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To: All Managed Care Providers**Subject: New Enrollment Broker – MAXIMUS****Overview**

Effective November 1, 2007, MAXIMUS Administrative Services, Inc. assumed enrollment broker activities for the State of Indiana for the *Care Select* Program. Effective January 1, 2008, MAXIMUS will begin enrollment broker services for Hoosier Healthwise, *Medicaid Select* and the Healthy Indiana Plan (HIP).

AmeriChoice will continue to perform the enrollment broker activities for Hoosier Healthwise as well as *Medicaid Select* enrollment broker activities and administration until December 31, 2007.

The information provided in this bulletin defines the enrollment broker's responsibilities, the transitions taking place, and how these changes affect the various IHCP programs.

Member Education and Outreach

During the IHCP eligibility determination process, the enrollment broker ensures that individuals eligible for managed care receive education and written materials about the following:

- Selecting a PMP and health plan
- Accessing appropriate care within the program, including appropriate use of the hospital emergency room
- Understanding the importance of primary and preventive care
- Understanding the differences between managed care and traditional fee-for-service (FFS) IHCP coverage and the unique characteristics of the managed care health plans

Member Enrollment

As potential enrollees become eligible for an IHCP managed care program, each enrollee has the opportunity to select a PMP/health plan within a specified time frame. Members who do not select a PMP/health plan within the time frame allowed are auto-assigned.

The enrollment broker facilitates the initial enrollment, providing unbiased choice counseling to potential enrollees, including pre-birth selections for unborn babies. The enrollment broker provides information to aid potential enrollees with selecting the physician and health plan that best meets their needs. Emphasis is placed on the importance of establishing and maintaining a relationship with a PMP of the member's choice and how to access services other than primary care.

When an enrollee selects a PMP and a health plan, the enrollment broker establishes a link in the system between the member and the selected PMP and health plan.

PMP Changes and Member Disenrollment

The enrollment broker is responsible for facilitating a member’s request to change PMPs that also involves a change of health plans through the Helplines listed in Table 1.1. These changes are effective only on the first of the month.

The health plans are responsible for approving PMP changes within their own health plan. These changes must be forwarded to the enrollment broker who will update IndianaAIM. These changes can be effective any day of the month.

The eligibility verifications systems (EVS) are available to determine the member’s eligibility, program, and health plan information. Providers must always check eligibility prior to rendering service.

Table 1.1 – Member Helplines and Web Sites

Program Name	Helpline Telephone Number	Web Site
Hoosier Healthwise	1-800-889-9949	http://www.healthcareforhoosiers.com
Care Select	1-866-963-7383	http://www.indianacareselect.com
Medicaid Select	1-877-633-7353	http://www.medicoidselect.com
Healthy Indiana Plan	1-877-GET-HIP9 (1-877-438-4479)	http://www.HIP.in.gov

Hoosier Healthwise

The Hoosier Healthwise program is a managed care program in which the State has contracted with managed care organizations to arrange, administer, and pay for delivery of healthcare services to members as designated by the OMPP. The care of Hoosier Healthwise members enrolled in the managed care organization (MCO) is managed by the MCO through its network of PMPs, specialists, and other providers of care who contract directly with the MCO.

Individuals newly eligible for Hoosier Healthwise are allowed 30 days to select a PMP/health plan. Members should continue to contact the Hoosier Healthwise Helpline in Table 1.1 for assistance with selecting a PMP and a health plan, and with questions about the Hoosier Healthwise program. MAXIMUS will assume responsibility for the Hoosier Healthwise Helpline on January 1, 2008.

Providers should continue to communicate member and assignment issues directly with their contracted MCO. The MCO contact information for providers is supplied in Table 1.2.

Table 1.2 – Hoosier Healthwise Provider Services Numbers and Web Sites

Program Name	Provider Services Number	Web Site
Anthem	1-866-408-6132	http://www.anthem.com
Managed Health Services	1-877-647-4848	http://www.managedhealthservices.com
MDwise	1-800-356-1204	http://www.mdwise.org

Care Select

The *Care Select* Program is a new care management program for aged, blind and disabled members. It became effective November 1, 2007, and was introduced with provider bulletin [BT200723](#) dated September 13, 2007. This program is replacing the *Medicaid Select* Program that is being phased out beginning with the transition of the first region on November 1, 2007. Provider bulletin [BT200723](#) also includes the *Care Select* implementation schedule.

The OMPP contracts with care management organizations (CMOs) to perform care management, provide prior authorizations, and manage the utilization of physical, behavioral, and transportation services for its membership. The treatment of *Care Select* members enrolled in the CMO is managed by the CMO through its network of PMPs, specialists, and other providers who are contracted on behalf of the State by the CMO.

Individuals newly eligible for *Care Select* are allowed 30 days to select a PMP and CMO. Members will continue to contact the *Care Select* Member Services Helpline provided in Table 1.1 for assistance with selecting a PMP and with questions about the *Care Select* program. MAXIMUS assumed responsibility for the *Care Select* Helpline on November 1, 2007.

Providers will continue to communicate about member and assignment issues directly with their contracted CMO as listed in Table 1.3.

Table 1.3 – *Care Select* Provider Services Numbers and Web Sites

Program Name	Provider Services Number	Web Site
ADVANTAGE Health Solutions, Inc. SM	1-800-784-3981	http://www.advantageplan.com
MDwise	1-866-440-2449	http://www.mdwise.org

Certification Codes

Certification codes are assigned to each PMP enrolled in the *Care Select* program. PMPs use the certification code to authorize specialty care or other medical services or equipment for members assigned to their panel. Most medical services must be rendered or authorized by the member’s PMP to qualify for payment.

PMPs will continue to receive from EDS the quarterly certification code letter that provides the PMP’s certification code. Providers can contact their CMO at the *Care Select* Provider Services numbers in Table 1.3 with questions related to a missing certification code letter or when a non-PMP physician encounters difficulty in obtaining a PMP’s certification code.

Healthy Indiana Plan (HIP)

State legislation authorizing the Healthy Indiana Plan was passed in 2007 and established a health insurance opportunity for uninsured adults who are currently ineligible for Medicaid based on income. The State is in the process of contracting with insurers that will coordinate care and adjudicate claims for members beginning January 2008. The enrollment broker will provide an unbiased source for member counseling and education about the HIP program as well. A provider bulletin announcing the HIP program is forthcoming.

HIP applicants will be able to choose a plan during the application process. If a plan is not selected by the time the application is adjudicated, the member will be auto-assigned. MAXIMUS began providing member education to potential members November 1, 2007. MAXIMUS will begin providing other services January 1, 2008.

Medicaid Select

The *Medicaid Select* program is being phased out beginning November 1, 2007, with completion scheduled by June 1, 2008, due to the implementation of the *Care Select* program, as noted in the *Care Select* section of this bulletin. MAXIMUS will assume the *Medicaid Select* enrollment broker role from AmeriChoice on January 1, 2008, for regions that have not yet transitioned to *Care Select*. However, various *Medicaid Select* administration activities will be delegated to other IHCP contractors until the roll-out of *Care Select* is complete. AmeriChoice will continue to perform the enrollment broker activities and administration for *Medicaid Select* until December 31, 2007.

Medicaid Select members in the non-transitioned *Care Select* regions will continue to contact the Helpline at the number listed in Table 1.1 for assistance with selecting a PMP and questions regarding the *Medicaid Select* program.

Certification Codes

Certification codes are assigned to each PMP enrolled in the *Medicaid Select* program. PMPs use the certification code to authorize specialty care or other medical services or equipment for members assigned to their panel. Most medical services must be rendered or authorized by the member's PMP to qualify for payment.

PMPs will continue to receive the quarterly certification code letter that provides the PMP's certification from EDS. PMPs can contact the EDS Customer Assistance line at 1-800-577-1278 with questions related to issues with their own certification codes.

When a non-PMP physician encounters difficulty in obtaining a PMP's certification code, providers should call the *Medicaid Select* Provider Services number for assistance: 1-877-633-7353.

PMP Enrollments and Updates

Due to the *Care Select* implementation, the State will discontinue accepting new *Medicaid Select* PMP enrollments, updates to PMP scope of practice, or updates to PMP panel hold and panel size changes. AmeriChoice will continue to receive and process PMP enrollments and updates until December 31, 2007.

As of, January 1, 2008, the only *Medicaid Select* PMP changes accepted for processing are PMP disenrollments. Any other changes must be made prior to December 31, 2007.

PMP Disenrollment Changes During the Transition

As of January 1, 2008, EDS will process the PMP disenrollments for *Medicaid Select*. AmeriChoice will continue to receive and process PMP disenrollments until December 31, 2007.

Under the current process, *the Medicaid Select* PMPs contact AmeriChoice to request the PMP disenrollment. AmeriChoice completes the disenrollment form and forwards to EDS. EDS processes the request and generates a letter to the PMP and the member.

During the transition, PMPs must obtain the disenrollment form from the [IHCP Web site](#) or the [Medicaid Select Web site](#) and submit the requests for disenrollment directly to EDS within five working days prior to the 24th day of the month prior to the month in which the disenrollment is to be

effective. For tracking purposes, submission of *Medicaid Select* disenrollment forms by U. S. Mail is required during this transition period. Send the completed forms to the following address:

EDS Provider Enrollment
Managed Care
P. O. Box 7263
Indianapolis, IN 46207-7263

Providers should utilize the *Medicaid Select Primary Medical Provider Disenrollment Without Reenrollment* form for the following situations:

- PMP's individual or group IHCP eligibility is terminated due to death, loss of license, or disability
- PMP's specialty changes to a non-primary care specialty
- PMP's enrollment within a group is terminated
- PMP's service location is no longer active
- PMP is moving the practice out of the service area or out of state

In these situations, the PMP should provide prior notice to the enrollment broker, allowing for a transition of the patient panel to another PMP within the PMP's group or the members will be auto-assigned to another PMP.

Providers should use the *Medicaid Select Primary Medical Provider Disenrollment With Reenrollment* form for the following situations:

- PMP disenrolls from a group location to open an individual practice location or disenrolls from an individual practice location to join a group
- PMP disenrolls from one group and enrolls with another group

On receipt of the disenrollment form, EDS will perform the following:

- Review to ensure the form is complete. If the information is incomplete, the provider enrollment specialist will work with the provider to obtain completed documentation.
- Update the provider file to reflect *disenrollment pending*. This prevents the PMP from receiving any new member assignments, and suppresses the provider's name from future PMP listings.
- Initiate the systematic entry of the PMP disenrollment date in *IndianaAIM*.
- Send a PMP disenrollment confirmation letter to the PMP
- Generate confirmation letters to members who have chosen a new PMP or who have been auto-assigned
- Auto-assign members who have not chosen a PMP, to a new PMP within the PMP group (if possible), by the 25th day of the month in which the disenrollment occurs or auto-assign members to the same PMP at the new service location

Providers can contact the EDS Provider Enrollment line at 1-877-707-5750 for questions regarding the disenrollment process.

Contact Information

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.