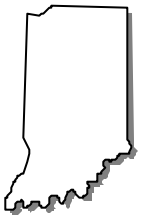

P R O V I D E R B U L L E T I N

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To: All Providers

Subject: Mandatory MCO Enrollment Update

Overview

Bulletin *BT200140 Revised – Mandatory MCO Enrollment*, dated October 30, 2001, outlined the State's plan to implement mandatory enrollment into a managed care organization (MCO) in seven, highly populated counties: Allen, Elkhart, Hamilton, Lake, Marion, St. Joseph, and Vanderburgh. This bulletin explains the implementation of primary medical provider (PMP) enrollment in an MCO for these counties in 2002.

Mandatory MCO Enrollment Update

The Centers for Medicare and Medicaid Services (CMS) approved mandatory MCO enrollment for three of the seven counties. OMPP has received final approval for Allen, Lake and Marion counties. CMS approval for Elkhart, Hamilton, St. Joseph, and Vanderburgh counties is pending based on additional information. The State believes these counties will be approved for mandatory MCO enrollment in the near future. Key dates are listed in Table 1.1.

Table 1.1 List of Counties for Mandatory MCO Transition and Key Dates

County	Signed contracts must be sent to MCOs	Final transition date
Allen	February 1, 2002	April 1, 2002
Marion	February 1, 2002	April 1, 2002
Elkhart	May 1, 2002	July 1, 2002

(Continued)

Table 1.1 List of Counties for Mandatory MCO Transition and Key Dates

County	Signed contracts must be sent to MCOs	Final transition date
St. Joseph	May 1, 2002	July 1, 2002
Hamilton	August 1, 2002	October 1, 2002
Lake	August 1, 2002	October 1, 2002

Providers who render services to members in the affected counties should review the following bullet points to determine the impact of the upcoming changes:

- Mandatory MCO enrollment does not apply to IHCP members who are designated by aid category such as Aged, Blind, and Disabled. These members continue their traditional IHCP coverage. For IHCP members to qualify as disabled, members must initiate a disability determination request by contacting their caseworker at the local Department of Family and Children (DFC) office. The request for Medicaid disability determination must come from the member and cannot be made by a health care provider or other third party.
- PMPs in the affected counties can choose to contract with one of the Hoosier Healthwise MCOs or disenroll as a Hoosier Healthwise PMP. PrimeStep PMPs who switch to one of the MCOs before April 1, 2002, (Allen and Marion counties) will retain their current Hoosier Healthwise members. PMPs can also choose to remain as IHCP provider, limited to non-Hoosier Healthwise members.
- MCOs can provide additional services to members complementing services provided by the PMPs. Examples include 24-hour nurse telephone services, enhanced transportation arrangements, and case management services. Please contact the MCOs to discuss what benefits are available.
- Contracts with specialists, PMPs, hospitals, and ancillary providers have various MCO arrangements. Some of the networks are currently *open*, meaning that any IHCP provider can render services to the MCO members. MCOs must pay out-of-network providers at 100 percent of the Medicaid rate, unless they have an agreement with the provider. However, some are *closed* such as transportation and pharmacy networks. With *closed* networks, MCO-contracted providers usually render the services.
- Mandatory MCO changes will not affect providers rendering care to MCO members for carved-out services. Claims for those services continue to be processed by EDS. Claims *related* to carved-out services, however, are the responsibility of the MCO. An upcoming bulletin will provide more information on this topic.

- Changes do affect the self-referral providers such as podiatrists, vision care, and chiropractors. MCOs are responsible for payment of the self-referral services for their members. Claims for these services must be sent to the appropriate MCO for payment.

A Federally Qualified Health Center (FQHC) can participate with a capitated MCO. MCO provider contracts must specify the contractual arrangements to ensure that FQHCs and Rural Health Clinics (RHCs) are reimbursed for services. The OMPP endorses the following types of contractual arrangements:

- The FQHC or RHC accepts full capitation for primary, specialty, or hospital capitation from the MCO.
- The FQHC or RHC accepts a partial capitation or other method of payment at less than full risk for patient care, such as primary care capitation only, or fee-for-service.

Table 1.2 lists active managed care organizations in Indiana, active regions in the State, and telephone numbers.

Managed Care Organizations

Table 1.2 – Managed Care Organization

Organization	Region	Transition counties	Provider Service Phone Number
Harmony Health Plan	North	Allen, Elkhart, Lake, and St. Joseph	1-800-504-2766
Managed Health Services (MHS)	Statewide	All transition counties	1-800-414-9475
MDwise	Central	Hamilton and Marion	1-800-356-1204 or (317) 630-2831

Additional Information

Additional information, including MCO network summaries, is available from the Web site at www.indianamedicaid.com. Questions about the information in this bulletin should be directed to the appropriate MCO listed in Table 1.1 or Lifemark at 1-800-889-9949, Option 3.

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