



FROM



QUICK REFERENCE GUIDE

General Information

Provider and Member Services	Phone: 1-877-687-1182 or TTY/TDD 1-877-941-9232
After Hours	Phone: 1-877-687-1182 or TTY/TDD 1-877-941-9232
Website	Ambetter.mhsindiana.com Website services include verifying eligibility, benefits, cost shares, submit prior authorizations, submission of claims, claim status and many more functions.

Medical Management

Prior Authorizations	Medical Admissions
Providers may submit authorizations in 3 ways: 1. Secure Web Portal at Ambetter.mhsindiana.com 2. Fax: 1-855-702-7337 3. Call: 1-877-687-1182	Fax Notification of Medical Admissions: 1-855-463-4251 Fax Clinical Information: 1-855-685-6511

Claims Submission and Claims Payment

Providers may submit claims in 3 ways: 1. Secure Web Portal found at Ambetter.mhsindiana.com 2. EDI- Payor ID 68069 3. Paper	
Initial, Resubmission, Corrected or Reconsiderations: Ambetter from MHS Indiana PO Box 5010 Farmington, MO 63640-5010	Claim Disputes - (Form located on website) Ambetter from MHS Indiana PO Box 5000 Farmington, MO 63640-5000
Timely Filing: • Par Providers: 180 days from the date of service or primary payment (when Ambetter is secondary) • Non Par Providers: 90 days from the date of service	Corrected Claims, Requests for Reconsideration or Claim Disputes: • Par Providers: 180 days from the date of explanation of payment or denial is issued • Non Par Providers: 90 days from the date of explanation of payment or denial is issued
EFT/ERA - PaySpan Health To register call: 1-877-331-7154 or visit www.payspanhealth.com – This service is free!	

Specialty Companies/Vendors

Behavioral Health – Cenpatico www.cenpatico.com Phone: 1-877-687-1182 – Payor ID 68069	Dental Services – DentaQuest www.dentaquest.com Phone: 1-877-687-1182 – Payor ID CX014
Vision Services – OptiCare www.opticare.com Phone: 1-877-687-1182 – Payor ID 56190	Pharmacy Services – US Script www.usscript.com Phone: 1-877-687-1182 – BIN # 008019

Prior Authorization

These procedures and services require PRIOR AUTHORIZATION

This list is not all-inclusive. Visit our website at Ambetter.mhsindiana.com and use the Pre-Screen Tool or call our Authorization department with questions. Failure to obtain the required prior approval or pre-certification may result in a denied claim(s). All services are subject to benefit coverage, limitations and exclusions as described in the Ambetter member's Evidence of Coverage. For a complete list of Prior Authorization requirements please check out website at Ambetter.mhsindiana.com.

All Out of Network (Non-Par) services require prior authorization excluding emergency room services.

Procedures/Services	Inpatient Authorization	Ancillary Services
<ul style="list-style-type: none"> • Potentially Cosmetic • Experimental or Investigational • High Tech Imaging (i.e., CT, MRI, PET) • Infertility • Obstetrical Ultrasound – two allowed in 9 month period, any additional will require prior authorization except those rendered by Maternal Fetal Medicine providers. For urgent/emergent ultrasounds, treat using best clinical judgment and it will be reviewed retrospectively • Pain Management (unless performed on the same date as a surgery) 	<p style="color: #C00080;">All elective/scheduled admission notifications requested at least 5 business days prior to the scheduled date of admit including but not limited to:</p> <ul style="list-style-type: none"> • Medical Admissions • Surgical Admissions • All services performed in out-of-network facilities • Behavioral Health/Substance use disorder • Hospice Care • Rehabilitation facilities • Transplants, including evaluation <p style="color: #C00080;">Observation:</p> <ul style="list-style-type: none"> • Observation Stays 23 hours or less require Notification • Observation Stays exceeding 23 hours require Inpatient Authorization/Concurrent Review • Notification is required within 1 business day if admitted <p style="color: #C00080;">Urgent/Emergent Admissions</p> <ul style="list-style-type: none"> • Within 1 business day following the date of admission • Newborn Deliveries must include birth outcomes <p style="color: #C00080;">Behavioral Health Admissions All behavioral health admissions require authorization within 24 hours of admission via a phone call to the utilization management department.</p> <p style="color: #C00080;">Partial Inpatient, PRTF and/or Intensive Outpatient Programs</p>	<ul style="list-style-type: none"> • Air Ambulance Transport (non-emergent fixed wing airplane) • DME • Home health care services including, home infusion, skilled nursing, and therapy <ul style="list-style-type: none"> ○ Home Health Services ○ Private Duty Nursing ○ Hospice ○ Furnished Medical Supplies & DME • Orthotics/Prosthetics • Hearing Aid devices including cochlear implants (cochlear replacement batteries do not require prior auth) • Genetic Testing • Quantitative Urine Drug Screen (except Urgent Care, ER, and Inpatient place of service)

Prior Authorizations

You may submit Prior Authorizations in 3 ways:

1. Via our secure web portal at Ambetter.mhsindiana.com
2. Phone: 1-877-687-1182
3. Fax: 1-855-702-7337 (Medical)

Inpatient Admissions:

Fax to:

Notification of Medical Admissions – 1-855-463-4251
Clinical Information – 1-855-685-6511

Mental Health/Substance Use Disorder Admissions/Concurrent Review

Phone: 1-877-587-1182

Fax: 1-855-283-9094

Call to provide clinical information and obtain authorization for all behavioral health admissions

Quick Reference Guide

Behavioral Health – Prior Authorization is required for inpatient, Partial Hospitalization, Intensive Outpatient Treatment, Psychological Testing, and ECT, where these are state approved levels of care. Prior authorization is not required for behavioral health outpatient services.

Laboratory Services – Our preferred outpatient lab vendors are LabCorp and Quest. An in-network lab must be utilized for all lab services.

Notification of Pregnancy (NOP) – Providers must submit an NOP Form at the time of the first prenatal visit. Forms may be completed online on our website at Ambetter.mhsindiana.com.



Out-of-Network Providers – Ambetter members should be directed to in-network providers unless otherwise authorized by Ambetter from MHS.

Pain Management – Prior Authorization (PA) is required for injections related to pain management treatment. Documentation required for initial PA includes history of condition, symptoms, treatments attempted prior to injection, imaging reports. PA requests for additional injections require notes documenting progress since previous injections.

Vision – Must use OptiCare network providers which can be found on our website using Find A Provider.

Reminder – All services are required to be provided by in network providers.

Member Identification

	FROM		IN NETWORK COVERAGE ONLY
Subscriber: Jane Doe			
Member: John Doe			
ID #: UXXXXXXXX			
Plan: Ambetter Balanced Care 1 +			
			Rx BIN#: 008019
Copays		Coinsurance (Med/Rx):	
PCP:		Deductible (Med/Rx):	
Specialist:		Rx (Generic/Brand):	
ER:			

Ambetter.mhsindiana.com

Member/Provider Services:

1-877-687-1182
TDD/TTY: 1-877-941-9232
24/7 Nurse Line: 1-877-687-1182

Medical Claims:

Managed Health Services
Attn: CLAIMS
PO Box 5010
Farmington, MO
63640-5010

Numbers below for providers:

Pharmacy Help Desk: 1-855-339-4810
EDI Payor ID: 68069
EDI Help Desk: 1-800-225-2573 ext. 25525

Additional information can be found in your Evidence of Coverage. If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. For updated coverage information, visit Ambetter.mhsindiana.com.

© 2014 Managed Health Services. All rights reserved.

The above is an example of what the Member ID may look like.

Annual Assessments and Correct Coding

Conduct: Comprehensive patient assessments each year

Include:

- Assessment of all chronic conditions annually (Diabetes, CHF, COPD)
- Co-existing acute conditions
- Active status conditions (amputations, dialysis, HIV)
- Pertinent past conditions (Old MI and other underlying medical problems)
- Medications that may indicate other conditions

Document: The reason for the visit, the care rendered and the conclusion and diagnoses

Submit: All diagnoses on your Ambetter from MHS claims

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. HEDIS gives purchasers and consumers the ability to distinguish between health plans based on comparative quality instead of simply cost differences. If you have questions regarding HEDIS, please call Ambetter from MHS at 1-877-687-1182.

Purchasers of health care may use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate the **clinical management of its members**. Physician specific scores are being used as evidence of preventive care from primary care office practices.