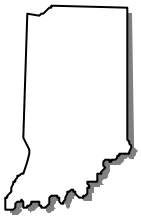
Indiana Health Coverage Programs



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

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To: All Providers

Subject: *Medicaid Select* (Medicaid Managed Care for Aged, Blind, and Disabled)

Overview

The Office of Medicaid Policy and Planning (OMPP) has been directed by the Indiana State Legislature (*IC 12-15-12*) to amend the State's Medicaid *1915 (b) waiver* to include the aged, blind, and disabled in a managed care program. The OMPP has submitted this waiver amendment to the Centers for Medicare & Medicaid Services (CMS).

The new managed care program, *Medicaid Select*, will begin with the Primary Care Case Management (PCCM) delivery system in 2003. Risk-based managed care (RBMC) will be added after January 1, 2004.

Eligibility

In general, the following Indiana Health Coverage Programs (IHCP) members will be covered by the *Medicaid Select* program:

- Children receiving adoptive services
- Aged
- Blind
- Physically and mentally disabled
- Medicare/Medicaid dual-eligibles
- Individuals receiving room and board assistance
- Qualified Medicare Beneficiaries (QMBs) and Specified Low-Income Medicare Beneficiaries (SLMBs) *in combination with* another aid category
- MedWorks participants

As with other IHCP programs, eligibility and coverage is based on the member's aid category.

In general, the following IHCP members will *not* be covered by the *Medicaid Select* program:

- Breast and Cervical Cancer Group

- Individuals with QMB or SLMB only (not in combination with another aid category)
- Wards
- Foster children
- Persons in nursing homes, intermediate care facilities for the mentally retarded (ICF/MRs), and state operated facilities
- Persons on home and community-based waivers
- Persons receiving hospice services

Implementation Schedule

The IHCP will implement *Medicaid Select* in four phases during 2003 as described in Table 1.

Table 1 - Implementation Table

Area	Provider Enrollment	Member Enrollment
Marion County	November 1, 2002	January 1, 2003
Central Region	February 1, 2003	April 1, 2003
Northern Region	May 1, 2003	July 1, 2003
Southern Region	August 1, 2003	October 1, 2003

The first phase—Marion County—will start in November 2002 with primary medical provider (PMP) enrollment. Quarterly member enrollment will start in 2003. *Bulletin BT200240*, dated August 2, 2002, provides information about the counties included in the different geographic regions.

For each phase of the implementation, there will be a 60-day period for provider outreach and construction of a PMP network followed by member outreach. A 60-day (versus the current 30-day for Hoosier Healthwise) member selection period for *Medicaid Select* will follow. Auto-assignment (a federal requirement) will begin after 60 days.

PMP Information

Physicians from the following specialties are eligible to enroll as PMPs and will receive auto-assignments:

- Family Practitioner
- General Practitioner
- General Internal Medicine
- General Pediatrics
- OB/GYN

In addition, for *Medicaid Select*, all other physician specialties may enroll as PMPs. However, specialist PMPs will not receive auto-assignments. Specialist PMPs will receive members only if the member actively chooses that physician as a PMP.

Other PMP information about *Medicaid Select* is as follows:

- PMPs will receive a $4 per member per month administrative fee.
- Claims will be submitted to and adjudicated as fee-for-service by EDS.

- A PMP will generally have a panel size between 50-1000 members, with allowance for smaller panel size on a case-by-case basis. *Medicaid Select* and Hoosier Healthwise panels are maintained separately.
- Non-primary care specialists will be on a self-selection basis only (no auto-assignment and no minimum panel size).
- There may be some changes to the PMP's scope of practice choices in consideration of the member population.
- When members become eligible for *Medicaid Select*, they may continue to see their current doctor only if their doctor becomes a PMP, or their doctor receives a referral from the member's new PMP.
- Covered services for members will not change under the *Medicaid Select* program. Some services will be self-referral and will not require PMP authorization, including chiropractic, mental health, dental, family planning, and pharmacy.
- Members will be able to access services at the same hospitals and fill their prescriptions at the same pharmacies as they do now. They will also have the same IHCP member ID number and will use the same Hoosier Health card.
- When a referral to another healthcare professional is necessary, PMPs are required to authorize the referral by phone or in writing. PMPs will also give the specialist their provider ID number and the 2-digit certification code that will allow the specialist to bill and receive reimbursement. For PCCM providers in both Hoosier Healthwise and *Medicaid Select*, the certification code is the same, each quarter, for both.
- For those services that require prior authorization (PA), the process is the same as that used for traditional Medicaid or Hoosier Healthwise coverage. Prior authorization is administered by Health Care Excel (HCE).

Advisory Committee

The OMPP has formed an advisory committee to assist with policy and issues for *Medicaid Select* with members from the following categories:

- One PMP and one specialist
- Two IHCP members or family representatives
- One aged advocate
- One mental health advocate
- One disability advocate
- One Children with Special Needs advocate
- One Medicare representative
- One office management or billing representative

Further Information

Please direct questions about this bulletin to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278. IHCP providers requesting more information about becoming a PMP in the *Medicaid Select* program should contact AmeriChoice (formerly Lifemark) at 1-800-889-9949, option 3.

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