

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201423

MAY 20, 2014



Eligibility changes for the aged, blind, or disabled affect Hoosier Healthwise and HIP members

As announced in *IHCP Bulletin* [BT201417](#), the Indiana Health Coverage Programs (IHCP) is changing the way individuals are determined eligible for coverage under the aged, blind, or disabled aid categories effective June 1, 2014. This bulletin describes how these changes will impact individuals now enrolled in Hoosier Healthwise or the Healthy Indiana Plan (HIP) that are also eligible for the Supplemental Security Income (SSI) program. This group includes approximately 14,000 Hoosier Healthwise members and 1,200 HIP members.

Enrollment transition

Effective June 1, 2014, IHCP members eligible for SSI who are currently enrolled in Hoosier Healthwise or HIP under the risk-based managed care (RBMC) delivery system will transition to either Traditional Medicaid or *Care Select* under the fee-for-service (FFS) delivery system. Individuals who are now receiving complex case management services from their managed care health plans under RBMC will be transitioned to the optional *Care Select* program. This transition will ensure uninterrupted access to these critical services. Members will be transitioned as follows:

- Members enrolled with MDwise Hoosier Healthwise or MDwise HIP will be transitioned to MDwise *Care Select*.
- Members enrolled in Anthem or Managed Health Services (MHS) Hoosier Healthwise or Anthem or MHS HIP will be transitioned to ADVANTAGE Health Solutions *Care Select*.

Individuals not transitioned to *Care Select*, or who opt out of *Care Select*, will be transitioned to Traditional Medicaid.

Individuals who are now enrolled in the Right Choices Program (RCP) under RBMC will continue to have doctor, pharmacy, and hospital restrictions, as well as a care manager, when they transition to *Care Select* or Traditional Medicaid.

As always, it is important to check a member's eligibility before rendering services. To foster continuity of care, providers that currently see only IHCP members enrolled in Hoosier Healthwise or HIP are asked to consider continuing to see current patients as they transition into Traditional Medicaid or *Care Select*.

Changes in covered services

Hoosier Healthwise members who transition to either *Care Select* or Traditional Medicaid will not experience a change in benefits or benefit limits. HIP enrollees transitioning to *Care Select* or Traditional Medicaid will no longer have a POWER Account contribution and will become eligible for standard Medicaid benefits.

All prior authorizations (PAs) for transitioned members will be transferred to ADVANTAGE Health SolutionsSM (ADVANTAGE), the PA vendor for the FFS delivery system. No action is needed by providers to ensure that members continue to have authorization for currently approved services. All PAs in effect on June 1, 2014, will be honored for the **greater** of 30 calendar days or until they expire. After the transitioned PA expires, providers must request future PAs from ADVANTAGE. Any questions regarding an authorization can be directed to ADVANTAGE at 1-800-269-5720.

Information for providers explaining the eligibility changes for the aged, blind, or disabled was outlined in the IHCP Provider Q&As attached to [BT201417](#). For general information and other resources, see the [2014 Medicaid Disability Eligibility Changes](#) page of the FSSA website at in.gov/fssa.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS

To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.



COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.