



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

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To: *Care Select Providers***Subject: *Wards of the Court and Foster Children Auto-assigned to Indiana Care Select*****Overview**

Effective January 15, 2009, the Office of Medicaid Policy and Planning (OMPP) completed auto-assigning wards of the court and foster children into Indiana *Care Select*. A primary medical provider (PMP) who ordered services prior to the January 15, 2009, auto-assignment effective date may not be the same PMP a member is assigned to after January 15, 2009. The OMPP and the care management organizations (CMOs) ask newly assigned PMPs to work with the member's previous PMP and other providers to ensure continuity of care.

Auto-assignment is Complete

The OMPP announces the completion of auto-assignment of wards of the court and foster children into Indiana *Care Select*, effective January 15, 2009. Each new enrollee in the Indiana Health Coverage Programs (IHCP) has 30 days from the date of his or her initial eligibility to select a PMP or be auto-assigned to a *Care Select* PMP. A *Care Select* member's guardian or caregiver can contact the member's assigned CMO to select a different *Care Select* PMP at any time.

Continuity of Care

Care Select PMPs are reminded that these new members may already be receiving care from IHCP-enrolled specialists, hospitals, ancillary providers, or their previous PMPs. A PMP who ordered services prior to the January 15, 2009, auto-assignment effective date may not be the same PMP a member is assigned to after January 15, 2009. The OMPP and the CMOs ask newly assigned PMPs to work with the member's previous PMP and other providers to ensure continuity of care. If care has already been initiated for a member, review the member's medical record and authorize the continuation of that care until the member can become an established patient with your practice. Authorize care by releasing your quarterly two-character certification code and National Provider Identifier (NPI) to these providers, so they may receive reimbursement for their services.

Prior Authorization

Specialists, hospitals, and ancillary providers who provide services that require prior authorization (PA) in the Traditional Medicaid and *Care Select* programs are reminded they must contact the member's CMO to request PA. ADVANTAGE Health SolutionsSM, Inc. processes all PA requests for

members in Traditional Medicaid and members in the ADVANTAGE *Care Select* network. MDwise processes all PA requests for members in the MDwise *Care Select* network.

There is an exception to this rule if the member switches CMO networks during the time a requested PA has been suspended. If the member's previous CMO has suspended a provider's PA request, the provider must submit the requested additional information to the member's previous CMO, even if the member has selected a new PMP and new CMO. Additional information submitted to the new CMO will be rejected, and you will need to submit that information to the member's previous CMO.

If the provider has received PA from a Hoosier Healthwise managed care organization (MCO), a copy of the MCO's written authorization must be submitted to the member's CMO. Authorizations are valid for 30 days from the date of the member's initial eligibility in *Care Select* or for the remainder of the PA dates of service, whichever comes first. Providers are encouraged to fax PA requests to members' assigned CMOs for more efficient processing of PA.

Additional Information

We encourage all providers to visit each CMO's Web site for additional information related to *Care Select* and the transition of wards and foster children to *Care Select*:

- MDwise *Care Select*: <http://www.mdwise.org>
- ADVANTAGE *Care Select*: <http://www.advantageplan.com/advcaresselect>

See the following bulletins for additional information:

- [BT200723](#) – Indiana *Care Select*, dated September 13, 2007
- [BT200804](#) – Updated Indiana *Care Select* and Prior Authorization and Restricted Card Changes, dated January 15, 2008

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.

Contact information for managed care entities (MCEs) can be found on the IHCP Provider Quick Reference at the following address: http://www.indianamedicaid.com/ihcp/Misc_PDF/Quick_Reference.pdf.

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