Changing MCEs in Indiana

You can always change your MCE during open enrollment. Outside of open enrollment you can appeal to change your MCE for "Just Cause".

Changing Your MCE for "Just Cause"

Step 1: File a request through Anthem Medicaid

- Parent/guardian must **submit a request to change plans**
- This is typically done by:
  - Calling the MCE's Member Services **(Healthy Indiana Plan/HIP): 866-408-6131**
  - OR filing a **grievance/request for disenrollment "for cause" and mailing to**

    Grievance Coordinator
    Anthem Blue Cross and Blue Shield
    P.O. Box 62429
    Virginia Beach, VA 23466

  Grievance Form Link: Indiana Medicaid Grievance Form

Step 2: Clearly state the "just cause" reason, which may include one or more of the reasons listed below:

- Parent should put in writing that they would like written confirmation that their grievance has been received.

Loss of Current Provider

- "My child's current doctor/specialist is no longer in the MCO network."
- "This provider has an established relationship with my child and understands their medical history."
- "Disrupting this care could negatively impact my child's health and treatment outcomes."

Continuity of Care Concerns

- "My child is in the middle of ongoing treatment/therapy, and switching providers would interrupt care."
- "Continuity is critical for managing my child's condition effectively."
- "Starting over with a new provider would delay treatment and require repeating evaluations."

Travel Distance / Accessibility

- "Alternative providers within the plan are located too far away to reasonably access."
- "Frequent appointments make long-distance travel impractical and burdensome."
- "Transportation barriers affect my child's ability to receive consistent care."

Access to Needed Providers or Specialists

- "There are limited or no comparable providers accepting new patients within a reasonable distance."
- "Access to consistent, qualified specialists is medically necessary for my child."
- "The current MCO has not adequately met my child's medical needs."
- "The current network does not provide the same level of expertise or quality as the existing provider."

Coverage or Authorization Issues

- "Necessary services have not been consistently covered or authorized under this plan."
- "We have encountered challenges obtaining timely approvals for medically necessary treatments."

Cultural / Communication Needs (if applicable)

- "Our current provider understands our language, communication needs, or cultural considerations."
- "This is important for ensuring accurate care and adherence to treatment."

Step 3: MCE or State reviews and approves or denies request

- The MCE and/or Indiana FSSA reviews the request and responds within 33 calendar days.
- They must decide whether the reason meets "just cause" criteria
- If approved, your child will be reassigned to a new MCE and you should get confirmation of this in writing.

Step 4: If denied, an appeal is permitted by taking the following steps:

- If Anthem denies the request:
  - You will receive written notice of the denial in the mail.
  - You can **request reconsideration/appeal and appeal to FSSA.**
  - Instructions on how to appeal are provided in the denial notice.
  - Be sure to provide a copy of the denial to your child's BCBA.