

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201862 NOVEMBER 29, 2018

PE Adults will be served under the fee-for-service delivery system beginning January 1, 2019

Effective January 1, 2019, individuals determined presumptively eligible for Indiana Health Coverage Programs (IHCP) under the Presumptive Eligibility – Adult (PE Adult) benefit plan, will be served through the fee-for-service (FFS) delivery system rather than through managed care.

Accordingly, PE Adult applications with effective dates on or after January 1, 2019, will not require a managed care entity (MCE) selection. The PE application process will be updated to reflect this change. PE Adult applications with effective dates before January 1, 2019, will continue to require an MCE selection. PE Adult members enrolled with the IHCP before January 1, 2019, will receive services through the MCE with which they were initially enrolled for the duration of their presumptive eligibility period.



All presumptively eligible adults will continue to be covered under the PE Adult benefit plan. The PE Adult benefit plan mirrors *Healthy Indiana Plan (HIP) Basic* benefits. As with *HIP Basic*, under the PE Adult benefit plan, copayments are required for many services. Providers should refer to the [Healthy Indiana Plan](#) and [Presumptive Eligibility](#) provider reference modules at indianamedicaid.com for detailed benefit information. Providers should be aware that any **enhanced benefits** that may have been covered for PE Adult members under the managed care delivery system, including prenatal/maternity and nonemergency medical transportation services, will not be covered under the fee-for service delivery system. If a PE Adult member becomes pregnant, a provider can email PresumptiveEligibility@fssa.IN.gov so the member's benefit plan can be changed to PE for Pregnant Women and prenatal and maternity services will be covered. These services will also be covered retroactively if the member is ultimately determined to be eligible for this coverage based on her full IHCP application.

When verifying member eligibility, providers will not see an MCE assignment for PE Adult members enrolled after January 1, 2019. Prior authorization (PA) requests and claims for these members will be processed through the FFS vendors as follows:

- Nonpharmacy claims will be processed by **DXC Technology**.
- Nonpharmacy PA requests will be processed by **Cooperative Managed Care Services (CMCS)**.
- Pharmacy claims and PA requests will be processed by **Optum Rx**.

Providers should refer to the [IHCP Quick Reference Guide](#) for detailed contact and submission information. FFS claim and PA guidance can be found in the related provider reference modules at indianamedicaid.com. Providers will continue to submit PA requests and claims to the appropriate MCE for members enrolled in PE Adult before January 1, 2019.

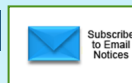
Qualified providers (QPs) will continue to assist presumptively eligible members in completing the *Indiana Application for Health Coverage* for ongoing coverage. After a determination is made on the full application, and if approved, the member will be assigned to the appropriate program based on income and other eligibility criteria.

QUESTIONS?

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