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## MEDICAID INFORMATION RELEASE MA 19-12

**TO:** All Medicaid Providers

**FROM:** Matt Wimmer, Administrator  
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**SUBJECT:** Fixed Enrollment Changes for the Idaho Medicaid Healthy Connections Program  
*(\*This is an amended IR due to a date change on page one for the annual enrollment period)*

Effective July 1, 2019, Healthy Connections (HC) is transitioning from the current enrollment process of allowing members to change to a new primary care provider at any time to a Fixed Enrollment process. This change encourages a long-term provider-patient relationship, resulting in better care coordination and supports the value-based model of care, as directed by the legislature. Under the new process a set period of time is designated during the year when members are allowed to request a change to their PCP for any reason. This is commonly known as the “annual enrollment period”.

### **Important changes:**

- Enrollment with a Primary Care Provider will be effective the date the enrollment is approved.
- Enrollment requests must be submitted by the member or an authorized representative
- HC clinics may submit HC enrollment forms on behalf of a member, as long as the form contains an original signature from the member or their authorized representative
- Change in a member’s HC enrollment will no longer be processed immediately, as request may require research by the Healthy Connections staff.
  - Due to this change, it is very important to verify eligibility to determine if a member’s change in PCP has occurred. If you are not indicated as the PCP of record, a referral will be required for the service to be considered a Medicaid covered service.

Members are allowed to initiate a change *without cause* under following conditions:

- **\*During the annual enrollment period of January and February**
- Grace Period- Change within the first 90-days of enrollment with a *new* HC clinic

- Due to automatic re-enrollment and member misses any part of the annual enrollment period
- To a different *HC clinic* within an HC Organization (same Tax ID)

Members are allowed to initiate a change under the following *special circumstances during the Fixed Enrollment period*. The *special circumstances* include, but are not limited to:

- Member requests different PCP than one assigned by the Department
- Member moves outside the PCP's service area
- Member requests change because the PCP does not, due to moral or religious reasons, cover the service the member seeks
- Member requests change due to changing to/from specialty provider (i.e., OB/GYN, Peds, etc.)
- Member requests change to follow PCP to a different HC Organization, to maintain the existing relationship with the PCP
- Member requests change due to poor quality of care, as verified by the Department
- Member requests change due to lack of access to covered services, as verified by the Department
- Member requests change due to lack of access to providers experienced in dealing with the members health care needs, as verified by the Department
- Member requests change in PCP due to Foster Care placement
- Member requests different PCP due to incompatible primary insurance coverage
- Member requests change due to a 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
- Member requests change due to administrative error of the Department
- Other reason determined to be acceptable by the Department

The fixed enrollment process continues to allow members the ability to request an exception or exemption of enrollment in the Healthy Connections program if they meet the criteria outlined in the Idaho Medicaid Provider Handbook, section *1.5.3.4 Exceptions & Exemptions to HC Enrollment*.

HC Providers are allowed to initiate a member dismissal under certain circumstances during the fixed enrollment period, which may include:

- Member has been previously discharged from the practice- PCP to provide copy of dismissal notice sent to member
- A documented, ongoing pattern of failure on the part of the member to keep scheduled appointments or meet other member responsibilities
- A documented situation where there is an inability by the PCP, after making a reasonable effort, to establish or maintain a mutually satisfactory PCP/member relationship
- Behavior of the member that is disruptive or abusive (and not related to his/her special needs) to the extent that the PCP's ability to furnish services to the member or other members is impaired

HC Providers may not disenroll members under the following circumstances pursuant to CFR 438.56 (b)(2), as outlined:

- An adverse change in the member's health status
- The member's over/under utilization of medical services
- The member's diminished mental capacity
- The member's uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs a PCP's ability to furnish services to the member or other members)

As the transition date approaches, the Idaho Medicaid Provider Handbook and the Idaho Member Health Plan booklet will be updated to include the fixed enrollment process. Fixed Enrollment FAQ's can be found at [www.healthyconnections.idaho.gov](http://www.healthyconnections.idaho.gov) This change is being implemented to comply with the IDAPA 16.03.09.562.02 rule change effective 7/1/2019. If you have any questions regarding this change, please contact your regional Healthy Connections Representative or the Healthy Connections Consolidated Unit at 888-528-5861