Hoosier Care Connect FAQ
Q. What is the Hoosier Care Connect program?
A. The Hoosier Care Connect program is designed by the State of Indiana to personalize and enhance the care provided by addressing the member’s needs holistically and by seeking input from medical providers, behavioral health experts, family members and other care givers. This will result in the improvement of the quality of care and health outcomes for the member. This approach includes intensive disease management for members identified by the State for inclusion in Hoosier Care Connect.

Q. Who is covered by the Hoosier Care Connect program?
A. The following members are eligible for participation in the Hoosier Care Connect program:

- Members age 65 and over, or with blindness or a disability who are residing in the community and are not eligible for Medicare.
- Former and current wards of the court and foster children.
- Children receiving adoption assistance.

Members must also have one of the following conditions:
- Asthma
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Depression
- Diabetes (DM)
- Hypertension (HTN)
- Serious Emotional Disturbance (SED)
- Severe Mental Illness (SMI)

Q. Are there Primary Medical Providers in the Hoosier Care Connect program?
A. Yes, physicians from the following specialties are eligible to enroll as PMP’s:

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

In addition, all other physician specialties may enroll as PMPs (ex. Cardiologist, Psychiatrist and Nephrologist).
Q. Are Hoosier Care Connect members auto-assigned to PMPs?
A. Yes, members will continue to be auto-assigned to PMPs if the member does not choose their own PMP.

Q. How do I add members to my Hoosier Care Connect panel if my panel is full or on hold?
A. Panels which are either full or on hold require the PMP to authorize in writing the addition of members to their panel. PMPs may add members to their panel by completing either the full panel add form or the hold panel add form. These forms are located at MDwise.org/forms/membermanagement.

Q. What is the MCE’s approach to provider network development for Hoosier Care Connect?
A. Physicians who wish to serve as a PMP in the MDwise Hoosier Care Connect program must sign a MDwise contract agreement and complete provider enrollment forms.
Other provider specialties will also need to sign a MDwise contract agreement in order to participate in MDwise Hoosier Care Connect.

Q. What are the advantages for primary medical providers (PMPs) signing an addendum to their IHCP Provider Agreement to participate with MDwise for the Hoosier Care Connect program?
A. There are many advantages available for PMPs who participate with MDwise Hoosier Care Connect. MDwise currently serves over 300,000 members in Hoosier Healthwise and Healthy Indiana Plan Programs with a fully developed and integrated health plan. MDwise has been focused solely on Indiana Medicaid managed care since 1994 with a proven track record of success in timely claims payments, customer service and reducing costs. MDwise is a not-for-profit Indiana company with provider-based affiliations that determine the company’s policies. Among the many advantages are:

- The ability to work with an experienced health care company—MDwise has more than 20 years of experience with Indiana Medicaid.
- Our focus as a mission-driven non-profit company, which leads MDwise to contract with safety net providers statewide to offer a variety of integrated medical services. Special education programs such as diabetes management, smoking cessation, asthma control, weight loss programs and wellness programs are designed to support targeted MDwise Hoosier Care Connect members.
- MDwise’s comprehensive disease management will support participating MDwise PMPs in caring for fragile Hoosier Care Connect members and remove some of the patient management from the PMP.
• A comprehensive MDwise Hoosier Care Connect Provider Manual and website that will provide useful information such as PA, disease management, Right Choices Program and provider updates.
• A dedicated provider relations staff who will get to know you and your office staff and work to resolve your concerns in a timely manner so participation is easy and hassle free.

Q. **How do Providers refer members who could benefit from Case and Disease Management?**

A. Providers can refer members for Care and Disease Management by using the Case Management/Disease Management Referral Form located at [MDwise.org/cmdm-referral](MDwise.org/cmdm-referral). Providers can also call MDwise customer service at 1-800-356-1204 to request Case and Disease Management services for a member.

Q. **What benefits are covered in the Hoosier Care Connect program?**

A. The following benefits are covered in the Hoosier Care Connect program:

- PMP and Specialist Office Visits
- Pregnancy Care
- Hospital Care
- Home Health Care
- Durable Medical Equipment and Supplies
- Laboratory Services
- Nursing Facility Services
- Family Planning Services
- Therapy Services
- Pharmacy Services
- Behavioral Health and Mental Health Solutions
- Dental Services
- Vision Services

Some services will be self-referral and will not require the physician to refer the patient for that service. However, these services may require PA from MDwise.

Q. **Are members able to switch PMPs? How often?**

A. MDwise encourages members to establish and maintain a relationship with their PMP. However, the member may elect to change PMPs at any time for any reason by contacting MDwise customer service at 1-800-356-1204. Additionally, PMPs may contact MDwise to request a
member reassignment for acceptable reasons. PMPs must not “fire” members and must complete the member reassignment form located MDwise.org/forms/membermanagement and submit via fax to the MDwise customer service. Upon review, if MDwise agrees there should be a reassignment, MDwise must offer the member a choice of another PMP assignment within its network.

Q. Is a PMP able to increase or decrease his/her panel limit?
A. PMPs are able to increase or decrease his/her panel limit at any time. Providers who wish to increase or decrease their Hoosier Care Connect panel should contact MDwise at 1-800-356-1204.

Q. Who processes claims for the Hoosier Care Connect program? Where are claims submitted?
A. Hoosier Care Connect claims are processed the following ways:
   • MDwise processes claims for the Hoosier Care Connect program.
   • MedImpact processes pharmacy claims.
   • DentaQuest processes dental claims.
   Claims submission information can be found here.

Q. What role does MDwise play in the Hoosier Care Connect program?
A. MDwise is responsible for the following functional areas:
   • Chronic Disease Management/Care Management
   • PMP/Member Selection Services
   • 24/7 Nurse Hotline
   • Right Choices Program Administration
   • Provider Relations/Network Education
   • Provider/Member Call Centers
   • Quality Improvement Plan Development

Q. Where are prior authorizations (PA) sent?
A. Medical PA
   MDwise Hoosier Care Connect
   Attn: Prior Authorization
   P.O. Box 44214
   Indianapolis, IN 46244
   1-800-356-1204 or 317-630-2831
   Fax: 1-877-822-7187
Q. **What is the emergency room reimbursement? How is ER utilization handled?**

A. The reimbursement for services that are a true medical emergency is the current outpatient reimbursement methodology. Non–emergency services performed in an emergency room setting are not covered. A triage fee is paid to the hospital and the emergency room physician to determine if the member’s presenting symptoms constitutes a true medical emergency. For more information related to emergency room services, see provider bulletin BT200913. Providers must observe all billing rules outlined in Chapter 8 of the IHCP Provider Manual. MDwise has a nurse hotline that is available 24 hours a day, seven days a week to help members appropriately use the emergency room. The number is 1-800-356-1204. MDwise monitors ER utilization, contacts and educates members who use the ER inappropriately.

Q. **What is the claim filing limit for contracted and non-contracted providers?**

A. The claim filing limit for contracted providers is 90 days from the date of service. The claim filing limit for non-contracted providers is 90 days from the date of service. Refer to Chapter 10 of the IHCP Provider Manual for information related to submitting claims to HP that are past the filing limit.

Q. **What methods of eligibility can be used for members in Hoosier Care Connect?**

A. Providers should use Web interChange, OMNI, AVI or the MDwise provider web portal to verify a member’s eligibility. Providers must always verify the eligibility of a member prior to rendering services.