

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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Important news regarding procurement of Hoosier Healthwise and Healthy Indiana Plan managed care entity contracts

The Indiana Office of Medicaid Policy and Planning (OMPP) has awarded contracts to three managed care entities (MCEs) – Anthem, MHS – Your Family Health Plan (MHS), and MDwise – to manage the Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) programs. The Enhanced Services Plan (ESP) for HIP enrollees with certain high-risk medical conditions will continue to be administered by the Indiana Comprehensive Health Insurance Association (ICHIA).

The primary goal of the consolidated contract is to integrate the HIP and HHW programs, creating a family health plan that results in a seamless experience for Hoosier families. The new contracts will be effective January 1, 2011. To ease the transition, the OMPP provides the following guidance for providers to understand how members will select a health plan, and what actions providers may need to take to remain in the program and to verify member eligibility.

MCE selection and auto-assignment

MCE selection will be available on both the HIP and HHW applications. Members are strongly encouraged to self-select their MCEs. To further the goal of developing a family health plan, family members will be encouraged to select the same MCE. Members needing assistance in selection may contact the enrollment broker, MAXIMUS, for assistance in MCE selection. If a member fails to self-select an MCE, he or she will be auto-assigned to an MCE by HP Enterprise Services.

Assignment logic: Logic for assigning members to an MCE has been developed to promote continuity of care and a family health plan.

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- If an MCE selection is made on the application, the member will be assigned to the MCE designated on his or her application. Exceptions may occur if a member was previously enrolled in the Right Choices Program (RCP), but his or her eligibility lapsed and was then re-established. In that case, HP will assign the member to the previous Right Choices MCE immediately.
- If there is no RCP assignment, HP will check whether the member was assigned to an active MCE within the past 12 months. If a previous assignment is found, HP will assign the member to the previous MCE. If no previous MCE assignment is found, HP will check for other active relatives who are in the same case and program; or in another program and a different case. If a case match is found, the member will be assigned to the same MCE as his or her relatives. This will help parents in HIP and children in HHW be assigned to the same MCE. If no match is found, HP will assign Hoosier Healthwise members to an MCE on a rotating basis. Healthy Indiana Plan members will be assigned to the neediest health plan, determined by which plan has the lowest number of assigned members.
- Newborns will be retro-assigned to the mother's MCE.

Presumptive eligibility: Beginning January 1, 2011, presumptive eligibility members will select an MCE only by contacting MAXIMUS. The MCE will assist the member in PMP selection, as will occur for all other members.

The PE member application form will be updated. The new fields are optional and include:

- MCE selection
- Member e-mail
- MCE provider directory (this allows a member to choose an electronic versus a paper directory)

MCE responsibility in PMP assignment

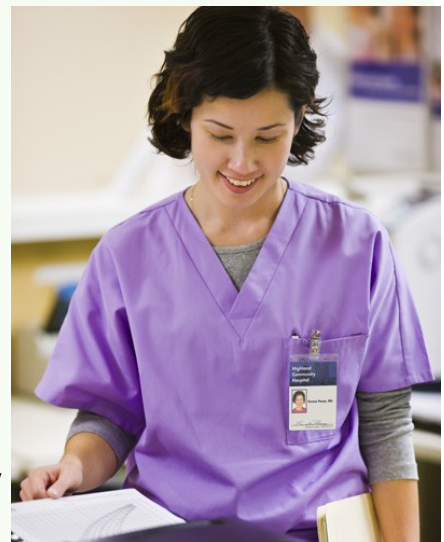
Current PMP auto-assignment logic will continue for Hoosier Healthwise through December 10, 2010.

- Members will remain with their current MCE if their PMP does not change MCEs.
- PMPs that change MCEs for a January 1, 2011, effective date will have their panels follow to the new MCE.

Effective January 1, 2011, the MCEs will make PMP assignments for their respective members. MAXIMUS will no longer perform PMP assignments for members who wish to self-select, and HP will no longer perform PMP auto-assignments for members who do not self-select.

Once a member is assigned to an MCE, it will be the plan's responsibility to assign the member to a PMP. Plans will reach out to members within the first 30 days of assignment to assist the member in selecting a PMP. If the member has a particular PMP to whom he or she wishes to be assigned, the member should communicate his or her choice to the MCE. The plans will also be proactively contacting newly assigned members and assisting them with PMP assignment. Members may

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see any IHCP-enrolled provider when there is no PMP assignment in the Eligibility Verification System (EVS).

Auto-assignment logic: If the member does not self-select a PMP within the first 30 days of enrollment with a plan, he or she will be auto-assigned by the MCE according to the following logic:

- Previous PMP
- Family member's current PMP
- Family member's previous PMP
- PMP in previous group
- PMP in family member's current group or previous group
- Default: MCE-designed process with OMPP approval

Auto-assignment will occur to a provider with the appropriate scope of practice within 30 miles of a member's residence. If panel slots are not available within 30 miles, the MCE must authorize out-of-network care to any IHCP-enrolled provider.

PMP enrollment/disenrollment

Beginning January 1, 2011, the newest change will be to providers participating in the Healthy Indiana Plan. Those that wish to act as primary medical providers (PMPs) must be linked to their member as is currently done in the Hoosier Healthwise program.

Providers must be enrolled as Indiana Health Coverage Programs (IHCP) providers before they can enroll as PMPs in the Hoosier Healthwise program or Healthy Indiana Plan. To enroll as an IHCP provider, you must submit a completed IHCP Provider Enrollment Application and Maintenance Form to the HP Provider Enrollment Unit. Applications can be found online at www.indianamedicaid.com or by calling (317) 655-3240 in the Indianapolis local area or 1-800-577-1278. Once enrolled as an IHCP provider, MCEs are responsible for enrolling providers as PMPs within their respective networks. PMPs may participate in more than one MCE network and may sign contracts with multiple MCEs. They may also enroll as a PMP in both Hoosier Healthwise and HIP programs.

Provider specialties that are eligible to become PMPs include:

- Family practice – 316
- General practice – 318
- Obstetrics and gynecology – 328
- General internal medicine – 344
- General pediatrics – 345

Providers currently enrolled in one of these specialties who wish to become a new PMP or enroll with an additional MCE should contact the MCE with which they wish to contract. Please refer to the [IHCP Quick Reference](#) on indianamedicaid.com for MCE contact information. All prospective PMPs should enroll with a Hoosier Healthwise MCE on or before

November 1, 2010, in order for the contract to take effect January 1, 2011. This deadline ensures processing time. Contracts will be accepted after that date; however, the January 1, 2011, effective date cannot be assured.

Pursuant to *IC 12-15-30-5*, subcontracts, including provider agreements, cannot extend beyond the term of the MCE contract with the State. Therefore, all current contracts expire December 31, 2010. Current MCE-contracted providers need to re-contract to maintain their MCE affiliation. The OMPP will allow MCEs to complete this via an amendment to an existing contract, if applicable.

PMP disenrollment: Beginning January 1, 2011, the MCEs will also perform Hoosier Healthwise and HIP PMP disenrollments. PMPs must submit a disenrollment request directly to the MCE with which they are enrolled. Providers wishing to disenroll from the IHCP overall must first disenroll as a PMP with their MCE before submitting IHCP disenrollment paperwork to HP.



Included with this responsibility, the MCEs will mail member PMP assignment and disenrollment letters. HP will continue to generate annual open enrollment notifications to members.

Eligibility verification

The Eligibility Verification Systems – Automated Voice Response (AVR), OMNI, and Web interChange – will indicate both MCE and PMP assignments, if available.

If the member does not yet have a PMP assignment on the date of service being verified, the EVS will return the MCE name and number plus “PMP not available.”

If the member has both an MCE and a PMP assignment on the date of service being verified, the EVS will return the MCE name and phone number plus the PMP name and phone number.

If a member does not yet have a PMP assignment, the MCE is still responsible for paying claims for services covered under the risk-based managed care program (RBMC) or Healthy Indiana Plan (HIP). Providers should contact the MCE to confirm that there is no PMP assignment and to obtain billing guidelines. HP will continue to pay for services carved out of these programs.

Psychiatric residential treatment facility

Effective January 1, 2011, Hoosier Healthwise members receiving psychiatric residential treatment facility (PRTF) services will be disenrolled from RBMC and moved to fee-for-service while in the PRTF. To facilitate appropriate claims payment, a level of care will be established for members receiving PRTF services. PRTF providers will need to contact ADVANTAGE Health SolutionsSM (800-269-5720) when they have an RBMC member who is going to be admitted, so ADVANTAGE can assign a level of care. Once the level of care is assigned, the member will be disenrolled from RBMC.

When the member is discharged from the PRTF, he or she will be re-enrolled immediately into the most applicable Medicaid program.

Managed care entity contact information

Please refer to the current [IHCP Quick Reference](#) posted on the IHCP Web site and in the monthly provider newsletter for current Hoosier Healthwise and HIP contact information. New contact information will be published as soon as it becomes available.

QUESTIONS?

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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