

**Hoosier Healthwise Managed Care Organization Transition 2006-2007**  
**Office of Medicaid Policy and Planning**  
**September 26, 2006**

**NEW SYSTEM DESIGN**

To improve health care delivery and outcomes by changing the way health care is delivered to the Hoosier Healthwise population the system needed to accomplish the following.

- Provide a comprehensive and complete “medical home” for each Hoosier Healthwise member.
- Encourage provider ownership of healthcare delivery.
- Reward quality care and improved outcomes.
- Promote personal accountability.
- Leverage community- and school-based health services and technology advances.
- Develop an infrastructure that can support an increasing indigent population in the future.

**NEW MANAGED CARE CONTRACTS PROVIDE FOR THE NEW DESIGN ELEMENTS**

<b>Design Feature</b>	<b>Past Feature</b>	<b>Current Feature</b>
1. Contracting areas	Three regions: North, Central and South	8 marketplaces based on Medicaid inpatient claims data
2. Contracting entities	Five MCOs and one PCCM administrator	Three MCOs delivering service statewide
3. Enrollment	Member chooses PMP, not MCO	Member chooses MCO, then PMP
4. Covered Population	<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Children, some with special healthcare needs</li> <li>• Low income families</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Children</li> <li>• Low income families</li> </ul>
5. Covered Services	Comprehensive, <u>excluding</u> behavioral health and dental services	Comprehensive, <u>including</u> most behavioral health services
6. Electronic Data Sharing	No requirements	Require electronic data sharing, based on infrastructure that exists in medical marketplace
7. School-Based Health Care Services	No requirements	Encourage relationships with school-based providers, based on infrastructure that exists in medical marketplace
8. Pay-for-Performance	No requirements	Link MCO and provider performance to payment
9. Physician Extenders	Limited number & use of physician extenders	Expand number and use of physician extenders
10. Patient & Personal Responsibility	No requirements	Promote healthy behaviors through education & program design

## WHERE WE ARE TODAY

In August 2006, the State chose three managed care organizations, MDwise, Managed Health Services, and Anthem, to provide health services to Hoosier Healthwise enrollees.<sup>1</sup> Previously, the Hoosier Healthwise program used five MCOs to deliver care. This and other improvements made to the Hoosier Healthwise program will require changes, some of which are detailed below, including 1) a summary of the transition environment, 2) enrollment system responses to scenarios physicians and members may encounter, and 3) recommended steps for providers and members to take now.

### 1) TRANSITION ENVIRONMENT THROUGH 12/31/06

- Approximately 225,000 Hoosier Healthwise members (42% of all Hoosier Healthwise members) will switch MCOs. The affected members are currently enrolled with Harmony, CareSource, or Molina.
- 1,000 primary medical providers (PMPs) will need to contract with a new MCO. (Result of contracts ending with CareSource, Molina and Harmony.)
- PMPs will be able to keep their current patients even if switching to a new MCO or contracting with an additional MCO for 1/1/07, as long as they complete the contracting process by November 1, 2006.
- PMPs will NOT receive any new patients during December 2006. Newly eligible patients will remain in a fee-for-service status<sup>2</sup> for December while the transition of currently enrolled Hoosier Healthwise members occurs.
- After 1/1/07, PMPs will be able to determine a maximum panel size for each MCO with whom they have contracted. If a PMP is with only one MCO, the PMP's minimum panel size must be 150 members or more, unless OMPP has approved a lower number. If a PMP is with more than one MCO, one of the PMP's panels must contain 150 members or more. The panel minimum with the second and third MCO can be less than 150 members.
- The Office of Medicaid Policy and Planning (OMPP) is holding orientation sessions for MCOs and interested parties to address transition issues. The sessions are held every Friday at 1:00 in the Conference Center of the Indiana Government Center South.
- OMPP is now reviewing MCO business processes, provider networks, information systems to ensure they will be prepared to begin operation in accordance with the new contract requirements by 1/1/07. These reviews will include site visits to MCO offices.
- Contracts between the State and MCOs will be executed by mid October.
- MCOs have begun contacting providers, particularly PMPs, in order to build their state-wide networks, MCOs must be able to demonstrate to OMPP that they have contracted with a sufficient number and type of providers before they begin 2007 operation.
- MCOs must honor previously authorized courses of treatment, including authorized drug regimens, from the originating provider for up to 30 days after a member is enrolled in a different plan.

<sup>1</sup> Population of children, pregnant women, and low income families who are basically healthy

<sup>2</sup> When a member is receiving care in a fee-for-service arrangement, he/she is not enrolled with an MCO and can see any Medicaid-participating physician who will be paid directly by the State.

- Member and Provider notices about the transition have been mailed, housed on the website, [www.indianamedicaid.com](http://www.indianamedicaid.com), featured in provider association newsletters, and discussed at various association meetings.

## 2) PMP/MCO/CURRENT MEMBER AUTO-ASSIGNMENT SCENARIOS FOR 1/1/07

PMP/MCO Action	Current Member Result
<ul style="list-style-type: none"> <li>• PMP continues with MCO 1 after January 1, 2007:</li> </ul>	<ul style="list-style-type: none"> <li>• Members' PMP and MCO are unchanged.</li> </ul>
<ul style="list-style-type: none"> <li>• PMP moves from MCO 1 to MCO 2 for January 1, 2007 effective date.</li> </ul>	<ul style="list-style-type: none"> <li>• Existing members follow PMP to MCO 2</li> </ul>
<ul style="list-style-type: none"> <li>• PMP continues with MCO 1 and adds MCO 2, or MCO 3, or both for January 1, 2007 effective date.</li> </ul>	<ul style="list-style-type: none"> <li>• Existing members stay with PMP in MCO 1.</li> </ul>
<ul style="list-style-type: none"> <li>• PMP leaves MCO 1 and Hoosier Healthwise on December 31, 2006:</li> </ul>	<ul style="list-style-type: none"> <li>• Existing members assigned to new PMP in MCO 1.</li> </ul>
<ul style="list-style-type: none"> <li>• PMP leaves MCO 1 and joins MCO 2 and MCO 3.</li> </ul>	<ul style="list-style-type: none"> <li>• Members follow PMP to neediest MCO (2 or 3).</li> </ul>
<ul style="list-style-type: none"> <li>• PMP leaves MCO 1 and joins MCO 2. MCO 1 does not notify EDS that PMP has left.</li> </ul>	<ul style="list-style-type: none"> <li>• Members and PMP remain with MCO 1 until the end of the month that EDS receives notice that PMP has left MCO 1.</li> </ul>
<ul style="list-style-type: none"> <li>• PMP transfers from one service location to another in MCO 1 and adds MCO 2.</li> </ul>	<ul style="list-style-type: none"> <li>• MCO members follow PMP to new service location in MCO 1.</li> </ul>
<ul style="list-style-type: none"> <li>• PMP leaves one of two service locations in MCO 1.</li> </ul>	<ul style="list-style-type: none"> <li>• Disenrolling service location members follow PMP to other service location.</li> </ul>

### New Member Enrollment

The chart above addresses auto-assignment of existing Hoosier Healthwise members. People enrolling in Hoosier Healthwise during December of 2006, will select an MCO and PMP for themselves, but will remain in fee-for-service status until January. New members will not be auto-assigned to an MCO, or PMP unless they fail to choose within the first 30 days of enrollment. If it is necessary to auto-assign a member, the assignment will go to the MCO with the fewest enrollees.

### 3) STEPS TO TAKE NOW

#### For providers already enrolled as Medicaid providers:

- Contract with Anthem, MHS, and/or MDwise now. All existing state/plan contracts and plan/provider contracts will expire December 31, 2006.
- Plans must demonstrate they have a provider network in place by November 1, 2006, therefore if providers will be contracting with a new or additional plan, please note they should have signed contracts prior to that date. Even if already contracted with MHS or MDwise, providers will need to sign new contracts by November 1, 2006, for a January 1, 2007 effective date.

#### Contact information for providers

Plan	Contact	Phone
Anthem	Bob Sonnessa	1-800-618-3141
MHS	Angela Jackson	1-800-944-9661
MDwise	Sheri Miles	1-800-356-1204 (317) 829-5532

- If a provider is not already a Medicaid provider, contact EDS provider enrollment by calling 1-877-707-5750 or download forms at [www.indianamedicaid.com/ihcp/ProviderServices/enrollment\\_provider.asp](http://www.indianamedicaid.com/ihcp/ProviderServices/enrollment_provider.asp).

**For existing Hoosier Healthwise patients (members):**

- Patients (and their newborns where applicable) will follow their current PMP.
- If their current PMP is enrolled with MHS or MDwise as of 1/1/07, then they don't have to do anything.
- If their current doctor changes from an out-going plan to a new plan, they don't have to do anything,
- If there is a doctor or health plan change for the patient as a result of this transition, the patient will be notified by mail in December.
- If patients have questions, or *want* to change plans or doctors, they must contact the Hoosier Healthwise Helpline at 1-800-889-9949, The AmeriChoice call center will lead them through the changes over the phone.
- If they have Internet access, they can check this Web site for general updates [www.healthcareforhoosiers.com/](http://www.healthcareforhoosiers.com/)

*Contact information for patients (members)*

<b>Plan</b>	<b>Member Helpline</b>	<b>Plan Web Sites</b>
Anthem	888-232-9613	For updates, please refer to the Hoosier Healthwise Web site at <a href="http://www.healthcareforhoosiers.com/">www.healthcareforhoosiers.com/</a>
MDwise	1-800-356-1204	<a href="http://www.mdwise.org">www.mdwise.org</a>
Managed Health Services (MHS)	1-800-414-5946	<a href="http://www.managedhealthservices.com">www.managedhealthservices.com</a>