central Region will be phased into Care Select. Note: home health providers should still submit all home health claims to EDS for fee for service and Care Select Members.** Care Select is a care management model for the Aged, Blind and Disabled enrolled in this program. We refer to the Care Select prior authorization contractors as CMOs.

HIGHLIGHTS FROM EDS PRESENTATIONS ON CARE SELECT

***Note: Please take this information and make appropriate changes to your current procedures.**

- **Eligibility:** It is important to check eligibility with every transaction. A member can start in one CMO and then be enrolled in another. These changes are noted the 1st and 15th of the month. A member change a PMP **daily**. IT IS IMPORTANT THAT THE HOME HEALTH PROVIDER CHECK ELIGIBILITY AT EVERY TRANSACTION, (admission, on-site visit, day of submitting PA, administrative review and appeal), AS THIS IMPACTS WHERE A PROVIDER WILL SEND A PRIOR AUTHORIZATION AND WHERE A PROVIDER WILL SEND AN APPEAL.
- **Use of Eligibility Verification System (EVS):** Any of the EVS will provide you information, but Web Interchange provider **real time** eligibility information. If you have not yet signed up to have web interchange access, this may be the time to get that started. You can submit prior authorizations and preserve timeliness requirements, submit claims and check eligibility on one system. Home health providers are the second highest user of PA web interchange.
- **Prior Authorizations, Administrative Reviews and Appeals:** You should check eligibility the day you plan to send the PA. AR or appeal to ensure that the CMO has not changed. This will avoid unnecessary delay in your paperwork. The handout speaks about provider options if a PA is denied by CMO1 and then re-assigned to CMO 2. Provider can either send a new PA request to CMO2 or appeal CMO2 regarding the denial of CMO1. The better option might be to simply send in a new request to the new CMO.
- **Implementation Schedule:** There is an implementation schedule in the bulletin and the attached handout. **Central Region Implementation will be November 1, 2007.** Implementation is based on the member residence; however, a second logic for a member's enrollment in a particular CMO is based on the PMP. You can have a member outside of Central Region in a surrounding county but if his PMP is in Central

Region, he will be assigned accordingly to a Care Select Plan.

I hope this high level summary has been helpful. I look forward to speaking to IAHC members. Also, please encourage members to submit questions to the Care Select e-mail address noted in the bulletin. This will help us track issues and create a frequently asked questions handout if necessary.

Michelle Stein-Ordonez

Program Director
Home Health, Hospice and RCAP
FSSA Division of Aging
Telephone: (317)233-1956
michelle.stein-ordonez@fssa.in.gov

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From: Ellis, Steve W
Sent: Tuesday, October 23, 2007 9:59 AM
To: Stein-Ordonez, Michelle A
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Stephen Ellis

INsite Help Desk
Division of Aging
Indiana Family and Social Services Administration
(317) 232-7858
insite.helpdesk@fssa.in.gov

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