



I M P O R T A N T I N F O R M A T I O N

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To All Indiana Health Coverage Programs Providers:

- This is a clarification to *Bulletin BT200117* dated April 23, 2001. The bulletin contained the following paragraph: When an existing plan of care overlaps a new prior authorization request, a new plan of care must be submitted. For example, if the plan of care covers a period from March 15 to May 15, and the new prior authorization request is from April 20 to October 20, the plan of care period overlaps into the requested prior authorization period and a new plan of care must be submitted with the prior authorization request.

The paragraph should read: *When an existing plan of care overlaps a new prior authorization request, the clinical summary portion of the prior authorization form should be updated to reflect any change in the patient's status. For example, if the plan of care covers a period from March 15 to May 15, and the new prior authorization request is from April 20 to October 20, the plan of care period overlaps into the requested prior authorization period, therefore the clinical summary portion of the prior authorization form should be updated to reflect any change in the patient's status.* Please direct any questions to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

- The provider workshops in Crown Point, Fort Wayne, and Indianapolis are full, and only limited seating remains for the other locations. Providers are reminded that registration is not complete until an EDS representative calls to confirm the reservation.
- The Office of Medicaid Policy and Planning (OMPP), in conjunction with EDS, is currently assessing the technical and business process changes to the Indiana Health Coverage Programs (IHCP) that will be required under the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification final rule. This rule was published August 17, 2000, and has broad implications including coding and electronic format changes for claim submission.

In order to assess the impact of the Administrative Simplification final rule to the IHCP provider community, the IHCP is requesting provider input about HIPAA. Provider responses will supply information to develop provider educational materials. All providers are urged to complete the HIPAA awareness survey by June 15, 2001, on the Web site at www.indianamedicaid.com. The survey is also being mailed to a random sample of providers across Indiana.

Providers should continue to monitor the www.indianamedicaid.com Web site for HIPAA information as well as Web site links to additional HIPAA information sources.

- The following information about the Maxicare and MaxiHealth insolvency is for all IHCP providers. For other questions about Maxicare, contact Indiana Insolvency, Inc. at 1-800-441-3355, or go to the Maxicare web site at www.Maxicare.com. Maxicare operates under the name MaxiHealth in Hoosier Healthwise. As of January 1, 2001, Managed Health Services (MHS) and MaxiHealth are two separate organizations with independent State contracts to provide services to Hoosier Healthwise members.

Q. What happened to Maxicare and MaxiHealth? A. The Indiana Department of Insurance petitioned the circuit court in Marion County to place Maxicare Indiana in rehabilitation. By the terms of the court orders, the Insurance Commissioner will assume control of Maxicare assets and will administer them under the supervision of the court. At this time, Indiana Insolvency, Inc., the Department's rehabilitator, is supervising operations on-site at Maxicare offices in Indianapolis.

Q. What will happen now? A. MaxiHealth members who are enrolled in Hoosier Healthwise will not lose their coverage. In most cases, if a member's MaxiHealth primary medical provider (PMP) enrolls with another Hoosier Healthwise network (managed care organization (MCO) or primary care case management/PrimeStep), the member will continue to be enrolled with the same PMP but in a different network.

Q. What about our outstanding claims? A. For claims incurred prior to the date of the rehabilitation order, May 4, 2001, providers should contact Indiana Insolvency, Inc. at 1-800-441-3355. Please include the date of service, the doctor's name, the patient's information, and the amount of the claim. At this time, payments of such claims are on hold.

Q. What about contracts with MaxiHealth? A. A petition for rehabilitation does NOT constitute a breach of contract by MaxiHealth, and does not automatically terminate a contract. Providers should review their contract carefully with their attorney with regard to the insolvency or rehabilitation of MaxiHealth. Indiana law requires the contract to provide for the continuation of care for 60 days or until enrollees obtain new coverage.

Note: MaxiHealth PMPs who are IHCP-enrolled and participate as a PMP in Hoosier Healthwise will be disenrolled as a PMP from MaxiHealth with an end-date effective May 31, 2001. This will not affect the PMP's overall enrollment in the IHCP.
MaxiHealth PMPs who wish to enroll with another MCO must contact MDWise, Harmony Health, or Managed Health Services and sign a new contract with that MCO. PMPs can also enroll in PrimeStep by contacting Lifemark.
To be eligible to enroll with a new MCO with an effective date of June 1, 2001, the PMP must have a signed contract with the MCO no later than May 16 and the MCO must submit PMP enrollment paperwork to EDS by 5 PM May 16, 2001.

Any MaxiHealth PMP for whom EDS does not receive a new MCO enrollment from the MCO by May 16, 2001, will automatically be temporarily enrolled into PrimeStep to promote continuity of care for members. This temporary enrollment will last three months unless EDS receives a PMP enrollment from another MCO or PrimeStep. Therefore, any PMP disenrolled from MaxiHealth effective May 31, 2001, for whom EDS does not receive a new enrollment from PrimeStep or another MCO by August 10, 2001, will automatically be disenrolled as a Hoosier Healthwise PMP effective August 31, 2001.

Q. What about current MaxiHealth Medicaid and CHIP patients? A. For MaxiHealth Hoosier Healthwise members, the member will need to select a new PMP in another network (PrimeStep, Harmony Health, MHS, or MDWise) if the member's current PMP does not enroll with another network. If the member's current PMP enrolls with another network, the member will most likely remain assigned to that PMP. Providers should continue to see their MaxiHealth patients during the time of continuation of benefits.

Note: Indiana law prohibits providers from billing MaxiHealth members for amounts owed to them by MaxiHealth. Any bills to MaxiHealth should be sent to MaxiHealth according to the usual procedure, and will be handled by Indiana Insolvency, Inc. Providers may bill patients only for their usual co-payment amounts. Providers with other questions should contact Indiana Insolvency, Inc. at 1-800-441-3355.

Q. Can members continue to see their PMP? A. MaxiHealth Hoosier Healthwise members may contact Hoosier Healthwise to select a new doctor prior to May 31, 2001, or the member will automatically be assigned to the current PMP in either a new MCO or PrimeStep. If a member does nothing, the member will keep the same PMP unless the PMP disenrolls from Hoosier Healthwise.

Q. What about my pre-certified surgery scheduled next week, baby due next month, on-going treatments, etc.?
 A. Coverage for Hoosier Healthwise members will remain unchanged, but care will be delivered in a different delivery system, also called a network. Each MCO has its own policy and procedures for prior authorization and PMP authorization so providers should always check the eligibility verification system prior to rendering service for a Hoosier Healthwise member, and contact the member's MCO if clarification is necessary.

Contact Numbers for other Hoosier Healthwise MCOs and PrimeStep		
Harmony Health Plan of Indiana	Member Services:	1-800-608-8158
	Provider Services:	1-800-504-2766
Lifemark (PrimeStep)	Member Services:	1-800-889-9949, option 1
	Provider Services:	1-800-889-9949, option 3
Managed Health Services	Member Services:	1-800-414-5946
	Provider Services:	1-800-414-9475
MDWise	Member Services:	1-800-356-1204 or (317) 630-2831
	Provider Services:	1-800-356-1204 or (317) 630-2831