IHCP *bulletin*

FSSA announces Hoosier Care Connect

The Indiana Family and Social Services Administration (FSSA) announces a new program, Hoosier Care Connect, to improve the quality of care and clinical outcomes for members eligible for the Indiana Health Coverage Programs (IHCP) on the basis of age, blindness, or disability. The FSSA is targeting April 1, 2015, for initial Hoosier Care Connect member enrollment, pending final federal approval. As Hoosier Care Connect is implemented, the *Care Select* program will expire, and *Care Select* members eligible for Hoosier Care Connect will be transitioned to the new program.

In designing Hoosier Care Connect, the FSSA set out to achieve the following goals:

- Improve quality of care and clinical outcomes for enrolled members.

- Ensure enrollee choice, protections, and access.

- Coordinate care among all the providers that provide care for an individual member.

- Provide flexible, person-centered care.

To achieve these goals, the FSSA has contracted with three managed care entities (MCEs) to manage the care of eligible members. The Hoosier Care Connect MCEs are Anthem, Managed Health Services (MHS), and MDwise.

Eligible individuals

Individuals in the following eligibility categories who do not reside in an institution, are not receiving services through a home and community-based services (HCBS) waiver, and are not enrolled in Medicare will be enrolled in Hoosier Care Connect:

- Aged individuals (ages 65 and over)

- Blind individuals

- Disabled individuals

- Individuals receiving Supplemental Security Income

- Medicaid for Employees with Disabilities (M.E.D. Works) enrollees

Children who are wards of the State, foster children, and former foster children, or who are receiving adoption assistance may voluntarily enroll in the program.

Individuals will be removed from the Hoosier Care Connect program and transitioned to another IHCP program if they do one of the following:
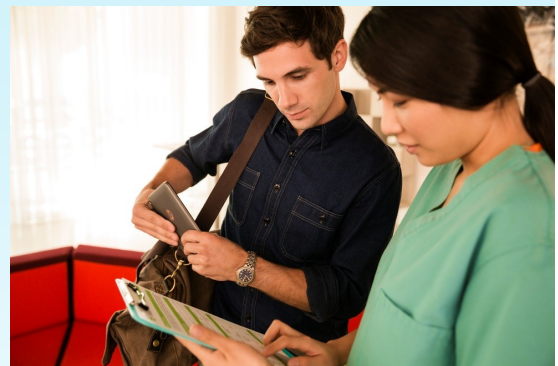
- Become Medicare-eligible.

- Enter a nursing home for a length of stay greater than 30 days.

- Enter a state psychiatric facility, a psychiatric residential treatment facility (PRTF), or an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

- Begin receiving hospice benefits in an institutional setting.

- Become eligible for services through an HCBS waiver.

Covered benefits

Hoosier Care Connect members will receive full Medicaid benefits, in addition to care coordination services and other FSSA-approved enhanced benefits developed by the MCEs. Each Hoosier Care Connect MCE will be responsible for all claim processing functions for the majority of covered services provided to its members, including the following:

- Primary care

- Acute care

- Prescription drugs and certain over-the-counter drugs

- Behavioral health

- Emergency services

- Dental services

- Transportation services

Each MCE will develop a preferred drug list (PDL) to be approved by the FSSA. Each MCE will make the approved PDL available to providers and post the PDL on its website.

MCEs will not be responsible for claims processing for Medicaid Rehabilitation Option (MRO) services, 1915(i) State Plan HCBS, and individualized education plan (IEP) services. Providers will continue to bill the IHCP for these carved-out services through the fee-for-service delivery system. MCEs also do not process claims for FirstSteps services.

Primary medical providers

Primary medical providers (PMPs) will be assigned to Hoosier Care Connect members to provide care coordination services. Once a member is assigned to an MCE, the MCE will work with the member to select a PMP. Until the PMP assignment is made, when checking member eligibility, IHCP providers will see the MCE name and number plus "No PMP Assigned" in the Eligibility Verification System (EVS). Even if a member has not yet been assigned a PMP, the MCE is responsible for reimbursing claims for services covered under Hoosier Care Connect.

PMP assignments will be viewable in the IHCP EVS at the end of April 2015. Before that time, when a member is displayed in the EVS as assigned to Hoosier Care Connect, providers may view PMP assignments in the MCE's eligibility system on the secure provider portals accessible through the links shown in Table 1. Providers may also call the MCEs as outlined in the table to obtain PMP assignment information.

Table 1 – Accessing MCEs for PMP assignments

MCE	Telephone Number	MCE Portal
Anthem	1-844-284-1798*	Anthem Portal
MDwise	1-800-356-1204	MDwise Portal
MHS	1-877-647-4848	MHS Portal

* Note: Telephone number will be activated March 1, 2015.

The services listed below are available to Hoosier Care Connect members on a self-referral basis and will not require PMP or MCE authorization. With the exception of behavioral health services furnished by nonphysicians, self-referral services will not be required to be rendered by in-network providers.

- Behavioral health services
- Psychiatric services rendered by medical doctors or doctors of osteopathy
- Chiropractic services
- Diabetes self-management services
- Emergency services
- Family planning services
- Immunizations
- Podiatry
- Routine vision services

Hoosier Care Connect includes reimbursement to PMPs for care conferences. MCEs will coordinate with Hoosier Care Connect PMPs to perform care coordination conferences to review a member's progress and care management plan. PMPs should refer to the member's MCE for care conference billing instructions.

Member enrollment

The member enrollment process has been designed to optimize member choice. Newly enrolling Hoosier Care Connect members as well as current IHCP members, including those transitioning from *Care Select*, will be encouraged to participate in selecting their MCE as well as their PMP.

New IHCP enrollees eligible for Hoosier Care Connect will be able to select an MCE on their *Indiana Application for Health Coverage*. Members are strongly encouraged to select their MCE at that time. If members do not select an MCE when they apply, the members will have 60 days from the eligibility determination date to select a Hoosier Care Connect MCE. If no selection is made during the 60-day period, auto-assignment will occur. The logic for auto-assignment has been designed to promote continuity of care and existing provider relationships.

Beginning in February 2015, current IHCP members eligible for Hoosier Care Connect will receive notices informing them about the program and how to enroll. Affected members may also receive outreach calls to facilitate transition. Members transitioning to Hoosier Care Connect will have until June 15, 2015, to select an MCE. Members who make an MCE selection by March 25, 2015, will transition to Hoosier Care Connect effective April 1, 2015. Enrollments will continue to be effective the 1st and 15th of each month, based on when a member finalizes his or her MCE selection. If no selection is made by June 15, 2015, members will be auto-assigned to an MCE.

Hoosier Care Connect and *Care Select* will operate concurrently from April 1, 2015, through June 30, 2015, to optimize members' choices and ensure continuity of care. No new *Care Select* assignments are being made. However, eligible members who are currently enrolled in *Care Select* will remain enrolled with their *Care Select* care management organization (CMO) until they select a Hoosier Care Connect MCE. *Care Select* will end effective July 1, 2015. Any remaining *Care Select* enrollees eligible for Hoosier Care Connect who have not made an MCE selection by June 15, 2015, will be auto-assigned to a Hoosier Care Connect MCE.

To further ensure continuity of care as current IHCP members transition to Hoosier Care Connect, all approved prior authorizations (PAs) will be honored by Hoosier Care Connect MCEs for 90 calendar days or until the authorization expires. No action will be required by providers for members to be authorized for previously approved services. As the transitioned PAs expire, providers must request future authorizations from the member's Hoosier Care Connect MCE.

Verifying member eligibility

MCEs will issue Hoosier Care Connect identification cards for their enrolled members. IHCP recipient identification numbers (RIDs) for IHCP members transitioning to Hoosier Care Connect will not change. Providers should continue to verify member eligibility using existing IHCP EVS. The EVS will identify the following information:

■ The member's eligibility for Hoosier Care Connect

■ The member's assigned PMP (this field will display "No PMP Assigned" until a member has selected or been assigned a PMP)

■ The member's assigned MCE and the corresponding MCE contact information

Becoming a Hoosier Care Connect provider

The IHCP strongly encourages providers to consider joining a Hoosier Care Connect MCE network. Effective July 1, 2015, when MCEs have demonstrated network adequacy, they will be permitted to require members to use in-network providers. This restriction will not apply to self-referral services except for behavioral health services.

Providers must be enrolled with the IHCP before they may enroll as MCE providers. The individual MCEs are responsible for enrolling IHCP providers within their respective networks. Providers may participate in more than one MCE network. Please contact the Hoosier Care Connect MCEs to learn more about joining their network.

Table 2 – MCE contact information

MCE	Contact
Anthem	Esther Cervantes Provider Relations (812) 202-3838 estherling.cervantes@anthem.com
MHS	John Yates Vice President, Contracting and Network (317) 684-9478 jyates@mhsindiana.com
MDwise	Marc Baker Director of Provider Relations (317) 822-7390 mbaker@mdwise.org

More information regarding Hoosier Care Connect, including Frequently Asked Questions (FAQs), is available on the Hoosier Care Connect web page at the FSSA website at in.gov/fssa.

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