

FAQs

Updated 12/30/2010



For Out-of-Home (Wards) or Foster Children

Care Select is the Disease Management program created by the Indiana Family and Social Services Administration (FSSA) to serve Hoosiers. *Care Select* will tailor benefits to people more effectively, improve the quality of care and health outcomes, control the growth of health care costs, and provide a more holistic approach to member's health needs.

The Frequently Asked Questions (FAQs) within this document were compiled from the series of community meetings held prior to the implementation of *Care Select* for out-of-home (wards) and foster children. To see more FAQs about *Care Select*, please see the "*Care Select* Frequently Asked Questions" document by clicking [here](#).

If you have additional questions, please submit them directly to the *Care Select* Program at caresselect@fssa.in.gov.

Frequently Asked Questions - Categories

To view a specific category of questions and answers, press "CTRL" and click on the name of the section you wish to view.

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Disease Management

- 1) Who conducts the initial assessment?** A CMO Health Coordinator or Disease Manager will contact the child's guardian. It can also be completed on a hard copy that the member receives in the new member packet and sent back to the CMO.
- 2) Will there be an assessment on every child, even if they don't have health problems?** Yes, every person in *Care Select* will receive the initial assessment.
- 3) What happens if the initial health assessment isn't completed?** The CMO will keep trying to contact the child's guardian. This could be via phone, mail, contact with other case workers, etc.
- 4) How will care plans be distributed?** The CMOs will work with families and facilities regarding the best way to transmit care plans.
- 5) If new health issues arise, do they have to be on the care plan before treatment can begin?** No.
- 6) How do we make sure that we can be part of the care team?** Please keep track of the child's CMO and call the care manager.
- 7) Will care conferences take place? Who will be involved?** The PMP can request a care conference to have a conversation with the nurse care manager. In addition, others involved in the member's care may be asked to participate in the care conference, such as the foster family, probation, the natural family, psychiatrist, case worker, and/or the school.
- 8) Lots of children are in multiple systems. Do CMOs expect to be involved in every team meeting held for the child?** At the PMP's request, the care manager can attend a team meeting to avoid duplication of meetings and interventions.
- 9) Will we talk to a different care manager every time we call the CMO?** Each person is assigned a specific disease manager.

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Care Select

- 10) What is the advantage to *Care Select*?** With *Care Select*, members have access to Disease Managers to help them navigate through the health care system and to a 24 hour nurse hot line.
- 11) What children will be in *Care Select*?** Children in aid categories 3, 4, 8, 14 or who have a ward indicator and has one of the eligible chronic disease conditions will automatically be in *Care Select*.
- 12) How long does it take to get into *Care Select*?** It should take 24 hours to get into *Care Select* after Department of Child Services (DCS)/Department of Family Resources (DFR) enters an indicator "flag" or the member's eligibility is updated.
- 13) Who is getting information?** Foster parents, residential facilities, and Family Case Manager's at DCS are all getting fliers, letters, and new member packets.
- 14) Are foster children aging out eligible for *Care Select*?** Yes, children aged 18-21 are eligible for aid category 14, which is in *Care Select*.
- 15) Can a child from out-of-state be in *Care Select*?** Yes, if that child is covered by Indiana Medicaid. Contact the Eligibility Modernization Office.
- 16) Will *Care Select* follow the children as they move from child to adult?** That depends on the member's situation and their eligibility.
- 17) *Care Select* doesn't cover members in institutions. What is considered an institution?** ICFs/MR and nursing homes are institutions; however, children in group homes and PRTF are eligible for *Care Select*.
- 18) Are wards that use Medicaid as secondary insurance required to enroll in *Care Select*?** Yes.
- 19) Is the Office of Medicaid Policy and Planning doing anything with probation?** No.
- 20) How can we ensure that a child is enrolled in *Care Select*?** Primary care givers can call Maximus at 1-866-963-7383 to inquire about a child's enrollment status. Providers can log onto Web InterChange to look at the child's enrollment status.

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Enrollment

Members

- 21) What is the process for enrollment?** After the member is declared eligible for the *Care Select* Disease Management Program, the primary medical provider (PMP) is selected; the CMO will complete the initial assessment. The foster family or residential facility can also complete the assessment included in the new member packet and mail it to the CMO; however, we suggest that the facilities appoint a Medicaid specialist as a contact for the CMOs.
- 22) Do facilities, case managers, or foster parents make decisions about which PMP to choose?** It depends on the situation of the child. In general, if a child is placed with a foster family, DCS prefers that the foster parents make the decisions.
- 23) What do we need to have with us to enroll a child?** The Medicaid number, social security number, date of birth and/or any identifying information for the child.
- 24) Do we need to call the PMP before we call the enrollment broker?** No. The enrollment broker will enroll the child with the PMP selected by the primary caregiver. However, if you already know the child's preferred doctor is not enrolled with *Care Select*, you can contact the doctor and encourage them to sign up with *Care Select*.
- 25) Will the family get a list of PMPs by county?** Yes. The enrollment broker will help the family find a PMP. Calling will assure access to the most up-to-date list. There is a list of PMPs online (<http://www.indianacareselect.com>) that is updated regularly. The family may also request a printed list of PMPs, but that may not be as current as the other 2 modes. In addition, there is a list of doctors on the CMOs' websites and the CMOs' customer service can assist you in finding a doctor.
- 26) If the Doctor a member has seen for 20 years doesn't sign up, what happens?** Please give the doctor's contact information to the enrollment broker. They will give the information to both CMOs for further outreach with the doctor.
- 27) How do we decide which CMO to choose?** Choose your PMP first, and then choose a CMO, if necessary.
- 28) Where are member packets going?** It's a combination. If the county uses the county office address, it will go to the county worker. If the county uses the foster family address, it will go to the family.
- 29) Will I get a new card?** No. Continue to use your Hoosier Health card. The new member packets will include a MDwise magnet or Advantage card with essential numbers.
- 30) Will DCS continue to hold the child's Medicaid card?** That process is up to the individual DCS workers.
- 31) How easy will it be to change PMPs?** If a member wants to change providers within the same CMO, the member can change their PMP that day. If the member wants to change to a PMP with the other CMO it could take up to a month.
- 32) Will CMOs be able to assist us in changing doctors from one county to another?** Yes.
- 33) What should we do when a child prepares to go to a new foster home?** The eligibility process is not changing. Follow the 1-2-3 flier prepared by OMPP. If you need to change doctors, contact the existing CMO.

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Providers

- 34) What kind of doctor can sign up as a *Care Select* physician?** We are only signing up PMPs. Behavior Health remains a self-referral service.
- 35) Is there any reason a PMP wouldn't be allowed to sign up with a CMO?** There are a few requirements, e.g. the doctor's license must be in good standing, the doctor is not accused of over-prescribing, etc. However, Indiana Medicaid allows most PMPs to enroll.
- 36) How long does it take for a doctor to be enrolled?** The doctors can be enrolled as soon as we get the necessary information.
- 37) If we want our doctors to be PMPs, can we just sign one addendum for our organization?** Please contact the provider relations staff at the appropriate CMO.
- 38) When doctors enroll with a CMO, are they required to take members they ordinarily wouldn't take?** No. Doctors can specify the members that they will take.
- 39) How does my doctor increase his panel?** The doctor can contact the CMO to do a panel increase. The panel can be limited.
- 40) Are physicians enrolling in *Care Select*? Lots of doctors aren't taking new patients. Are there incentives to get doctors signed up?** Yes. More doctors are enrolled in *Care Select* than in the previous Medicaid Select program. CMO provider relations staff have been given the names of providers who see a lot of members. We can also negotiate for small panel sizes. The doctor receives \$6 per member per month in addition to any claims for services. PMPs will also be able to bill for one care conference per year.
- 41) What doctors have CMOs contacted?** CMOs were given the names of doctors currently enrolled with Hoosier Healthwise and Medicaid Select as well as the names of doctors children have seen in the past year. You can also send us the names of doctors you would like us to contact.
- 42) Do psychiatrists need to sign up with CMOs?** Psychiatrists and Behavior Health Professionals don't need to sign up with CMOs, unless they would like to serve as a PMP. Mental Health services are considered self-referrals and don't require referral codes. MRO is not changing; therefore, there could be multiple therapists getting paid for serving the same member.

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Prior Authorizations (PAs)

- 43) Is there a change to Prior Authorization procedures?** No. Anything needing PA per Indiana Administrative Code for traditional Medicaid needs PA for *Care Select*, but not beyond that. The CMO disease manager will be able to help with prior authorizations in a timely fashion.
- 44) In respect to level of care, what determines the amount of prior authorization allowed?** Our level of care reflects the amount of intervention required and does not impact PA.
- 45) Do CMOs honor PAs from each other?** Yes.
- 46) Why is the state switching to have the CMO handle Prior Authorization?** Before *Care Select* was implemented, the State utilized a vendor for PAs. The State is now choosing to use the *Care Select* vendor as its PA vendor. PAs will continue to be processed as before.
- 47) What happens if the Mental Health Center disagrees with the decision to deny or revise a prior authorization request?** For mental health, the first 20 units are self-referral. A member can appeal within 30 days to the state. Providers can appeal within 10 days for administrative review at the CMO, then within 45 days to the state.
- 48) There are some situations in which more than one mental health center requests prior authorization for the same time period. Is that a problem?** There is no problem if the PAs are for different services.

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Residential Facilities

- 49) Are children in residential facilities eligible?** Yes. The facility may want to designate a Medicaid expert to serve as OMPP contact/liaison. We also suggest that you encourage your house doctor to enroll in *Care Select*.
- 50) Can a residential facility make a PMP change?** Yes.
- 51) How can facilities ensure residents get enrolled timely?** We ask facilities to email us your doctors' information to get them enrolled in *Care Select*, and then call the CMO to get the child assigned to your doctor.
- 52) Children placed in residential facilities come from all over the state. How can we assure they will be seen by a doctor within the required timeframes?** To ensure children in residential facilities can be seen by a doctor promptly and if they are not able to see their assigned PMP, they may seek assistance from the facility house doctor or any available IHCP provider.
- 53) Does our house psychiatrist have to sign up with *Care Select*?** The house psychiatrist does not have to sign up for *Care Select* but they will need to submit a request for prior authorization if using more than 20 units per year per child.

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Services

- 54) Does *Care Select* pay for the same services?** Members continue to have the same Medicaid benefits. The state continues to pay claims exactly the same as in Traditional Medicaid.
- 55) What happens if a child doesn't have a Medicaid number yet when he/she needs to go to doctor?** OMPP will issue a bulletin to providers informing them that foster children are eligible to be seen immediately under Medicaid, even if they don't have a Medicaid number yet.
- 56) How will the foster parent get information on the child's previous doctor?** Call 1-866-963-7383 and tell the representative that you're the foster parent and you want to find out who the old PMP is.
- 57) If children are placed in a region outside of their home region, will they be able to see a doctor in their new region of residence?** Yes.
- 58) Can a child see a doctor in a neighboring state?** Yes, if that doctor accepts *Care Select*.
- 59) Does *Care Select* affect prescriptions?** No, the prescription coverage remains as is.
- 60) Will we have to change specialists?** No. Specialists don't have to sign up with CMOs, only PMPs. Members may continue to see any specialist as long as the specialist takes Indiana Medicaid.
- 61) What about urgent care?** You can still utilize a hospital that's an Indiana Medicaid provider. There's no prior authorization required for emergency care.
- 62) Do we have access to hospitals in neighboring states?** Yes, if they are willing to accept Indiana Medicaid.
- 63) Will *Care Select* affect which dentist or eye doctor can be seen by a member?** There will be no changes. You can continue to see any dentist or eye doctor that accepts Indiana Medicaid.
- 64) Do we need a referral for Mental Health services?** No. Mental Health is a self-referral.
- 65) If the child self-refers for mental health services, does the Mental Health agency have to contact the CMO?** No; however, claims information will be submitted to the CMO and PA will still apply to appropriate services.
- 66) What if my child needs to go to a nursing facility for a while?** The child can still be on *Care Select* and go to a nursing home for 30 days.
- 67) If a child needs medications, how does a Mental Health agency help with that?** Call the child's CMO for assistance.
- 68) Do I need a prior authorization for elective hospitalizations?** As of 1/1/11, elective medical/surgical hospital admissions require a prior authorization.