Indiana Health Coverage Programs

PROVIDER BULLETIN

BT200340 JUNE 13, 2003

To: All Physicians, FQHC and RHC, Hospitals, and Ancillary Providers

Subject: Hoosier Healthwise Mandatory MCO Transition

Overview

The Office of Medicaid Policy and Planning (OMPP) will continue Hoosier Healthwise mandatory risk-based managed care (RBMC) enrollment in eight additional Indiana counties. This will transition current Prime*Step* Hoosier Healthwise managed care members from primary care case management (PCCM) to enrollment with a local managed care organization (MCO) in the RBMC delivery system. This bulletin contains information for physicians, Federally Qualified Health Centers (FQHCs) and rural health clinics (RHCs), hospitals, and ancillary providers.

Mandatory MCO Enrollment

The OMPP has submitted a request for federal approval of modifications to Indiana's *1915(b)* waiver to the Centers for Medicare and Medicaid Services (CMS). The State believes these counties will be approved for mandatory MCO enrollment in the near future. **In preparation for the transition, effective August 1, 2003, new Hoosier Healthwise primary medical provider (PMP) enrollments in the transition counties will be approved only for MCO enrollment.** Table 1 lists the scheduled transition dates, by county, from PCCM to an MCO. The map included with this bulletin gives a graphic display of the affected counties.

Table 1 – List of Counties for Mandatory MCO Transition and Key Dates

County	PMP Signed Contracts Sent to MCOs	Final Transition Date
LaPorte	September 1, 2003	November 1, 2003
Porter	September 1, 2003	November 1, 2003
Johnson	January 1, 2004	March 1, 2004
Morgan	January 1, 2004	March 1, 2004
Delaware	May 1, 2004	July 1, 2004
Grant	May 1, 2004	July 1, 2004
Howard	May 1, 2004	July 1, 2004
Madison	May 1, 2004	July 1, 2004

Providers rendering services to members in the affected counties should review this bulletin to determine the impact of these upcoming changes:

- Mandatory MCO enrollment does not apply to *Medicaid Select* members. These members continue PCCM coverage.
- Mandatory MCO enrollment does not apply to Indiana Health Coverage Programs (IHCP) members who have spenddown, or have a level of care designation for nursing home, waiver, or hospice. These members continue the traditional fee-for-service IHCP coverage.

Mandatory MCO Enrollment Information for PMPs

PMPs rendering services to members in the affected counties should review the following items to determine the impact of these upcoming changes:

- PMPs in the affected counties can choose to contract with one of the Hoosier Healthwise MCOs or disenroll as a Hoosier Healthwise PMP. Prime*Step* PMPs who complete the switch to one of the MCOs before the final transition date will retain the Hoosier Healthwise members who remain eligible for IHCP and who meet the PMP's scope of practice criteria. To ensure enrollment with an MCO will be effective by the transition date, PMPs must have their signed contracts submitted to the MCO at least 60 days before the transition date. PMPs can also choose to remain as an IHCP provider, limited to non-Hoosier Healthwise managed care members or provide services upon referral.
- MCOs can provide additional services to members complementing services provided by the PMPs. Some examples of additional services are 24-hour nurse telephone services, enhanced transportation arrangements, and case management services. Contact the MCOs to discuss what benefits are available.

Mandatory MCO Enrollment Information for Other Providers

Following are frequently asked questions and responses:

- Do I need to sign a contract with an MCO to provide services?

  Specialists, hospitals, and ancillary providers have various MCO arrangements. Some of the MCO networks are open, meaning that any IHCP provider can render services to the MCO members. However, some are closed such as transportation and pharmacy networks. With closed networks, MCO-contracted providers usually render the services. In-network (MCO-contracted) providers are paid according to the contract with the MCO. Out-of-network (noncontracted) providers are paid at 100 percent of the IHCP rate. With the exception of some self-referral services, the MCO can require members to access services from MCO-contracted providers.

- How does this mandatory enrollment affect carved-out services?

  The carved-out services are Individual Education Plan (IEP) billed by an enrolled school corporation, dental, and behavioral health services. Generally, behavioral health services not rendered in an acute care setting or the PMP's office are not the responsibility of the MCO.

  Mandatory MCO changes will not affect providers rendering care to MCO members for carved-out services. Claims for those services continue to be processed by EDS. However, claims related to carved-out services such as transportation or pharmacy services, are the responsibility of the MCO. The June 20, 2002, IHCP provider bulletin, *BT200231,* provides more information on this topic.

- How does this affect self-referral services?

  Changes affect self-referral providers for podiatrics, vision care, chiropractic, and family planning services. MCOs are responsible for payment of the self-referral services for their members. Claims for these services must be sent to the appropriate MCO for payment.

- Can an FQHC or RHC contract with an MCO?

  An FQHC or RHC can participate with an MCO. The MCO provider contract must specify the contractual arrangements to ensure that FQHCs and RHCs are reimbursed for services. The OMPP endorses the following types of contractual arrangements between MCOs and FQHCs or RHCs:
  - The FQHC or RHC accepts full capitation for primary, specialty, or hospital services.
  - The FQHC or RHC accepts a partial capitation or other method of payment at less than full risk for patient care, such as primary care capitation only, or fee-for-service.

- How can I enroll with an MCO?

  Table 2 lists active managed care organizations in Indiana, active regions in the State, and telephone numbers.

Table 2 – Managed Care Organizations

Organization	Region	Provider Service Phone Number	Web site
Harmony Health Plan	North and Central	1-800-504-2766	www.harmonyhmi.com
Managed Health Services (MHS)	Statewide	1-800-414-9475	www.managedhealthservices.com
MDwise	Statewide	1-800-356-1204 or (317) 630-2831	www.mdwise.org

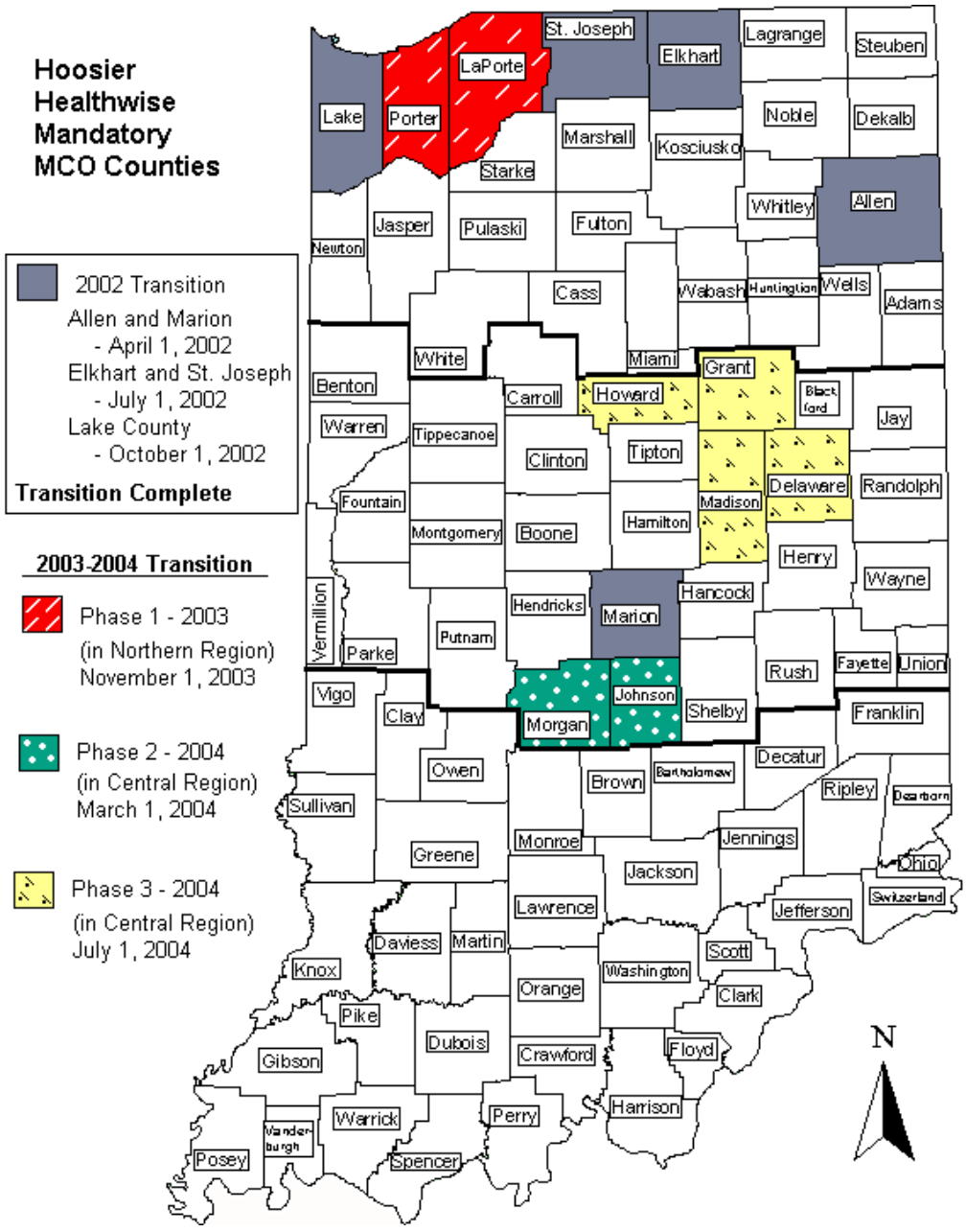
- How are prior authorizations handled for members changing networks or plans?

  Any time members enter or change a Hoosier Healthwise managed care network they may have already received authorizations for services and procedures not completed on the effective date of the enrollment in the new network. The PAs might be for a specific procedure, such as surgery, or for ongoing procedures authorized for a specified duration, such as physical therapy or home health care.

  Hoosier Healthwise Prime*Step* and MCOs must honor outstanding PAs for services for the first 30 days of a member's effective date in the new network. This authorization extends to any service or procedure previously authorized in the Hoosier Healthwise program, including but not limited to, surgeries, therapies, pharmacy, home health care, and physician services. MCOs could be required to reimburse out-of-network providers during the 30-day transition period. This enables PAs to be established in the new network while providing continuity of care. If the member has or will have an outstanding PA on the transition date, the provider should contact the new MCO to request a new PA.

Additional Information

Additional information, including MCO network summaries, is available on the IHCP Web site at www.indianamedicaid.com. Direct questions about the information in this bulletin to the appropriate MCO listed in Table 2 or to AmeriChoice at 1-800-889-9949, option 3.


Hoosier Healthwise Mandatory MCO Counties
2002 Transition
Allen and Marion
- April 1, 2002
Elkhart and St. Joseph
- July 1, 2002
Lake County
- October 1, 2002
Transition Complete
2003-2004 Transition
Phase 1 - 2003
(in Northern Region)
November 1, 2003
Phase 2 - 2004
(in Central Region)
March 1, 2004
Phase 3 - 2004
(in Central Region)
July 1, 2004
N
St. Joseph
Elkhart
Lagrange
Steuben
LaPorte
Lake
Porter
Marshall
Noble
Dekalb
Kosciusko
Starke
Whitley
Allen
Jasper
Pulaski
Fulton
Newton
Cass
Wabash
Huntington
Wells
Adams
White
Miami
Grant
Benton
Carroll
Howard
Blackford
Jay
Warren
Tippecanoe
Clinton
Tipton
Delaware
Randolph
Fountain
Madison
Montgomery
Boone
Hamilton
Henry
Wayne
Hancock
Vermillion
Hendricks
Marion
Putnam
Parke
Rush
Fayette
Union
Vigo
Johnson
Clay
Morgan
Shelby
Franklin
Decatur
Owen
Brown
Bartholomew
Ripley
Dearborn
Sullivan
Monroe
Jennings
Greene
Jackson
Ohio
Switzerland
Lawrence
Jefferson
Daviess
Martin
Scott
Knox
Washington
Orange
Clark
Pike
Dubois
Floyd
Gibson
Crawford
Harrison
Warrick
Perry
Vanderburgh
Posey
Spencer