

HEALTHY CONNECTIONS FIXED ENROLLMENT FREQUENTLY ASKED QUESTIONS

Question	Answer
What is Fixed Enrollment?	Members are enrolled with their Healthy Connections (HC) providers on an annual basis. They may request a change in HC provider during the annual enrollment period of January and February.
Who can request an enrollment or change in HC provider?	Only the member or the member's authorized representative can request enrollment or a change in enrollment to their HC provider. <ul style="list-style-type: none"> • Proof of the member's authorized representative must be documented in member's Dept. of Health & Welfare eligibility record.
When is enrollment to an HC provider effective?	Enrollment or a change to an enrollment, will be effective the date the enrollment is approved by Healthy Connections staff.
Will a change in the member's enrollment be automatic as it is today?	Under the fixed enrollment process a change in a member's HC enrollment will no longer be automatic as change requests may require research by Healthy Connections staff. Due to this change, it is very important to verify eligibility to determine if a member's change in HC provider has occurred. If you are not identified as the PCP of record, a referral will be required for the service to be considered reimbursable.
Can a member change their HC Provider other than during the annual enrollment period?	Yes if: <ol style="list-style-type: none"> 1. During the 90-day grace period from the date of enrollment to a new PCP 2. Requirements of special circumstances are met 3. Changing to a different HC Provider within an HC Organization
Are there special circumstances when a member can change their HC provider other than during the annual enrollment period?	Yes, a list of those special circumstances when a member can change their HC provider can be found on the Information Release on the HC website at www.healthyconnections.idaho.gov (See next question)

Question	Answer
<p>How do I request a change in HC Provider due to special circumstances</p>	<p><i>Contact Healthy Connections at 888-528-5861 to request a change due to the following special circumstances:</i></p> <ul style="list-style-type: none"> • Request a different PCP than one assigned by the Department • Moved outside the PCP service area • PCP does not, due to moral or religious reasons, cover the services the members seeks • To follow PCP to a different HC Organization, to maintain the existing relationship with PCP • Foster Care Placement • To change to/from a specialty provider (i.e., OB/GYN, Peds, etc.) • Incompatible primary care insurance coverage • Administrative error by the Dept. <p><i>In addition to contacting Healthy Connections, a change request form, completed by the member or their authorized representative is required for the following special circumstances:</i></p> <ul style="list-style-type: none"> • Poor quality of care; • Lack of access to covered services; • Lack of access to providers experienced in dealing with members healthcare needs <p>Provider determining related services are not available within the provider network and would result in putting the member in unnecessary risk to receive services separately</p>
<p>Where do I find the Special Circumstance request form</p>	<p>The HC Website at www.healthyconnections.idaho.gov</p>
<p>If a member requests a change due to a move what is required to validate this request?</p>	<p>Changes due to a move will only be approved when one of the following is met:</p> <ul style="list-style-type: none"> • Member has reported this change to Self-Reliance and <u>the new address is identified in the eligibility system.</u> • New address is indicated on the enrollment form. • If request is by phone, new address is to be provided to HC staff

Question	Answer
	Member should always be advised to report their address change to the DHW Self Reliance program.
If a member requests a change to their prior HC provider, do they get a new 90-day grace period?	No, the member does not get a new grace period when changing back to a PCP they were previously enrolled to during the last 12/months.
Under fixed enrollment, what is the process to enroll a member to a HC provider with a closed panel?	When a valid enrollment request is received from the member to enroll to an HC provider with a closed panel, it is the obligation of the member to request the HC provider contact the HC staff to approve the enrollment. This scenario generally occurs when the member is <i>new</i> to Medicaid, however, established with the HC provider/clinic.
What if I request a change in provider due to a special circumstance but am denied?	Members have the right to file a grievance and appeal. Information on how to submit a grievance and/or appeal will be included on the special circumstance denial notice
Will providers receive notification of a members denied special circumstance enrollment change	Per federal regulations, enrollment with an HC provider is based on the members choice and panel limits of the provider. The Department is required to notify the member of the outcome of their HC provider enrollment request; however, the Department will not be sending these notices to providers. Providers should be checking eligibility to see who the provider of record for the member is.
Can an HC clinic continue to send in enrollment forms?	As of July 1, 2019, HC clinics may continue to fax or email enrollment forms to the HC staff as long as the enrollment form has a current date and has been completed and signed by the member or authorized representative. <ul style="list-style-type: none"> • “Current date” is defined as: Dated within 1 week of receipt of form. HC will not honor old or past enrollment forms the PCP has on file.
Can an HC clinic continue to call in with a verbal request to change a members HC provider?	As of July 1, 2019, verbal requests to enroll or change HC provider can only be accepted from the member or their authorized representative. The clinic may contact HC if the member or their representative is available to confirm the request over the phone.

Question	Answer
How will a Medicaid provider know when the member has been changed to a new HC provider?	All Medicaid providers should verify eligibility and HC enrollment prior to rendering services. Checking eligibility via the DXC Trading Partner Account (TPA) will indicate who the member is enrolled to.