IHCP *bulletin*

Hoosier Healthwise members to receive open enrollment mailing

Providers were previously notified in BT200841 on November 24, 2008, that there would be a new open enrollment process for Hoosier Healthwise (HHW) members beginning March 1, 2009. This change was put in place to enhance the continuity of care for the members. While the systems processes were put in place, through an HP administrative error, the letters notifying members of their open enrollment periods were not mailed.

Correction process

To correct the oversight, HP will mail open enrollment notices to HHW members due an open enrollment period as follows:

Mailing schedule – open enrollment mailing to IHCP members

2011 mail date	Previously scheduled open enrollment period
April 11 – 12	August 2010 and partial September 2010
April 18 – 19	Complete September 2010, all of October 2010, and partial November 2010
April 25 – 26	Complete November 2010 and all of December 2010
May 2 – 3	All of January and February 2011

Letters will be mailed weekly as specified on the previous page. If your patients have questions about the letter or the open enrollment process, please have them call the Hoosier Healthwise Helpline at 1-800-889-9949 for information.

During the open enrollment period, HHW members will have the opportunity to change their managed care entity (MCE). If a member does not make a change, he or she will stay with his or her current plan. Following a decision to enroll with an MCE, in accordance with federal requirements, members maintain the right to change MCEs during the first 90 days of plan assignment. After 90 days, members must remain enrolled with their chosen MCE through the next open enrollment period, unless they have "just cause."

Just cause reasons

Enrollees are permitted to request a transfer from an MCE outside their open enrollment period for "just cause." Just cause reasons follow:

- Lack of access to medically necessary services covered under the MCE's contract with the State.

- The MCE does not, for moral or religious objections, cover the service the enrollee seeks.

- The enrollee needs related services performed at the same time, and not all related services are available within the MCE's network. The enrollee's primary medical provider (PMP) or another provider must determine that receiving the services separately would subject the enrollee to unnecessary risk.

- Lack of access to providers experienced in dealing with the enrollee's healthcare needs.

- Poor quality of care, including failure to comply with established standards of medical care administration and significant language or cultural barriers.

- The member's PMP disenrolls from one MCE and re-enrolls with another MCE.

Prior to requesting a transfer for "just cause," the member must first contact his or her MCE, so the health plan can attempt to resolve the concern. If the member remains dissatisfied with the outcome, he or she can contact the enrollment broker to request disenrollment. The enrollment broker will review the request and make a disenrollment determination.

Changes for providers

Open enrollment provides opportunities for increased continuity of care and will not change how you provide services to HHW members. You should continue to check a member's eligibility prior to rendering services or requesting prior authorization.

Additional information regarding PMP and MCE assignments has been posted on indianamedicaid.com under "News and Announcements." HP apologizes for this oversight and any inconvenience this causes providers or members.