P R O V I D E R   B U L L E T I N

BT200628   DECEMBER 7, 2007

To: All Managed Care Providers

Subject: Member Eligibility Verification

Overview

Effective January 1, 2007, the Hoosier Healthwise program will undergo program changes that may affect member eligibility. Information about some of the changes is included in this article.

Effective November 30, 2006, EDS has made enhancements to the Web interChange, Omni, and automated voice response (AVR) member eligibility inquiries. Information about these enhancements is included in this article.

Hoosier Healthwise Program Changes and Facts for 2007

The Hoosier Healthwise program will undergo program changes for 2007 that may affect the member eligibility for Hoosier Healthwise members. Following are some of the Hoosier Healthwise program changes and facts.

- Effective January 1, 2007, MDwise, Managed Health Services (MHS), and Anthem will provide health services to Hoosier Healthwise members.

- Primary medical providers (PMP) can contract with multiple managed care organizations (MCOs).

- Approximately 1,000 PMPs currently contracted with CareSource, Harmony, and Molina must contract with a new MCO in order to retain their Hoosier Healthwise patients. Contracts between the State and CareSource, Harmony, and Molina will end December 31, 2006.

- Approximately 225,000 Hoosier Healthwise members (42 percent of all Hoosier Healthwise members) will switch MCOs. The affected members are currently enrolled with CareSource, Harmony, and Molina.

- New members will not be assigned to PMPs during December 2006. Newly-eligible patients will remain under their Medicaid eligibility status (fee-for-service) in December to allow the transition of currently-enrolled Hoosier Healthwise members.

- New members will not be auto-assigned to an MCO or PMP unless they fail to choose within the first 30 days of enrollment. If it is necessary to auto-assign a member, the member will be assigned to the MCO with the fewest enrollees, if no previous relationship between the member and a PMP exists.

As result of these program changes, providers **must confirm member eligibility prior to providing services** to Hoosier Healthwise members. Providers are encouraged to use the eligibility verification systems (EVS): automated voice-response (AVR), Omni, and Web InterChange to verify member eligibility. Detailed instructions about EVS are published in the *Indiana Health Coverage Programs (IHCP) Provider Manual, Chapter 3 – Electronic Solutions*.

Additional information about the MCO Procurement and other Hoosier Healthwise program changes that will be effective January 1, 2007, is available on the Indiana Health Coverage Programs (IHCP) Web site at
http://www.indianamedicaid.com/ihcp/HoosierHealthwise/content/MCOContractProcurement.asp.

Web interChange

EDS has made the following enhancements to the Web interChange member eligibility inquiry Web page as of November 30, 2006. These changes provide better viewing capability and assistance with accessing managed care information.

Show More Feature

Enhancements

When the user selects the applicable **Show More** button on the active *Eligibility Inquiry* Web page, the information displays. The additional Web page is eliminated. The **Show More** button only displays for those areas where the member has applicable information.

The *Show More* in the member information sections are updated with the enhancements that display details in each section. The data displayed is the same information as in the past.

Previous Functionality

To view additional member information about third party liability (TPL), member restrictions, county information, and benefit limits, the user selected the **Show me more Eligibility Information** button and the information displayed on a separate Web page.

Member's Primary Medical Provider Feature

Enhancements

For eligible members, the managed care section displays one or more managed care PMP, the PMP's associated MCO and the MCO's network information, if applicable. The information provided is restricted to the date range of the *Start* and *End* dates chosen for the inquiry. The inquiry date range is limited to one calendar month.

Previous Functionality

The managed care section only displayed the member's most recent primary medical provider (PMP).

Web interChange Display Enhancements

Web interChange is being updated with the following enhancements:

• The *Primary Provider Information* section is renamed to *Managed Care Information*.

• The *Managed Care* field in the *Eligibility Information* section is removed.

• The *Provider Name* field in the *Managed Care Information* section is renamed to *Primary Provider*.

• For members with managed care, the PMP(s) and their associated data display in the *Managed Care Information* section. The display information includes the effective dates of each PMP.

• For members without managed care, **None** displays in the *Managed Care Information* section.

EDS   *Page 2 of 3*
P. O. Box 7263
Indianapolis, IN 46207-7263   *For more information visit www.indianamedicaid.com*

- A new section named *County Information* displays the *Case Number*, *Case Worker ID*, and *County Name* for the member. The **Show County Info** button must be selected to view this information.

- A new section named *Benefit Limits Reached for Inquiring Provider Type* displays any benefit limitations the member has reached. If the member has not reached any benefit limits for the provider type, the section displays **None**.

Automated Voice-Response

EDS has made the following enhancements to the AVR member eligibility inquiries as of November 30, 2006. These changes provide a more effective method of accessing managed care information.

Enhancements

For the eligible member, the *Managed Care* section states the name of one or more managed care PMPs, the PMP's associated MCO, and the MCO's network information, if applicable. The information provided is restricted to the date range of the *Start* and *End* dates as indicated for the inquiry. The inquiry date range is limited to one calendar month.

Previous Functionality

The *Managed Care* section states the member's most recent PMP.

> *Note: The AVR only provides four PMP affiliations for a member. If the member has more than four PMPs to report, the AVR gives a message that indicates additional PMPs are available for verification and the user must use Web interChange to obtain the additional PMP information.*

Omni

EDS has made the following enhancements to the Omni member eligibility inquiries as of November 30, 2006. These changes provide a more effective method of accessing managed care information.

Omni Display Enhancements

The *Managed Care* field in the *Basic Eligibility Indicators* section moves to the *Managed Care Information* section.

For members with managed care, the PMP(s) and associated data displays in the *Managed Care Information* section. The display information includes the effective dates of each PMP.

For members without managed care, ***None*** displays in the *Managed Care Information* section.

If you need additional copies of this bulletin, please download them from the IHCP Web site at http://www.indianamedicaid.com/ihcp/Publications/bulletin_results.asp. To receive e-mail notifications of future IHCP publications, subscribe to the IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.