



## P R O V I D E R   B U L L E T I N

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**To: All Providers****Subject: Hoosier Healthwise Mandatory Managed Care Organization Transition****Overview**

The Office of Medicaid Policy and Planning (OMPP) will implement Hoosier Healthwise mandatory risk-based managed care (RBMC) enrollment in 13 additional Indiana counties in 2005. This will transition current PrimeStep Hoosier Healthwise managed care members from Primary Care Case Management (PCCM) into enrollment with a local managed care organization (MCO) in the RBMC delivery system. This bulletin contains information for physicians, Federally Qualified Health Centers (FQHCs)/rural health clinics (RHCs), hospitals, and ancillary providers.

**Mandatory MCO Enrollment**

The OMPP has submitted a request for federal approval for modification of Indiana's 1915(b) waiver to the Centers for Medicare and Medicaid Services (CMS). The State anticipates that these counties will be approved for mandatory MCO enrollment in the near future. Table 1 lists the scheduled transition dates, by county, from PCCM to a RBMC MCO.

Table 1 – Counties for Mandatory MCO Transition and Key Dates

County	PMP Signed Contracts Sent to MCOs	Final Transition Date
Gibson	February 1, 2005	April 1, 2005
Knox	February 1, 2005	April 1, 2005
Posey	February 1, 2005	April 1, 2005
Sullivan	February 1, 2005	April 1, 2005
Vanderburgh	February 1, 2005	April 1, 2005
Vigo	February 1, 2005	April 1, 2005
Warrick	February 1, 2005	April 1, 2005
Clark	May 1, 2005	July 1, 2005
Floyd	May 1, 2005	July 1, 2005
Lawrence	May 1, 2005	July 1, 2005
Monroe	May 1, 2005	July 1, 2005
Washington	May 1, 2005	July 1, 2005
Harrison	May 1, 2005	July 1, 2005

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

- Mandatory MCO enrollment does not apply to *Medicaid Select* members. These members continue their PCCM coverage.
- Mandatory MCO enrollment does not apply to IHCP members who have spend-down or have a level of care designation for nursing home, waiver, or hospice. These members continue their traditional fee-for-service IHCP coverage.

### **Mandatory MCO Enrollment Information for Primary Medical Providers**

Primary medical providers (PMPs) who render services to members in the affected counties should review the following to determine the impact of the upcoming changes:

- PMPs in the affected counties can choose to contract with one of the Hoosier Healthwise MCOs or disenroll as a PrimeStep Hoosier Healthwise PMP. PrimeStep PMPs who complete the switch to one of the MCOs before the final transition date will retain their current Hoosier Healthwise members. PMPs can also choose to remain 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. Examples include 24-hour nurse telephone services, enhanced transportation arrangements, and case management services. Please contact the MCOs to discuss what benefits are available.

### **Mandatory MCO Enrollment Information for Other Providers**

- **Do I need to sign a contract with a MCO to provide services?** Specialists, hospitals, and ancillary providers have various MCO arrangements. Some of the MCO networks are currently 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 providers are paid according to their contract with the MCO. Out-of-network providers are paid at 100 percent of the Medicaid rate. With the exception of some self-referral services, the MCO can require members to access services from MCO-contracted providers.
- **How does this affect carve-out services?** The carve-out services are dental and behavioral health services. Generally, behavioral health services, which are not rendered in an acute care setting or the PMP's office, are not the responsibility of the MCO. Individual education plan (IEP) services are also carved-out. Mandatory MCO changes will not affect providers rendering care to MCO members for carved-out services. The November 2004 IHCP provider newsletter (NL200411) provides more information about this topic.
- **How does this affect self-referral services?** Changes affect self-referral providers such as podiatrists, vision care, and chiropractors. 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 a FQHC or RHC contract with an MCO?** An FQHC or RHC can participate with a MCO. MCO provider contracts 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/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.

Table 2 lists active MCOs in Indiana along with phone numbers and web sites.

Table 2 – Managed Care Organizations

Organization	Provider Service Phone Number	Web site
AmeriGroup	1-888-821-1108	<a href="http://www.amerigroupcorp.com">www.amerigroupcorp.com</a>
CareSource	1-866-930-0017	<a href="http://www.care-source.com">www.care-source.com</a>
Harmony Health Plan	1-800-504-2766	<a href="http://www.harmonyhmi.com">www.harmonyhmi.com</a>
Managed Health Services (MHS)	1-800-414-9475	<a href="http://www.managedhealthservices.com">www.managedhealthservices.com</a>
MDwise	1-800-356-1204 or (317) 630-2831	<a href="http://www.mdwise.org">www.mdwise.org</a>
Molina Healthcare	1-800-642-4509	<a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>

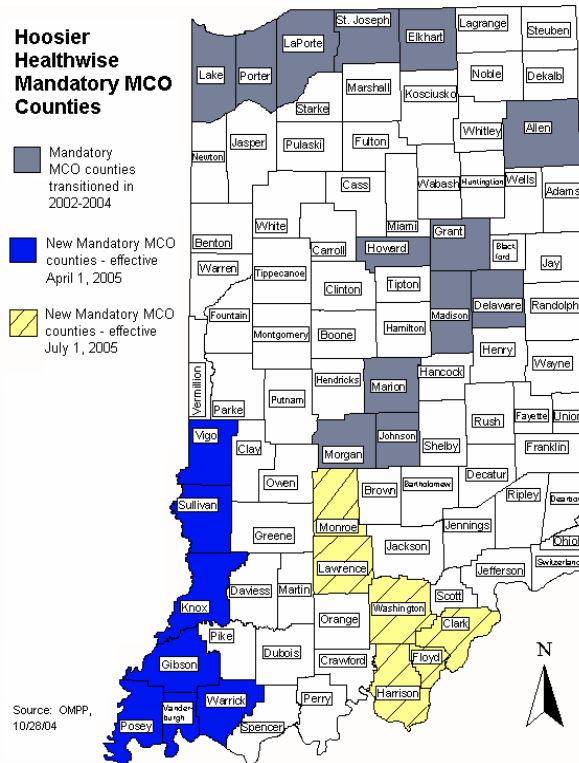


Figure 1 – Map of Mandatory MCO Counties

### Additional Information

Additional information, including MCO network summaries, is available from the [www.indianamedicaid.com](http://www.indianamedicaid.com) Web site. Questions about the information in this bulletin should be directed to the appropriate MCO listed in Table 2 or AmeriChoice at 1-800-889-9949, Option 3.

The OMPP will hold a series of public meetings on the transition to mandatory risk-based managed care in southern Indiana. The details of the public meeting are as follows:

- **Vigo County Area Public Meeting:** The meeting will be held at 5:30 p.m. on November 9, 2004, in the Auditorium at the Landsbaum Center for Health Education at 1433 N. 6-1/2 St. (next to Union Hospital). Staff from the OMPP and all the MCOs will be available to answer questions.
- **Additional Public Meetings:** Additional meetings will be scheduled across southern Indiana. Please watch future publications for details.