

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201713 FEBRUARY 14, 2017

MDwise no longer serving Hoosier Care Connect members effective April 1, 2017

Effective April 1, 2017, MDwise will no longer be a managed care health plan option for Hoosier Care Connect members. Hoosier Care Connect members currently enrolled with MDwise will receive notices from the Office of Medicaid Policy and Planning informing them of this change and giving them instructions to select another managed care entity (MCE) – either Anthem or Managed Health Services (MHS) – for their Hoosier Care Connect benefits. Outreach calls will be made to affected members to facilitate a smooth transition.

Member MCE selection and auto-assignment

Members transitioning from MDwise will have through March 15, 2017, to select another MCE. Members who make an MCE selection by March 15, 2017, will be assigned to the new MCE effective March 1, March 15, or April 1, 2017, depending on when the member finalizes his or her MCE selection.

Members who have not chosen either Anthem or MHS by March 15, 2017, will be auto-assigned to one of these MCEs. All transitions based on auto-assignments will be effective with the new MCE April

1, 2017. The auto-assignment process has logic that matches members with MCE provider networks based on whether the member's existing primary medical provider (PMP) is in those networks. If a member is unhappy with their assigned plan and wishes to change, he or she will have the opportunity to change MCEs until August 1, 2017.

Providers currently serving Hoosier Care Connect members enrolled with MDwise should direct those members to the Hoosier Care Connect Helpline at **1-866-963-7383** for health plan information or for assistance with selecting a new health plan. Providers may want to make their patients aware of their participation in one or both of the MCE networks from which the members must choose.

Providers are reminded that when members change MCEs, the network of providers available to them may be different from the network available under the MDwise health plan. This difference in providers is particularly true for pharmacy networks, which may be limited in scope. Providers participating in the MDwise network that may be interested in participating with another Hoosier Care Connect MCE can refer to [Table 1](#) for contact information and links to credentialing information.



Table 1 – Credentialing information

MCE	Contact information	Website link
Anthem	1-844-284-1798	Join Our Network
MHS	1-877-647-4848	Become a Provider

Continuity of Care

Member eligibility and identification cards

IHCP Member IDs (formerly known as RIDs) for Hoosier Care Connect members transitioning from MDwise will not change. Providers should continue to verify member eligibility using the existing IHCP Eligibility Verification System (EVS) options. The EVS identifies the following information:

- The member’s eligibility for Hoosier Care Connect
- The member’s assigned MCE and the corresponding MCE contact information
- The member’s assigned PMP (this field will display “No PMP Assigned” until a member has selected or been assigned a PMP)



Anthem and MHS will issue Hoosier Care Connect identification cards for their newly assigned members.

Primary medical provider (PMP)

Providers may view PMP assignments in the MCEs’ eligibility system on the secure MCE portals. Providers may also call the MCEs to obtain PMP assignment information. If a member’s current or previous PMP is enrolled with the newly assigned MCE, the member will be auto-assigned to that same PMP. If the current PMP is not in-network with the member’s new MCE, and no PMP selection has been made by the member, the member will be given 60 days to make a new PMP selection after which time a PMP will be auto-assigned.

Prior authorizations (PAs)

Approved PAs – medical, dental, and pharmacy – for members transitioning from MDwise will be honored by Anthem and MHS and their benefit management vendors for up to 30 days or until the PA expires, whichever comes first. No action will be required by providers for members to be authorized for previously approved services. As PAs expire, providers must request new authorizations from the member’s new MCE or MCE benefit management vendor.

Claims and care management

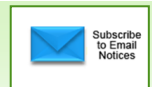
Claims for members enrolled with MDwise will continue to be adjudicated by MDwise for dates of service (DOS) before the effective date of their assignment to a new MCE. Requests for administrative review and appeals related to claims adjudicated by MDwise will be the responsibility of MDwise. Claims for DOS on or after the effective date of the member’s assignment to a new MCE will be adjudicated by the new MCE. Questions and requests for care management should be directed toward the MCE with which the member is enrolled for the DOS in question.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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