



A McLaren Company

Member Handbook

Welcome to Your Hoosier Healthwise and HIP Health Plan





Welcome to MDwise!

We are happy you chose MDwise for your Hoosier Healthwise or Healthy Indiana Plan. With MDwise you have access to a statewide network of Indiana's top doctors and hospitals.

Keep an eye out for mail and emails from MDwise. We will send you information about your health care and your benefits like MDwiseREWARDS.

Now that you're a member, here are a few things to remember:

1. You can only choose and change your doctor by talking with MDwise. Call MDwise customer service right away and confirm your doctor.
2. Carry your MDwise member ID card with you at all times. Show your card every time you get health care.
3. Contact your doctor first for all medical care.
4. Only go to the emergency room for true medical emergencies. Call your doctor first if you aren't sure.
5. Make sure MDwise always has your correct address and phone number. This will help us contact you about you and your family's important health care information.
6. If you are a HIP Plus member and you fail to pay your affordable monthly POWER Account contribution, unless you qualify for an exemption, you will lose your best value coverage. This includes losing vision and dental services and no copays except for improper emergency room use. See page 22 for more information.
7. Check MDwise.org regularly for the most up-to-date handbook.



Hearing and Speech Impaired

Call TTY/TDD at 711 or **1-800-743-3333**. This number can be used anywhere in Indiana.

You can call MDwise 24 hours a day, seven days a week. If you get an automated message, please leave your name and number. Someone will return your call no later than the next business day.

Wishing you good health,
MDwise customer service

Get social!



You can find MDwise on Facebook, Twitter and Instagram @MDwiseInc.

Language Translation Services

MDwise members can get information and help in their preferred language and format for free. To talk to an interpreter, get face-to-face interpretation services or get information in your preferred language and format free of charge, call customer service at [1-800-356-1204](tel:1-800-356-1204) (TTY/TDD: 711).

We are here for you!

Phone:

- **Customer Service: 1-800-356-1204 (TTY/TDD: 711)**

Hours: Monday - Friday, 8:00 a.m. - 8:00 p.m. (Closed major holidays)

Voice messages that are left after hours are returned within one business day.

- **NURSEon-call Line: 1-800-356-1204 (TTY/TDD: 711)**

The NURSEon-call Line is open 24 hours a day, seven days a week.

- **Crisis Response Line: 9-8-8**

The 988 line is open 24 hours a day, seven days a week and provides direct support for anyone experiencing thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.

Online:

- **mdwise.org**
- **myMDwise mobile app** (download from your phone's app store)

Messages received online are returned within one business day

In person:

MDwise Corporate Office

2955 North Meridian Street, Suite 201, Indianapolis, IN 46208

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Since 1994 MDwise has provided access to compassionate, high-quality, coordinated health care and education in communities across Indiana.

Manage Your Health Care with myMDwise!

myMDwise myMDwise is available 24 hours a day, seven days a week at MDwise.org. When you use myMDwise, you can:

- View your general eligibility information, including the name of your current doctor.
- Print or access your member ID card.
- Answer questions about your health (Health Needs Screening).
- View and redeem MDwiseREWARDS.
- View your POWER Account balance (HIP members only).
- View your pharmacy claims.
- See if your claim qualifies as a preventive service (HIP members only).

To sign up for myMDwise, go to MDwise.org/myMDwise and click "Create New Account." You will be guided through this process.

Don't have Internet access? Call MDwise customer service.

Download the App

Manage your health care on the go with the myMDwise mobile app. Go to your phone's app store. Then search for "MDwise" and download.



Where to Get Care

GETTING MEDICAL SERVICES (YOUR DOCTOR AND HOSPITAL)

You or your child chose or were assigned to MDwise. Your or your child's MDwise doctor is called a Primary Medical Provider (PMP). PMPs can be one of five types of doctors:

- Family Practice doctor.
- General Practice doctor.
- Internal Medicine doctor—for adults only.
- OB/GYN doctor—for women only.
- Pediatric doctor—for children only.

For information on changing your doctor, Hoosier Healthwise members see **page 45**. HIP members see **page 32-33**.

Some PMPs work with other trained health care professionals. These include:

- Nurse Practitioners.
- Physician Assistants.
- Medical Residents.

These providers can provide the health care services your doctor does. They can take medical histories, complete physicals, order lab tests and give you health education. If you would like to learn more about these providers, or would like to see one of these providers at your doctor's office, please call MDwise customer service.

Your MDwise Doctor Will Handle All of Your Health Care

This includes:

- Giving check-ups and immunizations (shots).
- Giving routine care.
- Writing prescriptions.
- Referring you to specialists or other providers.
- Admitting you to the hospital.

You should call your doctor whenever you need care.

YOUR DOCTOR FIRST

As an MDwise member, you must get most health care through your assigned doctor. This way, the doctor can organize all health care services. This helps you be as healthy as possible.



Always call your doctor when you need medical care. The doctor has someone who can help you 24 hours a day. **If you get sick after hours, call your doctor's regular office number. If you hear a message, listen for instructions on what to do.**

Sometimes, the doctor may want you to get care from other providers. When this happens, the doctor will give you a written okay. This will let you go to another doctor or to a hospital or lab.

This written okay is called a referral. Your doctor will give you a referral to visit another MDwise doctor. If



TIP: New MDwise members should call to make an appointment with their doctor **right away**. Make an appointment with your new doctor in the first 60 days. You should make an appointment even if you are not sick. You can ask to have a physical exam and talk to your doctor about any other preventive care that you need. This is also a good way to get to know your new doctor so they can take better care of you—before an emergency happens!

we do not have the doctor you need in the MDwise network, or the doctor you need is not within 60 miles of your home, then we will find you a doctor outside of MDwise who can help you.

If you are a HIP member and want to get care from a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC), MDwise will help you find a center within your area, even if the center is not in the MDwise network.

You or your child may need to go to the hospital at some time. The doctor will set this up for you. You should not go to the hospital without your doctor's okay. This is very important. Otherwise, MDwise may not cover your hospital care. If you have a true emergency, you do not have to call your or your child's doctor. Just go to the nearest hospital for immediate care.



TIP: Ask your doctor which hospital to use before you need it. Always use that hospital, unless it is a true emergency. Then, just go to the closest hospital right away.

Choosing a Hospital

The doctor only treats patients at a certain hospital. You should only use the hospital that your doctor uses. Ask your doctor first! Examples of when you or your child should use your doctor's hospital:

- When you are having a baby.
- When you have planned surgery.
- When your doctor wants to admit you for other reasons.

For HIP Members: If you call the MDwise NURSEon-call service before going to the emergency room, you may not have to pay a copay for the visit. You can reach the NURSEon-call 24 hours a day by calling MDwise customer service at 1-800-356-1204. Choose option #1 and then option #4.

You get the best care when you go to your in-network MDwise doctor. Your doctor can organize all your health care services and knows you best. This means:

1. You will be healthier.
2. Your doctor will have your records.
3. Your doctor will know you and your family's health history.
4. You will have less paperwork to fill out.



TIP: Your doctor should be available 24 hours a day!
You should always be able to reach your doctor or your doctor's after-hours number. It is okay to call, even late at night, if you have an emergency or urgent health care needs.

SPECIAL SITUATIONS

What Do I Do If There Is An Emergency?

You should call your doctor whenever you have questions or need care. This is the best way to help your doctor take care of you and your children.

However, if it is an emergency, do not wait to call your doctor first! Call 911 or go straight to the nearest hospital emergency room. You can read more about emergency care on **pages 6–8**.

What Do I Do When I Am Far From Home?

If you are far away from home, you should still call your doctor if you need care. They can help you get routine or urgent health care.

If you cannot afford the long distance call to your doctor, we can help. You can call MDwise free of charge. We will help you reach your doctor.

MAKING DOCTOR APPOINTMENTS



Call for an Appointment

You should always call before visiting the doctor's office. When you call, the doctor's staff will schedule a time for you or your child to see the doctor as soon as possible.

Before You Call

When you or your child need health care, call the doctor right away. When you call, you can also ask to talk to a nurse if you have medical questions.

Before you call, be sure that you:

- Have your MDwise member ID card.
- Are ready to explain what is wrong.
- Have a phone number where the doctor can call you later (this can be a family member or friend's number if needed).
- Have a pen and paper ready to write down any instructions.



TIP: Always call at least 24 hours before your appointment if you have to cancel it. The doctor's office will set up a new appointment for you. Calling will also let the doctor's office know they can give your appointment time to someone else.

Schedule Your Appointment

Once you call your doctor, this is the longest you should have to wait to get an appointment:

- Within one month for a child's first appointment.
- Within one day for urgent care (like a fever or earache).
- Within three days for non-urgent care (like ongoing knee pain).
- Within three months for an annual physical exam.
- Pregnant women can see a doctor quicker. In the first six months of pregnancy, you should not have to wait more than one month for an appointment.

It is very important to keep your doctor appointments. This helps your doctor take better care of you and your children.

Please call MDwise customer service at 1-800-356-1204 if you have problems with waiting times or making an appointment.

Getting Ready for Your Doctor's Appointment

Here are some tips for getting ready for your doctor appointment:

- Write down your questions.
- Write down a list of the medications you take or bring your medications with you.
- Never be afraid to ask questions. The doctor wants you to understand all your treatment decisions.
- If this is your or your child's first appointment with a doctor, plan to arrive early. The doctor's office may have paperwork for you to fill out before you see the doctor.
- Take your MDwise member ID card with you to your appointment.

In the Waiting Room

You will have the shortest wait in the waiting room if you make an appointment first. Your wait time should be under one hour. Sometimes it may take longer if your doctor has unplanned emergencies.

EMERGENCY CARE



No one likes to spend hours in an emergency room (ER). You can avoid the ER by getting preventive care. This way, you or your child can get health care before the problem gets too bad.

MDwise covers emergency care 24 hours a day, seven days a week. If you or your child have a true emergency, go to the closest hospital or call 911 right away.

If you or your child needs urgent care but it is not an emergency, you should call your or your child's doctor first or call the NURSEon-call line at 1-800-356-1204 instead of going to the ER.

You can also call the NURSEon-call line to get help deciding whether you or your child should go to the emergency room. See **page 49** for more information about NURSEon-call.

Three Kinds of Care

There are different kinds of health care: preventive care, urgent/sick care and emergency care.

This chart shows you what to do when you need each kind of care. If you have questions, always ask your doctor for advice.

KIND OF CARE

WHAT TO DO

<p>Preventive Care –This is when you get regular care to keep you healthy. Examples are:</p> <ul style="list-style-type: none"> • Check-ups • Annual exams • Immunizations (shots) • Prescriptions and refills 	<p>Preventive Care</p> <ul style="list-style-type: none"> • You should always call your regular doctor to make an appointment for preventive care.
<p>Urgent/Sick Care –This is used when you need immediate care, but you are not in danger of lasting harm or loss of life. Examples are:</p> <ul style="list-style-type: none"> • Earache • Sore throat • Fever • Minor cut that may need stitches 	<p>Urgent/Sick Care</p> <ul style="list-style-type: none"> • Call your doctor. The doctor will make you an appointment or give you other instructions. • You should not go to the emergency room for urgent care. • Even if it is late at night, your doctor always has someone who can talk to you and help.
<p>Emergency Care –This is used when you have a serious medical condition and are in danger of lasting harm or loss of life if you do not go to the emergency room immediately. Examples are:</p> <ul style="list-style-type: none"> • Poisoning • Severe head injury • Excessive bleeding • Convulsions • Serious burns • Loss of consciousness • Sudden severe chest pains • Trouble breathing 	<p>Emergency Care</p> <ul style="list-style-type: none"> • Go to the nearest hospital or call 911. You do not have to call your doctor first in an emergency. • When you get to the hospital, or as soon as you are able: <ul style="list-style-type: none"> > Show them your MDwise member ID card. > Tell them you are an MDwise member. > Ask them to call your doctor within 24 hours.

When to Go to the Emergency Room

- You should not use the ER for anything but true emergencies.
- If you are not sure if it is an emergency, call your doctor for advice. You can also call our 24-hour NURSEon-call line at 1-800-356-1204.
- Your doctor has someone who can help 24 hours a day, seven days a week. If you hear a recorded message when you call, listen carefully for instructions. Have a pencil or pen and paper ready when you call.

Emergency Room Visits Are Covered

MDwise will cover emergency care 24 hours a day, seven days a week. If you or your child has a true emergency, go to the closest hospital or call 911 right away. MDwise will cover your emergency care even if:

- You are far away from home.
- You cannot get to your doctor's regular hospital.

Post-stabilization services in the emergency room are also covered. The emergency room doctor will stabilize the condition that you or your child went to the ER. If the doctor decides that more testing or services are needed, they can contact MDwise to get approval for more tests or services. This happens only after you are stable and are no longer in immediate danger.

Out-of-Area Care

If you are far away from home, you can still get urgent health care. Before getting care, you must call your doctor. You can also call MDwise customer service for help. If you have a true emergency, do not call first. Go to the nearest emergency room.

After Hours Care

You can call your doctor's regular office number even after hours. If you hear a message, listen for instructions on what to do. You can also call the NURSEon-call line 24 hours a day, seven days a week at 1-800-356-1204.

Staying Healthy

PREVENTIVE CARE FOR ADULTS AND CHILDREN

Get Check-Ups Regularly

It is important to get check-ups from your doctor on a regular schedule. This is true even if you feel healthy. There are many reasons to get preventive care check-ups. The information you learn will help you take charge of your health!

Check-ups will help you:

- Get immunizations (shots) that can help keep you or your child from getting sick.
- Check if your child is growing and developing at the right pace.
- Catch early warning signs before a disease or illness gets worse.
- Check vital statistics so your doctor can compare them when you or your child does get sick.
- Get advice on eating better, quitting smoking, dental care or other healthy living tips.



TIP: Regular check-ups help you and your doctor get to know each other. This will help your doctor understand your needs when you are sick. Regular visits will help you feel you can trust your doctor about your health.

Preventive Care for Adults

Adults do not need as many check-ups as children. However, preventive care is still important to keep you healthy, especially as you get older.

Please remember that all preventive care you get is covered by MDwise. We encourage you to get all recommended preventive services. To learn about what preventive care you need and when, visit MDwise.org/preventive. For HIP members, this will not be taken out of your POWER Account. If you get preventive care every year and you have money left over in your POWER Account, your monthly POWER Account contribution may be lower next year.

If you are in HIP Basic or HIP State Plan Basic and get the preventive care that you need, you can earn up to a 50 percent discount to move to HIP Plus for the next year based on the portion of leftover funds in your POWER Account at the end of the calendar year.

If you are in HIP Plus or HIP State Plan Plus and you get any recommended preventive service during the calendar year, you will be eligible to have your portion of rollover money doubled. This may result in much lower or no contributions due the next year. If you DO NOT get the preventive care you need, part of the

money left in your POWER Account will be rolled over, but it will not be doubled. See **page 26-27** for more information about POWER Account rollover.

Immunizations (shots)

Immunizations are shots that help the body fight disease. Children will receive immunizations (shots) during some check-ups based on their age. Children must have all the shots they need before they can start school. Below is a list of shots recommended for children, but always check with your child's doctor on what shots they need. If you would like to view more detailed information please visit [MDwise.org/checkups](https://www.mdwise.org/checkups) to learn more. If you have concerns about the number of shots or other questions, talk to your doctor. Shots help your child and others stay healthy.

- Hep B = Hepatitis B
- RV = rotavirus
- DTaP = diphtheria, tetanus, pertussis
- Tdap = tetanus, diphtheria, pertussis booster
- Hib = Haemophilus influenzae type b
- IPV = inactivated polio
- PCV/PPSV = pneumococcal
- HPV = human papilloma vaccine
- VAR = varicella (chicken pox)
- Hep A = Hepatitis A
- MMR = measles, mumps, rubella
- Flu = influenza
- MCV4 = meningococcal

EPSDT PROGRAM

Check-Ups for Children

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a program for children and adolescents under the age of 21. The EPSDT program checks children to catch problems early. These check-ups help ensure your child is growing up healthy. If the doctor finds a problem, they will help your child get the care and services that they need. EPSDT services are a covered benefit for HIP members ages 19 and 20 and a covered benefit for all Hoosier Healthwise members under the age of 21.

Children should get check-ups regularly **on or before** the ages listed below:

- 3–5 days.
- 1 month.
- 2 months.
- 4 months.
- 6 months.
- 9 months.
- 12 months.
- 15 months.
- 18 months.
- 24 months.
- 30 months.
- Every year starting at age 3 and older.

EPSDT check-ups may include (based on child's age and health needs):

- Medical history.
- Physical exam.
- Growth and development checks (social, personal, language and motor skills).
- Vision screens.
- Hearing screens.
- Dental screens.
- Nutrition assessment or screening.
- Lab tests including lead testing.
- Mental health and substance abuse.
- Immunizations (shots).
- Health education for parents.
- Referrals for diagnosis and/or treatment when needed.

It is important for children to have a check-up at each recommended age even if they are healthy.

LEAD TESTING

Lead poisoning is a common sickness you should know about. It can be very harmful to children and pregnant women.

Where does lead poisoning come from?

- Getting lead dust from old paint on hands or toys that get put in your child's mouth.
- Breathing in lead dust from old paint.
- Eating chips of old paint or dirt that contain lead.
- Drinking water from pipes lined or soldered with lead.

What does lead poisoning do?

Lead in your child's blood can be harmful. High levels can cause:

- Learning disabilities.
- Behavioral problems.
- Seizures.
- Coma.
- Death.

Talk to your doctor about lead testing. Children should get a blood lead test when they are between the ages of 9 and 15 months old. They should be tested again when they are between 21 and 27 months old. Children should be tested between ages 28 months and six years if they were not ever tested before.

High lead levels in pregnant women can harm their unborn children. If you are pregnant, you should talk to your doctor about lead poisoning. It is important to determine if you should be tested for lead.

Women's Routine and Preventive Health Services

MDwise pays for annual physicals and cancer screenings. All women should have a physical, a Pap test and Chlamydia screening every year. Women age 50 and older also need an annual mammogram. Call your primary medical provider to schedule these important tests. You may see an in-network women's health specialist for these services. Women's health specialists include obstetrician-gynecologist (OB-GYNS) and Certified Nurse Midwives. You do not need a referral for a routine service from an in-network OB-GYN or women's health specialist.

Behavioral Health and Substance Abuse Services

Many people think behavioral health and substance use problems are rare. In fact, they are common. A behavioral health or substance use disorder can affect thoughts and behaviors. It can make it hard to cope with normal life routines.

If you think you may have behavioral health or substance use disorder, it is important to remember there is help. MDwise covers behavioral health and substance use services for our members.

We can help if you want to limit or stop alcohol or drug use. Call MDwise customer service at 1-800-356-1204 to talk to a care manager or visit [naindiana.org](https://www.naindiana.org).

MDwise members can choose a behavioral health/substance use provider and set up appointments without a referral from a doctor. However, you should always talk to your doctor. Your doctor can help you find the right behavioral health provider. MDwise covers behavioral health services and medical services in the same way.

Services MDwise covers includes:

- Behavioral Health Screenings
- Behavioral Health Assessments
- Behavioral Health Referrals
- Behavioral Health Treatment Services
- Outpatient Behavioral and Substance Abuse Services
- Inpatient Psychiatric Hospital Services
- Inpatient Drug and Alcohol Detoxification
- Inpatient Drug and Alcohol Rehabilitation (with the exception of treatment in a State Hospital)
- Opioid Treatment Programs (OTP)
- Short-Term Low-Intensity Residential Treatment for Opioid Use Disorder (OUD) and Other Substance Use Disorders (SUD)
- Short-Term High-Intensity Residential Treatment for Opioid Use Disorder (OUD) and Other Substance Use Disorders (SUD)

MDwise complies with the Mental Health Parity and Additions Equity Act (MHPAEA).

You must choose a behavioral health provider within the MDwise behavioral health network. There is a list of behavioral health providers that you can choose from. To find a behavioral health/substance use provider, you can call MDwise customer service or go to [MDwise.org](https://www.mdwise.org).

Opioid Treatment Programs (OTP) Coverage

MDwise covers daily opioid treatment programs for members who meet the criteria of:

- Members 18 years old and older who have become addicted at least one year prior to admission and are placed in the Opioid Treatment Services (OTS) Level of Care.
- Members under 18 years of age and have had two documented unsuccessful attempts at short-term withdraw management or drug free treatment within a 12-month period.
- All members released from penal institution (within six months of release).
- Pregnant members.
- Previously treated members (up to two years after discharge).

If you have questions about behavioral health or substance use services, call MDwise customer service.

Healthy Indiana Plan (HIP)



HIP BENEFITS

Healthy Indiana Plan has several benefit plans. Here is a short description of these plans.

More information about each of these benefit plans and limits are on the next few pages. It is important that you read these details to know what is covered in your plan.

HIP Plus

This is a preferred plan for all HIP members. HIP Plus provides the best value coverage including:

- Members pay a low monthly contribution based on their income.
- No copays.
- More extensive pharmacy options.
- Dental services (for more information see **page 28**).
- Vision services.
- Chiropractic services.

You do not have any other costs or copayments. If both you and your spouse are enrolled in a HIP Plus plan, the monthly contribution amount will be shared between the two of you. **See pages 22-27** to learn more about the POWER Account monthly contribution.

HIP Basic

HIP Basic benefits cover all required services, but these services are limited. HIP Basic does not cover dental or vision. Members do NOT make a POWER Account contribution. Instead, members will have copayments for services. You will need to make a payment almost every time you get health care services. You will have to pay when going to the doctor, filling a prescription or staying in the hospital.

- Copayments can cost between \$4 to \$8 per doctor visit or specialist visit.
- Copayments for preferred drugs are \$4.
- Copayments for non-preferred drugs are \$8.
- There is no copayment for preventive care, maternity services or family planning services.
- Copayments can be as high as \$75 per hospital stay.
- HIP Basic covers essential health benefits, but has less benefits covered (for example, fewer therapy visits).
- HIP Basic does not include vision or dental coverage for members 21 and older.
- Fewer pharmacy options.

HIP Basic can cost more than paying your monthly HIP Plus POWER Account contributions.

HIP State Plan Plus

HIP State Plan Plus is for people who have complex medical conditions, mental health disorders, or a substance use disorder. HIP State Plan Plus gives you more benefits and provides the best value coverage. You will pay a low, predictable monthly cost based on your income. This monthly cost is called your POWER Account contribution. With HIP State Plan Plus:

- Members pay their POWER Account contribution, which is a low monthly payment based on their income.

- Transportation services are covered (**for more information see page 30**).
- Members do not have to pay copays.
- Dental services, vision services and chiropractic services are covered.

To see what else is covered, read **pages 16–18**.

If both you and your spouse are enrolled in a HIP Plus plan, the monthly contribution amount will be shared between the two of you. **See pages 22-27** to learn more about POWER Account monthly contribution.

HIP State Plan Basic

HIP State Plan Basic is for people who have complex medical conditions, mental health disorders, or a substance use disorder. HIP State Plan Basic offers enhanced benefits such as vision, dental, chiropractic and transportation services. With HIP State Plan Basic, you will need to make a payment called a copayment for most health care services you receive. You will need to pay when you go to the doctor, fill a prescription or stay in the hospital.

- Copayments can cost between \$4 to \$8 per doctor visit or specialist visit.
- Copayments for preferred drugs are \$4.
- Copayments for non-preferred drugs are \$8.
- There is no copayment for preventive care, maternity services or family planning services.
- Copayments can be as high as \$75 per hospital stay.

HIP State Plan Basic could cost more than paying the HIP State Plan Plus monthly POWER Account contribution.

HIP Maternity Plan

HIP Maternity Plan is for people who are pregnant and gives them more benefits!

HIP Maternity Plan:

- No copays or POWER Account Contributions.
- Transportation services are covered.
- Dental services, vision services and chiropractic services are covered.

To see what else is covered, read **pages 16–18**.

You must call FSSA or MDwise as soon as you find out you are pregnant. If you are pregnant when you apply and get accepted to HIP, you'll automatically be put in the HIP Maternity plan.

You will be exempt from cost-sharing and will not lose coverage for change in household status that would normally result in loss of eligibility. You will receive 12-months of HIP Maternity coverage after your pregnancy ends for postpartum coverage.

When your pregnancy ends, report it to FSSA immediately at **1-800-403-0864**.



Members who become pregnant will automatically be put on the HIP Maternity Plan when they report their pregnancy to the state. You will not have copays or POWER Account Contributions if you are on the HIP Maternity Plan. Services you receive while on HIP Maternity will not come out of your POWER Account.

HIP Benefit Summary

The chart below is a benefit summary for Healthy Indiana Plan members. Please note, MDwise will pay 100 percent of all covered services once you have spent all of the funds in your POWER Account. You will not earn bonus dollars to get cheaper contributions next year if you use all your POWER Account funds. **See pages 22–27** for details.

All HIP members (Plus and Basic) will not contribute more than five percent of their family income. These contributions include POWER Account contributions and copays. If a HIP Plus member's POWER account contribution is more than five percent of their income, the member will only have to pay \$1 or \$1.50 for the remainder of the quarter, with the tobacco use surcharge to keep their HIP Plus coverage. **See page 26** to learn when to let MDwise know when your family size or income changes.

Annual Maximum	No annual maximum
Lifetime Maximum	No lifetime maximum
POWER Account	\$2,500
Emergency Care	No lifetime maximum
Preventive Care—Annual check-ups; annual screenings recommended by your doctor and according to preventive care guidelines for your age and gender	There is no copay required for preventive care. Not paid from POWER Account.
Family Planning	There is no copay required for Family Planning. Not paid from POWER Account.
Prescription Drugs	HIP Basic and HIP State Plan Basic plans: \$4 copay for preferred drugs and \$8 copay for non-preferred drugs. The rest paid from POWER Account. HIP Plus and HIP State Plan Plus plans: Paid from POWER Account.
Inpatient Hospital Care Outpatient Hospital Care Physician Office Visits Outpatient Diagnostic X-rays and Lab Tests Inpatient and Outpatient Mental/Behavioral Health Medical Supplies, DME and Prosthetics Outpatient Therapy Services Ambulance (Emergency Transportation Only)	HIP Plus and HIP State Plan Plus plans: Paid from POWER Account.
Inpatient Hospital Care Inpatient Mental/Behavioral Health	HIP Basic and HIP State Plan Basic plans: \$75 copay. The rest paid from POWER Account.

<p>Outpatient Hospital Care Physician Office Visits Outpatient Diagnostic X-rays and Lab Tests Outpatient Mental/Behavioral Health Medical Supplies, DME and Prosthetics Outpatient Therapy Services</p>	<p>HIP Basic and HIP State Plan Basic plans: \$4 copay. The rest paid from POWER Account.</p>
<p>Ambulance (Emergency Transportation Only)</p>	<p>All HIP plans: No copay</p>
<p>Organ and Tissue Transplant Services</p>	<p>HIP Basic and HIP State Plan Basic plans \$75 copay. The rest paid from POWER Account. For HIP Plus and HIP State Plan Plus: Paid from POWER Account.</p>
<p>Pregnancy Services</p>	<p>There is no copay required for Pregnancy Services. For HIP members, MDwise pays 100 percent of all covered services. Not paid from POWER Account. See page 46-48 to learn more about pregnancy.</p>
<p>Dental Services Eye Care</p>	<p>See page 28 to see what dental services are covered. See page 29 to see what eye care services are covered.</p>
<p>Out-of-Network Services (Except for Emergency Care and Family Planning)</p>	<p>Not covered</p>



COVERED MEDICAL SERVICES FOR HIP MEMBERS



MDwise wants to help you stay healthy. That is why we cover preventive care as well as sick care. **We will let you know by mail if there are changes to**

your benefits. Even if your benefit plan changes, your ID card will still work. The card is good until you are not enrolled with MDwise in the Healthy Indiana Plan. If you have any questions about your benefits, please talk to your doctor or call MDwise customer service.

MDwise provides all benefits noted in this handbook. MDwise does not exclude coverage based on moral or religious objections.

It is also important to understand your Benefit Year and Eligibility Period (also known as Redetermination Period). Your Benefit Year starts January 1 and ends December 31 each calendar year. Your Eligibility Period (Redetermination Period) is 12 months from when you are approved for coverage. This can be different for each person.

Benefit Year:

- **IMPORTANT:** You must participate in the annual Eligibility (Redetermination) process.
- Your Benefit Year does not change if you leave the HIP program and return during the year.
- Your benefit limits and POWER Account reset every year in January.
- The HIP Health Plan Selection Period is every year from November 1st to December 15th. During this time, you will have the chance to stay with your current health plan or change your health plan for the next benefit year.

NOTE: If you like MDwise you do not need to take any action to stay with your current health plan. Your MDwise coverage will automatically continue into the next benefit year. MDwise is committed to serving your health care needs.

- If you want to change your health plan, you can do that during the Health Plan Selection Period that happens **every year from November 1st to December 15th.** You will need to contact the enrollment broker at **1-877-438-4479.**

- If you get preventive services, your POWER Account payments may be less the next year. See **pages 22-27** for detailed POWER Account information.

Eligibility (also known as Redetermination) Period:

- You can buy in to HIP Plus during the Eligibility Period.
- Letters for your eligibility will come from the Indiana Family and Social Services Administration (FSSA).
- See **page 31** for more information on the Eligibility (Redetermination) Period.

Preventive Care

Getting regular preventive care is the key to better health. You get preventive care when you go to the doctor for check-ups and other well-care. MDwise covers preventive care because it keeps you healthy and checks for problems before they become serious. In addition, your future POWER Account contributions could be lower if you get any of your preventive care services. See **pages 22-27** for detailed POWER Account information. Examples of preventive care include:

- Check-ups and shots.
- Physical exams.
- Mammograms and Pap smears.
- Eye care exams.
- Dental exams.

See **page 8-9** for more information about preventive care.

Necessary Care

Care must be “medically necessary.” This means it is:

- Needed to diagnose or treat you.
- Proper based on current medical standards.
- Not more than what is needed.

Prior Authorization

Some services need approval from MDwise before you get them. This is called prior authorization (PA). MDwise will not pay for the services if your doctor does not get prior authorization when it is needed. For members with special health care needs, you do not need an authorization or referral to see an in-network specialist to treat your condition or needs.

Prior authorization decisions are based on whether the care and services are appropriate. These decisions are also based on whether or not you have coverage.

Your health care provider will call the prior authorization department for you to ask questions. You can also call customer service with questions about prior authorization requests from your health care provider and with general questions about prior authorization.

Second Opinion

You can get a second opinion from another in-network provider without a referral or authorization. Call MDwise for help if you want a second opinion from an out-of-network provider. It is still recommended that you work with your doctor.

Your Doctor Must Approve and Refer You to these Services

Members can get the full list of services on the next page. Your doctor must approve all these services. To get the following services, you must call or go to your doctor first. The doctor will refer you for any treatments you need.

Doctor Care:

Physical exams.
Primary care.
Preventive care.
Specialty care.

Hospital Care:

Inpatient services.
Outpatient services.
Diagnostic services.
Lab tests and X-rays.
Post-stabilization services.

Medical Supplies:

Prescriptions.
Durable medical equipment.
Hearing Aids (one every five years).

Other:

Health care screenings and diagnosis.
Home health care therapy, including:

- Physical therapy.*
- Speech therapy.*
- Occupational therapy.*

Renal dialysis.
Smoking cessation.
Disease management.
Lead screening for 19 and 20 year olds.
Hospice services.
Skilled nursing facility.*

** Limitations apply depending on your plan. See below for details.*

If you have questions about your benefit package call MDwise customer service.

	HIP Basic	HIP Plus	HIP State Plans
Physical, speech, respiratory and occupational therapy (outside home).	✓ Limited to 60 combined visits.	✓ Limited to 75 combined visits.	✓ No limits.
Home health services including therapy.	✓ 100 visits per year.	✓ 100 visits per year.	✓ No limits.
Skilled nursing facility.	✓ 100 day limit.	✓ 100 day limit.	✓ 100 day limit.
Chiropractor services are covered.		✓ 6 visits per year, maximum 1 per day.	✓ Limited to 50 combined visits.

SERVICES FROM OTHER PROVIDERS FOR HIP MEMBERS

Sometimes, you may need to see a provider other than your regular doctor.

Seeing a Specialist

A specialist is a doctor who treats one part of the body, like the heart, skin or bones. Your regular doctor will write you a referral if you need to see a specialist. That specialist will be in the MDwise network.

If MDwise does not have the doctor that you need in our network, or if the doctor is not within 60 miles of your home, we may authorize out-of-network doctors to take care of you. These providers must be Indiana Health Coverage Program (IHCP) or Medicaid providers. These services will be paid as if the service was provided by an in-network provider when authorized.

Self-Referral Services

The table below outlines the self-referral services for each HIP health plan. You do not need a referral from your doctor to receive these services. You may go out of network for these services unless it states below "in-network only."



SERVICES FROM OTHER PROVIDERS FOR HIP MEMBERS

	HIP Basic	HIP Plus	HIP State Plan Basic	HIP State Plus	HIP Maternity
Eye care.	not covered for age 21+	✓	✓	✓	✓
Dental services (in-network only).	not covered for age 21+	✓	✓	✓	✓
Psychiatric services.	✓	✓	✓	✓	✓
Family planning.	✓	✓	✓	✓	✓
Emergency services. (including dental emergencies).	✓	✓	✓	✓	✓
Immunization.	✓	✓	✓	✓	✓
Diabetes self-management (in-network only).	✓	✓	✓	✓	✓
Behavioral health services (in-network only).	✓	✓	✓	✓	✓
Urgent care.	✓	✓	✓	✓	✓
Chiropractic Services.	not covered in HIP Basic	✓	✓	✓	✓
Podiatry.	not covered in HIP Basic except when medically necessary	not covered in HIP Plus except when medically necessary	✓	✓	✓

Services Outside MDwise

For most services you need to go to an MDwise provider. For some services, you can go to any HIP provider who is registered with IHCP. If you get these services, please let your doctor know. This helps them take care of you. You do not have to get all of your Healthy Indiana Plan Maternity services from MDwise. For questions, call customer service or contact your doctor.

Services Not Covered

The following services are not covered under the Healthy Indiana Plan:

- Long-term care services.
- Bariatric surgery (**not covered for HIP Basic**).
- Services provided in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).
- Psychiatric treatment in a State hospital.
- Services under the home and community-based services (HCBS) waiver.

- Services that are not medically necessary.
- Dental services (**not covered for HIP Basic members 21 and older except for emergency services**).
- Conventional or surgical orthodontics, or any treatment of congenitally missing, malpositioned, or supernumerary teeth, even if part of a congenital anomaly.
- Vision services (**not covered for HIP Basic for members 21 and older**).
- Podiatry (**not covered for HIP Basic and HIP Plus** members unless medically necessary).
- Elective abortions and abortifacients.
- Non-emergency transportation services (**not covered for HIP Basic and HIP Plus**).
- Chiropractic services, except for those services covered under the plan that are within the scope of practice of a chiropractor (**not covered for HIP Basic**).
- Drugs excluded from HIP.
- Experimental and investigative services except for cancer related.
- Day care and foster care.
- Personal comfort or convenience items.
- Cosmetic services, procedures, equipment or supplies, and complications directly relating to cosmetic services, treatment or surgery, with the exception of reconstructive services performed to correct a physical functional impairment of any area caused by disease, trauma, congenital anomalies or a previous medically necessary procedure.
- Safety glasses, athletic glasses and sunglasses.
- LASIK and any surgical eye procedures to correct refractive errors.
- Vitamins, with the exception of vitamins included through the pharmacy benefit.
- Diagnostic testing or treatment in relation to infertility.
- In vitro fertilization.
- Gamete or zygote intrafallopian transfers.
- Artificial insemination.
- Behavioral and Primary Healthcare Coordination (BPHC) services (some services are covered for HIP State plan).
- Reversal of voluntary sterilization.
- Gender reassignment surgery.
- Treatment of sexual dysfunction.
- Body piercing.
- Alternative or complementary medicine including, but not limited to, acupuncture, holistic medicine, homeopathy, hypnosis, aroma therapy, reiki therapy, massage therapy and herbal, vitamin or dietary products or therapies.
- Treatment of hyperhidrosis.
- Court-ordered testing or care, unless medically necessary.
- Travel-related expenses including mileage, lodging and meal costs, except when medically related with a prior authorization (PA).
- Missed or canceled appointments for which there is a charge. Note: IHCP providers are not allowed to charge missed or canceled appointment fees.
- Services and supplies provided by, prescribed by, or ordered by immediate family members, such as spouses, caretaker relatives, siblings, in-laws or self.
- Services and supplies for which an enrollee would have no legal obligation to pay in the absence of coverage under the plan.
- Surgical treatment of the feet to correct flat feet, hyperkeratosis, metatarsalgia, subluxation of the foot and tarsalgia.
- Any injury, condition, disease or ailment arising out of the course of employment if benefits are available under any Worker's Compensation Act or other similar law.
- Examinations for the purpose of research screening.

HIP PHARMACY SERVICES



MDwise covers medicines for Healthy Indiana Plan (HIP) members. When you or your child needs medicine or over-the-counter items, your doctor will write a prescription. You can take that prescription to any participating pharmacy that accepts Indiana Medicaid.

MDwise HIP members can go to MDwise.org/pharmacyHIP to find a list of pharmacies or to find more information. You can also visit MDwise.org/findanMDwiseprovider, then choose “Find a Pharmacy” to see a list of participating pharmacies. If you have pharmacy questions or problems, please call **1-844-336-2677** or call MDwise customer service at **1-800-356-1204**.

Prescription Medicine

Your doctor must prescribe any necessary medicines. When you need medicine, your doctor will write a prescription. You can take that prescription to any MDwise participating pharmacy.

The medicine must be approved by the Food and Drug Administration (FDA). If you have pharmacy questions or problems, please call MDwise customer service and choose the pharmacy option. The phone number is located on the back of your ID card.

HIP gives your health care provider a tool called a formulary. This helps them prescribe drugs for you. A formulary is a list of the brand and generic medicines covered by HIP. This drug list also tells you some over-the-counter medicines and vitamins that are covered. If you have Internet access, you can go to MDwise.org/mdwise-members and choose your plan to look up a medication on the formulary. The complete formulary list is available online at MDwise.org under Pharmacy Services. MDwise HIP members can call **1-844-336-2677** or go to MDwise.org/pharmacyHIP for more information or to find a list of pharmacies. You can also call MDwise customer service at **1-800-356-1204**.

You **will not have** copays for your prescription medicine if you are a member of one of these plans:

- HIP Plus.
- HIP State Plan Plus.
- HIP Maternity.

You **will have** copays for your prescription medicine if you are a member of one of these plans:

- HIP Basic.
- HIP State Plan Basic.



TIP: If you need help finding a pharmacy, call MDwise customer service.

Prior Authorization of Prescription Drugs for HIP Members

For safety reasons, some prescription drugs need approval from MDwise before you get them. **This is called prior authorization.** MDwise will not pay for the prescription if your doctor does not get prior authorization when it is needed. Prior authorization decisions are based on the appropriateness of care and services or safety reasons. These decisions are also based on whether or not you have coverage. Doctors and staff who make prior authorization decisions do not get incentives or rewards for making these decisions. They do not get payment for deciding to deny a service, or for making decisions that may make it harder to get care and services.

HIP POWER ACCOUNT

POWER Account Contributions



In the HIP program, the first \$2,500 of medical costs for covered services are paid with a special savings account. This account is called a Personal Wellness and Responsibility (POWER) Account.

The state will pay most of this amount, but HIP Plus members will also need to make a contribution to their account each month. Additional health services over the \$2,500 are fully covered at no additional cost to you. How much you have to pay each month depends on your income level. If both you and your spouse are enrolled in a HIP Plus plan, the monthly contribution amount will be shared between the two of you. HIP Basic members will not make contributions to their POWER Account, but are required to make copayments for their medical services instead.

There are five different amounts you could have to pay for your POWER Account contribution (PAC). The amount you will have to pay depends on your household income. This is measured by a comparison to the Federal Poverty Level (FPL). For example, if you make about \$1,000 per month for a family of four, that is 48 percent of the FPL. You would pay \$5 per month.

FPL	Monthly PAC Single Individual	Monthly PAC Spouses (each)	PAC with Tobacco Surcharge	Spouse PAC when one has tobacco surcharge	Spouse PAC when both have tobacco surcharge (each)
< 22%	\$1.00	\$1.00	\$1.50	\$1.00 & \$1.50	\$1.50
23-50%	\$5.00	\$2.50	\$7.50	\$2.50 & \$3.75	\$3.75
51-75%	\$10.00	\$5.00	\$15.00	\$5.00 & \$7.50	\$7.50
76-100%	\$15.00	\$7.50	\$22.50	\$7.50 & \$11.25	\$11.25
101-138%	\$20.00	\$10.00	\$30.00	\$10.00 & \$15.00	\$15.00

All HIP members (Plus and Basic) will not contribute more than five percent of their family income. These contributions include POWER Account contributions and copays. If a HIP Plus member's POWER account contribution is more than five percent of their income, the member will only have to pay \$1 or \$1.50 with the tobacco use surcharge to keep their HIP Plus coverage. **See page 26** to learn about when to notify MDwise of your family size or income changes.

The state will figure what your POWER Account contribution should be when you apply for HIP coverage. The

state will also look at the contribution amount when you renew your coverage each year to see if your income has changed. If you have leftover money in your POWER Account at the end of the benefit year, your part of that amount will be taken out of your POWER Account balance for the next benefit year.

Your POWER Account will be paid by you and the state. If you need help paying your POWER Account, you can ask your employer or another third-party organization to help you pay some or all of your POWER Account contribution. If your employer or other third-party organization would like more information, they can go to [Mdwise.org/employerthirdparty](https://www.mdwise.org/employerthirdparty) or call MDwise customer service.



As a member of the Healthy Indiana Plan, there are special rules to follow. Once you are eligible for the Healthy Indiana Plan, you will get a letter that lets you know the total of your monthly contribution. You must pay this each month. Members who are pregnant or identified as an American Indian/Alaska Native do not have to pay a contribution for HIP Plus.

Members with income at or below one hundred percent (100%) of the federal poverty level (FPL), who do not make monthly POWER Account contributions will be placed in the “HIP Basic” plan, a more limited benefit plan. If you don’t make your payments and your income is more than 100 percent of the FPL you will be disenrolled. We will send you a POWER Account Statement each month to remind you.

Tobacco Use Surcharge

If you use tobacco, you have until the next year to stop using tobacco. If you do not stop, you will have a higher POWER Account contribution the next year. Your payment will go up by 50 percent. For example, if you pay \$10 a month now for your POWER Account contribution, you will have to pay \$15 a month the next year if you do not stop using tobacco.

The Tobacco Use Surcharge is added in January, at the beginning of each benefit period. The extra charge will be added to your monthly POWER Account statement. You will have to pay this extra charge each month of that year, even if you stop smoking within the year.

Tobacco use means you have used tobacco four or more times a week in the last six months. This can include using chewing tobacco, cigarettes, cigars, pipes, hookah, snuff or vaping. It does not include using nicotine delivery devices that help you stop using tobacco. If you stop or start using tobacco, please call MDwise customer service.



Ways to Pay Your POWER Account

You will get a bill or invoice for your POWER Account contribution each month. The invoice will tell you the different ways you can make your payment. It will also tell you how much you need to pay. You can pre-pay some or all of your contribution. There are a number of ways you can make your monthly POWER Account contribution:

1. **Check or Money Order.** Make your check or money order payable to MDwise and mail your payment to:
MDwise HIP Contributions
P.O. Box 714407
Cincinnati, OH 45271-4407

Important note: All checks and money orders are held for 10 days to allow them time to clear. Please keep this in mind when mailing your contribution.

2. **Cash.** Please do not mail cash. Below are the ways you can make your monthly contribution by cash:

- Use MoneyGram. You can make your POWER Account contribution using cash in person at a MoneyGram location at no cost. Find a MoneyGram location at www.MoneyGram.com. There are more than 41,000 locations inside retailers like Walgreens, Walmart and many more.

Bring the following things with you:

- Enough cash for your payment.
- Your MDwise Member Identification Number (MID) found on your member ID card.
- Receive Code: 15187.

Complete the MoneyGram ExpressPayment® blue form, use the red MoneyGram phone or use the MoneyGram kiosk to complete your transaction. (Payment processes may vary depending on your location. Simply ask an associate for help.)

- Pay at any KeyBank location. Please call the KeyBank Billing and Collection customer service at **866-539-4092** to request payment slips and obtain complete instructions on how to make cash POWER Account contributions with KeyBank.

3. **Phone.** You can also make contribution payments with a debit or credit card by phone. Call our automated Billing and Payment Center at **1-877-744-2397**.
4. **Payroll Deduction.** Ask your employer if you can have your HIP contribution taken from your paycheck. If so, your employer will need to complete the Direct Deposit Form and follow instructions on remittance to KeyBank. Employers may contact customer service at **1-866-539-4092** for assistance.
5. **WISEpay.** You can submit payment online with a credit card or arrange for an automatic withdrawal from a designated bank account (electronic funds transfer). You can do this through myMDwise by visiting MDwise.org and clicking on the MDwise WISEpay link. For general billing or payment help, or if you need help with your online payment, please call WISEpay customer service at **1-877-744-2397**.
6. **Employer/Other Third Party Contribution.** Ask your employer or other third party about paying some or all of your contribution. If they agree to help pay your contribution, the Employer/Third Party Contribution form must be filled out. This form can be found on our website at MDwise.org/employertirdparty. Third Party contributors can be churches, agencies, non-profit organizations or foundations. An employer or other third party can assist by paying some or all of your monthly POWER Account contribution. If your employer or other third party pays only part of your contribution, you will get a bill each month for the rest. If an employer fails to pay within 60 days, the member will have an additional 60 days to pay.
7. **Paying with myMDwise:**
 1. Create a myMDwise account by going to MDwise.org/myMDwise. You can sign up to get your monthly invoice online through myMDwise.
 2. Once you sign up we will email you each month when your invoice is ready.
 3. Log on to your myMDwise account to get your invoice and pay your monthly contribution.

If other members of your household are HIP members, you can make a payment for each person all at once. Remember, each HIP member has their own account number and each member has their own payment amount.

If paying by mail:

- Please send in the payment slip for each member making a payment. This way each member's account will show that a payment was made correctly.
- Please make sure that the total dollar amount matches the amounts due from each of the payment slips.
- Please include each account number on the check.
- Mail payments to the address listed on the slip.
- Please include your Member Identification Number (MID) on all checks or money orders to ensure timely application to your account.



Please Pay Monthly Contributions On Time!


HIP Plus members must pay their monthly contributions on time. MDwise provides many payment options to help members make their contributions on time. Depending on your income, if you do not pay your monthly contribution you will be moved to a different HIP plan or lose coverage. If your income level is 100 percent or less of the U.S. Federal Poverty Level, you will be moved to HIP Basic. Members with income at or below one hundred percent (100%) of the federal poverty level (FPL) who do not to make monthly POWER account contributions will be placed in the “HIP Basic” plan, a more limited benefit plan. HIP Basic has minimum coverage benefits and requires copays for all covered medical services except preventive care. Because this plan requires copays for medical services, the HIP Basic plan may be more expensive than paying your monthly POWER Account contributions for HIP Plus, which has more benefits.

Reporting Changes in Your Family and Income

You must report if your family or income size changes while you are on the Healthy Indiana Plan. Some examples of this are when there is a birth, death, divorce or when someone moves in or out of your household. You should report if you or someone in your house loses their job or if your income changes while you have HIP coverage. If your family size or your income has changed, your contribution amount will be recalculated. **See pages 33-35** for information on reporting a change.

MDwise Healthy Indiana Plan Card


You will get an MDwise ID card in the mail. Use this MDwise ID card whenever you go to the doctor, the pharmacy or anytime that you get health care services. If you lose your card call MDwise customer service. We will replace your card at no cost to you.



Member Name:
John J Smith

Member MID#:
000123456789

To check eligibility and
Primary Medical Provider (PMP):
For Members: MDwise.org/myMDwise
For Providers: MDwise.org/myMDwiseProvider



MDwise Customer Service: (Members/Providers)
1-800-356-1204, TTY/TDD: 1-800-743-3333
Pharmacy Services Helpline: 1-844-336-2677 (Members/Providers)

For Members:

EMERGENCIES:
911 or go to the nearest emergency room.

NURSEon-call:
1-800-356-1204

For Providers:

Pharmacy Prior Authorization Fax Line:
1-858-790-7100
RX BIN: 003585
RX GRP: MDW
RX PCN: ASPROD1

Claims Address & Payer ID:
Refer to MDwise.org/Providers

²All federal poverty levels listed in this Scope of Work are calculated based on the Modified Adjusted Gross Income (MAGI), which allows for a five percent (5%) income disregard.

POWER Account Reconciliation for HIP Members

POWER Account Reconciliation is required for all fully **eligible HIP members** for every benefit period. The entire process takes a minimum of **120** days to complete after your benefit period with MDwise ends. Whether you are enrolled 1 month out of the year or all 12 months, Reconciliation shows the State how well you used your POWER Account funds.

Termination

Once you become fully eligible and end your coverage with HIP, or fail to renew your coverage at the end of 12 months, the following steps are taken to settle your \$2,500 POWER Account to the State:

1. MDwise will gather your benefit period, **enrolled** covered months and reason for termination. If you were a **HIP Plus** member and stopped paying your monthly contribution, any leftover funds will receive a 25 percent penalty and you will only receive 75 percent of any applicable refund amount. If your coverage ends for any other non-penalty reason, 100 percent of eligible member funds will be evaluated for refund.
2. If you were a **HIP Plus** member, MDwise will gather all **contributions** paid into the POWER Account by you, your employer, any third-party entities on your behalf, and the State. If your account shows an excess in contributions received you may request a refund at any time during the year or excess member contributions will automatically be refunded at the end of the calendar year or benefit period.
3. MDwise will gather all **claims** paid from the POWER Account and determine whether or not you had **preventive services**.
4. Whether you were enrolled with MDwise for 1 month or all 12 months, MDwise will determine if the contributions paid cover your required portion of claims responsibility. If you were a HIP Basic member then your HIP POWER Account was paid entirely by the State and no further action is needed. If

you were a **HIP Plus** member and paid **more** than what was needed to cover your claims responsibility, you will receive a **refund**. If you paid less than what was needed to cover your claims responsibility, the debt will remain on your account until it is paid off. If you paid exactly what was needed to cover your claims responsibility, no further action is needed. Member refund dollars can be used to pay off an existing debt on your account.

Transfer

Once you become fully eligible and transfer from MDwise to another plan at the end of your benefit period, these steps are taken to settle your \$2,500 POWER Account to the State of Indiana:

1. MDwise will gather your benefit period and covered months of **enrollment** with MDwise.
2. MDwise will gather all **contributions** paid into the POWER Account by you, your employer and any third-party entity on your behalf and the State.
3. MDwise will gather all **claims** paid from the POWER Account and determine whether or not you had **preventive services**.
4. MDwise will determine if the contributions paid cover your required ratio of claims responsibility. The resulting information will be sent to your new plan.

Rollover

Once you become fully eligible and renew your coverage, the following steps are taken to settle your \$2,500 POWER Account from the prior benefit period to the State:

1. MDwise will gather your benefit period and enrolled covered months.
2. If you were a **HIP Plus** member, MDwise will gather all **contributions** paid into the POWER Account by you, your employer, any third-party entity on your behalf and the State.
3. MDwise will gather all **claims** paid from the POWER Account and determine whether or not you had preventive services.

4. If your POWER Account has a \$0 value, no further action is needed. However, if there is a positive balance left over in your account, MDwise will run the **rollover** process.


Members ending their prior benefit period as **HIP Plus**:

- **Member Rollover** – You get to use these dollars to reduce the amount owed for your current benefit period. Member Rollover dollars can be used to pay off existing debt on account or to pay tobacco surcharge amounts. Member rollover earnings are limited to a maximum of \$240. Excess member rollover will be refunded to the member.
- **State Rollover** – If you also received preventive services, the State matches your member rollover dollar amount and provides extra funds for you. These funds will be used to further reduce the amount you owe for the current benefit period but only after member rollover dollars are used. State Rollover is NEVER used to pay tobacco surcharge amounts.

Members ending their prior benefit period as **HIP Basic**:

- **State Rollover Discount Percentage** – *If you also received preventive services*, you will earn a state discount equal to the percentage of funds left over in your POWER Account. The maximum discount percentage is 50 percent. The discount is applied to reduce the POWER Account contribution due to moving you from the HIP Basic to the HIP Plus plan. If you choose NOT to pay for HIP Plus at this reduced rate, the State's rollover discount is lost for the rest of the current benefit period. **HIP Basic members who do NOT get preventive services will not earn the State rollover discount.**
- Members who choose to remain in HIP Basic will incur a 25 percent penalty on any unused member rollover dollars before the 75 percent remainder is refunded to them.

How to Know What Medical Services Cost for HIP Members

 Even though preventive services are free for MDwise HIP members and will not come out of your POWER Account, it is important to know what your medical services cost. That way you will know how much is going to be taken out of your POWER Account each time you get medical care. If you want to know costs before you get a medical service, please go to the MDwise website at **MDwise.org/costofcare**. We have posted a list of common medical services and their costs. You can also call MDwise customer service and we can mail you a list of common services and their costs. If you want to know about a specific service that is not listed, please call MDwise customer service and we will research it for you. We will call you back to let you know the cost for that service.

Your monthly POWER Account statement will tell you what services you have received and what was taken out of your POWER Account to pay for them. You can sign up to get these monthly statements online through myMDwise. You can earn MDwiseREWARDS points if you sign up. See **page 52** for details.



HIP DENTAL SERVICES

MDwise uses a company called DentaQuest to provide your dental services under the Healthy Indiana Plan. Dental care is important for your health and well-being. You need to have regular check-ups at your dentist's office. Dental exams count as a preventive service.

Contact DentaQuest

Call DentaQuest for information regarding eligibility, finding a doctor, benefits or any dental-related questions. You can reach DentaQuest toll-free at **1-844-231-8310**. Hours are Monday through Friday from 8:00 a.m. to 8:00 p.m. TTY/TDD users should call **1-800-466-7566**.



Find a Dentist

To find a participating dentist near you, visit [MDwise.org/findanMDwiseprovider](https://www.mdwise.org/findanMDwiseprovider). Under "Healthy Indiana Plan Members," select "Find a Dentist." You can also call toll-free **1-844-231-8310** and we will help you find a dentist. To receive dental benefits, make sure the dentist is a participating provider in the network. If you receive services from an out-of-network dentist, you may be responsible for the full payment of the dentist's charges.

Benefit Summary

Your dentist will tell you if the dental care you need is covered and going to be paid for by your dental plan. HIP Basic and HIP State Plan Basic members will have copays for dental services. The table at the bottom of this page includes some dental services covered for each HIP Health Plan.

Dental Services Not Covered

Your dentist can tell you the full list of services covered by the Healthy Indiana Plan. You can also call MDwise customer service for the list of services covered.

Dental Limits

There are no dental cost limits or maximums for the Healthy Indiana Plan.

Emergency Dental Care



If you experience dental pain, call your dentist right away. Your dentist will see you as soon as possible. You can also call the MDwise NURSEon-call line to speak with a nurse. You should not go to the emergency room for dental pain unless your dentist, doctor or NURSEon-call tells you to.

Plan	Benefits Coverage Description	
<ul style="list-style-type: none"> HIP Plus 	<ul style="list-style-type: none"> Emergency oral exams. Dental x-rays. <ul style="list-style-type: none"> - Complete set once every 5 years. - Bite-wing x-rays once every 12 months. 	<ul style="list-style-type: none"> Oral exams every six months. Teeth cleaning once every six months. Minor restorative services like fillings. Major restorative services like crowns.
<ul style="list-style-type: none"> HIP Basic (members under 21) 	<ul style="list-style-type: none"> Oral exams every six months. Emergency oral exams. Teeth cleaning once every six months. 	<ul style="list-style-type: none"> Dental x-rays. <ul style="list-style-type: none"> - Complete set once every three years. - Bite-wing x-rays once every 12 months.
<ul style="list-style-type: none"> HIP Basic (members 21 and up) 	<ul style="list-style-type: none"> Limited emergency oral services. 	
<ul style="list-style-type: none"> HIP State Plan Basic HIP State Plan Plus HIP Maternity 	<ul style="list-style-type: none"> Oral exams every six months. Emergency oral exams. Dental x-rays. <ul style="list-style-type: none"> - Complete set once every three years. - Bite-wing x-rays once every 12 months. 	<ul style="list-style-type: none"> Teeth cleaning once every six months for members under 21 years old. Teeth cleaning once per year for members 21 years old and older. Minor restorative services such as fillings. Dentures and denture repairs. Extractions.

HIP EYE CARE

Eye care benefits are available for members in the following plans:

- HIP Plus.
- HIP Basic members under 21.
- HIP State Plan Plus.
- HIP State Plan Basic.
- HIP Maternity.

Getting Eye Care Services



To get eye care services, you can call an eye doctor. Eye doctors are known as either an optometrist or ophthalmologist. Eye care exams count as a preventive service. The eye doctor must be contracted with the state of Indiana, so be sure to ask when making an appointment. You can search for eye care providers at [MDwise.org/findanMDwiseprovider](https://www.mdwise.org/findanmdwiseprovider). You can also call MDwise customer service and we can help.

Benefit Summary

HIP Basic and HIP State Plan Basic members may have copays for vision services.

Eye Exams

- One eye exam per year for members under 21 years old.
- One eye exam every two years for members 21 years of age or older.
- Additional examinations must be medically necessary.

Eyeglasses (including frames and lenses)

- One pair of eyeglasses a year for members under 21 years old.
- One pair of eyeglasses every five years for members 21 years of age or older.
- Repairs or replacements of eyeglasses for reasons that are beyond your control. Examples include fire, theft or a car accident



HIP TRANSPORTATION SERVICES

Rides to Your Doctor

MDwise covers transportation to doctor and dentist appointments for HIP State Plan Plus and HIP State Plan Basic. You can get transportation if you are a pregnant HIP member and you have called to let us know you are pregnant. **MDwise covers rides to and from your doctor or clinic.** You should save your trips for when you cannot get a ride any other way.

If available in your area, MDwise may give you a bus pass for your trip to the doctor. You should only take an ambulance when it is an emergency. If you think your problem could cause lasting harm or loss of life, call 911.

Scheduling a Ride (Non-Emergency)

You should call MDwise to set up a ride as soon as you set up your doctor's appointment. If you forget, you must call at least **two business days** before the doctor's appointment to get a ride. For example, if your appointment is on Wednesday, you must call by Monday at the latest. Weekend days and holidays do not count. If you need an urgent trip, let us know. If you need transportation outside of Indiana, you will need to call MDwise for prior approval for the trip. This means a nurse will need to approve the trip based on medical necessity. If this is the case, call at least three days before your appointment to schedule your transportation. That allows MDwise time to get your trip approved.



TIP: Don't forget to call for your ride as soon as you set up your doctor appointment.

If you cancel or change your appointment, call MDwise right away to cancel or change your ride.



WHO CAN GET TRANSPORTATION?

The following members can get rides:

- Any pregnant HIP Member.
- Any member in HIP State Plan Plus.
- Any member in HIP State Plan Basic.

When you call for a ride, you should:

1. Schedule your appointment with your doctor or dentist **before you call to schedule a ride.**
2. Have your **MDwise member ID card** ready. You will also need to know:
 - Your address and phone number.
 - Date the ride is needed.
 - Time of the doctor appointment.
 - Name, address and phone number of the doctor or clinic.
 - Total number of passengers (members are allowed one escort free of charge).
 - Time you think the visit will end.
3. Call MDwise customer service at **1-800-356-1204** to reserve your ride. You must call between **8:00 a.m. and 8:00 p.m., Monday through Friday.**
4. **Members must call the MDwise customer service transportation line** for a return ride from their appointment, NOT the transportation company.

HIP MEMBER REDETERMINATION

Healthy Indiana Plan members must re-enroll every 12 months. This is called redetermination. The process will determine if you are still eligible for the Healthy Indiana Plan. It will also determine your monthly POWER Account contribution for the next year.

Forty-five days before your coverage ends, you will get a letter from the Division of Family Resources with information about how to enroll for the next year. Please be sure to answer all the questions related to your re-enrollment. **Please read this information very carefully.** If you have questions about it, feel free to call us.

If you have to fill out the form, mail it back to:

**FSSA Document Center
P.O. Box 1810
Marion, IN 46952**

It is very important that you fill out the re-enrollment form right away and send it in. You can also fax the completed form to [1-800-403-0864](tel:1-800-403-0864). The Division of Family Resources must get this completed form before your coverage term ends or you will be disenrolled from HIP.

If you need help filling out this form, please call us. We are happy to help you. If you do not get this form by 60 days prior to your re-enroll date, call [1-877-438-4479](tel:1-877-438-4479) to request a new one be sent to you.

HIP MEMBERS MOVING TO DISABILITY OR MEDICARE COVERAGE

All HIP members are required to apply for a



Medicare program if they are eligible or become eligible for one. This includes Medicare for people over 65 years of age and disability.

Medicare will assist with your application process if you are getting close to the age of 65. If you become disabled, there is Medicaid Disability. The Healthy Indiana Plan will help you with the next steps in applying for Medicaid Disability coverage. Please call [1-877-438-4479](tel:1-877-438-4479) or go to in.gov/fssa.



You can get more information on disability or other assistance programs that may meet your needs when HIP is no longer the best option or available. When disability or other additional coverage is approved, it will usually have a retroactive start date for coverage. This means you may have copays. You will be responsible for payments; HIP will not cover those copays.

When a HIP member becomes eligible for Medicare their HIP coverage ends. Medicare Part A and Medicare Part B will have different start dates. You are encouraged to get your Medicare coverage and know when your HIP coverage ends, and when your Medicare starts.

You are also encouraged to think about “Medigap” coverage. This is extra coverage that will help pay for things Medicare does not fully cover. It is important to review your Medicare coverage and get the best Medicare packages that meet your needs. In some cases, you will also need the extra **“Medigap” policy**. This will help fill the Medicare coverage gap and help you with things you have to pay such as copays or deductibles.

Please call [1-800-MEDICARE \(1-800-633-4227\)](tel:1-800-MEDICARE) or visit cms.gov/Medigap for extra coverage options. For general information about Medicare and other federal programs you can go to medicare.gov and cms.gov.

When your HIP coverage is no longer available or no longer the best option, the above programs may offer you other health care coverage options.

CHANGES YOU MUST REPORT AND PLAN CHANGES FOR HIP MEMBERS

Updating Your Information with DFR

If you move, change your phone number, have a change in your income or a change in your family size, you must let the Division of Family Resources (DFR) know. Go to fssabenefits.in.gov and click on "Manage Current Benefits." Log in to the system to make your change. You can also call the DFR at **1-800-403-0864** or call MDwise customer service. We can help.

Other Insurance Plans

If you have other health insurance, you must let us know. **You must also tell us, and the Healthy Plan (1-877-438-4479), if:**

- You have changes in your insurance.
- You get hurt in a car wreck.
- You get hurt at work.
- You get hurt and someone else may have to pay.

considered medically frail. If you think you have a health condition that may qualify please call MDwise customer service.

A person may be medically frail if they have any of the following:

- Disabling mental disorder
- A chronic substance abuse disorder
- Serious and complex medical conditions
- Physical, intellectual or developmental disability that greatly impairs your ability to perform one or more activities of daily living
- A disability determination from the Social Security Administration



If you have a condition, disorder or disability as described above, you may receive **HIP State Plan benefits**. These benefits grant you access to vision, dental, non-emergency transportation and chiropractic services. These benefits will continue as long as you are medically frail. MDwise may contact you each year to review your health. It is important to answer any questions to maintain these benefits. If you think you have a health condition that may qualify please call MDwise Customer Service at 1-800-356-1204.

Changing Your Doctor

If you are not happy with your health care or your doctor, please call MDwise. We will work with you to fix any problems you have.

We can also help you change doctors, such as when:

- You have moved.
- Your doctor has moved or no longer belongs to MDwise.
- Your doctor does not return your calls.
- You have trouble getting the care you want or your doctor says you need.



Medically Frail

Members with certain health conditions may be eligible for enhanced benefits. MDwise will monitor your health conditions and let you know if you qualify for these benefits. It is important to complete the health assessment as soon as possible if you may be



- Your doctor was assigned by MDwise before you had the chance to choose a doctor for yourself.
- Other reasons—call for more information.

To change your doctor or to ask for a list of doctors in your area, please call MDwise customer service. You can also go to MDwise.org/findanMDwiseprovider to get a list of MDwise doctors. Remember, it is better for your health to stay with one doctor, rather than changing doctors often.

Important Information About MDwise Doctors

You can find information about MDwise doctors at MDwise.org/findanMDwiseprovider. This will tell you many things about doctors and other providers. This includes:

- Practice location.
- Phone number.
- If they are on a bus line.
- Languages they speak.
- And more.

If you have questions about the quality of MDwise providers please ask us. You can call MDwise customer service and we can research specific doctors for you. The information we give you might include credentialing status and board certifications, licensure and accreditation information, and complaint history. You can also find quality information on facilities, such as hospitals, in the MDwise network. Go to MDwise.org/findanMDwiseprovider where we have links to information about hospitals. This information is collected nationally by the Department of Health and Human Services. Remember, it is better for your health to stay with one doctor, rather than to change doctors often.

Changing Your Plan

We hope you are happy with the services you receive from MDwise. If you are not happy please call MDwise customer service and we will try to help. If you are eligible to change your plan, you can do so by calling **1-877-438-4479**.

You can change your plan:

- Before you make your initial **POWER Account** contribution to become effective.
- During the Open Enrollment.
- If there are quality of care problems that we cannot fix for you.

You can also ask to change your health plan at any time after 90 days of enrollment if you have “just cause.”

The just cause reasons include:

- The health plan does not have access to medically necessary services covered.
- The health plan does not, for moral or religious reasons, cover the service you need.
- You need related services to be performed at the same time; not all related services are available within the health plan network; and your primary medical provider or another provider believes that getting the services separately would subject you to unnecessary risk.

- The health plan is disciplined by the Office of Medicaid Policy and Planning.
- The health plan does not have providers experienced in dealing with your health care needs.
- Poor quality of care. Poor quality of care includes failing to meet established standards of medical care and significant language or cultural barriers.
- The member’s primary care provider (PMP) leaves the health plan.
- The health plan provides limited access to a primary care clinic or other health services within reasonable proximity to the member’s home.

If you think you have a “just cause” reason, you must first contact MDwise, so that we can try to resolve your concern. You must first follow the MDwise grievance process. If you are still unhappy after contacting us, you can contact the Healthy Indiana Plan by phone at **1-877-Get-HIP9 (1-800-438-4479)**. The Healthy Indiana Plan will review your request and help you obtain the form to submit the change.

Reporting Changes in Your Family and Income

If your family or income size changes while you are on the Healthy Indiana Plan, you must report this change. Some examples of this are when there is a birth, death, divorce or when someone moves in or out of your household. You should report any employment or income change while you have HIP coverage. Please call **1-800-403-0864** to report the change to the Division of Family Resources.

What To Do If You Pay More Than Five Percent of Your Individual Income

If you have paid for health care over five percent of your income in a given calendar quarter, let us know. **This money must have been paid by you or another family member for:**

- Monthly POWER Account contributions (PAC) for your HIP coverage..
- Copays.
- Hoosier Healthwise Package C (CHIP).
- Debt repayments.

If these things add up to more than five percent of your income in a given calendar quarter, you may not have to pay future copays for the remainder of that quarter. **HIP Plus members will only have to pay the \$1 minimum contribution to maintain HIP Plus enrollment or \$1.50 with tobacco surcharge.** If you think this is true for you, we will track this for you during your MDwise enrollment. If you disagree with the total or have health expenses for other members of the family then we will need to see copies of receipts to confirm.

Requests and documentation can be sent to:

**MDwise Customer Service
P.O. Box 44236
Indianapolis, IN 46244-0236**

We will review all of your documents. We will confirm whether you have paid over five percent of your income during a three month calendar quarter. We will then let you know the outcome of our review.





HOOSIER HEALTHWISE COVERED MEDICAL SERVICES AND COSTS



Hoosier Healthwise

Support & Services
for Pregnant Women,
Babies, Children & Teens

MDwise wants to help you stay healthy. That is why we cover preventive care as well as sick care. **If there are changes to your benefits, we will let you know by mail.** If you have any questions about your benefits, please talk to your doctor or call MDwise customer service. MDwise covers all benefits noted in this handbook. MDwise does not exclude coverage based on moral or religious objections.

How to Know What Medical Services Cost

It is important to know what your medical services cost. If you want to know costs before you get a medical service, please visit MDwise.org. We have posted a list of common medical services and their costs. You can also call MDwise customer service. We can mail you a list of these common services and their costs. If you have a specific service that is not listed, please call MDwise customer service and we will research it for you. We will call you back to let you know the cost for that service.

Preventive Care

Getting regular preventive care is the key to better health. You get preventive care when you go to the doctor for check-ups and other well-care. MDwise covers preventive care because it keeps you healthy and checks for problems before they become serious. Examples include:

- Check-ups and shots for adults and children.
- Care for pregnant women.
- Well-baby care.
- Physical exams.
- Mammograms and Pap smears.

Necessary Care

Care must be “medically necessary.” This means it is:

- Needed to diagnose or treat you.
- Proper based on current medical standards.
- Not more than what is needed.

Prior Authorization

Some services need approval from MDwise before you get them. This is called prior authorization. If your doctor does not get prior authorization when it is needed, MDwise will not pay for the services. For members with special health care needs, you do not need an authorization or referral to see an in-network specialist to treat your condition or needs. Prior authorization decisions are based only on the appropriateness of care and services. These decisions are also based on whether or not you have coverage. Doctors and staff who make prior authorization decisions do not get incentives or rewards for making these decisions. They do not get payment for deciding to deny a service or for making decisions that may make it harder to get care and services.

Your health care provider will call the prior authorization department for you to ask questions about prior authorization. You can also call customer service with questions about prior authorization requests from your health care provider and with general questions about prior authorization.

Second Opinion

You can get a second opinion from another in-network provider without a referral or authorization. Call MDwise for help if you want a second opinion from an out-of-network provider. It is still recommended that you work with your primary medical provider.

Services Your Doctor Must Approve First

Package A is a full-service plan for children and pregnant women. Members can get the full list of services on the following page. Your doctor must approve all these services.

Package C is for children. Package C members can get the full list of health care services shown on the following page. Your child must get these services from his or her doctor or through a referral from the doctor. Please read the list carefully. Some types of services have limits on how many visits your child's benefits will cover.

If you are not sure which benefit package you have, please call MDwise customer service.

To get the following services, you must call or go to your doctor first. The doctor will refer you for any treatments you need.

Doctor Care:

Physical exams.
 Primary care.
 Preventive care.
 Prenatal care.
 Specialty care.

Hospital Care:

Inpatient services.
 Outpatient services.
 Diagnostic studies.
 Lab tests and X-rays.
 Post-stabilization services.

Medical Supplies:

Prescriptions.
 Durable medical equipment (**For Package C, up to \$2,000 per year and \$5,000 per lifetime**).
 Leg braces and orthopedic shoes.
 Hearing aids.
 Prosthetic devices.

Other:

Immunizations (shots), health care screenings and diagnosis.

Home health care therapy, including:

- Physical therapy.*
- Speech therapy.*
- Respiratory therapy.*
- Occupational therapy.*


***For Package C, there is a maximum of 50 visits per type of therapy, per year.**

Renal dialysis.
 Smoking cessation.
 Transportation*

MDwise looks at new medical and behavioral health procedures. MDwise also looks at new drugs and equipment. To help us do this we use experts, research, and government decisions. This helps to decide if they are safe and should be provided for our members.

MDwise Hoosier Healthwise Card

You will get an MDwise ID card in the mail. Use this MDwise ID card whenever you go to the doctor, the pharmacy or anytime that you get health care services. If you lose your card, you can request a replacement through myMDwise mobile app or you can call MDwise customer service. We will replace your card at no cost to you.




A McLaren Company

Member Name:
 John J Smith

Member MID#:
 000123456789

To check eligibility and Primary Medical Provider (PMP):
 For Members: MDwise.org/myMDwise
 For Providers: MDwise.org/myMDwiseProvider



MDwise Customer Service: *(Members/Providers)*
 1-800-356-1204, TTY/TDD: 1-800-743-3333
 Pharmacy Services Helpline: 1-844-336-2677 *(Members/Providers)*

<p>For Members:</p> <p>EMERGENCIES: 911 or go to the nearest emergency room.</p> <p>NURSEon-call: 1-800-356-1204</p>	<p>For Providers:</p> <p>Pharmacy Prior Authorization Fax Line: 1-858-790-7100 RX BIN: 003585 RX GRP: MDW RX PCN: ASPROD1</p> <p>Claims Address & Payer ID: Refer to MDwise.org/Providers</p>
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SERVICES FROM OTHER PROVIDERS FOR HOOSIER HEALTHWISE MEMBERS

Sometimes, you may need to see a provider other than your regular doctor. The next few pages explain how to do that.

Seeing a Specialist



A specialist is a doctor who treats one part of the body, like the heart, skin or bones. Your regular doctor will write you a referral if you need to see a specialist. If MDwise does not have the doctor that you need in our network, or if the doctor is not within 60 miles of your home, we may authorize out-of-network doctors to take care of you. These providers must be Indiana Health Coverage Program (IHCP) or Medicaid Providers. These services will be paid as if the service was provided by an in-network provider when authorized.

Self-Referral Services

MDwise covers these services. Your doctor can help you get these services, but you do not have to go through your doctor to get them. You can go to any Hoosier Healthwise provider to get these services. Self-referral providers must get an okay from MDwise before giving you some services.

Remember, your doctor can best take care of you if you talk to the doctor before getting any kind of health care.

The following services are “self-referral” services:

- Eye care.
- Dental services.
- Foot care.
- Mental health and substance abuse services (See **page 10 and 11** for behavioral health information).
- Chiropractor services.
- Emergency services.
- Urgent care services.
- HIV case management.
- Family planning (If your family planning provider prescribes birth control pills, you can get a 90 day supply).
- Immunizations (for example, at health department, school).
- Diabetes self-management training (if given by a self-referral provider).

- Services from a psychiatrist.
- School-based health services (immunizations, sick visits, mental or behavioral health visits are examples of covered school-based services).

School based health services help meet the needs of a student or family member. Services can include mental or behavioral services, healthy habit education plus injury prevention. Talk with your child’s school or call MDwise customer service at 1-800-356-1204.

Services Outside MDwise

For most services you need to go to an MDwise provider. For some services, you can go to any Hoosier Healthwise provider who is registered with IHCP. If you get these services, please let your doctor know. This helps them take care of you. You do not have to get all of your maternity services from MDwise. For questions, call customer service or contact your doctor.

- Services for a student’s individualized education program (IEP).
- Medicaid Rehabilitation Option (MRO) services.
- Services for an Individualized Family Services Plan (IFSP) or the First Steps program. You do not need your doctor’s okay for these services. But if you want, your doctor can help you find these services.

Services Not Covered By MDwise

The following services are **not covered** by MDwise under Package A:

- Services provided in a nursing home (long-term facility).
- Services provided in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).
- Hospice care.
- Services under the home and community-based services (HCBS) waiver.
- Psychiatric treatment in a State hospital.
- Psychiatric Residential Treatment Facility (PRTF) services.

If you need these services, there may be programs outside of Hoosier Healthwise that can help cover these services. To learn more, call Hoosier Healthwise at [1-800-889-9949](tel:1-800-889-9949).

The following services are **not covered** by MDwise under Package C:

- Services provided in a nursing home (long-term facility).
- Services provided in a nursing home (short-term facility).
- Services provided in an intermediate care facility for those with intellectual disabilities (ICF/MR).
- Hospice care.
- Services under the home and community-based

services (HCBS) waiver.

- Case management for the following:
 1. Persons with HIV/AIDS.
 2. Pregnant women.
- Psychiatric treatment in a State hospital.
- Organ transplants.
- Over-the-counter drugs (except those medications on the IHCP formulary).
- Psychiatric Residential Treatment Facility (PRTF) services.

If your child needs these services, there may be programs outside of Hoosier Healthwise that can help cover these services. To learn more, call Hoosier Healthwise at [1-800-889-9949](tel:1-800-889-9949).

HOOSIER HEALTHWISE PHARMACY SERVICES

MDwise covers most necessary medicines for Hoosier Healthwise members. Please check the MDwise formulary to see if a drug is covered. When you or your child needs medicine or over-the-counter items, your doctor will write a prescription. You can take that prescription to any participating pharmacy that accepts Indiana Medicaid.

MDwise Hoosier Healthwise members can go to MDwise.org/findanMDwiseprovider, then choose “Find a Pharmacy” to see a list of participating pharmacies. If you have pharmacy questions or problems, please call [1-844-336-2677](tel:1-844-336-2677) or call MDwise customer service at [1-800-356-1204](tel:1-800-356-1204).

Prescription Medicine

Your doctor must prescribe any necessary medicines. When you need medicine, your doctor will write a prescription. You can take that prescription to any MDwise-participating pharmacy.

The medicine must be approved by the Food and Drug Administration (FDA). If you have pharmacy questions or problems, please call MDwise customer service and choose the pharmacy option. The phone number is located on the back of your ID card.

Hoosier Healthwise gives your health care provider a tool called a formulary. This helps them prescribe drugs for you. A formulary is a list of the brand and generic medicines covered by Hoosier Healthwise. This drug list also tells you some over-the-counter medicines and vitamins that are covered. If you have Internet access,

you can go to MDwise.org/MDwise-members and choose your plan to look up a medication on the formulary. The complete formulary list is available online at MDwise.org under Pharmacy Services. MDwise Hoosier Healthwise members can call [1-844-336-2677](tel:1-844-336-2677) or visit our website for more information or to find a list of pharmacies. You can also call MDwise customer service at [1-800-356-1204](tel:1-800-356-1204).

MDwise Hoosier Healthwise Package C members will have copays of \$3.00 for each generic medication and \$10.00 for each brand medication.



TIP: If you need help finding a pharmacy, call MDwise customer service.



HOOSIER HEALTHWISE DENTAL SERVICES



MDwise uses a company called DentaQuest to provide your dental services under Hoosier Healthwise. Dental care is very important for your health and well-being. You need to have regular check-ups every six months at your dentist's office.

Contact DentaQuest

For any questions regarding eligibility, finding a dentist, benefits or other questions call DentaQuest toll-free at **1-844-231-8310**. Hours are Monday through Friday from 8:00 a.m. to 8:00 p.m. TTY/TDD users should call **711**. Below are the dental services that are covered under Hoosier Healthwise.

Benefits Coverage Description	Package A Adult	Package A Child	Package C CHIP
Exam and cleaning per year.	✓ Two exams and one cleaning per year.	✓ Two exams and cleanings per year.	✓ Two exams and cleanings per year.
Fluoride varnish.		✓	✓
Sealants.		✓	✓
Bite-wing x-rays once every 12 months, one complete set of x-rays every 3 years.	✓	✓	✓
Restorations such as fillings and crowns.	✓	✓	✓
Endodontic procedures such as root canals.		✓	✓
Periodontal care includes deep cleanings and surgical treatment for gum disease.	✓	✓	✓
Partials, full dentures, and repairs to partials and dentures.	✓	✓	✓
Extractions.	✓	✓	✓
Sedation and nitrous oxide if medically necessary.		✓	✓

What's Not Covered?

Your dentist can tell you the full list of services covered by Hoosier Healthwise.

Find a Dentist

To find a participating dentist with DentaQuest, please call **1-844-231-8310** or visit **DentaQuest.com**. Have your member ID card ready when you call. You may also call MDwise customer service if you need assistance.

Emergency Dental Care

If you experience dental pain, call your dentist right away. Your dentist will arrange to see you as soon as possible.

Dental Questions?

For any questions regarding eligibility, finding a dentist, benefits or other questions, call MDwise at **1-800-356-1204**, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call **711**.



HOOSIER HEALTHWISE EYE CARE

Eye care benefits are available for Hoosier Healthwise members.

Getting Eye Care Services

To get eye care services, you can call an eye doctor (either an optometrist or ophthalmologist). Eye care exams count as a preventive service. The eye doctor must be contracted with the state of Indiana. When making an appointment be sure to ask if the office is contracted with the state of Indiana. You can search for eye care providers at [MDwise.org/findanMDwiseprovider](https://www.mdwise.org/findanMDwiseprovider). You can also call MDwise customer service and we can help.

Benefit Summary

Eye Exams

- One (1) examination per 12-month period for a member under 21 years of age
- One (1) examination every two (2) years for a member 21 years of age or older
- Additional examinations must be medically necessary.

Eyeglasses (including frames and lenses)

- One pair of eyeglasses a year for a member under 21 years of age.
- One pair of eyeglasses every five years for members 21 years of age and older.
- Repairs or replacements of eyeglasses for reasons that are beyond your control. Examples include fire, theft or a car accident.

HOOSIER HEALTHWISE TRANSPORTATION

Rides to Your Doctor



MDwise covers transportation to doctor and dentist appointments for Hoosier Healthwise members.

If available in your area, MDwise may give you a bus pass for your trip to the doctor. **You should only take an ambulance when it is a true emergency.** Emergency transportation is covered with no copay for true emergencies for Hoosier Healthwise Package A members. If you think your problem could cause lasting harm or loss of life, call 911. Hoosier Healthwise Package C members can get covered ambulance transportation for emergencies or non-emergent transportation between two medical facilities by ambulance, with a copayment of \$10.00.

Scheduling a Ride (non-emergency)

You should call MDwise to arrange a ride as soon as you make your doctor's appointment. If you forget, you must call at least **two business days** before the doctor's appointment to get a ride. For example, if your appointment is on Wednesday, you must call by Monday at the latest. Weekend days and holidays do not count. If you need an urgent trip, let us know. You must bring the needed car seat for your child when using MDwise transportation.

If you need transportation outside of Indiana, you will need to call MDwise for prior approval for the trip. This means a nurse will need to approve the trip based on medical necessity. If this is the case, call at least **three days** before your appointment to schedule your transportation. That allows MDwise time to get your trip approved.

TIP: Don't forget to call for your ride as soon as you set up your doctor appointment.



If you cancel or change your appointment, call MDwise right away to cancel or change your ride.

When you call for a ride, you should:

1. Schedule your appointment with your doctor or dentist **before you call to schedule a ride.**
2. Have your **MDwise member ID card** ready. You will also need to know:
 - Your address and phone number.
 - Date the ride is needed.
 - Time of the doctor appointment.
 - Name, address and phone number of the doctor or clinic.
 - Total number of passengers (members are allowed one escort free of charge).
 - Time you think the visit will end.
3. Call MDwise customer service at **1-800-356-1204** to reserve your ride. You must call between **8:00 a.m. and 8:00 p.m., Monday through Friday.**
4. Members **must call the MDwise customer service transportation line** for a return ride from their appointment, **NOT** the transportation company.

WHO CAN GET TRANSPORTATION?

The following members can get rides:

- Any pregnant Hoosier Healthwise Member.
- Any member in Hoosier Healthwise.

CHANGES YOU MUST REPORT AND DOCTOR AND PLAN CHANGES FOR HOOSIER HEALTHWISE MEMBERS

New Address, Phone Number, Change in Income or Change in Family Size

If you move, change your phone number, have a change in your income or a change in your family size, you must let the Division of Family Resources (DFR) know. Go to fssabenefits.in.gov. Log in to the system to make your change. You can also call the DFR at **1-800-403-0864** or call MDwise customer service. We can help.



TIP: Please call MDwise as soon as you know your new address or phone number.

This helps us tell you about special programs and important health care information.

Changing Your Plan

You can ask to change your health plan at any time after the first 90 days of enrollment if you have “just cause.” Just cause reasons are listed below.

- The health plan does not have access to medically necessary services covered.
- The health plan does not, for moral or religious reasons, cover the service that you need.
- You need related services to be performed at the same time; not all related services are available within the health plan network; and your primary medical provider or another provider believes that getting the services separately would subject you to unnecessary risk.
- The health plan is disciplined by the Office of Medicaid Policy and Planning.
- The health plan does not have providers experienced in dealing with your health care needs.
- Poor quality of care. Poor quality of care includes failing to meet established standards of medical care and significant language or cultural barriers.

- The member's primary medical provider (PMP) leaves the health plan.
- The health plan provides limited access to a primary care clinic or other health services within reasonable proximity to the member's home.

If you think you have a “just cause” reason, you must first contact MDwise to try to resolve your concern. You must follow the MDwise grievance and appeal process first. If you are still unhappy after contacting us, you can contact the Hoosier Healthwise Helpline by phone at **1-800-889-9949** or by mail at:

**Hoosier Healthwise
PO Box 441410
Indianapolis, IN 46244**

The Hoosier Healthwise Helpline will review your request and help you obtain the form to submit the change.

If you or your family members want to stay with MDwise, you do not need to do anything. You will stay enrolled with the MDwise health plan. If you do not want to stay with the MDwise health plan, please call the Hoosier Healthwise Helpline at **1-800-889-9949** to make that change. If you do not request a change in the first 90 days, you will stay with MDwise. If you have any questions, please call MDwise customer service.

Other Insurance Plans

If you or your child has other health insurance, you must let us know. You can call MDwise or your caseworker.

You must also tell us (or your caseworker) if:

- You have changes in your insurance.
- You get hurt in a car wreck.
- You get hurt at work.
- You get hurt and someone else may have to pay.

The other insurance plans are supposed to help pay for your care. By letting us know about them, you can help make sure they do. Telling us about your other insurance will not reduce your MDwise benefits.

Changing Your Doctor

If you are not happy with your health care or doctor, please call MDwise. We hope you do not want to leave MDwise. We will work with you to fix any problems you have.

We can help you change doctors. You may need to change your doctor when:

- You have moved.
- Your doctor has moved or no longer belongs to MDwise.
- You are not happy with the care you get from your doctor.
- Your doctor does not return your calls.
- You have trouble getting the care you want or your doctor says you need.
- Other reasons - call for more information.

To change your doctor or your child's doctor, or to ask for a list of doctors in your area, please call MDwise customer service or go to [MDwise.org/findanMDwiseprovider](https://www.mdwise.org/findanMDwiseprovider) to get a list of MDwise doctors.

HOOSIER HEALTHWISE REDETERMINATION

Hoosier Healthwise members remain enrolled in their chosen health plan for a one-year period. You are in the MDwise health plan. **New members get 90 days to decide if they want to stay in the MDwise plan.** After that, you will have an open enrollment period once a year. During this time you will have another chance to choose a new health plan. Once the redetermination period ends, you will stay enrolled in your chosen health plan for the rest of the 12 month period unless you lose your Hoosier Healthwise eligibility.

You can still change your health plan doctor at any time. Please see information on this page on how to change doctors. Please remember that it is better for your health to stay with one doctor than to change often.

Important Information About MDwise Doctors

You can find information about MDwise doctors at [MDwise.org/findanMDwiseprovider](https://www.mdwise.org/findanMDwiseprovider). This will tell you many things about doctors and other providers including practice location, phone number, if they are on a bus line, languages they speak, and more.

If you have questions about the quality of MDwise providers please ask us. You can call MDwise customer service and we can research specific doctors for you. The information we give you might include credentialing status and board certifications, licensure and accreditation information, and complaint history. You can also find quality information on facilities, such as hospitals, in the MDwise network. Go to [MDwise.org/findanMDwiseprovider](https://www.mdwise.org/findanMDwiseprovider) where we have links to information about hospitals. This information is collected nationally by the Department of Health and Human Services. Remember, it is better for you or your child's health to stay with one doctor, rather than to change doctors often.



HOOSIER HEALTHWISE CHILDREN WITH SPECIAL NEEDS

Health Needs Screening

If you believe your child has special needs, MDwise can help. You can complete our Health Needs Screening survey. To complete the screening you answer questions about your child's health. When you complete the survey you earn MDwiseREWARDS points.

You can also call MDwise customer service. Your representative will help you identify your child's special needs. Children with special needs may be able to get other services.

First Steps Program

1-800-441-7837 (STEP)

The First Steps Program provides services for **children up to age three**. The children must be developmentally vulnerable or have a disability. The services include:

- Screenings and assessments.
- Help accessing medical care and other resources.
- Coverage for some health care services that are not covered by Hoosier Healthwise.
- Support services.
- Family education and special training.

Children's Special Health Care Services (CSHCS) Program

1-800-475-1355

This program provides health care services for **children through age 21**. The child must have a severe, chronic medical condition that does at least one of the following:

- Has lasted or is expected to last at least two years.
- OR will produce disability, disfigurement, or limits on function.
- OR requires special diet or devices.
- OR without treatment, would produce a chronic disabling condition.

A care coordinator will help you get any medical services you need. For children under three years old, they will help work with First Steps too.

Pregnancy Care



MDwise covers pregnancy care for Hoosier Healthwise and Healthy Indiana Plan members. If you are pregnant, you should see your doctor right away. You should also call MDwise customer service for important information. Regular check-ups are important for a healthy baby. Remember to keep your appointments and follow your doctor's advice.

Care During Pregnancy (Prenatal Care)

While you are pregnant, you will go to a doctor who takes care of pregnant women. This is called an OB provider. If you need help finding an OB provider, call MDwise at **1-800-356-1204**. At your first pregnancy visit, your provider will:

- Give you a physical exam.
- Tell you the date your baby will most likely be born.



- Study your medical history to look for anything that might affect your pregnancy or your baby.
- Check for any health problems that might be passed down to your baby. This is called genetic screening.

If your OB provider does not find any problems, you will usually see them:

- One time every 4 weeks for the first 28 weeks.
- One time every 2 or 3 weeks from week 28 through week 36.
- After 36 weeks, 1 time every week until you have your baby.

If you have any special medical problems, your provider may want to see you more often. If you need a specialist when you are pregnant, your doctor can refer you.

Your OB provider might do the following during visits to make sure you and your baby are healthy:

- Check your weight.
- Check your blood pressure.
- Check your urine for protein.
- Check your baby's heart rate.
- Check the size of your womb (also called the uterus).
- Check for any bleeding or other leaking.
- Educate you on pregnancy symptoms, birth plans, newborn care and more.

Your doctor can also give you vitamins. Vitamins help keep your baby healthy during your pregnancy and help prevent birth defects. Sometime during your regular visits, the OB provider will talk to you about what pain medicine you might need during labor and delivery (birth of your baby).

Before or during pregnancy, alcohol and drugs can harm baby and can harm the baby afterwards through breast milk. If you need help for alcohol or drug use, talk to your doctor. Smoking during and after pregnancy also harms your baby. Talk to your doctor to find out ways they can help you quit.

When you are pregnant, you may have changes in your mood. This is usually because of hormone changes. This normally goes away in the first week or two after you have your baby. The mood changes can last longer after you have your baby. You could be having "baby blues" or it may be more. You should talk to your provider or your care manager to find out if you need help.

Scheduled Deliveries

Scheduled deliveries are when you and your OB provider pick the day to deliver your baby. This can be done by scheduling a C-section. Or you can be admitted to the hospital and given IV medication to start your labor.

MDwise supports The American College of Obstetrics and Gynecology's recommendations for scheduled deliveries. As an MDwise member who may be pregnant or become pregnant, we want you to know what MDwise health care providers are recommending about scheduled deliveries.

Scheduled Deliveries Recommendations

- If there is no medical reason for you to deliver before your due date, it's best for you and your baby to wait for natural labor.
- The American College of Obstetrics and Gynecologists recommends scheduled deliveries without a medical reason should not occur before 39 weeks of pregnancy.
- If you must schedule your delivery, talk with your health care provider and make sure you are at least 39 weeks into your pregnancy.

FSSA and MDwise helps pregnant members who use opioids

Indiana Family and Social Services Administration (FSSA) offers the Indiana Pregnancy Promise Program to pregnant and postpartum members who use or have used opioids in the past.

The free program offers support while the mother is pregnant through 12 months after the end of pregnancy. Mothers who join will be given prenatal and postpartum care. They will get support for physical and mental health, and treatment for opioid use disorder.

The program is available to pregnant members in the state of Indiana. To be eligible participants must meet the following criteria:

- Pregnant or within the 90 days of the end of pregnancy.
- Uses opioids or has in the past.
- Be eligible for or receive Medicaid.

To learn more, visit <https://www.in.gov/fssa/promise/>

BLUEBELLEbeginnings

We want to help make sure your baby is born healthy so call us as soon as you know you are pregnant. We will talk to you about how your pregnancy is going. If you need extra help, we can be sure you get it. It is also very important to pick a doctor for your baby BEFORE your baby is born. We can help you pick a doctor who is right for you. We will send you important information about pregnancy and motherhood. You will also be able to earn reward points for making and keeping all of your prenatal and postpartum doctor appointments.

Care After Pregnancy (Postpartum Care)

It is important to go to your postpartum appointment. Your postpartum visit should be three to seven weeks after your baby is born. Your provider will assess your healing, mood and answer questions you may have at your postpartum visit. Your care manager can help you make that appointment.

ENROLLING YOUR NEWBORN

Hoosier Healthwise Package A and Healthy Indiana Plan

Every MDwise member must have a doctor, even new babies. You should pick a doctor for your baby while you are still pregnant. Then, call MDwise to tell us. Other people, like a caseworker or nurse, can help you make this choice, but you still have to call us to make the selection.

How to Pick the Baby's Doctor:

1. When you are pregnant you must pick an MDwise doctor for your baby too. Family, friends, and your doctor can help give good advice.
2. As soon as you pick your baby's doctor, call MDwise to tell us your choice.
3. As soon as your baby is born, call your caseworker or the office of the DFR at **1-800-403-0864** to notify of the birth of the baby.



TIP: It is best to pick your baby's MDwise doctor before they are born. If you do not choose your baby's doctor while you are pregnant, a doctor will be picked for your baby. This might not be the doctor you want, so it is better to pick one yourself. Make this important decision early.

Hoosier Healthwise Package C

When a Package C member is pregnant, she should call Hoosier Healthwise at **1-800-889-9949** to learn how to enroll the baby once they are born. Your baby will not be automatically enrolled. You must call to sign your baby up for health benefits!

These rules also apply if your children have Package C benefits and you learn that you are going to have another baby. You must sign up each child or they won't get benefits!


Even though you must wait until your baby is born to sign your baby up for benefits, **you can pick a doctor for your baby before your baby is born.** This is very important to make sure your baby gets health benefits from the doctor you want once your baby is born.


When you enroll your new baby, don't forget to choose your baby's doctor:

1. As soon as you become pregnant, talk with family, friends, or your doctor about any ideas they may have on a good doctor for your baby.
2. When your baby is born, call your caseworker or the office of the DFR at **1-800-403-0864** to apply for Hoosier Healthwise for your baby.


MDwise Special Programs

MDwise has a number of FREE programs for you and your family. They will help you be successful and healthy. If you have questions about any MDwise programs, go to MDwise.org.

At MDwise, you can call our 24-hour  **NURSE**on-call phone line and speak with a nurse, not a recorded message. The nurse can help you decide if you or your child needs to see your doctor, decide if you or your child should go to the emergency room, and answer general questions about your health. Hoosier Healthwise and HIP members can call **1-800-356-1204** and choose option #3 for **NURSE**on-call.

WEIGHTwise is a  **WEIGHT**wise tool with current information on weight control. By using physical activity and choosing healthy eating habits, you can lose weight and keep it off. This program provides tips on where to find help, information on eating right and ways to become or stay active.

Come to a **WELLNESS**chat  **WELLNESS**chats in your area to learn more about health-related issues and meet other MDwise members! For more information, go to MDwise.org/events.

Do you use tobacco and want to quit? The  **SMOKE**-free MDwise's **SMOKE-free** program can help. First, it is very important that you talk to your doctor about quitting. Your doctor can help. There are over-the-counter and prescription medicines that might help you. Many of these are covered. Your doctor can help decide what is right for you. You are also eligible for tobacco cessation counseling services. Your doctor can provide tobacco cessation counseling or refer you to someone else who can. Go to MDwise.org/smokefree for tools and information to help you quit.

There is a program called Quit Now Indiana. They have trained "Quit Coaches" who can help you stop using tobacco. Please call **1-800-QUIT NOW (1-800-784-8669)** or go to www.quitnowindiana.com.


Ms. BLUEBELLE's Club for Kids  **MS. BLUEBELLE'S club for kids** offers special activities to teach kids to make healthy choices. We offer fun activities at community events such as word searches, crossword puzzles, books and more! Visit our website for online activities or activities you can print.


WORKwise is your  **WORK**wise one-stop career center to receive employment and training services. MDwise launched **WORK**wise as a partnership with Midwest Urban Strategies.

The program offers:

- Job Interview training
- Resume Writing
- Skills tests
- Education
- And more

WORKwise can also support those entering the workforce with transportation, childcare and access to uniforms and tools.

MDwise covers  **RIDE**wise transportation to doctor, dental or clinic appointments for some MDwise members and one escort free of charge through our **RIDE**wise program. If you want to schedule transportation, call **1-800-356-1204** and choose the transportation option. You should call MDwise to arrange a ride as soon as you set up your appointment. You are also able to drive yourself and receive gas mileage reimbursement. If you cancel or change your visit, call MDwise right away to cancel or change your ride. Visit MDwise.org for more information.

HELPlink is an MDwise program  **HELPlink** that connects members to various organizations in their community. We have information on our website with information about community partners that help in the following areas:

- Education
- Finding a Job and Job Training

- Child Care
- Housing and utilities
- Volunteering
- Food
- Community/Emergency Services

Find more information at MDwise.org/gethelp

TEENconnect is a resource for teens to find health information. MDwise wants all members to make healthy choices. There are lots of things to learn on TEENconnect, like teen health and body issues, how to deal with peer pressure about sex, tobacco, drugs or alcohol and what to do if you sometimes feel down or depressed.



BLUEBELLEbeginnings is a program for MDwise members who are pregnant. MDwise holds BLUEBELLE's Community Baby Showers for pregnant members across the state. We also provide pregnancy information and resources. If you are pregnant, please call MDwise customer service to notify us. We will ask you a few questions about your pregnancy. This information will be sent to a social worker or nurse who may contact you.



Visit MDwise.org/BLUEBELLEbeginnings for information and resources that can help you have a healthy pregnancy.

DISEASE MANAGEMENT **INcontrol**

MDwise has special resources and tools for members with certain health conditions. These resources and tools are used towards MDwise's Population Health Management efforts and support our Population Health Management Strategy. We call these resources and tools **INcontrol**. These resources and tools help with conditions like:

- Chronic Obstructive Pulmonary Disease (COPD), also called "smokers lung"
- Asthma
- Diabetes
- Heart disease
- Depression
- High blood pressure

- Heart failure
- Autism and other similar disorders
- ADHD
- Pregnancy (BLUEBELLEbeginnings)
- Chronic kidney disease
- Post-Traumatic Stress Disorder (PTSD)

MDwise INcontrol can help you learn more about your condition, and how to best work with your doctor. Our MDwise care manager will work with you to help you take care of your condition. You are the most important part of getting better. **Actions you take to care for your condition matter the most.**

- You will be walked through basic information about your condition.
- You will be taught about testing you should get done that you and your doctor may have forgotten about.
- You will learn steps you can take to prevent your condition from getting worse.
- You will learn how to take care of yourself.
- We will help you keep appointments with your doctor.
- We will help you talk to your doctor about things you learned in the INcontrol program to help you stay INcontrol of your condition.

MDwise members are eligible to participate if they have any of the conditions listed above. We may contact you by telephone, messages, emails or mail. Our MDwise care manager may contact you to begin working with you and your doctor. They will help you follow the doctor's advice and start you off on a path of being INcontrol of your health.

If you have been newly diagnosed with a condition, or would like to talk to one of our care managers to use these services, please **call MDwise customer service.**

If you are contacted by one of our care managers and do not wish to participate you can simply opt out of the program at that time. To opt out, call customer service at 1-800-356-1204.

CARE MANAGEMENT PROGRAM

MDwise wants to help you stay healthy. MDwise members may be eligible for Population Health Management services through the Care Management department. Population Health Management is a way we try to help you have better health and quality of life by talking with you, sending you materials or sending you texts about ways to stay healthy. **The MDwise care management program can help you manage your health conditions.** MDwise care managers help you and your doctor plan for your care. As your needs change, the level of care management will change. Care management will help you become more independent and able to manage your own health care needs. MDwise care managers can help you with mental health and physical conditions.

MDwise care managers can help you make goals for your health. They work with you, your doctors, family and caregivers to do this. They want you to make the best choices for your health. Care managers can help you understand your health conditions and how to best manage them. **Care management also assists you with:**

- Understanding your condition
- Understanding your medications
- Getting supplies and equipment you need
- Finding care from special doctors
- Getting information about your condition
- Scheduling appointments
- Talking to doctors about your condition(s) and how you are doing
- Getting help from other organizations
- Coordinating care between settings including discharge planning

You, your provider, family members or caregivers can all request care management by completing an online referral form or by calling customer service. The online referral form is located at MDwise.org/cmdm-referral and MDwise customer service can be reached at **1-800-356-1204**. Once MDwise receives your request, a care manager will contact you and you can discuss your needs or the needs of the person requesting care management. If you agree, we may contact you by telephone, messages, emails, mail or in person (for certain services) to tell you how to use the services. You may also opt out by calling or writing to us.

RIGHT CHOICES PROGRAM

The Right Choices Program is an MDwise care management program for people who need help using their health care benefits. People in the Right Choices Program can be sure to get good health care because each person has a team to help manage their health care.

Who makes up your Right Choices Program team?

- Your primary medical provider
- Your pharmacy
- An MDwise care manager
- You

The team will help decide when, where and how you will get medical care.



MDwiseREWARDS

MDwise has a rewards program for Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) members. By completing the following activities, you can earn points to get FREE gift cards. Some of these activities will apply to you. Some of them will not.

- Sign up for myMDwise.
- Answer questions about your health (Health Needs Screening).
- HIP Members: Sign up to get your HIP monthly statements through myMDwise.
- Get your yearly physical exam or check-up.
- Get a cervical cancer screening (Pap test).
- Get your annual mammogram.
- Complete HbA1c annual screening if you have diabetes (special blood sugar test).
- Go to all of your prenatal appointments.
- Go to your postpartum exam.
- Get all required well-child exams.
- Get a lead screening (ages 6 months–2 years).
- Dental exams.



All members have a chance to earn points and then shop for a reward once they have completed the activity. You can go to MDwise.org/MDwiseREWARDS to see what gifts you can choose from and the number of points you need to get them. You can also log onto the MDwise member portal and check your points as often as you like. Or, you can call MDwise customer service. A representative can tell you the number of points that you have, mail you a list of gifts to choose from and place an order for you.

Here are some rules that must be followed to earn and redeem points:

1. The member earning the reward must be an **MDwise HHW or HIP** member at the time you receive the service or perform the action, at the time the points are redeemed and the reward is earned.
2. If you only have coverage during your pregnancy, you can still redeem your points for up to **six months** after your pregnancy is over. This can happen even if you are not eligible for a different MDwise program following your pregnancy. You may need to call MDwise customer service in order to redeem your points.
3. The dollar limit for rewards are \$300 per member per year, not to exceed \$200 per incentive.
4. Points you earn for each activity will expire **two years from the date of that activity**. You must use these points before they expire or you will lose them.
5. It is your responsibility to be sure we have your correct address at all times. If we send a card to you at the wrong address we will not resend that card. We will only resend it to you if it is returned to us in the mail.
6. Sometimes your points will not show up right away. Many of the points you can earn depend on your doctor sending us the claim or the bill for that service. This sometimes takes several months. **Please be patient!**
7. MDwise reserves the right to change the MDwiseREWARDS program at any time. We will keep the website updated with any changes.

For HIP members only:

1. For HIP members who choose the POWER Account contribution option as their reward, these funds will go toward your payment to stay in the HIP Plus plan. The HIP Plus plan has more benefits like dental and vision coverage. You also do not have co-pays with HIP Plus. If you choose this option, MDwise will put this toward your yearly payment. That means you may owe less or nothing at all, depending on how much your yearly amount is.
2. If you do not actively use your points, we may offer to apply your unused points to help pay your POWER Account. We will send you a letter asking you if you want to do this. This will help you stay in the HIP Plus plan or buy into it the next time you are eligible. HIP Plus has extra benefits, like dental and vision.

Special Services

MDwise has several ways to help us talk with special needs members. Instructions are shown below.

HEARING AND SPEECH IMPAIRED MEMBERS

- Call the Relay Indiana Service (TTY/TDD) at **1-800-743-3333**. You can also dial “711” any where in Indiana.
- Ask them to connect you to MDwise customer service.

LANGUAGE ASSISTANCE

- MDwise has customer service representatives who can talk to members in other languages.
- The customer service representatives can also get an interpreter on the line if needed. The customer service representative and the interpreter will both help answer your questions.

INTERPRETATION SERVICES

MDwise doctors can talk to you in your preferred language, including American sign language. If your doctor cannot, MDwise provides face-to-face interpretation services free of charge. It is available to you 24 hours a day, seven days a week by phone and at doctor visits and other covered services. You or your doctor can call MDwise customer service and these services will be arranged for you free of charge.

IF YOU NEED INFORMATION IN OTHER WAYS

If you need your member handbook and other MDwise information in other ways let us know. Please contact us if you need the information in larger print, Braille, on an audio cassette, etc.

ADVANCE DIRECTIVES

Advance directives are documents you can complete to protect your rights for medical care. They can help your family and doctor understand your wishes about your health care.

You can:

- Decide right now what medical treatments you want or don't want
- Give someone the power to act for you in a lot of situations, including your health care
- Appoint someone to say yes or no to your medical treatments when you are no longer able
- Inform your doctor, in advance, if you would or would not like to use life support systems, if ever necessary
- Inform your doctor if you would like to be an organ donor

Types of advance directives recognized in Indiana include:

- Talking directly to your doctor and family.
- Organ and tissue donation
- Health Care Representative
- Living Will Declaration or Life-Prolonging Procedures Declaration
- Psychiatric advance directives
- Do Not Resuscitate Declaration and Order (out of hospital)
- Power of Attorney

Advance directives will not take away your right to make your own decisions. **Advance directives will work only when you are unable to speak for yourself.** MDwise cannot refuse care or discriminate against members based on whether they choose to have, or not to have, an advance directive. MDwise is required to follow State and Federal laws. Your MDwise doctor should document whether or not you have executed an advance directive in your medical record.

If you have concerns an MDwise organization or provider is not meeting advance directive requirements, call MDwise customer service.

What to do if...

WHAT TO DO IF YOU NEED HELP WITH A PROBLEM

Filing a Grievance

The quality of service you get from MDwise is important to us. If you have a concern or are not satisfied, call MDwise customer service. You may do this at any time.

If you are dissatisfied with a service you receive or the quality of service, an MDwise customer service representative can file a grievance for you if you call or you can submit your complaint in writing. MDwise also has interpreter and TTY services available to you during this process. MDwise will inform you the grievance has been filed, either verbally or in writing within three days of receipt. The customer service representative will try to resolve your concern right away. If they aren't able to resolve the concern, they will request further review. We will follow up with a letter within 30 calendar days.

If MDwise is not able to complete the review of your grievance or you request an extension, the timeframe may be extended an additional 14 calendar days. We will notify you in writing, within two days of the extension and tell you why the extension is needed and your right to file a grievance if you don't agree with the extension.

In an emergency, grievances will be handled quickly. This is called an "expedited" grievance. An expedited grievance would be any service or concern that could seriously harm your health or life. If your case can be expedited, we will review your case and verbally notify you of a decision within two calendar days and in writing within five business days. If you do not agree, you can file an appeal.

Filing an Appeal

If you do not agree with a decision made on your health care benefits, you have the right to ask for further review of the problem. This is called an "appeal." You can file an appeal about any health care decisions. Someone, like your doctor, can do this on your behalf.

You must file an appeal within 60 calendar days of the date that the decision was made. When you file an appeal, you may be able to continue getting a service that has been denied. This can only happen if you are

getting those services already. Ask us about continued services if this is important to you. If the decision on the appeal is not in your favor, you may have to pay the cost of the denied benefits.

How to File an Appeal:

Step 1. Submit your appeal

You may write a letter or call Customer Service to request an appeal. If you choose to write a letter, you may call the MDwise customer service department for help writing your letter or they can file the appeal for you. MDwise also has interpreter and TTY services available to you during this process. **Your letter should include the following:**

- Your name, address, telephone number and MDwise identification number ending in 99 (Located on your Member ID Card)
- What service was denied and the date it was denied
- The reason you are appealing
- Any other information you feel may be helpful in the review
- You must sign the letter

Please keep a copy of the letter for yourself. Send the original letter to:

For Medication Service Appeals:

MDwise Pharmacy Department

PO Box 441423

Indianapolis, IN 46244-0236

OR Fax it to 317-822-7582 or toll-free to 1-844-759-8548

OR Email it to pharmacyappeals@mdwise.org

For Dental Service Appeals:

MDwise Customer Service Department

Attention: Appeals

PO BOX 44236

Indianapolis, IN 46244-0236

OR Fax it to 866-613-1631

OR Email it to: dentalappeal@mdwise.org

For All Other Service Appeals:

MDwise Customer Service Department

Attention: Appeals

PO BOX 44236

Indianapolis, IN 46244-0236

OR Fax it to 866-613-1631

OR Email it to: padept@mdwise.org

MDwise will send an acknowledgement letter within three business days after receiving the Service Appeal.

Your appeal must be filed by mail or by telephone within 60 calendar days of the date the decision was made. You may ask someone else to file an appeal on your behalf. For example, you can ask your doctor to file an appeal on your behalf. You may also send in written comments or information.

The MDwise Appeals Panel will review your issue. MDwise will send you a letter with the date and time the Appeals Panel will meet. You can speak to the panel or you can have someone else speak for you. Participation in the Appeal Panel can be done by telephone. MDwise will send you a letter with an answer to your appeal within 30 calendar days from the time we receive your appeal. You have a right to review copies of documents that are related to your appeal. This includes records that we used in making our decision such as benefit information and state rules and guidelines. Please call us if you want to review these records. We will provide copies of this information free of charge upon request. **Under certain circumstances, your benefits will continue if you file an appeal or request an FSSA Fair Hearing within the specified time. We will continue your benefits if:**

- The member or provider files the appeal within 10 days of our mailing notice or the intended effective date, whichever is later
- The appeal involves the termination, suspension, or reduction of a previously authorized service
- The services were ordered by an authorized provider
- The original period covered by the original authorization has not expired; and
- The member requests extension of benefits

You may be required to pay the cost of the services given during the appeal if the final decision is not in your favor.

Other notes: In an emergency, appeals will be handled quickly. This is called an “expedited” appeal. If your case can be expedited, we will review your case and notify you of a decision within 48 hours. Call MDwise customer service to see if this can be done.

Step 2. Request an external appeal review

If you do not agree with the MDwise Appeal Panel decision, you may request an external appeal review.

There are two options for an external appeal review. You may choose (1) an external review by a State Fair Hearing panel and/or (2) an external review by an Independent Review Organization. If you choose the Independent Review Organization option first, you may still request a State Fair Hearing if the Review Organization Upholds the denial. You may also request a State Fair Hearing at the same time as the external review by an Independent Review Organization.

For an Independent Review Organization

You must request an external review by an Independent Review Organization within 120 calendar days of the MDwise appeal denial letter, to:

**MDwise
Attention: Appeals
PO Box 44236
Indianapolis, IN 46244-0236
Phone number: 1-800-356-1204**

The decision made by the Independent Review Organization is binding and MDwise will authorize the service promptly if the decision is made in your favor. The IRO will make a decision within 15 business days for a standard appeal. If at any time, you have questions about the MDwise internal appeal panel process or either the State Fair Hearing and/or Independent Review Organization process, please call MDwise customer service for help.

If you selected an Independent Review Organization external review and their decision is not in your favor, you may request a State Fair Hearing Panel. You must request the State Fair Hearing within 120 days of the MDwise appeal decision letter.

To request a State Fair Hearing, see “For a State Fair Hearing” section below.

Other notes: In an emergency, Independent Reviews will be handled quickly. This is called an “expedited” appeal. If your case can be expedited, the Independent Review Organization will review your case and notify you of a decision within 72 hours. Call MDwise customer service to see if this can be done.

For a State Fair Hearing

You must request the State Fair Hearing within 120 days of the MDwise appeal decision letter or the Independent Review Organization decision letter.

To request a State Fair Hearing, you must contact the State directly and in writing at:

**Office of Administrative Law Proceedings
402 W. Washington Street, Room E034
Indianapolis, IN 46204-2273**

The State Office of Administrative Law Proceedings will respond to you directly regarding your request. You can choose to attend the State Fair Hearing yourself or send a representative on your behalf. Once a decision is made, you will be notified of the outcome. If the State Fair Hearing finds in your favor, MDwise will authorize the denied services promptly.

Requesting a “Just Cause” Exemption

To Switch Your Managed Care Company

If you filed a Grievance with us asking to switch from MDwise to a different managed care company and you disagree with our proposed resolution of your Grievance, you may ask the State’s enrollment broker for a “Just Cause” exemption.

Your request for the Just Cause exemption can be submitted by calling the Enrollment Broker at:

- HIP Members: 877-GET-HIP9 (877-438-4479)
- HHW Members: 800-889-9949

If you need help with preparing or filing your request for a Just Cause exemption, please contact MDwise Customer Service for assistance at 1-800-356-1204 (TTY/TDD: 711).

WHAT TO DO IF YOU NEED TO CONTACT CUSTOMER SERVICE

We want to answer all your questions about your MDwise Hoosier Healthwise or Healthy Indiana Plan. If you have any complaints, we are here to help fix the problem. We want you to get the best health care and service possible.

There is an MDwise representative who can help you **8:00 a.m. to 8:00 p.m. (EST), Monday through Friday**. We are closed on major holidays. After hours you will reach an automated message. Please leave your **name** and **phone number** and we will call you back within one business day.

If you need to speak to someone about your health,

you can call the **NURSEon-call line 24 hours a day, seven days a week** and someone will assist you. You can contact us with any questions or concerns on our website at MDwise.org/contactMDwise or using the myMDwise mobile app.

You can also look on our website for the news and information you need about your MDwise plan.

We want to provide high quality service to you:

- If you have a problem, we will be here to listen.
- We will do our best to fix the problem for you.

Please call us at **1-800-356-1204**.

WHAT TO DO IF YOU GET A MEDICAL BILL

MDwise only pays your provider for the covered services you get. With the exception of copays you must pay for **HIP Basic** and **HIP State Plan Basic**, a provider cannot require you, your relatives or others to pay additional charges for these covered services.

Health care providers generally cannot bill Hoosier Healthwise or Healthy Indiana Plan members unless it is for a non-covered service.

If you do get a bill for health care services, take care of it right away by following the steps below. Otherwise, it may be sent to a collection agency.

- Contact your health care provider to make sure they know you are on the MDwise Plan.
- Make sure the charge is not your copayment. Copayments may be billed. For a list of copayments, go to **pages 14 and 15** and find

the copayments for your plan.

- If the bill is not your copayment or the copayment is wrong, contact MDwise. Make sure that you have the bill in your hand.

Providers know the limits placed on their services. The provider must tell you if MDwise does not cover a service before the service is provided.

A provider may charge you for services that are not covered by MDwise if:

- The provider told you before providing the services that the services are not covered.
- You agreed to pay for the service in writing.

Remember to take your member ID card with you to all health care appointments and show it to the office staff.

Learn More About...

FRAUD AND ABUSE

You can report fraud, waste and abuse by calling MDwise customer service, emailing siu@mdwise.org, or call **317-822-7400** to leave an anonymous voice message on our **Compliance Hotline**. You do not have to give your name. If you do, the provider or member will not be told that you called.

Examples of health care provider fraud and abuse are:

- Billing or charging you for services that MDwise covers.
- Offering you gifts or money to receive treatment or services.
- Offering you free services, equipment or supplies in exchange for use of your Hoosier Healthwise or Healthy Indiana Plan number.
- Giving you treatment or services that you do not need.
- Physical, mental or sexual abuse by medical staff.
- Billing or charging for a treatment, service or supply that is different than what you received.

Examples of member fraud and abuse are:

- Members selling or lending their identification cards to people not covered by Hoosier Healthwise or the Healthy Indiana Plan.
- Members abusing their benefits by seeking drugs or services that are not medically necessary.

Help MDwise Stop Fraud and Abuse

- Do not give your member ID card or MDwise card number to anyone. It is okay to give it to your doctor, clinic, hospital, pharmacy, Hoosier Healthwise, Healthy Indiana Plan or MDwise customer service.
- Do not let anyone borrow or use your member ID card.
- Do not ask your doctor or any health care provider for medical care that you do not need.
- Work with your primary doctor to get all of the care that you need.
- Do not share your Hoosier Healthwise, Healthy Indiana Plan or other medical information with anyone except your doctor, clinic, hospital or other health provider.

If you have questions or concerns about fraud and abuse, **call MDwise customer service.**

MDWISE COMMITMENT TO QUALITY CARE

MDwise is always looking for new ways to help you improve your health. All MDwise members deserve health services that are high quality, safe and culturally appropriate. To make sure this happens, the MDwise quality program reviews care and services members get throughout the year. **The quality program reviews:**

- Members getting services they need.
- Members getting service when they need it.
- Responses from our member satisfaction surveys.

These reviews help us work closely with our doctors to make any needed changes. These reviews also help us know what information our members need from us.

A copy of the MDwise quality improvement program is available on our website at [MDwise.org](https://www.mdwise.org). You may also call MDwise customer service and request a printed copy.

MDwise Has Special Certification

MDwise Hoosier Healthwise and Healthy Indiana Plan are certified by the NCQA (National Committee for Quality Assurance). This means MDwise passed a review on quality standards and performance measures for Medicaid health plans. The NCQA evaluation is recognized throughout the country. We want to make sure we give our members the best care. This shows our commitment to quality. You will see a special seal on many MDwise materials you receive. Only health plans that have passed the review can use this seal.

Member Surveys and Outreach

Your opinions are very important to us. MDwise conducts a member satisfaction survey every year. These surveys are first sent by mail. A follow-up call is made if we do not get a response in the mail. This survey helps MDwise know how we can be the best health plan possible. It helps us know what we are doing well and where we need to improve.

MDwise members may also get phone calls from MDwise. One type of call might be to check on your health needs. Your answers help MDwise know which programs might be right for you. Another type of call might remind members about important preventive care. Any MDwise caller will tell you right away who they are and why they are calling.

If you have questions at any time about these calls or the survey, please call MDwise customer service.

YOUR RIGHTS AND RESPONSIBILITIES



MDwise provides access to medical care for all its members. We do not discriminate based on your religion, race, national origin, color, ancestry, handicap, sex, sexual preference or age.

MDwise has rules about who can see and use private data about you. This includes your race/ethnicity and language you speak. We collect this to help with your care and improve your health. We will not use this information to make decisions about your coverage benefits.

Medical care is based on scientific principles. We provide care through a partnership that includes your doctor, MDwise, other health care staff and you—our member.

MDwise is committed to partnering with you and your doctor. We will:

- Treat you and your family with dignity and respect.
- Maintain your personal privacy. Keep your medical records confidential as required by law.
- Give you a clear explanation of your medical condition. You have a right to be part of all your treatment decisions. If you understand the options, you can better decide if you want a certain treatment. Options will be discussed with you no matter what they cost or whether they are covered as a benefit.
- Provide you with information about MDwise, its services, its doctors and your rights and

responsibilities.

In addition, YOU have the right to:

- Change your doctor by calling the MDwise customer service department.
- Appeal any decisions we make about your health care. You can also complain about personal treatment you get.
- Get copies of your medical records or limit access to these records, according to state and federal law.
- Amend your medical records that we keep.
- Get information about your doctor.
- Request information about the MDwise organization and operations.
- Refuse care from any doctor.
- Ask for a second opinion.
- Make complaints about MDwise, its services, doctors and policies.
- Get timely answers to your complaints or appeals.
- Take part in member satisfaction surveys.
- Prepare an advance directive.
- Get help from the Indiana Family and Social Services Administration (FSSA) about covered services, benefits or complaints.
- Get complete benefit information. This includes how to get services during regular hours, emergency care, after-hours care, out-of-area care, exclusions and limits on covered services.

- Request information about our physician incentive plan.
- Be told about changes to your benefits and doctors.
- Be told how to choose a different health plan.
- Health care that makes you comfortable based on your culture.
- Choose to opt-out of managed care if you are a Native American or Alaskan Native by calling FSSA at 1-800-403-0864.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, in accordance with Federal regulations. This means that your doctor cannot restrain or seclude you because it is the easiest thing to do. The doctor cannot make you do something that you do not want to do. The doctor cannot try to get back at you for something that you may have done.
- Exercise these rights without being treated differently.
- Get information on provider incentives
- Provide input on MDwise member rights and responsibilities.
- Timely access to covered services.
- Participate in all treatment decisions that affect your care.

If MDwise closes or becomes insolvent, you are not responsible for our debts. Also, you would not be responsible for services that were given to you because the State does not pay MDwise, or that MDwise does not pay under a contract. Finally in

the case of insolvency, you do not have to pay any more for covered services than what you would pay if MDwise provided you the services directly.

YOU are responsible for:

- Contacting your doctor for all your medical care.
- Treating the doctor and their staff with dignity and respect.
- Understanding your health problems to the best of your ability and working with your doctor to develop treatment goals that you can both agree on.
- Telling your doctor everything you know about your condition and any recent changes in your health.
- Telling your doctor if you do not understand your care plan or what is expected of you.
- Following the plans and instructions for care that you have agreed upon with your doctor.
- Keeping scheduled appointments.
- Notifying your doctor 24 hours in advance if you need to cancel an appointment.
- Telling us about other health insurance that you have.

IMPORTANT TIP:

If you do not follow your doctor's advice, this may keep you from getting well. It is your job to talk with your doctor if you have any questions about your medical care. **Don't ever be afraid to ask your doctor questions.** It is your right.

CASE MANAGEMENT MEMBER RIGHTS AND RESPONSIBILITIES

MDwise members have the right to:

1. Have information about MDwise programs. Have information about MDwise staff.
2. Choose not to participate in MDwise programs or services.
3. Know the staff members responsible for your case management services. Know how to change your case manager.
4. Have MDwise support when making health care decisions.
5. Know all the case management services that are available. Discuss these services with your provider.
6. Have your medical information kept safe. Know

who has access to your information. Know how MDwise keeps your information safe.

7. Be treated with respect by MDwise staff.
8. Communicate a complaint to MDwise. Know how to file a complaint. Know how long it takes to get an answer to your complaint.
9. Have information that you can understand.

MDwise members are expected to:

1. Follow MDwise advice.
2. Give MDwise the right information so we can give you the services you need.
3. Let MDwise and your treating provider know if you leave the MDwise program.

OTHER LANGUAGE RESOURCES

Language	Language Resource
English	If you, or someone you're helping, has questions about MDwise, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-356-1204.
Spanish Español	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de MDwise, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-356-1204.
Chinese 中文	如果您，或是您正在協助的對象，有關於[插入項目的名稱 MDwise 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-356-1204。
German Deutsche	Falls Sie oder jemand, dem Sie helfen, Fragen zum MDwise haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-356-1204 an.
Pennsylvanian Dutch Pennsifaanisch Deitsch	Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut MDwise, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-356-1204 uffrufe.
Burmese ဗမာစာ	သင်သို့မဟုတ်သင်ကူညီနေသူတစ်ဦးဦးက MDwise နှင့်ပတ်သက်၍ မေးခွန်းရှိလာပါက ကုန်ကျစရိတ် ပေးရန်မလိုဘဲ မိမိဘာသာစကားဖြင့် အကူအညီရယူနိုင်ပါသည်။ စကားပြန်နှင့်ပြောလိုပါက 1-800-356-1204သို့ ခေါ်ဆိုပါ။
Arabic عربي	لفت غلب تيروورضلا تامول عمالو قدع اسمال اىل ع لوصحل اىف ق حل اكيديلف، MDwise، صوصخب تل ىسأ مدع اسرت صخش ىدل وأ اكيديل ناك نإ. 1-800-356-1204 ب لصتا م جرت م عم ثدحتلل. ففلكت قيا نود نم
Korean 한국어	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 MDwise 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-356-1204 로 전화하십시오.
Vietnamese Tiếng Việt	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về MDwise, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-356-1204.
French Français	Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de MDwise, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-356-1204.
Japanese 日本語	ご本人様、またはお客様の身の回りの方でも、MDwise についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-800-356-1204までお電話ください。
Dutch Nederlands	Als u, of iemand die u helpt, vragen heeft over MDwise, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, bel 1-800-356-1204.
Tagalog Tagalog	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa MDwise, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-356-1204.
Russian Русский	Если у вас или лица, которому вы помогаете, имеются вопросы по поводу MDwise, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-356-1204.
Punjabi ਪੰਜਾਬੀ ਦੇ	ਜੇ ਤੁਹਾਨੂੰ, ਜਾਂ ਤੁਸੀਂ ਜਿਸ ਦੀ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, MDwise ਕੋਈ ਸਵਾਲ ਹੈ ਤਾਂ, ਤੁਹਾਨੂੰ ਬਨਿ ਕਸਿ ਕੀਮਤ 'ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਰਿ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ. ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 1-800-356-1204 ਤੇ ਕਾਲ ਕਰੋ.
Hindi हिंदी	यदि आपके, या आप द्वारा सहायता किए जा रहे किसी व्यक्ति के MDwise के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। किसी दुभाषी से बात करने के लिए, 1-800-356-1204 पर कॉल करें।

NONDISCRIMINATION

Discrimination is Against the Law

MDwise complies with applicable Federal civil rights laws and does not discriminate against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity or disability. MDwise does not exclude people or treat them differently because of race, color, national origin, sex, sexual orientation, gender identity or disabilities.

MDwise

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact **1-800-356-1204**.
TDD/TTY: **1-800-743-3333** or **711**

If you believe that MDwise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Phone: **1-800-356-1204**
Email: compliance@mdwise.org

MDwise Hoosier Healthwise
P.O. Box 441423
Indianapolis, IN 46244-1423

Hoosier Healthwise Fax:
1-877-822-7190

MDwise Healthy Indiana Plan
P.O. Box 44236
Indianapolis, IN 46244-0236

Healthy Indiana Plan Fax:
1-877-822-7192

You can file grievance in person or by mail, fax or email. If you need help filing a grievance, please contact member services.

1-800-356-1204

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

1-800-368-1019
TDD/TTY: **1-800-537-7697**

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

MDwise complies with all applicable federal and state laws, including:

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80.
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91.
- The Rehabilitation Act of 1973.
- Title IX of the Education Amendments of 1972 (regarding education programs and activities).
- Title II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE APPLIES TO THE PRIVACY PRACTICES OF MDWISE, INC. AND DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Dear MDwise Member,

MDwise cares about your privacy and we protect your privacy rights. This notice tells you about your privacy rights and how to get a copy of your medical information we keep. Please call us at **1-800-356-1204** if you have questions about this notice. When you call, ask for the Privacy Officer.

Wishing you good health,

MDwise

Summary of Privacy Practices

We may use and disclose your medical information, without your permission, for treatment, payment and health care operations activities and, when required or authorized by law, for public health and interest activities, law enforcement, judicial and administrative proceedings, research and certain other public benefit functions.

We may disclose your medical information to your family members, friends and others you involve in your health care or payment for health care, and to appropriate public and private agencies in disaster relief situations.

We will not otherwise use or disclose your medical information without your written authorization. You have the right to examine and receive a copy of your medical information, to receive an accounting of certain disclosures we may make of your medical information, and to request that we amend, further restrict use and disclosure of, or communicate in confidence with you

about your medical information.

Please review this entire notice for details about the uses and disclosures we may make of your medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices. For the purpose of this notice, the terms medical information or health information shall include race, ethnicity and language preference, gender identification and sexual orientation information collected by MDwise.

Our Legal Duty

MDwise uses many methods to protect your oral, written and electronic health information from illegal use or disclosure.

We are required by law to:

- Keep your health information private.
- Provide you with this notice and follow the rules listed here.
- Inform you if we cannot agree to limit how we share your information.
- Agree to reasonable requests to contact you by alternative means or at alternative locations.
- Get your written approval to share your health information for reasons other than those listed above and permitted by law.

MDwise employees and all the physicians and providers in our network know your information is private and confidential. We use training programs for our employees and policies and procedures supported by management oversight to ensure that our employees know the procedures they need to follow to make sure that your information—whether in oral, written or electronic format—is secure and safeguarded. We also have vendors sign Business Associate Agreements that clearly outline their requirement to protect your information and our expectations concerning

protecting your oral, written or electronic health information.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and send you a new notice within 60 days of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

Uses and Disclosures of Medical Information

We will use and disclose medical information about you for treatment, payment and health care operations. For example:

Treatment: We may disclose your medical information, without your permission, to a physician or other health care provider to treat you.

Payment: We may use and disclose your medical information, without your permission, to determine eligibility, process claims or make payment for covered services you receive under your benefit plan. Also, we may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Health Care Operations: We may use and disclose your medical information, without your permission, for health care operations. Health care operations include, for example, health care quality assessment and improvement activities and general administrative activities.

We may disclose your medical information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the medical information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

Family, Friends and Others Involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only the medical information that is relevant to the person's involvement. We may use or disclose your name, location and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your health care in appropriate situations, such as a medical emergency or during disaster relief efforts. Before we make such a disclosure, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Health-Related Products and Services and

Appointment Reminders: We may contact you to remind you of appointments. We may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services, that we provide or include in our benefits plan, and about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our network, about replacement of or enhancements to your health plan, and about health-related products or services that are available only to our enrollees that add value to, although they are not part of, our benefits plan.

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research and other public benefit functions:

- For public health, including to report disease and vital statistics, child abuse and adult abuse, neglect or domestic violence.
- To avert a serious and imminent threat to health or safety.
- For health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies.
- For research.
- In response to court and administrative orders and other lawful process.
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons.
- To coroners, medical examiners, funeral directors and organ procurement organizations.
- To the military, to federal officials for lawful intelligence, counterintelligence and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody.
- As authorized by state worker's compensation laws.

Individual Rights

Access: You have the right to examine and to receive a copy of your medical information in paper or electronic format, with limited exceptions. You must make a written request to obtain access to your medical information. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may charge you reasonable, cost-based fees for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact us using the information at the end of this notice for information about our fees.

Disclosure Accounting: You have the right to a list of instances after April 13, 2003, in which we disclose your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities. You should submit your request to the contact at the

end of this notice. You may obtain a form from that contact to make your request. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except we are not obligated to account for a disclosure that occurred more than six years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact us using the information at the end of this notice for information about our fees.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may deny your request only for certain reasons. If we deny your request, we will provide you a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

Confidential Communication: You have the right to request that we communicate with you about your medical information in confidence by alternative means or to alternative locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if

it is not communicated in confidence as you request. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. We will accommodate your request if it is reasonable, specifies the alternative means or location for confidential communication, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of that health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Right to Obtain a Paper Copy: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your medical information, you may complain to us using the contact information at the end of this notice. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201. You may contact the Office of Civil Rights' Hotline at **1-800-368-1019**.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: MDwise

Attention: Privacy Officer

Telephone: **1-800-356-1204**

E-mail: legal@MDwise.org

Hoosier Healthwise Address:

P.O. Box 441423,
Indianapolis, IN 46244-1423

Healthy Indiana Plan Address:

P.O. Box 44236,
Indianapolis, IN 46244-0236

Notes

MDwise
2955 N. Meridian Street
Suite 201
Indianapolis, IN 46208
MDwise.org