

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201043 OCTOBER 26, 2010



Changes to the *Care Select* Program

Overview

Previously, the Family and Social Services Administration (FSSA) announced that the scope of the *Care Select* program changed to a disease management program with a focus on members with certain chronic conditions. This change was effective October 1, 2010. This bulletin provides further information on the changes that occurred on October 1, 2010. Additionally, this bulletin announces changes to the *Care Select* program that take effect January 1, 2011, affecting primary medical providers (PMPs) contracted with one or both of the care management organizations (CMOs).

Care Select Disease Management Program

The *Care Select* program now has a two-tiered process for determining a member's eligibility for the disease management program. First, a member must be eligible for Medicaid with one of the following aid categories:

- Aged
- Blind
- Physically and mentally disabled
- Wards of the court and foster children
- Children receiving adoptive services

Second, a member must also have one of the following conditions:

- Asthma
- Diabetes
- Congestive Heart Failure
- Hypertensive Heart Disease
- Hypertensive Heart and Kidney Disease

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- Rheumatic Heart Illness
- Severe Mental Illness
- Serious Emotional Disturbance (SED)
- Depression

Members within this two-tiered structure receive outreach materials inviting them to be a part of the *Care Select* program. The member will choose a *Care Select* PMP and a CMO. ADVANTAGE Health Solutions, Inc. and MDwise, Inc. are the CMOs for the *Care Select* disease management program. A member may opt-out of the *Care Select* program at any time.



The CMOs will provide additional, disease-specific education and outreach for their membership. The CMOs will continue to perform the prior authorization, provide a member and provider call center, perform the PMP network development, and administer the Right Choices Program (RCP) functions for their membership. ADVANTAGE Health Solutions will continue to be responsible for the Traditional Medicaid fee-for-service prior authorizations and other services not included in Hoosier Healthwise, such as dental and Medicaid Rehabilitation Option (MRO) services.

Certification Codes

Traditionally, the *Care Select* program used the PMP's assigned certification code and NPI as mechanisms to authorize services by a specialist and/or ancillary providers. The *Care Select* program will discontinue the use of certification codes for all claims with dates of service on or after January 1, 2011. Certification code letters will no longer be issued to PMPs.

The IHCP prefers that the member's PMP continue to serve as the member's medical home and to recommend to the member any medically necessary specialty services in order to manage the member's health needs. Services rendered by a specialist and/or ancillary providers on and after January 1, 2011, will no longer require the use of the certification code or NPI on claims for members assigned to *Care Select*. Therefore, PMPs will not need to provide the certification code or NPI to specialist and ancillary providers, including for hospital admissions, unless the date of service is prior to January 1, 2011. Also, a formal written referral is no longer necessary for *Care Select* members to receive care from specialist and ancillary providers. Claims from non-PMPs will no longer be subject to the following edits for dates of service on or after January 1, 2011:

- 1047 – The certification code is missing – *Care Select*. Please verify and resubmit.
- 1048 – The certification code is invalid – *Care Select*. Please verify and resubmit.
- 1049 – The recipient is enrolled in the *Care Select* program. Claim must have recipient's primary medical provider information. Please provide information and resubmit.

Covered procedures under *Care Select* will remain the same, and HP continues to be the processor of *Care Select* claims. Specialist and ancillary providers will continue to use the certification code on claims for services rendered prior to January 1, 2011.

Change to the Administrative Fee Payment

Effective January 1, 2011, the administrative fee payment will be \$6.00 per member per month. The administrative fee payment will continue to be based on the number of members assigned to the PMP as identified on the administrative fee roster. The administrative fee roster is mailed to the "Pay To" address of the group to which the PMP is affiliated on the third Wednesday of each month. As in the past, Rural Health Centers (RHCs) and Federally Qualified Health Centers (FQHCs) do not receive the administrative fee payment.

Care Select Addendum

All PMPs currently contracted with ADVANTAGE Health Solutions and/or MDwise are required to contact the CMO(s) and sign a new *Care Select* Addendum. This action is necessary for all PMPs and notifies the CMOs of your intent to continue as a PMP for the *Care Select* program. PMPs who do not contact the CMO(s) on or before December 1, 2010, risk losing their panel and being dis-enrolled from the *Care Select* program. PMPs contracted with both CMOs must sign a new Addendum with each CMO in order to maintain their current panel.

The Indiana Health Coverage Programs (IHCP) urges PMPs to be prompt in signing the new Addendum in order to mitigate the hardship that members experience due to disruptions in the physician-patient relationship and interruption of care.

PMPs who choose not to continue with the *Care Select* program are encouraged to fulfill continuation of care responsibilities, which includes continuing care until the panel members select new PMPs, and forwarding medical charts to the panel members' new PMPs.

Timeline

The following chart outlines the general timeframe for changes to the *Care Select* program:

Event	Date Due
Addenda/enrollment forms mailed to current participating PMPs	November 15, 2010
Provider review, complete, and return addenda to CMO	December 1, 2010
PMP enrollment cutoff (allows member enrollment to take place by January 1, 2011)	December 15, 2010
<i>Care Select</i> Program changes take place statewide	January 1, 2011

Care Management Organizations

PMPs may contact the CMOs with the information listed below.

ADVANTAGE Health SolutionsSM

- Web site: www.advantageplan.com
- Provider Services: 1-866-504-6708

MDwise

- Web site: www.mdwise.org
- Provider Services: 1-866-440-2449

QUESTIONS?

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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