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## FAQs for Indy Health Insurance Company Network Pharmacies

Indy Health Insurance Company entered into a voluntary rehabilitation receivership with the Arkansas Insurance Commissioner. Additionally, CMS and Indy Health Insurance Company are working toward terminating their 2021 Medicare Part D contract.

The rehabilitation process can be a very lengthy process whereby all debts (including pharmacy claims) will be assigned priority and satisfied to the extent possible from available assets in the order determined by the appointed Receiver. As part of the Part D contract termination process, the annual reconciliation must occur with CMS. The annual reconciliation will not happen until October of 2022.

### Pharmacy Operators in Arkansas, Georgia, Illinois, West Virginia, and Pennsylvania

#### ***How will I be paid for claims I am processing and when will that occur?***

As part of the rehabilitation process Indy Health Insurance Company has entered into, there has been a Receiver appointed who will be responsible for overseeing the distribution of all available funds both present and future. This process can be a very lengthy occurrence and may take up to several months. Updates will be provided throughout the process.

#### ***What will happen to my patients?***

Indy Health's Medicare Part D contract will be terminated with CMS and Indy Health will no longer be able to offer benefits to beneficiaries effective April 1, 2021. Indy Health Insurance Company Medicare Part D members can expect the following to occur:

- Effective 8 pm ET/ 7pm CT March 22, 2021, MedImpact will no longer process claims electronically for Indy Members through March 31, 2021.
- **Members who require medications from 3/22/2021 8:01 pm through 3/31/2021 will need to pay out of pocket for their medications and submit a request for reimbursement.**
  - Please work with the member to determine the least expensive out of pocket cost for their medication.
    - In many cases, an eight (8) day supply may have a lower out of pocket costs to the member than the normal 30-day supply

- Members will be eligible for a special enrollment period (SEP) related to the termination of the contract with CMS where they can select a different plan
  - The SEP for contract termination will expire April 30, 2021.
- If the patient does not choose a new plan by April 1, then CMS will move them to a plan of CMS's choosing.
  - As soon as we know the plan the members will be assigned to for April 1, we will let you know.
- Even if the member is assigned to a plan by CMS for April, they will still be allowed to choose a different plan effective May 1, 2021 as long as they enroll in a plan of their choice by April 30, 2021.
- Both Indy Health Insurance Company and CMS will provide member notification about the contract terminating and the members' ability to select a new plan through the SEP as well as information regarding auto assignment into a different plan.

***What plan will my patients be assigned to by CMS if one is not chosen by the patient?***

CMS will determine the plan to which members will be assigned and will share that information with patients when it becomes available. Members will still be able to utilize their SEP.

***How are Low Income Subsidy (LIS) patients affected?***

LIS patients are already allowed to change plans once per quarter during the first 3 quarters of the year and in the fourth quarter have the same enrollment dates as the general Medicare population. LIS patients will still have this SEP available.

Additionally, because of the termination of the Indy Health Insurance Company contract with CMS, LIS patients will have an additional SEP window available to them which just like the non-LIS members will have.